

BOARD PUBLIC DUMFRIES AND GALLOWAY NHS BOARD



PUBLIC MEETING

A meeting of the Dumfries and Galloway NHS Board will be held at 10.00am on Monday 6th October 2025. The meeting will be held in Seminar Rooms 4 and 5, Education Centre, Dumfries and Galloway Royal Infirmary, Cargenbridge, Dumfries, DG2 8RX

AGENDA

Time	No	Agenda Item	Who	Paper / Verbal	Assurance Levels
10.00am	1	Apologies	L Geddes	Verbal	Not applicable
10.05am	2	Declarations of Interest	M Cook/ J White	Verbal	Not applicable
10.10am	3	Previous Minutes – 11 th August 2025	M Cook	Paper (for decision)	Significant
10.15am	4	Matters Arising - Review of Actions List - Board Agenda Matrix	M Cook	Paper (for decision)	Significant
10.25am	5	Chair and Chief Executive Update	M Cook	Verbal	Significant
10.35am	6	NHS Board Summary Performance Report October 2025	D Rowland / G Noakes	Paper (for assurance)	Moderate
10.50am	7	Corporate Risk Register	M Kelly / L Geddes	Paper (for assurance)	Significant

HEALTHCARE GOVERNANCE COMMITTEE

11.00am	8	Healthcare Governance Committee Report	M Caig	Paper (for assurance)	Significant
11.10am	9	Healthcare Quality Report	M Kelly / R Darley / M Cannon / A Brain	Paper (for assurance)	Moderate
11.25am	10	Area Clinical Forum Update - Area Clinical Forum Minutes - 25th June 2025. - Area Clinical Forum Minutes – 30th July 2025	M McAdam	Paper (for awareness)	Significant

PUBLIC HEALTH COMMITTEE

11.35am	11	Population Health Framework	V White	Verbal	Not applicable
11.45am	12	Winter Vaccination Programme 2025/26	V White / K Allan / G Stewart	Paper (for assurance)	Significant

STAFF GOVERNANCE COMMITTEE

11.55am	13	Staff Governance Committee Chair's Briefing	S Hamilton	Paper (for assurance)	Significant
12.05pm	14	Speak Up Briefing	K Donaldson / S Hamilton / E Murphy	Paper (for assurance)	Not applicable

BREAK – 30 minutes

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Time	No	Agenda Item	Who	Paper / Verbal	Assurance Levels
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PERFORMANCE AND RESOURCE COMMITTEE

12.45pm	15	Performance and Resource Committee Chairs Briefing	G Forsyth	Paper (for assurance)	Significant
12.55pm	16	Digital Update	S Chatterjee	Presentation (for assurance)	Not available
1.10pm	17	Financial Performance Update	S Thompson	Paper (for assurance)	Limited
1.30pm	18	Review of the Dumfries and Galloway Integration Scheme	J White / V Freeman	Paper (for decision)	Significant

AUDIT AND RISK COMMITTEE

1.50pm	19	Audit and Risk Committee Chair's Briefing	G Black	Attached (for assurance)	Significant
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GOVERNANCE AND STRATEGY

2.00pm	20	Corporate Governance and Committee Minutes Update	L Geddes	Paper (for assurance)	Significant
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ANY OTHER COMPETENT BUSINESS

2.10pm	21	Any Other Business	M Cook	Verbal (for awareness)	Not available
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DATE AND TIME OF NEXT MEETING

	22	8 th December 2025 at 10am – 1pm, in Seminar Room 4, Education Centre, Dumfries and Galloway Royal Infirmary, Cargenbridge, Dumfries, DG2 8RX			
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Chief Executive and Chairman's Commitments

Noted within the table below is a list of the Chief Executive and Chairman's commitments over the next 3 months, for public interest.

Chief Executive's Diary Key Events		Interim Chair's Diary Key Events	
October 2025		October 2025	
7 th	Infection Control Committee	8 th	NHS Chairs Meeting
9 th	Integration Joint Board Chief Officer Formal Interviews	9 th	WoS Chairs biweekly meeting
14 th	BCE Development	20 th	BCG Private Meeting
15 th	BCE Business Meeting / NHS Scotland Executive Group Meeting / Financial Recovery Board	23 rd	WoS Chairs biweekly meeting
16 th	Chief Executive Officer Group	31 st	Director General Visit
20 th	Joint Meeting with NHS Board and D&G Youth Council		
23 rd	Chief Officer Group		
24 th	WoS Chief Executives Meeting		
29 th	Extended Financial Recovery Board		
29 th	SG SH & BBV Visit		
30 th	Chief Executive Officer Group		
November 2025		November 2025	
3 rd	NHS D&G 2025-26 Q2 Meeting	6 th	WoS Chairs biweekly meeting
4 th	First Minister Meeting with NHS Chief Executives	17 th	BCG Private Meeting
6 th	PCPIP Programme Board	20 th	WoS Chairs biweekly meeting
12 th	BCE Business Meeting		
13 th	Chief Executive Officer Group		
26 th	Financial Recovery Board		
27 th	Community Justice Partnership / Chief Officer Group		
28 th	WoS Health and Social Care Delivery Programme Board		
December 2025		December 2025	
4 th	PCPIP Programme Board	3 rd	NHS Chairs Meeting with Cabinet Secretary
		4 th	WoS Chairs biweekly meeting

DUMFRIES AND GALLOWAY NHS BOARD**NHS PUBLIC BOARD**

Minute of the public meeting of Dumfries and Galloway NHS Board held on Monday 11 August 2025 at 10.45am. The hybrid meeting was held in Seminar Room 4, Education Centre, Dumfries and Galloway Royal Infirmary, Cargenbridge, Dumfries via Microsoft Teams.

Present

Mark Cook (MCo)	-	Chairman
Julie White (JW)	-	Chief Executive
Marsali Caig (MC)	-	Non-Executive Member
Garry Forsyth (GF)	-	Non-Executive Member
Greg Black (GB)	-	Non-Executive Member
Gwilym Gibbons (GG)	-	Non-Executive Member
Kim Dams (KDa)	-	Non-Executive Member
Suzanne Hamilton (SH)	-	Whistleblowing Non-Executive Member
Martyn McAdam (MM)	-	Non-Executive Member / Chair of ACF
Vicky Keir (VK)	-	Non-Executive Member/ Chair of APF
Ken Donaldson (KDo)	-	Medical Director
Valerie White (VW)	-	Director of Public Health
Mark Kelly (MK)	-	Executive Nurse Director
Susan Thompson (ST)	-	Interim Director of Finance

In Attendance

Nicole Hamlet (NH)	-	Interim Chief Operating Officer
David Rowland (DR)	-	Director of Strategic Planning and Transformation
Rod Edgar (RE)	-	Communication Team Lead
Laura Geddes (LG)	-	Corporate Business Manager
Linda McKie (LMcK)	-	Minute Secretary

Apologies

Pamela Jamieson (PJ)	-	Workforce Director
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MCo welcomed members to the NHS Public Board Meeting in his new role as Chair of the NHS Board, and publicly acknowledged the work MCo had undertaken over the past year as Interim Chair.

1. Apologies

Apologies received for the meeting are noted above.

2. Declarations of Interest

MCo asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting.

No declarations of interest were put forward.

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3. Minute of the Meeting of the NHS Board held on 9 June 2025

MCo presented the minute from the last meeting on 9 June 2025, asking NHS Board Members to review and highlight any points of accuracy.

The following minor adjustments were noted: firstly, a small error in the figure quoted for locum expenditure, which should be amended to £3.7m; and secondly, a correction to the stated financial year, with ST agreeing to share the adjustments with LG for amending.

Action: ST / LG

NHS Board Members approved the minutes from the NHS Board meeting on 9 June 2025, as an accurate record, pending the amendments listed above.

4.1 Matters Arising and Review of Actions List

MCo asked NHS Board Members if they had any items to be discussed under matters arising that were not covered on the agenda or within the action list.

MC presented the Actions List and asked LMck to update each of the actions following the updates below:

- Board Members agreed to close the following action as the work has been completed:
 - Publication of a video updating key messages from NHS Board and other relevant areas following the Board Meeting in June 2025.
 - Terms of reference have been reviewed and approved.
 - Amendments to the NHS Board minutes.
 - Duty of Candour.
 - Community Planning Partnership workshop arrangements.
 - Schedule of Board Workshops included in all Corporate Governance Update papers.
- An update on the Board's Performance indicators will be presented to the October 2025 Board Meeting.

4.2 Board Agenda Matrix 2025/26

NHS Board Members noted the Board Agenda Matrix for 2025/26, which includes all items that have been asked to be added since the last meeting, with no key changes to highlight to members at this time.

Directors were requested to review the matrix and provide any suggestions for additional items back to LMck.

5. Chair and Chief Executive Update

MCo took the opportunity to express his excitement and delight at being appointed as Chair of the organisation. He shared that what had initially attracted him to the role was not only the positive and supportive environment but also the organisation's agility and willingness to get things done.

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On his first day, he noted his visit to Dumfries and Galloway Royal Infirmary, where he was given a tour and was immediately struck by the positive attitude of staff and the sense of engagement and shared purpose across the teams.

MCo stated his intention to visit all the cottage hospitals and to be visible and accessible across the organisation. He emphasised his interests in healthcare innovation and digital transformation and his desire to contribute meaningfully to what he described as an already high-performing organisation.

He thanked all those staff he had met so far for their warm welcome and enthusiasm and extended his apologies to those he has not yet had the chance to meet, adding that he looks forward to engaging with both internal and external partners in due course. MC concluded by saying he was pleased to have begun his work in earnest and was looking forward to the journey ahead.

JW formally welcomed the new Chair to the Board, congratulating him on his appointment and was looking forward to working together within NHS Dumfries and Galloway. JW also took the opportunity to formally acknowledge and thank MCo for her leadership over the past year and the support she has provided in her role as Interim Chair.

JW gave an update on the ongoing work to meet the national NHS Scotland target to ensure no patient waits more than 52 weeks for either an outpatient appointment or inpatient / day case treatment by March 2026, with weekly meetings with other Board Chief Executives and ongoing dialogue with the Scottish Government continuing to support this ambition. Projections have been submitted to the Scottish Government indicating that NHS Dumfries and Galloway expects to meet the outpatient target within the timeframe.

NHS Board Members were advised that on 1st August 2025, the Board was formally escalated to Stage 3 of the NHS Scotland Support and Intervention Framework, due to concerns over financial sustainability. The escalation does not relate to concerns around financial governance or leadership, both of which were acknowledged as strong, but the primary concern is the increasing difficulty in achieving long-term financial sustainability, with the Board having now submitted a challenging financial plan for 2025/26, targeting £21.3 million in savings, against last year's savings of £18.3 million. JW reiterated the Executive Team's full commitment to achieving the savings target while maintaining high levels of service performance across all services.

JW shared a significant positive development in relation to long-standing discussions around bringing a Maggie's Centre to Dumfries, noting the recent meetings between the Medical Director, Interim Chief Operating Officer and the Chief Executive of Maggie's, which resulted in work now actively underway to develop a viable proposal for the establishment of a Maggie's Centre in Dumfries. It was noted that the NHS Board will be kept informed and engaged as this proposal progresses.

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George Noakes (GN), Acting Performance and Intelligence Manager, joined the meeting.

6. NHS Board Summary Performance Report

DR introduced the NHS Board Summary Performance Report to NHS Board Members, with GN highlighting the following key areas:

- Staff appraisal completion remains below the expected trajectory.
- Delayed discharges at Midpark Hospital were slightly above target; however, local data from July 2025 indicates improvement.
- Musculoskeletal services continue to show no significant improvement.
- Performance on 62-day cancer waits has deteriorated, now falling below the usual level. Additionally, the number of patients waiting more than 52 weeks for outpatient and inpatient procedures under the Treatment Time Guarantee exceeded the agreed trajectory with the Scottish Government at the end of June 2025.
- Emergency Department performance has significantly improved, with all Emergency Department indicators now marked green following the successful implementation of the Frailty Unit.
- Emergency Department waiting times have improved by approximately 5 percentage points and the number of 8-hour and 12-hour breaches has decreased.
- Readmissions following emergency admission has also decreased.
- CAMHS (Child and Adolescent Mental Health Services) continues to perform strongly, maintaining high standards in waiting times following recent improvements.
- The number of people on the Psychological Therapies waiting list had decreased at the end of June 2025.

Noted below are some points raised by NHS Board Members following the presentation of the paper:

- A question was raised on what evidence supports the improvement in Emergency Department performance following the introduction of the Frailty Unit. NH advised that that the early analysis over six weeks shows the Frailty Unit has reduced the average length of stay for frail elderly patients by 10-12 days.

The rapid implementation by the multidisciplinary team and the new

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Discharge to Assess model have contributed significantly to improvements in waiting times, breaches, and reduced readmissions. Further evaluation and expansion of this model to other community hospitals are ongoing.

- A question was raised on what is driving the deterioration in the 62-day cancer wait target. NH advised that the deterioration reflects a backlog of patients waiting 12-16 months for tertiary treatments being included in recent data. Mutual aid between Health Boards has helped clear this backlog, reducing average waits to 6-8 weeks, so future performance is expected to improve as the backlog is addressed.
- A question was raised on what challenges exist in the musculoskeletal service, and what progress is being made. NH advised that the musculoskeletal services face capacity challenges due to vacancies. However, recent collaborative efforts, including events and planning, aim to improve capacity and service delivery. Progress is expected in upcoming reports.
- A question was raised on what is being done to improve staff appraisal completion and quality. NH advised that that appraisals remain a priority, with directors focusing on improving completion rates and meaningful conversations. Training is addressing Information Technology system challenges and process issues. Efforts to simplify documentation and emphasise developmental dialogue are ongoing. Integration of behavioural frameworks into appraisals is also being developed.
- It was noted that there have been ongoing discussions regarding partnership planning and the Behaviours Framework, particularly in relation to how it integrates with Annual Appraisals. These matters will be addressed at the Area Partnership Forum at the end of August 2025, with a paper to be completed by October 2025 outlining how the Behaviours Framework will be applied for staff.
- Clarification was requested in relation to the health and inequalities data. VW advised that the Public Health Specialist Registrar is conducting a deeper analysis to identify the relevant demographics. This work will inform how the Board develops its approach to outpatients, with a paper to be presented to either the Performance and Resources Committee or the Public Health Committee.

This paper provided a moderate level of assurance, which NHS Board Members were content to accept as it demonstrates the Board's progress against performance targets.

NHS Board Members noted the report.

George Noakes (GN), Acting Performance and Intelligence Manager left the meeting.

7. Corporate Risk Register

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MK presented this bi-monthly report on the Corporate Risk Register for oversight and approval of changes, with LG highlighting the following key points:

- The current corporate risk register includes 16 risks: 4 medium, 6 high, and 6 very high. All risks have been reviewed according to the organisation's Risk Strategy timelines, medium risks every six months, high risks every three months, and very high risks monthly.
- A full review of the risk register was planned to take place at the Risk Executive Group on 6th August 2025, however, this meeting had to be postponed due to unavoidable circumstances. This review will be undertaken at the next scheduled Risk Executive Group meeting and details fed back to Board members when available.
- Two key changes were proposed in this update. Firstly, the emergency planning risk previously classified as very high, has been reassessed and downgraded to a medium risk to accurately reflect the current position in this area and the mitigations that are already in place. The lead director responsibility for this risk has also moved from JW to DR now that Resilience sits within the Corporate Services Directorate..
- The second, is a request for the Board to approve the de-escalation of the health and care staff risk from a level 1 corporate risk to level 2. It is considered that current mitigations and actions can be managed effectively at the directorate level, removing the need for oversight at the corporate level.

Noted below are points raised by Board Members following the presentation of the paper:

- A comment was raised on the de-escalation of the health and care staffing risk relating to staffing standards that have now been well implemented and reviewed annually. It was noted that the risk is transitioning to a mitigation under the sustainable staffing corporate risks. It's important to note that staffing levels will continue to be monitored under the sustainable workforce contract risk.
- A concern was raised regarding the financial targets risk in relation to the way consequences are listed. While adverse publicity and damage to the board's reputation are noted as primary risks, the real priority should be the impact on patients and staff. It was noted that the risks should always be ranked above reputational damage to ensure the focus remains on protecting public interest rather than the board's image, with LG agreeing to work with ST to review and amend as appropriate.

Action: LG

This paper provides a significant level of assurance, which NHS Board

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Members accepted as it demonstrates a regular review of the Corporate Risk Register, in line with the Risk Strategy processes and timelines.

NHS Board Members:

- Took Assurance of the Board's compliance with the Risk Strategy through the review and development of the Corporate Risk Register.
- Noted the amended current and target risk levels for risk 2933 (Emergency Planning) reducing from a high risk score to a Medium risk score.
- Approved the de-escalation of Risk 3170 (Health and Care Staffing) from the Level 1 Corporate Risks Register to a Level 2 Director managed risk.

8. Healthcare Governance Committee Chair's Briefing Report

MK presented the Healthcare Governance Committee Chair's Briefing Report on Performance to NHS Board Members, highlighting the following key points:

- The Committee have been reviewing the structure of the Healthcare Quality Report, focusing on areas such as feedback, risks, patient experience, public protection, and care assurance. The Quality and Safety Board and the Healthcare Governance Committee are conducting more detailed reviews to prepare the board for discussions about any escalated issues. One key challenge is the introduction of a new incident management system, Inphase, which has led to increased adverse event reporting, showing a 5% year-on-year rise and while the Board have some understanding of the systemic reasons behind this increase, further work is being undertaken to analyse the adverse incidents data.
- Healthcare-associated infections remain stable but with some new exceedance limits since 1st April 2025. These details will be discussed further in the Healthcare Quality Report.
- The committee approved a new Public Protection Standard Operating Procedure for managing adverse events in children, which is included in the papers for awareness.
- At the recent Healthcare Governance Committee meeting, a concern was raised around lack of available data from the Inphase system. There were also significant staffing challenges highlighted within obstetrics, gynaecology, and mental health consultants, which seems to be the challenge nationally as well as locally.
- Some staffing issues were also noted in the Neonatal Unit, however, recent senior leadership additions into this area have helped improve the situation.
- A comment was made that there is a preference to refer to Long COVID as an "energy-limiting condition" to ensure all affected individuals are

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represented fairly. This terminology aligns with the inclusive approach being taken locally. This work is supported by Scottish Government funding, although the future duration of this funding remains uncertain.

- A question was raised about whether staffing challenges in the neonatal unit would impact corporate risk registers. MK advised that currently, the mitigations in place appear effective, so it remains under close monitoring without escalation.

This paper presented a significant level of assurance, which NHS Board Members accepted as an accurate reflection that the Healthcare Governance Committee is meeting its governance requirements as a delegated Committee of the Board and provides an appropriate mechanism for reporting key updates and providing assurances.

NHS Board Members noted the Healthcare Governance Committee Chair's Briefing Report.

Maureen Stevenson (MS), Patient Safety & Improvement Manager and Alexis Brain (AB), Patient Safety and Experience Manager joined the meeting.

9. Healthcare Quality Report

MK introduced the Healthcare Quality Report, highlighting the following key points:

- In relation to Inphase incident management system: despite initial concerns over reporting capabilities, progress has been made through collaboration with the vendor, including weekly sessions to improve data quality and dashboards. Although it's not yet fully at the expected level, the system is operational, and incident reporting continues effectively.
- Quality and safety reviews continue, including work tied to the recent inspection to prepare staff for upcoming assessments. Clinical risk remains the most frequently cited risk category, with adverse event rates being an area of focus for patient safety groups.
- Healthcare-associated infection rates show positive trends, with reductions in some infections and stable rates overall, thanks to extensive infection control efforts.
- Complaints have slightly decreased, with most resolved locally through open dialogue, minimising formal escalations. Interpretation and translation services have also seen an increase in demand without matched budget growth, posing a risk to patient experience.
- Public protection has seen improvements with the approval of a new process and establishment of an executive group to oversee issues. Organisational learning and staff support remains the top priorities, with

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plans to develop staff support networks and ensure learning from incidents are shared.

This paper presented a moderate level of assurance, which NHS Board Members accepted as it demonstrates that all clinical governance processes are in place to provide assurance in relation to patient safety and quality of care performance.

NHS Board Members noted:

- the revised structure and intent of this report as a critical enabler of improved quality oversight and governance.
- that a moderate level of assurance has been provided with this paper as there are systems and processes in place to identify, understand and manage quality and safety. The priorities agreed by Quality and Safety Programme Board will ensure that this is intelligence led, planned and consistently applied.
- the ongoing development and refinement of the reporting framework as a foundational component of our Quality Management System and an essential element of our Corporate Governance arrangements

Maureen Stevenson (MS), Patient Safety & Improvement Manager and Alexis Brain (AB), Patient Safety and Experience Manager left the meeting.

Fiona Paton (FP), Lead Nurse / Child Health Commissioner joined the meeting.

10. Children's Rights Report

MK introduced the Children's Rights Report to NHS Board Members, with FP highlighting the following key points:

- FP is leading on the children's rights work programme, as part of her role as the Child Health Commissioner for NHS Dumfries and Galloway. Each board is at different stages of progress, with varying priorities, but are moving forward positively and following an action plan based on the Information Services guidance for implementing the United Nations Convention on the Rights of the Child into public bodies. The plan highlights progress in areas such as participation and empowerment of children and young people, child-friendly complaints processes, staff training and awareness, improving practice and child-friendly publications.
- A key achievement in this area has been the creation of a Youth Health Advisory Forum in Dumfries and Galloway. This group supports engagement with young people who have direct or indirect healthcare experiences as patients, siblings, or carers, and includes those interested in healthcare careers.
- Currently, 11 young people are regularly involved in the forum, contributing to work on child-friendly complaints, publications, and

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awareness-raising efforts. An informal is being scheduled with the Board Members and the Youth Council has been arranged for Spring 2026.

- One area of focus going forward is children's rights budgeting. This has been delayed awaiting the appointment of a new Director of Finance, which will now be taken forward with the Interim Director. FP and colleagues are working on embedding Children's Rights Impact and Well-being Assessments into the existing Equality Impact Assessment process. This will help ensure decisions about budgeting and policy consider the potential positive, neutral, or negative impact on children's rights.
- In terms of awareness raising, informal meetings have been held with various teams across NHS Dumfries and Galloway and a SharePoint microsite is being developed through Beacon (the staff intranet), which will serve as a one-stop resource hub for information on children's rights. The site, to be renamed "Graphic and Children's Rights," will include links to national and third sector resources, information from the Children's Commissioner for Scotland, and contact details for FP. The site is expected to be available for staff from September 2025.

Noted below are points raised by NHS Board Members following presentation of the paper:

- ST noted that she would be happy to liaise with FP regarding the financial implications outlined in the paper.
- A note of understanding was raised on how connections are being made with various groups as the Youth Health Advisory Forum reflects individual young people's views, what links currently exist between these groups and what can be done to strengthen those connections. FP noted that she currently works closely with the colleagues within the children's services team at Dumfries and Galloway Council, who also lead Youth Services, to maintain these links.
- FP advised that she had spoken with Mark Malloy, who is considering how advisory groups including those from the Council and others like Scottish Enterprise can develop stronger strategic links within this area.
- A comment was made that the workshop with the Youth Advisory Forum and Youth Council needs to be on the basis of interactive sessions, which was felt was more effective to have idea generation and direct engagement with young people rather than just receiving reports. FP agreed, highlighting that an interactive, workshop-based method was best to engage effectively with young people, especially those with disabilities.

This paper presented a moderate level of assurance, which NHS Board Members accepted as it demonstrates the good progress against actions in the Action Plan being made.

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NHS Board Members noted the Children's Rights Report Update.

Fiona Paton (FP), Lead Nurse / Child Health Commissioner left the meeting.

11. Area Clinical Forum Update and Minutes

MMcA presented the Area Clinical Forum Chair's Briefing and minute of the meeting on 26th March 2025, highlighting the following key points:

- The Forum has had discussions on Information Technology issues that have had some impact on staff and patient safety processes. The ongoing investigations have given assurances regarding long-term planning and improvements, with solutions and progress being reviewed by the Director of Digital.
- The Forum had also discussed the importance of the governance arrangements supporting the Area Clinical Forum and professional advisory committees, specifically the need to reinvigorate membership and the critical role of the Area Clinical Forum in engaging clinical teams and driving conversations around clinical issues and financial sustainability, to support service redesign and performance improvement.
- The Forum are keen to support the development and strengthening of business continuity plans and regular testing of the processes, which are crucial to ensure teams are prepared for system outages or maintenance. The new Director of Digital and team are working with frontline staff to modernise and transform service delivery through technology.

This paper was presented with a moderate level of assurance, which NHS Board Members accepted as an accurate reflection that the Area Clinical Forum is meeting its governance requirements as a professional advisory committee of the Board and provides an appropriate mechanism for reporting key updates, issues, risks and minutes of committee meetings.

NHS Board Members noted the Area Clinical Forum Update and the minute from the meetings held on 30th April 2025 and 28th May 2025.

12. Population Health Framework

VW gave a verbal update on the Population Health Framework to NHS Board Members, highlighting the following key points

- On 30th January 2025 NHS Dumfries and Galloway hosted a workshop with the Scottish Government and COSLA focused on the Population Health Framework.
This event included colleagues from the Integration Joint Board, Local Authority and the third sector, providing a helpful introduction to the framework's aims.

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- The Population Health Framework centres on improving life expectancy in Scotland, particularly addressing the gap between deprived areas and the national average. It focuses on primary prevention through addressing social, economic, and environmental determinants of health and promoting equitable health and care across communities.
- Dumfries and Galloway have made significant progress across many areas within this framework. Two of the priority areas currently being progressed are prevention-focused systems and improving healthy weight. In line with this, the Board recently approved the multi-agency Physical Activity Strategy for Dumfries and Galloway, which will be a key tool for collaborative work across health, community planning partners, and local communities, in addition to the important role of the Good Food Nation initiative in promoting healthier environments.
- It was noted that over the summer, discussions continued with senior colleagues from the Council, NHS, and other partners, around engagement with business communities and the third sector. This collaborative approach will be further supported by light-touch mapping to identify any gaps in local provision, ensuring targeted actions are identified. This aligns well with Dumfries and Galloway's 10-year strategic approach to population health.

As this was a verbal update to NHS Board, no discussions were held on the level of assurance.

NHS Board Members noted the Population Health Framework update.

13. **Speak Up Briefing**

KD gave a verbal update on the Speak Up Briefing to NHS Board Members, highlighting the following key points:

- No live supporting investigations are underway; however, one recent case has been escalated to external review. The Board continues to receive a steady flow of Speak Up concerns, which are triaged appropriately.
- It was noted that the transition to the new InPhase system, which replaced the Datix system, will improve how Speak Up issues are captured, learning is disseminated and how we address feedback on the need for better follow-up.
- Speak Up Week will be held between 29th September 2025 – 3rd October 2025 with the theme "Listen, Act, Build Trust," emphasising the importance of creating environments where staff feel safe and

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supported to raise concerns and where managers respond constructively.

As this was a verbal update to NHS Board, no discussions were held on the level of assurance.

NHS Board Members noted the Speak Up Briefing.

14. Performance and Resources Committee Update

GF provided a verbal update on the Performance and Resources Committee Update, noting the following key points:

- Health Intelligence Manager is engaging with Committee and Director Leads to review the performance reporting mechanisms within each governance committee. Changes will be aligned with tactical priorities, in particular around the 52-week delivery and unscheduled care measures.
- A Board Workshop on the Property Strategy has been scheduled for 18th August 2025. This session will help shape strategic direction and allow reflection on previous decisions in the context of the current Level 3 escalation, ensuring alignment with organisational priorities.
- The Clinical Change Programme has now been established and is a key component in modernising the outpatient delivery model. It forms part of the broader financial sustainability agenda, with work progressing to move this into the delivery phase.

As this was a verbal update to NHS Board, no discussions were held on the level of assurance.

NHS Board Members noted the Performance and Resources Committee Update.

15. Financial Performance Update – End of June 2025 (Month 3)

ST presented the Financial Performance Update to NHS Board Members, highlighted the following key points:

- At the June 2025 NHS Board meeting, the financial plan was approved with a £28m overspend, which exceeded the Scottish Government cap of £25m. Scottish Government have accepted the financial plan, with the expectation that the Health Board will work to bridge the overspend gap.
- The Board now holds a Stage 3 escalation status under the national framework. ST reflected the seriousness of the financial challenge, and the limited assurance currently provided due to the size of the in-

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year overspend, the continued financial pressures, escalation status and deficit drivers.

- The structural causes of the deficit include ongoing failure to deliver recurrent savings, rising inflation, clinical supply costs, cost pressures from national systems and increased estates and medicine-related costs.
- In response to the escalation, 2 key workstreams have been launched:
 - Workstream 1 – In-Year Recovery, led by NH will focus on achieving the £21.3m savings target, maintaining directorate-level financial discipline, minimising emerging pressures through early horizon scanning and strengthening financial controls and oversight.
 - Workstream 2 – Forward Planning, led by DR will focus on planning for financial sustainability beyond 2025/26, developing a pipeline of recurring savings and addressing the reliance on non-recurrent allocations and savings.
- A formal Level 4 review of financial governance and controls is underway with additional external partners being engaged to support the analysis of deficit drivers. A manager engagement session has been held to raise awareness and drive alignment.
- NHS Board Members were made aware of the £0.2m shortfall, which has already been noted in Quarter 1 due to funding discrepancies. All new financial pressures are under tight scrutiny and financial risk from performance-linked allocations are being closely monitored and reported.
- It was noted that the Board have recorded £7.4m savings to date. Although no material delivery risk is flagged at this stage and no significant variances reported in capital spend for Month 3, the Financial Recovery Board are increasing oversight along with engagement with clinical teams to continue to enhance delivery confidence.
- NHS Board members are asked to support the calculated financial risks in unscheduled care initiatives where performance-linked funding is contingent.

Noted below are some points raised by NHS Board Members following presentation of the paper:

- Is the Board making sufficient progress against the financial recovery plans.
JW advised that progress is being made through Workstream 1, led by NH, with intensive conversations underway with General Managers and Finance Managers across operational directorates to understand how far savings can be delivered in year. Difficult decisions are being

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escalated to the Financial Recovery Board, which meets regularly to assess risks and ensure alignment with quality and safety standards.

- Are decisions being made quickly enough to meet financial deadlines. It was noted that the Board recognises the urgency of decision-making. Some decisions will be challenging and potentially uncomfortable, but there is a collective understanding that delays could worsen the financial position. The Performance and Resources Committee may need to adapt its processes to enable quicker responses while maintaining appropriate oversight.
- Are staff engaged in the recovery process? It was noted that staff engagement has been strong and encouraging, with over 250 staff participating in a recent organisation-wide call, and many having submitted ideas for savings and redesign. Clinical teams are actively considering what they can do differently within their own services, which is key to sustainable change.
- Are improvement methodologies being used effectively? Although not used to their full potential, the organisation has many staff trained in various improvement techniques. Workstream 2, which focuses on longer-term planning, will better integrate these methodologies into service redesign. There is also an opportunity to coordinate cross-functional “wraparound” teams to support clinical service reviews more effectively.
- Will the financial recovery affect the quality of care delivered? It was noted that some impact is likely on the services delivered, however, the organisation is committed to protecting safety and essential standards of care. Clinical teams and governance processes are in place to assess the risk of service changes and escalate anything that compromises patient care. The focus is on redesigning services, not cutting them.
- How will the organisation balance financial recovery while maintaining performance? NHS Dumfries and Galloway has historically performed well, however, have received less performance-linked funding as a result. The Board is exploring how to maintain essential service levels while reducing the overall cost base and this will form part of ongoing conversations with Scottish Government.
- How are public behaviours and expectations being addressed? It was noted that public engagement is vital to improve the financial position, to highlight the rate of unused medicines or unnecessary prescriptions.
- Are there areas staff should avoid focusing on for savings? It was noted that staff are reminded that nationally agreed terms and conditions, such as pay enhancements and sick leave provisions cannot be altered locally. While suggestions are welcome,

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communications will clarify where local influence is possible and where it is not, to ensure efforts are productive.

- Is there a cultural shift happening in how the organisation approaches financial recovery? There has been a significant shift, with the focus moving from “what can others do differently” to “what can we change in our own areas.” The Board has emphasised the importance of empowering staff at all levels and embedding a culture of improvement, value-based care and ownership of decisions.
- What support is being requested from the Scottish Government? It was noted that NHS Dumfries & Galloway continues to engage with Scottish Government colleagues, seeking recognition of its historical performance and brokerage support. In parallel, the Board is requesting targeted assistance to review high-cost areas like medicines and external contracts, where local control is limited.

This paper was presented with a limited level of assurance, which NHS Board Members accepted as the report presents an update on the financial position to the end of June 2025 (Month 3).

NHS Board Members:

- Noted the position against the approved Financial Plan as at the end of June 2025 and the escalation to Stage 3 of the Framework.
- Approved the commitment of the full funding to meet the unscheduled care commitments recognising that there is a financial risk if the performance targets are not met.

George Noakes (GN), Acting Performance and Intelligence Manager and Kirsty Bell (KB) Programme Manager, joined the meeting.

16. Annual Delivery Plan Quarter 1 Progress Report 2025/2028

DR introduced the NHS Dumfries and Galloway Annual Delivery Plan 2025/2028 to NHS Board Members, with GN and KB highlighting the following points.

- The test-specific table under Delivery Area 9 has been updated to reflect the current year's actions. To ensure proper governance and accountability, the updated plan is being resubmitted for Board for approval, specifically addressing the changes noted on page 97 of the document.
- The majority of the report is narrative-based and outlines progress across delivery areas. Of the 74 total actions, 61 have been initiated, with 13 still to begin. Operational colleagues continue to be engaged to progress outstanding actions.

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- NHS Board Members were highlighted to the introduction of the Frailty Unit which has had a positive impact on performance in the Emergency Department, as reflected in the Summary Performance Report and the delivery Area 5, Primary and Community Care.
- The review of General Medical Services remains on track, with stakeholder workshops scheduled for August and September 2025 and the project continuing to meet its milestones.
- The Child and Adolescent Mental Health Services continues to sustain improved performance levels following earlier enhancements, along with Population Health and Reducing Health Inequalities. Over 20 third-sector organisations have already received the screening inequalities awareness training, supporting broader community engagement and awareness.
- The Financial Recovery Board continues to meet fortnightly, focusing on two major workstreams: the in-year financial position, and the planning for future financial sustainability in the next fiscal year, this progress reflects ongoing collaboration across operational and strategic levels, with an emphasis on transformation, stakeholder engagement and maintaining high-quality service delivery under financial pressure.

Noted below are some points raised by NHS Board Members following presentation of the paper:

- The Board acknowledged the significant volume of work being undertaken across the organisation, especially in light of the current pressures and constraints facing both clinical and corporate teams. There was a collective recognition of the commitment, resilience, and professionalism of staff and thanks were extended to all involved for maintaining momentum and progress during a particularly challenging period.
- There was a strong appreciation for the quality and clarity of the paper. Board members highlighted that the structure and navigation of the report made it easy to engage with and commended the integration of corporate risks throughout. This was seen as a best-practice example that could be reflected across other reporting formats.
- A specific point was raised around the need for further development of performance indicators, particularly in areas where success measures are still to be confirmed.

The ability to clearly define "what success looks like" will be increasingly important as the organisation continues to align delivery planning with financial recovery efforts.

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- There was an ask that the next phase of work involves close engagement with operational colleagues to ensure the indicators are robust, meaningful and measurable. This will help provide the Board with more comprehensive assurance regarding both progress and the potential implications of any strategic or financial shifts.
- Overall, the Board reinforced its appreciation for the ongoing work and the professionalism of teams across the system and expressed confidence in the direction of travel, while recognising the scale of the challenge ahead.

This paper presented a moderate level of assurance which, NHS Board Members accepted as it sets out the NHS Dumfries and Galloway Annual Delivery Plan for 2025/26.

NHS Board Members:

- noted the progress in delivering actions agreed in the Annual Delivery Plan 2025/26.
- approved the amended Annual Delivery Plan 2025/26 (Appendix 1) following the revision of Section 12: Delivery Area 9 – Workforce
- approved the submission of the Annual Delivery Plan Quarter 1 Progress Report (Appendix 2) to Scottish Government.

George Noakes (GN), Acting Performance and Intelligence Manager Kirsty Bell (KB), Programme Manager left the meeting.

17. Audit and Risk Committee Report

GB presented the Audit and Risk Committee Report to NHS Board Members, highlighting the following key points:

- The Committee received positive feedback from the external auditors in relation to the financial governance arrangements. This gave the Committee confidence that those arrangements are appropriate and functioning effectively, however, it is important to note that this is separate from the ongoing risk identified by the external audit regarding financial sustainability. This remains a significant issue and it has been formally recognised as part of our annual accounts.
- The committee continues to have a strong focus on the cyber incident, the Board's response to the attack and ongoing recovery. We continue to work closely with partners and other organisations across the public sector on this matter.

This paper was presented with a significant level of assurance which, NHS Board Members accepted as the report demonstrates that Audit and Risk Committee are fulfilling their role delegated by the NHS Board..

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NHS Board Members noted the Audit and Risk Committee Report.

18. Corporate Governance and Committee Minutes Update

LG presented the Corporate Governance and Committee Minutes update to NHS Board Members, highlighting the following key points:

- Audit and Risk Committee and Healthcare Governance Committee have reviewed their Terms of References as part of the annual review process, minimal changes have been proposed for Board to approve.
- The Healthcare Governance Committee have opted to remove a number of groups reporting into the committee from the Terms of Reference, this was as a result of a restructure and the introduction of the Quality and Safety Board where all of the groups being removed from the terms of reference will now report into. The Quality and Safety Board will report into Healthcare Governance Committee and provide regular updates.
- The paper highlights amendments to nominated Chair and Vice Chair roles for each of the committees and the amendment of the Lead Director for Audit and Risk Committee and Performance Resources Committee following the retirement of the Director of Finance at the end of June 2025.
- In April 2024 Scottish Government issued a framework document outlining how it works with territorial boards to ensure compliance with the Scottish Public Finance Manual. LG advised that the internal governance processes have been reviewed against this framework and are now aligned, with a minor update to the framework issued in June 2025.
- Since the last meeting, five Board workshops have been arranged or dates having been amended. LG advised that the Youth Council workshop was currently being reviewed to move to March 2026.
- LG noted that a pro forma is being created, which will define the purpose and outcomes of each workshop, allocate a Lead Director, and ensure the information is circulated to Board members in advance.
- As part of the governance responsibilities, the Board must have oversight of all committee minutes. LG confirmed that all committee minutes from 2024 / 25 have been reviewed by the Board for oversight and assurance.

This paper was presented with a significant level of assurance which NHS Board Members accepted as it demonstrates that all of the corporate governance updates are in line with the good governance framework in the Blueprint and local policies and processes.

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NHS Board Members:

- noted the overview of workshops that have been held with Board Members from 1st January 2024 – present day, the workshops scheduled for 2025/26 and the potential topics for the future workshops.
- noted the amendments that have been made to the Chair and Vice Chair positions for the governance committees.
- noted the updates that have been issued in relation to the Framework Document in circular DL(2025)13.
- took assurance that all governance committee minutes are being approved through the committees and presented to NHS Board for awareness as part of the Good Governance Best Practice arrangements.
- approved the amendments that have been made to the Audit and Risk Committee Terms of Reference.
- approved the amendments that have been made to the Healthcare Governance Committee Terms of Reference.

19. Freedom of Information Annual Report 2024/25

LG presented the Freedom of Information Annual Report 2024/25 to NHS Board Members, highlighting the following key points:

- The report provides an overview of Freedom of Information performance and trends during 2024/25, demonstrating how the Board have managed the initial requests, reviews and appeals to the Scottish Information Commissioner.
- A total of 927 requests have been received during 2024/25, which is a 4% decrease from those received in 2023/24. While this is a positive trend, early indications suggest volumes may increase again in the current financial year 2025/26, with current figures already surpassing the same point last year.
- The compliance rate for responses issued within the 20 working day timeline set by legislation is currently 95.5% continuing the strong performance level, with over four consecutive years of maintaining above 95% compliance, this reflects well on directorate responsiveness and the robustness of internal FOI processes.
- There has been 28 review requests received, a 0.3% improvement compared to the previous year. This low number indicates that the majority of initial responses meets the expectations of requesters.

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- Only 1 application was made to the Scottish Information Commissioner, highlighting a strong level of public satisfaction with responses and the quality of review decisions.
- Since the introduction of the legislation in 2006, there has been an 836% increase in Freedom of Information requests received. This growth highlights both the rising demand for transparency and the increasing pressure on internal resources, with a review underway to identify routinely collected information that could be proactively published, potentially reducing requests.
- Consideration is being given to publishing all Freedom of Information responses online, although this could also lead to increased visibility and more requests, these actions are being explored as part of a wider effort to manage the increased demand on the directorates.

Noted below are some points raised by NHS Board Members following presentation of the paper:

- A question was raised on who is submitting Freedom on Information requests, are there identifiable patterns. It was noted that while Freedom of Information legislation requires that we treat all requests as being applicant blind, therefore, no data is analysed on the cohorts of requesters.
- What are the most common themes in FOI requests? It was noted that the top themes continue to be medical conditions and treatment, Staffing and Finance with other areas like pharmacy and specialist services are represented, but in smaller volumes.
- A question was raised on whether the Board track sub-themes or finer details within those categories. It was noted that sub-themes are not recorded at the moment, however, we are moving the FOI register over to the new InPhase module in coming months and will link with the developers to check what can be recorded around sub-themes.
- A question was raised on whether the volume of FOIs is having a negative operational impact. It was noted that yes responding to requests is taking significant time away from core activities in some teams, however, the FOI Office and FOI Lead are continuously looking at different ways to reduce the burden on the teams.
- A question was raised on whether the Board are doing anything to reduce the volume or improve efficiency. It was noted that the two key areas of development are proactive publication, reviewing what information is routinely requested and exploring publishing it on the website to reduce repeat requests.

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- A question was raised on whether there is there a risk of increasing workload by publishing more. It was noted that yes there is a risk that better access leads to more targeted requests, however, it's generally seen as a positive transparency measure.

This paper presented a significant level of assurance which, NHS Board Members accepted as it demonstrates that appropriate processes have been put in place to adhere to the legislative requirements for the management of Freedom of Information requests in year.

NHS Board Members took assurance on the annual review of performance and compliance with the Freedom of Information (Scotland) Act 2002 for the period 1 April 2024 – 31 March 2025.

20. Participation and Engagement Activity Report

RE presented the Participation and Engagement Activity Report to NHS Board Members, highlighting the following key points:

- The report outlines the engagement activity carried out by NHS Dumfries and Galloway and its partners between 1st January 2025 and 30th June 2025, with engagement and consultation activity continuing to be supported by the Consultation and Engagement Working Group. Membership for the group is drawn from across the partnership and consists of individuals with experience and/or formal training in public engagement and consultation. The group's purpose is to inform and strengthen our approach to engagement across all relevant services and activities.
- NHS Dumfries and Galloway retains responsibility for managing the Participation and Engagement Network, a collaborative tool supporting multiple local agencies. The network has grown to 274 active members and is regularly utilised to share updates and promote involvement opportunities. A recent newsletter was issued to members highlighting opportunities, such as the ongoing engagement around General Medical Services and vacancies on the Integration Joint Board. The network remains a vital tool for inclusive, region-wide engagement.
- The Board continues to contribute to work around service change, particularly linked to NHS Reform. Although this change is being led at the national level, local engagement and consultation will be required to support implementation.

A key meeting took place in February 2025, where it was confirmed that vascular services will be the initial area of focus. We await further instruction regarding next steps and local responsibilities.

- Engagement is currently ongoing around the General Medical Services review. A comprehensive survey was distributed to all community

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councils in the region and members of the Participation and Engagement Network, which generated over 200 high-quality responses. Online engagement sessions have also been held with community councils and the next phase includes promotion and facilitation of a series of workshops, scheduled to begin later this month.

- Engagement continues regarding a proposal for the use of green space at Mountainhall Treatment Centre as part of the wider “Greening the Estate” initiative. This work is still in progress and the most recent engagement outcomes are captured in the appended reports.
- Discussions around changes to service provision at Dalveen Ward, Midpark Hospital have been raised within the Consultation and Engagement Working Group. A formal report has since been shared with members and further discussions are scheduled at the next meeting to determine the appropriate engagement approach.
- It was noted that ongoing work is taking place to improve public awareness of screening services, in partnership with third sector organisations. This includes leveraging existing networks and community links to ensure high levels of participation and understanding of the importance of public health programmes.
- A follow-up point was raised regarding the recent discussions at several Board workshops on the topic of technical production and engagement with communities. It was noted that a paper was previously developed by RE which was presented to the Board Management Team and considered in relation to ongoing strategic work. A follow-up workshop is planned for the Board Management Team to explore how to take forward practical and effective approaches to community engagement, ensuring this work is meaningfully aligned with wider strategic initiatives such as the Delivering the Change projects and collaboration with Healthcare Improvement Scotland to avoid duplication of effort across workstreams. Once this workshop has taken place, a further update will be provided to NHS Board Members to summarise key actions and the agreed direction of travel.

This paper presented a significant level of assurance which, NHS Board Members accepted as it demonstrates the considerable degree of engagement being undertaken within the Partnership, conducted in line with best practice, national standards and expectations set out through legislation and legal precedent.

NHS Board Members:

- took assurance of compliance with best practice and statutory and legal expectations through alignment with engagement frameworks.
- noted the report’s findings.
- noted the discussions on future projects and priorities.

21. Social Media Engagement Report

RE presented the Social Media Engagement Report to NHS Board Members, highlighting the following key points:

- The report provides an overview of NHS social media activity during the period 13th December 2024 to 30th June 2025. It outlines the platforms managed, performance metrics, content and future opportunities.
- The NHS communications team directly manages accounts on Facebook, Instagram, YouTube, TikTok, and BlueSky. In addition, there are over 70 social media accounts officially registered under NHS or Health and Social Care Partnership branding. While the central team holds login access and oversight for these, it does not manage them day-to-day due to resource limitations. Guidance and advice are provided as needed, linking back to the Social Media Policy reviewed and approved last year, which requires any new account to be approved via a formal submission process. This ensures consistency, reduces duplication, and maintains standards across all platforms.
- Facebook remains the most widely used and high-performing platform. As of the end of June, the NHS Dumfries and Galloway Facebook page had 27,907 followers. That number has since grown to over 28,000 – marking a significant increase from just over 13,000 in 2020. This suggests that approximately one in five people in the region, across all age groups, follow the page.
- Audience demographics indicate a predominantly female user base, with the most active engagement in the 35–44 age bracket. The account remains highly active, with 175 posts made in a 28-day window, placing it in the top quartile for NHS social media activity.
- It was noted that Instagram, which is integrated with Facebook, also saw a healthy level of output and engagement. Over the reporting period, 262 posts were made, generating a total of 173,535 views. The team continues to build audience numbers and engagement on this platform.
- It was noted that the Board has begun to establish a presence on BlueSky. Although still small compared to Twitter, BlueSky now has over 38 million users globally. Its interface is similar to Twitter's and is viewed as a potential long-term alternative. Early signs are encouraging in terms of content engagement and audience tone.
- YouTube is used primarily as a hosting platform for video content, which is then shared through Facebook, BlueSky, and other channels. While it is not a major destination in itself for users, it plays a key

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supporting role in distributing video messaging effectively, with TikTok being explored further due to its large, younger user base.

- It is clear that the public increasingly views social media as a direct contact channel with the NHS. Many people message accounts seeking guidance or even personal medical advice. Automated responses are in place to clarify that social media is not the appropriate avenue for clinical advice or individual case enquiries. Nonetheless, this highlights the need for clear signposting and ongoing monitoring.

This paper presented a significant level of assurance which, NHS Board Members accepted as the report demonstrates an insight into the content which is shared across social media platforms, and the effective management of these platforms.

NHS Board Members:

- took Assurance that a high volume of high-quality communications are being shared via professionally managed social media platforms
- noted the report's findings and discussions of future social media strategies, including adoption of emerging platforms like Blue Sky.

22. Any Other Competent Business

No other business was put forward for discussion.

23. Date and Time of Next Meeting

The next meeting of the Dumfries and Galloway NHS Board will be held on Monday 6 October 2025 at 10am, in Seminar Room 4 and 5, Education Centre, Dumfries and Galloway Royal Infirmary as an In Person Meeting.

The meeting concluded at 2.30pm

Actions List from NHS Board Meeting

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
02/12/2024	23	DL will work with the Communications Team to publish the video on the Board's external website.	D Little	DL to link with RE to progress this item. NHS Board Members agreed to leave the action open as the timescale for the video to be recorded was 31 December 2025.	31/12/2025	
07/04/2025	13	A subsequent evaluation of the terms of reference will be necessary within the next six months, particularly concerning the elements of the governance review that remain unresolved. This will be addressed in ongoing discussions at future NHS Board Meetings, with KK agreeing to collaborate with LG to ensure that the appendices are maintained as active documents moving forward.	D Rowland / L Geddes	A further review of the Terms of Reference will take place within the next 6 months and will be brought back to the December 2025 NHS Board Meeting as part of the Corporate Governance Update paper.	31/12/2025	
09/06/2025	10.	For the Childrens Joint Services Plan, a question was raised regarding how the Board could leverage performance indicators and how it might compare itself with other regions in Scotland. DL agreed to explore the collection of benchmarking information for the subsequent presentation of the report to the NHS Board.	D Little	An update on this item will be fed back to NHS Board through the Action List at the December 2025 NHS Board meeting.	31/12/2025	

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Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
11/08/2025	7.	A concern was raised regarding the financial targets risk in relation to the way consequences are listed. While adverse publicity and damage to the board's reputation are noted as primary risks, the real priority should be the impact on patients and staff. It was noted that the risks should always be ranked above reputational damage to ensure the focus remains on protecting public interest rather than the board's image, with LG agreeing to work with ST to review and amend as appropriate.	L Geddes	LG to meet with ST to amend the risk.	31/10/2025	

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Closed actions to be removed from the Actions List

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
10/03/2025	16	It was noted that the revised directions and the creation of the new delegated function direction will be presented to NHS Board in June 2025, with MC and KB agreeing to hold a detailed discussion prior to the NHS Board.	M Caig / K Bell	Update on this action will be brought to NHS Board in August 2025. Progress reports on Directions will be taken through Performance and Resources Committee, therefore, an update on the discussions with M Caig and K Bell will be taken to the next meeting of the committee in November 2025.	31/10/2025	31/10/2025
09/06/2025	3.	The following amendments to the 7th of April minutes were requested: - The Staff Governance Chair's Briefing was presented by SH. - Within the Speak Up Briefing Report, it was noted that the frequency of employees voicing their concerns has decreased by 20% nationally compared to the previous year, with increasing discussions regarding staff and competence coming to the forefront. amendment in the minute. - The Public Health Chair's Briefing was presented by GG.	L McKie	Minutes of 7 th April 2025 were amended as requested	11/08/2025	11/08/2025

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Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
09/06/2025	9.	A request has made for the Duty of Candour report to be included in the Board's agenda matrix, as this report is related to the adverse events report.	L Geddes / L McKie	Duty of Candour added to the NHS Board Agenda Matrix	11/08/2025	11/08/2025
09/06/2025	10.	It was noted that during the meeting with the Community Planning Partnership, inspiring presentations were delivered by young individuals from the region who are part of the Youth Council. One of the key areas of focus was child poverty, with JW mentioning that she had proposed a meeting with the NHS Board to discuss the priority areas of the Youth Council. This is essential as the Board has a responsibility to positively influence the rates of child poverty in Dumfries and Galloway.	J White	Diary invite circulated to provisional hold a joint meeting of the NHS Board and D&G Youth Council	11/08/2025	11/08/2025
09/06/2025	21.	A note was raised on the potential alteration of some scheduled workshops, as well as the addition of a meeting with the Local Council, with MC agreeing to have a discussion in relation to rescheduling some of the workshops on the timetable.	M Caig / J White / L Geddes	Workshop detail has been updated and included within the Corporate Governance Update paper presented to NHS Board in August 2025.	31/08/2025	11/08/2025
11/08/2025	3.	The following minor adjustments were noted: firstly, a small error in the figure quoted for locum expenditure, which should be amended to 8.7; and secondly, a correction to the stated	S Thompson / L Geddes	Updates have been made to the minute from June 2025. Acton closed	06/10/2025	12/08/2025

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Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
		financial year, with ST agreeing to share the adjustments with LG for amending.				
11/08/2025	6.	A question was raised regarding the health and inequalities data. VW advised that the Public Health Specialist Registrar is conducting a deeper analysis to identify the relevant demographics. This work will inform how the Board develops its approach to outpatients, with a paper to be presented to either the Performance and Resources Committee or the Public Health Committee.	V White	This item has been added to the Public Health Committee agenda for 10 th November 2025.	31/08/2025	12/08/2025

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	NHS Board Summary Performance Report October 2025
Responsible Executive/Non-Executive:	David Rowland, Director of Strategic Planning and Transformation
Report Author:	George Noakes, Acting Performance and Intelligence Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Performance

This aligns to the following NHSScotland quality ambition(s):

- Effective

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Moderate

Comment:

This paper provides a moderate level of assurance. The Summary Performance Report demonstrates the Board's progress against performance targets.

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From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

- Service Sustainability
- Financial Sustainability
- Workforce Sustainability
- Environmental Sustainability
- Quality and Safety
- Population Health and Health Inequalities
- Other (please explain below)

Comment:

This paper gives assurance across a range of indicators representing the breadth of activity across the organisation.

2 Report summary

2.1 Situation

This NHS Board Summary Performance Report October 2025 (Appendix 1) gives an overview of operational performance for key measures relating to NHS Dumfries and Galloway.

2.2 Background

Each year the NHS Board reviews the Performance Management Framework and the Annual Delivery Plan. The Summary Performance Report changes each year to reflect priorities for the coming year.

The Board has agreed new governance arrangement for NHS assurance committees. The performance metrics for 2025/26 are currently under development to reflect this new approach. The Summary Performance Report for October 2025 (Appendix 1) is the latest iteration of a revised report for this financial year.

The report was compiled during September 2025 and summarises the most recent results available for each indicator up to the end of August 2025.

Revised finance indicators have been introduced in this iteration of the report. These indicators have been identified in collaboration with the Interim Director of Finance. They align with NHS Dumfries and Galloway's financial plan for 2025/26.

The overarching aim for the report for 2025/26 is to share performance data from right across the organisation, to provide the NHS Board with assurance that it is meeting its statutory and regulatory requirements, and to offer an overview of how the whole system is operating.

2.3 Assessment

Table 1: Overview of Performance

Date	Meeting the target or better	Normal variation	In surge or not where we wish to be	Not applicable	Total
Dec 2024	9	11	15	3	38
Feb 2025	11	10	14	4	39
Apr 2025	13	12	11	3	39
Jun 2025	16	9	12	4	41
Jul 2025	17	12	13	6	48
Aug 2025	12	17	13	6	48

Some of the positive observations:

- There has been a reduction in the number of Healthcare Associated Infections (HCAIs) for Staphylococcus Aureus Bacteraemia (SAB) (QPE02).
- Waiting times for specialist treatment from drug and alcohol services has returned to its usual high performing position following a brief drop during June 2025 (MH03).
- Cancer 62 day waiting times appear to be improving during June 2025. This follows a 4 months period of a reported reduced performance, however, this drop in performance was expected as operational teams focused on people who had the longest waits for care.

Some of the indicators where surge thresholds have been passed:

- The number of Healthcare Associated Infections for Clostridium Difficile (QPE03) remains above where we would like it to be.
- The projected savings remain below target (FE07) and the expenditure variance is larger than anticipated (FE06) indicating that the organisation continues to spend more than planned.
- There continues to be no indication of improvement in the waiting times performance for the Musculoskeletal (MSK) service (CHSC01). It remains stubbornly below the target trajectory.
- The Emergency Department has experienced exceptional demand in late August 2025 (crude data indicates this is continuing through September 2025). This has impacted performance in a number of ways (AD01a, AD01b and AD02).
- The number of people waiting longer than 52 weeks for TTG (AD03a) and outpatient appointments (AD04a) remain high, however both appear to have decreased over the last 3 months.

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2.3.1 Quality/ Patient Care

The Summary Performance Report includes indicators relating to the quality of care.

2.3.2 Workforce

The Summary Performance Report includes indicators relating to workforce.

2.3.3 Financial

The Summary Performance Report includes indicators relating to finance.

2.3.4 Risk Assessment/Management

No formal risk assessment was undertaken when preparing this paper, however, the management of risk was considered throughout the process and any risks identified has been captured within the body of the report.

2.3.5 Risk Appetite

The results presented in the Summary Performance Report should be assessed in relation to the Board's current approach to risk. This paper does not propose a change to the Board's risk appetite.

2.3.6 Equality and Diversity, including health inequalities

The Summary Performance Report includes indicators relating to inequalities. We have also made adaptations to make the report more accessible for those with colour blindness or who rely on e-readers.

2.3.7 Climate Emergency and Sustainability

The Summary Performance Report includes indicators relating to sustainability.

2.3.8 Consumer Duty

There are no Consumer Duty impacts of this report.

2.3.9 Other impacts

No other relevant impacts were identified as part of this paper.

2.3.10 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate and in accordance with the Health and Social Care Communication and Engagement Strategy and process.

State how this has been carried out and note any meetings that have taken place.

- NHS Performance and Resources Committee
- NHS Board
- NHS Board Management Team

2.3.11 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- NHS Dumfries and Galloway Board, Performance workshop, 15 January 2024
- Virtual consultation on proposed indicators for a balanced scorecard, members of Performance and Resources Committee and Board Management Team, 15-21 March 2024
- First draft to Performance and Resources Committee, 27 May 2024
- Workforce Key Performance Indicators discussed at Staff Governance Committee on 23 September 2024
- NHS Dumfries and Galloway Board, Corporate Governance workshop, 17 March 2025

2.4 Recommendation

- **Assurance** – NHS Board is asked to note the progress in refining the Summary Performance Report and to take assurance from the performance information reported therein.

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1**, NHS Board Summary Performance Report October 2025

Dumfries and Galloway NHS Board

Summary Performance Report

October 2025



RAG	Time Period	Latest Figure Dumfries and Galloway Comparison		Time Period	Previous Figure Dumfries and Galloway Comparison		25 month trend
Workforce (WF)							
WF01 Sickness absence rate: Percentage of hours lost to sickness absence amongst NHS Dumfries and Galloway employees (Aim: decrease)							
Not different	Jul 2025	5.9%	6.5% (TOM)	Jun 2025	5.8%	6.5% (TOM)	
WF02 Mandatory Training: Percentage of NHS Dumfries and Galloway employees who have all online mandatory training currently complete (Aim: increase)							
Not different	Jun 2025	91.0%	94.0% (T)	May 2025	89.0%	94.0% (T)	
WF03 Appraisals: Percentage of NHS Dumfries and Galloway employees who have signed off an appraisal on TURAS within the last 12 months (ex. Bank, Locum and Junior doctors) (Aim: increase)							
Red	Aug 2025	24.5%	46.3% (TTraj)	Jul 2025	22.2%	45.0% (TTraj)	
Quality and Patient Experience (QPE)							
QPE01 Complaints: Percentage of complaints closed in timescale; stage 2 direct, closed within 20 working days (Aim: increase)							
Not different	Mar 2025	54.4%	47.9% (mean)	Feb 2025	54.0%	47.9% (mean)	
QPE02 SAB: Rolling 12 month total number of Healthcare Associated Infection (HCAI); Staphylococcus Aureus Bacteraemia (SAB) (Aim: decrease)							
Green	May 2025	26	33 (25/26)	Apr 2025	28	33 (25/26)	
QPE03 CDI: Rolling 12 month total number of Healthcare Associated Infection (HCAI); Clostridium Difficile (CDI) (Aim: decrease)							
Red	May 2025	44	35 (23/24)	Apr 2025	44	35 (23/24)	
QPE04 Hospital LOS: Average length of stay (days) in DGRI acute hospital setting, following an emergency admission (Aim: decrease)							
Green	Aug 2025	4.8	6.6 (mean)	Jul 2025	5.3	6.6 (mean)	

Key

Green	Meeting the set target or statistically better than comparator
Yellow	Not statistically different to the comparator
Orange	Statistically worse than comparator (80% threshold)
Red	Statistically worse than comparator (90% threshold)

(dates) Compared to performance at agreed time period
 (mean) Compared to distribution and band that 80% of values are within
 (Traj) Compared to natural trajectory
 (TTraj) Compared to an agreed Target Trajectory
 (T) Compared to the Target
 (TOM) Compared to surge thresholds agreed in Target Operating Model

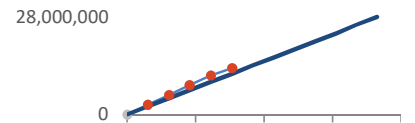
BOARD PUBLIC

RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	

Finance and Efficiency (FE)

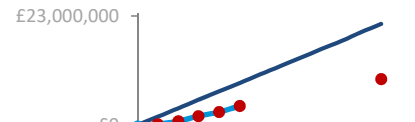
FE06 Monitoring budget variance: Actual variance compared to expected variance set out in NHS Dumfries and Galloway's financial plan for 2025/26

Red	Aug 2025	£13,346,000	£11,666,667 (TTraj)	Jul 2025	£11,219,000	£9,333,333 (TTraj)
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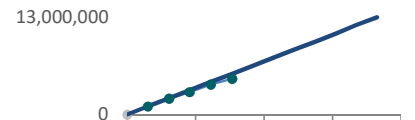
FE07 Monitoring savings achieved: Recurring and non-recurring savings achieved compared to anticipated savings for 2025/26

Red	Aug 2025	£9,697,000	£21,300,000 (TTraj)	Jul 2025	£8,284,000	£21,300,000 (TTraj)
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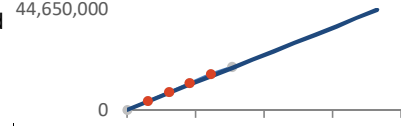
FE08 Monitoring agency expenditure: Actual spend compared to expected spend (5% saving on previous year)

Not different	Aug 2025	£4,793,000	£5,725,000 (TTraj)	Jul 2025	£4,000,000	£4,580,000 (TTraj)
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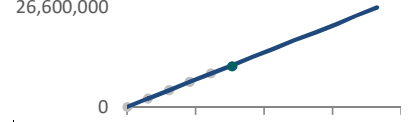
FE09 Monitoring medicines expenditure: Primary Care - actual spend compared to expected spend (5% saving on previous year)

Red	Aug 2025	£19,201,000	£19,583,333 (TTraj)	Jul 2025	£16,000,000	£15,666,667 (TTraj)
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FE09 Monitoring medicines expenditure: Secondary Care - actual spend compared to expected spend (5% saving on previous year)

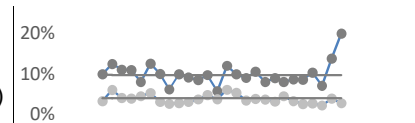
Not Different	Aug 2025	£10,874,000	£11,666,667 (TTraj)	Jul 2025	£9,000,000	£9,333,333 (TTraj)
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Health Inequalities (IQ)

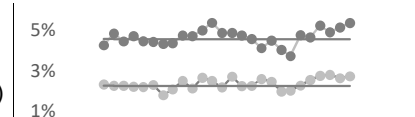
IQ01 Did not attend (DNA): Percentage of people who did not attend their new outpatient consultant appointment living in SIMD1 areas compared to SIMD5 areas

n/a	Aug 2025	20.0% (SIMD1)	2.8% (SIMD5)	Jul 2025	13.8% (SIMD1)	3.9% (SIMD5)
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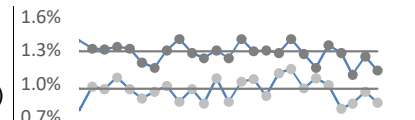
IQ02 Emergency Department attendances: Percentage of people living in SIMD 1 areas compared to SIMD 5 areas

n/a	Aug 2025	5.4% (SIMD1)	2.7% (SIMD5)	Jul 2025	5.1% (SIMD1)	2.6% (SIMD5)
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IQ03 Emergency admissions: Percentage of people living in SIMD 1 areas compared to SIMD 5 areas

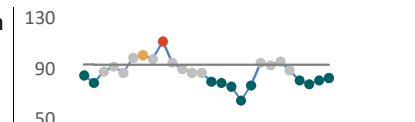
n/a	Apr 2025	1.1% (SIMD1)	0.8% (SIMD5)	Mar 2025	1.2% (SIMD1)	0.9% (SIMD5)
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Audit and Risk (AR)

AR01 Overdue audit actions: The number of actions identified in Internal Audits past the date given in the final report (Aim: decrease)

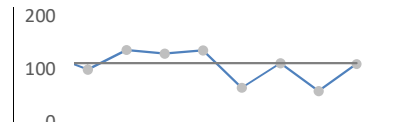
Green	Jun 2025	83	101 (23/24)	May 2025	81	101 (23/24)
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Climate and Environment (CE)

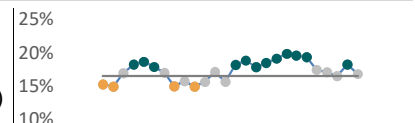
CE01 Greenhouse emissions: National Green Theatres, Anaesthetic Gases Emissions (tonnes CO2eq)

n/a	Mar 2025	110	134 (Mean)	Dec 2024	58	134 (Mean)
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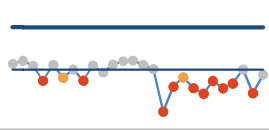
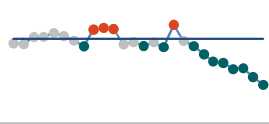
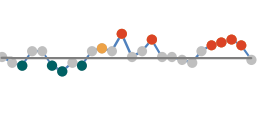
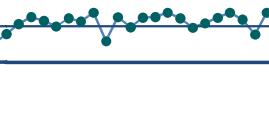
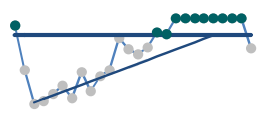
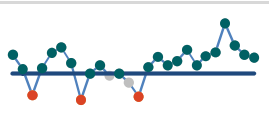
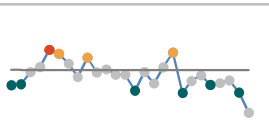
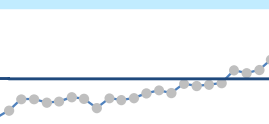
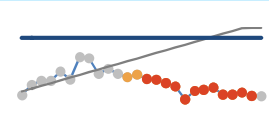
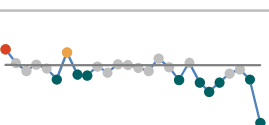


CE02 Health Miles: Percentage of miles saved by virtual (telephone or video) appointments; return consultant outpatient appointments (Aim: increase)

Not different	Aug 2025	16.9%	15.4% (23/24)	Jul 2025	18.3%	15.4% (23/24)
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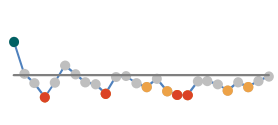
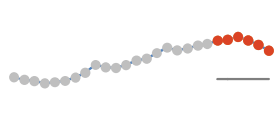
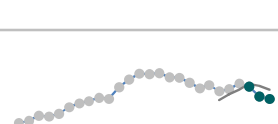
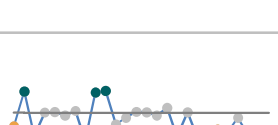
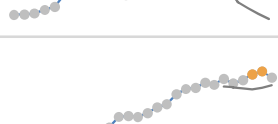
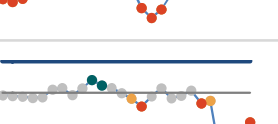
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RAG	Time Period	Latest Figure Dumfries and Galloway Comparison		Time Period	Previous Figure Dumfries and Galloway Comparison		25 month trend
Mental Health Directorate (MH)							
MH01 Psychological therapies: Percentage of people who commence Psychological Therapy based treatment within 18 weeks of referral (Aim: increase)							100% 80% 60% 40%
Not different	Jul 2025	62.0%	61.5% (23/24)	Jun 2025	51.1%	61.5% (23/24)	
MH01a Psychological therapies: Number of people on the waiting list (Aim: decrease)							1,200 1,000 800 600 400
Green	Jul 2025	578	988 (23/24)	Jun 2025	640	988 (23/24)	
MH02 The number of people experiencing a delay in their discharge from Midpark Hospital, excluding transfers, at census (Aim: decrease)							30 15 0
Not different	Jul 2025	16	19 (23/24)	Jun 2025	21	19 (23/24)	
MH03 Drugs and Alcohol waiting times: Percentage of clients waiting no longer than 3 weeks for treatment (Aim: increase)							100% 90% 80%
Green	May 2025	100%	90% (T)	Apr 2025	90%	90% (T)	
Family and Support Services (Formerly Women, Children and Sexual Health)							
WCSH01 CAMHS waiting times: Percentage of young people who commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (Aim: increase)							100% 80% 60% 40%
Not different	Jul 2025	82.2%	90.0% (T)	Jun 2025	100.0%	90.0% (T)	
WCSH02 Early access to antenatal services: Percentage of women booked by 12th week of gestation; in SIMD quintile 01 (Aim: increase)							100% 80% 60%
Green	Jul 2025	86.4%	75.8% (T)	Jun 2025	87.5%	75.8% (T)	
WCSH03 The number of people admitted as an emergency, aged under 16 years; DGRI (Aim: decrease)							370 270 170 70
Not different	Aug 2025	97	260 (TOM)	Jul 2025	157	260 (TOM)	
Primary Care Directorate (PC)							
PC01 Number of medication reviews (Aim: increase)							6,000 4,000 2,000 0
	May 2025	4,344	2,259 (24/25)	Apr 2025	4,594	2,259 (24/25)	
PC02 Number of people with an NHS dentist registration (quarterly from PHS) (Aim: increase)							150,000 120,000 90,000
	Nov 2024	94,317	127,302 (22/23)	Oct 2024	94,317	127,302 (22/23)	
Community Health and Social Care Directorate (CHSC)							
CHSC01 Musculoskeletal (MSK) service: Percentage of people waiting <= 4 weeks from referral to first appointment; Allied Health Professional (AHP) (Aim: increase)							100% 50% 0%
Not different	Aug 2025	32.4%	-23.8% (Traj)	Jul 2025	32.8%	90.0% (Traj)	
CHSC03 Emergency re-admissions: Percentage of people who are readmitted as an emergency within 28 days, following a hospital discharge (Aim: decrease)							13% 11% 9% 7% 5%
Green	Jul 2025	5.6%	10.8% (23/24)	Jun 2025	9.0%	10.8% (23/24)	

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RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Community Health and Social Care Directorate (CHSC)							
CHSC02 The number of people experiencing a delay in their discharge from hospital; All Sites excluding transfers, at census (Aim: decrease)							150
Not different	Jul 2025	77	106 (TOM)	Jun 2025	82	106 (TOM)	
CHSC02a The number of people experiencing a delay in their discharge from hospital; Standard Reasons, last week of the month (Aim: decrease)							120
Green	Jul 2025	78	85 (TTraj)	Jun 2025	84	85 (TTraj)	
CHSC02b The number of people experiencing a delay in their discharge from hospital; Adults with Incapacity (Code 9AWI), last week of the month (Aim: decrease)							20
Green	Jul 2025	8	11 (TTraj)	Jun 2025	7	11 (TTraj)	
Cancer (Ca)							
Ca01 Cancer 31 days: Percentage of all people diagnosed with cancer beginning treatment within 31 days of decision to treat (Aim: increase)							100%
Red	Jul 2025	94%	#VALUE!	Jun 2025	100%	95% (T)	
Ca02 Cancer 62 days: Percentage of all people referred urgently with a suspicion of cancer, beginning treatment within 62 days of receipt of referral (Aim: increase)							100%
Amber	Jul 2025	77%	84% (23/24)	Jun 2025	85%	84% (23/24)	
Acute and Diagnostics Directorate (AD) - Unscheduled Care							
AD01 Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to admission, discharge or transfer for treatment (Aim: increase)							100%
Not different	Aug 2025	75.8%	77.9% (TTraj)	Jul 2025	79.8%	77.9% (TTraj)	
AD01a Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to Medical Admission (Flow 3) (Aim: increase)							60%
Green	Aug 2025	39.7%	38.0% (TTraj)	Jul 2025	47.8%	38.0% (TTraj)	
AD01b Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to Surgical Admission (Flow 4) (Aim: increase)							90%
Red	Aug 2025	41.5%	63.6% (TTraj)	Jul 2025	55.3%	63.6% (TTraj)	
AD02 Accident and Emergency: Number of people who wait longer than 8 hours from arriving in ED to admission, discharge or transfer for treatment (Aim: decrease)							450
Red	Aug 2025	169	65 (TTraj)	Jul 2025	120	65 (TTraj)	
AD02a Accident and Emergency: Number of people who wait longer than 12 hours from arriving in ED to admission, discharge or transfer for treatment (Aim: decrease)							200
Green	Aug 2025	22	26 (TTraj)	Jul 2025	22	26 (TTraj)	
AD05a SAS Turnaround Times: 90th percentile turnaround time in minutes; the last week of the month (Aim: decrease)							2:00
Not different	May 2025	00:59	01:02 (TTraj)	Apr 2025	00:54	01:03 (TTraj)	

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RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Acute and Diagnostics Directorate (AD) - Planned Care							
AD03 Treatment Time Guarantee (TTG): Percentage of people seen who waited <=12 weeks from agreeing treatment with the hospital to receiving inpatient or day case treatment (Aim: increase)							
Not different	Aug 2025	53.5%	54.0% (23/24)	Jul 2025	51.7%	54.0% (23/24)	
AD03a Treatment Time Guarantee (TTG): Percentage of people currently waiting, who have waited >52 weeks from agreeing treatment with the hospital to receiving inpatient or day case treatment; last week of the month (Aim: decrease)							
Red	Aug 2025	12.7%	8.0% (TTraj)	Jul 2025	13.9%	8.0% (TTraj)	
AD03b Treatment Time Guarantee (TTG): Number of people currently waiting for inpatient or day case treatment (last week of the month) (Aim: decrease)							
Green	Aug 2025	5,038	5,221 (TTraj)	Jul 2025	5,088	5,296 (TTraj)	
AD04 12 weeks first outpatient appointment: Percentage of people seen who waited <= 12 weeks from referral to first outpatient appointment (Aim: increase)							
Amber	Aug 2025	64.2%	68.1% (23/24)	Jul 2025	62.2%	68.1% (23/24)	
AD04a First outpatient appointment: Percentage of people currently waiting, who have waited >52 weeks from referral to first outpatient appointment (Aim: decrease)							
Red	Aug 2025	1.8%	0.0% (TTraj)	Jul 2025	2.0%	0.1% (TTraj)	
AD04b First outpatient appointment: Number of people currently waiting for first outpatient appointment (Aim: decrease)							
Not different	Aug 2025	13,793	14,077 (TTraj)	Jul 2025	14,168	13,927 (TTraj)	
AD06 Percentage of people who were waiting less than 6 weeks for diagnostic scopes at end of month census (Aim: increase)							
Not different	Jun 2025	85.2%	75.9% (23/24)	May 2025	89.5%	75.9% (23/24)	
AD07 Percentage of people who were waiting less than 6 weeks for diagnostic scans at end of month census (Aim: increase)							
Red	Jun 2025	75.6%	87.3% (23/24)	May 2025	72.7%	87.3% (23/24)	

NHS Dumfries and Galloway



Meeting: NHS Board (Public)
Meeting date: 6 October 2025
Title: Corporate Risk Register Update
Responsible Executive/Non-Executive: Mark Kelly, Nurse Director
Report Author: Laura Geddes, Corporate Business Manager

1 Purpose

This is presented to the Board for:

- Assurance
- Decision

This report relates to a:

- Emerging issue
- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Significant

Comment:

This paper provides a regular update and review of the Corporate Risk Register to NHS Board in line with the Risk Strategy review processes and timelines, which strengthens risk management within the Board. A significant level of assurance is presented with this paper.

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From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

(For more detail on each of the tactical priorities, please click on this [link](#))

- Service Sustainability
- Financial Sustainability
- Workforce Sustainability
- Environmental Sustainability
- Quality and Safety
- Population Health and Health Inequalities

Comment:

This paper supports the risk management processes in place within the Board and compliance with requirements in the Risk Strategy.

2 Report summary

2.1 Situation

This report presents an update on the Corporate Risk Register for NHS Board Members to demonstrate the regular review of the register in line with the Risk Strategy processes and timelines.

2.2 Background

As part of the risk management processes the Board is required to develop a Corporate Risk Register, which reflects the strategic level risks across all areas within the organisation.

At the Board Meeting in June 2024, it was agreed that the Corporate Risk Register be presented to NHS Board on a bi-monthly basis highlighting any changes that have been made to the corporate risks on the register since the last meeting.

2.3 Assessment

All of the Corporate Risks on the register are managed through regular reviews in line with the Risk Management Strategy and Risk Management Policy.

The Corporate Business Manager and Risk Manager support the Directors throughout the year to ensure each of the corporate risks are updated and reflects the current position, both in terms of progress on mitigation of the risk and the risk levels.

The Risk Executive Group looks at all of the risks collectively to check that current risk themes have been captured within the register and also to review risks escalated to the corporate register, prior to their presentation and approval at NHS Board. Escalated risks are those, which are not able to be progressed and mitigated at a Level 2 Director level.

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Following implementation of the changes approved at the last NHS Board meeting in August 2025, the Corporate Risk Register currently has 16 risks recorded. The table below gives a brief summary of the corporate risks, their current risk levels and an indication as to whether their risk score has escalated or de-escalated since the last update:

Table 1: Summary of Corporate Risk Scores – Escalation and De-escalation

ID	Title	Risk level (current)	Escalated / De-escalated
2923	There is a risk that the organisation does not have a sustainable workforce.	High	=
2924	Failure of the Board to meet financial targets	Very High	=
2925	Infrastructure is inadequate to meet both physical and technological service user needs in future.	High	=
2926	Risk that sectors of our population continue to experience Health Inequalities	Very High	=
2929	There is a risk that the Health and Wellbeing of our Staff is not optimised.	Medium	=
2930	Risk that as services remain critically challenged, the quality of patient care may not achieve standards expected in D&G	High	=
2932	Risk that we will not improve the health and wellbeing of our population.	Very High	=
2933	Failure of Emergency Planning leads to avoidable harm	Medium	=
2934	Failure to maintain information security standards leading to loss of reputation and severe financial and disruptive consequence	High	=
2938	The risk is that organisational culture and staff experience fails to meet individual and organisational needs	Medium	=
2940	Patients may come to harm as a result of a delay in their discharge process or as a result of service capacity issues.	Very High	=
3177	Access to NHS General Dental Services (GDS)	Very High	=
3186	Failure to be able to staff the unit to national standards resulting in suboptimal care within the Neonatal Unit.	Very High	=
3206	Failure to deliver reductions in CO2	High	=
3311	Failure to redesign and deliver services to meet the health and care needs of the population.	High	=
3316	Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients.	High	=

As you will see from the table above, no risk levels were adjusted for the corporate risks since the last NHS Board meeting in June 2025.

Appendix 1 of the paper is a list of the Corporate Risks, along with the full title, description and risk levels for review.

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Next Steps

Risk Executive Group had discussions in relation to the Corporate Risk Register at their last meeting and agreed that a fundamental review of the full register is required to ensure the register demonstrates the key risk areas for the Board.

During the discussion at Risk Executive Group, themes were identified for the key areas that would need to be covered. The Risk Manager had developed the risk themes into high level risk descriptions, cross-walking them to the existing risks. The cross-walk was due to be taken to Risk Executive Group on 6th August 2025 for review and development, however, this meeting was postponed until October 2025. Updates on the discussions from Risk Executive Group will be brought back to NHS Board in December 2025 for review, comment, approval, before any changes are implemented on the existing corporate risk register.

2.3.1 Quality/ Patient Care

Details on any impact on quality and patient care have been identified within the corporate risks.

2.3.2 Workforce

Details on any impact on workforce issues have been identified within the corporate risks.

2.3.3 Financial

Details on any financial impact has been identified within the corporate risks.

2.3.4 Risk Assessment/Management

Risk assessments were carried out as part of the review of the corporate risks.

2.3.5 Risk Appetite

From the list below, please select the risk appetite level associated with the paper and provide an explanation as to how you came to that decision.

- Cautious

Comment:

A cautious level of risk appetite has been identified for this report, as the risks on the register are quite varied and have a range of Low – High risk appetite levels associated with them to allow the appropriate mitigations to be developed and implemented allowing the overall risk level to be reduced, therefore, a cautious risk appetite level has been indicated.

2.3.6 Equality and Diversity, including health inequalities

No impact assessment was undertaken when preparing this paper.

2.3.7 Climate Emergency and Sustainability

Impacts on the climate emergency and sustainability have been considered in the risk assessment process, specifically when agreeing the mitigations for each corporate risk, high level detail on the risks have been included within Appendix 1.

2.3.8 Consumer Duty

An impact assessment has not been completed because there are no decisions within the paper that would impact negatively on the consumer.

2.3.9 Other impacts

No other impacts were identified as part of this paper.

2.3.10 Communication, involvement, engagement and consultation

External engagement was not required as part of this review, however, consultation and engagement has taken place with Board Members through presentation of the risks at the appropriate governance committees.

2.3.11 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Risk Executive Group - presented for review and discussion on a bi-monthly basis.

2.4 Recommendation

Assurance – NHS Board Members are asked to note:

- the Board's compliance with the Risk Strategy through the review and development of the Corporate Risk Register.

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1**, NHS Dumfries and Galloway Corporate Risk Register

Corporate Risk Register as at 27 March 2025

ID	Title	Governance Committee	Risk Appetite Level	Description	Risk Directorate & Lead	Risk level (initial)	Rating (initial)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)
2923	If we are unable to sustain efficient and safe workforce levels (in line with Health & Care Staffing legislation) within the NHS and the H&SCP - now and in the future, then we may have insufficient workforce and / or skill mix to deliver safe services resulting in the organisation unable to deliver board objectives	Staff Governance Committee	Cautious	IF we are unable to sustain efficient and safe workforce levels within the NHS and wider HSCP then we may have insufficient workforce and/or skill mix to deliver safe services, resulting in the organisation being unable to deliver Board objectives and tactical priorities. In addition the Scottish Government have issued a direction around restrictions to non-clinical vacancies i.e. admin, transport etc. The risks associated with this inability to recruit include: 1. Unable to deliver care / services to the patients of NHS D&G. 2. Unable to recruit right staff (of all disciplines - medical, other clinical and other staff). 3. Unable to attract independent contractors (GPs, Pharmacists, Dentists etc) to region to deliver independent contractor services. 4. Impact of staff challenges adversely affects staff health, wellbeing and experience of remaining staff team members which adversely impacts on retention levels. 5. Unable to deliver Board objectives and tactical priorities. 6. Failure to recruit substantive staff increases the risk of excessive temporary staffing costs, in excess of organisation budgets. 7. Unable to rapidly and flexibly respond to system staffing requirements in an emergency situation such as COVID-19 pandemic. 8. Unable to attract volunteers to the organisation. 9. The organisation is experiencing a reduction in available workforce supply in critical disciplines and more generally across all job families, which results smaller pools for selection and a consequent inability to recruit to all vacant posts. 10. Significant risk of increased incidents, complaints, claims and reputational harm to the organisation.	Workforce Director	High	12	High	16	High	12
2924	Failure of the Board to meet financial targets	Performance and Resources Committee	Minimal	IF we fail to deliver on the financial targets, THEN there is a risk of: 1. Adverse publicity / damage to reputation of Board. 2. Escalation within the NHS Scotland Support and Intervention Framework 3. Ensuring that the financial position does not impact on patient safety, service and/or staff 4. Significant resources are committed without appropriate authorisation or link to organisational priorities 5. Long term financial recovery is impaired 6. Fraud and inappropriate use of resource	Director of Finance	High	12	Very High	20	Medium	8
2925	Infrastructure is inadequate to meet both physical and technological service user needs in future.	Performance and Resources Committee	Cautious	IF we fail to meet the physical and technological needs of the service users, THEN there is a risk of: 1. Failure to ensure that our infrastructure re estate and technology keeps the pace with our service transformation plan. 2. If we fail to maintain our IT and estate infrastructure then service disruption could be a common occurrence, ie Win 7 is now out of support from the Software supplier. Failure to protect the existing Equipment from Cyber Attack while the work to remove the existing Windows 7 software and replace it with Windows 10. 3. Failure to deliver a local digital strategy to optimise the impact of technology and assure equity and minimise health inequalities. 4. Lack of horizon scanning could impact on quality and safety of care. 5. Lack of modern infrastructure could hinder recruitment. 6. SG moved to Do Minimum Business Continuity Capital Funding for 24/25 and 25/26 RESULTING IN, inadequate quality of services.	Chief Operating Officer	High	16	High	16	Medium	8

ID	Title	Governance Committee	Risk Appetite Level	Description	Risk Directorate & Lead	Risk level (initial)	Rating (initial)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)
2926	Risk that sectors of our population continue to experience Health Inequalities	Public Health Committee	Cautious	IF we fail to address health inequalities, THEN there is a risk of health inequalities widening resulting in poorer health outcomes and reduced life expectancy for a proportion of our population.	Director of Public Health	Very High	25	Very High	20	High	16
2929	There is a risk that the Health and Wellbeing of our Staff is not optimised.	Staff Governance Committee	Cautious	IF we fail to optimise the health, safety and wellbeing of our staff, THEN there could be a reduction in the staff health and wellbeing, RESULTING in an inability to deliver the NHS Board objectives and tactical priorities.	Workforce Director	High	12	Medium	9	Medium	4
2930	Risk that as services remain critically challenged, the quality of patient care may not achieve standards expected in D&G	Healthcare Governance Committee	Minimal	IF we do not reform and transform our Health and Social Care approach to delivering sustainable care, then there is a risk that NHS Dumfries and Galloway cannot continue to deliver high levels of safe, sustainable and high quality care, resulting in potential patient harm and staff moral harm. If we fail to fully utilise or fail to have quality assurance systems in place to monitor the delivery of safe, effective, person-centred care, we cannot assure and continuously improve the quality of care potentially resulting in patient harm or patients having a poor quality of experience. As the organisation attempts to get to fiscal balance, grappling with an ever increasing demand and a workforce stretched to capacity, that the quality and safety of care potentially could be exposed to increased risk.	Nurse Director	Very High	20	High	12	Medium	9
2932	Risk that we will not improve the health and wellbeing of our population.	Public Health Committee	Cautious	IF we fail to take action to improve the health and wellbeing of our population, THEN there is a risk that we will not see long term improvements in the populations health and wellbeing this will result in poorer long term health outcomes for our population.	Director of Public Health	High	16	Very High	20	High	12
2933	Failure of Emergency Planning leads to avoidable harm	Performance and Resources Committee	Minimal	IF we fail to plan for major incidents, disasters, pandemic flu or emergence of novel virus, then this results in inability to effectively manage incidents and appropriate business continuity processes, resulting in harm to patients, staff and public.	Director of Corporate Services	Medium	9	Medium	9	Medium	6
2934	Failure to maintain information security standards leading to loss of reputation and severe financial and disruptive consequence	Audit and Risk Committee	Minimal	IF we fail to maintain information security system and standards, THEN there is a risk that information can be lost or inappropriately accessed resulting in loss of reputation and severe financial and disruptive consequence to the operational delivery of services and adverse impact on staff and patients.	Medical Director	High	16	High	15	High	15
2938	The risk of failing to deliver a positive workplace culture where our workforce is supported, engaged, and thriving.	Staff Governance Committee	Cautious	IF we fail to maintain a culture, systems and processes to ensure staff feel safe and confident to speak up, THEN this may result in an adverse culture developing, RESULTING in poor staff experience and the failure of the organisation to deliver its objectives.	Workforce Director	High	12	Medium	9	Medium	4
2940	Patients may come to harm as a result of a delay in their discharge process or as a result of service capacity issues.	Performance and Resources Committee	Cautious	IF we fail to identify, assess, treat and discharge patients to the most appropriate setting timeously then patients will be delayed in their care journey resulting in poorer health and wellbeing outcomes.	Chief Operating Officer	Very High	25	Very High	20	High	12

ID	Title	Governance Committee	Risk Appetite Level	Description	Risk Directorate & Lead	Risk level (initial)	Rating (initial)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)
3177	Access to NHS General Dental Services (GDS)	Healthcare Governance Committee	Minimal	IF we are unable to provide NHS dental care for the significant amount of deregistered patients, THEN the increased demand for NHS dental care and treatment will RESULT IN adverse effects on oral health and could also impact on wider health and well being of individuals. These effects are likely to be felt greatest by those individuals who experience other disadvantages such as additional support needs and those unable to access dental care for reason such as lower income (therefore unable to access private dental care) or access to transport and will lead to increased oral health inequalities. It will also affect those priority groups currently registered with the Public Dental Service as service models adapt to support emergency and urgent care needs – further exacerbating inequalities. This could also present financial risks to the Board as funding for independent contractor dental services is held at National level and not accessible to the Board to support alternative delivery models.	Director of Public Health	Very High	20	Very High	20	High	15
3186	Failure to provide neonatal services within D&G	Healthcare Governance Committee	Minimal	If we are unable to provide neonatal services then we will lose our level 2 status impacting on midwifery and other departments/services (including Consultants and Anaesthetic) within the organisation resulting in further workforce challenges in other departments/services, for example: medical trainees (we are a teaching facility) travel for patients SAS services losing staff and remaining staff loose skills loss of reputation	Chief Operating Officer	Very High	20	Very High	20	Medium	8
3206	Failure to deliver reductions in CO2	Performance and Resources Committee	Open	If we fail to reduce our greenhouse gas and carbon emissions, we will be in breach of the NHS Scotland commitment to achieve a net zero health service by 2040. This could also potentially result in public dissatisfaction with progress and impact upon our reputation.	Director of Public Health	High	12	High	12	Medium	6
3311	Failure to redesign and deliver services to meet the health and care needs of the population.	Performance and Resources Committee	Cautious	If we fail to adequately identify, plan and redesign new and sustainable models of service delivery then we will be unable to deliver radical change at pace necessary to meet our Corporate Objectives resulting in the inability to provide safe, sustainable and equitable treatment, care and support for the population of D&G	Chief Operating Officer	Very High	20	High	12	Medium	8
3316	Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients.	Healthcare Governance Committee	Cautious	IF we do not have adequate systems in place to ensure that the acquisition, storage and sharing of patient data occurs, THEN processes to support and act upon results are weak and RESULT in a failure to provide safe, appropriate and timely care to our patients	Medical Director	Very High	20	High	15	High	10

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Healthcare Governance Committee Chair's Briefing
Responsible Executive/Non-Executive:	Marsai Caig, Chair of Healthcare Governance Committee
Report Author:	Mark Kelly, Executive Nurse Director Kelly Addiss, Corporate Business Support Administrator

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Significant

Comment:

This paper provides assurance that Healthcare Governance Committee is meeting its governance requirements as a delegated Committee of the Board and provides an appropriate mechanism for reporting key updates, issues, risks and minutes of Committee meetings.

BOARD PUBLIC

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

- Service Sustainability
- Quality and Safety

Comment:

Not applicable.

2 Report Summary

2.1 Situation

Healthcare Governance Committee supports the Board in their responsibilities for issues of risk, quality and clinical governance and associated assurance through a process of constructive challenge.

This paper provides an update on the work of Healthcare Governance Committee and an update on any performance, risk or matters that require escalation to the NHS Board.

2.2 Background

Healthcare Governance Committee provides assurance to the NHS Board that appropriate systems and structures are in place to effectively manage:

- clinical governance
- clinical risk and other risks associated with clinical governance
- external audit performance review (clinical)
- healthcare associated infection
- patient feedback (including complaints)
- adverse incidents
- patient safety
- quality improvement
- public protection
- urgent/ emergent operational issues

2.3 Assessment

The Committee Chair took the decision to hold a day dedicated discussing and considering annual reports received by the Committee. The Healthcare Governance Committee met on 4 August 2025 and was quorate. The following matters were considered and presented to the NHS Board for assurance and awareness:

BOARD PUBLIC

- **Updated Specialist Drugs and Alcohol Service Annual Report 2024/2025**

The Committee received the Specialist Drug and Alcohol Service Annual Report 2024/2025 which was an updated report following on from the 2023/2024 Annual Report.

It was reported there has been an increase in suspected drug related deaths, whilst noting the figures in 2024 were much higher than what is being seen so far in 2025. Assurance was described to the Committee that the service continues to work hard to provide harm reduction to service users within the resources available to it.

Information relating to substances is shared locally with other services who may also work with people who use substances as well as sharing information on social media for patients to view.

- **Public Protection: Combined Child and Adult Protection Annual Report 2024/2025**

A combined 2024/2025 Child and Adult Protection Annual Report was presented to Committee for assurance.

The Public Protection Team cover several areas including:

- Child and Adult Protection
- Multi Agency Public Protection Arrangements (MAPPA)
- Gender-Based Violence which includes Multi-Agency Risk Assessment Conference (MARAC)
- Protecting Individuals at Risk of Radicalisation and Exploitation (PREVENT) and trauma.

It was reported there had been a 27% increase in health adult protection referrals and a 21% increase in child Initial Referral Discussions (IRD) seen in 2024/2025 which is likely due to increased awareness.

Committee were made aware the Barins Hoose project is continuing despite funding challenges, which are being experienced across Scotland.

- **Hospital Transfusion Committee Annual Report 2024/2025**

The Committee received the Hospital Transfusion Committee 2024/2025 Annual Report noting the blood sampling error rate was at 12% with the Transfusion Team undertaking work over the 6 months to bring the error rate to below 10% through training and education with the Clinical Education Team. This benchmarks well with the rest of Scotland.

A Short Life Working Group is being created to review the Preoperative Anaemia Guideline to ensure the NHS Board are in line with the Transfusion Associated Circulatory Overload (TACO) Guidelines.

BOARD PUBLIC

It was noted Healthcare Support Workers are being trained to collect bloods. This means Nurses can work more comprehensively across their skillset and Healthcare Support Workers are being upskilled.

- **Radiation Protection Annual Report 2024/2025**

A Radiation Protection 2024/2025 Annual Report was presented to Committee noting Radiation Protection Advisers (RPA) and Medical Physics Experts (MPE) from NHS Greater Glasgow and Clyde support the local team and participate in NHS Dumfries and Galloway's Radiation Safety Committee meetings.

During 2024/2025 there were 14 radiation and imaging incidents reported to Health Physics. It is Health Physics who then decides whether these incidents are reported to Healthcare Improvement Scotland who will then provide the Board with feedback. Of the 14 incidents there were 5 externally reported to Healthcare Improvement Scotland all with no further action required.

- **Area Drugs and Therapeutics Committee Annual Report 2024/2025**

The Committee was presented with the Area Drugs and Therapeutics Committee 2024/2025 Annual Report advising the Exceptional Prescribing Panel (EPP) reviewed 73 exceptional prescribing cases during the year of which 72 were approved. The EPP have introduced more stringent and robust measures for exceptional prescribing cases including sign off by the Associate Medical Director for each of the Directorates when they submit a form to the EPP.

The Area Drugs and Therapeutics Committee (ADTC) approved 22 business cases during 2024/2025 with Committee being made aware of the process becoming more robust. On the form that requires completion for business cases there is a requirement that the service impact of any new medicine is known and addressed by the Service Manager and that the Finance Team are aware of the financial impact of the particular medicine.

As of 1st April 2025 the NHS Board entered into a West of Scotland Formulary Programme Board to deliver within 2 years the integration of a single formulary for the West of Scotland.

- **Exceptional Referral Panel Annual Report 2024/2025**

The Exceptional Referral Panel 2024/2025 Annual Report was presented to Committee noting the Exceptional Referral Panel (ERP) received 84 requests in 2024/2025 of which the largest reason for requests was for specialist assessment and treatment not available locally.

An increase from 54 to 78 of referrals approved has been seen whilst it was noted the cost of these has reduced.

NHS Board staff who sit on the ERP include Clinicians from Mental Health, Associate Medical Directors, Primary and Community Care and Finance colleagues.

BOARD PUBLIC

- **Controlled Drugs Accountable Officer Annual Report 2024/2025**

A Controlled Drugs Accountable Officer 2024/2025 Annual Report was presented to Committee noting a review of the Controlled Drug Governance Group was undertaken to ensure this group is receiving the right input from the right people.

It was reported the Controlled Drug Local Intelligence Networks (LINs) meetings had recommenced which had stalled during the interim period between a substantive Controlled Drugs Accountable Officer being in post.

- **Nutrition and Hydration Annual Report 2024/2025**

It was reported to Committee within the Nutrition and Hydration 2024/2025 Annual Report that Care Assurance is being used within the Assessment and Education Group to look at the quality of care being provided with the frequency of these meetings increasing from quarterly to every 6-8 weeks.

- **Excellence in Care Annual Report 2024/2025**

The Committee was presented with the Excellence in Care 2024/2025 Annual Report which noted that a difference can be seen between Acute and Diagnostics and Community Hospital Level 3 Care Assurance reporting due to patients coming into the Acute Hospital with very complex needs and requirements.

Whilst the NHS Board is good at submitting Excellence Care data this can be challenging due to a lot of the data being gathered manually. Discussions took place with regards to looking at options around innovation and the use of IT to collate data more efficiently and effectively.

The majority of patients feedback is positive including with the quality of food, the hotness of the food and having caring staff.

It was noted that further work is planned within the Acute Directorate to ensure staff awareness and understanding of the value of Care Assurance and how that could be displayed in a standardised way within wards.

- **Patient Services Feedback Annual Report 2024/2025**

A Patient Services Feedback 2024/2025 Annual Report was presented to the Committee highlighting the team received just over 400 complaints during the year which is an increase on the previous year. The team continues to focus on early resolution with over half of enquiries resolved at that point.

It was acknowledged the Scottish Public Services Ombudsman contacted the NHS Board about 35 cases during the period with none of these progressed to investigation, this reflects a high quality of work from the whole team.

BOARD PUBLIC

- **Patient Safety and Improvement Annual Report 2024/2025**

The Committee received the Patient Safety and Improvement 2024/2025 Annual Report noting a Quality Network and online Quality Improvement Hub have been developed to ensure people are being connected with knowledge.

Work has continued from Risk Managed to Risk Enabled through the implementation of InPhase as an integrated risk management system. This is to ensure there is a consistency of language of processes and communicating this widely about embedding risk appetite into all decision that are made whatever the level within the organisation.

There has been significant investment by the team into training and developing staff on improvement work with some additional coaching and signposting to other education offers to increase their confidence in improvement work.

The team's priorities for 2025/2026 are:

- Implementation of Quality Strategy Infrastructure
- Visible and Effective Clinical Governance
- Risk, Adverse Events and Learning Systems
- Reduce Avoidable Mortality and Preventable Harm.

- **Research and Development Annual Report 2024/2025**

The Research and Development 2024/2025 Annual Report was presented to Committee noting the team are currently in the relaunch phase to establish processes, engage with staff and build external networks to be able to access and promote research and development.

There are currently around 26 active research studies taking place with a Clinical Lead appointed to support Clinicians.

A new Steering Group is about to be launched to discuss options and ideas in relation to research and development.

It was recognised that this is an important area for development.

2.3.1 Quality/ Patient Care

Assessment and assurance with regards to the quality and safety of patient care are central to Healthcare Governance Committee discussions.

2.3.2 Workforce

Workforce is considered as part of Healthcare Governance Committee discussions.

2.3.3 Financial

Financial issues are considered as part of Healthcare Governance Committee discussions.

BOARD PUBLIC

2.3.4 Risk Assessment/ Management

Risk assessment and management are considered as part of Healthcare Governance Committee discussions.

2.3.5 Risk Appetite

From the list below, please select the risk appetite level associated with the paper and provide an explanation as to how you came to that decision.

- Moderate

Comment:

The Healthcare Governance Committee undertakes discussions on risk, quality and clinical governance of patient care with a moderate risk appetite assigned. Whilst there is a considerable amount of positive work taking place, there remain challenges for example linked to staff capacity and ability to capture data.

2.3.6 Equality and Diversity, including health inequalities

An impact assessment is not required in this instance. However, should any of the occurrences in this paper require an assessment; this would be carried out in line with appropriate Equality and Diversity regulations.

2.3.7 Climate Emergency and Sustainability

No specific impacts have been identified in relation to climate emergency and sustainability in preparing this paper however all report authors for Healthcare Governance Committee are asked to outline climate and sustainability issues and impacts. It is recognised that everything we do has an impact in one way or another on our carbon footprint.

2.3.8 Consumer Duty

This report has no specific impact on the consumer duty.

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

This paper is a direct report to the Board and is not reviewed out with.

2.3.11 Route to the Meeting

This a direct report to the NHS Board.

2.4 Recommendation

This report is being presented for:

- **Assurance and Awareness** – The NHS Board is asked to note the Healthcare Governance Committee Chair's Briefing.

3 List of appendices

There are no appendices with this paper.

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Healthcare Quality Report
Responsible Executive/Non-Executive:	Mark Kelly, Executive Director of Nursing
Report Author:	Ross Darley Infection Prevention and Control Manager Emma Murphy Patient Experience Manager

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness
- Discussion

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Moderate

Comment:

This report is presented to the board to provide assurance that clinical governance processes are in place and continuing to be strengthened in light of changes to Board governance arrangement. This report provides a moderate level of assurance in relation to patient safety and quality of care.

BOARD PUBLIC

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

- Service Sustainability
- Quality and Safety

Comment:

Not applicable.

2 Report summary

2.1 Situation

This paper is the third integrated Quality and Safety report, consolidating previously separate papers into a comprehensive overview.

Healthcare Governance Committee will also receive a combined report from Quality and Safety Board which has been developed to support the assurance function of the Healthcare Governance Committee and, by extension, the Board.

This headline report triangulates data from multiple domains — including Performance Metrics, Infection Prevention and Control, Excellence in Care, Patient Experience, Patient Safety, and Public Protection — to provide a more integrated and robust oversight of clinical governance and the quality and safety of care.

This is a new way of working intended to integrate and strengthen our assurance processes. Healthcare Governance Committee is examining emergent and real time issues from an active governance perspective, enabling early identification and escalation of emerging risks. Risk mitigation and values-based health and care threads underpin all of our patient safety and quality systems.

2.2 Background

As part of our commitment to continuous improvement and in alignment with the organisation's Quality Strategy and evolving Corporate Governance Framework, we have undertaken a substantive redesign of the way quality and safety information is collated, scrutinised, and presented to governance mechanisms.

Historically, quality and safety related data was reported through multiple, siloed reports to Healthcare Governance Committee and into Board. In this revised approach, a single, synthesised report is presented. It is reviewed through the lens of the Vincent Measuring and Monitoring of Safety Framework (see Appendix 1) enhancing the committee's ability to triangulate assurance across a range of quality and safety indicators to give a system level perspective.

BOARD PUBLIC

Detailed and topic specific issues will be considered by Directorate Governance Groups with escalation to Quality and Safety Board who will triangulate information to prepare Healthcare Governance Committee report.

This third iteration, while still in development, represents a significant evolution in our approach to Quality Management; ensuring we have systems and processes in place to plan for quality, to understand when it is good and when it is not through quality control and assurance mechanisms and to identify and address areas requiring improvement.

The revised process enhances the scrutiny and triangulation functions of the Quality and Safety Board, thereby strengthening Healthcare Governance Committee's assurance capacity to the Board.

2.3 Assessment

The new approach combines a retrospective review of data and information with a real time active governance model that prioritises learning, responsiveness and will ensure that the Board can be assured that issues impacting on quality and safety of care have been fully explored and interrogated through local directorate governance groups, Patient Safety Group, and Quality and Safety Board into Healthcare Governance Committee and into Board.

To ensure NHS Dumfries and Galloway Board retain an oversight of the clinical quality and safety the following is presented for information:

1. **Infection Prevention & Control (IPC):** Oversight of Infection Prevention and Control national exceedance limits show continued reduction in the number of healthcare associated staphylococcus aureus bacteremias (SABs). The Infection Prevention and Control Team continue to closely monitor the number of *Clostridoides difficile* infections, post the previous increase in healthcare associated cases reported at the end of 2024. Discussion also held around concerns with compliance with both hand hygiene and uniform policy. Hand hygiene remains the most critical component in the prevention of hospital acquired infection. The Infection Prevention and Control Team are currently developing a new board wide Hand Hygiene Strategy which will be presented to the Infection Control Committee in due course.
2. **Discharge Processes:** Strategic programme update given regarding discharge without delay programme. At present there are four work streams developed, namely predicted date of discharge (PDD), discharge to access, and the frailty unit and community hospital utilisation. The Quality and Safety Board were given a very positive update regarding the introduction of the new frailty unit.
3. **Scottish National Audit Programme:** Overview given regarding the National Scottish Audit Programme covering varying specialties. NHS Dumfries and Galloway is no longer an outlier in relation to hip fracture mortality, indeed we are noted as a positive outlier for comprehensive geriatric assessment (CGA). Emphasis to focus on triangulation of audit findings with care assurance and learning systems.

BOARD PUBLIC

4. **Deteriorating Patient Policy:** Updated policy and eNEWS business case discussed; governance and financial implications noted.
5. **Learning from Care Assurance Reviews:** Triangulation of themes to be shared across directorates.
6. **Adverse Event Management:** Teams remained challenged in meeting the timeframes for management of Adverse Events work continues to support the directorates and plans are in place to address this.
7. **Complaint Management:** We continue to see improvements in timelines for management of stage 1 and stage 2 complaints, with emphasis on early resolution and continue to work closely with the Scottish Public Services Ombudsman.
8. **Public Protection:** Completed development and adoption of Public Protection Adverse Event management process and have been significantly involved in driving forward Public Protection Partnership Self Neglect priority work which ensures that staff know how to raise concerns when existing pathways are insufficient and that they can identify and action self-neglect.

2.3.1 Quality/ Patient Care

Quality and safety of patient care are the key drivers which underpin our clinical governance structures. Whilst acknowledging the continued system pressures the analysis of data available continues to demonstrate safe and effective care and where this falls below the expected standard it is reported and actioned via our InPhase system.

2.3.2 Workforce

Our workforce continues to deliver safe and effective care, and our governance structures continue to look at training available and completed by staff to support them in their roles.

2.3.3 Financial

There is no financial impact associated with this paper.

2.3.4 Risk Assessment/Management

The Board has articulated a Corporate Risk for Quality of Patient Care. It is currently graded as a medium level risk meaning that there is likelihood that the quality and safety of care may be compromised if we fail to address areas impacting on the quality of care. This includes our plans to transform, redesign and improve how services are delivered, ensuring that this takes account of resources available, our communities and evidence of good practice. Strengthening Governance processes and ensuring our workforce have the capability and support to facilitate these change processes are key controls.

2.3.5 Risk Appetite

- Minimal

Comment:

The Healthcare Governance Committee undertakes discussions on risk, quality and clinical governance of patient care with a moderate risk appetite assigned. Overall, our organisational risk appetite for safety is minimal which means we have a **MINIMAL** appetite for risks that could result in poor quality care or unacceptable clinical risk, non-compliance with standards or poor professional or clinical practice.

2.3.6 Equality and Diversity, including health inequalities

There are no Equality and Diversity impacts associated with this paper.

2.3.7 Climate Emergency and Sustainability

There are no climate emergency and sustainability impacts associated with this paper.

2.3.8 Consumer Duty

There is no associated requirement for a consumer duty impact assessment associated with this paper.

2.3.9 Other impacts

Nil.

2.3.10 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate and in accordance with the Health and Social Care Communication and Engagement Strategy and process.

State how this has been carried out and note any meetings that have taken place.

- Not applicable.

2.3.11 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Healthcare Governance Committee
- Quality and Safety Board

2.4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and board objectives.
- **Note** – The Board is asked to note the revised structure and intent of this report as a critical enabler of improved quality oversight and governance.
- **Assurance** – This paper provides a moderate level of assurance that we have systems and processes in place to identify, understand and manage quality and safety. The priorities agreed by Quality and Safety Board will ensure that this is intelligence led, planned and consistently applied.
- **Discussion** – Members are invited to endorse the ongoing development and refinement of the reporting framework as a foundational component of our Quality Management System and an essential element of our Corporate Governance arrangements.

3. List of appendices

The following appendices are included with this report:

- **Appendix 1** – Vincent Measuring and Monitoring of Safety Framework

Appendix 1:

The **Vincent Framework for Measuring and Monitoring Safety**—also known as the **Measurement and Monitoring of Safety (MMS) Framework**—was developed by Professor Charles Vincent, Susan Burnett, and Dr. Jane Carthey, and published by The Health Foundation in 2013. It offers a comprehensive approach to understanding and improving patient safety by focusing on both past harm and the resilience of healthcare systems.

Figure 1: A framework for measuring and monitoring safety



NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Area Clinical Forum Update
Responsible Executive/Non-Executive:	Martyn McAdam – Area Clinical Forum Chair
Report Author:	Tracee Copeland, Corporate Business Support Administrator

1 Purpose

To provide an update to the Health Board in respect of recent developments relating to the Area Clinical Forum

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Moderate

Comment:

As part of the governance processes the NHS Board will now be receiving updates on activity within the Area Clinical Forum. As this is a new process a moderate level of assurance has been noted and will be reviewed as part of future updates.

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From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

(For more detail on each of the tactical priorities, please click on this [link](#))

- Service Sustainability
- Financial Sustainability
- Workforce Sustainability
- Quality and Safety

Comment:

This paper provides assurance that the Area Clinical Forum is meeting its governance requirements as a committee of the Board and provides an appropriate mechanism for reporting key updates, issues, risks and minutes of committee meetings

2 Report summary

2.1 Situation

This paper provides the Health Board with an update on key discussions held at recent Area Clinical Forum meetings.

2.2 Background

At the Area Clinical Forum meeting on 24 September 2025 the following items were discussed:

- Update on speak up from Suzanne Hamilton
- Digital Transformation
- Chair's report from national ACF meeting
- Review of Terms of Reference
- Overview of 2024

2.3 Assessment

This paper provides a briefing to Board members regarding matters discussed and decisions agreed by the Area Clinical Forum.

Future agenda items are welcomed from all NHS Board Members and should be directed through the Area Clinical Forum Chair for inclusion at future meetings.

2.3.1 Quality/Patient Care

There are no specific quality or patient care issues as a result of this paper but recognition by the NHS Board of the critical role that the Area Clinical Forum has in supporting any future decision making.

2.3.2 Workforce

Ongoing workforce challenges remain an area of much interest for the Area Clinical Forum and the Professional Committees. This is also well understood at the national Area Clinical Forum level.

2.3.3 Financial

No financial issues have been identified when preparing this paper.

2.3.4 Risk Assessment/Management

There are no specific risks highlighted that haven't already been considered by the NHS Board as part of its Corporate Risk Register.

2.3.5 Risk Appetite

- Moderate

Comment:

There is a range of discussions going through the Committee that provide advice on decisions made within the Governance Structures therefore a moderate level of risk appetite is presented with this paper.

2.3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed as part of the preparation of this paper. Area Clinical Forum members recognise that EQIA's are an essential tool to use when assessing the impact of any service changes.

2.3.7 Climate Emergency and Sustainability

No specific impacts have been identified in relation to climate emergency and sustainability in preparing this paper.

2.3.8 Consumer Duty

This report has no specific impact on the consumer duty.

2.3.9 Other impacts

The Scottish Government Health and Social Care Directorate specifies close involvement of clinical staff in leading and developing services.

2.3.10 Communication, involvement, engagement and consultation

This paper is a direct report to the Health Board and it is not reviewed outwith.

2.3.11 Route to the Meeting

This paper is a direct report to the Health Board.

2.4 Recommendation

- **Awareness** – Members are asked to:
- Note the work ongoing around the governance arrangements to support the Area Clinical Forum and Professional Advisory Committees including reinvigorating of membership.

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1**, Approved minutes of the meeting held on 25 June 2025
- **Appendix No 2**, Approved minutes of the meeting held on 30 July 2025
- **Appendix No 3**, Approved minutes of the meeting held on 27 August 2025

Dumfries and Galloway NHS Board

Area Clinical Forum (ACF)



**Minutes of the Area Clinical Forum Meeting held on
Wednesday 25th June 2025 at 5.00 pm via Microsoft Teams**

Present

Martyn McAdam – Chair (MM)	Blood Science Manager (HCSAC)
Lisa Corrie (LC)	GP (GP Sub)
Christina Hoare (CH)	Lead Nurse - Education (ANMAC)
Betsy Jacob (BJ)	Psychiatry (AMC)
Pammy Muirhead (PM)	Podiatry (AHPAC)
Ranjit Thomas – (RT)	Haematology (AMC)
Audrey Young (AY)	Psychology (PAC)

In Attendance

Marsali Caig (MC)	Interim Chair
Ken Donaldson (KD)	Medical Director
Kevin Fergusson (KF)	Head of Emergency Planning and Resilience
Nicole Hamlet (NH)	Interim Chief Operating Officer
Mark Kelly (MK)	Director of Nursing
Julie White (JW)	Chief Executive

Welcome and introductions

MM welcomed everyone to this meeting as the newly appointed chair - a warm welcome was extended by everyone.

1. Apologies

Lynn Kean

2. New Declaration of interests

No new declarations were expressed.

3. Directors Update

MK raised concerns about Infection Prevention and Control (IPC) Compliance

Main Issues Identified:

- Inconsistent adherence to IPC guidance, particularly among medical staff.
- Low compliance with hand hygiene and "bare below the elbows" standards.
- Recent audit findings:
 - In one medical ward, only 1 out of 8 medics observed performed hand hygiene.
 - Across 9 wards, only 6 of 22 medics were compliant.
 - Non-compliance often linked to wearing watches and other uniform breaches.

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- Increased rates of hospital-acquired infections (e.g. SABs, C-Diff, blood culture contamination).

MK stated this is not a matter of preference as the IPC standards are a national policy which is evidence-based and reminded members that hand hygiene is a critical patient safety measure with a long-established history of effectiveness. MK noted that the current situation is dangerous and unacceptable.

MK urged members to:

- Model good IPC behaviour.
- Challenge non-compliance constructively.
- Raise awareness in team and governance meetings.
- Support teams striving to improve standards.
- Recognise that a cultural change is needed to empower staff to speak up when IPC lapses occur.

Additional Points Raised:

- Uniform policy visibility is poor - staff struggle to find it on internal systems.
- Jewellery, false nails, and eyelashes were noted as ongoing issues.
- Questions were raised about how compliance is measured and whether the data reflects reality.
- KD expressed strong backing for action and plans to engage AMDs and CDs directly.

MM thanked MK for the update and agreed there is an urgent appeal for collective responsibility in improving IPC compliance. Members acknowledged the seriousness of the issue and committed to supporting improvement efforts across all professional groups.

MK left the meeting

KD reported that the recent Healthcare Improvement Scotland (HIS) inspection received overwhelmingly positive verbal feedback, especially regarding staff performance. NH added that the process has changed - the inspection is now followed by a detailed information-gathering phase, making it longer than previous inspections with the first draft of the written report expected in late August. KD has received an informal but positive email from the visiting medical director, which he plans to use to share encouraging feedback with staff. NH reiterated the exceptional feedback from a visiting team, highlighting the professionalism, warmth, and patient care provided by frontline staff. All Senior Charge Nurses attended the feedback session, even those on leave, reflecting strong commitment and pride.

KD informed members that progress is being made on appointing a long-awaited secondary care appraisal lead. A job description is nearly finalised, and expressions of interest are expected to be invited within the next week. KD explained the delay had been due to sessional funding issues, which now appear to be resolved.

KD left the meeting

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JW provided an update on the Maggie's Centre Proposal for Dumfries and Galloway and explained discussions about establishing a Maggie's Centre in Dumfries and Galloway have been ongoing for several years.

Previously, the NHS Board was unable to support the proposal due to financial constraints (capital and revenue), however Maggie's have now confirmed it can fully fund both the capital and revenue costs of a centre in Dumfries, thanks to significant legacies, this removes the financial burden for NHS Dumfries and Galloway.

The Cancer Steering Group responded very positively to the proposal, but raised two concerns about accessibility for people in remote and rural areas and support for non-cancer patients. Maggie's responded that they have a rural model already in place in the Highlands, which could be adapted for Dumfries and Galloway and while Maggie's can only fund cancer-related services, they are open to the facility being used by other services (e.g. MND nurse clinics) if funded separately.

Maggie's is still interested in an iconic building on or near the DGRI site and are also exploring satellite and roving services to improve rural access. No specific site has been allocated yet, but there is space available and discussions with estates and Highwood Health due to the Non-Profit Distribution (NPD) model will be needed.

Maggie's leadership will meet with the Cancer Steering Group in July and a steering or programme board will be formed to shape the project. JW stated that the Board is supportive, provided Maggie's continues to fund and staff the centre and the potential impacts on existing services like Macmillan will be considered, though Maggie's has a history of strong partnerships with them elsewhere. JW summed up that this is seen as a transformational opportunity for cancer support in the region, with strong clinical backing and no financial burden on the NHS Board.

NH reported with David Bryson and Katy Kerr retiring, there will be a period of leadership transition. The new Digital Director will engage with professional groups to share ideas and gather feedback, which is seen as a positive development.

NH provided an update on frailty Unit and Unscheduled Care including:

- Awaiting Scottish Government feedback on unscheduled care bed funding.
- A frailty unit has been established on ward D7, using a multidisciplinary approach and early data shows a 12-day reduction in average length of stay, though the initiative is not yet fully embedded. The unit has required significant personal investment from GPs, specialists, and nurses.

NH informed members that NHS Dumfries and Galloway supported patients from Ayrshire and Arran due to their front door pressures, indicating ongoing national strain despite local improvements.

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NH provided an update on the financial position and budget monitoring stating that the Board must save £20 million annually for the next three years. The month 2 review highlighted £700K reduction in locum costs compared to the previous year however there is £1.5 million overspend on prescribing, equivalent to 20–30 nurses.

NH raised concerns about prescribers not always considering cost, especially in high-volume, lower-cost areas and that system-wide discussion is needed to address prescribing across primary and secondary care and welcomed suggestions from members how to control that spend.

PM expressed enthusiasm about the positive updates shared and mentioned she had not heard about the frailty pod initiative and suggested it would be beneficial to publicise the frailty pod more widely to staff, especially those working on the frailty pathway and thought such communication would boost morale and awareness of ongoing improvements. NH agreed with PM's suggestion and acknowledged the importance of good communication and explained that formal communications are pending due to awaiting the official inspection report. NH highlighted that the frailty pod was a grassroots initiative, led by teams who went above and beyond to implement something they believed would work and confirmed she would take forward the action to initiate communications about the frailty pod, especially given the phenomenal data showing its impact. NH emphasised the importance of this work in reducing potential harm to patients from prolonged hospital stays.

PM raised concerns about unnecessary diagnostic tests, particularly X-rays for MSK issues in podiatry and highlighted that (IR(ME)R trained staff can request X-rays when needed, but many referrals are unnecessary and costly and suggested a need for better education and control around diagnostics, not just prescribing. NH discussed aligning with the Realistic Medicine approach, promoting evidence-based, cost-conscious care with an emphasis on consistent messaging across diagnostics, labs, and prescribing.

MM added labs are taking a phased approach to clinical optimisation within the value-based healthcare and realistic medicine framework stating starting with labs makes sense as they're often a central hub for data and diagnostics and then using that as a model to expand into other areas like radiology is a smart move. The goal is to align with value-based healthcare and realistic medicine principles and to engage with stakeholders, to learn from that process, and then scale to other areas like radiology. Initially tried a broader approach but are now focusing more narrowly to build a strong foundation.

MC provided a strategic update:

- The First Minister announced a public sector reform agenda.
- The Scottish Government released a Service Renewal Framework (10-year plan) and a Population Health Framework.
- Board workshops will be held to explore these frameworks.
- A national social prescribing strategy is also in development.

MC will share links to these documents for wider dissemination.

4. Planned Care Update

NH informed members that the Cabinet Secretary has committed that no patient should wait more than 52 weeks for either an outpatient appointment or surgery. This is seen as a modest target compared to pre-COVID standards, but it reflects a renewed focus as Scotland enters an election year. The initiative is being referred to as the “Race to Zero” by the Scottish Government.

NH stated NHS Dumfries and Galloway has historically performed well in managing waiting times and remains one of the best in Scotland. NHS Dumfries and Galloway is committed to achieving a 42-week outpatient target by March 2026.

A key challenge specialty is pain management, where alternative approaches such as group sessions and multidisciplinary teams (including psychology) are being explored. NH reported all specialties except Orthopaedics are currently reporting zero waits beyond the Treatment Time Guarantee (TTG) 280 orthopaedic patients are currently projected to breach the 52-week target, but planning and demand/capacity work is ongoing to address this. Clinical teams are highly engaged and motivated to reduce harm caused by long waits.

A bid was made to reopen Mountainhall as a cold site to support ophthalmology and other surgical services, although funding was not secured (it went to Forth Valley instead), the team remains committed to pursuing this in future funding rounds. The cold site is seen as beneficial for local residents and could support regional capacity. A focus on theatre efficiency is underway, with benchmarking against other Scottish sites to ensure optimal use of resources.

NH conveyed that the current outpatient waiting list has 33,000 return appointments and 13,000 new appointments and she recognised that this is unsustainable for a population of 148,000 with only 200–250 outpatient staff. An emphasis is being placed on interface work with primary care, advice-only models, and innovative service delivery.

- Examples of innovation include:
 - Digital dermatology
 - Community-based clinics
 - New models led by HPS (Healthcare Professional Services)

Weekly meetings are taking place between NHS Dumfries and Galloway leadership and the Scottish Government to monitor progress.

MC highlighted that while the 52-week target is not a direct responsibility of Board Chairs, it is a key focus in national discussions and she supported the idea that a cold site could serve the broader South of Scotland, including the Borders.

RT expressed concern that progress on the CTAC SLA has stalled, describing it as moving at a “glacial pace” and emphasised the need to accelerate developments and maintain momentum. NH confirmed ongoing discussions at evening meetings and has engaged with Linda Bunney and Steph Mottram

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regarding the issue. Two SLAs are expected to be presented at the upcoming LMC meeting, one focused on operational delivery and KPI alignment and the other addressing the secondary care component of CTAC. NH intends to attend the next LMC meeting to support discussions and ensure continuity and is committed to keeping stakeholders updated and assisting in closing related actions.

ACTION:RT requested that CTAC progress remains on the action list due to its impact across all staff groups. MM agreed and asked for it to be added to the action list.

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5. Business Continuity Plan database update

MM welcomed KF to the meeting and congratulated him on being appointed Head of Emergency Planning and Resilience and explained the update was requested following concerns raised by staff regarding lack of awareness about the location and accessibility of Business Continuity Plans (BCPs).

KF provided an overview of current issues and planned improvements including:

Identified Issues

- Staff are unclear on where to access BCPs during emergencies.
- BCPs are stored in multiple locations (Beacon and a new cloud-based database), causing confusion.
- Some BCPs are outdated and not properly maintained.
- The new database lacks user permissions control, allowing unrestricted edits.
- Usability issues exist, including missing navigation features (e.g., back button).

Current and Proposed Improvements

- A simplified, cloud-based database has been introduced for resilience against cyber threats.
- The database includes:
 - BCP plans
 - Action cards
 - Multi-agency request forms
 - Personal decision logs
- Plans are linked to directorates with automated renewal alerts.
- Two new quick-access links have been added to Beacon for major incident and BCP access.
- IT is reviewing permission settings to improve data security.
- Sensitive BCPs may be moved to a restricted-access page for key managers only.

Future Recommendations

- Legacy BCPs on Beacon should be removed.
- A communication and awareness campaign is needed to inform all staff of the new system.
- Each directorate should nominate a lead to support migration and maintenance of BCPs.
- Training will be provided by the Resilience and IT teams.

The BCP system is on the risk register but has not yet been internally audited, KF noted that stabilising the system is a prerequisite before any formal audit.

KF confirmed that tabletop exercises are being conducted approximately twice a year with approximately 82 staff having participated in these exercises to date. A training package is available and may be updated for wider rollout.

The new system is accessible via standard login credentials and staff will be

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encouraged to explore the system once access is streamlined. Educational events and training will be used to promote awareness and usage.

KF acknowledged the scale of the task and committed to improving the system's usability and visibility. MM confirmed the importance of cloud-based access during network outages and thanked Kevin for the update.

JW, MC & KF left the meeting

6. Approval of minutes from previous meeting

The minutes from the meeting held on Wednesday 28th May 2025 were accepted as an accurate record.

NH left the meeting

7. Matters Arising

RT raised significant concerns regarding the reliability of the current dictation system, citing:

- Instances where dictated letters are not traceable.
- Lack of audit trails or tracking mechanisms for letters between dictation, transcription, and delivery.
- Risk to patient safety due to missing clinical correspondence.

RT emphasised the need for a formal review of the dictation system over the past 18 months to determine the scale of the issue (e.g., percentage of letters lost). RT proposed that the committee formally request IT to provide evidence that the system is functioning reliably and that no letters are being lost. MM supported the proposal, noting the importance of receiving a formal report from IT to provide assurance and acknowledged the broader issues with IT systems but agreed that missing patient letters represent a critical clinical risk that must be prioritised.

BJ highlighted that many staff, particularly in community mental health teams, are not reporting issues due to time constraints or lack of clarity on reporting mechanisms, there is a concern that underreporting may lead to underestimation of the problem by IT.

It was suggested that IT should be able to provide system-level data (e.g., number of letters dictated, transcribed, and authorised) without relying on individual incident reports, this would allow for a more accurate assessment of system performance and potential gaps.

The committee agreed to formally request a report from IT detailing:

- The reliability of the dictation and letter tracking system.
- Any identified issues and proposed resolutions.
- System-wide data to support assurance.

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MM will lead on this request, leveraging his experience in laboratory systems and risk management. RT noted he has a broader list of IT-related concerns to raise with the new IT Director, though these are not considered immediate patient safety risks.

The committee agreed that while system usability and workflow issues are important, patient safety must remain the top priority.

ACTION: to obtain assurance from Director of Digital that Winscribe issue will be looked at

8. Area Clinical Forum Action List

- Re-establishing Area Pharmacy Advisory Committee – RT to speak to Lynn Kean for an update – to remain on action list.
- Overview of IJB – Vicky Freeman to be invited to a future meeting to update to ensure members understand the IJB's function and relevance – MM to check invite has been issued - to remain on the action list.

9. Chair's Report

1. Board Meeting Overview

- Key topics discussed included:
 - Review of the financial plan and savings targets following last year's performance.
 - Positive progress on the behaviours framework as part of the organisation's culture focus.

Action: Consider inviting a representative to provide an update to the ACF on the behaviours framework and how members can support its implementation.

2. Cyberattack Internal Audit

- A special meeting was held to review the response to the 2024 cyberattack.
- Staff were assured that the organisation responded swiftly and effectively, working closely with national partners.
- RT raised concerns about unintended consequences of Cifas registration, including, denied mobile contracts and financial services for staff and suggested that future decisions consider broader impacts on staff welfare. MM acknowledged the issue and committed to ensuring it is raised in future discussions.

3. Board Management Team

- MM shared feedback from previous ACF discussions regarding system downtime and BCPs. Positive engagement noted, with Nicole Hamlet having followed up with IT leads.

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4. National ACF Meeting

- MM attended the national ACF meeting, which included several new chairs.
- Shared challenges across boards were discussed, with a positive and collaborative atmosphere.
- No specific items to report back, but future updates will be shared as relevant.

10. Feedback from Committees:

Allied Health Professional Advisory Committee (AHPAC)

Nothing to update

Psychology

The first meeting of the Psychological Interventions Governance and Oversight Board was held last week with good attendance. The meeting focused on establishing terms of reference, scoping priorities for the board's future work and identifying key workstreams. The group is currently large, and efforts will be made to streamline membership to ensure relevant stakeholders are involved. The meeting served as a foundational session, with further refinement expected as the board develops.

Area Nursing & Midwifery Committee (ANMAC)

Current chair has stood down, expressions of interest for the position will be sought at the next meeting

Psychiatry

The department is currently experiencing significant staffing challenges, particularly due to a shortage of consultants. Supervision of junior staff has become increasingly difficult. The situation is further impacted by long-term staff sickness, requiring other departments to step in, often without the necessary expertise. Recruitment remains a persistent issue, though not a new one.

Medical Staff Committee (MSC)

The most recent MSC meeting included a reflection on the passing of a colleague who died in tragic circumstances, this marked the second consecutive meeting where the committee reflected on the loss of a colleague, contributing to a sombre tone.

Discussions included progress on appraisal lead appointments, with the Medical Director noted as being aware and involved.

Concerns were raised about the NHS Renewal Plan, particularly, lack of consultation with frontline staff expected to deliver or be impacted by the changes. Perception that the plan is repetitive of past initiatives with limited evidence of meaningful change. MSC acknowledged the efforts by David Rowland in promoting the plan, though concerns remain about its realistic deliverability

GP sub – committee

The main focus of the last GP Subcommittee meeting was the General Medical Services (GMS) review, there is some scepticism about the feasibility of the review's ambitions, particularly due to lack of additional funding. LC presented

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the scoping phase of the review to the Integration Joint Board (IJB), which was well received and demonstrated strong support for general practice sustainability.

The next phase will involve workshops scheduled for September. These will include:

- Practice-level workshops
- Public and extended stakeholder workshops
- Focus on discussing and refining key themes from the review.

Area Medical Committee

The CTAC SLA was raised for escalation to ACF. LC acknowledged that while there appears to be some progress, previous efforts have stalled, and the issue should remain on the ACF/AMC action lists. Emphasis was placed on the importance of the SLA for both primary and secondary care, and the need for formal agreement to support effective service delivery.

ACTION: Add CTAC SLA to Action list

Healthcare Scientist Advisory Committee (HCSAC)

MM to attend the next ANMAHP meeting as a potential collaborative opportunity.

11. Items to escalate to Health Board

- No items were put forward

12. Items to discuss at Board Management Team

- Ongoing IT issues
- CTAC Service Level Agreement

13. Items to cascade

- No items were put forward

14. Approved minutes from other Professional Advisory Committees for noting

The approved minutes from other committees were noted

15. Any other competent business

No items for discussion were raised under this item.

16. Date of Next Meeting

Wednesday 30th July 2025 at 5.00 pm via Teams which will include an update on the Population Health Framework & NHS Renewal

Dumfries and Galloway NHS Board

Area Clinical Forum (ACF)



**Minutes of the Area Clinical Forum Meeting held on
Wednesday 30th July 2025 at 5.00 pm via Microsoft Teams**

Present

Martyn McAdam – Chair (MM)	Blood Science Manager (HCSAC)
Lisa Corrie (LC)	GP (GP Sub)
Christina Hoare (CH)	Lead Nurse - Education (ANMAC)
Pammy Muirhead (PM)	Podiatry (AHPAC)
Ranjit Thomas – (RT)	Haematology (AMC)
Audrey Young (AY)	Psychology (PAC)

In Attendance

Lorna Darrie (LD)	AHP Director
Vicky Freeman (VF)	Strategic Policy Lead
David Rowland (DR)	Director of Strategic Planning and Transformation
Julie White (JW)	Chief Executive
Valerie White	Director of Public Health
Tracee Copeland (TC)	Corporate Business Support Administrator

1. Apologies

Louise McPeake, Jon Ward,

2. New Declaration of interests

No new declarations were expressed.

3. Integration Joint Board (IJB) Overview

VF provided a brief overview of the IJB and highlighted proposed changes to the Dumfries and Galloway Integration Scheme. She explained that the Public Bodies (Joint Working) (Scotland) Act 2014 introduced Integration Authorities across Scotland, leading to the establishment of Integration Joint Boards. These boards were independent public bodies, not subcommittees of NHS Boards or local councils. NHS Boards and councils were required to delegate certain health and social care services to the IJBs. In Dumfries and Galloway, the NHS Board had chosen to delegate not only the services it was legally required to but also those it had the option to delegate. This meant that nearly all local health services were under the planning and direction of the IJB, although the NHS Board continued to deliver them as directed by the IJB through legally binding directions.

VF then discussed the proposed changes and noted that the Board was reviewing how responsibilities were configured at local, regional, and national levels. In response to emerging regional and national planning structures, the Board proposed to reclaim responsibility for planning services that were not legally required to be delegated. This included services such as maternity, children's services, and scheduled hospital care.

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Additionally, other changes were being proposed to the integration scheme, including adjustments to the number of voting members on the IJB. However, the most significant and widely discussed proposal is the change in delegation of services. This proposal is under consultation with various stakeholders, and VF encouraged feedback from ACF.

MM invited questions regarding the IJB. RT asked why there had been a desire to reclaim certain responsibilities, speculating whether it was due to regionalisation. VF responded that it was partly due to regionalisation and also because the scope of the IJB in Dumfries and Galloway was extensive, covering hospital services, community and primary care, and large areas of social care. She explained that managing such a broad remit locally had become challenging, and refining the scope could make it more manageable.

RT questioned why the full range of services had been delegated to the IJB a decade earlier. VF deferred to JW, who had been Chief Officer at the time. JW explained that the decision had been made to avoid creating artificial boundaries between services and to maintain full integration of health services with adult social care. She believed it had been the right decision at the time.

However, JW acknowledged that circumstances have changed and there is now a need for regional and national collaboration, especially in acute services. This shift means the Health Board now seeks to lead planning discussions directly, rather than through the IJB. She clarified that the proposed changes would result in a new structure a Chief Operating Officer would oversee health functions like acute services, while a Chief Officer would manage community health, social care, and primary care. Both roles would report to the Chief Executive, maintaining integration but through a different operational model.

VF informed ACF that the consultation period ends at the end of August and feedback from ACF can be submitted at any time before then. VF plans to present a paper to the NHS Board at the October meeting and acknowledged the complexity of the topic and offered to:

- Speak with individuals or groups separately.
- Facilitate further sessions to help clarify the proposals and their intended impacts.

MM thanked VF for an interesting update.

VF left the meeting

4. Population Health Framework & NHS Renewal

DR explained that the Scottish Government had released six key publications aimed at reforming public services between 2025 and 2035. These documents focus on:

- Increasing the pace and scale of reform across public sector services
- Ensuring efficient, high-quality, and effective services
- Addressing financial sustainability through a medium-term financial strategy and fiscal delivery plan

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DR highlighted the importance of:

- Prevention and early intervention
- Shifting care from hospitals to community and home settings
- Creating centres of excellence for specialist services
- Leveraging technology and AI to improve care and outcomes
- Promoting personalised, outcome-focused care

VW explained the Population Health Framework's goals are two-fold:

- to improve Scottish life expectancy
- whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average by 2035.

The Framework is based on five key interconnected prevention drivers of health and wellbeing:

- Prevention Focused System
- Social and Economic Factors
- Places and Communities
- Enabling Healthy Living
- Equitable Access to Health and Care

The Framework sets out initial actions across these drivers and also identifies two initial evidence-based priorities – embedding prevention in our systems and improving healthy weight.

VW emphasised the need for primary prevention by addressing social determinants of health (e.g. education, income, transport) and the importance of cross-sector collaboration, including NHS, local government, and third sector with two initial priorities:

- Embedding prevention in systems
- Improving healthy weight, supported by a physical activity strategy and Good Food Nation initiatives.

VW noted that many teams are already contributing to these goals and encouraged continued conversations to build on existing work.

DR described the service renewal framework as a 10-year guide for transforming health and social care services. Which aims to:

- Rebalance care delivery across home, community, and hospital
- Improve sustainability and reduce inequalities
- Use digital tools and AI to enhance access and decision-making
- Focus on outcomes that matter to individuals
- Develop centres of excellence where local provision is not feasible

The framework is structured in three phases:

- Year 1: Establish a strategic needs assessment, define planning levels (national, regional, local), and publish a primary care roadmap
- Years 2–5: Reform resource allocation, define hospital roles, and implement governance changes
- Years 5–10: Focus on delivering care closer to home and ensuring equitable access, especially for rural and island populations

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Next Steps and Engagement

- VW and DR offered to continue discussions with professional groups with informal sessions being planned to encourage open dialogue.
- MM expressed interest in ensuring ACF remained involved in shaping future conversations.

5. Directors Update

JW informed members that NHS Dumfries and Galloway has been formally escalated to Level 3 in the Scottish Government's Support and Intervention Framework due to concerns about financial sustainability. This is a confidential update ahead of the formal Board notification on 11th August however there is a meeting being arranged for next week with managers, clinicians and senior people in the organisation to discuss how things can be done differently.

Implications of Level 3 Escalation

- NHS Dumfries and Galloway must report more frequently to the Scottish Government.
- There will be increased scrutiny of financial performance.
- Potential for additional support from the Scottish Government.
- Risk of further escalation to Level 4, which could result in external leadership intervention and loss of local decision-making control.

JW gave assurance that the escalation is not a reflection of poor financial leadership or governance, but rather the severity of financial challenges and emphasised the need to reinvigorate financial recovery efforts and deliver savings plans and called for collaborative action from clinical leaders to identify inefficiencies and areas of waste. JW stressed the importance of maintaining local control and avoiding externally imposed decisions.

PM raised concerns about the increasing clinical complexity of patients, making cost-cutting difficult. JW acknowledged the challenge but emphasised the need to ensure efficiency and productivity before claiming insufficient funding.

LD highlighted the importance of creating a safe space for honest conversations and values-based decision-making. Members discussed the need for stronger decision-making, risk appetite, and accountability, noting past delays and indecision. JW agreed that while strong relationships are valuable, they must not hinder direct and timely action.

VW expressed confidence in the organisation's ability to adapt and innovate with an emphasis on teamwork, clinical leadership, and open dialogue to navigate the financial crisis. JW encouraged clinicians to help define professional red lines in terms of patient safety and to support forthcoming service reviews.

JW emphasised that the current Board is still fully responsible for decision-making and guiding the organisation through its challenges and the aim is to move from the current escalation level back to Level 2, or ideally Level 1, but this depends on meeting financial savings targets.

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JW stressed that the situation is still within the Board's control and that they must collectively focus on identifying and acting on opportunities for improvement and highlighted the importance of ensuring that any external review or oversight would not uncover anything the Board hasn't already identified themselves. JW thanked everyone for their time and reiterated the importance of hearing directly from her, underlining the need for a united and transparent approach.

MM thanked JW for sharing that difficult information and noted enthusiasm and support from members.

JW informed members that Mark Cook has been appointed as the Chair of NHS Dumfries and Galloway, his background includes work in industry, with a focus on innovation, transformation, and collaboration between the NHS, academia, and government.

MM welcomed LD to the meeting and asked ACF members to introduce themselves to LD.

LD shared gave her personal reflections and first impressions expressing feeling safe and supported within NHS Dumfries and Galloway, despite only being there for a short time and emphasised the importance of psychological safety for enabling and supporting difficult conversations and praised the culture and environment of the Board, stating it's "remarkable" compared to other boards she's worked with. LD originally trained as a vet nurse and zookeeper before transitioning into healthcare and qualified as a physiotherapist in 2005 after studying later in life. She has worked across several NHS Boards including NHS Lothian, NHS Borders, and NHS Education for Scotland (NES). LD is a strong advocate for alternative pathways into education and is passionate about:

- Staff well-being
- Education and development
- Efficiency and innovation
- Values-based healthcare

MM thanked LD for her introduction and expressed enthusiasm about future involvement and collaboration.

JW, VW, DR & LD left the meeting

6. Approval of minutes from previous meeting

The minutes from the meeting held on Wednesday 25th June 2025 were accepted as an accurate record.

7. Matters Arising

RT inquired about the Healthcare Improvement Scotland report and its expected return. It was noted that the report was still being compiled, with ongoing requests for information, and that an action plan would follow.

BOARD PUBLIC

RT brought up a meeting between Maggie's and the cancer steering group due to take place in July. It was agreed that an update should be requested at the next meeting, potentially from JW.

Action: to be added to action list

RT also asked about the Business Continuity Plan (BCP), which had been discussed previously. It was noted that the BCP was on the risk register but had not yet been internally audited. MM suggested inviting Kevin Fergusson back in a few months to provide an update, especially regarding cloud-based hosting of the BCP.

Action: to be added to action list

8. Area Clinical Forum Action List

- Re-establishing Area Pharmacy Advisory Committee – MM to speak to Nikki Holmes with an emphasis on the importance of pharmacy input at board level. - to remain on action list.
- Assurance that Winscribe is being looked at – MM has had an initial discussion with Director of Digital. Concerns were raised about a potential patient safety risk (letters being lost). MM proposed to add this issue to the corporate risk register - to remain on action list.
- Behaviour Framework - Representative from ODL has been invited next meeting – to remain on action list until presentation is received.
- Lack of progress with CTAC SLA - LC noted the contract development groups are being replaced by contract oversight groups. There is a need for assurance that oversight groups will meet and maintain continuity. MM to raise the issue at Board Management Team to ensure visibility and progress to remain on action list.

9. Feedback from Committees:

Area Nursing & Midwifery Committee (ANMAC)

Nothing to update

Psychology

Nothing to update

Allied Health Professional Advisory Committee (AHPAC)

Nothing to update

Medical Staff Committee (MSC)

Nothing to update, however RT suggested inviting the Primary and Secondary Care interface representatives to ACF every 6 months.

BOARD PUBLIC

RT noted the recommendations from the recent unscheduled care review visit that took place in March which may include the creation of an acute medical unit.

GP sub – committee

Nothing to update

Area Medical Committee

Nothing to update

Healthcare Scientist Advisory Committee (HCSAC)

Nothing to update

10. Items for noting

Members noted the locality profiles with no comments raised.

11. Items to escalate to Health Board

No items were put forward

12. Items to discuss at Board Management Team

Lack of progress with CTAC SLA

13. Items to cascade

No items were put forward

14. Approved minutes from other Professional Advisory Committees for noting

The approved minutes from other committees were noted

15. Any other competent business

MM conveyed the following from Marsali Caig, Interim Chair:

- It has been great working with colleagues who are so committed to quality and safety of services
- ACF is such a critical part of Board governance arrangements and looks forward to seeing it get stronger and more influential as time goes by
- Heartfelt best wishes and thank you to everyone who is part of the arrangements.

Members asked MM to pass on thanks to Marsali and thank her for the support received during her time in office.

16. Date of Next Meeting

Wednesday 27th August 2025 at 5.00 pm via Teams which will include an update about the behaviours framework and digital transformation.

Dumfries and Galloway NHS Board**Area Clinical Forum (ACF)**
**Minutes of the Area Clinical Forum Meeting held on
Wednesday 27th August 2025 at 5.00 pm via Microsoft Teams**
Present

Ranjit Thomas – (RT) (Vice Chair)	Haematology (AMC)
Lisa Corrie (LC)	GP (GP Sub)
Betsy Jacob (BJ)	Psychiatry
Christina Hoare (CH)	Lead Nurse - Education (ANMAC)
Louise McPeake (LM)	Dental (DAC)
Pammy Muirhead (PM)	Podiatry (AHPAC)
Audrey Young (AY)	Psychology (PAC)

In Attendance

Kerry Kalloway (KK)	Advisor	Organisational Development and Learning
Valerie White (VW)		Director of Public Health
Tracee Copeland (TC)		Corporate Business Support Administrator

1. Apologies

Martyn McAdam, Lynn Kean
Julie White, Mark Kelly, Ken Donaldson, Nicole Hamlet, David Rowland,
Susan Thompson

2. New Declaration of interests

No new declarations were expressed.

3. Behaviours Framework

KK provided an overview on the Behaviour Framework and "Great Place to Work" initiative. Key Points were:

- Launch of Behaviour Framework Posters: These are now visible across NHS Dumfries and Galloway, representing the culmination of staff input and lived experiences gathered through surveys and sessions earlier in the year.
- Purpose of the Framework:
 - To reflect current workplace culture.
 - To promote positive behaviours and reduce negative ones.
 - To support the organisation's culture improvement plan.
 - To build a kinder, more collaborative working environment.
- Staff Engagement:
 - Strong interest in having a tangible tool to improve team dynamics.
 - Framework intended to be used both in-the-moment and long-term.
- Resources Available:

BOARD PUBLIC

- Digital versions of the posters and additional materials are on the ODL microsite under the Organisational Development section.
- A guidebook is also available, offering deeper insight into the framework's development, core values, and behaviour definitions.
- Support & Next Steps:
 - KK and Lisa O'Neill (OD team) are available for team sessions and resource requests.
 - Staff are encouraged to provide feedback on their use of the framework.
 - Continued on-site engagement planned to promote and embed the framework.

RT questioned why each health board needs a separate framework and suggests a unified approach for Scotland. KK explained that the framework is based on NHS Dumfries and Galloway's core values: compassion, openness, respect, and excellence and was developed to foster a positive internal culture and guide staff behaviour. VW elaborated that the framework emerged from cultural work aimed at addressing challenges in pressured environments, it helps teams hold each other accountable and navigate difficult situations constructively. VW added that while sharing the framework is possible, local adaptation reflects specific organisational needs and values.

LM shared positive feedback from a dental services session, describing it as valuable and beneficial for team cohesion.

BJ asked what "held to account" means. VW explained it involves open conversations when behaviours deviate from agreed standards, allowing reflection and improvement. BJ added that being a helpful bystander is important but challenging in the moment, suggesting the framework may be addressing underlying issues.

PM raised the idea of applying the framework to public behaviour towards NHS staff, noting increased aggression and potential complaints. VW acknowledged the challenge and mentioned past campaigns, but noted there are no current plans for a public-facing initiative. She agreed to raise the issue with the Board Management Team (BMT).

RT thanked KK for her overview

KK left the meeting

4. Directors Update

VW referred to the staff vaccination campaign via Staff News about the flu vaccination campaign and how staff can book appointments. VW noticed inconsistencies in the messaging - some parts mention booking via the national portal, while others refer to drop-in clinics without appointments. She plans to clarify this with the team and re-issue clearer guidance. VW will send a briefing to TC for distribution through professional groups and suggested sending an all-user email to ensure wider awareness, especially since not all staff read Staff News. VW encouraged early vaccination to avoid December clinic congestion.

BOARD PUBLIC

VW confirmed that COVID-19 vaccinations will not be offered to health and social care staff this year, based on current understanding. This decision is attributed to Joint Committee on Vaccination and Immunisation (JCVI) guidance, which considers factors like disease severity and population immunity.

RT raised questions about the Integrated Joint Board (IJB) and sought clarification on what Directors expected from the Area Clinical Forum (ACF) regarding the proposed changes. VW responded by summarising a presentation previously delivered by Vicky Freeman, which proposed a change in the delegation of services. The proposal aims to remove acute services from the IJB's remit, placing them directly under NHS jurisdiction, while community-based services would remain under the IJB. VW explained that this shift aligned with Scotland's move toward regional planning, which would be more manageable under NHS Boards and noted that Dumfries and Galloway was unusual in having acute services within the IJB, unlike most other regions.

RT stated that although he didn't fully understand the complexities, the proposal seemed reasonable at the time of Vicky's presentation. He expressed support for the change and invited others to voice any objections. BJ requested further clarification, indicating she may have missed the original presentation. VW acknowledged the complexity of the IJB and NHS Board structures and suggested that TC resend Vicky's presentation to all members. She emphasised that while the full details were intricate, the general principle of separating acute services from the IJB was the key takeaway.

Members agreed that if no objections were raised within the following week, support for the proposal would be assumed. VW confirmed she would feed this back to Vicky Freeman.

RT mentioned that Mark Cook had joined as Chair of NHS Dumfries and Galloway and asked VW if he could be invited to attend the Area Clinical Forum so that members could meet and welcome him. VW responded that she was sure Mark would be delighted to attend and suggested that TC could liaise with Martyn McAdam to formally extend the invitation, noting that Martyn might have already discussed this with Mark. TC agreed to take this forward.

RT expressed frustration over the lack of progress in Community Treatment and Care (CTAC) development, noting that discussions have been ongoing for years with little tangible advancement. He highlighted repeated delays due to follow-up meetings that have resulted in no outcomes. The Area Clinical Forum (ACF) and Area Medical Committee (AMC) were both disappointed with the slow pace and lack of clarity around CTAC's implementation.

LC identified the following issues:

- A major barrier was the request for CTAC managers (non-clinicians) to access the full EMIS system, which includes sensitive clinical data. This raised concerns since GPs are data controllers.
- The original CTAC arrangement was based on a Memorandum of Understanding from 2018, not a formal contract. There is now a need for a Service Level Agreement (SLA) to define minimum service standards (e.g., timely blood tests).

BOARD PUBLIC

- Some practices struggle to manage primary care workloads, raising concerns that expanding CTAC to secondary care could dilute service quality.
- LC noted that no other Health Board appear to have formal SLAs for CTAC either, suggesting a broader systemic issue.

PM asked if there was a document outlining CTAC's purpose and services. LC confirmed there wasn't a formal document and reiterated the need for a clear agreement. VW clarified that a CTAC service does exist, but acknowledged that further development is needed and emphasised the importance of distinguishing between having a service and progressing its scope. VW also noted that Gareth Marr, Interim Chief Officer, is now leading the CTAC work and is engaging with the Local Medical Committee (LMC) to address the data access issue.

VW agreed to raise the issue at the Board Management Team (BMT), highlighting ACF's concerns about the impact on GP sustainability. LC suggested establishing a time plan to ensure progress, noting that LMC Exec meetings are infrequent and slow-moving. VW acknowledged the need for balance and compromise, and committed to seeking clarity on governance and progress routes for future ACF updates.

RT thanked VW for attending the meeting

VW left the meeting

5. Approval of minutes from previous meeting

The minutes from the meeting held on Wednesday 30th July 2025 were accepted as an accurate record.

6. Matters Arising

No items of discussion were put forward under this agenda item.

7. Area Clinical Forum Action List

- Re-establishing Area Pharmacy Advisory Committee – Lynn Kean will be asking for interested parties to reform - to remain on action list.
- Assurance that Winscribe is being looked at – no update - to remain on action list.
- Lack of progress with CTAC SLA - covered in previous item - to remain on action list.
- Maggie's Centre update – Ken Donaldson provided an update via e-mail stating that he was the Lead Director for Maggie's and the Board have agreed that they will start the process that will deliver a Maggie's Centre at DGRI. He will be meeting their Lead soon to discuss setting up a Program Board. There is still work to do on the model but discussions about delivery over a rural area and supporting non cancer patients are in progress. It's positive place to be in after so long. He will be reaching out to the clinicians who are engaged with the project- especially palliative care and oncology" to remain on the action list.

BOARD PUBLIC

- Business Continuity Plan update – TC has invited Kevin Fergusson to the November meeting – to remain on the action list until the update has been received.

8. Feedback from Committees:

Dental Advisory Committee

- LM announced she is stepping down as Chair of the Dental Advisory Committee in September. RT thanked LM for her contribution to ACF over the years. A new chair of DAC will be announced at the AGM in September along with the new Dental Practice Advisor who will represent dental services at ACF
- Positive developments in dental services:
 - Recruitment improving: new dentists joined, more starting in September.
 - Garden Hill clinic to open soon, benefiting unregistered and vulnerable patients.
 - 12 dental students from Glasgow continue to provide care.
 - 5 out of 6 vocational trainees staying in the region.
 - Emergency out-of-hours service remains busy but manageable.

Joint Meeting ANMAC – AHPAC

- Recent joint meeting well attended; Director of Nursing, newly appointed AHP Director and ACF chair attended.
- Promotion of Staff Functional Fitness initiative encouraged across teams.

Psychology

- Psychological Interventions Governance Board meeting to be scheduled for September/October.

Area Medical Committee

- Discussed financial pressures and upcoming extraordinary GP subcommittee meeting in mid-September.
- Proposal to invite primary-secondary care interface leads (Gwyneth Jones & Fergus Donachie) to ACF every six months for updates.

Action: TC to issue an invite

9. Items to escalate to Health Board

No items were put forward

10. Items to discuss at Board Management Team

- Public behaviour towards NHS staff
- Lack of progress with CTAC SLA

BOARD PUBLIC

11. Items to cascade

- Functional Fitness poster
- Vaccination information

12. Approved minutes from other Professional Advisory Committees for noting

The approved minutes from other committees were noted

13. Any other competent business

No items of discussion were put forward under this agenda item.

14. Date of Next Meeting

Wednesday 24th September 2025 at 5.00 pm via Teams which will include Speak Up update from Suzanne Hamilton and Digital Transformation discussion with Sudeep Chaterjee

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Winter Vaccination Programme 2025/26
Responsible Executive/Non-Executive:	Valerie White Director of Public Health
Report Author:	Gemma Stewart Immunisation Specialist Nurse Dr Keith Allan Consultant in Public Health and Board Immunisation Coordinator.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operation Plan
- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the Board and briefly explain why:

- Significant

Comment:

National guidance has been received and plans, staffing, venues and materials in place to deliver. Winter vaccination venues are provided across the region to promote equity of access and a number of venues and methods are available for eligible Health and Social Care workers (HSCW) to obtain vaccination. There has been close work with Communications to promote these vaccination opportunities and national resources are also used.

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board:

- Population Health and Health Inequalities
- Workforce Sustainability

Comment:

- Vaccination is one of the most cost effective ways of reducing mortality and morbidity in the population and where access is supported can reduce health inequalities.
- Vaccination of the workforce may protect services by reducing illness and sick days required.

2 Report summary

2.1 Situation

The winter 2025/26 seasonal vaccination programme for Flu and COVID-19 is underway across Dumfries and Galloway. National guidance has been updated with eligibility criteria based on Joint Committee on Vaccination and Immunisation (JCVI) advice, Chief Medical Officer (CMO) letter and Immunisation against infectious disease publication, known as the “Green Book” advice. The Green Book has the latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK, and eligibility criteria have changed from the previous year. The programme aims to ensure timely and equitable access to vaccinations for all eligible cohorts before the campaign end date of 7 December 2025. The Board is asked to note the planning work completed.

2.2 Background

Policy Updates: CMO letter and Green Book guidance have been updated. COVID-19 vaccine eligibility is now:

- Adults aged 75+
- Residents in older adult care homes
- Individuals aged 6 months+ who are immunosuppressed

Adult and Child flu vaccination eligibility remains unchanged from 2024/25.

Adults will be offered the flu vaccine this year if they are:

- aged 65 and over
- aged 18 to 64 with an eligible health condition
- pregnant
- living in a long-stay residential care home or other long-stay care facility
- living with someone who has a weakened immune system
- an unpaid or young carer
- a frontline health or social care worker
- a non-frontline NHS worker
- a poultry worker or bird handler
- an asylum seeker living in a home office hotel or B&B accommodation
- experiencing homelessness or substance misuse
- living in a Scottish prison

BOARD PUBLIC

Child flu vaccine eligibility is:

- children aged 6 months to 2 years with an eligible health condition
- children aged 2 to 5 years and not yet at school (children must be aged 2 years or above on 1 September 2025 to be eligible)
- primary and secondary school pupils (including home schooled).

Delivery Model:

All eligible people will be offered a vaccination appointment, or ability to book one, before the 7th of December. Flu only clinics for those aged 65-74 will commence 22/09/2025. HSCW clinics will commence on the 15th September 2025.

All 2–5-year-old influenza vaccinations have been scheduled.

Adult mass vaccination clinics are available in a range of locations across Dumfries and Galloway to support equity of access:

- Annan Vaccination Centre
- Sanquhar Community Centre
- Canonbie Public Hall
- Thornhill Hospital / Health and Social Care Hub
- Castle Douglas Vaccination Centre
- Waverley Medical Centre
- Kirkcudbright Hospital / Health and Social Care Hub
- Lockerbie Medical Practice
- Moffat Hospital / Health and Social Care Hub
- Mountainhall Treatment Centre
- Newton Stewart Hospital / Health and Social Care Hub

Eligible members of the public will be offered vaccination through a range of means:

- All 75 plus and people with a Weakened Immune System (WIS) eligible for covid and Flu will receive a timed appointment via The National Vaccination Scheduling Service (NVSS), this will come as a letter, text or email depending on preferences given.
- All 65-74 Flu only will be allocated a timed appointment, also by NVSS either by letter or digitally depending upon stated preference.
- All at risk Flu only (defined in Green Book) will be receive a prompt to book into available at risk flu only clinics.
- Local scheduling of under 12s will take place once national guidance for this cohort is confirmed.
- Those eligible people within the prison population will be offered vaccination by Prison Health Staff.

This winter frontline HSCWs are eligible for flu vaccination. JCVI has not advised COVID-19 vaccination for frontline HSCWs. We also continue to offer flu vaccination to non-frontline NHS workers as part of the national programme, as a Scottish Government policy decision.

BOARD PUBLIC

Staff vaccination clinics will run from 15th September to 3rd October. A blended approach has been taken with HSCWs able to self-book and appointment via the portal (www.nhsinform.scot/wintervaccines) or attend a drop-in clinic at one of 13 venues. Details of staff vaccination opportunities have been sent out via Staff Newsletter (Sway), this messaging is being amplified by all staff email and manager's briefing. Staff vaccination will continue to be promoted with update details regularly being sent via newsletter. Staff vaccination has also been highlighted at Health and Social Care Leadership Group, where the inclusion of drop-in clinics was welcomed, the Area Clinical Forum also agreed to share via their professional group networks. Vaccinations will be delivered to residents of care homes by the vaccination team, staff can be vaccinated at same time if eligible or at core vaccination site.

Communications coordinated through multiple channels including newsletters, emails, posters, and direct engagement with third sector partners. Direct communication with eligible people may be by letter or digital means depending upon their stated preference.

National communication assets (including social media posts) will be used in line with national timings to promote both staff and wider public vaccination programmes. Communication will be sent to all staff via a variety of methods: E-mail; posters; via General Managers; Local Authority communication team; care home managers (each care home); Primary Care; and Education. Direct communications are also made with 3rd Sector Dumfries and Galloway and the Carer's Centre.

Communications will be prepared in line with national communication plans. These will be issued in line with timings agreed nationally.

2.3 Assessment

The programme is well-structured and aligns with national policy, but the reduction in COVID-19 eligibility may lead to some concern. This change has been made in line with JCVI advice who carefully assess the evidence to determine who would benefit most from vaccination.

The campaign is structured to make efficient use of staff and vaccine resource, providing adequate vaccination before peaks in infection risk occur.

The logistics and communication strategy are robust, with proactive measures to ensure accessibility and equity.

Robust monitoring of uptake is planned, allowing for responsive adjustments. These will be kept under review by the Vaccination Oversight Group for purposes of assurance and governance. These will be reported to Director of Public Health with escalation to Board Management Team if any areas of concern.

BOARD PUBLIC

As a point of reference the Australian flu season has been variable with the initial weeks of their season seeing fewer cases in the community than the same time last year but later in the season respiratory illness was seen as higher than the same time last year. In terms of notified influenza cases the 2024/2025 rate was well above the five-year average. There was a high degree of match between strain seen and vaccinated against (98%). A significant rate of confirmed influenza, as seen in Australia, could put pressure on services at a time where there are also other respiratory illnesses circulating, further highlighting the importance of immunisation.

2.3.1 Quality/ Patient Care

Vaccination will reduced morbidity and mortality especially in groups at higher risk from respiratory illness.

2.3.2 Workforce

Good vaccination levels within the workforce will protect individuals from morbidity and mortality and will also help ensure continuity of services for patients. The inclusion of drop-in sessions has been welcomed as of use in supporting staff vaccination. Furthermore, the flexibility to book sessions if desired will also support uptake.

2.3.3 Financial

The delivery managed within service budgets.

2.3.4 Risk Assessment/Management

This activity acts to mitigate the following corporate risks:

- Risk that sections of our population continue to experience Health inequalities (risk 2926).
- Risk that we will not improve the health and wellbeing of our population (risk 2932).

All vaccination centres have been risk assessed for use.

2.3.5 Risk Appetite

From the list below, please select the risk appetite level associated with the paper and provide an explanation as to how you came to that decision.

- Minimal

Comment:

Vaccination is one of the most effective preventive measures in healthcare and as such we look to maximise uptake of the programme and ensure safe and effective delivery.

2.3.6 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

Equality Impact assessments have been drafted for the overall vaccination functions (strategic and delivery), the process aiding with planning of service delivery. There is support for home bound people to access vaccination. The SAS Mobile vaccination bus can be deployed to areas with lower uptake to address some aspects of social patterning in uptake. Liaison directly with services providing support to carers, people experiencing homelessness, Asylum Seekers and people who use drugs and alcohol will also support this agenda.

2.3.7 Climate Emergency and Sustainability

Monitoring of vaccine use will limit wastage aiding in sustainability. Much of the transport fleet which staff use for transport has moved to electric vehicle use.

2.3.8 Consumer Duty

An impact assessment on Consumer duty has not been completed because procurement decisions are taken at the national level.

2.3.9 Other impacts

Not applicable.

2.3.10 Communication, involvement, engagement and consultation

- Discussion at various Scottish Vaccination and Immunisation Programme meetings.
- Inclusion/ Exclusion criteria based on JCVI advice at a national level.
- Communications as per plan to primary care, third sector, carers etc.

2.3.11 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Vaccination Oversight Group, September 2025.

2.4 Recommendation

The Board is asked to take **Assurance** that an effective programme in place to deliver winter vaccinations that covers delivery, monitoring and governance.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1**, Overview of Delivery Plan

Overview of Winter Vaccination delivery plan

Cohort	flu	Covid	invitation	Planned Delivery dates
Frontline health and Social Care staff (including Independent Practitioners)	yes	No	Self book prompt and drop in	Bespoke drop in and portal appointments 15/09/2025-03/10/2025 Self book into any available flu only appointment. Communications sent to all staff (H&SC and Independent contractors) via e-mail to book appointments from Drop-in capacity will be updated in line with at risk cohorts
Non frontline NHS staff	yes	no	Self book prompt drop in	As above
Prison population	yes	no	Delivered by NHS prison staff in prison setting	22/09/2025
School age pupils	yes	no	Letter home with the child	22/09/2025 -28/11/2025
Children 2-5	yes	no	Appointments are made locally using Scottish Immunisation Recall System (SIRS) and a national appointment letter sent.	08/09/2025
65-74 years	yes	no	An appointment is made for the individual via NVSS and communication sent to them (usually appointment letter but may be text or email depending on stated preference).	22/09/2025- 01/10/2025 10/11/2025-07/12/2025
At risk 12-64	yes	no	Communication (self-book prompt) is sent to individual informing them that they are in an “at risk” group and prompting to book an appointment via portal or telephone. This communication is usually a letter but may be email or text depending on stated preference.	17/11/2025-07/12/2025

BOARD PUBLIC

Cohort	flu	Covid	invitation	Planned Delivery dates
Pregnancy	yes	no	Self book prompt followed by local letter with time appointment	15/09/2025 -07/12/2025
Carers & Household contacts of people with Weakened Immune System (WIS)	yes	no	Self book prompt Letter (self-book prompt) is sent to individual informing them that they are eligible for flu vaccination and prompting to book an appointment via portal or telephone. Direct communications are also made with 3 rd Sector Dumfries and Galloway and the Carer's Centre.	17/11/2025-07/12/2025 can also attend with person they care for
At risk children 6m to under 2 years	yes	no	Local timed appointment	08/09/25
Residents in Care homes (Deliver to staff at the visit)	yes	yes	Delivered by Board vaccination team into care home (staff can be covered at same time if eligible or at core vaccination site).	29/09/2025-10/10/2025
Domiciliary (all eligible groups)	yes	Yes (depending on eligibility criteria)	Delivered by the District Nursing team with some support for delivery available from the Scottish Ambulance Service.	29/09/2025 onwards
75+	yes	yes	An appointment is made for the individual via NVSS and communication sent to them (usually appointment letter but may be text or email depending on stated preference).	06/10/2025-17/11/2025
People with weakened immune system (6m to 74 years)	yes	yes	6m to 4y local letter 5-74 Letter – time appointment	03/11/2025-17/11/2025

BOARD PUBLIC

Cohort	flu	Covid	invitation	Planned Delivery dates
Asylum Seeker living in home office hotel or B&B	Yes	no	Self booking and timed appointments are offered to this group. Individuals attending for other vaccine catch-up will also be offered flu vaccination while campaign continues. Others are asked to book via the portal or telephone. This messaging is supported with posters at the hotel and communication with the Mears Welfare Officer.	17/11/2025-07/12/2025

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Staff Governance Committee Chair's Briefing
Responsible Executive/Non-Executive:	Suzanne Hamilton – Chair of Staff Governance Committee
Report Author:	Pamela Jamieson, Workforce Director Tracee Copeland, Corporate Business Support Administrator

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Moderate

Comment:

This paper provides assurance that Staff Governance Committee (SGC) is meeting its governance requirements as a delegated committee of the Board and provides an appropriate mechanism for reporting key updates, issues, risks and minutes of committee meetings.

BOARD PUBLIC

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

(For more detail on each of the tactical priorities, please click on this [link](#))

- Service Sustainability
- Workforce Sustainability

Comment:

In addition to the priority above this paper also covers the corporate governance requirements for the NHS Board, as per the Standing Orders and Blueprint for Good Governance.

2 Report summary

2.1 Situation

Staff Governance Committee supports the Board in their responsibilities to ensure that robust arrangements to implement the Staff Governance Standards are in place and are monitored so that staff are:

- well informed.
- appropriately training and developed.
- involved in decisions.
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continually improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

This paper provides an update on the work of Staff Governance Committee and an update on any performance, risk or matters that require escalation to the NHS Board.

2.2 Background

Staff Governance Committee exists to support and maintain a culture within the organisation where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation and is built upon partnership collaboration.

Staff Governance Committee will seek assurance that NHS Dumfries and Galloway act against the Staff Governance Standards.

2.3 Assessment

The Staff Governance Committee met on 8th September 2025. The following items were discussed and are presented to the NHS Board for assurance and awareness:

BOARD PUBLIC

Staff Experience – Staff Organisational Change Process

The committee heard about the generally positive experience of a manager involved in stepping down a ward and supporting the transfer of staff into new roles. The conversation highlighted the challenges of leading a team while going through the change process personally and also the impact on staff in finding suitable alternative roles and concern for complex patients being appropriately re-located. Staff were involved in the consultation and offered support but would have benefited from additional one to one conversations.

Workforce profile and performance report

The workforce performance report is still in a phase of development.

The report highlighted that:

- Overall sickness and absence is below the national average.
- I-Matter employee engagement index has remained at 75, the same score as last year.
- Fixed term contracts continue to reduce in line with plan.
- Time to hire target is being met.
- Mandatory training compliance is below target and rates of appraisal continue to remain significantly below target.

The committee discussed a significant rise in occupational health activity. This was believed to be as a result of the transfer to in-phase and additional reporting lines linked to behaviours. Further assurance is being sought in relation to this. It was confirmed that the capacity of the Occupational Health team is currently meeting the demands placed up on it.

Staff Governance Committee Corporate Risk Update – Well Informed and involved in decision making

The committee is reviewing each of the staff governance standards in relation to mitigation of the corporate risks. At this meeting we considered the well informed and involved in decision making standards, how compliance is evidenced and what activity is happening to support attainment. We also considered how mitigation can be strengthened and what actions were needed, many of which are in progress or planned.

Area Partnership Forum (APF) Update

Feedback from the APF highlighted the need to embed the behaviours framework and training for staff making employee relations decisions.

LGBT+ Network Update

The Chair of the network presented a paper outlining the activity of the members. The committee considered the impact of the high court ruling on gender, whilst there have been few issues raised by staff, local action including staff surveys has been taken. Further information from Government is expected. The network is considering how it can engage further with new members and allies and continues to work collaboratively with other staff networks.

Speak Up Update

A verbal update was provided and a new template to gather data was shared. No new whistleblowing cases were identified.

Leadership Update

The Head of Organisational Development and Learning presented a paper outlining the current development offer for leaders and managers in Dumfries and Galloway. The national strategy for leadership development is utilise local Organisational Development resources to deliver national programmes which mainly support collaborative, system and senior leaders. The impact on this is to place a significant demand on our small Organisational Development Team with limited access for our local leaders.

The committee discussion highlighted the skills needed locally for middle manager and clinical leaders, the current gap in training and the risk that it poses. Organisational Development and Learning colleagues are scoping a potential local manager development programme with stakeholders but consideration will be required in terms of capacity and priorities of a small, stretched team.

i-Matter national and local results

The 2025 i-Matters Board report was shared. This showed that 61% of staff completed a survey, a slight decline from 2024. Whilst the employee engagement index remained static at 75, overall staff experience showed a decline from 6.8 in 2024 to 6.7. In relation to Directorate action plans, 40 % had been completed within the required time scales. Recommendations were made as to how the engagement with the survey could be strengthened which were welcomed by members of the committee who reported that i-Matter can be seen as a tick box exercise.

2.3.1 Quality/Patient Care

Quality and patient care is considered as part of Staff Governance Committee discussions. There is no direct impact on quality of care (and services) from the findings in this report There is strong evidence to link staff engagement with patient safety, experience and clinical outcomes.

2.3.2 Workforce

Workforce is considered as part of Staff Governance Committee discussions. There is no direct impact on workforce from the findings in this report.

2.3.3 Financial

Financial issues are considered as part of Staff Governance Committee discussions. There is no direct financial impact of this paper. The financial implications of workforce are considered as part of the financial recovery governance structure.

2.3.4 Risk Assessment/Management

Risk assessment and management are considered as part of Staff Governance Committee discussions. The paper highlights the limited assurance and risk relating to a gap in manager development at a local level however the Organisational Development Team are working collaboratively with regional colleagues in this space to share and develop resources together.

2.3.5 Risk Appetite

From the list below, please select the risk appetite level associated with the paper and provide an explanation as to how you came to that decision.

- Open

Comment:

This reflects the organisation's willingness to engage with new approaches and continuous improvement in staff governance, while maintaining appropriate oversight. It supports a culture of transparency, inclusion, and proactive risk management

2.3.6 Equality and Diversity, including health inequalities

An impact assessment is not required in this instance. However, should any of the occurrences in this paper require an assessment, this would be carried out in line with appropriate Equality and Diversity regulations.

2.3.7 Climate Emergency and Sustainability

No specific impacts have been identified in relation to climate emergency and sustainability in preparing this paper.

2.3.8 Consumer Duty

This report has no specific impact on the consumer duty.

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

This paper is a direct report to the Board and is not reviewed out with.

2.3.11 Route to the Meeting

Staff Governance Committee meetings have been held in line with the timetable identified at Table 1.

2.4 Recommendation

This report is being presented for:

- **Awareness and Assurance** – Board is asked to note the Staff Governance Committee Chair's Briefing and meeting minutes.

3 List of appendices

There are no appendices with this paper.

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Speak Up Briefing and Annual Report 2024 / 25
Responsible Executive/Non-Executive:	Dr Ken Donaldson, Medical Director and Whistleblowing Lead
Report Author:	Emma Murphy, Patient Feedback and Whistleblowing Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Moderate

Comment:

This paper provides high level information on the Board's Speak Up and whistleblowing activities over 2024/25. The paper gives moderate assurance regarding our arrangements. Whilst there is still work to do in terms of promotion and training, we have detailed procedures in place to investigate any Speak Up and whistleblowing concerns and appropriate support mechanisms for those involved.

BOARD PUBLIC

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

(For more detail on each of the tactical priorities, please click on this [link](#))

- Quality and Safety
- Other (please explain below)

Comment:

Speak Up and whistleblowing concerns provide valuable quality and safety insights. Additionally, there is a requirement to report whistleblowing performance information to Board on a regular basis, including via an annual report.

2 Report summary

2.1 Situation

This paper seeks to provide assurances on the Board's compliance with and performance against the National Whistleblowing Standards. This paper also fulfils the requirement for an annual performance report to Board and the public.

2.2 Background

The Scottish Public Services Ombudsman took on the role of Independent National Whistleblowing Officer (INWO) from July 2020. The INWO developed a set of National Whistleblowing Standards (the Standards) that set out high level principles and detailed procedures for managing whistleblowing concerns. NHS Boards in Scotland were required to adopt the new standards from 1 April 2021.

The Standards detail ten performance indicators which the Board needs to report quarterly to senior management and annually to the public. The indicators are as follows:

Indicator One	a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
Indicator Two	a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality)
Indicator Three	a statement to report on levels of staff perceptions, awareness and training
Indicator Four	the total number of concerns received
Indicator Five	concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed
Indicator Six	concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage
Indicator Seven	the average time in working days for a full response to concerns at each stage of the whistleblowing procedure

BOARD PUBLIC

Indicator Eight	the number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
Indicator Nine	the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
Indicator Ten	the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

The full Standards are available on the INWO's website at <https://inwo.spsso.org.uk/national-whistleblowing-standards>.

2.3 Assessment

Arrangements

The Board has robust arrangements in place for managing Speak Up and whistleblowing concerns. Operationally these concerns are managed by the Patient Feedback and Whistleblowing Manager within Patient Services. Support and oversight is provided by the Medical Director as Whistleblowing Lead, the Deputy Medical Director and the Whistleblowing Champion.

Additionally, a number of 'Confidential Contacts' are in place to provide a first point of contact for staff that may have a whistleblowing concern.

Detailed information on how to raise Speak Up and whistleblowing concerns is contained on the Board's public website at:

<https://www.nhsdg.co.uk/whistleblowing/>

Performance

The Board are required to produce and publish an Annual Report on whistleblowing, which is included in Appendix 1. Given the limited number of concerns received during the period, opportunities for data analysis are limited. Additionally, the strict requirements around confidentiality limit the information that can be shared as low numbers increase the risk of information being potentially identifiable. The report seeks to balance the importance of open and transparent reporting, with protecting that confidentiality.

During the period 2024/25 the Board received and investigated one complaint under the Whistleblowing Standards. A further 15 Speak Up enquiries were received, where staff were offered tailored signposting and support.

Work continues to promote and enhance our Speak Up arrangements, but there is further scope for improvement, including in relation to awareness raising and promotion. We remain committed to encouraging staff to Speak Up and ensuring we have robust and compassionate processes to manage any concerns that are raised.

2.3.1 Quality/ Patient Care

As whistleblowing captures feedback, both positive and negative, on patient safety and experience, it serves as a barometer on quality of care of services.

2.3.2 Workforce

The effective implementation of the Standards is an important activity in supporting our workforce to raise concerns.

2.3.3 Financial

There are no financial consequences associated with this paper.

2.3.4 Risk Assessment/Management

Whilst robust processes are in place for managing Speak Up and whistleblowing enquiries, there is further work required in relation to awareness raising and training. That work will continue across 2025/26.

2.3.5 Risk Appetite

- Minimal

Comment:

As Speak Up and whistleblowing concerns relate to patient and staff safety, the risk appetite is minimal.

2.3.6 Equality and Diversity, including health inequalities

The Standards detail a number of principles that should underpin how NHS services approach whistleblowing concerns. The principles include a commitment to being 'objective, impartial and fair' and to ensure the procedure is 'accessible'. The Board is committed to those principles.

2.3.7 Climate Emergency and Sustainability

No climate emergency and sustainability issues were identified within this paper.

2.3.8 Consumer Duty

No consumer duty issues were identified within this paper.

2.3.9 Other impacts

The Standards have the potential to impact positively on the majority of the national health and wellbeing outcomes.

2.3.10 Communication, involvement, engagement and consultation

This paper has been shared with the Board's Whistleblowing Lead and Whistleblowing Champion. It has also been discussed at Staff Governance Committee prior to presentation to Board.

2.3.11 Route to the Meeting

- As above, this paper has been discussed at Staff Governance Committee.

2.4 Recommendation

Assurance – Board are asked to take assurance from the detail within the Whistleblowing Annual Report 2024/25.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Whistleblowing Annual Report



Whistleblowing Annual Report

2024-2025

Produced May 2025

If you need this information in a different language or format,
please contact Patient Services by telephone on
01387 272 733, by email at dg.patientservices.nhs.scot
or via [contactSCOTLAND-BSL](#).

Introduction

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. Data is presented to reflect national indicators as determined by the Independent National Whistleblowing Officer (INWO). Full details of the Standards and associated indicators can be found at <https://inwo.spsso.org.uk/>.

This report outlines Speak Up and whistleblowing activity for NHS Dumfries and Galloway (NHS D&G) and performance against the standards.

Key notes:

- This report outlines activity for 2024-25.
- Time limits for whistleblowing concerns are based on working days, i.e. Monday to Friday
- There was one whistleblowing case during the period.
- There were 15 Speak Up cases during the period.

If you have any queries in relation to this report, or Speak Up/Whistleblowing in general, please contact Patient Services at dg.speakup@nhs.scot or on 01387 272 733. Thank you.

Emma Murphy, Patient Feedback and Whistleblowing Manager

Whistleblowing

2024-25 At a Glance

Whistleblowing

There was one whistleblowing case raised and investigated during the period 2024/25.



Speak Up Enquiries

We received 15 new Speak Up enquires over 2024/25. These enquiries were actioned, but did not progress under the Standards.



Speak Up Week 2024

Speak Up Week ran from 30 September - 4 October 2024 with a full programme of events and communications dedicated to promoting the importance of speaking up.



Awareness Raising

We reviewed and updated our web information for 2024/25 and recruited new Confidential Contacts to support Whistleblowers.



INWO Cases

We did not receive any case related enquiries from the INWO during the period 2024/25.



Key Performance Indicators (KPIs)

The National Whistleblowing Standards require that all boards produce regular reports about the whistleblowing cases they receive. These reports detail performance against key indicators set out in the Standards. The following pages detail our performance against those indicators.

Learning (KPI 1)

Sharing learning can be challenging due to the requirement to protect the confidentiality of the individuals involved in whistleblowing. The low number of cases also poses challenges in terms of confidentiality and learning.

In the whistleblowing case investigated during the period service specific learning was identified. Likewise, we identified a number of service specific areas of learning from our Speak Up cases and this was fed back to management teams accordingly. The learning related largely to communication.

Experience (KPI 2)

We have developed a survey to be sent out to those involved in whistleblowing concerns, including investigators and those interviewed. The survey asks questions around:

- Ease of accessing information.
- The support and compassion shown by those dealing with the concern.
- The quality of the response.
- What went well and what could be improved.

The survey will be tested and refined over 2025/26, with results shared as part of our regular performance reporting.

Awareness and Training (KPI 3)

Training continues to be offered to staff via the national TURAS modules. Despite a focussed promotion of the training during Speak up Week in 2024, uptake continues to be low, with 2024/25 figures as follows:

Whistleblowing an Overview - 11 delegates

Whistleblowing for Line Managers - 4 delegates

Whistleblowing for Senior Managers - 2 delegates

We have sought support from our colleagues in Communications to develop a focussed communication plan for 2025/26 which will include further promotion of the training modules. We are also working closely with key stakeholders across the organisation to enhance promotion and awareness raising.



Speak Up Week 2024

Speak Up Week 2024 took place from 30 September to 4 October 2024. The theme “**Enabling Speaking Up**” provided an opportunity to promote and celebrate the power of speaking up to bring about positive change.

The INWO ran a number of events across the week, which NHS Dumfries and Galloway promoted via staff communications, Staff News, social media posts, posters across the estate and via our intranet and internet sites. A number of promotional stands and materials were placed in the foyers at Dumfries and Galloway Royal Infirmary, Mountainhall Treatment Centre and Midpark Hospital to try and engage with as many staff as possible across the organisation. There were a number of enquires from staff throughout the week relating to the events and general questions about the standards.

Confidential Contacts

The recruitment and training of new Confidential Contacts was undertaken in 2024/25. We now have three Confidential Contacts:

Dr Greycy Bell, Deputy Medical Director

Martyn McAdam, Blood Science Services Manager

Christina Hoare, Lead Nurse for Education for Nurses, Midwives and Healthcare Support Workers

Confidential Contacts can be contacted via the confidential email address **dg.speakup@nhs.scot** or by phone via switchboard on **01387 246 246**.

Case Performance (KPI 4 - 10)

The remaining KPIs are quantitative performance measures (numbers). As we only received and investigated one whistleblowing case during the period it is difficult to undertake meaningful analysis in relation to these indicators. We can however summarise that case as follows:

- The case was dealt with under Stage Two of the Whistleblowing Standards.
- The case required extensions to the statutory response time to allow a thorough investigation.
- The whistleblower was kept informed of progress throughout the investigation and were advised of the reasons for the extensions accordingly.
- The outcome of the case was 'Partially Upheld'.

Next Steps

Over the next year we want to focus on a number of areas to further improve in this area of work, including:

Focussed promotion of the whistleblowing training to staff across the Board.

Circulating our Speak Up leaflets more widely to further raise awareness.

Continue testing and refining our experience survey process.

Building on the success of previous Speak Up weeks to deliver an enhanced event this year.

Key Points

- We received and investigated one complaint under the Standards during the period.
- We received 15 Speak Up enquiries where staff were offered tailored signposting and support.
- We continued to promote and enhance our Speak Up arrangements, but there is further scope for improvement, including in relation to awareness raising and promotion.
- We remain committed to encouraging staff to Speak Up and ensuring we have robust and compassionate processes to manage any concerns that are raised.



NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Performance and Resources Committee Chair's Briefing
Responsible Executive/ Non-Executive:	Garry Forsyth, Chair of Performance and Resources Committee Nicole Hamlet, Interim Chief Operating Officer
Report Author:	Nicole Hamlet, Interim Chief Operating Officer Kelly Addiss, Corporate Business Support Administrator

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Government policy/ directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Significant

Comment:

This paper provides assurance that Performance and Resources Committee is meeting its governance requirements as a delegated committee of the Board and provides an appropriate mechanism for reporting key updates, issues, risks and minutes of committee meetings.

BOARD PUBLIC

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

- Service Sustainability
- Financial Sustainability
- Environmental Sustainability

Comment:

Not applicable.

2 Report Summary

2.1 Situation

Performance and Resources Committee is responsible for the oversight of financial and operational performance and delivery against planned budgets. This means the Committee can review, discuss, assess, scrutinise and seek assurances on behalf of the Board in line with their delegated authority from the Board.

This paper provides an update on the work of the Performance and Resources Committee and an update on any performance, risk or matters that require escalation to the NHS Board.

2.2 Background

Performance and Resources Committee has oversight of and monitors:

- Revenue and Capital Plans.
- Plans to achieve agreed financial position, including development and delivery of the Boards savings plans through the Financial Recovery Programme.
- The Board's Tactical Priorities in relation to all priorities assigned to this committee to monitor and review.
- The delivery of Best Value, in line with the Board's annually approved Best Value Framework.
- Outcomes from Board investment decisions including allocation of resources into significant projects.
- Performance including the Annual Delivery Plan and returns the NHS Board will have to produce on the Operational Improvement Plan from the Scottish Government and the Service Renewal Framework. In addition, the Committee will lead on developing the Board's approach to performance management.
- Any remedial action plans required to achieve or rectify financial or operational performance.
- Financial governance, strategic and operational corporate risks and how they are being managed; Committee will review the Corporate Risk Register for those risks that are delegated to it on a regular basis.
- The progress of capital projects.

BOARD PUBLIC

- The work to deliver Net Zero by 2040, including oversight of the Climate Emergency and Sustainability Programme Board which reports directly to Performance and Resources Committee.
- Effectiveness of systems that are in place for the delivery of procurement including all appropriate legislation and policies.
- Other relevant items as identified in the Committee's Forward Plan (agreed annually by the Committee).

2.3 Assessment

The Performance and Resources Committee met on 8 September 2025 and was quorate. The following matters were considered and presented to the NHS Board for awareness and assurance.

Framework for Effective Cancer Management Programme Update

A verbal update was provided in relation to the Framework for Effective Cancer Management Programme advising the Scottish Government Framework for assessment and reporting tool kits were being awaited.

Performance and Resources Committee Terms of Reference

An amendment made to the Committee Terms of Reference noting the Committee will receive reports on the progress of implementation of Integration Joint Board Directions from the Chief Operating Officer, Chief Officer was accepted by Committee Members.

There was also a discussion around the Performance and Resources Committee having oversight of the performance in relation to catering, domestic, transport and residencies. It was agreed for a follow up conversation to take place between the Performance and Resources Committee and Healthcare Governance Committee Chairs and Lead Directors to agree a reporting structure for the above services as it was noted there is a crossover within both NHS Board Committee's.

Performance and Resources Summary Report

The Committee received an updated Performance and Resources Summary report which provided performance data from the end of July 2025.

Annual Delivery Plan 2025/26 Quarter One Update

A paper providing an update on the Quarter One position from the 2025/26 Annual Delivery Plan was shared with the Committee advising of 74 actions within the Annual Delivery Plan.

BOARD PUBLIC

Focus on 52 Week Waits Performance

The Committee received a presentation in relation to the focus on 52 weeks waiting time performance which noted NHS Dumfries and Galloway are projecting to meet the target of no one waiting more than 52 weeks for a new outpatient appointment or for a day case/ inpatient procedure by the end of March 2026.

NHS Dumfries and Galloway are projecting zero waits over 52 weeks for outpatient appointments by March 2026 and 280 people waiting longer than 52 weeks for a day case/ inpatient procedure. The Committee sought assurance from the oversight of the 'crow's feet' trajectories that are speciality specific.

Weekly meetings are being held with the National Centre for Sustainable Delivery (CfSD). Meetings are also being held with the NHS Board's Performance and Health Intelligence Team as regularly as meetings with the Scottish Government to ensure the trajectories match reality as much as possible.

Unscheduled Care/ Social Work Visioning Update

A presentation providing an update with regards to the unscheduled care/ social work visioning was presented at the Committee noting NHS Dumfries and Galloway is a pilot site for the Scottish Approach to Change in terms of the delivery of unscheduled care. This has been aligned with the social care visioning work as there is a cross over between these areas.

A bid submitted to the Scottish Government was successful in receiving £4m for the unscheduled care programme. There are a number of key performance measure that must be delivered in year for the £4m to be received, and all the funding must be spent in this financial year to secure it for future years. For the current financial year, the following must be delivered by March 2026:

- 30 Hospital at Home Beds
- Emergency Department of 80.5%
- Occupancy Level of 84% (DGRI)
- Reduction in Delayed Discharges (60)
- Mean Length of Stay of 4 Days

The Committee were highlighted to the success of the Acute Frailty Unit in DGRI which was introduced in April 2025, with 66% of frail patients admitted to the unit being discharged back home. The Team is now looking at expanding this model to the Galloway Community Hospital, whilst recognising this will need modified from the current model being used in DGRI.

The Committee saw significant progress towards the delivery of these targets; however, it was noted that performance had deteriorated over the last month and that this poses a risk for delivery.

Statutory Compliance Audit and Risk Tool (SCART) Update

The Committee received a Statutory Compliance Audit and Risk Tool (SCART) update report explaining this is a national web-based risk assessment tool that NHS Dumfries and Galloway use in conjunction with the NHS Board's risk register.

BOARD PUBLIC

The team hold a number of meetings for assurance including a Contractual meeting, monthly Performance Contract Review meetings and Technical Issue meetings.

Corporate Risk Mitigations

A verbal update was provided with regards to the Corporate Risks Mitigations noting discussions are to take place around how to align any work undertaken around the corporate risks assigned to Performance and Resources Committee whilst ensuring these are aligned to the other NHS Board Committee's to ensure consistency.

Specific pieces of work within the agenda were aligned to the 6 corporate risks delegated to Performance and Resources Committee to provide assurance and oversight of the work and mitigations taking place.

Financial Performance Update

An update on the financial performance as at the month 4 position was shared with Committee which reported an overspend of £11.2m against the approved £28m deficit. To the end of July 2025, £8.3m of full year effect delivered schemes have been identified of which £8.1m of those are recurring savings against a target of £21.3m, with a recurring target of £12.8m.

It was reflected there is a lot of support from teams within the NHS Board with regards to the financial challenges being seen with staff being more engaged and trying to find different ways of doing things. This is no longer being seen solely as a finance issue but as an organisational issue.

It was noted that there was a £2m overspend at month 4 from the agreed position and the Performance and Resources Committee will require ongoing monitoring of the position given the risk with delivery including receiving assurance reports from the Financial Recovery Board.

Director of Digital Update on Digital Strategy

The Committee received a Digital Healthcare update presentation which recognised there is a supportive and dedicated local I.T Team who are being stretched by rising digital demands of run, grow and transform activities.

To ensure digital transformation is sustainable Committee were made aware this requires a strong service management and governance, cybersecurity, modern organisational structures and workforce with the right digital skills.

It was noted that there is an NHS Board Workshop – Driving Innovation, Change and Financial Delivery being held on Monday 27 October and following this there will be the development of a 3-year local delivery plan.

BOARD PUBLIC

Head of Emergency Planning and Resilience Update on Business Continuity Plans

An update on work to progress the NHS Board's Business Continuity Plans (BCPs) was provided to Committee noting a new BCPs database is being updated to allow a monthly report to be populated for each Directorate to inform Managers what BCPs are due for renewal within a 3-month notice period.

The Committee were made aware of differing BCP templates being used with a new standardised BPC template being created. A risk scoring matrix will be added to the new BCP template to identify and prioritise high risk plans.

Work has begun on cross matching with the old Datix corporate risks linked to each BCP to be allocated to one of the new corporate risks that the NHS Board is using through the InPhase system.

Property Strategy Update

The Committee received an update in relation to the NHS Board's Property Strategy with it being reported 84% of the NHS Board's gas consumption is across DGRI, Mountainhall Treatment Centre and Midpark Hospital with both Mountainhall Treatment Centre and Midpark Hospital being served from the same boiler house. The Estates Team have identified 2 projects (one at Mountainhall Treatment Centre and one at Midpark Hospital) looking at a hydrogen solution.

ADHD Service – Children and Young People

A paper with regards to the ADHD Service for Children and Young People was shared with the Committee which noted there are 2 pathways for ADHD diagnosis within the directorate, with one being a single diagnosis pathway, and the other being a Neurodiverse Pathway for children with more complex needs.

There is now a Nurse within the ADHD Team who is qualified to lead the service and who can also prescribe for the service. It was reported the national issue with medication has started to resolve.

ADHD Pathway – Mental Health

The Committee received a paper regarding the Mental Health ADHD Pathway noting there has been a significant rise in adult ADHD referrals with around 15 individuals being referred per week.

It was reported there is no stand-alone ADHD service that currently exists as the team are not resourced to provide this.

A Mental Health ADHD Pathway was agreed with 3 core functions:

- Prioritise individuals with complex mental health needs and functional impairment.
- Exclude treatment for private diagnosis and individuals without secondary care needs.
- Reallocate 3 sessions per week from a local Consultant Psychiatrist and encourage self-monitoring of annual physical health checks.

BOARD PUBLIC

It was recognised the proposed pathway carries a risk and therefore mitigations have been built in, including clear communication, early referral options and the use of digital tools. An Equality Impact Assessment has also been undertaken.

General Medical Services Review Update

A presentation providing an update with regards to the General Medical Services Review was shared with the Committee. The 2018 General Medical Services (GMS) Contract and Memorandum of Understanding both from 2018 and 2021 are the foundations of the General Medical Services nationally. The Integration Joint Board (IJB) mandated a review in December 2024 with the scope for the review approved in June 2025. The review is to get a clear picture of what is working well locally and what can be strengthened.

An Appreciative Inquiry Approach has been used and work with multiple Stakeholder Groups to plan how to deliver against each of the scopes.

A number of engagement workshops have been arranged across Dumfries and Galloway, with a number having already taken place.

The final report is currently scheduled to be taken to the Integration Joint Board in March 2026.

Regional Planning Update

A verbal update in relation to regional planning was provided to the Committee noting a new directive was issued from the Scottish Government for NHS Boards to endorse how they plan and deliver services differently.

Clinical and Service Change Model

A Clinical and Service Change Model report was shared with Committee for assurance on the proposed Clinical and Service Change approach, with specific recognition of its adoption in Planned Care.

Items Committee Agreed to be Escalated to the NHS Board

The Committee agreed to escalate the following items to the NHS Board:

Performance and Resources Committee Terms of Reference

The Committee requested the Terms of Reference be updated to include:

- A more formal link to the Financial Recovery Board with a regular assurance report coming to the Performance and Resources Committee.
- Further discussion is required around the oversight of catering, domestic, transport and residencies.

Performance and Resources Summary Report

- Ongoing refinement of the performance reporting into Performance and Resources Committee which allows a greater focus on finances and the impact of this.
- Escalations were discussed around the achievement of the 6 weeks Musculoskeletal target and the work that is ongoing around community assessment days.

Annual Delivery Plan 2025/2026 Update

- The disaggregating of ownership of the Annual Delivery Plan to NHS Board Committee's around performance monitoring and reporting proportionately to priorities.

Mental Health ADHD Pathway

- The requirement for clear and transparent external communications for the agreed ADHD Pathway and the need for the NHS Board to be clear and transparent about what the team can and cannot offer whilst ensuring the local team are supported.

Unscheduled Care

- Good progress has been made towards the March 2026 target set by the Scottish Government; however, the Committee noted the risk of the deterioration of the performance over the last month and will continue to monitor.

2.3.1 Quality/ Patient Care

Quality and patient care is considered as part of Performance and Resources Committee discussions, although it is Healthcare Governance Committee which has delegated authority for quality across all services. There is no direct impact on quality of care (and services) from the findings in this report.

2.3.2 Workforce

Workforce is considered as part of Performance and Resources Committee discussions in relation to cost, utilisation and efficiency; however, it is Staff Governance Committee which has delegated authority for workforce matters. There is no direct impact on workforce from the findings in this report.

2.3.3 Financial

Financial issues are considered as part of Performance and Resources Committee discussions. Although this has been considered, there is no financial impact of this paper.

2.3.4 Risk Assessment/ Management

Risk assessment and management are considered as part of Performance and Resources Committee discussions. No specific risks are identified in relation to this paper.

2.3.5 Risk Appetite

Please select the risk appetite level associated with the paper and provide an explanation as to how you came to that decision.

- Open

Comment:

The Performance and Resources Committee is responsible for the oversight of financial and operational performance and delivery against planned budgets. An open risk appetite has therefore been assigned to this paper.

2.3.6 Equality and Diversity, including health inequalities

An impact assessment is not required in this instance. However, should any of the occurrences in this paper require an assessment, this would be carried out in line with appropriate Equality and Diversity regulations.

2.3.7 Climate Emergency and Sustainability

The Climate and Emergency Sustainably Programme Board reports into Performance and Resources Committee and the workstream is scrutinised in line with this governance arrangement.

2.3.8 Consumer Duty

This report has no specific impact on the consumer duty.

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

This paper is a direct report to the Board and is not reviewed out with.

2.3.11 Route to the Meeting

This is a direct report to the NHS Board.

2.4 Recommendation

This report is being presented for:

- **Awareness and Assurance** – NHS Board is asked to note the Performance and Resources Committee Chair's Briefing.

3 List of appendices

There are no appendices included with this report.

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Financial Performance Update – End of August 2025 (Month 5)
Responsible Executive/Non-Executive:	Susan Thompson, Interim Director of Finance
Report Author:	Susan Thompson, Interim Director of Finance

1 Purpose

Please select the items in each section that apply to this paper and delete the others.

This is presented to the Board for:

- Assurance
- Decision

This report relates to a:

- Annual Operation Plan
- Emerging issue
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Effective

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Limited

Comment:

The Board has a statutory responsibility to deliver its services within the funding allocated.

Over the last three years NHS Dumfries and Galloway has received an additional £58.5m of repayable brokerage from Scottish Government to deliver against this responsibility.

The financial plan for 2025/26 continues to show no return to financial balance with an anticipated overspend of £28m approved by the NHS Board on 9 June 2025.

BOARD PUBLIC

The Scottish Government set an expectation of reaching a cap of £25m which has not been met.

NHS Dumfries and Galloway are on Stage 3 of the NHS Scotland Support and Intervention Framework due to concerns about the financial sustainability of the Board.

Based on the above; the level of assurance presented is Limited.

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

(For more detail on each of the tactical priorities, please click on this [link](#))

- Financial Sustainability

Comment:

This report provides an update on the approved 2025/26 Financial Plan.

2 Report summary

2.1 Situation

This report presents an update to the Board on the financial position to the end of August 2025 (Month 5).

2.2 Background

The NHS Board approved the final financial plan on 9 June 2025 which shows a projected £28m in year deficit which was £3m adrift from the £25m cap set by Scottish Government. The plan was accepted by Scottish Government on the basis that any unexpected in year benefits are used to bridge the £3 million gap with any in year pressures being managed within existing budget.

At Q1 this pressure has increased to £3.2m as a result of a shortfall on an allocation anticipated.

The Board continues to have a clear ambition to ensure that this shortfall is reduced further where possible during the year.

Table 1 sets out the current financial plan following the changes reported at Q1.

Table 1 – NHS Dumfries and Galloway approved 2025/26 financial plan

NHS Dumfries and Galloway	Delegated			Retained			Total		
2025/26 Approved Financial Plan	Rec £m	Non £m	Total £m	Rec £m	Non £m	Total £m	Rec £m	Non £m	Total £m
B/Fwd Recurring Deficit	-35.1	0.0	-35.1	-12.8	0.0	-12.8	-47.9	0.0	-47.9
25/26 Additional Funding Anticipated	15.0	11.3	26.3	2.3	1.1	3.4	17.3	12.4	29.7
25/26 Additional Costs Anticipated	-23.7	0.0	-23.7	-6.0	0.0	-6.0	-29.7	0.0	-29.7
Savings Target 5%	10.9	7.3	18.2	1.9	1.2	3.1	12.8	8.5	21.3
	-32.9	18.6	-14.3	-14.6	2.3	-12.3	-47.5	20.9	-26.6
Potential Directorate Pressures	0.0	-2.7	-2.7	0.0	1.1	1.1	0.0	-1.6	-1.6
Forecast Year End Deficit	-32.9	15.9	-17.0	-14.6	3.4	-11.2	-47.5	19.3	-28.2
Cap Set by SG									25.0
Shortfall									-3.2

BOARD PUBLIC

There will be no brokerage arrangements in place for 2025/26 and the Board will be required to formally declare an overspend if not able to contain expenditure within the approvals received from Scottish Government. The Board have a clear ambition to ensure that this shortfall is reduced further where possible during the year.

The reporting arrangements for financial performance continue to be through Financial Recovery Board and Performance and Resources Committee and these have not changed since previously reported. Work is now underway to review this in light of the move to Stage 3 escalation.

2.3 Assessment

Scottish Government Updates

The revised NHS Scotland Support and Intervention Framework (the Framework) has now been issued and work is progressing to pull together a local action plan. Oversight and scrutiny is being carried out through Financial Recovery Board and then up through both Performance and Resources Committee and Audit and Risk Committee.

The first formal review of the 2025/26 position with Scottish Government took place on the 12 August 2025 which was followed up with a letter which set out a summary of Scottish Governments assessment of the finance position for NHS Dumfries and Galloway along with the key risks discussed as set out below:

Table 2 – Scottish Government Q1 Letter Extracts

Assessment

At the end of Quarter One the Board reported an overspend of £9.4 million and are forecasting a financial deficit of £28 million at the year end.

NHS Dumfries and Galloway's financial plan forecasted savings delivery of £21.3 million in 2025-26. At the end of Quarter One, £16.9 million of savings have been identified, of which £11.4 million are recurring. £8.7 million total savings have been delivered in the year to date. The current trajectory does not meet the 3% recurrent savings target.

I recognise and appreciate the significant work taking place and the commitment of the Board to deliver in line with your financial recovery plan.

It remains the statutory responsibility of the Accountable Officer to achieve a break-even position in line with the Scottish Public Finance Manual. No brokerage will be available, and NHS Dumfries and Galloway are expected to deliver within the financial targets set out in the financial recover plan with the maximum permitted deficit being £28 million. The Scottish Government have provided additional funding in the form of sustainability payments, and any overspends above the agreed deficit will be shown as a deficit in financial statements.

It is vital the Board continues to work towards the recurring savings target of at least 3% against the baseline budget. In addition, further progress is needed on non-recurrent measures and the assessment of difficult choices to ensure services are delivered within budget.

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Risks

The following key risks were discussed during the review meeting. These do not cover all the risks facing the Board but set out those covered during our discussions:

- **Year-end outturn** – I note the risks and uncertainty in delivering the £28 million recovery plan deficit. This is the very maximum of funding that will be available and, as set out in our letter of 13 June, the Board should continue to work towards the original £25m target.
- **Savings Target Delivery** – At present work remains to identify savings to achieve the 3% recurring target. I am glad to hear there has been strong engagement across Directorates regarding financial recovery following escalation and it is important to continue to identify recurring savings delivery.
- **Medicine Volumes & Price** – Consistent with 2024-25, prescribing pressures remain a challenge, with both increasing volumes and prices causing overspends, and the increasing volatility is proving challenging to forecast.
- **Service Change** – Driving the level of service change required within NHS D&G will require public engagement as well as political views, this will have to be effectively managed across both Workstreams 1 and 2.

A number of actions were also included in the letter and the delivery against these will be incorporated into the local action plan noted above.

Financial Position to End of Month 5

At the end of Month 5 the Board is reporting a year to date overspend of £13.3m against the overall £28m forecast. Services delegated to the Integration Joint Board are attributing £8.87m of the overspend and the balance of £4.47m are for retained services.

Based on a straight line trajectory of the £28m the variance at Month 5 should have been no greater than £11.6m however this does not recognise that a range of savings are anticipated to be delivered later in the year whilst the target is currently being phased in evenly throughout the year.

A high level summary of the Month 5 position is set out below:

Table 3 – Financial Position to End of August

Forecast			Month 5 (End of August 2025)			
Approved Plan £000	YTD Plan £000	2025/26	Annual Budget £000	Budget £000	Actual £000	Variance £000
(47,562)	(19,817)	Recurring Deficit	(47,562)	(19,817)	0	(19,817)
20,927	8,720	Non Recurring Adjustments	20,927	8,720	0	8,720
(26,634)	(11,098)	Centrally Held Deficit	(26,634)	(11,098)	0	(11,098)
0	0	Directorates	456,625	180,840	189,159	(8,319)
0	0	Central Services	8,926	427	(117)	544
0	0	External Services	50,725	21,196	22,573	(1,377)
0	0	Funding not Yet Distributed	36,730	6,904	0	6,904
(1,366)	(569)	Directorates Total	553,007	209,366	211,615	(2,249)
(28,000)	(11,667)	TOTAL	526,372	198,268	211,615	(13,346)

BOARD PUBLIC

The recurring deficit that the Board is carrying forward into 2026/27 is held centrally and is being offset by all non-recurring funding sources identified within the financial plan and accounts for £11.1m of the £13.3m overspend reported.

The remaining £2.2m is within the operational areas and is the area currently off trajectory. The Directorates showing the most significant overspends are Acute (£7.1m), Externals (£1.4m), Family and Support Services (£0.9m) and Facilities (£0.6m). Financial plan funding retained centrally which has not yet been distributed is offsetting the majority of these pressures.

Of the £2.2m overspend reported against directorates, £1.7m relates to the impact of unachieved recurring savings.

Material overspends within the operational areas are being presented across unachieved non recurring savings (£3.2m), medical staffing (£2.7m), medicines in both primary (£1.9m) and secondary care (£1.2m) and external contracts for the provision of healthcare (£1.3m). Although not evident as an overspend, agency expenditure is also a continuing costs across the majority of the clinical workforce with £4.8m of costs included in the YTD expenditure. There are also a range of underspends which are acting as a level of non recurring savings (although not captured as that), the net effect of this is an overspend of £0.5m which is on target with the plan set.

At this time there is expenditure of £1m; a full review of capital expenditure will be carried out at mid year review and a separate update is included on the agenda.

Further directorate and subjective expenditure analysis for the five months to the end of August 2025 is included within **Appendix 1**.

Recurring Savings Delivery (Full Year Effect)

£12.8m of recurring savings are required in year to ensure that the deficit carried forward into 2026/27 does not deteriorate further.

£8.9m of schemes have been identified as delivered including the delivery of right care, right place and community hubs; General Practitioners and acute prescribing; planned care efficiencies and a range of smaller schemes leaving a balance of £3.9m remaining to be delivered.

2025/26 Capital Plan

The Board is asked to approve changes to the previously presented capital plan to reflect a number of additional allocations and the removal of anticipated funding in relation to Information Technology which will not be received.

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Table 4 – NHS Dumfries and Galloway capital plan

2025/26 Month 5 (End of August 2025)	Capital Plan Approved Jun 2025	Capital Plan Proposed Oct 2025
Estates	3,830	3,990
Digital	1,961	1,196
Medical Equipment	1,084	1,683
West of Scotland Laundry	126	126
Other Specific SG Allocations		126
Total Plan	6,236	7,121
Formula	3,831	3,831
Business Continuity Plans	1,000	1,030
IT GPIT	307	0
DGRI 2 nd CT Scanner	200	200
NIB – Medical Equipment and IT	750	1,349
Environment – EV Infrastructure	125	235
Building Controls		50
SG: Feasibility Study		50
NES: Dental Equip		46
Total Anticipated Funding	6,231	6,791
Over Commitment	(23)	(330)

The over commitment will be managed back to within balance as slippage in the programme emerges.

2.3.1 Quality/ Patient Care

Although this has been considered, this paper does not include details on impact on the quality of patient care.

2.3.2 Workforce

Although this has been considered, this paper does not include details on impact on the workforce. The paper does touch on areas related to workforce including the pressures faced by operational services and increased cost associated with the workforce challenges. Workforce pressures have increased over recent years and whilst costs have increased due to additional use of agency and locums, we have also seen reductions in staff costs due to vacancies. The Board has an active recruitment programme.

2.3.3 Financial

The paper presented has set out the details of the financial position for 2025/26. The Board will be unable to meet its statutory obligations in year without further support from Scottish Government.

Based on the current financial plan the Board will be carrying a recurring deficit into 2026/27 of £47.6m.

The table below sets out the cumulative brokerage position brought forward which is repayable when the Board returns to financial balance.

BOARD PUBLIC

Table 5 – NHS Dumfries and Galloway Brokerage Position

Approved Financial Plan - Brokerage summary	2022/23 Final	2023/24 Final	2024/25 Final
	£m	£m	£m
Brokerage b/fwd.	0	(9.3)	(32.3)
In-Year Brokerage – actual received	(9.3)	(23.0)	(26.2)
Total Cumulative Brokerage per year	(9.3)	(32.3)	(58.5)

2.3.4 Risk Assessment/Management

The contents of this report are aligned to Corporate Risk 9: Failure of the Board to meet financial target. The risk continues to be assessed at a grading of Very High given the scale of the recurring financial deficit.

Given the level of deficit that the Board continues to operate within the grading, it is not anticipated to move in the short to medium term.

High level financial plan risks for 2025/26 include:

- Inability to deliver within the approved £28m financial plan approved by the Board and signed off by Scottish Government.
- Inability to deliver savings schemes quickly enough due to timescale challenges, staff exit options and Directorate workload pressures.
- Emerging operational issues which cannot be held off into a future year.
- Inability to reduce or remove cost pressures not approved in budget letters due to clinical risk.
- Lack of new vacancies arising to benefit from further vacancy control measures.
- Estimated costs for Agenda for Change Non-Pay elements could be in excess of allocation received.
- Lack of new investment to deliver transformational change.
- Limited central flexibility to deal with emerging issues.
- Level of underspends previously delivered are now potentially used as savings schemes and therefore are not available to offset directorate pressures.
- Delivery against performance targets which are directly aligned to the receipt of funding, leaving a residual financial impact not accounted for within the financial plan.

In addition, there remains the ongoing risks within the Directorates related to increasing activity, volume and price pressures in excess of funding available which are well documented through the cost pressures work.

Emerging financial risks are also being monitored and will be reported on at mid year review.

2.3.5 Risk Appetite

- Open

Comment:

While we have no appetite for decisions or actions that might result in a deterioration in our financial position, the challenges we face require us to adopt an open approach, empowering our teams to explore all potential options to achieve savings and escalating plans and financial risks to Financial Recovery Board in the first instance for consideration and support as per our governance structure.

2.3.6 Equality and Diversity, including health inequalities

NHS Dumfries and Galloway is committed to taking action to reduce inequalities and does this through a number of programmes of work. However, the level of financial savings that the Board is required to make will increase the risk that, despite best efforts to mitigate any impacts identified, health inequalities will increase.

2.3.7 Climate Emergency and Sustainability

Individual capital schemes are assessed to understand impact on climate change targets. This work is being driven through the Climate Emergency and Sustainability Programme Board with more work being developed through the energy and property strategy development to understand allocation and targeting of resourcing priorities.

There is significant work scheduled to support the replacement of the boilers in line with our agreed energy strategy and installation of photovoltaic at Mountainhall Treatment Centre is a step closer to being delivered.

2.3.8 Consumer Duty

There are no relevant impacts identified.

2.3.9 Other impacts

An impact assessment has not been completed because this is a governance update report and is not required.

2.3.10 Communication, involvement, engagement and consultation

Regular updates on the progress against the Financial Plan are provided at NHS Board and Performance and Resources Committee throughout the year as well as the following:

- Regular communication between the Interim Director of Finance and the Chief Executive on the financial position.
- A full meeting of Financial Recovery Board (FRB) meets every two weeks, with escalation meetings scheduled in the alternate weeks.
- Regular internal communication between the Interim Director of Finance and the Senior Finance Team.
- Joint meetings of Finance Managers, General Managers, Deputy Chief Operating Officer and Associate Director of Finance.
- Attendance at the Financial Improvement Network, Corporate Finance, Technical Accounting Group, Regional Finance meetings, Finance Directors.

No specific external consultation was carried out during the period.

2.3.11 Route to the Meeting

The finance report has been discussed with the Chief Executive and then shared with Board Management Team.

2.4 Recommendation

- **Assurance** – The NHS Board is asked to note the position against the approved Financial Plan as at the end of August 2025.
- **Approval** – The NHS Board is asked to approve the amendment to the capital plan previously approved.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1**, Financial Performance Update – Month 5

Building a Better Future Together:

2025/26 Financial Plan Update

Month 5 Update – To End of August 2025

Susan Thompson, Interim Director of Finance

17th September 2025

PUBLIC

Report use: NHS Board, Scottish Government, Organisation Wide



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2025/26 Financial Plan Overview

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Financial Position at Month 5



Executive Summary

- The current financial plan shows a projected £28.2m in year deficit (£17m for IJB delegated services and £11.2m for Board retained services) and based on that plan the recurring deficit being carried forward into 2026/27 would be £47.6m.
- The Board and Scottish Government approved the financial plan at £28m however the following in year changes have been reflected since the plan was approved:
 - At Q1 it was reported that a £0.2m reduction in funding anticipated had materialised and currently the Board is unable to absorb this.
 - £4.9m has been transferred to the delegated services to offset locum costs which was hosted in retained services, this has been reflected in the potential directorate pressures shown for delegated and retained services, this has no impact on the overall deficit projected.
- The Board have a clear ambition to ensure that all efforts are made to return within the £25m cap originally set by Scottish Government.
- At Month 5 the YTD expenditure is £211.6m giving rise to a £13.3m overspend (Month 4 - YTD expenditure of £170m and £11.2m overspend).
 - Based on a straight line trajectory of the £28m the variance at Month 5 should have been no greater than £11.7m therefore the Board is currently £1.7m off target after five months, this is an improvement on Month 4 where the Board was £2m off target.
 - £1.6m of this gap relates to the YTD impact of undelivered recurring savings. The Board approved a recurring savings target £12.8m and at Month 5 £8.9m of full year savings have been identified as delivered, leaving a full year shortfall of £3.9m to close.

2025/26 Financial Plan Overview

The NHS Board approved the final financial plan on 9th June 2025 which shows a projected £28m in year deficit (£21.7m for IJB delegated services and £6.3m for Board retained services) which was £3m adrift from the £25m cap set by Scottish Government. The plan was accepted by Scottish Government on the basis that any unexpected in year benefits are used to bridge the £3 million gap with any in year pressures being managed within existing budget. The Board have a clear ambition to ensure that this shortfall is reduced further where possible during the year.

The following in year changes have been reflected:

- At Q1 it was reported that a £0.2m reduction in funding anticipated had materialised and currently the Board is unable to absorb this.
- £4.9m has been transferred to the delegated services to offset locum costs which was hosted in retained services, this has been reflected in the potential directorate pressures shown for delegated and retained services, this has no impact on the overall deficit projected.

£19.3m of the financial plan is anticipated to be delivered on a non-recurring basis and therefore the recurring deficit which will be carried forward into 2026/27 if the plan is achieved as set out is £47.4m. This is showing only minimal improvement on the recurring deficit brought forward into 2025/26.

NHS Dumfries and Galloway	Delegated			Retained			Total		
2025/26 Approved Financial Plan	Rec £m	Non Rec £m	Total £m	Rec £m	Non Rec £m	Total £m	Rec £m	Non Rec £m	Total £m
B/Fwd Recurring Deficit	-35.1	0.0	-35.1	-12.8	0.0	-12.8	-47.9	0.0	-47.9
25/26 Additional Funding Anticipated	15.0	11.3	26.3	2.3	1.1	3.4	17.3	12.4	29.7
25/26 Additional Costs Anticipated	-23.7	0.0	-23.7	-6.0	0.0	-6.0	-29.7	0.0	-29.7
Savings Target 5%	10.9	7.3	18.2	1.9	1.2	3.1	12.8	8.5	21.3
	-32.9	18.6	-14.3	-14.6	2.3	-12.3	-47.5	20.9	-26.6
Potential Directorate Pressures	0.0	-2.7	-2.7	0.0	1.1	1.1	0.0	-1.6	-1.6
Forecast Year End Deficit	-32.9	15.9	-17.0	-14.6	3.4	-11.2	-47.5	19.3	-28.2

Cap Set by SG	25.0
Shortfall	-3.2

There will be no brokerage arrangements in place for 2025/26 and the Board will be required to formally declare an overspend if we are not able to contain expenditure. The Board has previously received £58.5m of brokerage, which requires to repaid when the Board returns to financial balance.

Financial Position at Month 5 Overview

At the end of Month 5 the Board is reporting a year to date overspend of £13.3m against the overall £28m forecast. Services delegated to the IJB are attributing £8.9m of the overspend and the balance of £4.4m are for retained services. A high level summary of the Month 5 position is set out below with further directorate and subjective detail contained overleaf.

Forecast			2025/26	Month 5 (End of August 2025)				Change from Previous	
Approved Plan £000	YTD Plan £000	M5 Variance compared to YTD Plan £000		Annual Budget £000	Budget £000	Actual £000	Variance £000	Mth 4 Variance £000	Movement £000
(47,562)	(19,817)		Recurring Deficit	(47,562)	(19,817)	0	(19,817)	(15,775)	(4,042)
20,927	8,720		Non Recurring Adjustments	20,927	8,720	0	8,720	6,976	1,744
(26,634)	(11,098)	0	Centrally Held Deficit	(26,634)	(11,098)	0	(11,098)	(8,799)	(2,299)
0	0		Directorates	456,625	180,840	189,159	(8,319)	(7,167)	(1,152)
0	0		Central Services	8,926	427	(117)	544	431	113
0	0		External Services	50,725	21,196	22,573	(1,377)	(1,372)	(5)
0	0		Funding not Yet Distributed	36,730	6,904	0	6,904	5,688	1,216
(1,366)	(569)	(1,680)	Directorates Total	553,007	209,366	211,615	(2,249)	(2,420)	171
(28,000)	(11,667)	(1,680)	TOTAL	526,372	198,268	211,615	(13,346)	(11,219)	(2,128)

- Based on a straight line trajectory of the £28m the variance at Month 5 should have been no greater than £11.7m therefore the Board is currently £1.7m off target after five months, this is an improvement on Month 4 where the Board was £2m off target.
- The recurring deficit that the Board is carrying forward into 2026/27 is held centrally and is being offset by all non recurring funding sources identified within the financial plan and accounts for the majority of the £13.3m overspend reported.
- Directorates, central services and external services account for £2.2m of the overspend after being offset by financial plan funding retained centrally which has not yet been distributed to operational budgets. This is an improvement on the Month 4 position and a continuation of a downward trend.
- The main overspends are being presented across unachieved savings, medical staffing, medicines in both primary and secondary care and external contracts for the provision of healthcare. Although not evident as an overspend agency expenditure is also a continuing costs across the majority of the clinical workforce with £4.8m of expenditure included in the YTD position.

Financial Position at Month 5 – Directorate View

2025/26 Month 5 (End of August 2025)	Delegated				Retained				Total			
	Annual Budget	Budget	Actual	Variance	Annual Budget	Budget	Actual	Variance	Annual Budget	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Recurring Deficit	(32,973)	(13,739)	0	(13,739)	(14,589)	(6,079)	0	(6,079)	(47,562)	(19,817)	0	(19,817)
Non Recurring Adjustments	18,622	7,759	0	7,759	2,305	960	0	960	20,927	8,720	0	8,720
Centrally Held Deficit	(14,351)	(5,980)	0	(5,980)	(12,284)	(5,118)	0	(5,118)	(26,634)	(11,098)	0	(11,098)
Acute Directorate	164,073	65,513	72,611	(7,098)	0	0	0	0	164,073	65,513	72,611	(7,098)
Facilities & Clinical Support	28,812	11,273	11,867	(593)	0	0	0	0	28,812	11,273	11,867	(593)
Mental Health Directorate	35,514	14,855	14,904	(49)	0	0	0	0	35,514	14,855	14,904	(49)
Community Health + Social Care (NHS)	83,497	34,839	35,050	(211)	0	0	0	0	83,497	34,839	35,050	(211)
Primary Care Services	59,707	24,954	24,968	(15)	0	0	0	0	59,707	24,954	24,968	(15)
Family + Support Services	45,699	19,155	20,095	(940)	0	0	0	0	45,699	19,155	20,095	(940)
Strategic Services	18,301	1,662	1,621	41	0	0	0	0	18,301	1,662	1,621	41
Chief Executive	0	0	0	0	1,146	456	412	44	1,146	456	412	44
Corporate Services	0	0	0	0	2,856	1,090	1,122	(31)	2,856	1,090	1,122	(31)
Public Health	0	0	0	0	1,905	832	779	53	1,905	832	779	53
Medical Director	0	0	0	0	2,385	1,017	819	197	2,385	1,017	819	197
Director Of Nursing	0	0	0	0	4,382	1,891	1,842	49	4,382	1,891	1,842	49
Dir Of Hr & Workforce Strategy	0	0	0	0	4,665	1,721	1,712	9	4,665	1,721	1,712	9
Finance Directorate	0	0	0	0	3,681	1,581	1,355	226	3,681	1,581	1,355	226
Non Recurring Projects	0	0	0	0	0	0	1	(1)	0	0	1	(1)
Directorates	435,605	172,252	181,117	(8,864)	21,020	8,588	8,043	545	456,625	180,840	189,159	(8,319)
Strategic	0	0	0	0	0	0	(29)	29	0	0	(29)	29
Board Wide Costs	0	0	0	0	(3,540)	(2,482)	(2,997)	515	(3,540)	(2,482)	(2,997)	515
Non Core	0	0	0	0	12,466	2,908	2,908	0	12,466	2,908	2,908	0
Central Services	0	0	0	0	8,926	427	(117)	544	8,926	427	(117)	544
Externals	0	0	0	0	32,410	13,372	14,835	(1,463)	32,410	13,372	14,835	(1,463)
NPD New Build	0	0	0	0	14,677	6,005	5,945	60	14,677	6,005	5,945	60
Pfi Cresswell	0	0	0	0	3,638	1,819	1,794	25	3,638	1,819	1,794	25
External Services	0	0	0	0	50,725	21,196	22,573	(1,377)	50,725	21,196	22,573	(1,377)
Directorates Total	435,605	172,252	181,117	(8,864)	80,672	30,210	30,498	(288)	516,276	202,462	211,615	(9,152)
Financial Plan	27,882	5,971	0	5,971	8,848	933	0	933	36,730	6,904	0	6,904
Directorates including Financial Plan	463,487	178,223	181,117	(2,894)	89,520	31,143	30,498	645	553,007	209,366	211,615	(2,249)
TOTAL	449,136	172,243	181,117	(8,873)	77,236	26,025	30,498	(4,473)	526,372	198,268	211,615	(13,346)

Financial Position at Month 5 – Detailed Subjective View

2025/26 Month 5 (End of August 2025)	Delegated				Retained				Total			
	Annual Budget £000	Budget £000	Actual £000	Variance £000	Annual Budget £000	Budget £000	Actual £000	Variance £000	Annual Budget £000	Budget £000	Actual £000	Variance £000
Nursing & Midwifery	129,823	52,319	51,698	620	4,323	1,802	1,836	-34	134,147	54,121	53,535	586
Medical & Dental	60,333	24,029	26,838	-2,809	1,993	830	829	2	62,326	24,860	27,667	-2,807
Admin & Clerical	24,041	10,045	9,558	487	13,277	5,476	4,863	613	37,319	15,520	14,420	1,100
Allied Health Professionals	21,605	8,992	8,667	325	555	231	196	35	22,160	9,224	8,863	360
Support Services	18,639	7,767	7,665	102	440	183	235	-52	19,079	7,950	7,900	50
Other Therapeutic	13,148	5,653	5,458	195	518	217	204	13	13,666	5,870	5,662	208
Healthcare Sciences	6,674	2,781	2,672	109	90	38	38	0	6,764	2,818	2,709	109
Personal Social Care	2,279	896	751	145	119	50	71	-21	2,398	945	822	123
Medical Dental Support	1,625	677	532	145	4	2	2	0	1,629	679	533	145
Senior Managers	176	73	74	0	846	353	326	26	1,022	426	400	26
Ambulance Services	460	192	220	-28	0	0	0	0	460	192	220	-28
Core Pays	278,803	113,423	114,132	-709	22,166	9,181	8,599	582	300,969	122,605	122,731	-127
Budget Reserves -pay	2,210	-89	0	-89	299	0	0	0	2,509	-89	0	-89
Pays	281,013	113,334	114,132	-798	22,465	9,181	8,599	582	303,478	122,516	122,731	-216
General Prescribing Service	41,409	17,254	19,198	-1,944	6	2	3	0	41,415	17,256	19,201	-1,945
General Medical Services	34,792	14,572	14,644	-72	2	1	2	-2	34,794	14,573	14,647	-74
General Dental Services	8,875	3,698	3,698	0	0	0	0	0	8,875	3,698	3,698	0
General Ophthalmic Services	3,435	1,431	1,426	5	0	0	0	0	3,435	1,431	1,426	5
Board Administration	0	0	14	-14	0	0	0	0	0	0	14	-14
Family Health Services	88,511	36,955	38,980	-2,025	7	3	5	-2	88,518	36,958	38,985	-2,027
Drugs	21,991	9,504	10,772	-1,269	392	163	102	61	22,382	9,667	10,874	-1,207
Other Admin Supplies	4,735	2,009	2,141	-132	4,412	596	787	-191	9,147	2,605	2,928	-323
Property	8,058	3,358	3,335	23	2	1	0	1	8,059	3,359	3,335	24
Equipment	9,616	3,898	4,069	-171	561	235	212	23	10,177	4,133	4,281	-149
Heating Fuel And Power	7,735	2,699	2,810	-110	0	0	0	0	7,735	2,699	2,810	-110
Surgical Sundries	7,767	3,236	3,635	-399	6	3	3	0	7,773	3,239	3,638	-399
Hotel Services	4,549	1,902	1,890	11	38	16	12	4	4,587	1,918	1,902	15
Other Supplies	873	514	381	133	315	197	-86	283	1,188	711	295	416
Cssd/diagnostic Supplies	2,671	1,113	1,297	-184	0	0	1	0	2,671	1,113	1,297	-184
Other Therapeutic Supplies	1,140	475	459	16	0	0	0	0	1,140	475	459	16
Sale Of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Savings	-8,861	-3,778	0	-3,778	-2,660	-1,108	0	-1,108	-11,521	-4,887	0	-4,887
Ame	0	0	0	0	0	0	0	0	0	0	0	0
Non Pays	60,273	24,930	30,790	-5,859	3,066	102	1,031	-929	63,339	25,032	31,821	-6,788
Purchase Of Healthcare	-1,097	-2,893	-2,546	-346	38,522	15,795	16,770	-975	37,425	12,903	14,224	-1,321
Resource Transfer	20,323	5,084	5,076	8	79	33	8	25	20,402	5,117	5,084	33
Pfi/NPD	0	0	5	-5	18,315	7,824	7,738	86	18,315	7,824	7,744	80
External Costs	19,225	2,191	2,535	-343	56,916	23,652	24,517	-865	76,142	25,843	27,052	-1,208
Budget Reserves - Non Pay	11,786	82	0	82	-2,699	-4,185	0	-4,185	9,088	-4,104	0	-4,104
Capital Charges	0	0	0	0	11,566	2,897	2,897	0	11,566	2,897	2,897	0
Central Costs	11,786	82	0	82	8,867	-1,288	2,897	-4,185	20,654	-1,206	2,897	-4,104
Non Pays	179,796	64,158	72,305	-8,146	68,856	22,469	28,450	-5,981	248,652	86,627	100,755	-14,127
Hch Income	-4,288	-1,877	-1,860	-17	-13,446	-5,293	-6,420	1,127	-17,735	-7,170	-8,281	1,111
Other Operating Income	-5,013	-2,385	-2,459	75	-639	-332	-131	-201	-5,652	-2,717	-2,591	-126
Fhs Income	-2,371	-988	-1,001	13	0	0	0	0	-2,371	-988	-1,001	13
Income	-11,672	-5,250	-5,320	71	-14,085	-5,625	-6,552	927	-25,758	-10,875	-11,872	997
	449,136	172,243	181,117	-8,873	77,236	26,025	30,498	-4,473	526,372	198,268	211,614	-13,346

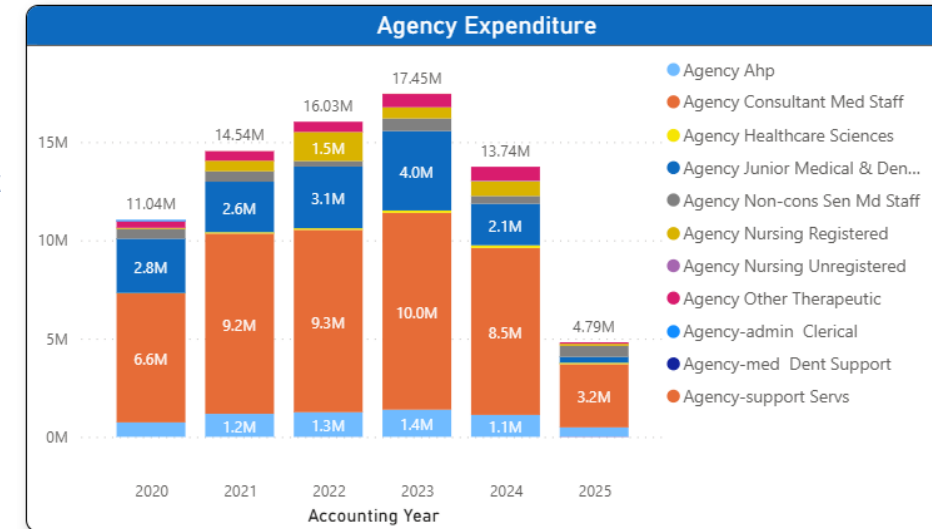
Key Costs Update – Agency Expenditure

For the five months to the end of August 2025 agency expenditure is £4.8m compared to £6.2m for the same period last year, with an overall reduction for the first 5 months of £1.4m. The primary shift continues to be within medical staffing.

Expenditure for the month of August is £0.79m which is a small improvement on both last month and last financial year.

Spend in excess of £50k for the month of August 2025 within Medical staffing were: Emergency Care Centre (£111k), General Medicine (£97k), Cardiology (£60k) and Urology (£59k).

Spend in excess of £25k for the month of August 2025 in other non medical staffing areas were: Imaging (£40k).



Accounting Year	2024												2025				
6AN - Level 6 Account Name	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
Agency Ahp	0.11M	0.10M	0.12M	0.08M	0.11M	0.06M	0.13M	0.08M	0.14M	0.01M	0.08M	0.09M	0.08M	0.11M	0.09M	0.09M	0.11M
Agency Consultant Med Staff	0.47M	1.13M	0.77M	0.69M	0.44M	0.62M	0.89M	0.70M	0.73M	0.88M	0.65M	0.52M	0.68M	0.73M	0.57M	0.67M	0.56M
Agency Healthcare Sciences	0.02M	0.00M	0.01M	0.02M	0.02M	0.01M	0.01M	0.00M	0.00M	0.01M	0.02M	0.01M	0.02M	0.02M	0.01M	0.02M	0.01M
Agency Junior Medical & Dental	0.34M	0.30M	0.30M	0.14M	0.11M	0.15M	0.18M	0.13M	0.15M	0.09M	0.10M	0.11M	0.14M	0.05M	0.05M	0.05M	0.02M
Agency Non-cons Sen Md Staff	0.02M	0.07M	0.07M	0.07M	0.04M	0.02M	0.02M	0.04M	-0.01M	0.01M	0.02M	0.04M	0.08M	0.15M	0.10M	0.15M	0.08M
Agency Nursing Registered	0.08M	0.05M	0.05M	0.10M	0.10M	0.07M	0.03M	0.05M	0.08M	0.03M	0.04M	0.08M	0.09M	-0.01M	0.01M	0.01M	0.00M
Agency Nursing Unregistered	0.00M	0.00M	0.00M	0.00M			0.00M	0.00M		0.03M	0.00M	0.00M	-0.02M	0.00M			
Agency Other Therapeutic	0.05M	0.06M	0.05M	0.07M	0.04M	0.11M	0.06M	0.06M	0.05M	0.06M	0.03M	0.07M	0.01M	0.02M	0.03M	0.01M	0.01M
Agency-support Servs	-0.02M	0.09M	-0.04M	0.01M	0.01M	-0.04M			0.00M	0.00M		0.00M					
Total	1.05M	1.80M	1.33M	1.17M	0.86M	1.01M	1.32M	1.07M	1.14M	1.12M	0.95M	0.93M	1.08M	1.06M	0.86M	1.00M	0.79M

Key Costs Update – Medical Staffing

Medical Staffing continues to be an area of pressure for the organisation. For the 5 months to the end of August there is an overspend of £2.8m on medical staffing (excluding the locum reserve which is used to offset this but is not allocated directly to ensure the underlying position is not overlooked).

The table below shows the areas which have an overspend in excess of £50k.

Medical Overspend by Area in Excess of £50k YTD	M1 to M4 Junior £'000	M1 to M4 Senior £'000	M5 Junior £'000	M5 Senior £'000	YTD Total £'000
Critical Care	-681	-153	-103	-40	-978
Medicine	29	-451	50	-77	-450
Galloway Community Hospital	-170	-186	-30	-29	-415
Family Services	-58	-203	-25	-104	-391
Surgery	-153	-153	-85	68	-323
Labs	-20	-186	-6	-44	-255
Community Integrated Support	-28	-1	-8	-136	-172
Imaging Department	0	-157	0	-13	-170
Cancer Services	-6	-68	-13	0	-86
Primary Care	0	-40	0	-24	-64
All Other	-110	332	-19	331	535
	-1,195	-1,264	-240	-69	-2,767

The variance above is after the use of additional sessions, bank and agency use. For the 5 months agency use was £3.5m for all medical staffing all through the direct engagement route.

Key Costs Update – Medicines

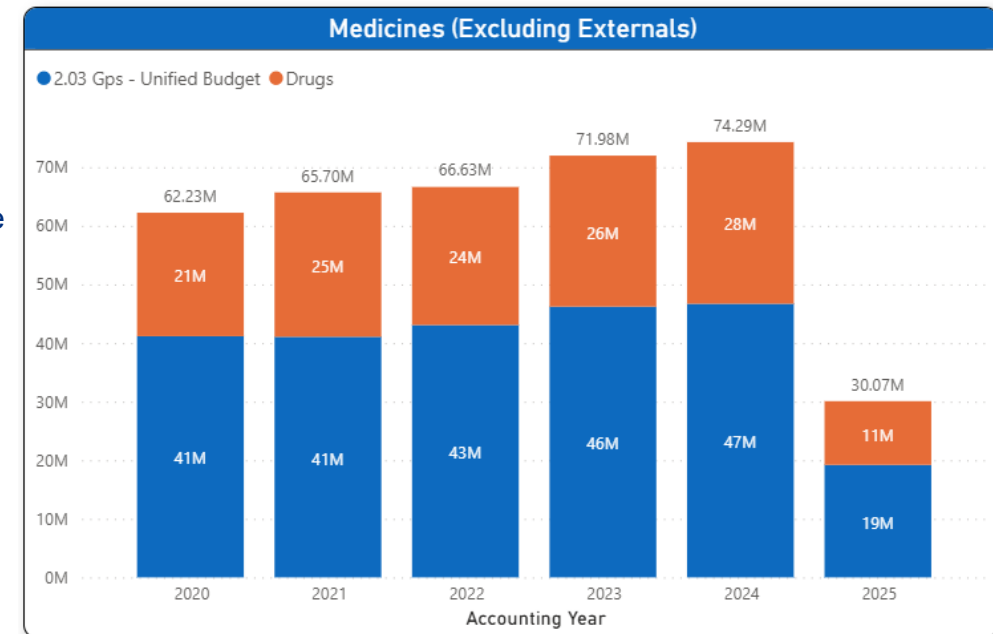
Expenditure on medicines both within primary and secondary care continues to be an area of significant pressure for the Board with annual expenditure in 2024/25 in excess of £74m, which was a 3.2% increase on 2023/24.

Work continues in 2025/26 to minimise this increasing pressure however with both volume and price growth evident this is going to take a significant effort from all involved. Savings in this area have always been a backbone of the savings delivery and these increases are reported after the delivery of savings year on year.

For the five months to the end of August 2025 medicines expenditure was £30m (24/25 £30m). There are always delays in reporting Primary Care prescribing expenditure and a financial estimate is used for this cost based on the opening forecast, this therefore brings a level of uncertainty into the financial position at this time.

To the end of August drugs are contributing £3.15m to the overspend; £1.9m in primary care and £1.2m in secondary care.

The Medicines Scrutiny Group (previously Medicines Optimisations Group) continues to drive this agenda on behalf of the Board.



Accounting Year	2024												2025				
5AN - Level 5 Account Name	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
2.03 Gps - Unified Budget	-2.35M	9.90M	4.25M	3.93M	3.34M	4.34M	3.85M	3.63M	4.18M	3.99M	3.85M	3.78M	-2.69M	10.84M	3.68M	3.72M	3.64M
Drugs	2.18M	2.29M	1.91M	2.59M	2.00M	2.52M	2.42M	2.26M	2.25M	2.36M	2.13M	2.67M	2.24M	2.28M	1.89M	2.25M	2.21M
Total	-0.17M	12.19M	6.17M	6.53M	5.34M	6.86M	6.27M	5.88M	6.43M	6.35M	5.98M	6.46M	-0.45M	13.13M	5.57M	5.98M	5.85M

Key Costs Update – Purchase of Healthcare (External)

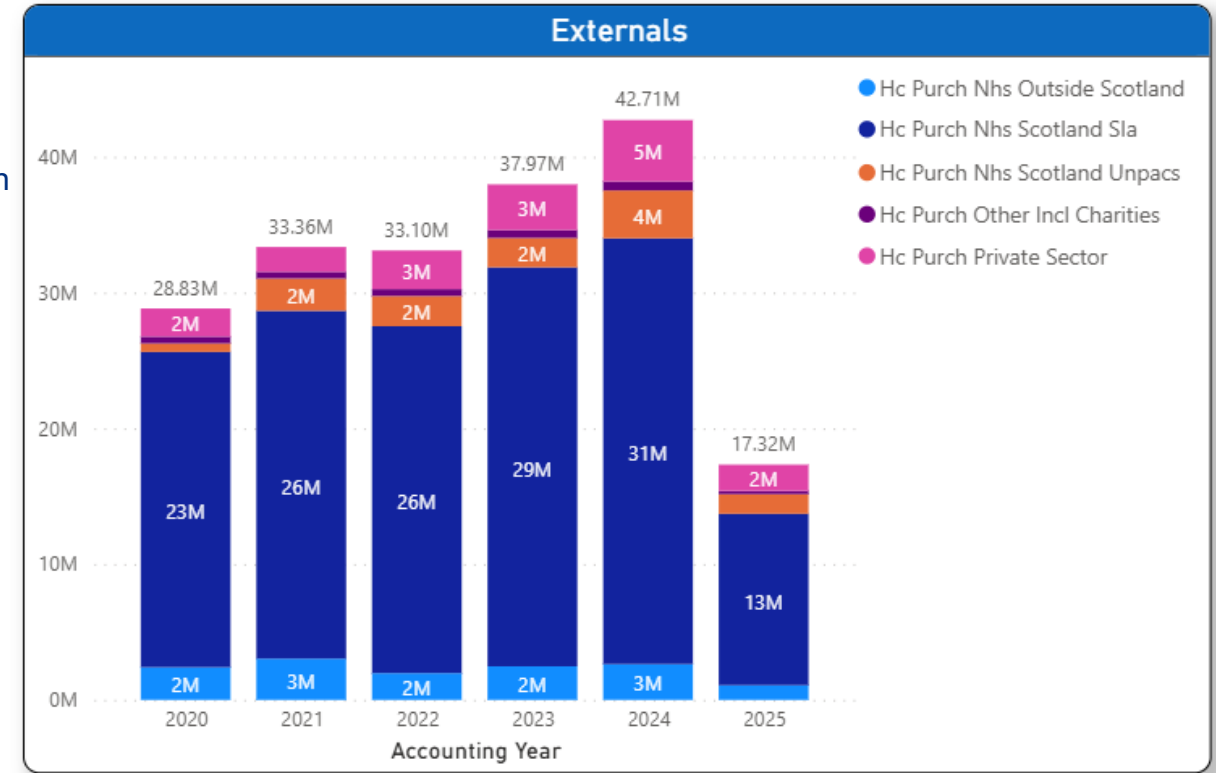
Costs within purchase of healthcare continue to increase. This is costs incurred on healthcare provided by other bodies, the majority of which is reported under the Externals Directorate. Some of the key YTD overspends are noted below:

- £0.83m relates to unachieved savings and it is difficult to see where this will be recovered from given that over 80% of the expenditure in this area is for services provided by other NHS Scotland bodies the majority of which is for services which are unable to be carried out locally. This is an area of work now being scoped for external support to review.
- £0.59m relates to private sector patients, where there are now 13 patients out of region compared to 8 at the beginning of 24/25. One patient continues to require an increased clinical input resulting in additional staffing which is increasing the monthly cost substantially.
- £0.41m relates to activity with other NHS Scotland providers and primarily is for exemptions not covered in the Glasgow SLA which started increasing during 2024/25 including cost of devices such as pacemakers.

National work has commenced to calculate and agree on the inflationary uplift figure for 2025/26 in relation to NHS Scotland SLAs. Until this work is completed, the Board will continue to be exposed to a financial risk that the funding set aside within the financial plan is not sufficient.

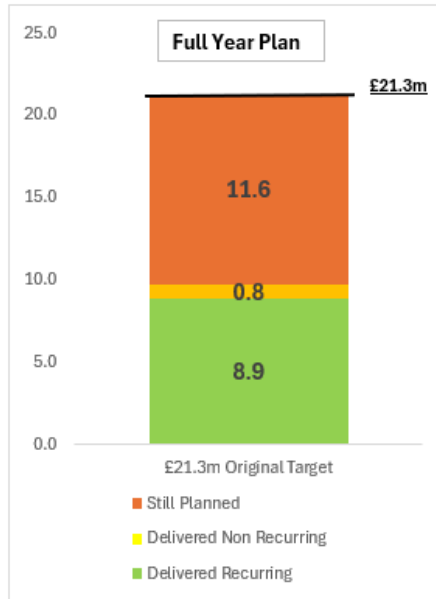
Confirmation from SG has been received that additional funding for TAVI procedures; consistent with the approach taken in 2024/25 which will mean that some of the financial risk has been mitigated; a risk remains around the number of referrals being in excess of funding available.

The previously highlighted financial risk in relation to costing model changes by Glasgow and Lothian remain; but have not yet materialised.



Financial Position at Month 5 Overview - Savings

At this stage in the financial year, the overall position remains fluid. As per the table below £9.7m of schemes (£8.9m recurring and £0.8m non recurring) have been identified as delivering and feeding monthly into the savings delivery reported (currently £4m to end August 2025 against a straight line plan of £8.8m). The list of schemes noted as delivered are detailed aside.



Of the £21.3m full year savings target set, £12.8m of the savings schemes require to be recurring to ensure that there is no impact into future financial plans.

The gap identified on recurring schemes is currently £3.9m as per the table below. Plans are being developed for £3.3m leaving an unidentified balance of £0.6m.



There is still a degree of risk attached to the deliverability of remaining schemes, and Workstream 1 are currently assessing the assumptions, identifying gaps, and putting in place alternative mitigations.

It remains the expectation that recurring savings will be delivered in year to ensure that there is no impact into future financial plans and this is the clear message from Financial Recovery Board.

Directorate	Delivered Scheme	Delivered Month 1 - 4 £000	Delivered Month 5 £000	Total Delivered £000
Acute Directorate	Planned Care Efficiencies	1,000		1,000
Acute Directorate	Acute Medicines - MOG	668		668
Acute Directorate	Admin Savings	105		105
Acute Directorate	Flow 2 - Risk-Based Recruitment Pausing	22	90	112
Acute Directorate	Ophthalmology - Effective Prescribing Initiative		200	200
Acute Directorate	Orthotics review		50	50
Acute Directorate	EPG-Gastroenterology Prescribing review		140	140
Community Health + Social Care	Delivery of right care, right place and community hubs	3,500		3,500
Community Health + Social Care	GP Prescribing	2,065		2,065
Community Health + Social Care	CTAC/Imms Top Slice	203		203
Community Health + Social Care	Quit Your Way - Reclassification	61		61
Community Health + Social Care	Review GP OOHs (West of Region)		300	300
Community Health + Social Care	Home Teams Service Review		136	136
Facilities & Clinical Support	Catering - Increased Sales Income	100		100
Facilities & Clinical Support	Service Contracts	5		5
Facilities & Clinical Support	First Class Postage	72		72
Facilities & Clinical Support	Energy Efficiency - Midpark LED Lights	57		57
Mental Health Directorate	Non-Pays (Discretionary Spend)	57		57
Mental Health Directorate	Community MH Care Pathway	24		24
Primary Care	Global Sum	77		77
Strategic Ijb Services	UB Business Support Review	96		96
Family + Support Services	Health Visitor Reduction		81	81
Family + Support Services	Senior Leadership Team Review		88	88
Family + Support Services	Family Support Services Review Admin		38	38
Family + Support Services	Sexual Health/Gynae Remodel		44	44
Family + Support Services	Family Support Services General Medical Review		84	84
Chief Executive	Review of Non-exec posts (Reducing from 10 to 9)	16		16
Dir Of Hr & Workforce Strategy	Vacancy Factor - Occupational Health	62		62
Dir Of Hr & Workforce Strategy	Staffing Structure Review - Occupational Health Nursin	54		54
Dir Of Hr & Workforce Strategy	Non-Pays review - Interview Expenses	3		3
Director Of Nursing	Vacancy Factor/Non-Replacement - Recurring 150K	18		18
Finance Directorate	Finance Staff turnover/delay in recruitment/vacancies		79	79
Finance Directorate	Financial Management Service Review		25	25
Finance Directorate	Financial Services Review	11	20	31
Finance Directorate	SouthWest Hub		15	15
Finance Directorate	Finance Admin Review		10	10
Finance Directorate	VAT Savings		50	50
Finance Directorate	Review of Non-Pay (Reduction in Travel and Stationery)		2	2
Medical Director	Education Centre - Staffing Redesign	7	11	18
Total		8,284	1,463	9,747

Financial Position at Month 5 Overview - Capital

An overview of the capital position at Month 5 is noted below.

An anticipated allocation relating to IT GPIT was included in the approved financial plan in error, this has been adjusted along with a number of new allocations that have been notified. The plan is now showing an overcommitment however this is normal management of the capital plan to ensure where schemes experience slippage other programmes are already in delivery.

At this time there is expenditure of £1m against the capital programme and as previously highlighted a full review of capital expenditure will be carried out at mid year review. An update on the schemes are noted overleaf.

2025/26 Month 5 (End of August 2025)	Capital Plan Approved Jun 2025	Capital Plan Proposed Oct 2025	Budget YTD £000	Actual YTD £000	Variance YTD £000
Estates	3,830	3,990	246	246	0
Digital	1,196	1,196	690	690	0
Medcial Equipment	1,084	1,683	120	120	0
West of Scotland Laundry	126	126	0	0	0
Other Specific SG Allocations		126	0	0	0
Total Plan	6,236	7,121	1,056	1,056	0
Formula	3,831	3,831			
Business Continuity Plans	1,000	1,030			
IT GPIT	307	0			
DGRI 2nd CT Scanner	200	200			
NIB - Medcial Equipment and IT	750	1,349			
Environment - EV Infrastructure	125	235			
Building Controls		50			
SG: Feasibility Study		50			
NES: Dental Equip		46			
Total Anticipated Funding	6,213	6,791			
Over Commitment	(23)	(330)			

Financial Position at Month 5 Overview – Capital Project Updates

Estates

The estates programme continues to balance a number of backlog and statutory standards issues whilst supporting service change and development.

Roof replacement (Mountainhall Treatment Centre)

The first phase of the flat roof replacement at Mountainhall Treatment Centre is progressing. A favourable tender return was received and subject to no unforeseen cost, the installation of solar photovoltaic panels can be accommodated within the allocated funding. The work on the first phase is now nearing completion.

Further work will also be undertaken to design and prepare tender packages for the next 2 phases of the roof. This will enable work to be progressed early in 2026/27 to take advantage of the summer weather in anticipation of further funding be approved through the Business Continuity Planning process.

Community Health Hubs

The schedules of accommodation requirements have been agreed with service users and the appointment process for professional services (Architects, surveyors) is complete. It is anticipated that a single construction tender will be issued for all 4 sites for completion in year.

Dumfries and Galloway Royal Infirmary 2nd CT. Scanner

The installation of the 2nd CT scanner is progressing on site, to programme and budget. The scanner unit was installed in early September and (at the time of writing) project completion is expected by the end of September.

IT Digital

The most significant commitment in the plan is the Dumfries and Galloway Royal Infirmary Edge switch replacement, which is progressing as per plan. The team have also commissioned the initial penetration testing of the network. The plan allows for further testing and any remediation. The Board also receive additional funding to support the replacement of the Information Technology associated with the pharmacy robot.

Scottish Government did not support the £307k additional carry over funding required for the Information Technology General Practitioners waiting well project. This has now been included in the Scottish Government slippage bids along with further Information Technology projects should further funding become available.

Financial Position at Month 5 Overview – Capital Project Updates

Equipment

The current plan reflects the replacement of equipment which is end of life or which suppliers have informed the Board they will no longer provide support for. All approved equipment is at varying stages of the procurement process, taking account of the the reduced allocation just notified further prioritisation work will be required to ensure that the Board remains within the available funds.

Medical Equipment

A range of medical equipment: scopes, ultrasounds, incubators, dialysis machines, stackers, and dental equipment are included within the current plan.

Theatre Tables at Dumfries and Galloway Royal Infirmary

Theatre tables at Dumfries and Galloway Royal Infirmary (10) and Galloway Community Hospital (1) are over 15 years old and as a result of some additional funding the Board will invest £420k to replace 4 tables in year. Clinical Trials have commenced with 3 different manufacturers with final procurement due in mid-November. Should further funding become available this phased rolling replacement programme can be accelerated in year.

Contingency

An allowance is also held for emergency replacements, to date there has been minimal calls against this allocation and are mainly non clinical in nature.

West of Scotland Laundry

The Board is part of the consortium, which support the West of Scotland Laundry hosted in Wishaw by NHS Lanarkshire. The boilers failed in 2024/25 and are being replaced. The Board is liable for a contribution based on usage of the laundry service which for NHS Dumfries and Galloway is 15% and amounts to £126k in 2025/26.

NHS Dumfries and Galloway



Meeting: NHS Board (Public)
Meeting date: 6 October 2025
Title: Review of the Dumfries and Galloway Integration Scheme
Responsible Executive/Non-Executive: Julie White, Chief Executive
Report Author: Vicky Freeman, Strategic Policy Lead

1 Purpose

This is presented to the Board for:

- Decision

This report relates to:

- Emerging issues

This aligns to the following NHS Scotland quality ambition(s):

- Effective

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Significant

Comment:

This paper provides NHS Dumfries and Galloway Board (the NHS Board) with a significant level of assurance, providing details of-

- Joint working with partners to undertake work in relation to proposed changes to the Dumfries and Galloway Integration Scheme (the Integration Scheme), including consultation engagement with stakeholders, liaison with Scottish government colleagues and drafting revisions to the Integration Scheme;
- The process and outcomes of consultation and engagement on the proposed changes with the range of stakeholders as they are set out within [The Public Bodies \(Joint Working\) \(Prescribed Consultees\) \(Scotland\) Regulations 2014](#) and the feedback from this consultation (appendices one and two respectively); and
- A full Equalities Impact Assessment of the impacts of the proposed changes to the Integration Scheme (appendix three).

From the list below, please select which Board Priority this paper relates to.

- Service Sustainability
- Financial Sustainability
- Workforce Sustainability
- Quality and Safety

Comment:

Service, financial and workforce sustainability in line with that set out within DL 31 (2024).

Quality and safety in;

- providing clear local lines of accountability and governance in relation to each individual health service;
- maintaining robust planning interfaces for services; and
- better aligning appropriate health services with regional and national service planning and delivery

2 Report summary

2.1 Situation

Requesting a Review of the Integration Scheme

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) provides, at section 45 (2), that on the request of the local authority or the health board, the local authority and the health board must jointly carry out a review of the scheme for the purpose of identifying whether any changes to the scheme are necessary or desirable.

In response to a range of emerging issues including a changing regional and national planning landscape for health services, the NHS Board requested a joint review of the Integration Scheme in September 2024 in accordance with section 45 (2).

The proposed changes to the Scheme

The NHS Board has 2 proposals for changes to the existing Integration Scheme.

Proposal One

- 1. To reconfigure the responsibilities for the planning and delivery of health services.**

Proposal Two

- 2. To reduce the number of voting members on the Dumfries and Galloway Integration Joint Board (the IJB)**

2.2 Background

Background to Proposal One

Reconfiguring the responsibilities for the planning and delivery of health services

Each Party to the Integration Scheme (i.e. Dumfries and Galloway Council and the NHS Board, together 'the Parties') determines for itself, which certain prescribed functions, and services relating to those functions, it will delegate to the Integration Joint Board. They do this in accordance with the requirements as they are laid out within 'The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014' and 'The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014' (the Regulations).

It is health boards that decide this for health functions and services and local authorities that decide this for social care functions and services. Thereafter, the Parties must agree the arrangements for integration locally as they are set out within their scheme of integration.

At the commencement of health and social care integration in 2015, the NHS Board made the decision to delegate all health functions and services that **must** and **may** be delegated to the Integration Joint Board (see appendices four and five for services). This very broad scope and range of delegation for health was, and remains, unique to this area.

The reconfigured delegation of health service responsibilities, as it is proposed, would see planning and delivery oversight for health services that **must** be delegated to the Integration Joint Board remaining with the Integration Joint Board in accordance with the Regulations (appendix four). The responsibility for planning and delivering of all other health services would sit directly with the NHS Board (appendix five).

Background to Proposal Two

Number of Integration Joint Board Voting Members

When the Integration Joint Board was established in 2015, the Parties agreed that there would be 5 voting members on the IJB from each Party, a total of 10 Integration Joint Board voting members.

There were 47 Elected Members and 10 NHS Board Non-Executives at that time.

Over the years, the NHS Board has experienced a continuing challenge to match 5 Non-Executive Director Integration Joint Board voting members from a total of 10 Non-Executive Directors with 5 elected member Integration Joint Board voting members from a total of, now 43, elected members.

2.3 Assessment

The proposal to reconfigure responsibilities for the planning and delivery of health services is made for a range of reasons including:-

- Realigning health services locally with a changing regional and national health service planning and delivery landscape;
- Seeking to improve integration arrangements locally by narrowing the currently very broad scope and range of health services for which the Integration Joint Board have planning and delivery responsibility; and
- Bringing integration arrangements in Dumfries and Galloway to a more consistent position with that in other areas of Scotland.

Changing regional and national planning and delivery landscape

DL (2024) 31

DL (2024) 31, [A Renewed Approach to Population Based Planning Across NHS Scotland](#), heralded a programme of reform and renewal for health care in Scotland; complementing and strengthening existing health planning structures and establishing new ones to support collaborative, cross NHS border health service planning. These changes are intended to ensure the long term sustainability of health services with planning undertaken at the level best aligned to the size of population that makes use of them; i.e. Specific Population and Population Planning.

This refreshed approach to health service planning does not change the responsibilities of NHS Boards or integration authorities as they are set out in the 'Public Bodies (Joint Working) (Scotland) Act, 2014', (the Act). The primary focus of integration joint boards throughout Scotland remains the planning and delivery oversight of health and social care services at local levels; i.e. Place-Based Planning.

Currently, in Dumfries and Galloway, planning and delivery oversight responsibility for all health services, including those health services wholly or partially delivered out with Dumfries and Galloway and therefore likely to benefit from the new NHS Board cross border Specific Population and Population Planning approaches, are delegated from the NHS Board to the Integration Joint Board. The proposed reconfiguration of planning responsibilities would realign health services with this new planning and delivery landscape.

Narrowing the scope and range of health services for which the Integration Joint Board have planning and delivery responsibility

It is believed that narrowing the currently very broad scope and range of health services for which the Integration Joint Board have planning responsibility and delivery oversight, would improve current integration arrangements locally.

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It would do this by enabling the Integration Joint Board to focus their available capacity and resources on those health services that share very strong planning and delivery interfaces with adult social work and social care services. These are largely primary and community care-based health services that benefit from the integrated service planning and delivery oversight approach occurring within the 'shared integration space' of the Integration Joint Board and the added value that this brings.

Bringing integration arrangements in Dumfries and Galloway to a more consistent position with other areas of Scotland

A National Care Service Advisory Board (NCSAB) has been introduced in Scotland. This new national body, made up of people with personal experience of accessing and delivering social care, social work and community health services, provides advice and support to Integration Joint Board and Health and Social Care Partnerships, suggesting where improvements can be made to social care, social work and community health services.

It is believed that bringing integration arrangements in Dumfries and Galloway to a more consistent position with that in other areas of Scotland will help ensure that;

- The Integration Joint Board is aligned with the new National Care Service Advisory Board (NCSAB) and therefore able to be better supported by this body;
- Clear, unambiguous lines of accountability and governance arrangements are in place and maintained for all health services going forward; and
- There is improved comparability between the Integration Joint Board with those in other areas of Scotland regarding the health services for which they have responsibility and therefore better placed to realise the potential benefits of this.

Number of Integration Joint Board Voting Members

Article 3(3) of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, sets out the minimum requirements of the number of board members to be nominated by health boards and local authorities under article 3(1)(a) and (b).

There is a requirement for equal participation by the Parties on the Integration Joint Board to ensure joint decision making and joint responsibilities and accountabilities.

This review of the Integration Scheme has provided an opportunity for the Parties, along with all voting and advisory members of the Integration Joint Board and other stakeholders, to reflect on the current local arrangements for Integration Joint Board voting representation, including the challenges being faced by the NHS Board in relation to this, and to consider the optimal way forward.

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The current number of Integration Joint Board voting representatives for each of the Parties is 5 (a total of 10). Following consideration, this paper seeks agreement from the NHS Board to move from 5 Integration Joint Board voting members from each Party to 4 Integration Joint Board voting members from each Party, i.e. a total of 8 Integration Joint Board voting members, going forward.

Stakeholder Consultation and Engagement

A Joint Senior Officer Group undertook various engagement activities with a range of partners and stakeholders in relation to the Integration Scheme proposed changes.

Whilst there were some points of concern raised, the feedback in relation to both proposals was broadly favourable. Every concern raised received a response.

The summary of consultation and the detailed feedback from this and responses is contained in appendices one and two.

In undertaking these activities, this Group followed the requirements of [The Public Bodies \(Joint Working\) \(Prescribed Consultees\) \(Scotland\) Regulations 2014](#).

Timescale for Completion of the Review

A process summary of the milestones and timescales to the conclusion of this work, is laid out in appendix six.

2.3.1 Quality/ Patient Care

It is anticipated that the new proposed arrangements for integration and regional health services will impact positively on the quality of both health and social care services for the people who use them.

2.3.2 Workforce

Ensuring that the workloads of staff remain reasonable and manageable is one of the key drivers of the NHS Board proposals.

2.3.3 Financial

The funding arrangements to take into account any changes to the delegation of health functions and/or the scope and extent to which these functions are delegated would be reviewed and revised as part of this process.

'Set Aside'

If the NHS Board decide to reconfigure the delegation of health functions and services, this will mean that the NHS Board would need to 'set aside' amounts in respect of large hospitals for use by the Integration Joint Board.

2.3.4 Risk Assessment/Management

The proposed changes to the Integration Scheme are intended to mitigate any potential future risks for the NHS Board and Integration Joint Board in relation to delegated health functions and services.

2.3.5 Equality and Diversity, including health inequalities

The impact assessment of the Integration Scheme was reviewed and updated as part of the first full review of the document in August 2023.

A separate full Equality Impact Assessment to assess the impacts of the proposed changes to the Integration Scheme was undertaken on the 21 August 2025 (appendix three).

2.3.6 Climate Emergency and Sustainability

None identified.

2.3.7 Other impacts

None identified.

2.3.8 Communication, involvement, engagement and consultation

The review of the Integration Scheme is being undertaken jointly between the Parties in consultation and engagement with partners and stakeholders in accordance with the requirements laid out in section 46 (4) of Act.

If changes are made to the Integration Scheme, a second period of consultation on the revised changes will take place.

2.3.9 Route to the Meeting

- Health and Social Care Leadership Group, 4 Sept 2025
- Board Management Team, 24 Sept 2025
- Dumfries and Galloway Council 3 October 2025

2.4 Recommendation

The Board is asked to **agree**:

- The reconfiguration of delegated responsibilities for the planning and delivery of health services; delegating to the Integration Joint Board those functions and health services that must be delegated to the Integration Joint Board with the planning and delivery of all other health functions and services being the direct responsibility of the NHS Board;
- To move from each Party to the Integration Scheme having 5 Integration Joint Board voting members to each Party having 4 Integration Joint Board voting members; 8 Integration Joint Board voting members in total;
- The revisions to the Integration Scheme as per 'tracked changes' in appendix seven; and
- The publication of the Draft Integration Scheme for consultation and subsequent submission to Scottish Ministers for approval.

The NHS Board is asked to **note**:

- The requirement for a second period of consultation on any Draft Revised Integration Scheme;
- The requirement to develop a 'set aside' budget for the costs of those elements of unscheduled health care provided in large hospitals that **must** be delegated to the Integration Joint Board; and
- The milestones and timeline for completion of this work.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1** – Summary of Stakeholder Consultation and Engagement
- **Appendix 2** – Feedback from Consultation
- **Appendix 3** – Equalities Impact Assessment
- **Appendix 4** – Extract from 'The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014'
Services that must be delegated to integration boards
- **Appendix 5** – Some Health Services that may be delegated to integration boards
- **Appendix 6** – Summary of Process Timeline
- **Appendix 7** – Draft Second Revised Integration Scheme (please note that, at this time, revisions remain subject to Central Legal Office scrutiny)

Dumfries and Galloway Integration Scheme Review Summary of Stakeholder Engagement

Date	Stakeholder	Event	Engagement Lead(s)
02.12.2024	NHS Board	Meeting	JW/VF
16.01.2025	Joint Executive IS Review Team	Meeting (In Person)	JW/DR
10.02.2025	NHS Board	Meeting	JW
03.03.2025	Joint Executive IS Review Team	Meeting (Teams)	LM/NH
04.03.2025	Integration Joint Board	Workshop	VF
20.03.2025	Health and Social Care Leadership Group (and cascade to Staff Teams)	Presentation and Discussion	KB
27.03.2025	Full Council	Meeting	LM
27.03.2025	Strategic Planning Group	Workshop/ Discussion (Teams)	VF
07.04.2025	NHS Board	Meeting	JW/VF
18.04.2025	Engagement with Clinical Director Representation	Meeting/ Presentation/ Discussion	VF
12.05.2025	Senior Social Work Governance Group	Meeting discussion	SM/VF
12.05.2025 & 19.05.2025	DGC Political Groups	Discussion	NH/LM
19.05.2025	Children's Services Strategic and Planning Partnership (CSSaPP)	SBAR	MK
03.06.2025	Integration Joint Board	Paper	NH/KB
09.06.2025	NHS Board	Meeting	JW/VF
13.06.2025	Elected Members	Seminar	LM

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Date	Stakeholder	Event	Engagement Lead(s)
23.06.2025	Joint Executive IS Review Team	Meeting	LM/NH
25.06.2025	Nursing Leads	Meeting Discussion	VF
26.06.2025	Full Council	Meeting and Paper	LM
14.07.2025	Strategic Planning Group	Workshop	VF
30.07.2025	Area Clinical Forum	Meeting	VF
04.09.2025	Health and Social Care Leadership Group	Meeting Discussion	VF
12.09.2025	Draft Revised Integration Scheme to Legal/CLO	Scrutiny	VF
17.09.2025	Joint Planning and Commissioning Team	Meeting Discussion	DR
02.10.2025	Report to Full Council	Meeting	LM
06.10.2025	Paper to NHS Board	Meeting	JW/VF
October/ November 2025	Period of consultation and engagement on the Draft Revised Integration Scheme	Published on websites, newsletters, etc	VF
16.12.2025	Paper to Integration Joint Board	Meeting	KB/VF

N.B Shaded area is planned activity

Consultation on Proposed Changes to the Dumfries and Galloway Integration Scheme

Feedback from Stakeholder Groups

Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
Council	The council Welcomed the opportunity for the Integration Joint Board to be focused on those health and social care services where there is close working and which benefit most from an integrated approach, and a focus on prevention and out of hospital interventions; The importance of having the full voting membership of the Integration Joint Board able to participate in meetings and decision making, recognising this was a significant personal commitment over and above councillor or NHS Board roles; Understood the challenges highlighted by the NHS Board as to meeting current membership requirements and accepted a change to four voting members from each party would support participation;	

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
	There is no support for 'appropriate persons' to be introduced as voting members of the Integration Joint Board, and There is support for the introduction of distinct and separate stand-alone roles of Integration Joint Board chief officer and chief financial officer, to provide focus on the requirements of the roles, and in light of the significant challenges within the adult health and social care systems.	
Strategic Planning Group	Reconfiguring the delegation of health services What difference will people feel on the ground from this proposed change? Recognition that, at a local level, relationships are very strong and collaborative meaning that we are in a strong position to move forward at this time, accepting that we now operate in a very different world [from when the Integration Scheme was first developed]. Reducing the currently very broad scope of the Integration Joint Board across all of health care to enable a greater focus on community based services would be welcomed It will make sense for health and social care data to better align with that in other partnerships	Noted that to date, Integration Joint Boards directions have been focussed mainly around community and primary care based health services. Changes may be felt at a local level in the future as services change. However, stakeholders will always be involved in service planning and proposed services changes if/when they arise.

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
	Up until now the Integration Joint Board has probably had an overload of responsibilities. Losing some of this, on the face of it at least, seems to be entirely reasonable but impossible to say how successful this will be. What is being proposed ought to work and has as good a chance of working as any other sort of arrangement It seems like moving to what is being proposed is a really good move. The responsibility the Integration Joint Board has, at times, felt like overload. This is a real opportunity for Dumfries and Galloway to focus on the more impactful 'front door' services and prevention and for the 3rd sector to support this. The only caveat would be that new relationships with emerging regional land national planning structures will need to be formed The proposed changes don't sound like a bad idea particularly given the constraints of the NHS Board in relation to new regional and national planning arrangements A reduction in the number of voting members of the Integration Joint Board Any reduction in the number of Integration Joint Board voting members would need to be matched with a streamlining of the Integration Joint Board committee structure to avoid any unintended increase of workload pressure on remaining voting members	

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
	Response to this proposal is dependent upon what other structural changes will be made to support the change SPG members have more interest in the proposals in relation to the reconfiguration of health service planning responsibilities than the number of voting members on the Integration Joint Board General Questions and Comments Who has been consulted on the proposals and how have they been consulted?	Consultation on the proposed changes has been followed in accordance with the requirements as they are laid out in The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014. The method of consultation has been meeting with individuals and groups and going out talking to people.
Nurse Leads	Will the proposed changes to the delegation of services as they are attached to the functions delegated to the Integration Joint Board lead to an unhelpful split in the planning of acute services? The proposed changes to the delegation of services as they are attached to the functions delegated to the Integration Joint Board may helpfully simplify arrangements in relation to Children's services	This feedback was brought to the attention of the Director of Strategic Planning and Transformation. Assurance was provided that, regardless of whether service change is commissioned by the Integration Joint Board or requested by the NHS Board / Board Management Team, the approach should always be consistent through the application of the Dumfries and Galloway Service Planning Framework (supported by Planning Teams). A first consideration should be which elements of the workforce are involved in any given service area or have the potential to be involved in future delivery, and then to secure their participation in the planning process.

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
Integration Joint Board	• Proposed changes to the delegation of services as they are attached to the functions delegated to the Integration Joint Board Understand the rationale for this proposal (particularly in relation to DHL 31) and can see how this review provides an opportunity for the Integration Joint Board to also reflect on current arrangements in relation to delegated functions; Can see that reducing the scope and range of Services, as they are attached to delegated functions, might enable the Integration Joint Board to place greater focus on those Services that benefit most from an integrated approach; Broad agreement that there needs to be an integration focus on those health and social care services where there is greatest overlap and many shared commonalities, particularly given current pressures and challenges in relation to these; Noted that Dumfries and Galloway Council has delegated the minimum in relation to social care functions. There was a question regarding whether or not Dumfries and Galloway Council are taking this opportunity to also review what social care functions are delegated?;	Proposals in regard to the services/functions delegated to the Integration Joint Board is in relation to health services/ functions only at this time.

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
	The reduction in the scope and range of health services may improve the experience of people's experience of health and social care, enabling the Integration Joint Board to place a greater focus on those Services where there is an opportunity to deliver meaningful reform - specifically around pre and post hospital care and, more generally, in relation to making health and social care services more responsive to community need; Broadly supportive of moving to a position of minimum delegation for both health and social care to see if the positive impacts of this can be fully realised by the Integration Joint Board. This could be reviewed after a period of 2 years; It would be helpful to change the language from 'reducing' to thinking and talking in terms of where most value can be added (from integrated approaches) and, within the context of 'added value' for all partners to think about achieving the optimal configuration of Services across all of health and social care; Reduce the number of voting members on the Integration Joint Board Concerns that moving to 'appropriate persons' as voting members has the potential to introduce conflicts of interest for individuals.	Changing responsibilities for the service does not necessarily mean that the entire function would no longer be delegated.

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
	Ideally the position of 5 and 5 voting members would be retained however reducing to 4 and 4 could work; If there are changes to the numbers of voting members, the Scheme of Delegation would need to be revisited to ensure that Committees of the Integration Joint Board can still be supported.	
Carers Representatives	What difference would the proposed changes make to: • An individual using services • Carers • Third sector organisations	It is anticipated that the changes proposed to the Scheme will impact positively, both directly and indirectly, on each of the groups in so far as they are intended to:- ☐ Significantly strengthen the service planning interfaces that support collaborative and integrated ways of working at local, regional and national levels; ☐ Align local planning structures with new regional and national health planning structures and approaches designed to ensure long term sustainability of complex, acute health services; and ☐ Achieve greater consistency with the arrangements for integration in Dumfries and Galloway with that in other areas of Scotland to align with the scope and remit of the new National Care Service Advisory Board

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
		Resulting in ☐ Services that are more seamless and sustainable ☐ More effective use of available resources ☐ More equitable access to services ☐ Improved outcomes for people To enable a robust and balanced consideration of impacts, a full Equalities Impact Assessment of the Integration Scheme, taking into account as part of that assessment the proposed changes, is scheduled for the morning of the 22nd of August. SPG Chair and/or member are very welcome to take part in this process. Whether the responsibility for planning a health service lies with the Integration Joint Board or the NHS Board going forward, engaging with and involving the people who use health services, Carers and service delivery partners will remain fundamental to any service change process.
ACF	No objection to the proposals. ACF are keen to support development where required and appropriate	
CSSaPP	Content with the update and understand the direction of travel	

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
(Children's Services Strategic and Planning Partnership)		
Social Work Leads	The proposals in relation to the delegation of health services will bring these more in line with other IJBs in Scotland Noted that integrated planning for Children's services will continue to be the CSSaPP Noted emerging new structures to support the integration and operational delivery of reconfigured health services	
Psychological Services	No psychology representation on the Board Management Team Proposals may impact on workload and representation If CAMHS and Women & NHS Board Children's Health are removed from the scheme, integration with social work and justice services may suffer.	Local authority children's services and criminal justice services are not currently delegated to the Integration Joint Board. Children's services are planned by the Children's Services Strategic and Planning Partnership (CSSaPP). Delivery of children's services is by the local authority and NHS Board. These arrangements will remain unchanged by the proposed changes to the Integration Scheme.

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Partner/ Stakeholder	Feedback Comments/Question	Response/Mitigating Actions
Health and Social Care Leadership Group	No Comment	

Dumfries and Galloway Integration Scheme Review Equality Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic, social factors and the Armed Forces Covenant Duty are being considered ahead of the implementation of any new or revised policies, provisions, criteria, functions, practices and activities, including the delivery of services. Please note for the purpose of this document these will be grouped together and simply referred to as '**activity**'.

General Information			
Name of activity	Proposed revisions to the Dumfries and Galloway Integration Scheme (the Integration Scheme)		
Lead person and job title	Vicky Freeman – Strategic Policy Lead		
Contact Information (telephone and/or email)	Vicky.freeman2@nhs.scot	Date of this assessment	22 nd August 2025
Names and roles of those involved in the impact assessment process	• Vicky Freeman, Strategic Policy Lead • Nicole Hamlet, Chief Officer • Linsey Little, Poverty and Inequalities Development Officer • Lynsey Fitzpatrick, Inequalities Manager		
Describe the activity in no more than 200 words	NHS Dumfries and Galloway and Dumfries and Galloway Local Authority (the Parties), Senior Officers have, in consultation with stakeholders (as stated in 'The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014), considered proposed changes to the Integration Scheme. The NHS Board (the NHS Board) propose a change to the services attached to the functions delegated to the Integration Joint Board i.e. reconfiguring the responsibility for planning the health services that may be delegated to the Integration Joint Board, (as stated in The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014), back from the Integration Joint Board to the NHS Board. The NHS Board also propose a reduction in the number of voting members of the Integration Joint Board.		
How will people be affected by this activity?	It is anticipated that the changes proposed to the Integration Scheme will impact positively, both directly and indirectly, on people in so far as they are intended to:- • Significantly strengthen the service planning interfaces that support collaborative and integrated ways of working at local, regional and national levels; • Align local planning structures with new regional and national health planning structures and approaches designed to ensure long term sustainability of complex, acute health services; and • Achieve greater consistency with the arrangements for integration in Dumfries and Galloway with that in other		

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	areas of Scotland to align with the scope and remit of the new National Care Service Advisory Board. Resulting in • Services that are more seamless and sustainable • More effective use of available resources • More equitable access to services • Improved outcomes for people
Who has been involved in the development of this activity and in what capacity?	This activity has been jointly developed between the Parties to the Integration Scheme. Additionally, a 4 month period of engagement with stakeholders as they are outlined within with 'The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014, has been undertaken. These groups included; • Health professionals • Users of healthcare • Carers of health Care • Commercial providers of health care • Non-commercial providers of health care • Social care professionals • Users of social care • Carers of users of social care • Commercial providers of social care • Non-commercial providers of social care • Staff of the health board and local authority who are not health professionals or social care professionals • Non-commercial providers of social housing • Third sector bodies carrying out activities related to health or social care
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	• Members of the EQIA were provided with; • The Summary of Stakeholder Engagement • The feedback from that engagement • Additionally, members were provided the following documents as context for the proposals • DL31 (Nov 2024) • Service Renewal Framework (June 2025)

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Impact Assessment Questions				
Protected Characteristics/Impact Areas	Are there any positive impacts? <i>Yes/No</i>	Are there any negative impacts? <i>Yes/No</i>	Rationale for decision and further comments <i>Use prompts from page 6 onwards to expand on what the potential positive and negative impacts might be.</i> <i>Use space to include any specific evidence or data relating to the protected characteristic/impact group that has been noted or gathered. You may find further information on the Equality and Diversity Folders on Beacon</i>	What measures will be put into place to mitigate any negative impacts? <i>Please note any measures that will be put in place to mitigate negative impacts</i>
Age • Early years, children and young people, including care experienced young people • Working aged people • Older People	Yes -	No	It is anticipated that the changes proposed to the Integration Scheme will impact positively, both directly and indirectly, on each of these groups in so far as they are intended to:- • Significantly strengthen the service planning interfaces that support collaborative and integrated ways of working at local, regional and national levels; • Align local planning structures with new regional and national health planning structures and approaches designed to ensure long term sustainability of complex, acute health services; and • Achieve greater consistency with the arrangements for integration in Dumfries and Galloway with that in other areas of Scotland to align with the scope and remit of the new National Care Service Advisory Board.	

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			Resulting in • Services that are more seamless and sustainable; • More effective use of available resources; • More equitable access to services; and • Improved outcomes for people The responsibility for the planning and delivery of health services relating to children would move from the Integration Joint Board to the NHS Board. This will better align with Dumfries and Galloway Local Authority's arrangements for Children's services, simplifying and clarifying lines of governance and accountability. Children's services will continue to be overseen in Dumfries and Galloway by Children's Services Strategic and Planning Partnership (CSSaPP)	
Disability (<i>This includes physical disability, learning disability, sensory impairment, long term medical conditions and mental health conditions</i>)	Yes	No	Achieving greater consistency with the arrangements for integration in Dumfries and Galloway with that in other areas of Scotland and aligning with the scope and remit of the new National Care Service Advisory Board (NCSAB) will support service improvement by • Enabling direct data comparison e.g. National Benchmarking data and Health and Wellbeing Outcomes; • Benefit from the support and advice of the NCSAB in relation to these areas of care and support; and • Facilitate more integrated, cross boundary approaches to service delivery	

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			Both Parties' will continue to consider reasonable adjustment provisions, tailored to the needs of individuals, where those needs are identified.	
Sex/Gender	Yes	No	The Integration Scheme promotes equity of service provision and access to treatment, care and support across all health and care services. Further EQIA work will be undertaken should changes to specific services be proposed.	
Gender reassignment and Transgender	Yes	No	The Integration Scheme promotes equity of service provision and access to treatment, care and support across all health and care services. Further EQIA work will be undertaken should changes to specific services be proposed	
Marriage and Civil Partnership	No	No	The proposed changes to the Integration Scheme will not impact on marriage and civil partnership	
Pregnancy and Maternity	Yes	No	Realigning the responsibility for planning maternity services with the NHS Board achieves greater consistency with arrangements elsewhere in Scotland making this service more easily, directly comparable.	
Race <i>(includes Gypsy/Travellers and those whose first language is not English)</i>	Yes	No	The Integration Scheme promotes equity of service provision and access to treatment, care and support across all health and care services. Further EQIA work will be undertaken should changes to specific services be proposed	

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Religion or belief	No	No	The proposed changes to the Integration Scheme will not impact on religion or belief	
Sexual orientation	No	No	The proposed changes to the Integration Scheme will not impact on sexual orientation.	
Human Rights	Yes	No	Being able to better compare Health and Well being Outcomes will help us to better understand the impacts on human rights.	
Carers	Yes	No	Carer representatives were included in the development of the Integration Scheme and any revised Integration Schemes. In addition to the above anticipated positive impacts of the changes as they are noted above under the 'Age' section, the proposed change in health planning responsibilities supports the Integration Joint Board to focus available resources solely on those services delivered locally providing greater opportunities for services to be delivered closer to where people live. The Integration Joint Board has a Carers representative as an advisory member and also has planning responsibility for the Carers Act and services relating to Carers. A multi professional multi agency Carers Programme Board is also established.	

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Staff: • Full time • Part time • Shift workers • Staff with protected characteristics • Staff vulnerable to falling into poverty	Yes	No	The proposed reconfiguration of health planning • Enables health and social care professionals, working jointly within the Health and Social Care Partnership (the Partnership) to focus solely on the needs of individuals and particular groups at a local level. • Provides and maintains clear lines of governance and accountability for staff Further EQIA work will be undertaken in relation to the impacts on staff should there be significant service change/ways of working in the future.	
Poverty 'at risk' groups • Unemployed people • People on benefits • Pensioners • Care Experienced people • Those living in the most deprived communities • Remote rurality	No	No	The proposed changes to the Integration Scheme would not impact on 'at risk' groups however, further EQIA work will be undertaken in relation to the impacts on these groups should there be significant service change/ways of working in the future	

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• People with low literacy/numeracy, poorer skills and/or attainment	No	No	The Integration Scheme will continue to be available in different languages and formats on request. Both Parties' consider reasonable adjustment provisions, tailored to the needs of individuals, where those needs are identified.	
• Those involved in the criminal justice system and their families	No	No	Further EQIA work will be undertaken in relation to the impacts on this group should there be significant service change/ways of working in the future.	
• Homelessness	No	No	Further EQIA work will be undertaken in relation to the impacts on this group should there be significant service change/ways of working in the future.	
• People who are displaced incl. refugees & asylum seekers	No	No	Further EQIA work will be undertaken in relation to the impacts on this group should there be significant service change/ways of working in the future.	
• Economic & Social Sustainability	Yes	No	NHS Board participation in new population based structures and planning will support health service sustainability and efficiency.	
• Environmental	No	No	No environmental impacts were identified.	
• Armed Forces Personnel and Veterans	No	No	Both Parties' have signed the Community Covenant (Armed Forces) ensuring those who serve in the armed forces and their families are treated fairly.	

BOARD PUBLIC

Does this activity require consideration of the Fairer Scotland Duty? If yes, please outline the steps taken to meet the needs of the duty.	No impacts identified from this activity.	
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats, where relevant:	Easy Read	Yes
	British Sign Language	On request
	Alternative Languages	On request
	Large Print	Yes
	Other (please specify)	None

BOARD PUBLIC

Summary Sheet	
Name of Activity	Proposed revisions to the Integration Scheme
Date of Impact Assessment	22 nd August 2025
Key Lead Contact	Vicky Freeman

Please summarise any identified negative impacts and associated mitigations/actions:

Negative Impact	Mitigation/Action	Responsibility/Timescale
None		

Monitoring

How will you monitor the ongoing impact of the activity on all population groups?	Annual Report on the delivery of the Strategic Commissioning Plan. Annual Delivery Plans Performance Reports Feedback from the people who use health and social care services their families and Carers Quality and Complaints Reports Feedback from NHS Dumfries and Galloway and Local Authority staff working in the Partnership. The Integration Scheme is required to be reviewed - At the request of either of the Parties; and - Before expiry of the relevant period The relevant period is five (5) years from the date the Scottish ministers approve a revised Integration Scheme OR In instances where the local authority and the Health Board undertake a review and decide that no changes to the Integration Scheme are necessary or desirable, the five year 'relevant period' period commences from the day on which that decision is made.
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Next Steps in the Impact Assessment Process

When complete, the lead person should send a copy of the full Impact Assessment Tool to the Equality and Diversity Lead by emailing it to dg.cbsteam@nhs.scot.

The impact assessment will then be published on the NHS Dumfries and Galloway and Dumfries and Galloway Council public websites at www.nhsdg.co.uk www.dumgal.gov.uk

Please take 5 minutes to share your experience of completing this Impact Assessment by completing [this short survey](#)

Please note that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.

Extract from 'The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014'

PART 2

2. The health care services listed for the purpose of regulation 3(3)(b) are—

- (a) accident and emergency services provided in a hospital;
- (b) inpatient hospital services relating to the following branches of medicine—
 - (i) general medicine;
 - (ii) geriatric medicine;
 - (iii) rehabilitation medicine;
 - (iv) respiratory medicine; and
 - (v) psychiatry of learning disability,
- (c) palliative care services provided in a hospital;
- (d) inpatient hospital services provided by general medical practitioners;
- (e) services provided in a hospital in relation to an addiction or dependence on any substance;
- (f) mental health services provided in a hospital, except secure forensic mental health services.

PART 3

3. The health care services listed for the purpose of regulation 3(3)(c) are—

- (a) district nursing services;
- (b) services provided outwith a hospital in relation to an addiction or dependence on any substance;
- (c) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
- (d) the public dental service;
- (e) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the

BOARD PUBLIC

National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978([56](#));

(f) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978([57](#));

(g) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978([58](#));

(h) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978([59](#));

(i) services providing primary medical services to patients during the out-of-hours period;

(j) services provided outwith a hospital in relation to geriatric medicine;

(k) palliative care services provided outwith a hospital;

(l) community learning disability services;

(m) mental health services provided outwith a hospital;

(n) continence services provided outwith a hospital;

(o) kidney dialysis services provided outwith a hospital;

(p) services provided by health professionals that aim to promote public health.

Some health services that MAY be delegated to Integration Joint Boards

- All other health services not included within Schedule 3 Part 2 and Part 3 of the Regulations will be retained by the NHS Board including;

- Anesthetics
- Cardiology
- Neurology
- General Surgery
- Vascular
- Gastroenterology
- Orthopaedics
- Rheumatology
- Urology
- Dermatology
- ENT
- Oncology
- Oral/Max
- Gynaecology
- Ophthalmology
- Haematology

and

- Maternity and Children's Services

Dumfries and Galloway Integration Scheme

Summary of Process Timeline

Date	Description
2 October 2025	Draft revised Integration Scheme presented to Full Council.
6 October 2025	Draft revised Integration Scheme presented to NHS Board.
October – November 2025	Draft Integration Scheme posted onto the council and NHS Dumfries and Galloway public websites for a period of one month.
12 December 2025	Final draft Integration Scheme to Full Council
8 December 2025	Final draft Integration Scheme to NHS Board
16 December 2025	Paper to Integration Joint Board on outcome of Review
December 2025	Approved draft Scheme submitted to Scottish Government for Ministerial approval.
January - March 2026	Ministerial approval received. Approved Integration Scheme published and posted onto the council and NHS Dumfries and Galloway public websites. Review ends.



Dumfries and Galloway

Health and Social Care

Integration Scheme

(Body Corporate)

between

NHS Dumfries and Galloway

and

Dumfries and Galloway Council

~~Revised and Updated~~
April 2024⁶

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1. Introduction

Background

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (“**the Act**”) requires health boards and local authorities to work together to effectively integrate the governance, planning and resourcing of some adult social care and health services, by establishing an integration authority (i.e. either an integration joint board in a body corporate model of integration, or a lead agency model) to achieve nationally agreed health and wellbeing outcomes prescribed by the Scottish Ministers in terms of the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014, (“**the Regulations**”), made under section 5(1) of the Act.

The Parties to the Dumfries and Galloway Health and Social Care Integration Scheme

- 1.2. Dumfries and Galloway Council, the local authority for the administrative area of Dumfries and Galloway constituted by the Local Government etc. (Scotland) Act 1994 and having its principal offices at Council Headquarters, English Street, Dumfries, DG1 2DD (“**the Council**”); and
- 1.3. Dumfries and Galloway Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its principal offices at Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP (“**NHS Dumfries and Galloway**”).

(together, “**the Parties**”, each a “**Party**”).

The Model of Integration

- 1.4. Section 1(2) of the Act requires the Parties to jointly prepare an integration scheme for the area of the Council that integrates planning for, and delivery of, certain adult and social care services.
- 1.5. In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act shall be put in place for the delegation of functions by the Parties to a body corporate, established by order of the Scottish Ministers under section 9 of the Act.
- 1.6. The Parties have had regard to the integration planning principles and the Outcomes (as such term is defined in clause 1.18 below) in accordance with section 3(2) of the Act.

The Integration Scheme

- 1.7. 1.7 The Ooriginal Integration Sscheme (as such term is defined in clause 1.18 below)for the Integration Joint Board, was was agreed by the Parties, and and came into effect on 3rd October 2015, being the date on which the order by the Scottish Ministers under section 7(4) of the Act was granted (the “Original Integration

~~Scheme~~”). This was superseded by the First Revised Integration Scheme (as such term is defined in clause 1.18 below), that came into effect on 26 August 2024. The Revised Integration Scheme ~~The Original Integration Scheme~~ shall be superseded and no longer apply from the date that this ~~updated~~ Integration Scheme (as such term is defined in clause 1.18 below) shall be approved by the Scottish Ministers under section 9(2) of the Act.

4.8.1.8 This Integration Scheme:-

~~4.8.1.~~1.8.1 Describes the model of integration ~~for~~ health and social services in Dumfries and Galloway;

~~4.8.2.~~1.8.2 Details the functions delegated from the Parties to the Integration Joint Board (as such term is defined in clause 1.18 below); and

~~4.8.3.~~1.8.3 Lays out the governance and other arrangements that the Parties have in place to enable the Integration Joint Board to meet its responsibilities.

The Dumfries and Galloway Integration Joint Board

~~4.9.1.9~~ 1.9.1.9 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it by the Parties and ensuring the delivery of ~~the~~ Services (as such term is defined in clause 1.18 below), by having oversight of these pursuant to the Directions (as such term is defined in clause 1.18 below) that they have issued to either or both of the Parties.

~~4.10.1.10~~ 1.10.1.10 Directions relating to functions delegated to the Integration Joint Board from the Parties are issued by the Integration Joint Board to either or both of the Parties.

~~4.11.1.11~~ 1.11.1.11 The Parties implement the Directions received from the Integration Joint Board through the Partnership (as such term is defined in clause 1.18 below). Accountability of the Partnership for the implementation of Directions is directly back to the relevant Party and from the relevant Party back to the Integration Joint Board.

Working in Partnership

~~4.12.~~ 1.12 ~~T~~To achieve the above, the Integration Joint Board and the Parties shall routinely interact, communicate and work alongside each other. However, the Integration Joint Board is created as a corporate body and therefore retains its own distinct legal personality and the consequent autonomy to manage itself. Neither of the Parties have the right to independently sanction or veto decisions of the Integration Joint Board acting within its remit and within the Delegated Functions (as such term is defined in clause 1.18 below).

~~4.13.~~ 1.13 The third and independent sectors shall also have a key role, working with the Integration Joint Board at a strategic level, and with the Partnership at a tactical and operational level, ensuring the effective planning and delivery of

health and social care and support.

~~4.14.1.14~~ There is an obligation on the Parties and the Integration Joint Board to engage and consult with individuals with lived experience, families, unpaid Carers (as such term is defined in clause 1.18 below) and communities with regard to the provision of Services ~~(as such term is defined in clause 1.18 below).~~

Supplementary Information

~~4.15.1.15~~ Once approved by Scottish Ministers, this Integration Scheme is full and final. Modifications shall not be made to the Integration Scheme without a further full process of engagement and review, carried out jointly between the Parties and subsequent further approval of any revised integration scheme by Scottish Ministers granting an order under section 9(2) of the Act.

~~4.16.1.16~~ For this reason, this Integration Scheme sets out the core information and requirements for the operation of the Integration Joint Board. This is supported by supplementary guidance documents (such as supporting materials and other informational documents) providing further detail with regard to its duties, responsibilities, workings and other arrangements.

~~4.17.1.17~~ Changes to the supplementary guidance documents shall be made, with the approval formally in writing by the Parties, and with the approval of the Integration Joint Board and/or Scottish Ministers as appropriate.

Definitions and Interpretation

~~4.18.1.18~~ In this Integration Scheme, the following terms shall have the following meanings:

“**the Act**” has the meaning given to it in clause 1.1;

“**Allocations**” means an amount of money delegated by the Parties to the Integration Joint Board to form the Integrated Budget;

“**Annual Accounts**” are the accounts of the Integration Joint Board for the previous twelve (12) month period;

“**Annual Delivery Plan**” means those plans requested by Scottish Government from integration joint boards against which performance can be measured;

“**Annual Performance Report**” means the annual performance report for the relevant reporting year that, under Section 42 of the Act, the Integration Joint Board has a statutory duty to prepare (as further described therein);

“**Best Value**” means the most advantageous balance of price, quality, service, performance, sustainability and other elements;

“**Carer**” means a person of any age who provides unpaid help and support to wife,

husband, partner, son, daughter, parent, relative, friend or neighbour;

“Chief Officer” means the officer appointed by the Integration Joint Board who provides a single point of accountability for integrated health and social care services;

“Chief Finance Officer” means the chief finance officer of the Integration Joint Board;

“Clinical and Care Governance Framework” means Annex C of the Clinical and Care Governance Framework for Integrated Health and Social Care Services in Scotland;

“Complaints Protocol” means the official agreed procedure for addressing complaints that relate to health or social care services that are integrated, set out in clause 13;

“Community Planning Partnership” means those services in any local authority area that come together to take part in community planning;

“Core Suite of Integration Indicators” means those integration indicators that should be used in conjunction with the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014;

“Data Sharing Protocol” means the official agreed procedure for sharing data and information between different organisations set out in clause 12;

“Delegated Functions” means those functions set out in Part One, Annex One and Part Two, Annex Two;

“Direction” or **“Directions”** means the legal mechanism by which the Integration Joint Board directs the Council and/or NHS Dumfries and Galloway with regard to the operational delivery of Services related to functions that have been delegated to the Integration Joint Board by the Parties;

“DPA” means the Data Protection Act 2018;

“Dumfries and Galloway Local Outcomes Improvement Plan” is the means by which the Community Planning Partnership agrees its strategic priorities;

“Elected Members” means [the members elected to Dumfries and Galloway Council to represent their local community’s interest and appointed to the Integration Joint Board from Dumfries and Galloway Council;](#)

“First Revised Integration Scheme” means [the integration scheme that came into effect on the 26th August 2024;](#)

“Health and Social Care Leadership Group” means the team of operational and planning senior health and social care managers;

“Integrated Budget” means the budget agreed between the Parties agreeing their respective contributions to the Integration Joint Board;

“Integration Joint Board” means the Dumfries and Galloway Integration Authority;

"Integration Scheme" means this revised and updated Dumfries and Galloway Health and Social Care Integration Scheme 2026⁴;

"ISA" means Information Sharing Agreement;

"Large Hospital Services" means services that are provided in exercise of Integration Functions delegated by NHS Dumfries and Galloway to the Integration Joint Board which (a) are carried out in a hospital in the area of NHS Dumfries and Galloway and (b) are provided for the population of Dumfries and Galloway. Services provided in a community hospital shall not ordinarily fall within this definition;

"Locality or Localities" means a locality of an area as set out in the Strategic Plan in pursuance of section 29(3)(a) of the Act;

"Locality Plans" means operational delivery plans for specific geographical areas;

"Ministerial Strategic Group for Health and Community Care" means the ministerially led group that provides high level national strategic direction and leadership for integration of health and social care;

"Ministerial Strategic Group for Health and Community Care Indicators" means those integration indicators identified by the Ministerial Strategic Group for Health and Community Care for Integration Authorities;

"National Performance Framework" means the guidance framework on the national health and wellbeing outcomes which apply to integrated health and social care in Scotland;

"National Standards" means the 'National Standards for Community Engagement' published by the Scottish Community Development Centre;

"Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

"Original Integration Scheme" has the meaning given to it in clause 1.7;

"Outcomes" means the nine (9) outcomes prescribed in the Regulations;

"Partnership" means the Dumfries and Galloway Health and Social Care Partnership, the organisation formed to integrate services provided by the NHS board and Council;

"Performance Management Framework" means the framework agreed between the Parties and the Integration Joint Board under clause 6.4 to measure performance management;

"Recovery Plan" means a plan detailing how an identified financial shortfall in the Integrated Budget will be addressed;

"Regulations" has the meaning given to it in clause 1.1;

“Resource Transfer and Virement” means an administrative transfer of funds from one budget to another or from part of a budget to another;

“Senior Professional Leads” means the Chief Social Work Officer of the Council, Medical Director and Executive Nurse Director of NHS Dumfries and Galloway;

“Services” means those services set out in Part 2 of Annex 1 and Part 2 of Annex 2 (as the context requires) relating to those functions delegated pursuant to Part 1 of Annex 1 and Part 1 of Annex 2 of this document as provided by NHS Dumfries and Galloway or the Council (as appropriate) and which are to be integrated. Part 2 of Annex 1 details the services relating to the functions delegated to the Integration Joint Board by NHS Dumfries and Galloway; and Annex 2, Part 2 details the services relating to the functions delegated to the Integration Joint Board by the Council;

“Set aside Budget” means the amount required to be set aside by NHS Dumfries and Galloway under section 14(3) of the Act for use by the Integration Joint Board in respect of Large Hospital Services;

“Significant Decisions” means those decisions made by the Integration Joint Board as set out in section 36 of the Act;

“Social Work Service Plan” means the Dumfries and Galloway Social Work Service Business Plan ~~2019–2023~~;

“SPSO” means Scottish Public Services Ombudsman;

“Strategic Commissioning Intentions” means the seven statements made in the new Dumfries and Galloway Strategic Plan that set out the Integration Joint Board’s ambitions for improving Outcomes over the lifetime of the Strategic Plan as set out in clause 2.3;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act;

“Strategic Planning Group” means the group that the Integration Joint Board is required to establish in accordance with section 32 of the Act;

“Supplementary Guidance Documents” means supporting materials such as other informational documents; and

“UK GDPR” has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

- 1.19 A reference to legislation or a legislative provision is a reference to it as amended, extended or re-enacted from time to time.

2.2 Aims and Outcomes of the Integration Scheme

2.1.2.1 The main purpose of integrating health and social care is to improve the wellbeing of people supported by health and social care, their families and Carers, particularly those whose needs are complex and involve support from both health and social care at the same time.

National Health and Wellbeing Outcomes

2.2.2.2 The Integration Scheme is intended to achieve the Outcomes prescribed by the Scottish Ministers in the Regulations, namely:

- 2.2.1 People are able to look after and improve their own health and wellbeing and live in good health for longer;
- 2.2.2 People, including those with disabilities or long term health conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;
- 2.2.3 People who use health and social care services have positive experiences of those services, and have their dignity respected;
- 2.2.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services;
- 2.2.5 Health and social care services contribute to reducing health inequalities;
- 2.2.6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing;
- 2.2.7 People using health and social care services are safe from harm;
- 2.2.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide; and
- 2.2.9 Resources are used effectively and efficiently in the provision of health and social care services.

The Strategic Plan

2.3 The Integration Joint Board has a set of seven (7) Strategic Commissioning Intentions within its Strategic Plan. These are:-

- 2.3.1 People are supported to live independently at home and avoid crisis;
- 2.3.2 Fewer people experience health and social care inequalities;
- 2.3.3 People and communities are enabled to self manage and supported to be more resilient;
- 2.3.4 People have access to the care and support they need;
- 2.3.5 People's care and support is safe, effective and sustainable;

- 2.3.6 People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential; and
- 2.3.7 People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering Best Value.

3. Local Governance Arrangements

- 3.1. The Integration Joint Board is a body corporate and is autonomous and therefore has capacity to act on its own behalf and make decisions about the exercise of its functions and responsibilities as it sees fit.

Voting Membership of the Integration Joint Board

- 3.2 The arrangements for appointing the voting membership of the Integration Joint Board are that the Parties shall each appoint ~~four~~ **(45)** representatives. ~~These must be Council Elected Members or NHS Board Non-Executive Directors to be members of the Integration Joint Board.~~ The **voting** Integration Joint Board members appointed by ~~the~~ Parties shall hold office for a period not exceeding three (3) years. At the end of a term of office determined, a **voting** member may be reappointed for a further term of office.
- 3.3 No business shall be transacted at a meeting of the Integration Joint Board unless there are at least one half of the voting members present.
- 3.4 Integration Joint Board **voting** members appointed by the Parties shall cease to be members of the Integration Joint Board in the event that they (1) cease to be a non-executive Board member of NHS Dumfries and Galloway or, (2) where applicable, cease to be an appropriate person for the purposes of article 3(5) of the Order or (3) cease to be an Elected Member of the Council, or (4) where an appointee or the appointing Party wishes to terminate the appointment of that member. In such circumstances, the Party which nominated the appointee will appoint a new appointee in place of the person ceasing to be a member of the Integration Joint Board as soon as possible.

Chairs and Vice Chairs of the Integration Joint Board

- 3.5 The first Chair of the Original Integration Joint Board was an Integration Joint Board member nominated by the Council. NHS Dumfries and Galloway nominated the Vice-Chair. Both held office for a period of two (2) years. At the end of the period of two (2) years, responsibility for appointing the Chair and Vice Chair transferred to the other Party and a new Chair and Vice Chair were appointed for a further period of two (2) years. Thereafter, responsibility for appointing the Chair and Vice Chair has alternated, and shall continue to alternate, between the Parties. The appointments of Chair and Vice Chair are made for a period of two (2) years.

Advisory Members of the Integration Joint Board

3.6 The Integration Joint Board must include the following non-voting (advisory) members as specified in the Order:-

- 3.6.1 The Chief Officer of the Integration Joint Board;
- 3.6.2 The Chief Social Work Officer of the Council;
- 3.6.3 The Chief Finance Officer [of the Integration Joint Board](#);
- 3.6.4 A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Dumfries and Galloway;
- 3.6.5 A registered nurse who is employed by NHS Dumfries and Galloway or by a person or body with which NHS Dumfries and Galloway has entered into a general medical services contract; and
- 3.6.6 A registered medical practitioner employed by NHS Dumfries and Galloway and not providing primary medical services.

3.7 The Integration Joint Board shall also appoint at least one non-voting (advisory) member in respect of each of the following groups as specified in the Order:

- 3.7.1 Staff of the Parties engaged in the provision of Services provided under the Integration Scheme;
- 3.7.2 Third sector bodies carrying out activities related to health or social care in the Dumfries and Galloway area;
- 3.7.3 People supported by health and social care residing in the Dumfries and Galloway area; and
- 3.7.4 People providing unpaid care in the Dumfries and Galloway area.

3.8 The Integration Joint Board may, from time to time, appoint such additional non-voting (advisory) members as it considers necessary and expedient for the effective discharge of its functions as specified in the Order. Such members may not be an Elected Member of the Council or a non-executive director of NHS Dumfries and Galloway.

4. Delegation of Functions

Functions Delegated to the Integration Joint Board from NHS Dumfries and Galloway

4.1 The functions delegated by NHS Dumfries and Galloway to the Integration Joint Board are set out in Part 1 of Annex 1. The Services to which these functions relate, provided by NHS Dumfries and Galloway and which are to be integrated, are set out in Part 2 of Annex 1.

- 4.2 Each function listed in column A of Part 1 of Annex 1 is delegated from NHS Dumfries and Galloway to the Integration Joint Board subject to the exceptions in column B ~~and only to the extent set out.~~

Functions Delegated to the Integration Joint Board from the Council

- 4.~~23~~. The functions that are delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services relating to these functions, provided by the Council through the Partnership and as directed by the Integration Joint Board, are set out in Part 2 of Annex 2.
- 4.~~34~~. In exercising its functions, the Integration Joint Board must take into account the Parties' requirements to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Integration Scheme, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.

5 Local Operational Delivery Arrangements

Strategic Plan

- 5.1. The Act places a requirement on integration joint boards to create a Strategic Plan for the area for which it is established.
- 5.2. The Strategic Plan shall:
- 5.2.1 Set out the arrangements for the Delegated Functions and the Services relating to them;
 - 5.2.2 Describe how these arrangements achieve or contribute to achieving the Outcomes; and
 - 5.2.3 Be reviewed at least every three (3) years at which time it is either retained or replaced. The period of the current Strategic Plan began on the first of April 2022 in accordance with section 37 (1) of the Act.
- ~~5.2.3~~
- 5.3. The Parties shall provide support to the Integration Joint Board for the purposes of preparing and reviewing its Strategic Plan.
- 5.4. The Parties shall continue to provide the Integration Joint Board with the necessary service performance, activity and financial data and the facilities and/or other resources that relate to the use of any Services, both within and out with Dumfries and Galloway, by people supported by health and social care, their families and Carers.
- 5.5. Each of the Parties shall advise the Integration Joint Board if they intend to change the service provision for those services relating to functions not delegated to the Integration Joint Board but that may have a resultant impact on the Strategic Plan.

Strategic Planning Group

- 5.6. The Integration Joint Board shall establish a Strategic Planning Group to support the strategic planning process in accordance with section 32 of the Act. The membership of the Strategic Planning Group should be as set out within section 32 of the Act. The Strategic Planning Group has a key role in:
- 5.6.1 Shaping and influencing the content of the Strategic Plan;
 - 5.6.2 Reviewing progress against the statutory outcomes for health and wellbeing and the associated performance indicators;
 - 5.6.3 Providing a view to the Integration Joint Board on the effectiveness of integration arrangements; and
 - 5.6.4 Providing a view to the Integration Joint Board on any Significant Decisions.

Operational Delivery Arrangements

- 5.7. Section 26 (1) of the Act states, that “Where an integration authority is an integration joint board, it must give a direction to a constituent authority to carry out each function delegated to the integration authority.”
- 5.8. The Integration Joint Board shall issue a Direction or set of Directions to either or both the Council and NHS Dumfries and Galloway in respect of every function that has been delegated to it. Each Direction shall include detailed information on the financial resources being made available for its implementation.
- 5.9. The Integration Joint Board shall have responsibility for the planning of Services that relate to the functions delegated to it. This shall be achieved through the Strategic Plan.
- 5.10. The Integration Joint Board is responsible for ensuring the Partnership provides assurance of delivery of Services in so far as the Directions it has issued to either or both of the Parties.
- 5.11. The Chief Officer is responsible for the operational management and delivery of the Services. Members of the Health and Social Care Leadership Group shall provide information, on a regular basis, to the Chief Officer on the operational delivery of Services.

Professional Leads and the Planning and Delivery of Services

- 5.12. The Senior Professional Leads, (or such other officers nominated by the relevant responsible Party), shall have a key role in the planning and delivery of Services relating to Delegated Functions.
- 5.13. These Senior Professional Leads shall liaise with each other and the Chief Officer to

ensure that there is appropriate co-ordination and a high level of professional input into the design and delivery of Services.

Provision of corporate support services

- 5.14 In order for the Integration Joint Board to both prepare the Strategic Plan and ensure that the Delegated Functions are carried out effectively, the Parties agree that technical, professional and administrative resources will require to be provided by them to the Integration Joint Board.
- 5.15 There is agreement and commitment by the Parties to provide corporate support services to the Integration Joint Board. The arrangements for providing these support services shall be reviewed at the same time as the Integration Scheme is reviewed and appropriate models of service provision agreed. This process will involve senior representatives from the Parties and the Chief Officer.
- 5.16 The Parties shall provide the Integration Joint Board with the corporate support services that it requires to fully discharge its duties under the Act.

6. Performance Reporting and the Performance Management Framework

Role and Responsibilities of the Chief Officer in Relation to Performance

- 6.1 The Chief Officer reports to the Integration Joint Board on strategy, finance and performance in relation to the implementation of the Strategic Plan. The Chief Officer does this by providing regular performance reports on the Strategic Plan to the Integration Joint Board. This enables the Integration Joint Board to have oversight of performance and measure impact against planned outcomes, intentions and priorities. The Integration Joint Board can request additional reports.
- 6.2 The Chief Officer is responsible to the Parties for the operational management and delivery of Services through the operation of the Partnership.

Annual Performance Reports

- 6.3 The Integration Joint Board is required to prepare and publish a performance report for the reporting year setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the Services. The performance report must comply with the requirements of the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

Performance Management Framework

- 6.4 The Integration Joint Board and the Parties will agree the Performance Management Framework for performance management that includes:

- 6.4.1 Relevant national indicators;
- 6.4.2 Wellbeing measures; and

6.4.3 Outcomes indicators.

- 6.5 The members of the Integration Joint Board have a role to play in having strategic oversight and scrutiny of the performance by the Parties in complying with and implementing Directions issued to them. It shall carry out these responsibilities through the receipt of regular performance and financial reporting from the Parties on the implementation of Directions and performance advice from the Chief Officer, Chief Finance Officer and other senior managers and Professional Leads.
- 6.6 The Performance Management Framework shall ensure that there are clear linkages between the Outcomes, the Dumfries and Galloway Local Outcomes Improvement Plan, Locality Plans and the Parties' delivery plans for Services.
- 6.7 The Performance Management Framework will be reviewed regularly to ensure the improvement measures that it contains continue to be up to date, relevant and reflect the outcomes, aims and intentions contained within the Strategic Plan.
- 6.8 A key element of the Performance Management Framework is to ensure continuous engagement with people with lived experience of care and support, Carers, local communities, staff and clinicians to inform the design of, and improvements to, Services that are integrated.
- 6.9 An integration authority must publish each Annual Performance Report before the expiry of the period of four (4) months beginning with the end of the reporting year; that is, no later than the end of July of the relevant year.
- 6.10 The Annual Performance Report must reflect the following:-
 - 6.10.1 Reporting on both the year which the report covers, and the five (5) preceding years, or for all previous reporting years, if this is less than five (5) years;
 - 6.10.2 Assessing performance in relation to the Outcomes;
 - 6.10.3 Financial Performance and Best Value;
 - 6.10.4 Reporting on Localities, the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of Services and the proportion of the Partnership's total budget that was spent in relation to each Locality;
 - 6.10.5 Inspection of Services;
 - 6.10.6 Any review of the Strategic Plan;
 - 6.10.7 Significant Decisions (as defined in the legislation);
 - 6.10.8 The Core Suite of Integration Indicators; and
 - 6.10.9 The Ministerial Strategic Group for Health and Community Care Indicators.

- 6.11 In addition to the Core Suite of Integration Indicators and the Ministerial Strategic Group for Health and Community Care Indicators, the Integration Joint Board has discretion to supplement additional performance indicators to reflect local priorities. These shall have clear linkages to the Outcomes, the National Performance Framework and the Parties' delivery plans for Services.
- 6.12 The delivery of the Strategic Plan is monitored through:
- 6.12.1 Longer term population outcomes;
 - 6.12.2 The view of the Strategic Planning Group on the effectiveness of integration arrangements;
 - 6.12.3 Assurances from NHS Dumfries and Galloway in relation to the operational delivery of health services;
 - 6.12.4 Assurances from the Council in relation to the operational delivery of adult social care; and
 - 6.12.5 Feedback from people who use and deliver health and social care.
- 6.13 The delivery of the Integrated Budget is observed through:
- 6.13.1 Regular reporting in relation to the financial performance of the Partnership in respect of the Delegated Functions and associated budgets;
 - 6.13.2 Self assessment in relation to Best Value; and
 - 6.13.3 Scrutiny by external auditors.
- 6.14 The delivery of Directions is observed through regular reporting from the Parties on the progress of Directions in line with agreed monitoring arrangements through the Integration Joint Board Finance, Performance and Quality Committee.
- 6.15 Oversight of the operational delivery of the Delegated Functions is observed through regular reporting from the Parties on the progress of the Annual Delivery Plan and the Social Work Service Plan through the Integration Joint Board Finance, Performance and Quality Committee.

Local Performance Monitoring

- 6.16 The way in which health and social care is provided must be shaped by the people who deliver health and social care in Dumfries and Galloway and the people supported by health and social care and their Carers and families.

- 6.17 The Integration Joint Board will ensure that everyone is involved in the planning and design of Services. Regular communication between the Integration Joint Board and the people of Dumfries and Galloway will increase public trust and understanding and ensure the best use of available finance and other resources.

7. Clinical and Care Governance and Professional Oversight

Clinical and Care Governance Overview

- 7.1 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements in respect of their duties under the Act.
- 7.2 The Parties recognise that establishing and continuously reviewing their arrangements for clinical and care governance are fundamental to the Integration Joint Board delivering its ambitions.
- 7.3 The clinical and care governance arrangements described below provide the Integration Joint Board with the required assurance with regard to the quality and safety of Services delivered.
- 7.4 The Parties have regard to the principles of the Clinical and Care Governance Framework, including the focus on Localities, people supported by health and social care and Carer feedback.
- 7.5 The Act does not change the professional regulatory framework or established professional accountabilities currently in place. The Parties shall continue to ensure that explicit arrangements are made for professional supervisions, learning, support and continuous improvement for all staff;
- 7.5.1 Professional responsibility and accountability for Nursing, Midwifery and Allied Health Professional practice is devolved to the Executive Nurse Director of NHS Dumfries and Galloway;
 - 7.5.2 Professional responsibility and accountability for social work practice is devolved to the Chief Social Work Officer of the Council;
 - 7.5.3 Professional responsibility and accountability for medical staff is devolved to the Medical Director of NHS Dumfries and Galloway; and
 - 7.5.4 Operational management responsibility and accountability for Delegated Functions rest with the Chief Officer.
- 7.6 Clinical and care governance assurance given to the Integration Joint Board in respect of the clinical and care governance of Services shall be achieved through regular reporting from the Parties to the Integration Joint Board via the mechanism of the relevant Integration Joint Board Committee and from that Committee back up to the Integration Joint Board.

The Clinical and Care Governance Framework

- 7.7 The key elements, processes and principles of the Clinical and Care Governance Framework will form the basis of clinical and care governance arrangements for the Integration Joint Board.

Commissioning and Procurement and Clinical and Care Governance

- 7.8 The Parties remain responsible, through commissioning and procurement arrangements, for the quality and safety of Services procured from the third and independent Sectors and ensuring that such Services are delivered in accordance with the Strategic Plan.
- 7.9 Region wide health and social care teams are responsible for embedding clinical and care governance and quality improvement practice across the Services that they manage and deliver.
- 7.10 Clinical and care governance oversight of Services is undertaken through:
- 7.10.1 NHS Dumfries and Galloway Health Care Governance Committee;
 - 7.10.2 Council Social Work Committee; and
 - 7.10.3 Integration Joint Board Audit, Risk and Governance Committee.
- 7.11 The above Committees bring together [elected members, NHS Board](#) executive and non executive [directors/leads](#), other senior managers, leaders and professional leadership of the Parties including the Chief Social Work Officer, the Executive Nurse Director of NHS Dumfries and Galloway and the Medical Director of NHS Dumfries and Galloway, providing an effective overview of the clinical and care governance agenda across the Services.
- 7.12 NHS Dumfries and Galloway's Healthcare Governance Committee and the Council's Social Work Services Committee provide assurance through regular reporting to the Integration Joint Board Audit, Risk and Governance Committee with regards to the quality and safety of Services being delivered via the Partnership.

Professional Leads Clinical and Care Governance Role and Responsibilities

- 7.13 The Medical Director of NHS Dumfries and Galloway and Executive Nurse Director of NHS Dumfries and Galloway have joint accountability for the clinical governance of all Services delivered by NHS Dumfries and Galloway, delegated and not delegated, as a responsibility/function delegated from the Chief Executive of NHS Dumfries and Galloway.

In addition, the Medical Director of NHS Dumfries and Galloway: -

- 7.13.1 Holds the delegated responsibility for information governance with regard to NHS Dumfries and Galloway services, and is also the Caldicott Guardian;

7.13.2 Is the Responsible Officer within the terms of the Medical Profession (Responsible Officers) Regulations 2010, including the statutory role in making recommendations about the revalidation of doctors with a prescribed connection to NHS Dumfries and Galloway; and

7.13.3 Is responsible for under-graduate and post-graduate education and training and teaching of medical students and this continues to be discharged through the Director of Medical Education of NHS Dumfries and Galloway.

7.14 In addition, the Executive Nurse Director:-

~~7.14.1 Has delegated responsibility with regard to the Local Supervisory Authority for NHS Dumfries and Galloway Midwifery Practice;~~

~~7.14.2~~ 7.14.1 Is responsible for all under-graduate and post-graduate nurse and midwifery education and evaluation of student nurse clinical placements for all NHS staff; and

~~7.14.3~~ 7.14.2 Is responsible for revalidation of Nurses and Midwives by the Nursing and Midwifery Council and Allied Health Professionals by the Health and Care Professions Council.

7.15 The Chief Social Work Officer ensures that the Council Social Work Committee maintains an overview of the quality assurance of all social work services. The Chief Social Work Officer is held to account by the Council for the quality of social work practice and shall continue to report to the Council's Social Work Services Committee and Full Council when required. The Chief Social Work Officer's Annual Report on these matters is provided to the Council and to the Integration Joint Board.

7.16 The Chief Social Work Officer provides appropriate professional advice in relation to the Council's statutory social work duties and makes certain decisions regarding the Social Work (Scotland) Act 1968. The Chief Social Work Officer supports the Council and the Elected Members of the Council in ensuring that this statutory post not only enhances professional leadership and accountability but provides a key support and added value to the Council and its partners in delivering positive outcomes locally within the Integration Scheme.

7.17 The Chief Social Work Officer, the Executive Nurse Director of NHS Dumfries and Galloway and the Medical Director of NHS Dumfries and Galloway are non-voting (advisory) members of the Integration Joint Board, providing clinical and care governance and professional advice at that level. These professional leads also advise the Chief Officer in all matters pertaining to professional issues covered by the Clinical and Care Governance Framework.

7.18 Existing advisory committees are available for the provision of advice to the Integration Joint Board as required, for example, the Area Nursing and Midwifery Advisory Committee and the Area Medical Advisory Committee.

- 7.19 In addition to the professional roles, the Chief Officer has a key role in relation to clinical and care governance in ensuring a regular and robust reporting mechanism is in place and implemented.

8 Chief Officer

- 8.1 The Integration Joint Board must appoint a Chief Officer in accordance with section 10 of the Act. Before appointing a person as Chief Officer, the Integration Joint Board must consult with the Parties.
- 8.2 The Chief Officer has operational management and delivery responsibility for all Services and is accountable to the Parties for the operational delivery of these. This post is jointly managed by the Chief Executives of the Parties who shall have joint performance review meetings involving both ~~of the~~ Party's Chief Executives on a regular basis.
- 8.3 The Chief Officer reports to the Integration Joint Board on the delivery of the Strategic Plan and on the delivery of Directions issued by the Integration Joint Board to both or either of the Parties.
- 8.4 The Chief Officer is a member of the appropriate senior management teams of each of the Parties. This enables the Chief Officer to work with the senior management of both Parties to carry out the functions of the Integration Joint Board in accordance with the Strategic Plan.
- 8.5 The Chief Officer shall establish and maintain effective relationships with a broad range of key stakeholders across NHS Dumfries and Galloway, the Council, the third and independent sectors, people supported by health and social care, Carers, Scottish Government, trades unions and professional organisations.
- 8.6 In the event that the Chief Officer is absent on an unplanned basis, or otherwise unable to carry out his or her functions, at the request of the Integration Joint Board, a suitable interim replacement for the Chief Officer shall be nominated by the Parties and submitted to the Integration Joint Board for approval and appointment.

9 Workforce

- 9.1 Successful delivery of Services is dependent upon an engaged workforce. -This is achieved through effective leadership, management, support, learning and development.
- 9.2 The following principles apply to staff delivering Services:
- 9.2.1 The employment status of staff is not changed as a result of the Integration Scheme, i.e. staff of the Parties involved in delivering Services shall

continue to be employed by their current employer and retain their current terms and conditions of employment and pension status;

9.2.2 Any future changes that may be required within the staff employed by either or both of the Parties shall be agreed and promulgated following the engagement of those affected by any proposal in accordance with established policies and procedures; and

9.2.3 Both Parties are committed to ensuring staff are equipped with the necessary knowledge, skills and values base to deliver high quality Services across the communities they serve. A workforce plan, which shall include development and support for the workforce, shall be put in place by the Parties. The workforce plan shall be reviewed annually and the Integration Joint Board shall be invited to be party to this review.

9.3 Core human resources and learning and organisational development services are provided by the Parties to their staff from existing organisational resources and services.

9.4 Support in relation to cultural change, consultation and engagement, communication and structures and management is provided through existing corporate support services.

9.5 Joint appointments shall take account of the existing recruitment policies and practice that exist within the Parties. Joint positions can be hosted by either Party and operationally managed within a structure appropriate to the delivery of the Services.

10 Finance

Resources Overview

10.1 The Parties set out the following method of determining amounts to be paid by the Parties to the Integration Joint Board in respect of each of the Delegated Functions.

10.2 The Chief Officer and the Chief Finance Officer will develop a case for the Integrated Budget based on the Strategic Plan. The Parties shall review the proposal and associated assumptions as part of the annual budget setting process. taking into regard the following points:

10.2.1 The case is evidenced, with full transparency demonstrating the following assumptions:

10.2.1.1 Cost inflation;

10.2.1.2 Activity Changes;

10.2.1.3 Required Efficiency Savings;

10.2.1.4 Performance against the Outcomes;

- 10.2.1.5 Legal and statutory requirements;
- 10.2.1.6 Transfers to/from the budget for hospital services; and
- 10.2.1.7 Adjustments to address equity of resource allocation.

10.3 The Parties will evaluate the case for the Integrated Budget and will agree their respective contributions accordingly.

10.4 If the Strategic Plan sets out a change in hospital and community capacity, the resource consequences shall be determined through a bottom up process. This means taking a detailed look to estimate and assess actual costs based on:

- 10.4.1 Planned changes in activity and case mix due to interventions in the Strategic Plan;
- 10.4.2 Projected activity and case mix changes due to changes in demography; and
- 10.4.3 Analysis of the impact on the affected hospital and community care budgets, taking into account cost behaviour (i.e. fixed, semi fixed, and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources)

10.5 The Parties shall consider the following when reviewing the Strategic Plan:-

- 10.5.1 The Local Government Financial Settlement;
- 10.5.2 The uplift applied to NHS Dumfries and Galloway funding from the Scottish Government;
- 10.5.3 Efficiencies to be achieved; and
- 10.5.4 Specific funding provided by the Scottish Government to either Party or the Integration Joint Board to support Delegated Functions or integration.

10.6 Allocations by the Parties shall be based on priority and need. The Parties shall make available financial information to the Integration Joint Board as may be required to inform financial planning.

Method for determining the amount sSet aaaside Budget for Large Hhospita Sservices

10.7 In addition to the payments to the Integration Joint Board, NHS Dumfries and Galloway will identify a Set aside Budget to be made available to the Integration Joint Board for delegated functions to be carried out in large hospitals. The Set aside Budget for- delegated hospital services will be based on an apportionment of the relevant NHS Dumfries and Galloway Board budgets for the delegated hospital services (excluding overheads).

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- ~~10.8 The core baseline Set aside Budget for the set-aside functions will be based on an appropriate methodology and agreed in partnership by NHS Dumfries and Galloway Director of Finance and the IJB Chief Finance Officer.~~
- ~~10.7 The entirety of hospital services is included in the payment to the Integration Joint Board by NHS Dumfries and Galloway. Therefore, there is no amount set aside for hospital services.~~

Schedule of Payments

- ~~10.8~~10.9 The net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board, Resource Transfer and Virement between the Parties and the Integration Joint Board shall be transferred between the Parties on a six monthly basis, with a final adjustment on closure of the Annual Accounts. The timetable and payment schedule shall be prepared in advance of the start of the financial year.

Integrated Budget In-Year Variations

- 10.~~10.9~~ Process for resolving budget variances in the Integrated Budget:-

Overspend

~~10.9.1~~10.10.1 The Chief Officer is expected to deliver the Outcomes within the— total amount of the ~~I~~ntegrated Budget

~~10.9.2~~10.10.2 Where there is a forecast overspend against an element of the Integrated Budget, the Chief Officer, the Chief Finance Officer and the relevant finance officers of the Parties must agree a ~~R~~ecovery ~~P~~lan setting out agreed corrective action to balance the overspend in the Integrated Budget; and

~~10.9.3~~10.10.3 In addition, the Integration Joint Board may increase the payment to the relevant organisation responsible for commissioning/providing Services, by either:

- a. Utilising an underspend on the other arm of the Integrated Budget to reduce the payment to that body; and/or
- b. Utilising the balance on the general fund, if available, of the Integration Joint Board in line with the reserves policy.

10.~~10.9.4~~ 10.10.4 If the Recovery Plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the Parties have the option to:

- a. Make additional one-off payments to the Integration Joint Board; or
- b. Provide additional resources to the Integration Joint Board which can then be recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to resolve this.

- 10.109.5 As a default position, should the Recovery Plan be unsuccessful, the Integration Joint Board may request that the payment from the Parties be adjusted to take account of any revised assumptions. It shall be incumbent on the Party who originally provided the resources for provision of a delegated Service to make the additional payment to cover the shortfall.

Underspend

- 10.109.6 -Where there is a forecast underspend in an element of the operational Integrated Budget, the first priority for use of the forecast underspend shall be to offset any forecast overspend within the operational Integrated Budget. If a total underspend remains to be forecast, the Integration Joint Board should forecast the retention of the underspend, except where material errors in the assumptions are made in the method to determine the payment for the function. In these circumstances the payment for this element should be recalculated using the revised assumptions.

- 10.9.7 — In the event of a forecast underspend the Integration Joint Board shall be required to decide whether this results in a repayment to the relevant Party or whether any surplus funds shall contribute to the Integration Joint Board's general fund reserves.

10.10.7

- 10.9.8 — The Chief Officer and the Chief Finance Officer shall have an agreed reserves policy for the Integration Joint Board which is reviewed annually.

10.10.8

10.10.9

- 10.9.9 — In the event of a return of funds to the Parties, the split of the repayment shall be based upon the Parties' proportionate share of the baseline payment to the Integration Joint Board, regardless of the operational budget in which the underspend has occurred.

10.10.10

- 10.9.10 It should be noted that, underspends in "ring fenced" allocations may not be available for alternative use and may need to be returned to Scottish Government.

Non Integrated Budgets

- 10.10.10.11 — In the event of a projected in-year overspend elsewhere across the Parties' non-integrated budgets, they should contain the overspend within their respective

non-integrated resources.

~~40.11~~10.12 - In exceptional circumstances, should they require the Integration Joint Board to contribute resources to offset the overspend, they must do this by amending their Allocations to the Integration Joint Board.

~~40.12~~ 10.13 —This provision should only be used in extremis and shall be subject to consultation with the Integration Joint Board. The Chief Officer shall determine the actions required to be taken to deliver the necessary savings to fund the reduction in Allocations. This should be approved by the Integration Joint Board. If necessary, either Party may increase its in year payment to the Integration Joint Board.

Chief Finance Officer and Managing Financial Performance

~~40.13~~10.14 —The Chief Finance Officer is appointed by the Integration Joint Board.

~~40.14~~10.15 The Integration Joint Board shall receive financial management support from the Chief Finance Officer.

~~40.15~~10.16 Financial advice and support shall also be provided to the Chief Officer by the Chief Finance Officer, supported by the finance staff of each Party which supports the operational budgets for Delegated Functions.

~~40.16~~10.17 The Chief Finance Officer shall establish a process of regular in year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole.

~~40.17~~10.18 The Chief Finance Officer shall provide the Chief Officer with financial advice for the respective operational budgets.

~~40.18~~10.19 Financial reports shall be produced by the Parties as part of the financial performance structure provided to the Integration Joint Board. Future content and frequency of reporting shall be agreed with the Integration Joint Board.

~~40.19~~10.20 The financial reports shall set out information on actual expenditure and budget for the year to date and forecast outturn against budget together with explanations of significant variances and details of actions required. These financial reports also set out progress with achievement of any budgetary savings.

~~40.20~~10.21 Services for processing transactions for Delegated Functions (e.g. payment of suppliers, payment of staff, raising invoices), shall be provided to the Integration Joint Board by the Parties. The Integration Joint Board should operate all financial transactions in line with the appropriate financial regulations of the Parties dependent upon the organisation the transaction applies.

Annual Accounts

~~40.21~~10.22 -The responsibility for preparing the Annual Accounts of the Integration

Joint Board resides with the Chief Finance Officer, who is also responsible for agreeing a timetable for the preparation of the Annual Accounts in conjunction with the Director of Finance of NHS Dumfries and Galloway and the ~~Head of Finance and Procurement~~ Chief Financial Officer of the Council. The Chief Finance Officer shall also be responsible for the financial planning input to the Strategic Plan.

~~40.22~~10.23 Prior to 31 January in each year, the Chief Finance Officer will agree with the ~~Head of Finance~~ Chief Financial Officer of the Council and the Director of Finance of NHS Dumfries and Galloway, a procedure and timetable for the upcoming financial year end for reconciling payments and agreeing any balances.

~~40.23~~10.24 The Parties will allocate a share of the corporate overhead costs (matched by a corresponding budget allocation) to the Integration Joint Board at the end of the financial year in order to comply with local authority accounting regulations.

Arrangements for Asset Management and Capital

~~40.24~~10.25 The Integration Joint Board does not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. Each of the Parties shall continue to own any property and assets of that Party used by the Integration Joint Board and have access to appropriate sources of funding for capital expenditure.

~~40.25~~10.26 The Chief Officer will advise of the needs of Services in respect of the overall capital investment considerations of the Parties and will consult with the Parties on how to make best use of existing resources.

11 Participation and Engagement

Principles

11.1 The Integration Joint Board and the Parties have established shared principles in relation to participation and engagement:

- 11.1.1 Inform, engage and respond to people and organisations as appropriate;
- 11.1.2 Engagement and participation work must allow local people to influence how Services are designed and delivered;
- 11.1.3 Help people to take responsibility and feel they have power;
- 11.1.4 Recognise the importance of partnership and team working;
- 11.1.5 Work in a way that involves everyone and is accessible;
- 11.1.6 Make sure that participation and engagement is open and doesn't hide anything;
- 11.1.7 Respect people's privacy, dignity and confidentiality;
- 11.1.8 Use different methods of communicating so that as many people as possible can take part;

- 11.1.9 Provide enough resources for the engagement activities;
- 11.1.10 People from different organisations should work together; and
- 11.1.11 Organisations should encourage their people to work together and share ideas and resources.

Consultation on the Original Integration Scheme

11.2 A joint consultation took place on the Original Integration Scheme in February - March 2015. The stakeholders consulted included:

- 11.2.1 Local communities/general public;
- 11.2.2 Health professionals, including GPs;
- 11.2.3 People supported by health and social care;
- 11.2.4 Carers of people supported by health and social care;
- 11.2.5 Commercial providers of health care;
- 11.2.6 Non-commercial providers of health care;
- 11.2.7 Council employees;
- 11.2.8 NHS Dumfries and Galloway employees;
- 11.2.9 Council Elected Members;
- 11.2.10 NHS Dumfries and Galloway Board members;
- 11.2.11 Social care professionals;
- 11.2.12 Commercial providers of social care;
- 11.2.13 Non-commercial providers of social care;
- 11.2.14 Staff of NHS Dumfries and Galloway and the Council who are not health professionals or social care professionals;
- 11.2.15 Non-commercial providers of social housing;
- 11.2.16 Third sector bodies carrying out activities related to health or social care;
- 11.2.17 Trade Unions;
- 11.2.18 Dumfries and Galloway Community Planning Partnership;
- 11.2.19 Dumfries and Galloway Community Planning Stakeholders Group
Dumfries and Galloway Public Protection Committee;
- 11.2.20 Learning Disability Interest Groups;
- 11.2.21 Accessible Transport Forum;
- 11.2.22 Older People's Consultative Group;
- 11.2.23 Alzheimers Scotland;
- 11.2.24 Day Centres;
- 11.2.25 Dumfries and Galloway Over 50s Group;

11.2.26 Royal Voluntary Service;
 11.2.27 The Food Train;
 11.2.28 Dumfries and Galloway Carers Centre;
 11.2.29 Capability Scotland;
 11.2.30 Third Sector, Dumfries and Galloway (Interface);
 11.2.31 Department of Work and Pensions;
 11.2.32 Dumfries and Galloway Citizens Advice Service;
 11.2.33 Further/Higher Education;
 11.2.34 DG Voice;
 11.2.35 Dumfries and Galloway Multicultural Association;
 11.2.36 Dumfries and Galloway Inter Faith Group;
 11.2.37 MPs, MSPs, MSYPs in Dumfries and Galloway;
 11.2.38 Age Scotland;
 11.2.39 Dumfries and Galloway LGBT Centre; and
 11.2.40 User and Carer Involvement (UCI)

~~11.3 The range of methodologies used to contact stakeholders included the Parties' websites and intranets; e-mail; in writing; survey monkey; annual performance review (which is held in public and gave the public the opportunity to ask questions and comment on issues) and face to face contact. NHS Dumfries and Galloway Board met in workshop session and its Performance Committee considered the Original Integration Scheme and the Council held an Elected Members' Seminar to discuss the Original Integration Scheme.~~

~~11.4~~11.3 This Integration Scheme contains no significant changes. The changes affect to both the model of Integration for Dumfries and Galloway or the list of the health and social care functions and the health services related to these functions that have been delegated from NHS Dumfries and Galloway to the Integration Joint Board from those delegated under that in the Original Integration Scheme and First Revised Integration Scheme as well as changes to and the number of voting members of the Integration Joint Board. Therefore, further engagement and consultation specifically relating to these changes has been- was undertaken involving the groups as they are stated within The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014. Workshops for this Integration Scheme have been held with the Parties, the Integration Joint Board and the Strategic Planning Group. There has also been a period of public and staff engagement.

~~11.5~~11.4 This Integration Scheme was fully impact assessed on the 22nd August 2025. The Original Integration Scheme was impact assessed, involving a range of stakeholders including representatives of equality groups, Carers, people supported by health and social care. This and considered a wide range of issues particularly relevant to health and social care integration including equalities, human rights,

health and health inequalities, economic and social sustainability and environment. [The full Dumfries and Galloway Integration Scheme 2025 Equalities Impact Assessment is published and publicly available.](#) ~~The results of the impact assessment informed the Original Integration Scheme. This impact assessment has been revisited, reviewed and updated for this Integration Scheme.~~

Consultation responses

~~11.6~~^{11.5} All consultation responses received were ~~submitted to fully considered by~~ the Parties and ~~considered and taken and~~ taken into account ~~by them~~ prior to finalis~~ingation and agreeing of the this~~ Original Integration Scheme.

Integration Joint Board Participation and Engagement Strategy

~~11.7~~ ~~The Integration Joint Board and the Parties have adopted the National Standards and committed to using VOiGE ('Visioning Outcomes in Community Engagement') a web-based tool used to plan and deliver engagement activity. The 'Remote Rural Practice Advice Note' (produced as part of the National Standards) is particularly relevant to local arrangements given the geography of the area.~~

~~11.8~~^{11.6} The Integration Joint Board has an agreed Participation and Engagement Strategy in place in accordance with the National Standards.

12 Information Sharing and Data Handling

- 12.1 All information sharing and data handling arrangements relating to integrated services shall be in compliance with the DPA and the UK GDPR.
- 12.2 The Parties have agreed a supporting ISA in line with the Information Commissioner's Office guidance on a staged basis of disclosure. This is now supporting an integrated approach to sharing information through the issue of a single shared information portal.
- 12.3 The Parties shall each ensure that its staff working within the Partnership shall be bound by a duty of confidentiality and are required to comply and adhere to each Party's respective information governance and security policies and procedures of their employing organisations, including the requirements of the agreed ISA.
- 12.4 The Parties shall ensure that Information sharing arrangements, including any agreements, procedures and protocols in place between the Parties to enable the staff working within the Partnership to share such relevant information necessary are in place and such are reviewed annually or more frequently if required, by the Parties information governance leads.
- 12.5 The Parties shall ensure that Personal Data (as defined in the DPA) and Special Categories of Personal Data (as defined in the UK GDPR), is held in electronic and paper formats, and shall only be accessed by authorised staff who require to access for the purposes set out in the Act.

- 12.6 The Parties acknowledge that in order to provide fully integrated health and social care services, it will be necessary to share Personal Data of the person or people being supported by health and/or social care with external agencies not party to this Integration. In these instances, the relevant Party shall obtain the explicit consent of the Data Subject (as defined in the DPA), or their lawfully recognised representative, unless an overriding statutory requirement or exemption exists. In order to comply with the DPA and the UK GDPR, the Parties shall ensure that Personal Data that it may process is handled fairly, lawfully and in a transparent manner.
- 12.7 In order to comply with the DPA and GDPR, the Parties will ensure that all Personal Data is processed in compliance with the data protection principles (as set out in the UK GDPR).

13 **Complaints Protocol**

- 13.1 This complaints protocol sets out how the Parties will work jointly to achieve a joint approach to addressing complaints from the people supported by health and social care, Carers and any other authorised representatives about any integrated health and social care service.
- 13.2 The Parties agree that the responsibility for addressing complaints from people supported by health and social care and/or Carers is delegated to the Party responsible for the delivery of the particular health or social care service being complained about. There will be an overview carried out by the Chief Officer and a commitment to joint working, wherever necessary, between the Council and NHS Dumfries and Galloway when addressing complaints about any Service.
- 13.3 This provision ensures that the existing separate statutory complaint handling arrangements put in place by the Parties for health and social work services will be followed.
- 13.4 These arrangements also apply where, in the event that a complainant may be dissatisfied with the Chief Social Work Officer's decision in relation to a complaint about social work services, the complainant has a legal right to access a third stage independent review by the SPSO.
- 13.5 Legislation provides for a complainant with a health care complaint to pursue any appeal directly with the SPSO, after the one-stage complaint procedure has been exhausted.
- 13.6 People supported by health and social care and Carers and others, authorised to act as their representatives, shall make complaints either to the Council or NHS Dumfries and Galloway by submitting an online complaint form, by telephoning the relevant department or attending in person or in writing.
- 13.7 In addition to above, in 2017, Scottish Government advised that all integration joint boards must have their own complaints handling procedure in place. This allows

members of the public to express their dissatisfaction about the integration joint board's action or lack of action, or about the standards of services relating to functions delegated to that integration joint board.

- 13.8 There are currently three (3) key established processes for a complaint about health and social care services to follow depending on the lead Party. It is the responsibility of the lead Party to comply with the relevant and appropriate procedure:
- Dumfries and Galloway Council Complaints Handling Procedure;
 - NHS Dumfries and Galloway Complaints Procedure; and
 - Dumfries and Galloway Integration Joint Board Complaints Handling Procedure.
- 13.9 The above procedures can be found on the internet or by contacting the relevant Party.
- 13.10 All external providers commissioned by the Parties to provide Services to the Integration Joint Board are required to have their own complaints procedure in place which shall be quality assured by the Parties. Where complaints are received that relate to a service provided by an external service provider, the lead Party shall refer the complainant to the external provider for resolution of their complaint. This may be done by either provision of contact details or by the lead Party passing the complaint on, depending on the approach preferred by the complainant.
- 13.11 Each Party has a clearly defined description of what constitutes a complaint contained within its complaints handling documentation, although for consistency, and since the SPSO exercises regulatory and scrutiny functions over health and social care, it is reasonable to adopt the SPSO's definition of a complaint, which is:
- 'an expression of dissatisfaction by one or more members of the public about the local authority's (or NHS) action or lack of action, or about the standard of service provided by or on behalf of the local authority (or NHS).'*
- 13.12 Should there be any data sharing requirements in relation to any complaint, the Data Sharing Protocol shall detail how this shall be managed.
- 13.13 All complaints shall be signed off as per the lead Party's procedure. The Chief Officer shall monitor the level and nature of complaints received.
- 13.14 Staff shall follow the complaints handling process of their employing Party. The employing Party shall take responsibility for the triage of the complaint and liaise with the other Party where required.
- 13.15 The current processes within the Parties for gathering feedback, from people supported by health and/or social care and Carers, families and public, how it has been used for making improvements and learning, and how it is reported, shall continue.
- 13.16 Existing performance information and lessons learned relating to complaints

investigations shall be collected and reported to the Integration Joint Board in line with the Clinical and Care Governance and Professional Oversight arrangements laid out in this Integration Scheme.

- 13.17 Performance information and lessons learned relating to complaints investigations shall be reported to the Integration Joint Board at its next meeting following reporting to the board of NHS Dumfries and Galloway or the Council's Audit and Risk Management Committee.
- 13.18 The above arrangements are monitored and evaluated annually.

14 Claims Handling, Liability and Indemnity

- 14.1 The Parties and the Integration Joint Board all recognise that they could receive a claim arising from or which relates to the work undertaken on the Directions of the Integration Joint Board.
- 14.2 The Parties agreed to ensure that any such claims are processed quickly and in a manner which is equitable between them.
- 14.3 So far as reasonably practicable, the normal common law and statutory rules relating to liability shall apply.
- 14.4 Each Party shall assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 14.5 Each Party shall assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.
- 14.6 In the event of any claim against the Integration Joint Board or in respect of which it is not clear which Party should assume responsibility then the Chief Officer (or his/her representative) shall liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

15 Risk Management

- 15.1 A risk management strategy for the Integration Joint Board was developed and approved by the Integration Joint Board by 31 December 2015.

The Integration Joint Board Audit, Risk and Governance Committee

- 15.1 The Integration Joint Board Audit, Risk and Governance Committee consists of voting and non-voting (advisory) members of the Integration Joint Board.
- 15.2 The Integration Joint Board Audit, Risk and Governance Committee
- 15.2.1 Ensures that the risk management strategy is regularly reviewed and

updated;

- 15.2.2 Advises and seeks approval from the Integration Joint Board regarding any changes to the risk management strategy, including the level of risk appetite;
- 15.2.3 Considers and maintains an overview of the effectiveness of the risk management process;
- 15.2.4 Assesses and prioritises risks relating to the delivery of Services, particularly any likely to affect the Integration Joint Board's delivery of the Strategic Plan;
- 15.2.5 Ensures that significant risks are being adequately and appropriately managed; and
- 15.2.6 Monitors the implementation of improvement action plans.

The risk management strategy

15.3 The Integration Joint Board risk management strategy sets out:-

~~15.4.2~~ ~~15.34.1~~ The responsibilities of the Chief Officer, risk owners, and the Parties in relation to risk;

~~15.4.3~~ The processes for mitigating risks;

~~15.3.2~~

~~15.4.4~~ ~~15.3.1~~ Arrangements for managing significant risks. Progress on agreed actions in relation to these are reviewed every quarter by the Integration Joint Board Audit, Risk and Governance Committee; and

15.34.4 The agreed reporting standard that enables significant risks identified by the Parties and the Integration Joint Board to be compared between the Parties and the Integration Joint Board. Significant risks shall be reviewed either annually or every six (6) months by the Integration Joint Board Audit, Risk and Governance Committee.

~~15.5~~ ~~15.4~~ Information on risks is effectively communicated between the Integration Joint Board Audit, Risk and Governance Committee and the Integration Joint Board through the use of a shared system to record and monitor any action being taken.

~~15.6~~ ~~15.5~~ Amendments to the risk register shall be subject to scrutiny by the Integration Joint Board Audit, Risk and Governance Committee.

~~15.7~~ ~~15.6~~ The Parties shall provide appropriate resources to ensure that the risk management of the Integration Joint Board is delivered to a high standard.

16 Dispute resolution mechanism

16.1 Where either of the Parties fails to agree with the other on any issue related to this Integration Scheme, they shall follow the process as set out below:

- 16.1.1 The Chief Executives of the Parties shall meet to resolve the issue;
- 16.1.2 If unresolved, the Parties shall each prepare a written note of their position on the issue and exchange it with the other within twenty one (21) calendar days of the meeting held in accordance with clause 16.1.1;
- 16.1.3 In the event that the issue remains unresolved, representatives of the Parties shall proceed to mediation with a view to resolving the issue;
- 16.1.4 A representative of each of the Parties shall meet with a view to appointing a suitable independent person to act as mediator. If agreement cannot be reached a referral shall be made to the President of the Law Society of Scotland inviting the President to appoint a person to act as mediator. The mediation process shall commence within twenty eight (28) calendar days of the meeting held in accordance with clause 16.1.3; and
- 16.1.5 Where the issue remains unresolved after following the processes outlined above, and if mediation does not allow an agreement to be reached within six (6) months from the date of its commencement, or any other such time as the Parties may agree, either Party may notify Scottish Ministers that agreement cannot be reached.

Annex 1

Part 1

Functions delegated by NHS Dumfries and Galloway to the Integration Joint Board

Column A

Column B

The National Health Service (Scotland) Act 1978

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978

Except functions conferred by or by virtue of –

Section 2(7) (Health Boards);

Section 2CB (functions of Health Boards outside Scotland)

Section 9 (local consultative committees);

Section 17A (NHS contracts);

Section 17C (personal medical or dental services)

Section 17I (use of accommodation);

Section 17J (Health Boards' power to enter into general medical services contracts);

Section 28A (remuneration for Part II services);

[Section 38\(33\) \(care of mothers and young children\);](#)

[Section 38A\(34\) \(breastfeeding\);](#)

[Section 39\(35\) medical and dental inspection, supervision and treatment of pupils and young persons\);](#)

Section 48 (residential and practice accommodation)

Section 55 (hospital accommodation on part payment)

Section 57 (accommodation and services for

private patients)

Section 64 (permission for use of facilities in private practice)

Section 75A (remission and repayment of charges and payment of travelling expenses);

Section 75B (reimbursement of the cost of services provided in another EEA state);

Column A
Enactment conferring functions

Column B
Limitations

Section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

Section 79 (purchase of land and moveable property);

Section 82 (use and administration of certain endowments and other property held by Health Boards);

Section 83 (power of Health Boards and local health councils to hold property on trust);

Section 84A (power to raise money, etc., by appeals, collections, etc);

Section 86 (accounts of Health Boards and the Agency);

Section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

Section 98 (charges in respect of non- residents); and

Paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by-

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001;

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;

The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

Column A
Enactment conferring functions

Column B
Limitations

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018;

The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;

The National Health Service (General Dental Services) (Scotland) Regulations 2010; and

The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7
(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003

Except functions conferred by –

Section 22 (approved medical practitioners);

Section 34 (inquiries under Section 33: cooperation);

Section 38 (duties on hospital managers: examination, notification etc.);

Section 46 (hospital managers' duties: notification);

Column A
Enactment conferring functions

Column B
Limitations

Section 124 (transfer to other hospital);

Section 228 (request for assessment of needs: duty on local authorities and Health Boards)

Section 230 (appointment of patient's responsible medical officer);

Section 260 (provision of information to patient);

Section 264 (detention in conditions of excessive security: state hospitals);

Section 267 (order under section 264 or 265; recall);

Section 281 (correspondence of certain persons detained in hospital);

and functions covered by-

The Mental Health (Safety and Security) (Scotland) Regulations 2005;

The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and

The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23
(other agencies etc. to help in
exercise of functions under the Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred
by, or by virtue of, the Public Services
Reform (Scotland) Act 2010

Except functions conferred by –
Section 31 (public functions: duties to
provide information on certain

Column A
Enactment conferring function

Column B
Limitation

expenditure etc.); and

Section 32 (public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by the Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012

Part 2

Services relating to functions delegated by NHS Dumfries and Galloway to the Integration Joint Board

The [following](#) services relating to NHS Dumfries and Galloway functions delegated pursuant to Part 1 of Annex 1, ~~including those set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014,~~ apply to adults over the age of 18 ~~and children under the age of 18 and~~ shall include:

- [Accident and Emergency services provided in a hospital.](#)
- [Inpatient hospital services relating to the following branches of medicine—](#)
 - [general medicine;](#)
 - [geriatric medicine;](#)
 - [rehabilitation medicine;](#)
 - [respiratory medicine; and](#)
 - [psychiatry of learning disability.](#)
- [Palliative care services provided in a hospital.](#)
- [Inpatient hospital services provided by General Medical Practitioners.](#)
- [Services provided in a hospital in relation to an addiction or dependence on any substance.](#)
- [Mental health services provided in a hospital, except secure forensic mental health services.](#)
- [District nursing services.](#)
- [Services provided outwith a hospital in relation to an addiction or dependence on any substance.](#)
- [Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.](#)
- [The public dental service.](#)
- [Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service \(Scotland\) Act 1978, or an arrangement made in pursuance of section 2C\(2\) of the National Health Service \(Scotland\) Act 1978.](#)
- [General dental services provided under arrangements made in pursuance of section 25 of the National Health Service \(Scotland\) Act 1978.](#)
- [Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service \(Scotland\) Act 1978.](#)
- [Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service \(Scotland\) Act 1978.](#)
- [Services providing primary medical services to patients during the out-of-hours](#)

period.

- Services provided outwith a hospital in relation to geriatric medicine.
 - Palliative care services provided outwith a hospital.
 - Community learning disability services.
 - Mental health services provided outwith a hospital.
 - Continence services provided outwith a hospital.
 1. Kidney dialysis services provided outwith a hospital.
 2. Services provided by health professionals that aim to promote public health.
- ~~District General Hospital Inpatient (Scheduled and Unscheduled);~~
 - ~~Hospital Outpatient Services;~~
 - ~~General Pharmaceutical Services;~~
 - ~~General Ophthalmic Services;~~
 - ~~Diagnostic Services;~~
 - ~~Community Hospital Services;~~
 - ~~Inpatient Mental Health;~~
 - ~~Paediatrics;~~
 - ~~Community Hospitals;~~
 - ~~NHS Community Services (Nursing, Allied Health Professionals, Mental Health Teams, Specialist End of Life Care, Older Adult Community Psychiatric Nursing, Re-ablement, Learning Disability Specialist, Community Midwifery, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Audiology);~~
 - ~~Community Children's Services—Child and Adolescent Mental Health Service, Primary Mental Health Workers, Public Health Nursing, Health visiting, School Nursing, Learning Disability Nursing, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Audiology, and Community Paediatricians;~~
 - ~~Community Health Services including health visiting and school nursing;~~
 - ~~Public Health Practitioner Services;~~
 - ~~GP Services;~~
 - ~~GP Prescribing;~~
 - ~~Primary Medical Services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978;~~
 - ~~general dental services provided under arrangements made in pursuance of section 25 of the National Health Services (Scotland) Act 1978, and the public dental service;~~
 - ~~Out of Hours Primary Medical Services;~~
 - ~~General and Community Dental Services; and~~
 - ~~Hotel Services and Facilities Management.~~

In addition to the above services delegated in respect of the functions listed in Part 1 of Annex 1, NHS Dumfries and Galloway have also delegated the entirety of acute and community hospital services. That is all remaining services delivered from an NHS Dumfries and Galloway hospital.

Annex 2

Part 1

Functions delegated by the Council to the Integration Joint Board

Column A

Enactment conferring function

Column B

Limitation

National Assistance Act 1948

Section 48

(duty of Councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958

Section 3

(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(local authorities for the administration of the Act)

So far as it is exercisable in relation to another integration function.

Section 4

(provisions relating to performance of functions by local authorities)

So far as it is exercisable in relation to another integration function.

Section 8

(research)

So far as it is exercisable in relation to another integration function.

Section 10

(financial and other assistance to voluntary organisations etc. for social work)

So far as it is exercisable in relation to another integration function.

Section 12

(general social welfare services of local authorities)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 12A

(duty of local authorities to assess needs)

So far as it is exercisable in relation to another integration function.

Column A
Enactment conferring function

Column B
Limitation

Section 12AZA
(assessments under section 12A
– assistance)

So far as it is exercisable in relation to
another integration function.

Section 13
(power of local authorities to
assist persons in need in disposal
of produce of their work)

Section 13ZA
(provision of services to
incapable adults)

So far as it is exercisable in relation to
another integration function.

Section 13A
(residential accommodation with
nursing)

Section 13B
(provision of care or aftercare)

Section 14
(home help and laundry facilities)

Section 29
(power of local authority to defray
expenses of parent, etc., visiting
persons or attending funerals)

Section 59
(provision of residential and other
establishments by local
authorities and maximum period
for repayment of sums borrowed
for such provision)

So far as it is exercisable in relation to
another integration function.

The Local Government and Planning (Scotland) Act 1982

Section 24 (1) (The provision of gardening assistance for the disabled and the elderly)

Column A**Enactment conferring function****Column B****Limitation****Disabled Persons (Services, Consultation and Representation) Act 1986**

Section 2
(rights of authorized representatives
of disabled persons)

Section 3
(assessment by local authorities of
needs of disabled persons)

Section 7
(persons discharged from hospital)

In respect of the assessment of need for any
services provided under functions contained in
welfare enactments within the meaning of section
16 and which are integration functions.

Section 8
(duty of local authority to take into
account abilities of Carer)

In respect of the assessment of need for any
services provided under functions contained in
welfare enactments (within the meaning set out in
section 16 of that Act) which are integration
functions.

The Adults with Incapacity (Scotland) Act 2000

Section 10
(functions of local authorities)

Section 12
(investigations)

Section 37
(residents whose affairs may be
managed)

Only in relation to residents of establishments
which are managed under integration functions.

Section 39
(matters which may be managed)

Only in relation to residents of establishments
which are managed under integration functions.

Section 41
(duties and functions of managers of
authorised establishment)

Only in relation to residents of establishments
which are managed under integration functions.

Section 42
(authorisation of named manager to
withdraw from resident's account)

Only in relation to residents of establishments
which are managed under integration functions.

Section 43
(statement of resident's affairs)

Only in relation to residents of establishments
which are managed under integration functions.

Column A
Enactment conferring function

Column B
Limitation

Section 44
(resident ceasing to be resident of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Section 45
(appeal, revocation etc)

Only in relation to residents of establishments which are managed under integration functions.

The Housing (Scotland) Act 2001

Section 92
(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Community Care and Health (Scotland) Act 2002

Section 5
(local authority arrangements for residential accommodation outwith Scotland)

Section 14
(payments by local authorities towards expenditure by NHS bodies on prescribed functions)

The Mental Health (Care and Treatment) (Scotland) Act 2003

Section 17
(duties of Scottish Ministers, local authorities and others as respects Commission)

Section 25
(care and support services etc.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26
(services designed to promote well-being and social development)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27
(assistance with travel)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 33
(duty to inquire)

Section 34
(inquiries under section 33: Cooperation)

Column A
Enactment conferring function

Column B
Limitation

Section 228
(request for assessment of needs
duty on local authorities and Health
Boards)

Section 259
(advocacy)

The Housing (Scotland) Act 2006

Section 7(1)(b)
(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Section 4
(council's duty to make inquiries)

Section 5
(co-operation)

Section 6
(duty to consider importance of
providing advocacy and other
services)

Section 11
(assessment Orders)

Section 14
(removal orders)

Section 18
(protection of moved persons
property)

Section 22
(right to apply for a banning order)

Section 40
(urgent cases)

Section 42
(Adult Protection Committees)

Section 43
(Membership)

Column A
Enactment conferring function

Column B
Limitation

Social Care (Self-directed Support) (Scotland) Act 2013

Section 5
(choice of options: adults)

Section 6
(choice of options under section 5:
assistances)

Section 7
(choice of options: adult Carers)

Section 9
(provision of information about self-
directed support)

Section 11
(local authority functions)

Section 12
(eligibility for direct payment
review)

Section 13
(further choice of options on
material change of circumstances)

Only in relation to a choice under section 5 or 7
of the Social Care (Self-directed Support)
(Scotland) Act 2013

Section 16
(misuse of direct payment
recovery)

Section 19
(promotion of options for self-
directed support)

The Carers (Scotland) Act 2016

Section 6
(duty to prepare adult Carer support plan)

Section 21
(duty to set local eligibility criteria)

Column A
Enactment conferring function

Column B
Limitation

Section 24
(duty to provide support)

Section 25
(provision of support to Carers:
breaks from caring)

Section 31
(duty to prepare local Carer strategy)

Section 34
(information and advice services for
Carers)

Section 35
(short break services statements)

Functions conferred by virtue of enactments, prescribed for the purposes of section 1(7) of
the Public Bodies Joint Working (Scotland) Act 2014

The Community Care and Health (Scotland) Act 2002

Section 4(13)
The functions conferred by Regulation
2 of the Community Care (Additional
Payments) (Scotland) Regulations 2002

Part 2

Services provided by the Council which are to be integrated

- Social work services for adults and older people;
- Services and support for adults with physical disabilities and learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;
- Aspects of housing support, including aids and adaptations;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	6 October 2025
Title:	Audit and Risk Committee Chair's Briefing
Responsible Executive/Non-Executive:	Greg Black, Chair of Audit and Risk Committee
Report Author:	Susan Thompson, Interim Director of Finance

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Significant

Comment:

This paper provides assurance that Audit and Risk (A&R) Committee is meeting its governance requirements as a delegated committee of the Board and provides an appropriate mechanism for reporting key updates, issues, risks and minutes of committee meetings.

BOARD PUBLIC

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

(For more detail on each of the tactical priorities, please click on this [link](#))

- Financial Sustainability
- Other (please explain below)

Comment:

This paper supports the corporate governance requirements for NHS Board. The tactical priorities are considered as part of committee business as these arise.

2 Report summary

2.1 Situation

Audit and Risk Committee supports the Board in their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

This paper provides an update on the work of Audit and Risk Committee and an update on any performance, risk or matters which require escalation to NHS Board. All minutes from the meeting will now be reported routinely through the governance paper updates.

2.2 Background

Audit and Risk Committee exists to support the Accountable Officer and Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

Audit and Risk Committee will seek assurance that NHS Dumfries and Galloway act within statutory financial and other constraints, as set out in the Code of Corporate Governance, as well as ensuring effective internal control.

2.3 Assessment

Audit and Risk Committee have met on 28 July 2025 meeting was quorate.

Audit and Risk Committee play a key role in supporting the NHS Board to approve the annual report and accounts on an annual basis.

The following is an extract from Financial Reporting Section 4.20-4.21 of the Audit and Assurance Committee Handbook which sets out the role of Audit Committee in relation to the Annual Accounts.

BOARD PUBLIC

The committee should consider significant accounting policies, any changes to them and any significant estimates and judgements, if possible before the start of the financial year. It should also review the clarity and completeness of disclosures in the year-end financial statements and consider whether the disclosures made are set properly in context.

The committee will not itself be able to review the accounts in detail in order to advise the Accounting Officer whether they are true and fair. Ideally, the committee should expect a comprehensive overview of the financial statements by the Finance Director, including comparisons with the prior year and current year budget, and an explanation of any issues arising. In reaching a view on the accounts, the committee should consider:

- key accounting policies and disclosures;
- assurances about the financial systems which provide the figures for the accounts;
- the quality of the control arrangements over the preparation of the accounts;
- key judgements made in preparing the accounts; and
- any disputes arising between those responsible for preparing the accounts and the auditors.
- reports, advice and findings from External audit (especially the Audit Completion Report – ISA260 Report)

In addition, Audit and Risk Committee has a specific responsibility on behalf of the Board to review the disclosures included in the Governance Statement.

There are a number of key issues which the Committee considered and present to the NHS Board for assurance and awareness.

For assurance:

At the meeting a number of quarterly reports were discussed

- Cyber Audit Action Plan Update (Moderate)
- Information Assurance Quarterly Update Report (Limited)
- Financial Governance Update (Significant)
- Audit Scotland Report Register (Moderate)
- Strategic Risk Management Quarterly Update Report (Moderate)
- Internal Audit Activity Quarterly Progress Report (Moderate)
- Limited Assurance Audits Update (Moderate)
- Limited Assurance Specific Audits Updates
 - Security
 - Vehicle Use
 - Residencies
 - Primary Care Claims
- Fraud Quarterly Update (Moderate)

BOARD PUBLIC

For awareness:

Cyber Security and Information Governance:

The Committee received updates on the ongoing response to cyber attacks earlier in 2024, including the development of a comprehensive Cyber Action Plan and improvements to risk assessment processes. Progress was noted, but some actions remain at an early stage. The Committee also discussed information governance, highlighting improvements in response times for access to medical records and ongoing work to increase staff compliance with mandatory training. Some gaps remain and these are being followed up.

Internal Audit and Assurance:

Internal audit activity continues, with progress made on outstanding actions and several audits are underway. A recent audit of the Alcohol and Drug Partnership identified areas for improvement, such as clearer governance and better information sharing. The Committee acknowledged the value of these audits in strengthening processes and highlighted the need for realistic timelines and improved tracking of actions.

Financial Governance:

The Committee reviewed financial governance arrangements and confirmed that controls and compliance remain strong with ongoing work aimed to further strengthen processes.

Strategic Risk Management:

Updates were provided on the Board's risk management strategy, including the implementation of a new risk management system and ongoing efforts to embed risk appetite into decision-making.

Overall Assurance:

The Committee agreed that, while progress is being made across all areas, some challenges remain particularly in closing overdue audit actions and fully embedding new systems and processes. The Committee will continue to monitor these areas and provide regular updates to the Board.

2.3.1 Quality/ Patient Care

Quality and patient care is considered as part of Audit and Risk Committee discussions. There is no direct impact on quality of care (and services) from the findings in this report.

2.3.2 Workforce

Workforce is considered as part of Audit and Risk Committee discussions. There is no direct impact on workforce from the findings in this report.

2.3.3 Financial

Financial issues are considered as part of Audit and Risk Committee discussions. Although this has been considered, there is no financial impact of this paper.

2.3.4 Risk Assessment/Management

Risk is considered as part of Audit and Risk Committee discussions. Although this has been considered, there is no risk impact of this paper.

2.3.5 Risk Appetite

- Minimal

Comment:

This report has a minimal risk appetite as it is a committee report updating on governance matters.

2.3.6 Equality and Diversity, including health inequalities

An impact assessment is not required in this instance. However, should any of the occurrences in this paper require an assessment, this would be carried out in line with appropriate Equality and Diversity regulations.

2.3.7 Climate Emergency and Sustainability

No specific impacts have been identified in relation to climate emergency and sustainability in preparing this paper.

2.3.8 Consumer Duty

An impact assessment has not been completed because this is a governance update report and isn't required.

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

This paper is a direct report to the Board and is not reviewed outwith.

2.3.11 Route to the Meeting

Audit and Risk Committee meetings have been held in line with the corporate timetable.

2.4 Recommendation

This report is being presented for:

- **Assurance** – Board is asked to note the Audit and Risk Committee Chair's Briefing.

3 List of appendices

No appendices attached.

NHS Dumfries and Galloway



Meeting: NHS Board (Public)
Meeting date: 6 October 2025
Title: Corporate Governance Update
Responsible Executive/Non-Executive: David Rowland, Director of Corporate Services
Report Author: Laura Geddes, Corporate Business Manager

1 Purpose

This is presented to the Board for:

- Awareness
- Assurance
- Decision

This report relates to a:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:

- Significant

Comment:

This paper has been developed to encompass all of the corporate governance updates due to be presented to NHS Board, which is in line with the good governance framework in the Blueprint and local policies and processes.

From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

(For more detail on each of the tactical priorities, please click on this [link](#))

- Other (please explain below)

Comment:

This paper does not directly link to any of the tactical priorities as it covers the corporate governance requirements for the NHS Board, as per the Standing Orders and Blueprint for Good Governance.

2 Report summary

2.1 Situation

This paper has been developed to provide NHS Board Members with an update on various aspects of corporate governance that are presented to NHS Board on a bi-monthly basis.

2.2 Background

As part of the development of the corporate governance framework and to streamline papers that are being presented to the NHS Board, this paper covers all aspects of corporate governance in one report and will be brought to each meeting to provide assurance on progress around corporate governance.

This specific paper will provide an update on the following areas:

- NHS Board and Committee Dates 2026/27
- Committee Chairs
- Workshop Timetable
- Governance Committee Minute Matrix

2.3 Assessment

Committee and NHS Board Dates 2026/27

Initial discussions have been held in relation to the format of the committee and NHS Board dates for 2026/27 and although the proposal is to continue with the bi-monthly meetings for the NHS Board, there has been concerns raised around the structure of the Committee Assurance Days and whether having 2 committee meetings in the one day is productive and efficient.

Further discussions will be held with the lead Directors for each committee and the committee chairs, before bringing back a proposal of 2026/27 dates for Board and Committees to the December 2025 NHS Board meeting for approval.

Amendment to Committee Chairs

Each of the Board's Governance Committees has a nominated Chair and, where possible, a Vice Chair. These appointments are agreed with the Board Chair and are reviewed on a regular basis to consider Non-Executive capacity, skill mix and experience.

Table 1 below includes all of the changes that were approved at the August 2025 NHS Board meeting, as well as confirming that Linda Dorward, the Board's new Local Authority Representative / Non-Executive Board Member, has been appointed as the Vice Chair for Public Health Committee with effect from 6th October 2025.

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Table 1: Governance Committee Leads

Committee	Chair	Vice Chair	Lead Director	Secretariat
Audit and Risk Committee	Greg Black, Non-Executive Board Member	Gwilym Gibbons, Non-Executive Board Member	Katy Kerr, Director of Finance	Tracey Grierson, Executive Assistant to Director of Finance
Healthcare Governance Committee	Marsali Caig, Non-Executive Board Member	Kim Dams Non-Executive Board Member	Mark Kelly, Director of Nursing and Midwifery	Kelly Addiss, Corporate Business Support Administrator
Performance and Resource Committee	Garry Forsyth, Interim NHS Chair	Suzanne Hamilton Non-Executive Board Member	Katy Kerr, Director of Finance	Kelly Addiss, Corporate Business Support Administrator
Public Health Committee	Gwilym Gibbons, Non-Executive Board Member	Linda Dorward, Local Authority Non-Executive Board Member	Valerie White, Director of Public Health	Kelly Addiss, Corporate Business Support Administrator
Remuneration Committee	Mark Cook Board Chair	Not applicable	Pamela Jamieson, Director of Workforce	Alison Warrick, Executive Assistant to Director of Workforce
Staff Governance Committee	Suzanne Hamilton, Non-Executive Board Member	Vicky Keir Non-Executive Board Member	Pamela Jamieson, Director of Workforce	Tracee Copeland, Corporate Business Support Administrator
Pharmacy Practices Committee	Suzanne Hamilton, Non-Executive Board Member	Not applicable	Linda Bunney Head of Primary Care Services	Primary Care Development Admin Team

BOARD PUBLIC

Workshop Timetable

Discussions have been held in recent months in relation to the scheduling of workshops, which focusses on the key areas linked to the development of the Board and the tactical priorities.

Since the last update to Board in August 2025, workshops for the following areas have been scheduled:

- Driving Innovation, change and Financial Delivery moved from 1st September 2025 to 27th October 2025
- Medicine and Prescribing moved from 1st September 2025 to 15th December 2025
- Dumfries and Galloway Youth Council moved from 20th October 2025 to 23th March 2025
- Alcohol and Drug Partnership Workshop has been moved from 27th October 2025 to 17th November 2025
- Joint Workshop with NHS and IJB members for the 2026-29 Children's Services Plan on 6th October 2025
- Digital Transformation workshop arranged for 24th November 2025

The table below gives a full list of all the workshops that have been held and planned in 2025/26, as well as any known topics for that need to be scheduled.

Table 4: NHS Board Workshop Schedule 2025/26

Workshop Date	Workshop Title	Lead Director
14 April 2025	Reform Agenda (Initial Discussions)	David Rowland
26 May 2025	General Medical Service Review and Strategic Commissioning and Planning	David Rowland
30 June 2025	Population Health Framework	Valerie White
28 July 2025	Population Health Framework and Reform	David Rowland
18 August 2025	Property Strategy	Nicole Hamlet
22 September 2025	Reform Agenda	David Rowland
22 September 2025	GMS Review	David Rowland
29 September 2025	Cyber Training for Board Members	David Rowland / Kevin Fergusson
6 October 2025	2026-29 Children's Services Plan	Mark Kelly / Darren Little
27 October 2025	Driving Innovation, Change and Financial Delivery	Mark Cook / Julie White
17 November 2025	Alcohol and Drug Partnership	Valerie White
24 November 2025	Digital Transformation	Nicole Hamlet / Sudeep Chatterjee
15 December 2025	Medicines and Prescribing	Ken Donaldson / Nikki Holmes
22 December 2025	<i>Topic to be confirmed</i>	
23 February 2026	<i>Topic to be confirmed</i>	
23 March 2026	Joint Meeting with NHS Board and Dumfries and Galloway Youth Council	Valerie White

BOARD PUBLIC

Workshop Date	Workshop Title	Lead Director
Future Topics	• Research and Innovation • Volunteers • Centre for Sustainable Development	Ken Donaldson Mark Kelly Nicole Hamlet / Ian Bryden

Governance Committee Minute Matrix

Five governance committees have been established, reporting directly to the NHS Board and who are delegated specific areas of responsibilities and authorities to ensure that all areas of the NHS Board remit are covered.

To ensure the Board receives assurance that the duties delegated to the committees are being delivered throughout the year, the committee minutes are presented to NHS Board as part of this paper and a Committee Chairs report is presented separately to highlight key areas of activity that have been taken through each of the committee meetings.

Tables 2 provide assurance to Board Members that the 2025/26 committee minutes are being presented to NHS Board in year by charting the committee meeting date against the date of the NHS Board meeting that the approved committee minute was presented to.

BOARD PUBLIC

Table 2: Governance Committee Minute Matrix 2025/26

Committee Name	Committee Meeting Date	Date minute taken to NHS Board
Audit and Risk Committee	28 April 2025	11 August 2025
Audit and Risk Committee	26 May 2025	11 August 2025
Audit and Risk Committee	16 June 2025	11 August 2025
Audit and Risk Committee	23 June 2025	11 August 2025
Audit and Risk Committee	28 July 2025	
Audit and Risk Committee	27 October 2025	
Audit and Risk Committee	26 January 2026	
Healthcare Governance Committee	12 May 2025	11 August 2025
Healthcare Governance Committee	14 July 2025	
Healthcare Governance Committee	10 November 2025	
Healthcare Governance Committee	19 January 2026	
Performance and Resource Committee	2 June 2025	6 October 2025
Performance and Resource Committee	8 September 2025	
Performance and Resource Committee	1 December 2025	
Performance and Resource Committee	9 March 2026	
Public Health Committee	12 May 2025	
Public Health Committee	10 November 2025	
Public Health Committee	19 January 2026	
Staff Governance Committee	2 June 2025	6 October 2025
Staff Governance Committee	8 September 2025	
Staff Governance Committee	1 December 2025	
Staff Governance Committee	9 March 2026	

2.3.1 Quality/ Patient Care

No quality or patient care issues have been identified when preparing this paper.

2.3.2 Workforce

No workforce related issues have been identified when preparing this paper.

2.3.3 Financial

No financial issues have been identified when preparing this paper.

2.3.4 Risk Assessment/Management

A suite of corporate risks have been developed to cover all of the key risk areas to the Board. One of the risks relates to the management of corporate governance, linking the Blueprint and the corporate governance framework to is as part of the further controls that are being worked through to help mitigate the risk.

2.3.5 Risk Appetite

From the list below, please select the risk appetite level associated with the paper and provide an explanation as to how you came to that decision.

- Cautious

Comment:

Although this paper relates to the progress updates on the corporate governance arrangements within the Board, which routinely are led by national legislation or guidance. We are in the process of embedding a new governance structure for NHS Board and Committees, therefore, slightly more risk will be tolerated until the process is in place and working. At the moment, this means that a cautious level of risk appetite is being presented.

2.3.6 Equality and Diversity, including health inequalities

No equality impact assessments have been carried out when preparing this paper.

2.3.7 Climate Emergency and Sustainability

No impacts were identified in relation to climate emergency and sustainability when preparing this paper.

2.3.8 Consumer Duty

An impact assessment has not been completed because no decisions are being requested within this paper which would impact on the consumer.

2.3.9 Other impacts

No other impacts were identified when preparing this paper.

2.3.10 Communication, involvement, engagement and consultation

This paper has been prepared as an update on corporate governance activity to give assurance on the existing and planned good governance arrangements, therefore, no external consultation is required.

2.3.11 Route to the Meeting

This paper has not been taken to any groups or committees prior to being presented to NHS Board, however, the detail within the paper has been discussed wider, for example:

- The committee minutes have been taken through their respective committees for approval prior to being included within the Board papers.
- The paper has been reviewed by the Lead Director supporting the paper being presented to NHS Board.

2.4 Recommendation

Awareness

NHS Board Members are asked to note:

- the overview of workshops that have been held or proposed with Board Members from 1st April 2025 – 31st March 2026 and the potential topics for future workshops.
- the updates that have been made to the Chair and Vice Chair positions for the governance committees.
- the update on the Committee and NHS Board meeting dates for 2026/27 to be brought back to the December 2025 NHS Board meeting.

Assurance

NHS Board Members are asked to:

- take assurance that all governance committee minutes are being approved through the committees and presented to NHS Board for awareness as part of the Good Governance Best Practice arrangements.

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1**, Performance and Resources Committee minute – 2 June 2025
- **Appendix No 2**, Staff Governance Committee minute – 2 June 2025

DUMFRIES AND GALLOWAY NHS BOARD**Performance and Resources Committee**

Minutes of the Performance and Resources Committee meeting held on Monday
2 June 2025 at 1.30pm to 4.30pm via Microsoft Teams

Present

Garry Forsyth	GF	Chair/ Non-Executive Board Member
Suzanne Hamilton	SH	Non-Executive Board Member
Gwilym Gibbons	GG	Non-Executive Board Member

In Attendance

Katy Kerr	KK	Director of Finance
Mark Kelly	MK	Director of Nursing, Midwifery and Allied Health Professions
Ananda Allan	AA	Performance and Intelligence Manager
Pamela Jamieson	PJ	Workforce Director
Valerie White	VW	Director of Public Health
Kelly Addiss	KA	Corporate Business Support Administrator (minutes)

Apologies

Greg Black	GB	Non-Executive Board Member
Marsali Caig	MC	Non-Executive Board Member

Welcome and Introductions

GF proposed minor changes to today's Committee agenda including taking Item 9 – Financial Recovery Plan Update as the next item following the standing Committee items. Committee Members agreed with the proposed change.

1. Apologies for Absence

Apologies were noted as above.

2. Declarations of Interest

The Committee Chair asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting. No declarations of interest were noted.

3. Minutes of Previous Meeting – Monday 10 March 2025

The minutes from the previous meeting held on 10 March 2025 were approved by Committee.

4. Matters Arising and Review of Actions List

4.1. Actions List

KK presented the Actions List and provided an update on each item. A number of actions were addressed via papers presented today. The following updates were noted:

- Following a discussion at the Board Management Team it was agreed the update on ADHD to be deferred to the 8 September 2025 Performance and Resources Committee to allow further work around an Equality Impact Assessment. Action to remain open.
- In relation to the Performance Metadata report an update is to be brought back to the 1 December 2025 Performance and Resources Committee with regards to the Performance and Intelligence Team capacity for this work. This item has been added to the agenda matrix. Action closed.
- Data on Opioid prescribing was included within the Performance and Resources Summary report being presented at today's meeting. Action closed.
- No comments were received from Committee Members in relation to the draft Performance and Resources Committee 2024/2025 Assurance Statement. The final version of the document was shared with Committee and submitted to the Corporate Business Manager. Action closed.
- A report on the implementation of the Integration Joint Board Directions will come to the Performance and Resources Committee on a bi-annual basis with the first report due to come to the 8 September 2025 Performance and Resources Committee. Item has been added to the agenda matrix. Action closed.
- An update with regards to the Not for Profit Distribution (NDP) Contractual risk is being presented at today's Performance and Resources Committee. Action closed.
- An NHS Board Property Strategy Workshop is to be arranged for later this year once there has been development with plans around this area. Action to remain open.
- With regards to the work being done in relation to accommodating the Psychiatry Team within Mountainhall Treatment Centre an update was provided to the Committee advising the General Manager – Operational Services and the Head of Estates and Property met with the Mental Health Team which currently utilise Midpark House in April 2025. A follow up meeting and site visit to Mountainhall Treatment Centre is being arranged. Action closed.
- The next iteration of the Right Care, Right Place report to look at the service review framework to understand this in a bit more detail. Action to remain open.

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David Rowland (DR), Director of Strategic Planning and Transformation joined the meeting.

Julie White (JW), Chief Executive joined the meeting.

Nicole Hamlet (NH), Interim Chief Operating Officer joined the meeting.

4.2. NPD-PFI Contract Monitoring Annual Update

Janette Park (JP), Estates Manager joined the meeting.

JP presented the Not for Profit Distribution (NPD) – Private Finance Initiative (PFI) Contract Monitoring Annual Update to the Committee, highlighting the key points, including:

- With regards to the Cresswell Wing at Mountainhall, the Estates Team have completed Phase One of the hand back readiness review with NHS Assure. Life cycle work is progressing well, with a Cresswell Liaison Meeting scheduled for next week where a further update on the life cycle work will be provided.
- The 4 Subgroups created last November 2024 (water quality, ventilation, fire and high voltage substation) to allow any issues at DGRI to be taken forward in a structured manner are progressing well.

Noted below are some of the key points raised by Committee Members following this update:

- KK asked when Committee would like to receive a further update on this item and queried if an annual update would be appropriate? The Committee Chair agreed this was a sensible approach. JP committed to bringing an annual update to June Performance and Resources Committee. Item to be added to the agenda matrix for the June 2026 Performance and Resources Committee.

ACTION: KA

ACTION:

- **NPD-PFI Contract Monitoring Annual Update to be added to the agenda matrix for the June 2026 Performance and Resources Committee.**

Committee:

- **Noted** the progress made in relation to the ongoing work in relation to both contracts DGRI in its 8th year and the Cresswell PFI in its 23rd year.
- Took **Assurance** that the contracts in place have a foundation on statutory compliance, compliance with all relevant legislation, policy to meet Boards objectives.
- Agreed with a **Moderate** level of assurance for this item.

Janette Park (JP), Estates Manager left the meeting.

BOARD PUBLIC

5. Performance and Resources Committee Terms of Reference

KK presented the Performance and Resources Terms of Reference to the Committee, highlighting the key points, including:

- The Performance and Resources Committee Terms of Reference will be further updated to note the Committee will receive reports on the progress of implementation of Integration Joint Board Directions from the Chief Operating Officer/ Chief Officer.
- Kirsty Bell, Programme Manager – Health and Social Care Directorate has agreed to share with this Committee a list of the current Integration Joint Board Directions.

ACTION: KB

ACTION:

- **Kirsty Bell, Programme Manager – Health and Social Care Directorate to share with this Committee a list of the current Integration Joint Board Directions.**

Committee:

- **Noted** the amendments that have been made to the Performance and Resources Committee's Terms of Reference.
- Agreed with **Significant** level of assurance for this item.

9. Financial Recovery Plan

Susan Thompson (ST), Deputy Director of Finance and Ambreen Khan (AK), Associate Director of Finance joined the meeting.

KK, ST and AK presented the Financial Recovery Plan update to the Performance and Resources Committee, highlighting the key points, including:

- A paper for the 9 June NHS Board will be submitted following discussions at today's Committee.
- The NHS Board ended the 2024/25 financial year with a £26.1m overspend which equated to a break-even position following the £26.1m brokerage received from the Scottish Government.
- An improvement of around £2.5m was seen within the 2024/25 year-end Directorate position.
- The Financial Plan for 2025/26 signed off at the 7 April NHS Board was forecasting a deficit position of £33.6m. Scottish Government responded by emphasising the NHS Board must not exceed a net financial deficit of £25m.

BOARD PUBLIC

- A further review of planning assumptions and savings plan was undertaken, with the NHS Board now having a proposed improved forecast deficit position of £32m.
- KK linked with other Health Boards to understand how they are proposing to bridge their financial gap. From this and following discussions at the Financial Recovery Board last week a further review was undertaken, with the proposal now for an improved Financial Recovery Plan of a forecasted deficit of £28m.
- Budget Allocation letters for the 2025/26 financial year have been issued to all Corporate and Operational Directorates.
- The NHS Board remains on level 2 of the Scottish Government escalation framework.
- KK met with Scottish Government and confirmed a range of areas the NHS Board are seeking further support from them on to deliver the plan including some additional resource to support the NHS Board's Clinical Change Programme.

Noted below are some of the key points raised by Committee Members following this update:

- GF observed the need to note there was an over achievement on the savings plan in 2024/25 as a significant achievement by the teams giving the ongoing significant financial challenges.
- GF queried how realistic is the revised deficit forecast from £32m to £28m and is there any operational impact or risk around delivering on this? Also, how content is the Finance Team that the work other Health Boards have done to bridge their financial gap will work for NHS Dumfries and Galloway? KK responded the forecasted £28m can be delivered without any performance impact, however this does remove flexibility from within the financial recovery plan and still presents a significant financial risk.
- NH advised General Managers have a process through the Financial Recovery Board that for any financial savings there would be articulating of the risk for areas such as staffing, wellbeing, performance etc.
- With regards to the Scottish Government emphasising the NHS Board must not exceed a net financial deficit of £25m for the 2025/26 financial year GG asked for clarity on whether this was brokerage or the Scottish Government agreeing this was the deficit figure for the NHS Board to reach. Also, will there be any additional funding from the Scottish Government throughout the year to help the NHS Board with this deficit? KK clarified the £25m is not brokerage and is not repayable. The reduction in the forecast deficit for 2025/26 includes anticipated additional funding from the Scottish Government in year. KK is keen to have an agreed financial plan in place to keep the focus on the delivery plan.

BOARD PUBLIC

- Should the NHS Board submit a financial plan with a £28m deficit which is rejected by the Scottish Government as they have requested a £25m deficit GF asked what would this mean in terms of risk for the NHS Board? JW responded in terms of discussions with the Scottish Government they have been clear that the NHS Board will not receive any more than the £25m. JW emphasised the NHS Board have always delivered what it has planned in the past if not over delivered on this.
- KK is planning further discussions with Scottish Government colleagues later this week before submitting the financial plan to the NHS Board 9 June meeting. KK noted it would be good to get some direction from NHS Board Members around what they are comfortable with in terms of the approach to submitting the financial plan.
- VW acknowledged following the Annual Operational Directorate Reviews it is clear that teams are working really hard to deliver savings. There are a lot of things that can be done differently whilst recognising it does take a bit of time to realise financial savings.
- With regards to the improvement of around £2.5m within the 2024/25 year-end Directorate position SH queried if there was any learning from this that could be built into the 2025/26 financial plan. SH also reflected the delivery of the financial plan relies on the NHS Board's transformational work. KK replied in terms of learning from last year the approach taken in terms of forecasting has been building year on year, this has improved due to reporting and data from finance systems.
- NH advised General Managers now have a reporting mechanism which will allow Directorates to track and show exactly where Directorates are in terms of delivery of savings at certain points in the year.
- NH confirmed 2 proposals have been put forward to the Scottish Government this week for additional funding – to support frontline clinical sessions and to procure a data resource that would enable modelling of services.
- KK highlighted the need to focus on the totality of the delivery of the 2025/26 Financial Plan.
- In relation to the Board's Transformation Plan DR informed the meeting of 2 areas of work including working with NHS Healthcare Improvement Scotland around unscheduled care and using a HEAT map to look at pressures within a variety of specific service areas. DR noted the need to quantify what all the transformational work will be and the impact of this to set a clear vision for the next 3 years.
- MK gave assurance that everything the NHS Board does in terms of financial decisions will be underpinned by a quality and safety risk assessment.

BOARD PUBLIC

- Following an in-depth discussion Committee agreed to being comfortable with the £28m deficit position whilst still exploring scope for £25m. The NHS Board have made significant progress with its financial plan, however, are noting concern about the impact this has on its ability to sustain transformation longer term.
- VW raised concern around some people going private for services if these were to be cut back due to the financial position which would exacerbate inequalities in the region as not everyone will be able to afford private treatment. VW asked for this comment to also be included within the NHS Board paper.

Committee:

- **Noted** the position against the Financial Plan for 2024/25.
- **Noted** the ongoing work in further refining the 2025/26 Financial Plan to respond to the Scottish Government by 7 June 2025.
- **Supported** the presentation of the revised submission to NHS Board on 9 June which remains out of balance with the expectation of Scottish Government by £7m.
- Agreed with a **Limited** level of assurance for this item.

Susan Thompson (ST), Deputy Director of Finance and Ambreen Khan (AK), Associate Director of Finance left the meeting.

Julie White (JW), Chief Executive left the meeting.

6. Performance and Resources Summary Report

AA presented the Performance and Resources Summary Report, highlighting the key points to Committee, including:

- First iteration of Performance and Resources Committee Assurance Report.
- Future reports will include additional metrics around a number of areas including Planned Care Plan, Unplanned Care Plan, Operational Remobilisation and Psychology Plan.

Noted below are some of the key points raised by Committee Members following this update:

- KK observed with regards to the data within these reports there was a need to have more detail and the right indicators whilst ensuring these are aligned to the Board's Annual Delivery Plan.
- GG asked with regards to the indicator around the number of people admitted as an emergency aged under the age of 16 years, was this indicator around early intervention and prevention. AA replied this was a national indicator.

BOARD PUBLIC

- DR agreed with KK that much more detail in terms of the performance measures are needed in the report coming to this Committee. A Planned Care Plan has been submitted and referred to within the Annual Delivery Plan that is going to the NHS Board next Monday. DR advised the team has been asked to submit a Plan 2 by Wednesday next week about the additional activity impact expected following the additional funding received in the areas noted within this report. Also, a Plan 3 has been requested for next Wednesday which is about quantifying the impact expected to be seen on long waits through increased productivity, book and return, advance booking, Active Clinical Referral Triage (ACRT) and Patient Initiated Review PIR. DR reflected this should be the level of detail received in these reports to this Committee for assurance.
- Following a discussion Committee requested AA link with NH to ensure the right performance measures are coming forward in future reports in the right format and frequency to this Committee.

ACTION: AA

ACTION:

- **AA to link with NH to ensure the right performance measures are coming forward in the right format and frequency in future Performance Reports to this Committee.**

Pamela Jamieson (PJ), Workforce Director left the meeting.

Committee:

- Took **Assurance** of the progress in refining the Summary Performance Report 2024-25 and from the performance information reported therein.
- Agreed with a **Moderate** level of assurance for this item.

7. Annual Delivery Plan 2024/25 Update

Kirsty Bell (KB), Programme Manager joined the meeting.

NH and KB presented the update in relation to the 2024/2025 Annual Delivery Plan, highlighting the key points to Committee, including:

- The Annual Delivery Plan process has become more streamlined around having one list of actions rather than individual Directorates all having their own lists.
- The report shared with Committee is the Quarter 4 report for the 2024/2025 Annual Delivery Plan.
- Some schemes have been moved into 2025/26 financial year.
- All projects are approved through the Financial Recovery Board.

BOARD PUBLIC

- There are 60 recovery drivers within the Quarter 4 Annual Delivery Plan 2024/25, of which 19 are complete, 6 were cancelled through the Financial Recovery Board, 29 are on track and 6 are with slippage or have not started.

Committee:

- Took **Assurance** of the progress made against the actions set out in the 2024/ 2025 Annual Delivery Plan – Quarter 4.
- Agreed with a **Moderate** level of assurance for this item.

Kirsty Bell (KB), Programme Manager left the meeting.

8. Corporate Risk Mitigations

KK presented the Corporate Risk Mitigations paper to the Performance and Resources Committee, highlighting the key points to Committee, including:

- Agreed to focus more on how corporate risks are managed that have been assigned to Corporate Committees.
- Risks assigned to Performance and Resources Committee are in relation to:
 - Financial Targets
 - Infrastructure
 - Emergency Planning
 - Capacity Issues/ Delayed Discharge
 - Climate Change
 - Service Redesign
- All Corporate Risks have been assigned to an NHS Board Director to take the lead on.
- KK to discuss with DR and NH around meeting with Karen Harper, Risk Manager – Risk Lead to undertake an assessment of controls/ mitigations for the risks aligned to this Committee and bring and update on this work back to the 8 September Performance and Resources Committee.

ACTION: DR and NH

- An overall review of the NHS Board's corporate risks is being facilitated by the Risk Executive Group to ensure the right risks are being captured.

ACTION:

- **DR and NH to meet with Karen Harper to undertake an assessment of controls/ mitigations for the risks aligned to this Committee and bring an update back to the 8 September Committee.**

Committee:

- **Agreed** that this approach is tested on the corporate risks assigned to Performance and Resources Committee and the outcome presented to the next meeting.
- Agreed with a **Moderate** level of assurance for this item.

Pamela Jamieson (PJ), Workforce Director rejoined the meeting.

10. Virtual Consultations Update

AA presented the Virtual Consultations update to Performance and Resources Committee, highlighting the key points to Committee, including:

- Virtual appointments are a mixture of telephone and video appointments with telephone appointments being the more popular.
- There was a significant increase in virtual appointments during the Covid-19 pandemic, however a decrease has been seen since the end of the pandemic.
- There is a need to undertake discussions with individual clinical teams to understand where virtual appointments are suitable.

Noted below are some of the key points raised by Committee Members following this update:

- NH reflected it was helpful to see this data which shows a number of teams have embraced using virtual appointments however noted the need to build on this work in the context of what we are doing to make it easier for teams to work differently and how do we put this in place.
- MK observed this was about what the next stage of this work was, how is the associated risks measured and how is understanding and learning captured from those teams that are having success with using virtual appointments. There is also a need to understand where this is not suitable to ensure these areas are not included within the data. Also need to look at Primary Care to understand how many virtual appointments are held there.
- SH highlighted having Clinicians leading on this work is critical. NH advised if the NHS Board are successful in receiving funding to support frontline clinical sessions there are Clinicians who are willing to become Clinical Champions and to go out and speak to other teams about using virtual appointments.
- MK queried the limited assurance level assigned to the paper noting the assurance mechanism is around having a degree of confidence that the governance, controls and processes are in place and would therefore suggest a moderate assurance level. Committee agreed.

Committee:

- **Noted** this update.
- Agreed with a **Moderate** level of assurance for this item

11. NHS Scotland CEO Forums Feedback

Item deferred to next meeting.

12. NHS Scotland Chairs Forums Feedback

Item deferred to next meeting.

13. Audit Scotland Reports

13.1 Audit Scotland Report General Medical Services (GMS) (March 2025)

DR presented the Audit Scotland Report – General Medical Services (GMS) (March 2025) to Performance and Resources Committee, highlighting the key points to Committee, including:

- A review of the Audit Scotland report on General Medical Services (GMS) was undertaken to determine the extent of which the NHS Board can incorporate findings and recommendations into the local GMS review.
- The Audit Scotland report covers 2 aspects, as it covers matters that are within local control, and it also covers and makes recommendations to the Scottish Government on national matters.
- Key areas of alignment identified from the report are around access and significant challenges to access being reported by patients and different variation in service delivery models in General Practice, however, also recognises there is need for flexibility therefore that variation is not always bad.
- When undertaking a local GMS review will pay particular attention to the preferences of rural, remote and urban communities to reflect the circumstances patients in these areas experience.
- The report recognises the impact of workforce challenges on the sustainability of General Practices.
- The local GMS review will include how the NHS Board can see more collaboration and support across practices to improve quality wherever possible.

Committee:

- **Noted** the findings of the Audit Scotland General Practice in Scotland report (March 2025).
- **Noted** the summary of operational areas identified in the report that fall outside the remit of the Dumfries and Galloway GMS Review.
- **Endorsed** the use of the Audit Scotland findings to inform the Dumfries and Galloway GMS Review where relevant.

BOARD PUBLIC

- **Noted** the ongoing operational progress being made locally in implementing the new GMS contract, led by the Primary Care Directorate and partner teams.
- Agreed with a **Moderate** level of assurance for this item.

14. Scottish Government Letters or Guidance

14.1 **NHS Scotland Support and Intervention Framework – Financial Considerations 2025-2026**

A paper from the Scottish Government following the issuing of the NHS Scotland Support and Intervention Framework – Financial Considerations 2025-26 was shared with Committee for information and was noted.

18. Performance and Resources Committee Agenda Matrix 2025/2026

KK presented the Performance and Resources Committee agenda matrix for 2025/2026, highlighting the key points to Committee, including:

- The agenda matrix for 2025/2026 has been mapped against the Committee's Terms of Reference and has also been aligned to the Corporate Risks assigned to this Committee.
- An update from the Director of Digital with regards to the NHS Board's Digital Strategy has been added as a standing item.
- For the 8 September 2025 Committee an update from the Head of Emergency Planning and Resilience is noted to give Committee assurance that there are plans in place and what the NHS Board's approach to emergency planning and resilience is.

Noted below are some of the key points raised by Committee Members following this update:

- GF reflected not seeing an item on the agenda matrix around the transformation plan work. KK acknowledged this and requested this item be added to the agenda matrix to ensure updates are being brought to this Committee for awareness and assurance.

ACTION: KA

- KK requested an early agenda setting meeting for the 8 September 2025 Performance and Resources Committee be arranged before the end of June and to include KK, DR, NH and GF.

ACTION: KA

BOARD PUBLIC

ACTIONS:

- **Update on the Transformation Plan to be added to the 2025/2026 agenda matrix.**
- **An agenda setting meeting for the 8 September 2025 Performance and Resources Committee to be arranged before the end of June with KK, DR, NH and GF in attendance.**

David Rowland (DR), Director of Strategic Planning and Transformation left the meeting.

19. Reflection at End of Committee and Agree Items for Escalation to NHS Board

- To agree Financial Recovery Plan submission to the Scottish Government.
- Development of the Committee Performance report by mapping and ensuring the reports include the right data for the right areas and ensuring this is aligned to the Annual Delivery Plan including ambitions that are not aligned to areas within the Annual Delivery Plan.
- Keeping sight of the Transformation Plans.

Internal Audit Reports

15. Internal Audit Reports: Progress Update

Justin Murray (JM), General Manager – Mental Health, Psychology, Intellectual Disability, Specialist Drug and Alcohol, and Prison Health Care Services joined the meeting.

15.1 A-10-23 Mental Health Waiting Times

JM presented and update on progress against the actions within Internal Audit A-10-23 Mental Health Waiting Times to the Performance and Resources Committee, highlighting the key points to Committee, including:

- Have recruited to the Performance and Quality post.
- Completed benchmarking report and template as well as submitting Public Health Scotland data for the Mental Health Quality Strategy.
- Developing local key performance indicators for patient information.
- The Specialist Drug and Alcohol Services and Community Mental Team Pathways are complete and operational.
- A joint review of the Community Mental Health Team and Specialist Drug and Alcohol Services has started with a completion date of 31 March 2026.

BOARD PUBLIC

- Require capacity from the IT Team to roll out the Morse system into the Community Mental Health Team.
- Completed the benchmarking self-assessment tool in relation to the Adult Mental Health Standards that were published in 2023, with JM advising the Directorate were one of 3 national centres for this in Scotland.
- Challenges continue with access to health intelligence and analysis around data.

Noted below are some of the key points raised by Committee Members following this update:

- NH noted once the new Director of Digital was in post they will help with capacity to roll out the Morse system. NH will discuss with AA out with today's meeting around what support the Health Intelligence Team can give to the Directorate.

Committee:

- **Noted** this update and timescales for recommendations.

Justin Murray (JM), General Manager – Mental Health, Psychology, Intellectual Disability, Specialist Drug and Alcohol, and Prison Health Care Services left the meeting.

16. Internal Audit Reports: New Reports

There have been no new Final Internal Audit reports assigned to the Performance and Resources Committee since the previous meeting held in March 2025.

17. Internal Audit Reports: Closed Since the Last Committee

There have been no Internal Audit reports assigned to the Performance and Resources Committee that have been closed since the previous meeting in March 2025.

20. AOCB

There were no AOCB items.

21. Date and Time of Next Meeting

The next meeting of the Performance and Resources Committee will be held on Monday 8 September 2025 at 1.30pm to 4.30pm via Microsoft Teams.

NHS Dumfries and Galloway

Staff Governance Committee



Minutes of the Dumfries and Galloway NHS Board Staff Governance Committee meeting held on Monday 2nd June at 9.30 am to 12.30 pm via Microsoft Teams

Present

Suzanne Hamilton (Chair) (SH)	Non-Executive Board Member
Kim Dams (KD)	Non-Executive Board Member
Cher Dougan (CD)	Staff Side Representative
Garry Forsyth (GF)	Non-Executive Board Member
Gwilym Gibbons (GG)	Non-Executive Board Member
Helen Kirkpatrick (HK)	Staff Side Representative
Fran Milne (FM)	Staff Side Representative

In Attendance

Ananda Allan (AA)	Performance and Intelligence Manager
Nicole Hamlet (NH)	Chief Operating Officer
Pam Holligan (PH)	Head of Organisational Development and Learning (ODL)
Andy Howat (AH)	Occupational Health & Safety Business Manager
Pamela Jamieson (PJ)	Workforce Director
Mark Kelly (MK)	Nurse Director
Katy Kerr (KK)	Director of Finance
Vic McDade (VM)	Workforce and Sustainability Manager
David Rowland (DR)	Director of Strategic Planning and Transformation
Valerie White (VW)	Director of Public Health
Tracee Copeland (TC)	Corporate Business Support Administrator (Notes)

1. Staff Experience – Improving Culture and Engagement within the Maternity Unit

Angie Marshall (AM), Interim Director of Midwifery & Leanne Solonyina (LS), Perinatal Quality & Safety Manager joined the meeting.

AM & LS shared a compelling journey of cultural transformation in maternity services and reported that the service has moved from a toxic, disengaged environment to a more compassionate, inclusive, and supportive culture.

AM highlighted the cultural challenges faced, the leadership response, and the progress made in improving staff well-being, support systems, and overall service quality. AM reported that staff morale, retention, and engagement have significantly improved, though challenges remain.

Key points from the presentation were:

- Staff exhibited resistance to change, with attitudes like “we’ve always done it this way” and “nothing will change.”

BOARD PUBLIC

- Initial staff interactions were marked by avoidance and distrust.
- A personal, visible leadership style was adopted which included regularly visiting wards and engaging staff.
- Staff wellbeing recognised as a top priority before focusing on KPIs or performance metrics.
- Used quality improvement tools like driver diagrams to map out goals and strategies.
- Promoted a compassionate and inclusive culture.
- Introduced a programme for Annual Development Reviews.
- Encouraged staff to speak freely and seek support.
- Training and Development undertaken:
 - Civility Saves Lives training.
 - Compassionate Conversations workshops.
 - New structured preceptorship for new midwives
 - Mandatory training days introduced for the first time.
 - Implemented escalation and support processes for safe staffing legislation.

Ongoing Challenges

- Despite progress, issues with attitudes and behaviours persist.
- Continued focus on aligning with national and local strategies as well as Board priorities.
- Upcoming Directorate away day to further explore cultural development.

LS described the previous environment as toxic and demoralising, with many staff seeking to leave and the culture mirrored negative findings in national reports like the Ockenden Report. Feedback from service users was always positive in terms of meeting the needs of families utilising the service however being a staff member was the polar opposite.

LS also noted that the change in leadership has resulted in a marked improvement in workplace atmosphere and staff retention and staff now feel safer to speak up and contribute ideas without fear of reprisal. New staff are placed on a preceptorship program which is a one-year rotational learning with mentorship and study days. Annual study days with evolving content based on staff feedback have been introduced and the 3 cycle is about to commence. Group supervision has also been introduced to foster team cohesion and open dialogue.

SH praised the transformation as a model of effective leadership and cultural change and highlighted alignment with the Board's culture plan emphasising the positive impact on quality, safety, and patient care.

The meeting was opened up to question/thoughts

PJ suggested using platforms like the Management Hub to share real-life stories, making leadership challenges more relatable and impactful. AM agreed to share findings and mentioned plans to give the same presentation at the Directorate away day, aligning with broader Board priorities like leadership and culture.

BOARD PUBLIC

VW queried about the reliability of iMatter scores in reflecting team culture. AM acknowledged that while scores were never poor, engagement was low however, since changes have been implemented, both scores and participation have improved and noted that iMatter can feel tokenistic unless backed by genuine leadership investment in staff well-being.

GF praised the cultural shift and asked for advice for other leaders. AM emphasised:

- Listening to staff
- Inclusive decision-making
- Collaborative problem-solving
- Avoiding top-down directives in favour of team-led solutions

PH shared how AM's experience is influencing work within the neonatal unit by contributing to action plans and steering group discussions. It was suggested this could be a staff experience topic at a future Staff Governance Committee meeting.

CD praised the open and caring management style, noting a reduction in staff grievances and improved collaboration.

KD left the meeting

VMcD suggested creating a centralised landing page including:

- One-to-one paperwork templates
- Cultural guidance
- Videos or blogs showcasing successful leadership stories like AM's

PJ reported on ongoing regional efforts to develop accessible leadership resources and tools, reinforcing the importance of shared learning and consistency across the organisation.

SH thanked AM & LS for their contributions, noting the positive tone they set for the meeting and the tangible outcomes of their work.

AM & LS left the meeting.

2. Apologies for Absence

Julie White, Vicky Keir, Marsali Caig

3. Declarations of Interest

The Chair asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting.

No declarations of interest were noted.

4. Review of new approved Terms of Reference

SH noted that the revised Terms of Reference (ToR) have already approved at the Board meeting held on 9th April

PJ explained the revised ToR followed a standardised template used across committees and supports the Board's Governance Framework. Updates include:

- Membership
- Reporting arrangements
- Risk management
- Quoracy requirements

There are no major functional changes; the committee's role remains the same and the ToR will be reviewed annually.

SH outlined several key changes and improvements following the governance review which:

- Corporate risks, controls, and litigation are now central to driving committee agendas.
- Data usage is being emphasised to support decision-making.
- Executive and non-executive members attendance at meetings will provide a better oversight of committee work.
- Agendas are now less crowded, allowing more time for discussion, strategic focus, more member engagement, active participation and more strategic discussions
- Stronger alignment is being developed between this Committee and the Healthcare Governance Committee.

ACTION: Members encouraged to share any development needs with SH and/or PJ.

This was presented as providing a **Significant** level of assurance, which Committee Members accepted as an accurate reflection.

Committee:

- **Noted** the amendments that have been made to the Staff Governance Committee's Terms of Reference and acknowledge their adoption by the Board.

5. Approval of the minute from meeting held on Monday 24th March 2025.

The minute from the last meeting held on Monday 24th March 2025 can be accepted as an accurate record.

6. Matters Arising/Action List/Agenda Matrix/Update on Appraisal Actions

a. Action List

PJ took members through the action list, highlighting key updates on the actions since the previous meeting:

Employee Relations – the original action item relating to employee relations (ER) processes to be closed. A new action stemming from discussions around employee engagement and experience, particularly in relation to ER processes, and following discussion at Board Management Team level to be opened. A more specific piece of work will be initiated, led by PJ, Vicky Kier, and Mairi Johnstone, focusing on:

- Reviewing current ER processes.
- Assessing the time taken at each stage (initiation, investigation, hearing).
- Identifying areas for improvement to make the process more efficient and supportive for all involved parties.

There are plans to engage with the ER team, service staff, and staff-side representatives to ensure a comprehensive and inclusive improvement process.

A verbal progress update will be provided at the next Staff Governance Committee meeting with a full outcome report to be presented at the December meeting, allowing time for internal reviews and development.

TC will update the action list accordingly.

b. Agenda Matrix 2025/26

No items were put forward for discussion under this item.

c. Update on Appraisal Actions

Current compliance is currently at 20.6%, down from 22.6% in August 2024. Benchmarking shows NHS Dumfries and Galloway is significantly below other Health Boards with one national Board recording compliance at 85%. NHS Lothian improved from 45% to 67% in one year, a team member is engaging with NHS Lothian to understand their improvement strategies.

Underreporting due to paper-based appraisals: Many line managers still use paper forms and fail to update the digital system (TURAS), leading to incomplete data.

Data accuracy is a concern, and efforts are underway to cleanse and update staff lists.

More teams are requesting L&D support for appraisals and data accuracy and HR Business Partners are actively promoting appraisal completion and offering support throughout the whole process.

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TURAS Appraisal Sessions are being offered to reviewers and line managers and will run monthly.

Existing videos within TURAS on creating objectives can be reused with D&G-specific videos being planned, though timelines may be affected by staff health issues. Challenges include using live data in a live system and ensuring data privacy.

PH feels that a positive momentum is building, with ongoing data cleansing and increased awareness, appraisal rates are expected to improve in the coming months.

PH will provide updates as progress continues.

SH opened up the meeting to questions and comments

GG suggested creating a quick two-question survey to understand the gap between recorded and actual one-to-one meetings and appraisals. PH supported that idea and shared the neonatal unit appraisals weren't done because managers don't know how to use the system. To address this, the ODL team provided in-person coaching and support. While this approach isn't feasible for all departments due to limited resources, PH is open to trying small-scale initiatives like the proposed survey.

MK expressed concern that appraisals and related tools like e-KSF and iMatter are not being used meaningfully and are often treated as tick-box exercises. He questioned whether the organisation is creating the right conditions and culture for these tools to add real value for staff and emphasised the need for regular, meaningful one-to-one conversations that are well-documented and feed into appraisals, rather than relying on annual or biannual reviews. MK also highlighted the lack of a good system for capturing these ongoing discussions and suggested that without this, the process lacks assurance and impact. PH agreed and acknowledged that the current system doesn't allow for quality reporting or assurance and noted that meaningful data can't easily be extracted from TURAS and that there's no resource available to improve this. PH stressed that appraisals should be part of a broader culture of continuous, quality conversations throughout the year - not just isolated events and agreed that if the only experience staff have with their manager is during a formal appraisal, or if those interactions are negative, the process fails to support staff development. VW suggested using the data provided at recent Annual Reviews whilst it might not be entirely accurate it could still offer useful insights.

PJ emphasised the importance of meaningful appraisal conversations within the organisation, rather than just focusing on hitting numerical targets and stated senior leaders must take ownership of improving appraisal conversations with change starting from the top and cascading through the organisation and added it's not just about the number of appraisals completed, but about the quality and value of those conversations.

BOARD PUBLIC

If people see the value, they're more likely to prioritise them as part of a broader cultural shift, aligning with the organisation's culture plan and remarked that it's better to take time and do it meaningfully than to rush and miss the point. There is some positive momentum, such as directorates reaching out to the ODL team, indicating a willingness to engage and improve. PJ stated that the goal is to embed a culture where appraisal conversations are genuinely useful and valued, not just a tick-box exercise.

SH highlighted the difference between being an assurance committee (focused on data) and the need for real cultural change and emphasised prioritising one-to-one conversations and understanding how they're recorded and valued. SH recognised the efforts like training and data cleansing, but expressed concern that repeated discussions haven't yet led to meaningful change.

MK connected the breakdown in team dynamics like communication & behaviours to the lack of early, meaningful conversations and suggested exploring tools like e-rostering to mandate protected time for appraisals and one-to-ones. He reinforced the idea that leadership by example is key to cascading change.

PH noted a growing demand for support around behaviours and communication and sees an opportunity to build structures that bridge the gap between operational staff and managers. The ODL team are developing practical resources like crib sheets, "good conversations" guides and language tips to improve communication outcomes.

ACTION: PJ & SH to undertake a discussion outside of the meeting to see if anything further can be done

7. Workforce Profile and Performance Report

PJ introduced a more concise version of the Workforce and Performance report the report is being refocused around key themes: sustainability, culture, and well-being, the current format is transitional, with plans to evolve it further based on feedback and needs.

Key points noted were:

Despite efforts to manage recruitment, headcount continues to rise due to:

- Development of home teams and social care roles.
- COVID-related roles.
- Additional nursing posts to reduce agency and bank spend.
- 100 new bank nursing staff added between December and April.
- Long-term absence has decreased to 3.3% (target: 3.2%).
- Short-term absence increased to 3% (target: 2.3%).
- National data shows overall sickness absence at 4.9%, placing the Board in a relatively strong position, success is attributed to collaborative work between HR, operational managers, and occupational health.

BOARD PUBLIC

A spike in incidents was noted (up to 40), with no immediate cause identified. AH confirmed:

- Ongoing monitoring and root cause analysis.
- Significant rise in needle stick and sharps injuries, nearly doubling in a year. Work is underway with infection control, nursing, and medical teams to address this. Some incidents involved domestic staff which highlights issues with inappropriate disposal.
- Also monitoring violence against staff and manual handling incidents.

Time to hire has a provisional figure for 9.6 weeks for January which is below target. This has been influenced by:

- Fewer posts being recruited.
- Introduction of 3 month delay for flow 2 posts.
- Outliers exist, especially in bank recruitment and PVG delays (now taking 4–6 weeks).

SH recognised the support provided by the Performance and Intelligence team in creating the report. It was suggested there is a need for directorate-level data and culture metrics and there is an importance of aligning workforce reporting with the Healthcare Governance Committee and this Committee.

ACTION: Strengthen the time-to-hire metric with more detailed data

KK raised the need to clarify what data the committee wants to see and what should be escalated to the Board. PJ acknowledged that the previous reports were too detailed and hard to scrutinise and suggested sharing past and current versions of the report for feedback on what adds value.

This was presented as providing a **Moderate** level of assurance against the revised report, which Committee Members accepted as an accurate reflection.

Committee:

- Took **Assurance** of the progress of the compliance with legislation, policy and Board objectives.

8. Staff Governance Risk Register Review Update

PJ referenced the workshop held in March to review corporate risks under Workforce. The aims of the workshop were to confirm whether existing risks were still relevant, identify any new or emerging risks and to update risk wording and assurance levels. It was agreed that Sustainable Workforce, Health and Wellbeing of Staff and Organisational Culture would remain as corporate risks and the Safe Staffing Legislation risk would be de-escalated to the Workforce Directorate, originally a corporate risk due to lack of systems and processes now proposed to be de-escalated to directorate level due to:

BOARD PUBLIC

- Established quarterly reporting.
- Submission of an annual report.
- Improved assurance levels.

Members agreed Safe staffing legislation risk to be de-escalated to directorate level

Proposed revised wording for Sustainable Workforce Risk – 2923

“If we are unable to sustain efficient and safe workforce levels in line with the health and care staffing legislation within the NHS and the Health and Social Care Partnership now and in the future, then we may have insufficient workforce and/or skill mix to deliver safe services, resulting in the organisation being unable to deliver board objectives.”

Committee agreed with the revised wording, acknowledging it is comprehensive but necessary.

Health and Wellbeing of Staff Risk minor rewording proposed:

“There is a risk that staff will become unwell if we do not provide a continuously improving safe working environment”

Organisational Culture Risk revised to focus on broader cultural engagement, not just “speaking up.”

“There is a risk that staff will become disengaged if we fail to deliver a positive workplace culture where our workforce is supported, engaged, and thriving.”

Discussion focused on the phrase “satisfied workforce”:

- VW felt “satisfied” was too minimal.
- PH suggested language around being “informed of options.”
- GG and DR supported using “happy” or “engaged” to reflect the ambition of the culture plan.
- Final consensus was to use “happy” to align with the organisation’s culture plan and ambition.

Revised wording for three key workforce-related corporate risks was agreed.

VW praised the thematic structure used and suggested it could be applied to other committees as this structure helps clarify risk mitigations and supports consistency across governance areas.

PJ and AH will continue to review risk controls.

This was presented as providing a **Moderate** level of assurance however following discussion and recognition of the robust review process, PJ proposed upgrading to **Significant** assurance which Committee Members accepted as an accurate reflection reflecting the depth of engagement and process followed.

Committee:

- **Agreed** that the Safe Staffing Legislation risk is de-escalated to the Workforce Directorate.
- **Agreed** That risks 2923, 2929 and 2938 are amended as set out above

VMcD left the meeting

9. Mitigating Themes

SH stated that the committee is increasing its focus on corporate risks as part of a governance review and clarified the difference between mitigation - actions to reduce the *impact* of risks and controls - measures to reduce the *likelihood* of risks occurring.

Staff Governance Committee reviews both mitigation plans (e.g. workforce culture, well-being) and controls (e.g. whistleblowing standards). SH proposed introducing a new agenda section, under corporate risk, focusing on the staff governance standards. Each session would review one standard and would cover what should be done, what is being done, successes, and areas for improvement. This would enhance both assurance and understanding of the Staff Governance Standards.

KK supported the idea and shared related work with the risk team on evaluating the effectiveness of controls and suggested aligning this new approach with ongoing work on corporate risk controls to provide a triangulated assurance.

ACTION: SH & PH will begin implementing the thematic review.

ACTION: The agenda matrix will be updated to reflect this new approach.

10. Staff Wellbeing & Support Update

Jean Pierre Mugenga (JPM), ODL Advisor joined the meeting

JPM introduced two major initiatives:

- Staff Wellbeing Strategy (2025–2028)
- Integrated Staff Wellbeing Hub

These initiatives support the Board's Culture Improvement Plan (2023–2028).

JPM reported that current wellbeing programmes are fragmented and not easily accessible for example rural staff face travel barriers and lower-band staff face digital access issues. Lack of unified feedback mechanisms reduces programme relevance and trust.

However there have been some successful initiatives:

- Financial Wellbeing Project: Helped 153 staff secure over £250,000 in financial gains.

BOARD PUBLIC

- Step Counter Challenge: Engaged 268 staff, improving physical/mental health and team cohesion.
- Functional Fitness MOT and Creative Arts in Health: Promoted physical and emotional wellbeing.
- Neurodiversity Inclusion Plan: Developed to support neurodivergent staff.
- Sickness Absence Rates: Now trending downward post-COVID.

The new wellbeing hub features

- Centralised digital access to all wellbeing services.
- Mobile outreach clinics to reach all staff locations.
- Continuous improvement via data analytics and feedback.
- Self-help tools and resources tailored to diverse needs (e.g. financial, mental, physical, social).
- Integration with Microsoft Teams for broader staff engagement.

JPM gave members a demonstration of the resources available on the wellbeing hub. SH encouraged members to look at the site after the meeting.

Key comments from members were:

- PH praised the development and suggested automatic onboarding of new staff to the hub.
- GF asked about leadership development tools, PH confirmed “Insights Discovery” will be used.
- VW emphasised promoting financial wellbeing and questioned the need for repeated evaluations of successful initiatives like the Step Challenge.
- KK encouraged linking wellbeing initiatives with charity and fundraising efforts.

This was presented as providing a **Moderate** level of assurance, which Committee Members accepted as an accurate reflection.

Committee:

- **Agreed** to adopt the **Staff Wellbeing Strategy 2025–2028** and the **Integrated Staff Wellbeing Hub** for implementation as integral components of the *Culture Improvement Plan 2023–2028* and support further development and promotion of the Wellbeing Hub.

JPM left the meeting

Members took a 10 minute break

Ken Donaldson (KD), Medical Director, joined the meeting

11. Area Partnership Forum (APF) Update

PJ presented a high-level summary of the recent APF meeting.

BOARD PUBLIC

Key Topics Discussed at APF:

- Child Protection Policy was approved.
- Q3 Safe Staffing Legislation Report was reviewed (already seen by Staff Governance Committee).
- Financial Plan Update provided by KK.
- New protocols on travel, printing, and photocopying to support financial savings were shared.
- Right Care, Right Place: Positive feedback on shared learning; future organisational change programmes will incorporate similar learning approaches.
- InPhase System: Update on this new system replacing DATIX for incident and risk management.
- Update on the Annual Delivery Plan.
- Reduced Working Week Update:
 - Reduction from 37.5 to 37 hours already implemented.
 - Further reduction to 36 hours planned from April next year.
 - Services are assessing the impact of this change.
 - Initial implementation plan submitted to Scottish Government.
- Protected Learning Time:
 - Ongoing work to ensure staff have time for mandatory and role-specific training.
 - NHS Dumfries and Galloway is leading nationally on this initiative.
 - Three workstreams are in place to support delivery.
- APF Terms of Reference were reviewed.

This was presented as providing a **Moderate** level of assurance, which Committee Members accepted as an accurate reflection.

Committee:

Noted this update and agreed future meetings will include full APF minutes for deeper insight, with verbal highlights still being presented

12. Annual Delivery Plan (ADP) Workforce National Planning Priorities

PJ reported that the ADP plan is being submitted for Board approval next week and highlighted the workforce-related priorities within the ADP are already being actively worked on and align with corporate workforce risks. There is ongoing discussion about how monitoring and reporting of these workforce elements will be handled - possibly through the Staff Governance Committee.

Awaiting clarification post-Board approval on where and how workforce compliance will be reported and how to align performance measures (e.g. temporary staffing) without duplicating existing reporting. PJ confirmed that a mix of qualitative and quantitative data will be used to track progress and future workforce reports may be adapted to reflect these measures.

BOARD PUBLIC

VW highlighted the importance of anchor work within the population health domain, particularly around employability. Although this work involves the Workforce Team, it is currently reported through the Public Health Committee. She also emphasised the need to connect the dots between committees to ensure this significant area of workforce-related activity is visible and aligned with broader workforce planning and assurance efforts. SH & PJ acknowledged the point and agreed on the importance of joined-up reporting.

This was presented as providing a **Moderate** level of assurance, which Committee Members accepted as an accurate reflection.

Committee:

- **Noted** this update.

13. Ethnic Minority Network Update

Roshin Thomas (RT), Chair of Ethnic Minority Network joined the meeting

PJ introduced the annual presentation from the Ethnic Minority Staff Network to:

- Share progress and activities.
- Provide a direct channel to senior Board members.
- Escalate any concerns or issues.

Key Highlights

- New Leadership: RT has been Chair for just over two months and is working closely with PJ.
- Network has grown to 140 members across all job roles and pay bands across the health and social care partnership.
- The network has become a trusted space where ethnic minority staff feel safe to speak up.
- Staff are bringing forward concerns they may not feel comfortable raising through formal channels.
- The peer-led, non-hierarchical structure is key to this trust.

PJ gave recognition of the positive impact and collaborative leadership shown by RT and explained that the network is seen as a complementary pathway to existing systems like whistleblowing and speak-up champions. RT is part of the National Ethnic Minority Forum and there is plans to co-develop a national paper showcasing the local model as a potential blueprint as NHS Dumfries and Galloway's approach is being recognised as innovative and ahead of other Boards.

RT has been allocated dedicated time to support his role as Chair, stating most of his time is spent supporting individual staff with concerns, this enables faster cultural change and more direct communication between frontline staff and leadership.

BOARD PUBLIC

SH & PJ expressed strong support and appreciation to RT and members expressed encouragement to continue developing the network and sharing learning nationally.

This was presented as providing a **Significant** level of assurance, which Committee Members accepted as an accurate reflection.

Committee:

- **Noted** this update

RT left the meeting

14. Behaviour Framework Update & Culture Plan KPI development

PH provided an update on the development, launch, and implementation of the new Behaviours Framework as part of NHS Dumfries and Galloway's culture improvement efforts.

Key Highlights

- The framework has been refined through feedback and is now ready for launch.
- A "framework on a page" version is complete and will be widely distributed.
- A video introduction by senior leaders is scheduled post Board meeting being held on 9th June.
- Posters and promotional materials (e.g. pens, pocket guides) will be distributed across sites.
- A microsite is being developed to host resources and support materials.
- Launch will be multi-channel and sustained, not a one-off event.
- Practical tools like "kindness contracts" and action cards are being created to help teams apply the framework.
- The ODL team are engaging directly with teams to support behavioural change through workshops and facilitated sessions.
- Discussions are underway with HR and Workforce teams to embed the framework into systems and processes.

Challenges and Considerations

- Developing meaningful KPIs and reporting is proving complex.
- PH is working with colleagues on logic modelling to define useful metrics.
- Emphasis on minimal but meaningful measures that provide actionable insights.

Resource Demand

- High demand from teams requesting support with behaviours work.
- Concern about capacity to meet this demand while maintaining quality.
- Emphasis on empowering managers and teams to lead their own behavioural improvements using provided tools.

Feedback and Suggestions

VW and GF praised the practical tools and suggested using recognition mechanisms (e.g. thank-you notes) to reinforce positive behaviours.

BOARD PUBLIC

GG raised concerns about resourcing for follow-up support.

SH emphasised the need to balance central support with team ownership.

This was suggested as providing a **Moderate** level of assurance at the moment with a review in 6 months. Committee Members accepted this suggestion.

Committee:

- **Noted** this update
- **Agreed** to continue embedding the framework into organisational systems.
- **Agreed** the development of a multi-faceted reporting approach, including team-level feedback and temperature checks.

15. Speak Up Annual Report

Michaela Cannon (MC) Patient Services Co-ordinator joined the meeting

KD reviewed the annual report on Speak Up and Whistleblowing activity within NHS Dumfries and Galloway, highlighting progress, challenges and future plans.

Activity Overview

- 1 formal whistleblowing case reported in 2024–25.
- 15 Speak Up enquiries received – which is an increase from previous years.
- No clear trends, but common themes include communication breakdowns and uncertainty about escalation routes.

Progress and Improvements

- Robust mechanisms in place, both internally and externally audited.
- Confidential contact network expanded.
- New survey introduced to assess whistleblowing experience - an area of national weakness.
- Follow-up support provided to individuals post-case closure.

Challenges

- National evidence shows ongoing fear of retribution for speaking up.
- Locally, while no hard evidence exists, anecdotal feedback suggests reluctance still exists among some staff.
- Emphasis on creating a safe, supportive environment for raising concerns.

Key comments from members

- MK expressed concern about fear of retribution and its impact on patient safety.
- GG suggested learning from the 15 Speak Up cases - not just the issues raised, but what enabled those individuals to come forward. MC confirmed plans to extend experience surveys to Speak Up cases, not just whistleblowing.

BOARD PUBLIC

- PJ highlighted the need for more dialogue with staff side representatives to understand and address barriers to speaking up. PH shared plans for a session with staff side reps to explore how the behaviours framework can support this work.

ACTION: Formal conversation with Staff Side required to address barriers.

Next Steps

- Continue developing reporting and analytics through the new InPhase system.
- Strengthen training and awareness, especially among independent contractors.
- Explore peer-led and psychologically safe spaces (e.g. staff networks) as alternative Speak Up avenues.
- Staff Governance Committee members encouraged to refresh their own training and act as champions for speaking up.
- Plan and promote Speak Up Week to further embed the culture.

This was presented as providing a **Moderate** level of assurance, which Committee Members accepted as an accurate reflection.

Committee:

- Took **Assurance** from the details within the Speak Up Annual Report 2024/25

MC left the meeting

16. Health and Care Safe Staffing Annual Report

PJ acknowledged the submission and approval of the first Health and Care Staffing Annual Report to the Scottish Government (which was approved virtually by the committee due to tight submission deadlines) to provide assurance on ongoing governance and engagement.

- The report is submitted on a national template, a more user-friendly local version was also created. NHS Dumfries and Galloway is participating in national discussions to improve the reporting format.
- Quarterly progress reports will continue to be produced.
- Two governance groups remain in place:
 - Operational Group: Peer support, practical queries, and sharing good practice.
 - Programme Board: Strategic oversight and escalation of issues.
- The report supports the de-escalation of corporate risk related to staffing.
- Any issues from the Programme Board will be escalated through Staff Governance Committee.

MK and SH acknowledged the extensive work by PJ and the team that went into producing the report. PJ emphasised the positive engagement from teams across the Board, noting that while not perfect, there is strong participation and openness.

BOARD PUBLIC

This was presented as providing a **Moderate** level of assurance, which Committee Members accepted as an accurate reflection.

Committee:

- Took **Assurance** with compliance with Health and Care legislation.
- **Approved** formal record of approval previously provided remotely.

17. Discussion, feedback & learning

SH took the opportunity to reflect on the meeting's effectiveness, share learning, and identify items for escalation to the Board.

Key Reflections

- PH and GG noted the meeting felt well-paced and less rushed, allowing for meaningful discussion.
- PJ initially thought the agenda was light but found the depth of discussion valuable, reinforcing the need for adequate time.

Items to Highlight to the Board

- Behaviours Framework: Significant progress and engagement; recognition of the work done.
- Staff Wellbeing Strategy: Positive developments led by JPM.
- Ethnic Minority Network: Commended for its impact and the success of the staff celebration event.
- Workforce Data: Assurance that increases in incidents are being addressed.
- Appraisal: Follow-up discussion planned to explore further actions.
- Speaking Up: Action to engage with staff side to better understand barriers and perceptions.

Cross-Committee Learning

- VW highlighted the value of cross-committee connections, particularly between Staff Governance and Public Health (e.g. anchor work and risk frameworks).

SH appreciated the feedback and emphasised the importance of continuous improvement in meeting structure and content and encouraged ongoing input from members to ensure each meeting is better than the last.

18. Healthcare Governance Committee – Time to Lead/Train/Appraisal

SH referred to the connection between Quality and Safety and Workforce and noted the concerns raised about how increasing demand and limited staff capacity are affecting time available for:

- Appraisals
- Supervision
- Training and development

BOARD PUBLIC

MK stated that staff are overburdened with competing priorities and senior nurses and leaders lack time and the voice to express operational challenges.

FM reported that appraisals often seen as a "tick-box" exercise due to ongoing informal communication. Also staff are expected to complete multiple quality audits weekly, even on part-time schedules which leads to CPD and training often deprioritised due to service demands.

PJ suggested using e-rostering and Safe Care data to understand time allocated vs time actually used for leadership and training and to look at the variability across departments and roles. PJ recognised that a one-size-fits-all approach won't work and there is a need to empower staff to take protected time for development. PJ reflected on the importance of valuing appraisals and leadership time to encourage participation.

ACTION: Investigate root causes of time constraints and workforce strain.

ACTION: Engage General Managers and leaders to understand operational realities.

19. Date and time of next meeting

Monday 8th September 2025 at 9.30 am – 12.30 pm via Microsoft Teams.

SH thanked everyone for their contribution at the meeting which resulted in good conversations especially Staff Side colleagues who are the voice of the frontline staff.