Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 5th NOVEMBER 2025, 1000hrs - MS TEAMS

Present:

Councillor Rosemary Liewald (Chair)
Councillor Lynn Mowatt
Councillor Eugene Clarke
Sinead Braiden, NHS Board Member (SB)
Jo Bennett, Non-Executive Board Member (JB)
Morna Fleming, Carer's Representative (MF)
Kenny Murphy, Third Sector Representative (KM)
Paul Dundas, Independent Sector Lead (PD)

Attending:

Dr Helen Hellewell, Deputy Medical Director (HH)
Lynn Barker, Director of Nursing (LB)
Audrey Valente, Chief Finance Officer (AV)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Chris Conroy, Head of Community Care Services (CC)
Karen Marwick, Head of Complex & Critical Care (KMAR)
Caroline Cherry, Principal Social Work Officer (CC)
Vanessa Salmond, Head of Corporate Services (VS)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Tracy Hogg, Chief Finance Officer (TH)
Avril Sweeney, Risk Compliance Manager (AS)
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)
Dafydd McIntosh, Organisational Development & Culture Specialist (DMcI)

In Attendance:

Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

Apologies for Absence:

Lynne Garvey, Director of Health & Social Care Partnership (LG)
Councillor Sam Steele
Amanda Wong, Director of Allied Health Professionals (AW)
James Ross, Chief Social Work Officer (JR)

NO	AGENDA ITEM	ACTION
1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Cllr Liewald welcomed all members and attendees to the meeting.	
2.	**DECLARATION OF MEMBERS' INTEREST.** No declarations of interest were received.	
3.	**APOLOGIES FOR ABSENCE** Apologies noted as above.	
4.	**ACTIVE & EMERGING ISSUES** No emerging issues were reported.	
5.	**MINUTES OF PREVIOUS MEETINGS HELD ON 05 SEPTEMBER 2025** The previous minutes from the Q&CC meeting on 05 September 2025 were reviewed by those present prior to the meeting. The following comments were made:. MF noted on page 8 she had requested an update re the number of people living with obesity. She also advised she has not yet received information regarding community fridges. Also, on page 17, Scott Fissenden is incorrectly referred to as "she". LC agreed to take forward the action relating to the obesity data and report back to MF. Kenny Murphy noted that his initials are the same as Karen Marwick's and requested that this be amended to differentiate between the two. No further alterations or corrections were requested, therefore, the minutes were taken as an accurate record of the meeting	**JC** **JC**
6.	**ACTION LOG FROM 05 SEPTEMBER 2025** The Action Log from the meeting held on 05 September 2025 was discussed and updated.	
7.	**GOVERNANCE & OUTCOMES**	

7.1	**QMAG Update** This report was brought to Committee by Lynn Barker and came for Assurance and Discussion. LB provided a comprehensive overview of the report, summarising the key discussions and decisions arising from recent QMAG meetings and QMAHs. She highlighted the purpose of these meetings in supporting continuous improvement, governance, and assurance across services, and outlined how the report reflects progress against agreed priorities. LB drew attention to notable points within the report, offering additional context where necessary to ensure clarity on the implications for service delivery and quality standards. Questions were invited. Councillor Liewald expressed appreciation to LB for her comprehensive breakdown of the report and conveyed satisfaction regarding the assurances provided on the volume of training being delivered, particularly within community settings SB highlighted concerns regarding the restricted opportunities for patient stimulation and therapeutic engagement in Elmview and Muirview wards, as noted in the MWC report. LB recognised the situation and confirmed that, although some activities are provided, they remain insufficient JB wished to raise several points, she referred to the Care Inspectorate report, which highlighted governance oversight within HSCP can be complex and challenging, and asked what the response to this observation would be. CC confirmed that this matter would be addressed in the Care Home Grading report. LB stated there are strong systems and processes in place and emphasised it is an ongoing process to ensure governance remains effective without becoming unnecessarily complex or difficult when sharing information. JB also queried the ECT Audit, asking whether there was anything of concern that should be noted. LB advised the audit outcome was positive and confirmed that robust processes for ECT are in place within Fife. MF commented the report was presented in a format which was much easier to read, which she welcomed. She wished to raise the point that Carers are omitted from the EQIAs. While she acknowledged that Carers are often included under other protected characteristics, she expressed annoyance, given the effort required to have them included initially. VS advised that, with the implementation of the new SBAR, there is now a section titled “Implication and Impacts,” which incorporates the EQIA section. Within this, the first category is “Service Users and Carers,” ensuring that Carers are captured appropriately. The matter is to be discussed offline. Cllr Liewald confirmed the Committee were content to take Assurance from the report.	**MF / VS**

7.2	**IJB Strategic Risk Register** The report was brought to Committee by Avril Sweeney for Assurance. AS introduced the report which sets out the IJB Strategic Risks that may impact the Partnership's ability to achieve its objectives in relation to Clinical and Care Governance and Quality and Care. AS noted that the Risk Register was last tabled at Committee in April 2025, and it is scheduled to come to the Committee twice per annum. In addition, a Deep Dive Risk Review is conducted quarterly, focusing on individual risks. AS noted that the risks held on the risk register continue to be managed by the risk owner and confirmed that they were last reviewed in August and will be reviewed again within the next month. The risks are shown in order of residual risk score outlined in Column 14 in Appendix 1, which reflects the current level of management controls and actions in place. AS highlighted that 4 risks currently carry a high residual score and wished to provide assurance that each of these risks have been subject to a deep dive risk review and they continue to be monitored closely. AS noted the Resilience risk was closed following a deep dive risk review at Q&QC in September 2025. In addition to this risk register there are a number of risks at an operational level within the Partner Bodies and these are regularly monitored at the Quality Matters Assurance Group and managed by relevant Service Managers. Risks of concern are escalated to SLT and to a strategic level if necessary. Cllr Liewald expressed appreciation to AS for the report and felt it was clearly structured and easy to read. Cllr Clarke queried the meaning of the term SMART. AS explained that SMART refers to actions that are Specific, Measurable, Achievable, Realistic and Timebound. Cllr Clarke then asked whether all the actions identified meet these criteria. AS confirmed that risks are reviewed periodically with the relevant risk owner to ensure that the actions continue to meet SMART principles. JB thanked AS for the paper and acknowledged that some of the risks identified are strategic in nature and therefore not within the direct control of the IJB, particularly those relating to demographics. She asked how the impact of the actions is measured in an objective manner. AS advised, the issues have been highlighted during individual Deep Dive reviews and confirmed that performance measures are continually reviewed each time the associated risk is reassessed. Cllr Liewald again asked the Committee if they were assured by the report, the members indicated they took Assurance from the report.	
8.	**STRATEGIC PLANNING & DELIVERY**	

8.1	**Care Home Grading Report** The report was presented by Caroline Cherry and was brought for Assurance. CC advised that the report provides an overview of Care Home Grades. She explained, the services are regulated and inspected by the Care Inspectorate, and the grades presented were collected in early September. The report reflects inspections carried out over the past year and illustrates emerging trends in performance. The report offers assurance that processes are in place to monitor grades and to work collaboratively with care homes on improvement planning, where required. CC noted, the report encompasses all care homes, including those registered with Fife Council, as well as those within the independent sector. CC highlighted that the average score across care homes is 4, which is considered a positive outcome. While there are some variations, inspections overall remain strong. She emphasised that improvement and support structures in place are robust and well-established. For care homes where grades are declining or where challenges are identified, targeted measures are implemented to focus on improvement. CC confirmed that no care homes are currently closed due to grading concerns. However, there have been instances where a voluntary moratorium on admissions has been applied; at present, one care home is subject to such a measure due to adult support and protection concerns. This situation is being managed through a strong partnership approach involving Social Work, the Care Inspectorate, and Contracts and Commissioning. CC concluded by inviting questions from attendees. Cllr Liewald was heartened to see the report. She was particularly pleased to see marks for leadership awarded, which she felt to be very important. She appreciated there was room for improvement in one or two cases, although improvements are being put in place. PD thanked CC for the report. He wished to thank those mentioned by CC, and added, a wide connection of support takes place all year round between care home support teams, social work, commissioning and the Care Inspectorate. He told of a meeting recently between himself and Alan Adamson with the Care Inspectorate to discuss some of the work being carried out locally and nationally. He spoke of the aggregated gradings and explained these. He pointed out the Care Inspectorate rarely give gradings of 6 (sector leading) and how difficult this grade is to attain and to keep, he advised there are level 6 care homes in Fife. He spoke of the team work in Fife to attain these grades. Cllr Clarke asked if there is any statistically significant differences in performance between local authority homes, private homes and voluntary homes. CC advised a statistical analysis has not taken place, however, advised there are key differences between how they are managed and spoke of the differences in grading. Some are very high performing and some in need of improvement, with targeted improvement actions being implemented. This was discussed at length.	

	MF commended the quality of the report and the quality of the homes which have been inspected. She felt the grades have improved significantly with only one home graded at 3. She added, there are no concerns coming from the homes to the Carer's Centre, which should indicate a level of satisfaction. JB asked what the response and support would look like for care homes requiring assistance. CC explained that the care home support team and the care home liaison team are available to provide help. Where training has been necessary, a range of partner organisations have been engaged to assist with various situations. CC elaborated on this point during the discussion. LB reinforced the points made by CC regarding the response and support available, providing further examples. This was supported by PD, who expanded on the range of assistance that can be offered. The Committee took assurance from the report.	

8.2	**Winter Plan 2025-2026** The report was brought to Committee by Chris Conroy and came for Assurance and Discussion. CC introduced the report, explaining that it represents a whole-system approach to winter preparedness across HSCP and wider partners. The plan aims to ensure safe, effective and person-centred care during what is often a period of high demand and increased complexity. CC emphasised that while winter presents additional challenges, many of these issues persist throughout the year. He highlighted several key areas of the paper, providing detailed explanations and referencing supporting data. Cllr Liewald commended the recent improvements seen within the Hospital at Home (H@H) service. She highlighted a case where a patient who had received a stent was discharged within 24 hours, describing this as remarkable and attributing the success to the support provided by H@H. In relation to anticipatory care plans, Cllr Liewald enquired about the level of uptake among care home residents. Additionally, she expressed her support for the charity initiative *No Wrong Door* in Cowdenbeath. CC provided an update on the development of anticipatory care work, noting that this has been undertaken in partnership with care homes and primary care. He emphasised that ensuring plans are updated and in place for every individual remains a key focus of the ongoing work. He further highlighted the second element of this initiative, which relates to digital tools. He told of a test currently being carried out in Levenmouth, and spoke of the challenges around this. The work spans across all settings, not solely care homes, and still requires dedicated attention. Nevertheless, CC confirmed that a reasonable level of assurance can be taken at this stage. In addition, CC referred to *No Wrong Door* in the Cowdenbeath area, advising that all activities are progressing as planned. He noted that robust data will soon demonstrate the impact of these efforts, with results expected to include both Levenmouth and Cowdenbeath. SB thanked CC for his report and noted that, given her long tenure on Committees, she has reviewed many winter plans over the years. She questioned whether the current plan is sufficient, referencing the report's statement that the system is "already in surge capacity." SB expressed concern that the reports appear similar year on year and queried why this is the case and whether the measures outlined are adequate. She asked if this may relate to national agendas that must be incorporated into the plans. CC acknowledged that certain elements of the plan are driven by national initiatives, which also bring associated funding. He described the plan as ambitious, citing the increase in surge bed capacity from 40 to 130, with a target of achieving 70+ beds this winter. Significant work is underway to reconfigure services, and the introduction of a new Frailty Unit was highlighted as a key initiative. CC emphasised that once winter begins, continuous review and adjustments will be made to the Plan as required. He noted that the organisation is in the best position possible, but winter inevitably brings	

challenges, including adverse weather and 'winter' illnesses. He stated agility will be essential to respond effectively.

Cllr Clarke questioned the necessity of having a separate winter plan, noting that March and April are also peak periods for A&E admissions. He suggested that planning should sit within General Operational Planning, as crises can occur at any time. In his view, a flexible, continuous crisis planning approach—capable of being adapted and modified as required—would be more appropriate.

CC acknowledged Cllr Clarke's point and explained that business continuity planning, risk management, and resilience measures are already in place. He agreed that these are not specific to winter and expressed openness to a wider debate on whether a dedicated winter plan is required. Cllr Liewald agreed with the suggestion and noted that this discussion would be better suited to a separate discussion.

PD found the report to be very comprehensive. He commended the quality of the anticipatory care planning, describing it as particularly strong, and provided examples of how this work is being delivered in collaboration with several partners.

Jo Bennett commented on the GP OOH, rather than going through NHS-24 will be revolutionary. She questioned monitoring of demand and capacity and asked whether, this could be more clearly set out. CC told of a weekly System Flow meeting, which feeds into the Unscheduled Care Board and respective Partners. He acknowledged that H@H may not have been as visible to date but confirmed it will come into play in the next couple of weeks, with reporting through the next Integrated Unscheduled Care Board meeting in December and then to the NHS Board. CC explained that the data exists, however, may not yet be fully visible and will become clearer in the coming weeks and months.

JB clarified that her interest was in understanding capacity more generally, including mental health and urgent care, and how any changes impact the seven localities. She emphasised the importance of understanding variation and expressed interest in the 11 frailty beds and what learning will be gained from this initiative.

MF advised that she had emailed several questions and received replies from Lynsey Dunn. However, she noted that one query, page 56 regarding a graph could not be clarified and asked for an explanation. She also raised a point regarding page 66 on Urgent Care direct access for Fife care homes, specifically the second paragraph referring to Carers. MF requested that attention be given to distinguish between paid Care Workers and unpaid Carers, who are normally referred to simply as Carers. CC agreed to take this on board. Regarding the graph data, CC provided an explanation that satisfied MF.

Cllr Mowatt expressed her appreciation for the inclusion of a glossary in the report. She queried surge bed mobilisation, asking how much capacity is currently being used and the reasons behind it. CC explained that there are 4 operational phases to the surge plan, and the Partnership is currently operating between phases 2 and 3. He confirmed that monitoring is ongoing and noted that surge activity occurs throughout the year, not just in

	winter. He advised, additional surge capacity has been built into Level 4, which would not normally be used outside of winter. This is monitored daily. Cllr Mowatt stated that the report refers to only 3 phases, and CC clarified that operationally, there are 4 phases. Cllr Liewald confirmed, the Committee took Assurance from the report.	
9.	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**	

9.1	**Advocacy Strategy Annual Report July 2025** This report was brought to Committee by Caroline Cherry and comes for Assurance. CC thanked the Committee for the opportunity to present the report and reiterated the importance of advocacy arrangements for both adults and children in Fife. She expressed her appreciation to Vicki Birrell from the Strategic Planning Team for compiling the report. CC noted that the title, "Annual Report," may be somewhat misleading, as the report has not been presented to the Quality & Communities Committee since 2023. CC provided members with an overview of the report, highlighting the actions completed during the first 2 years of the 3-year Advocacy Strategy. She referred to page 82, which sets out the legislation underpinning advocacy and explains the rationale for its introduction. CC noted that significant work has been undertaken in relation to independent advocacy, including the implementation of a new contract in 2024. She drew attention to an inspiring paragraph from Rachel of the Advocacy Forum, which illustrates the importance of advocacy and includes two case studies demonstrating its positive impact. CC also outlined the delivery plan contained within the report. CC advised the Advocacy Strategy Group is no longer required, as there is now a very active Advocacy Forum. She confirmed that the agreed direction of travel is for CC to act as the SLT link and to meet regularly with the Advocacy Forum to identify gaps, address issues, and ensure advocacy reaches the right people at the right time. Questions were then invited. Cllr Liewald was delighted with the report, commenting that it was concise and well presented, and acknowledged the significant work that is taking place. In her capacity as Chair of Corporate Parenting, she was particularly pleased to see this piece of work. MF thanked CC for the report and expressed her appreciation for the inclusion of Rachel's message on page 91, noting that it aligns with the experiences of the Carer's Centre. She explained that carers are increasingly seeking advocacy support, particularly in relation to financial queries, access to services. MF highlighted the challenges faced by "sandwich carers"—those who are caring for an older generation while also raising young families—emphasising their complex needs. She also commended the inclusion of the case study stories, describing them as excellent examples of advocacy in practice. KM raised several points for consideration. He expressed concern that the report contained limited information on performance and outcomes and	

	indicated that he would like to see more detail in this area. He noted that gap analysis had been identified as the number one priority within the strategy adopted in 2022/23, yet this work has not been completed. KM questioned the commissioning of a significant service during the period, commenting that it seemed unusual to commission new services before fully understanding need, demand, and completing the gap analysis. He also referred to the QMAG report, which highlighted that Adult Support and Protection cases achieved positive outcomes in 73% of instances, meaning that more than a quarter were unsuccessful. He observed that delays in securing advocacy contributed to these outcomes and noted that this issue was not referenced in the report. CC welcomed KM's feedback and agreed that his comments were well made. She suggested that there may have been some crossover between the QMAG report and the Advocacy Report when they were compiled. CC acknowledged the challenge of ensuring timely access to advocacy through the Adult Support and Protection process, noting that this remains a priority. She explained that she could not comment on the last couple of years as she was not in post during this time but confirmed that she would take KM's points back to the team. CC committed to strengthening some of the actions and reviewing the delivery plan to address gaps and challenges. Cllr Liewald asked whether the Committee could take assurance from the report or whether further actions would be required. KM responded that, having seen that the Advocacy Forum meets regularly, and that CC has taken the points raised on board, he was content to take assurance and looked forward to seeing some of the actions reflected in future reporting. CC confirmed that the delivery plan will be re-drafted. The committee took Assurance from the report.	

9.2	**Prevention and Early Intervention Strategy** This report was brought to Committee by Lisa Cooper and comes for Assurance. LC introduced the report, explaining the progress made during the first year of the Strategy. She reassured members that Fife HSCP remains committed to a prevention and early intervention approach, providing a clear framework for embedding proactive, preventative practices across all services and partner organisations. LC stated the Strategy is designed to prevent health and social care challenges before they arise, making early intervention standard practice. She shared the conditions established during Year 1 and drew attention to key points in the report. LC confirmed that all seven localities have made early intervention and prevention a priority in their plans. She also noted that a baseline assessment survey has started to capture HSCP's current position across the system in delivering prevention and early intervention. This survey will be repeated in Year 2 to track progress. LC then invited questions from members. JB welcomed the Strategy and suggested that it will align well with the Advocacy Strategy. She asked if measurement plans for these strategies could be shared earlier, so that baselines can be understood and monitored from Year 1. LC explained that the Strategy is still in early development and that work is ongoing to evidence the "how do we know" aspect. She agreed to take this forward as an action and confirmed that an addendum will be brought to the Quality & Communities Committee meeting in March. Cllr Liewald welcomed the emphasis on public information, education, and early intervention work at locality level. She expressed her appreciation for Health Centres opening on Sundays to provide winter flu vaccinations and other immunisations. LC advised that Health Centres have previously opened on Sundays when required and confirmed that this approach is intended to reduce health inequalities and ensure services remain accessible to all. The Committee took Assurance from the report.	**LC**

9.3	**Primary Care Strategy Year Two Annual Report** This report was brought to Committee by Lisa Cooper and came for Assurance and Discussion. LC was delighted to present the second Annual Report of the Primary Care Strategy. She noted that Fife has been a pathfinder in developing this strategy and is already seeing real success, which should be celebrated. LC outlined the main achievements delivered during Year 2 and referred to page 148, which provides national context and details of forthcoming legislative changes. She advised that Fife is well positioned to support developments through the Operational Improvement Plan, the Service Renewal Framework, and the Population Health Framework, with a strong focus on prevention, reducing inequalities, and working closely with communities. Within Primary Care, the aim is to increase sustainability and embed a quality-driven approach through the strategy, positioning Fife positively for national developments over the next decade. LC also highlighted page 133, which includes real examples of people's experiences of Primary Care services and provided further detail on key achievements during the year. HH supported LC's comments and emphasised the strong focus on quality work in General Practice, which has been highly valuable. He noted the strengthened GP voice through Cluster working and expressed confidence that Fife is in a good position, particularly with new funding for General Practice aligning with ongoing work to take improvements forward. Cllr Liewald thanked LC for the report and expressed that she was encouraged by its content. She highlighted the work being rolled out with Community Pharmacy and noted that, based on feedback from constituents, there is now a stronger sense of assurance and confidence in taking up the offer of Pharmacy First. She remarked that this level of confidence was not evident previously but is now coming through strongly. LC welcomed the feedback regarding Pharmacy First and confirmed she will take this directly to Pharmacy colleagues. She also highlighted the significant investment made in developing multi-disciplinary teams (MDTs) and referred specifically to the role of Community Link Workers as part of the approach. JB felt the Strategy was impressive and queried the outcomes of Clinical Care, referring to Fife being the lowest for children's dental care. She asked about the impact of the services currently being provided and noted that, while the report is very comprehensive, it would be helpful to see outcomes reported back. LC acknowledged the challenge around data availability for assurance and confirmed she is aware of the figures relating to children's dental health. She advised that local indicators will come through performance reporting and expressed confidence that improvements will be seen moving forward. HH echoed LC's comments regarding data availability and noted that improved outcome measures are expected as data quality improves.	

	Cllr Clarke referred to the table on page 169 and suggested that it appears to be missing a column titled “How do we know.” LC agreed this was a valuable observation and confirmed she will take this forward to incorporate into the Outcomes Map. The Committee took Assurance from the report.	**LC**

9.4	**Workforce Strategy 2022-25 Year 3 Annual Report & Three-Year Summary** This report is brought to Committee by Roy Lawrence and comes for Assurance and Discussion. RL introduced the report for 2024–2025, providing a detailed overview of key achievements and emphasising the co-delivery approach, which is fully aligned with all Partner Strategies. He drew attention to the qualitative and quantitative data presented in Appendix 1 and the concise summary of all actions for the year in Appendix 2. RL outlined the positive outcomes achieved during the reporting period while acknowledging significant challenges, particularly in relation to funding constraints and the recruitment and retention of staff. He noted the provision of protected time for learning, development and growth remains under considerable pressure. He advised, the report offers a moderate level of assurance and outlined a supporting range of mitigating actions addressing the strategic risks. RL commended PD for the substantial contribution made to recruitment efforts across Scotland, enabling individuals to sustain their careers within HSCP. He concluded by outlining future plans and their alignment with the Strategic Plan. Questions were then invited. Cllr Liewald thanked RL for the comprehensive report and expressed her appreciation for its content. She referred to page 193, noting that 60% of care home providers are attending Care Home Collaborative meetings on a bi-monthly basis, which she felt was highly significant and indicative of strong engagement. PD commended the report and acknowledged the contributions of RL and DMcI, noting that the quality of the work produced has been outstanding. He recognised the challenges that lie ahead but expressed confidence that these can be addressed through a collaborative, whole-system approach. MF welcomed the report and highlighted that approximately 44,000 members of the workforce are unpaid carers. She queried apprenticeships and youth engagement and was pleased apprenticeship opportunities are increasing. MF sought clarification on the statement, “foundation apprenticeship in social services and healthcare is not positioned as a direct employment pipeline.” DMcI explained that this is not a decision made by HSCP but relates to Education policy, which he described. He expressed hope that a mechanism could be developed in the future to enable this pathway to be included. MF welcomed the report and asked about the outcomes from the Carer’s Forum and the Carer’s Conference held in June 2025. RL advised that an action plan had been developed directly from feedback provided by carers. He undertook an action to ensure ML has sight of the action plan so that it can be discussed at a later date and noted that some work arising from this feedback has already been progressed.	**RL**

	Cllr Liewald confirmed Assurance was taken from the report.	
9.5	**Equality, Diversity & Inclusion Year 1 Annual Report 2024-25** This report was brought to Committee by Roy Lawrence and comes for Assurance and Discussion. RL introduced the report, which sets out the actions delivered during the first year of the Equality, Diversity & Inclusion Plan. He reported that excellent progress has been achieved and that strong foundations have been established. RL emphasised the importance of shifting organisational culture and building trust, noting that visibility has increased significantly, thereby raising awareness. He highlighted the development of a neuro-inclusion toolkit, which has now been incorporated into the Fife Council induction packs. Feedback received to date has been positive, although RL acknowledged that further work remains to be undertaken. RL also advised that protected time for staff learning continues to present a challenge; however, he outlined approaches to embed learning into everyday practice, which have been well received. He further noted the very positive engagement from staff throughout this process. RL advised Bronze Equality Pathfinder Status was achieved last year and news has now been received that Silver Status has now been achieved. LB spoke of her experience of her role in reverse mentoring which she felt was a very worthwhile experience. JB queried HSCP's response to the annual Equality, Diversity & Inclusion (EDI) survey, noting uneven adoption across teams. RL acknowledged this as the most significant challenge, explaining that the survey reflects perceptions and experiences, which can be difficult to quantify. He emphasised that the cultural shift requires creating space for people to engage and outlined various events taking place with representation from the Senior Leadership Team. RL highlighted the importance of role-modelling and developing tangible ways to embed EDI principles within the workforce. He confirmed that further evidence of progress will be presented in the next report. PD spoke about his experience of participating in the reverse mentoring programme, which he considered to be highly valuable. He expressed his support for the initiative and encouraged its wider rollout. Cllr Liewald commended RL on the fabulous work being taken forward. The Committee was Assured by the report.	
10.	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	10.1 **Quality Matters Assurance Group** Unconfirmed Minutes from 08.09.25	

	10.2 **Equality and Human Rights Strategy Group** Confirmed Minutes from 11.08.25	
	10.3 **Clinical Governance Committee** Unconfirmed Minutes 29.08.25	
	10.4 **Strategic Planning Group** Unconfirmed Minutes 03.09.25	
11.	**ITEMS FOR ESCALATION**	
	No items were raised for escalation	
12.	**AOCB**	
	No items were raised under AOCB LC responded to MF's query regarding obesity in Fife, citing data from 2022. She will obtain more up-to-date figures and provide this information to MF.	
13.	**DATE OF NEXT MEETING** Wednesday 07 March 2026, 1000hrs, MS Teams	