



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 10 MARCH 2026 AT 14.00 PM VIA TEAMS

PRESENT: Kenny McCallum, UNISON (Chair)
Vicki Bennett, British Dietetic Association Representative (Co-Chair)
Lynne Garvey, Director of Health & Social Care (Co-Chair)
Ben Morrison, TU Rep, Royal College of Podiatry
Casey Fitzpatrick, HR Lead Officer, Fife Council
Caroline Cherry, Principal Social Work Officer, H&SC
Chris Conroy, Head of Community Care Services, H&SC
Colleen Allen, UNISON
Debbie Fyfe, Joint Trade Union Secretary
Gemma Reid, HSCP Coordinator (Minutes)
Gillian Bell, UNISON
Hazel Williamson, Communications Adviser, H&SC
Hugh Wilson, Health & Safety Lead Officer, Fife Council
Karen Marwick, Head of Complex & Critical Care Services
Karen Rennie, HR Team Manager, Fife Council
Louise Noble, UNISON
Lynn Barker, Director of Nursing, H&SC
Lynne Parsons, Employee Director, NHS Fife
Martyn Berrie, Clinical Services Manager, NHS Fife
Melanie Jorgensen, HR Team Leader, NHS Fife
Michaela Lessells, UNISON
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: Dafydd McIntosh, Organisational Development & Culture
Lisa Cooper, Head of Primary & Preventative Care, H&SC
Lee-Anne French, HR Business Partner, Fife Council
Helen Caithness
Catriona Lees
Clare Weir, Royal College of Midwives
William Nixon, H&S, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	
	Chair welcomed everyone to the meeting, confirming that the meeting would be recorded to assist with the minute. Apologies were noted as above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 13 JANUARY 2026 The minute and action log of the meeting held on 13 January 2026 were approved as an accurate record.	
3	JOINT CHAIRS UPDATE	
	<p>Lynne Garvey opened by giving her apologies for being slightly late to the meeting and thanking everyone for their attendance, noting that it has been an incredibly busy period across health and social care since the last LPF meeting. Lynne gave thanks to all for their hard work and dedication.</p> <p><u>System Pressures and Workforce Mobilisation</u></p> <p>Lynne acknowledged that the Partnership continues to experience significant and sustained operational pressures. Daily activity remains extremely high across all areas of Health and Social Care, contributing to what she described as the most challenging winter period ever faced by the partnership.</p> <p>Demand across the system has increased markedly, with a 16% rise compared to the same period last year and a 26% increase compared to the year prior. Despite this exceptional pressure, performance levels have remained strong, reflecting the dedication and professionalism of the workforce.</p> <p>Lynne shared that unmet need, particularly the volume of individuals awaiting packages of care in the community, remains at an elevated level. These pressures are driven by unprecedented demand rather than issues of workforce commitment, which continues to be exemplary.</p> <p>Following the approval of the mobilisation plan at the recent Extraordinary Local Partnership Forum meeting, a small cohort of volunteers were mobilised into pressurised areas. Lynne shared that she has issued personal messages of thanks to all staff who have mobilised, noting that feedback from mobilised staff has been highly positive and will be collated and presented at the next LPF meeting. Lynne advised that a staff blog is being prepared to reflect the experiences, insights, and comments received.</p> <p>Senior Leadership Team (SLT) members have also actively participated in mobilisation activity, with the Lynne herself engaging directly in frontline service delivery as part of this programme.</p> <p>Lynne formally acknowledged and commended the efforts of all staff during this intense period. The resilience, professionalism, and continued</p>	

	<p>commitment of colleagues across the system have enabled ongoing delivery of high-quality services in exceptionally challenging circumstances.</p> <p><u>Reduction in Working Week</u></p> <p>Progress continues on the implementation of the Reduced Working Week, although challenges remain due to the scale and impact of the change. Lynne welcomed the feedback obtained through the recent UNISON staff survey. Thanks were recorded to Chris Conroy, who continues to lead the RWW programme.</p> <p><u>Strategic Plan 2026-29</u></p> <p>Lynne advised that the consultation on the refreshed Strategic Plan has now closed, noting that feedback is being analysed to help shape the final plan which will go to the Integration Joint Board later this month and will be shared with LPF members when available.</p> <p><u>Carers Strategy Refresh</u></p> <p>Lynne shared that we have been gathering views on the Fife Carers Strategy 2026-29.</p> <p><u>Celebrating Success</u></p> <ul style="list-style-type: none"> • School Nursing Service - National Recognition Our School Nursing Service is in the final judging stage of the RCN Scotland Nurse of the Year Awards, an incredible achievement and a testament to their exceptional work with children, young people and families. • Social Work Excellence - Congratulations to Amanda Law Amanda Law, Team Manager, has been nationally recognised by the British Association of Social Workers for her compassionate leadership and commitment to safe, supportive practice. • Nursing Recruitment Fair - Inspiring the next generation We welcomed more than 400 students at the recent nursing recruitment fair. Feedback was excellent, interest was high, and recruitment is now well underway. Lynne gave appreciation for all the staff involved and for showcasing the nursing careers here in Fife. • SLT Drop-In Sessions Lynne gave thanks to those who had joined the recent sessions and advised that more dates would be shared soon. <p>Lynne concluded her update by thanking the Chair and members for the opportunity to provide her Co-Chair's Update.</p>	
4	HEALTH AND WELLBEING	
	<p>4.1 Attendance Update</p> <p><u>NHS Update</u></p> <p>Melanie Jorgensen provided a summary of key findings from the NHS Fife Attendance Report.</p>	

- The sickness absence rate increased in December 2025 to 8.80% which is higher than the December 2024 figure.
- Complex and Critical Care Services had the highest sickness absence percentage at 10.05%. Community Care Services was second highest with 9.79%, Primary Care & Prevention Services at 7.02% and Professional/Business Enabling at 4.75%.
- The highest number of hours lost was due to Anxiety / stress / depression / other psychiatric illness, followed by other Cold, cough, flu - influenza.
- The highest number of episodes of absence lost was due to Cough, cold, flu – influenza followed by Anxiety / stress / depression / other psychiatric illnesses.
- The highest number of hours lost due to sickness absence was in the nursing and midwifery Band 5+ job family followed by nursing/midwifery Band 1-4. The highest absence percentage was within the nursing and midwifery Band 1-4 followed by nursing/midwifery band 5+.
- Short-term and long-term absence both increased in December 2025.
- The highest overall absence rate was in the 65+ age category. The next highest overall absence rate is in the 20-24 age group.
- Melanie concluded her update by noting that there were 40 areas within the Fife Health and Social Care Partnership with over 10% sickness absence in December 2025.

Chair opened to questions from members.

Vicki Bennett queried uptake of flu vaccine across H&SC and requested that Staffside are included in any working groups around staff immunisations for 2026/27.

Lynne Garvey confirmed this could have been much improved, noting that we need to make access easier and more convenient. Lynne advised that the vaccination service have now been incorporated into the PRU process to ensure scrutiny and oversight and as a result of this, the team have been supported with an improvement plan for next year.

Fife Council Update

Karen Rennie provided a summary of key findings from the Fife Council Attendance Report.

- In December 2025, HSCP recorded 27.58 working days lost per FTE which is almost double the Council average.
- Community Care Services has the highest level of sickness absence with 30.22 working days lost, followed by Complex and Critical Care with 26.47 WDL, Localities with 19.06 WDL and Resources with 7.09 WDL.
- In December 2025, the top 3 reasons for sickness absence by working days lost were mental health, non-work-related stress and other musculoskeletal.

LC

	<ul style="list-style-type: none"> In December 2025, the top 3 reasons for sickness absence by number of occasions were diarrhoea and vomiting, cough, cold and flu and non-work-related stress. <p>Karen noted work ongoing to support absences within Care at Home and Complex and Critical Care, noting that whilst we are heading in the right direction there has been minimal improvement with a long way to go.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe highlighted that personal stress remains the most significant contributor to absence and asked whether this is being examined and how it can be mitigated. She also questioned whether any work is taking place within the Attendance Support Unit in relation to this.</p> <p>Karen confirmed that a dedicated working group has been established to review stress-related factors. This work is at an early stage, with a focus on aligning wellbeing initiatives more closely with the overall absence management strategy.</p> <p>LPF members were assured by the current position.</p>	
	<p>7.3 Reduced Working Week (item brought forward on agenda)</p> <p>Chris Conroy provided a verbal update on the implementation plans for the Reduced Working Week (RWW) ahead of the go-live date of 1 April 2026. He highlighted the work of the HSCP Reduced Working Week Oversight Group, which he chairs, noting that membership spans acute and corporate functions to ensure a consistent approach across the system.</p> <p>Chris outlined the areas where investment has been agreed to increase workforce capacity in order to offset the reduction in contracted hours. Recruitment is progressing well, with approximately 40% of posts at an advanced stage and expected to commence within the next two weeks. The remaining 60% are in progress.</p> <p>He expressed appreciation for the feedback received through the recent UNISON survey, which has informed a refreshed communications approach to ensure clarity and consistency across management teams and the wider workforce. Services have confirmed their ability to deliver on the commitment to implement the RWW.</p> <p>Chris reported that a range of constructive staff engagement sessions have taken place, generating localised solutions tailored to individual service needs. While acknowledging that the RWW will be implemented differently across teams, he confirmed that overall progress remains on track.</p> <p>The Chair invited questions.</p> <ul style="list-style-type: none"> Yvonne Batehup asked, given that 40% of recruitment will conclude within the next 2–3 weeks, what measures are in place to ensure staff are not expected to deliver the same workload in fewer hours while the remaining 60% of recruitment progresses. <p>Chris confirmed that teams have been offered a number of temporary</p>	

	<p>options to support capacity, including allowing part-time staff to maintain current hours, extending fixed-term contracts where appropriate, and offering part-time staff the opportunity to temporarily increase their hours.</p> <ul style="list-style-type: none"> Lynne Garvey noted that data received from services provides significant assurance that the RWW can be implemented successfully. <p>LPF members were assured by the current position.</p>	
	<p>4.2 Attendance Management Flash Reports</p> <p>Heads of Service presented the attendance management flash reports to support the data presented by HR.</p> <p>Community Care Services</p> <p>Chris Conroy provided an overview of the Community Care portfolio. He reported that NHS staff absence levels have decreased and are now lower than at the same point last year, although further improvement is still required. Targeted actions are being implemented to support phased returns to work, and analysis is underway to better understand the differences between work-related and personal stress.</p> <p>Chris noted that inpatient areas have been operating at full surge capacity for the past couple of months, creating significant operational pressure. The reduction in absence during such a challenging period was highlighted as a testament to the resilience and commitment of staff.</p> <p>In relation to the Fife Council workforce, absence levels remain static. Long-term absence continues to be driven predominantly by mental health-related factors. Chris expressed confidence that all appropriate measures are being taken to support staff to remain in work wherever possible.</p> <p>Primary & Preventative Care</p> <p>Chris Conroy provided an update on the Primary & Preventative Care portfolio in the absence of Lisa Cooper. He advised that targeted work is underway to address mental-health-related absences, and that deep-dive analysis continues within specific services where absence levels remain high.</p> <p>The Chair invited questions from members.</p> <ul style="list-style-type: none"> Yvonne Batehup acknowledged the challenges associated with mental-health-related absences and the difficulties staff face in accessing therapies. She queried whether the service receives information on how Access Therapies Fife is supporting staff, given the significant waiting times, and requested a report outlining the support being provided. Chris agreed to discuss this further with Yvonne offline. 	<p style="text-align: right;">CC</p>

- Karen Marwick noted that Access Therapies information is included within every Directors Briefing. Karen unaware of any backlogs or waiting lists.

Complex & Critical Care Services

Karen Marwick provided an update on the Complex & Critical Care portfolio, highlighting ongoing significant staffing pressures linked to recruitment challenges and the time required for managers to support absence management. She advised that attendance panels continue to review both long and short-term absences where policy breaches have occurred.

Support Services showed a slight improvement in December, followed by an increase in January driven by higher levels of short-term absence, despite a reduction in long-term cases. There are currently five long-term absences, representing a notable decrease from the previous reporting period.

Within the Alcohol and Drug Partnership, absence remains at 0%, and Psychology is reporting a 3% absence rate, an improvement on the previous year. Overall mental health absence has reduced to 8.5%, while Ward 4 continues to experience a high rate of absence at 33%. A recent deep dive confirmed that the challenges in Ward 4 are highly specific. Measures to support the service include temporary redeployment of community staff, block booking of bank staff, and strengthened daily escalation processes.

Within Adult Services, absences have persisted over the past four weeks, with several long-term absence hearings scheduled, some of which have been progressed by other service managers. Remaining cases are now being prioritised as staffing levels have returned to normal.

Karen confirmed that no additional support is required from SLT or LPF at this stage and that work continues in collaboration with HR to strengthen attendance management.

Chair opened to questions from members.

Debbie Fyfe indicated that she had several questions around adult services and requested a meeting with Karen offline to discuss further.

Lynne advised that, on an interim basis, the Chief Social Work Officer, James Ross, will assume responsibility for the social work and social care elements of Karen’s portfolio to allow Karen to focus of transformational work within Mental Health. **Karen and James will progress the planned meeting with Debbie.**

Vicki Bennett noted improvements in the management of attendance and advised that the focus is now shifting towards early intervention to prevent staff from going off sick.

LPF members were assured by the current position.

KM/JR/DF

4.3 Employee Relations Update

NHS Update

Melanie Jorgensen provided a summary of key points from the NHS Fife Employee Relations Report, noting that

- Within the current reporting period there are a total of 23 employee relations cases within the H&SCP. This is a decrease of 1 case since the previous reporting period.
- 33% of cases related to criminal proceedings, 28% related to allegations of inappropriate behaviour in relation to patients.
- 30% of cases are within 3 months of the investigation commencing, 9% have been under investigation for 4-6 months, 13% have been under investigation for 7-12 months. 48% of cases have been under investigation for over 12 months.
- Of the active conduct cases there are currently 4 employees suspended from duty.

Melanie highlighted two key areas of concern: delays in progressing investigations and the ongoing management of cases exceeding 12 months. She noted that utilising Bank staff to undertake investigations has been effective in reducing backlogs. She also advised that delays continue to be affected by limited administrative support. Services remain committed to using the Once for Scotland policies, along with the associated toolkits and TURAS modules, to support consistent practice.

Fife Council Update

Karen Rennie provided a summary of key findings from the Fife Council Employee Relations Report as at 30th January 2026.

- Within the current reporting period there are a total of 35 employee relations cases within the H&SCP. This comprises 19 Disciplinary cases, 13 Grievance cases and 3 Improving Performance cases.
- Currently there are 7 active gross misconduct disciplinary cases with 4 employees suspended and 3 employees currently in work on an alternative to suspension.

Karen provided assurance that cases exceeding 12 months will be reviewed to understand the reasons for delay and identify any lessons learned. Karen will provide an update following this review.

Chair opened to questions from members.

Caroline Cherry requested that Karen link in with her around the review work of cases exceeding 12 months.

Debbie Fyfe raised concerns regarding the progression of investigations and the capability of investigating officers. She queried whether additional training is required and highlighted the potential need for a core, competent group of investigators to ensure sufficient capacity. Debbie noted that this had been discussed with Lee Ryan last week.

LPF members were assured by the current position.

CC/KR

	<p>4.4 Staff Health & Wellbeing Updates</p> <p>Roy Lawrence presented a combined wellbeing update on behalf of NHS Fife and Fife Council and expressed thanks to Casey Fitzpatrick and Jenni Jones for preparing the report content. He advised that Dafydd McIntosh would lead this work for the Partnership going forward and will provide a wellbeing flash report update at each LPF meeting.</p> <p>Roy also noted that Homecare Wellbeing sessions are scheduled to take place in April.</p> <p>Chair opened to questions from members.</p> <p>LPF members were assured by the current position.</p>	
5	<p>HEALTH AND SAFETY</p>	
	<p>5.1 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)</p> <p><u>Fife Council Update</u></p> <p>Hugh Wilson, representing the Fife Council Health and Safety Team, provided an update on current workstreams. He highlighted that the Health & Safety Management Framework has now been approved at portfolio level, and five Stress Risk Assessments have been completed and published, with several still outstanding. He also confirmed that risk assessments continue to be reviewed to ensure accurate risk profiling.</p> <p>Training has been ratified and published, and service managers are reminded to ensure all staff complete the required basic mandatory training.</p> <p>Hugh reported that 190 incidents were recorded between 30 December 2025 and 1 March 2026. Of these, 62 involved injury or harm, 111 related to violence, aggression or threat, and 17 were classed as near misses or property damage. Slips, trips and falls were the most common incident type, accounting for 28 cases.</p> <p>Debrief completion rates were reported as follows: 34% completed, 53% scheduled, and 13% not completed.</p> <p>Hugh advised that the service is reviewing the Violence, Aggression and Threat HS1 process to ensure the questions remain appropriate and to identify any areas for improvement.</p> <p>He also confirmed that there were no RIDDOR-reportable incidents during the reporting period, and no cases of occupational disease or dangerous occurrences.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe noted her concern that de-briefs are not happening and queried if feedback is received as to why.</p> <p>Hugh confirmed work is ongoing to improve this process through the HS1 review.</p>	

<p>Debbie Fyfe requested a breakdown of VAT incidents by gender. CCh will pick this up.</p> <p>Hugh noted that he is picking this up via the HS1 review for Fife Council. Debbie is looking for an overarching view and therefore Vicki Bennett will also pick this up with Billy Nixon offline.</p> <p><u>NHS Update</u></p> <p>William Nixon was unavailable to present the NHS Health & Safety Report and any queries regarding the content of the report should be directed to William via email.</p> <p>LPF members were assured by the current position.</p>	<p>CCh</p> <p>VB</p>
<p>5.2 Mandatory Training Dashboard</p> <p>Karen Marwick reported that mandatory training compliance remains below the 90% target. NHS compliance currently ranges from 53% in Complex and Critical Care to 86% in Nursing. Fife Council compliance also remains low, averaging around 41%, with Community Care Services the lowest at 33%. Karen noted that this spike was attributable to recent changes within the e-Learning system.</p> <p>Work continues to promote the 'policy of the month' initiative and to provide targeted support to priority services where compliance requires improvement. Karen advised that Healthcare Improvement Scotland (HIS) has been invited to attend in early February to review ward staffing ratios and ensure sufficient capacity is in place for staff to complete mandatory training.</p> <p>Although overall compliance remains low, ongoing measures are being implemented to release staff and support them in achieving the required training levels.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe acknowledged the challenges in releasing staff to complete mandatory training but highlighted concerns regarding low compliance in lone working areas, particularly the use of SOS fobs, which currently stands at 53%.</p> <p>Karen Marwick advised that SOS fob compliance is routinely discussed during supervision to reinforce correct usage, and these conversations continue within one-to-one meetings.</p> <p>Vicki Bennett raised concerns about low compliance in patient handling and resuscitation training and asked whether work is underway to address this.</p> <p>Lynne Garvey recognised these issues and noted that some improvements have been observed. She advised that a 'call to action' email had been issued to reinforce managerial accountability for ensuring staff complete mandatory training.</p> <p>Yvonne Batehup suggested engaging directly with staff to understand barriers to compliance and developing a campaign to address these.</p>	

	<p>Martyn Berrie recommended that service management take a stronger role in driving improvement and queried whether colleges could support this through educational facilitators.</p> <p>Colleen Allen highlighted that non-compliance with required training may prompt the SSSC to mandate completion within the year, and failure to comply could place individual registrations at risk. Lynne agreed this point could be used to strengthen training-related communications.</p> <p>Roy Lawrence clarified that the SSSC focuses on professional learning and development rather than mandatory training requirements.</p> <p>Melanie Jorgensen emphasised the importance of providing protected learning time.</p> <p>Casey Fitzpatrick suggested contacting Andrew Stokes in Facilities, who has been developing alternative training delivery methods. A paper on this has recently been submitted to CET, and Roy Lawrence agreed to take this action forward.</p> <p>Roy to meet with Vicki and Kenny to draft a joint campaign to support mandatory training compliance.</p> <p>LPF members were assured by the current position.</p>	<p>RLaw</p> <p>RLaw</p>
<p>6</p>	<p>FINANCE</p>	
	<p>6.1 Finance Update</p> <p>Vanessa Salmond noted Tracy Hogg's absence and advised that Tracy will provide an update on the current financial position at the Extraordinary LPF Budget meeting scheduled for next week.</p> <p>Debbie Fyfe noted that Trade Union representatives would be unable to attend the scheduled date, and it was therefore agreed that this date would be reviewed.</p>	<p>GR</p>
<p>7</p>	<p>SERVICE PRESSURES & WORKFORCE UPDATES</p>	
	<p>7.1 Workforce Mobilisation Update</p> <p>Lynn Barker provided a verbal update, noting that a small number of volunteers, equivalent to approximately 1.5 FTE, remain in place, predominantly community-based staff working across the St Andrews and Glenrothes areas. She advised that although the Workforce Hub is still operational, recent staff departures have impacted on its capacity to function effectively. The Hub is scheduled to close on 31 March 2026.</p> <p>LPF members were assured by the current position.</p>	
	<p>7.2 Admin Transformation Update</p> <p>Tracy Hogg unable to attend meeting therefore it was agreed that this item would be carried forward to next meeting.</p>	<p>GR</p>

	<p>7.4 NMAHP Clinical Leadership Across NHS Fife</p> <p>Lynn Barker presented the Clinical Leadership report, noting variation in leadership visibility across services. The report proposes the introduction of a structured framework to strengthen clinical leadership for Nurses, Midwives and Allied Health Professionals (NMAHP) across NHS Fife. The framework aims to ensure consistent, visible and accountable leadership at ward, community and departmental levels, supporting robust patient-to-board assurance and the delivery of safe, effective and person-centred care.</p> <p>The report recommends the implementation of dedicated clinical leadership sessions, with defined frequency, for NMAHP leadership roles. This is intended to enhance leadership visibility, strengthen governance and assurance processes, and drive continuous improvement in care quality and organisational culture.</p> <p>LPF members were assured by the current position.</p>	
8	GOVERNANCE	
	<p>8.1 LPF Workplans 2025/26 & 2026/27</p> <p>The LPF workplans were included for assurance and noting.</p>	
9	<p>ITEMS FOR BRIEFING STAFF / AOCB</p> <p>Karen Marwick congratulated Louise Noble on her appointment to the post of Regional Convener.</p> <p>No other business identified therefore Chair closed the meeting by thanking everyone for their attendance and collaboration.</p>	
<p>DATE OF NEXT MEETINGS</p> <p>LPF Development Session / LPF Meeting (Fife House)</p> <p>Wednesday 13 May 2026, 09:00-12:30</p>		