

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



**PUBLIC MEETING**

A meeting of the Dumfries and Galloway NHS Board will be held at 9.30am on Monday 13 April 2026. The meeting will be held as a hybrid meeting from the Board Room, Ground Floor North, Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP and via Microsoft Teams.

**AGENDA**

| Time   | No | Agenda Item   | Who                | Paper / Verbal          | Assurance Levels |
|--------|----|---|--------------------|-------------------------|------------------|
| 9.30am | 1  | Apologies   | L Geddes           | Verbal                  | Not applicable   |
| 9.35am | 2  | Declarations of Interest  | M Cook/<br>J White | Verbal                  | Not applicable   |
| 9.40am | 3  | Previous Minutes – 9 <sup>th</sup> February 2026  | M Cook             | Paper<br>(for decision) | Significant      |
| 9.45am | 4  | Matters Arising <ul style="list-style-type: none"> <li>• Review of Actions List</li> <li>• Board Agenda Matrix</li> </ul> | M Cook             | Paper<br>(for decision) | Significant      |
| 9.55am | 5  | Chair and Chief Executive Update  | M Cook             | Verbal                  | Significant      |

**PERFORMANCE AND RISK**

|         |   |   |                         |                          |             |
|---------|---|---|-------------------------|--------------------------|-------------|
| 10.05am | 6 | NHS Board Summary Performance Report April 2026 | D Rowland /<br>G Noakes | Paper<br>(for assurance) | Moderate    |
| 10.20am | 7 | Corporate Risk Register Review                  | M Kelly /<br>L Geddes   | Paper<br>(for assurance) | Significant |

**HEALTHCARE GOVERNANCE COMMITTEE**

|         |    |                                      |   |                          |                |
|---------|----|--------------------------------------|---|--------------------------|----------------|
| 10.30am | 8  | Healthcare Quality and Safety Report | M Kelly /<br>K Irving /<br>E Murphy /<br>R Darley | Paper<br>(for assurance) | Moderate       |
| 10.45am | 9  | Speak Up Briefing                    | K Donaldson<br>/ S Hamilton<br>/ E Murphy         | Verbal                   | Not applicable |
| 11.00am | 10 | Any Other Business                   | M Cook  | Verbal                   | Not applicable |

**DATE AND TIME OF NEXT MEETING**

|  |    |  |  |  |  |
|--|----|--|--|--|--|
|  | 11 | 8 <sup>th</sup> June 2026 at 10am – 1pm to be held in the Board Room, Ground Floor North, Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP and via Microsoft Teams |  |  |  |
|--|----|--|--|--|--|

**BOARD PUBLIC**  
**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.

| <b>Chief Executive's Diary<br/>Key Events</b> |   | <b>Chairman's Diary<br/>Key Events</b> |                     |
|---|---|--|---------------------|
| <b>April 2026</b>                             |   | <b>April 2026</b>                      |                     |
| 14  | BCE Meeting   | 20                                     | Chairs ALS          |
| 15  | BCE / Executive Leads Meeting   | 27                                     | BCG Private Meeting |
| 16  | Health MAPPS Implementation Network                                       |  |                     |
| 22  | NHS Scotland Executive Group Meeting                                      |  |                     |
| 29  | National Public Protection Leadership Group                               |  |                     |
|   |   |  |                     |
|   |   |  |                     |
|   |   |  |                     |
| <b>May 2026</b>                               |   | <b>May2026</b>                         |                     |
| 7   | NHS Dumfries & Galloway - 2025-26 - Q4 - Board Quarterly Position Meeting | 18                                     | Chairs ALS          |
| 13  | Health MAPPS Implementation Network / MAPPS Programme Board               | 25                                     | BCG Private Meeting |
| 20  | BCE / Executive Leads Meeting   |  |                     |
| 21  | CE/CO Group   |  |                     |
| 29  | WoS Health and Social Care Delivery Programme Board                       |  |                     |
|   |   |  |                     |
|   |   |  |                     |
|   |   |  |                     |
| <b>June 2026</b>                              |   | <b>June 2026</b>                       |                     |
| 2   | Health MAPPS Implementation Network                                       |  |                     |

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

Minute of the public meeting of Dumfries and Galloway NHS Board held on Monday 8 December 2025 at 9.30am. The hybrid meeting was held in the Lecture Theatre, Education Centre, Dumfries and Galloway Royal Infirmary, Cargenbridge, Dumfries via Microsoft Teams

**Present**

|                       |   |  |
|-----------------------|---|--|
| Mark Cook (MCo)       | - | Chairman                                   |
| Ken Donaldson (KDo)   | - | Medical Director / Deputy Chief Executive  |
| Gwilym Gibbons (GG)   | - | Non-Executive Member                       |
| Kim Dams (KDa)        | - | Non-Executive Member                       |
| Greg Black (GB)       | - | Non-Executive Member                       |
| Marsali Caig (MCa)    | - | 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         |
| Andy McFarlane (AMcF) | - | Non-Executive Member / Local Authority Rep |
| Valerie White (VW)    | - | Director of Public Health                  |
| Mark Kelly (MK)       | - | Executive Nurse Director                   |
| Tim Bennett (TB)      | - | Interim Director of Finance                |

**In Attendance**

|                      |   |   |
|----------------------|---|---|
| Pamela Jamieson (PJ) | - | Workforce Director                                |
| Gareth Marr (GM)     | - | Chief Officer                                     |
| Nicole Hamlet (NH)   | - | Interim Chief Operating Officer                   |
| David Rowland (DR)   | - | Director of Strategic Planning and Transformation |
| Rod Edgar (RE)       | - | Communication and Engagement Manager              |
| Laura Geddes (LG)    | - | Corporate Business Manager                        |
| Linda McKie (LMcK)   | - | Minute Secretary                                  |

**Apologies**

|                    |   |                      |
|--------------------|---|----------------------|
| Julie White (JW)   | - | Chief Executive      |
| Garry Forsyth (GF) | - | Non-Executive Member |

MCo welcomed NHS Board Members to the NHS Public Board Meeting, introducing Councillor Andy McFarlane, to his first NHS Board meeting as a Local Authority Non-Executive Member.

MCo acknowledged the recent operational challenges, expressing thanks to staff, patients, and families for their flexibility during a difficult period

**1. Apologies**

Apologies received for the meeting are noted above.

## BOARD PUBLIC

### 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.

### 3. Minute of the Meeting of the NHS Board held on 8 December 2025

MCo presented the minutes from the last meeting on 8 December 2025, asking NHS Board Members to review and highlight any points of accuracy.

The minute from the NHS Board meeting held on 8 December 2025 was agreed with the following amendment on page 12:

“The Committee approved the annual Staff Governance Return, and considered the Anti-Racism Plan, Staff Experience / iMatter Survey, Performance Indicators, staff wellbeing, capacity and pressures during the meeting”.

#### 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. No points were raised for discussion under Matters Arising.

MCo presented the Actions List, outlining the following update:

- Item 23 – It was noted that the “Through young eyes video” remains on track for publication in April 2026.
- Item 13 – It was agreed to close the action as the evaluation of the Terms of Reference has been completed.
- Item 10 – It was noted that the Children’s Joint Services Plan work remains ongoing until June 2026.
- Item 11 – it was agreed to close the action on smoking cessation and tobacco control following the presentation to the NHS Board today.
- Item 21 – It was noted that the strategy paper titled “Creating a New Future Together” has been shared widely for feedback and will be presented to the NHS Board in June 2026.
- Item 24 – It was agreed to close the action as the revised committee meeting dates have been changed to 1<sup>st</sup> February 2026.

NHS Board Members were invited to provide any substantive comments on their respective actions. No further comments were raised.

## BOARD PUBLIC

### 4.2 Board Agenda Matrix 2025/26

NHS Board Members noted the Board Agenda Matrix for 2025/26, which was included within the meeting papers for information. Members indicated they were content with the report, and no further discussion was required.

### 5. Chair and Chief Executive Update

MCo highlighted the routine Chairs' meetings, noting that there were no additional matters requiring escalation to the NHS Board.

KD highlighted the sustained and exceptional system pressures across all services, which has resulted in the cancellation of some planned operations. A formal apology was offered to affected patients, with KD noting that despite pressures, quality and safety remained strong due to the extraordinary efforts of frontline staff and service managers, expressing a note of thanks to everyone.

A further note of thanks was recorded to the team of Divisional Service Managers, who have been working tirelessly to ensure that frontline staff have the resources and support required.

NHS Board Members were also highlighted to the establishment of the Sub-National Planning Boards, with NHS Dumfries and Galloway are part of the West planning group. KD noted that work is progressing in relation to planned care, unscheduled care and financial sustainability.

*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 specific areas:

- Performance over the last 2 months has seen a slight reduction. This largely reflects increased pressures within the unscheduled care pathway. The number of indicators demonstrating surge has increased from 13 to 16 and while many of these pressures are measured in the Emergency Department, it is likely that pressures have been felt across the whole unscheduled care pathway.
- It was noted that financial Key Performance Indicators within the summary performance report have improved, with both the savings target and overall expenditure back on trajectory at the beginning of the financial year.
- There has also been positive progress in the 62-day cancer waiting times performance, with a fourth consecutive month of improvement reported.

## BOARD PUBLIC

- The paper briefly sets out proposals for performance monitoring in 2026/27. These proposals will focus on three main areas: standardising reporting from committee chairs; clarifying performance reporting relationships between governance committees and the Board, including how the operational improvement plan for next year will be reported and how it aligns with the Statement of Strategic Intent; and identifying clear Key Performance Indicators for each committee.

Noted below are the key questions raised by Board Members following presentation of the agenda item:

- A question was raised on the approach being taken in relation to Musculoskeletal services and current performance, particularly around inclusion and community access. GM advised that the Board continue to focus on providing the best possible community-based Musculoskeletal services, which includes offering services within locality hubs and other community settings, where people can attend and be seen without needing an appointment and expanding the Active Lives programme, which reflects a stronger move into the preventative space for Musculoskeletal.
- VW noted that at the December Board there had been a discussion on flu activity levels, which peaked just before Christmas, alongside high levels of respiratory viruses, highlighting that these are now on a downward trend, and hopefully will relieve some of the system pressures going forward.
- In relation to the recent dental de-registrations highlighted at the last Board Meeting, VW gave assurance that staff continue to work closely with Scottish Government to explore what further actions can be taken. In the meantime, measures in place for patients to access single courses of treatment and provision of an emergency dental service locally. These steps are intended to help mitigate the immediate impact, but there remains a clear and ongoing focus on improving the position, as this is not an acceptable long-term situation for the Board.

This paper provided a moderate level of assurance, which NHS Board Members accepted as it demonstrates the Board's progress against performance Indicators.

NHS Board Members noted the findings of the Summary Performance Report.

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

### **7. Corporate Risk Register**

LG presented Corporate Risk Register report to NHS Board Members, which can oversight of the current risks and any changes since the last meeting.

## BOARD PUBLIC

The following key points were highlighted from the paper:

- There are currently 15 risks on the corporate risk register, which includes 3 medium risks, 7 high risks, and 5 very high risks. There have been no changes to either the current or target risk ratings since the last meeting.
- The industrial action risk, which was previously escalated from directorate to corporate level, has now been de-escalated back to a Level 2 Director led risk following the conclusion of the resident doctor actions.
- Following review of the Emergency Planning risk it was felt this risk could be managed at Director level due to the mitigations that have been put in place, therefore, NHS Board was asked to approve the de-escalation of this risk from Level 1 to Level 2.

This paper provides a significant level of assurance, which NHS Board Members accepted as it demonstrates a regular review of the Corporate Risk Register and is undertaken in line with the Risk Strategy processes and timelines.

NHS Board Members:

- Noted the Board's compliance with the Risk Strategy through the review and development of the Corporate Risk Register.
- Noted that the Industrial Action risk was escalated and de-escalated to and from the Corporate Risk Register since the last update in December 2025.
- Approved the de-escalation of the emergency planning risk from Level 1 Corporate to Level 2 Director.

### 8. Healthcare Governance Committee Report

MCa presented the Healthcare Governance Committee Report to NHS Board Members, highlighting the following key points discussed at the Healthcare Governance Committee meeting on 19 January 2026:

- The Committee received a Patient story, which focussed on attending the hospital through the Emergency Department, following which, the Committee agreed to have a deeper and more focused discussion at their next committee meeting on the management of patients in unscheduled care clinical areas.
- The Committee received a verbal update on the annual review of learning from whistleblowing incidents within the organisation, noting that the number of cases remains low, which presents challenges in terms of shared learning.

## BOARD PUBLIC

- A detailed update on the Infected Blood Inquiry noted that although there were a number of actions from the Inquiry's report that are outwith the remit of NHS Dumfries and Galloway, there is still learning that the Board can take from the recommendations. All actions identified for the Board have either been considered or acted upon.
- It was noted that the Committee considered a report published last year by the Women's Rights 'How safe are our Scottish Hospitals' which was launched in March 2025 containing 9 recommendations. MK gave an overview of the systems and processes in place to keep women safe and agreed to contact the NHS Board's Women's Staff Network to seek any additional input.

**Action: MK**

Noted below are the key questions raised by Board Members following presentation of the agenda item:

- A question was raised on whether there was any broader learning that could be shared with other Boards in relation to the positive development regarding the improvement in neonatal staffing. MCA advised that it was due to strong robust leadership within the Head of Midwifery role, and executive oversight, that has played a significant role in addressing challenges around delivering a sustainable staffing model.

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, issues, risks and minutes of Committee meetings.

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

*Kim Irving (KI), Nurse Consultant, Maureen Stevenson (MS), Patient Safety & Improvement Manager, Ross Darley (RD) Infection Prevention and Control Manager and Emma Murphy (EM), Patient Feedback and Whistleblowing Manager joined the meeting.*

### **9. Healthcare Quality and Safety Assurance Report**

MK introduced the Healthcare Quality and Safety Assurance Report to NHS Board Members, highlighting the following key points:

- Performance against key quality indicators remaining positive, including good results in hand hygiene audits and high adherence to cleaning standards, with the most recent cleaning audit demonstrated 94% adherence, providing assurance that the fundamentals underpinning safe care are being maintained.

## BOARD PUBLIC

- One of the Board's Senior Charge Nurses has been nominated for an RCN Nurse of the Year Award, and national recognition had been received for hip fracture care through the Golden Hip Award, reflecting the Board's improved pathways and patient outcomes.
- Improvements have been noted in adverse event management, and while further progress is required, this remains an area of focused scrutiny through Healthcare Governance Committee.
- There has been a significant increase in patient feedback, including complaints. Complaints have risen by 22% compared to the same period last year and by 45% compared to the year before. This increase is largely linked to frontline pressures, particularly extended waiting times.
- Compliments have also increased during the same period, with Care Opinion showing 107 stories recorded. Of these, 76% were entirely positive, while only 10% were moderately critical or above.

This paper presented a moderate level of assurance, which NHS Board Members accepted as it demonstrates that the Board continues to monitor, assess and improve the quality, safety and experience of care through the triangulated Quality and Safety Board, using the Vincent Framework to evaluate past harm, current reliability, operational safety and organisational learning.

NHS Board Members noted the Healthcare Quality Report.

*Kim Irving (KI), Nurse Consultant, Maureen Stevenson (MS), Patient Safety & Improvement Manager, Ross Darley (RD) Infection Prevention and Control Manager and Emma Murphy (EM), Patient Feedback and Whistleblowing Manager left the meeting.*

### **10. Gap analysis on Women's Rights Network Scotland Report "how safe are our hospitals"**

MK presented the Gap analysis on Women's Rights Network Scotland Report to NHS Board Members, highlighting the following key points:

- The Women's Rights Network published the report in March 2025, focusing specifically on sexual assault within hospital settings. The report identified 276 reported sexual assaults, including 12 rapes, across 57 hospitals over a five-year period. The Network framed this as a patient safety and safeguarding issue and made nine recommendations. A subsequent follow-up report highlighted inconsistency in how Boards across the UK had responded to the recommendations. In response, the NHS Board undertook a gap analysis to assess local arrangements and alignment with the recommendations.

## BOARD PUBLIC

- The gap analysis demonstrated that a comprehensive set of systems are in place to prevent, identify, respond to, and report incidents of sexual violence and misconduct. Multiple reporting routes are available for patients, carers, and staff, supported by established incident reporting systems. It was confirmed that any allegations of criminal behaviour are escalated promptly through the appropriate channels, including management, Health and Safety, Human Resources, and, where necessary, directly to Police Scotland. Evidence was provided that these escalation pathways are effective, with all reported incidents investigated, and any learning identified has been shared through established clinical, corporate, and governance arrangements.
- No further work is required at this time, as the Board has a set of system processes and safeguards in place. Nevertheless, while the risk is assessed as low, the impact on any patient, family member, or staff member subjected to sexual assault is abhorrent. The Board remains committed to managing this risk and taking all possible measures to help prevent such incidents from occurring.
- A request was made for a statement to be included within the paper regarding the provision of chaperones. MK advised that he had informed NHS Scotland that the NHS Board has a Chaperone Policy, which is currently being updated, and which clearly outlines when a chaperone should be deployed.

This paper presented a significant level of assurance, which NHS Board Members accepted as it demonstrates that the Board has systems and controls in place for reporting, escalating and investigating sexual violence and safeguarding concerns including clear routes for patients, staff and escalation to Police Scotland where required.

NHS Board Members noted the Gap analysis on Women's Rights Network Scotland Report.

### **11. Area Clinical Forum Update and Minutes**

MMcA presented the Area Clinical Forum Update and Minutes of the meeting 25 November 2025, highlighting the following key points:

- The Forum continues to discuss ongoing workforce challenges in relation to the system pressures, with contributions from both Directors and the Chairs of the Professional Advisory Committees.
- Work is underway to review and strengthen governance arrangements to support the Area Clinical Forum and the Professional Advisory Committees. This includes a focus on reinvigorating committee membership, where some advisory groups have experienced reduced engagement.

## BOARD PUBLIC

- A note of assurance was requested on whether the voice of Area Nursing Midwifery and Allied Health Professionals were being clearly heard through the Area Clinical Forum. McMcA advised that recent reviews of Forum membership had considered representation across all services, including the Area Nursing Midwifery and Allied Health Professionals and will continue to be monitored through clinical performance and governance arrangements to ensure appropriate and effective input, with any changes affecting representation being reported back to the NHS Board.

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 Committee of the Board and will now be receiving updates on activity within the Area Clinical Forum.

NHS Board Members noted the Area Clinical Forum Update and the minutes from the meeting held on 25 November 2025.

### **12. Public Health Committee Chair's Briefing and Summary Performance Report**

GG presented the Public Health Committee Chair's Briefing and Summary Performance Report, highlighting the following key points:

- The Committee had noted the excellent performance in relation to the National Targets for initiation onto treatment for Hepatitis C. As of November 2025, 43 people have been initiated onto HCV treatment, against the target of 46 people by March 2026.
- The national targets for HIV transmission prevention continues to be exceeded in Dumfries and Galloway. The dedication of the teams involved in this area of work and the multi-disciplinary and multi-agency approach which keeps focus on this important area of work was welcomed.
- Excellent performance of the Diabetic Eye Screening Programme against national targets was also noted at the Committee, with a successful screening biennial rate of 88.1% against a target of 80%. The service model which involves outreach clinics was also noted to support reduction in inequalities although there was still variation in uptake across deprivation quintiles.
- Quit Your Way Team and Community Pharmacies are surpassing the target in relation to successful 12-week quits among people living in the 40% most deprived areas in the region, with achievement of 201 successful quits against a target of 161.

## BOARD PUBLIC

- Multi-agency work is ongoing to address the concern regarding increased levels of Youth Vaping. The Committee discussed the implementation of the Boards Smoke Free Policy and noted concern around the number of people smoking on hospital grounds, agreeing that an ask would be made at today's Public Board meeting to remind the public that smoking or vaping is not allowed on NHS Dumfries and Galloway grounds.
- Smoking is illegal within 15 meters of hospital buildings and subject to a £50 fixed penalty notice or a £1000 fine if taken to court. VW continued to note that there have been discussions with Environmental Health colleagues who are able to enforce smoking fines to undertake some days of action.

This paper was presented with a significant level of assurance, which NHS Board Members accepted as an accurate that the Public Health Committee provides an appropriate mechanism for reporting key updates, issues and risks of Committee meetings.

NHS Board Members noted the Public Health Committee Chair's Briefing.

*Emma Murphy (EM), Patient Feedback and Whistleblowing Manager joined the meeting.*

### **13. Speak Up Briefing**

KD introduced the Speak Up Briefing for Quarter 3 to NHS Board Members, with EM highlighting the following key points:

- Two cases remain active, one of which has been progressed under Stage 2 of the national standards. 17 Speak Up enquiries have been received during the year, with two having progressed to formal handling along with a completed case from Quarter 3, which was not upheld.
- It was noted that the National Whistleblowing Officer is gathering learning from across Scotland, which will help make shared learning more accessible for Boards going forward. It was acknowledged that providing meaningful feedback can be challenging, particularly where it is essential to building and maintaining trust.

This paper was presented with a moderate level of assurance, which NHS Board Members accepted as it demonstrates that whilst there are robust processes and procedures in place to manage Speak Up and whistleblowing concerns, the Board recognises that there are opportunities to further promote those arrangements.

NHS Board Members noted the details within the Speak Up Quarter 3 report for 2025/26.

*Emma Murphy (EM), Patient Feedback and Whistleblowing Manager left the meeting.*

## BOARD PUBLIC

*Ambreen Khan (AK), Associate Director of Finance, joined the meeting.*

### 14. Financial Performance Update – (Month 9)

TB presented the Financial Performance Update report for Month 9 to NHS Board Members, highlighting the following key points:

- The planned deficit for the year was £28m, set against a Scottish Government deficit tolerance cap of £25m. As of Month 9, the Board was reporting a deficit of £19.1m. If trends continued, this could result in a year-end deficit of approximately £26m, representing an incremental improvement but remaining above the permitted threshold.
- The Board has explored key pressures underlying the financial position, many of which mirrored challenges experienced in previous years with savings delivery progressing, £11.3m achieved and a projected total of £12.8m by year-end, aligning with the 3% turnover savings expectation set nationally.
- Scottish Government had set out required deficit trajectories: £23m in 2026–27, £18m in 2027–28, and £10m in 2028–29, with an expectation of returning to balance thereafter. NHS Board Members acknowledged that this would require sustained, strategic and evidence-based transformation across services.
- A question was raised regarding the anticipated timescale for clarifying the proposed sub-committee governance arrangements. TB advised that work is currently underway to draft a two-part, three-year plan. This plan will focus on savings, cost pressures, priority areas for investment, and the most effective delivery approach, with implementation targeted for April 2026 as part of the newly established tracker system.

This paper presented with a limited level of assurance, which NHS Board Members accepted as an accurate record as it demonstrates that the Board has a statutory responsibility to deliver its services within the funding allocated.

NHS Board Members:

- Noted the position against the approved Financial Plan as at the end of December 2025.
- Approved the amendment to the capital plan previously supported.
- Approved the commitment of £1m on a recurring basis to support the frailty work in advance of the 2026/27 financial plan or confirmation of recurring funding commitment from Scottish Government.

*Ambreen Khan (AK), Associate Director of Finance, left the meeting.*

## BOARD PUBLIC

### 15. Audit and Risk Committee Chair's Briefing

GB gave a verbal update on the Audit and Risk Committee Chair's Briefing to NHS Board Members, highlighting the following key points:

- Following the last NHS Board meeting, compliance with the Cyber and Information Governance Mandatory training has improved.
- It was noted that discussions are ongoing with External Auditors regarding the year end annual reporting along with confirmed dates for signing the Annual Accounts.

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

NHS Board Members noted the Audit and Risk Committee Chair's Briefing.

### 16. Corporate Governance and Committee Minutes Update

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

- Following the implementation of revised governance structures in April 2025, it was agreed that a formal review would be undertaken to assess what was working well and to identify areas for improvement. The findings of this review were presented within the paper, confirming that improvements identified from the review will be incorporated into the Governance Action Plan and brought back to the next NHS Board meeting in April 2026.
- The Board received pre-election guidance notification from Scottish Government for the period 26 March to 7 May 2026, which Board Members were asked to review the restrictions placed on the Board during this period. It was noted that Freedom of Information requests are exempt from the guidance.
- Due to the Public Services Reform Act having released a revision to Part 3 of the Act, a review has been undertaken and to ensure compliance with the changes the Board and Committee paper templates have been amended and included within the paper for approval and implementation.
- On an annual basis all governance committees are required to review their Terms of Reference and endorse any changes that are necessary before presenting the amended version to NHS Board for approval. Performance and Resources Committee have undertaken the review and the Terms of Reference are presented to Board for approval.

## BOARD PUBLIC

- NHS Board Members were made aware of the changes that have been made to the Register of Members' Interests, which are reviewed on an annual basis, with the full review to be presented to the NHS Board meeting in June 2026.
- Additional changes have been made to the Board Workshop Timetable, as detailed in the report. The updated timetable will be presented to NHS Board Members on a regular basis along with the various Board Committee minutes, highlighting key areas of activity that have been through each of the committee meetings.

This paper was presented with a significant level of assurance which NHS Board Members accepted as it demonstrates 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.

NHS Board Members:

- Noted the review of the Governance Structure that was put in place in April 2025 and the actions that will be added to the Corporate Governance Action Plan.
- Noted the overview of workshops that have been held or proposed with Board Members from 1 April 2025 – 31 March 2026 and the potential topics for future workshops.
- Noted the Pre-Election Guidance that has been issued by Scottish Government to cover the period 26 March 2026 – 7 May 2026.
- 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 changes that have been made to the Board Paper Template to comply with the revisions that have been made to Part 3 of the Public Services Reform (Scotland) Act 2010 Guidance.
- Approved the revisions that have been made to the Performance and Resources Committee Terms of Reference.
- Approved the revisions to the Public Register of Members Interests for publication on the Board's external website

Alexander Campbell (AC), Communications Team Lead joined the meeting.

### **17. Social Media 6 Monthly Report**

AC presented the Social Media 6 Monthly Report to NHS Board Members, highlighting the following key points:

## BOARD PUBLIC

- The report provides a detailed six-month overview of organisational social media activity, with Facebook remaining the Board's strongest engagement platform, at over 28,000 followers and significantly higher interaction levels than other channels.
- Posts relating to urgent service changes, such as temporary hospital ward closures to visitors, reached more than 87,000 people within days.
- A question was raised regarding whether positive comments posted on social media are routinely gathered and celebrated. AC advised that social media comments are not currently formally tracked, and there is no system in place to differentiate between positive and negative feedback.

This paper was presented with a significant level of assurance which NHS Board Members accepted as it demonstrates that the paper is compliant with legislation, policy and Board objectives.

NHS Board Members noted the Social Media 6 Monthly Report.

### **18. Communication and Engagement 6 Monthly Report**

AC presented the Communication and Engagement 6 Monthly Report to NHS Board Members, highlighting the following key points:

- The six-month Communication and Engagement report provides an overview of engagement and participation activities conducted by Dumfries and Galloway Health and Social Care Partnership from July to December 2025. It highlights key activities, such as the review of general medical services, emphasising the partnership's commitment to community and stakeholder engagement.
- An observation was made regarding how the Board maximises the involvement of individuals contributing their views and expertise to the report. AC advised that those involved have typically participated in previous consultation or engagement exercises. Each consultation document includes a section inviting individuals to provide their email address if they wish to be kept informed about future engagement and consultation opportunities.

This paper was presented with a significant level of assurance which NHS Board Members accepted as it demonstrates that the report is compliant with best practice and statutory and legal expectations through alignment with engagement frameworks.

NHS Board Members took assurance of compliance with best practice, statutory and legal expectations through alignment with engagement frameworks and discussed future projects and priorities.

## **BOARD PUBLIC**

### **19. Any Other Competent Business**

No additional items of business were raised.

### **20. Date and Time of Next Meeting**

The next meeting of the Dumfries and Galloway NHS Board will be held on Monday 13 April 2026 at 10.30am. The venue for the meeting will be confirmed prior to the meeting.

The meeting concluded at 2.00pm.

## 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 Through Young Eyes video, created by the community planning partners and the Youth Work Team, on the Board's external website. | D Little            | <p>DL to link with RE to progress this item.</p> <p>NHS Board Members agreed to leave the action open as the timescale for the video to be recorded was 31 December 2025.</p> <p>19/01/2026 – D Little and R Edgar have had an initial meeting in relation to the publication of the video and will bring further updates back to Board when available.</p> <p>09/02/2026 – Item remains on track for publication in April 2026.</p> | 30/04/2026           |                |

## BOARD PUBLIC

| Date of Meeting | Agenda Item | Action   | Responsible Manager | Current Status  | Anticipated End Date | Date Completed              |
|-----------------|-------------|--|---------------------|---|----------------------|-----------------------------|
| 09/06/2025      | 10.         | For the Children's 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            | <p>Every local authority area in Scotland has a unique children's services plan so benchmarking can be challenging, however when the Joint Annual Report for 2025-26 is brought forward to NHS Board for approval in June 2026 any available benchmarking information which is relevant will also be included.</p> <p>09/02/2026 - It was noted that the Children's Joint Services Plan work remains ongoing until June 2026.</p> | 30/06/2026           |                             |
| 08/12/2025      | 20.         | An observation was raised regarding potential duplication of reporting, as some actions and performance data were already being reported through other committee updates. It was suggested that reporting arrangements could be reviewed to streamline and minimise duplication while recognising that certain data is required for governance purposes. | G Noakes / L Geddes | <p>G Noakes has undertaken significant work in gathering detail from each of the committees on performance to develop a framework for reporting data back through the governance routes.</p> <p>Proposed revised reporting arrangements for performance data is on the agenda in April 2026 for approval and implementation.</p>  | 30/06/2026           | Propose to close 13/04/2026 |

## BOARD PUBLIC

| Date of Meeting | Agenda Item | Action  | Responsible Manager | Current Status   | Anticipated End Date | Date Completed |
|-----------------|-------------|---|---------------------|--|----------------------|----------------|
| 08/12/2025      | 21.         | A discussion was held on the title of the Statement and whether this should be “Building a New Future Together” or “Creating a New Future Together”. NHS Board Members noted a preference of “Creating a New Future Together” and asked is it could be tested as part of the consultation process that will begin with staff, public and partners before the final report is brought back to NHS Board in April 2026. | D Rowland           | <p>The title has been updated to ‘Creating a New Future Together’ and the materials have been shared with Directors, local, regional and national planning partners for comment.</p> <p>A presentation has been prepared to stimulate further discussion at Community Planning SLT on 23 January 2026, and at ACF and APF on 25 and 26 February 2026 respectively.</p> <p>All Directors and the Board Chairman have provided video footage explaining why the Statement of Strategic Intent is important to them with a view to stimulating interest and feedback from the public.</p> <p>Feedback from all of these sources is scheduled to be shared with Board Members at their meeting in June 2026 when they will be asked to approve a final version of the Statement of Strategic Intent and the associated Year-1 actions.</p> | 30/06/2026           |                |

## BOARD PUBLIC

| Date of Meeting | Agenda Item | Action  | Responsible Manager | Current Status  | Anticipated End Date | Date Completed                 |
|-----------------|-------------|---|---------------------|---|----------------------|--------------------------------|
| 09/02/2026      | 8           | It was noted that the Committee considered a report published last year by the Women's Rights 'How safe are our Scottish Hospitals' which was launched in March 2025 containing 9 recommendations. MK gave an overview of the systems and processes in place to keep women safe and agreed to contact the NHS Board's Women's Staff Network to seek any additional input. | M Kelly             | MK is in discussions with the Women's Staff Network to progress this piece of work. No further updates are required to come back to NHS Board at the moment, however, if this changes an item will be added to the agenda matrix for a future Board Meeting, as required. | 30/06/2026           | Propose to close<br>13/04/2026 |

## BOARD PUBLIC

### Closed actions to be removed from the Actions List

| Date of Meeting | Agenda Item | Action   | Responsible Manager  | Current Status  | Anticipated End Date | Date Completed |
|-----------------|-------------|--|----------------------|---|----------------------|----------------|
| 07/04/2025      | 13          | <p>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.</p> <p>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.</p>                 | 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 February 2026 NHS Board Meeting as part of the Corporate Governance Update paper. | 28/02/2026           | 09/02/2026     |
| 08/12/2025      | 11          | <p>VW noted that she was happy to take on feedback and consider what further actions could be taken in relation to awareness of the Smoke Free Policy and processes. Smoking cessation services are available and promoted to staff via the staff wellbeing hub. Dumfries and Galloway perform well against local quit rates and targets and is one of the NHS Boards performing particularly strongly in this area.</p> | V White              | Update added into the Chairs report from Public Health Committee presented to Board 8th of February. Public Health Committee meeting changed to 1st February 2026.                                    | 28/02/2026           | 09/02/2026     |

## BOARD PUBLIC

| Date of Meeting | Agenda Item | Action   | Responsible Manager                | Current Status  | Anticipated End Date | Date Completed |
|-----------------|-------------|--|------------------------------------|---|----------------------|----------------|
|                 |             | An update on smoking cessation and tobacco control is due to be presented to the Public Health Committee in January 2026   |                                    |   |                      |                |
| 08/12/2025      | 24          | It was acknowledged that January 2027 scheduling is restricted due to the timing of the Audit and Risk Committee. It was agreed that LG would discuss options offline with VW and MK, including the possibility of moving one of the meetings to February 2027 | L Geddes /<br>V White /<br>M Kelly | The dates for the January 2027 Healthcare Governance Committee and the Public Health Committee have been moved to 1 <sup>st</sup> February 2027 | 28/02/2026           | 09/02/2026     |

### NHS Board Agenda Matrix 2026-27

|                                      | 13-Apr-26   | 09-Jun-26  | 10-Aug-26  | 05-Oct-26  | 14-Dec-26  | 08-Feb-27  |
|--------------------------------------|---|--|--|--|--|--|
| <b>Meeting Items</b>                 | Apologies<br>Chair and Chief Executive Update<br>Declarations of Interest<br>Previous Minute<br>Matters Arising<br>Review of Action List<br>Board Agenda Matrix 2026/27<br>Any Other Competent Business | Apologies<br>Chair and Chief Executive Update<br>Declarations of Interest<br>Previous Minute<br>Matters Arising<br>Review of Action List<br>Board Agenda Matrix 2026/27<br>NHS Board Summary Performance Report<br>Corporate Risk Register<br>Any Other Competent Business | Apologies<br>Chair and Chief Executive Update<br>Declarations of Interest<br>Previous Minute<br>Matters Arising<br>Review of Action List<br>Board Agenda Matrix 2026/27<br>NHS Board Summary Performance Report<br>Corporate Risk Register<br>Any Other Competent Business | Apologies<br>Chair and Chief Executive Update<br>Declarations of Interest<br>Previous Minute<br>Matters Arising<br>Review of Action List<br>Board Agenda Matrix 2026/27<br>NHS Board Summary Performance Report<br>Corporate Risk Register<br>Any Other Competent Business | Apologies<br>Chair and Chief Executive Update<br>Declarations of Interest<br>Previous Minute<br>Matters Arising<br>Review of Action List<br>Board Agenda Matrix 2026/27<br>NHS Board Summary Performance Report<br>Corporate Risk Register<br>Any Other Competent Business | Apologies<br>Chair and Chief Executive Update<br>Declarations of Interest<br>Previous Minute<br>Matters Arising<br>Review of Action List<br>Board Agenda Matrix 2026/27 and 2027/28<br>NHS Board Summary Performance Report<br>Corporate Risk Register<br>Any Other Competent Business |
| <b>Healthcare Governance</b>         | Healthcare Governance Committee Chairs Briefing<br>Healthcare Quality and Safety Assurance Report<br>2026-2029 Children's Services Plan<br>Area Clinical Forum Chair's Briefing and Minutes             | Healthcare Governance Committee Report<br>Healthcare Quality Report<br>2023-2026 Children's Rights Report<br>Joint Annual Report on Children's Services Plan 2025-2026<br>Area Clinical Forum Chair's Briefing and Minutes   | Healthcare Governance Committee Report<br>Healthcare Quality Report<br>Area Clinical Forum Chair's Briefing and Minutes  | Healthcare Quality Report<br>Area Clinical Forum Chair's Briefing and Minutes  | Healthcare Governance Committee Report<br>Healthcare Quality Report<br>Area Clinical Forum Chair's Briefing and Minutes<br>Duty of Candour   | Healthcare Governance Committee Report<br>Healthcare Quality Report<br>Area Clinical Forum Chair's Briefing and Minutes<br>Children's Rights Report  |
| <b>Public Health</b>                 | Public Health Committee Chairs Briefing<br>Performance Report   | Public Health Committee Chairs Briefing  | Public Health Committee Chairs Briefing  | Public Health Committee Chairs Briefing<br>Winter Vaccination Programme 2026/27  | Public Health Committee Chairs Briefing  | Public Health Committee Chairs Briefing  |
| <b>Staff Governance</b>              | Staff Governance Committee Chairs Briefing<br>Speak Up Briefing   | Staff Governance Committee Chairs Briefing<br>Speak Up Briefing<br>Behaviours Framework  | Staff Governance Committee Chairs Briefing<br>Speak Up Briefing  | Staff Governance Committee Chairs Briefing<br>Speak Up Briefing  | Staff Governance Committee Chairs Briefing<br>Speak Up Briefing and Annual Report 2024/25  | Staff Governance Committee Chairs Briefing<br>Speak Up Briefing  |
| <b>Performance and Resource</b>      | Performance and Resource Committee Chairs Briefing<br>Financial Plan 2026-2027 / 2028<br>FRB Investment Requests<br>Update Health and Social Care Renewal   | Performance and Resource Committee Chairs Briefing<br>Financial Plan 2026-2027 / 2028<br>Capital Plan 2026 / 2027<br>Quarter 1 Annual Delivery Plan 2026 / 2027  | Performance and Resource Committee Chairs Briefing<br>Financial Performance Update<br>ADP 2026/27 update   | Performance and Resource Committee Chairs Briefing<br>Financial Performance Update<br>Capital Update Report<br>ADP Mid-Year Review   | Performance and Resource Committee Chairs Briefing<br>HSCP Winter Plan 2026/27<br>Financial Performance Update<br>Capital Update Report<br>Quarter 2 ADP 2026/27 update  | Performance and Resource Committee Chairs Briefing<br>Financial Performance Update<br>Capital Update Report<br>Draft ADP 2027/28   |
| <b>Audit and Risk</b>                | Audit and Risk Committee Chairs Briefing  | Audit and Risk Committee Chairs Briefing   | Audit and Risk Committee Chairs Briefing   |  | Audit and Risk Committee Chairs Briefing   | Audit and Risk Committee Chairs Briefing   |
| <b>Board Governance and Strategy</b> | Statement of Strategic Intent<br>Corporate Governance and Committee Minutes Update<br>Sub National Planning and Delivery (D Rowland / V Freeman)  | Corporate Governance and Committee Minutes Update<br>Scheme of Delegation Update<br>Participation Request<br>Community Asset Transfer Request Annual Report<br>Board Assurance Framework   | Corporate Governance and Committee Minutes Update<br>Scheme of Delegation Update<br>Freedom of Information Annual Report 2024/25<br>Framework Document for NHS Boards<br>Blueprint action plan   | Corporate Governance and Committee Minutes Update  | Corporate Governance and Committee Minutes Update  | Corporate Governance and Committee Minutes Update  |

# NHS Dumfries and Galloway



|   |   |
|---|---|
| <b>Meeting:</b>                             | <b>NHS Board (Public)</b>   |
| <b>Meeting date:</b>                        | <b>13 April 2026</b>  |
| <b>Title:</b>                               | <b>NHS Board Summary Performance Report April 2026</b>            |
| <b>Responsible Executive/Non-Executive:</b> | <b>David Rowland, Director of Corporate Services</b>              |
| <b>Report Author:</b>                       | <b>George Noakes, Acting Performance and Intelligence Manager</b> |

## 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:** The NHS Board Summary Performance Report provides a broad review of Key Performance Indicators (KPIs) from across the organisation as identified by the Board for assurance. In this regard, they offer significant assurance that the organisation has processes in place to monitor performance. However, this assurance level is lowered to moderate in response to reduced levels of performance and service delivery pressures detected by the KPIs.

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

**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 April 2026 (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.

This Summary Performance Report was compiled during March 2026 and brings together the most recent results available for each indicator up to the end of February 2026.

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

All probabilistic language (likely, very likely, almost certain) is used in line with the Professional Head of Intelligence Assessment (PHIA) Probability Yardstick ([here](#)).

### 2.3 Assessment

Overall, it is very likely that there has been an improvement in performance since the last issue of this report (March 2026). The number of KPIs indicating surge has decreased from 20 to 17. This reflects an easing of seasonal pressure experienced across all clinical pathways.

## BOARD PUBLIC

**Table 1: Overview of Performance**

| Report 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    |
| Sept 2025   | 12                           | 17               | 13                                  | 6              | 48    |
| Oct 2025    | 12                           | 17               | 13                                  | 6              | 48    |
| Nov 2025    | **                           | **               | **                                  | **             | **    |
| Dec 2025    | 10                           | 13               | 19                                  | 6              | 48    |
| Jan 2026    | 10                           | 12               | 20                                  | 6              | 48    |
| Feb 2026    | 11                           | 14               | 17                                  | 6              | 48    |

\*\* Report not available – NHS Board and the Performance and Resources Committee did not meet in November 2025.

### **Some key observations from this report:**

- There has been an increase in the proportion of staff who have completed their annual appraisals (WF03).
- All five finance indicators show that savings and expenditure targets have either been met or exceeded (FE06 to FE09).
- There has been continued improvement in reducing the number of overdue audit actions (AR01).
- Psychological Therapies continues to show improved performance. In February 88% of people started treatment within 18 weeks of referral (MH01). This is just shy of the 90% national standard.
- It is very likely that the number of people with complex health and social care needs are experiencing increased delays in returning home from hospital. Both indicators CHSC02b and MH02 show increases.
- Performance against a number of indicators measured in the Emergency Department continue to be below where we would like them to be (AD01, AD02, AD02a, AD05). Although measured in the Emergency Department, these indicators should be viewed in the context of whole system patient flow and are likely to reflect pressures in demand, capacity and activity across the health and social care system.

#### **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

## BOARD PUBLIC

- Workforce KPIs 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 take assurance that the performance information reported in the Summary Performance Report accurately reflects the performance of NHS Dumfries and Galloway

### 3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Board Summary Performance Report, April 2026



# Summary Performance Report

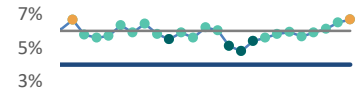
April 2026

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

## Workforce (WF)

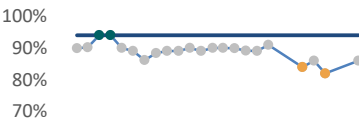
WF01 Sickness absence rate: Percentage of hours lost to sickness absence amongst NHS Dumfries and Galloway employees (Aim: decrease)

|       |          |      |            |          |      |            |
|-------|----------|------|------------|----------|------|------------|
| Amber | Dec 2025 | 6.7% | 6.5% (TOM) | Nov 2025 | 6.5% | 6.5% (TOM) |
|-------|----------|------|------------|----------|------|------------|



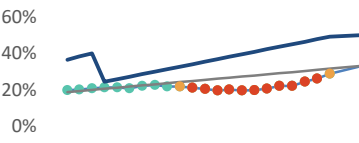
WF02 Mandatory Training: Percentage of NHS Dumfries and Galloway employees who have all online mandatory training currently complete (Aim: increase)

|               |          |       |           |          |       |           |
|---------------|----------|-------|-----------|----------|-------|-----------|
| Not different | Feb 2026 | 86.0% | 94.0% (T) | Nov 2025 | 82.0% | 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)

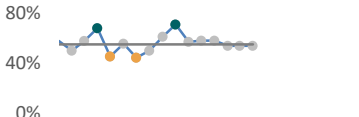
|       |          |       |               |          |       |               |
|-------|----------|-------|---------------|----------|-------|---------------|
| Green | Feb 2026 | 35.4% | 50.4% (TTraj) | Oct 2025 | 28.8% | 49.1% (TTraj) |
|-------|----------|-------|---------------|----------|-------|---------------|



## Quality and Patient Experience (QPE)

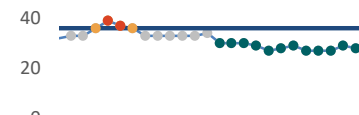
QPE01 Complaints: Percentage of complaints closed in timescale; stage 2 direct, closed within 20 working days (Aim: increase)

|               |          |       |              |          |       |              |
|---------------|----------|-------|--------------|----------|-------|--------------|
| Not different | Mar 2025 | 54.0% | 47.9% (mean) | Feb 2025 | 54.0% | 47.9% (mean) |
|---------------|----------|-------|--------------|----------|-------|--------------|



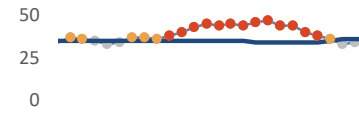
QPE02 SAB: Rolling 12 month total number of Healthcare Associated Infection (HCAI); Staphylococcus Aureus Bacteraemia (SAB) (Aim: decrease)

|       |          |    |            |          |    |            |
|-------|----------|----|------------|----------|----|------------|
| Green | Jan 2026 | 30 | 33 (25/26) | Dec 2025 | 28 | 33 (25/26) |
|-------|----------|----|------------|----------|----|------------|



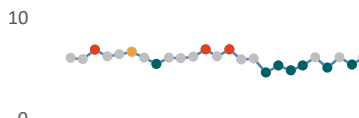
QPE03 CDI: Rolling 12 month total number of Healthcare Associated Infection (HCAI); Clostridium Difficile (CDI) (Aim: decrease)

|               |          |    |            |          |    |            |
|---------------|----------|----|------------|----------|----|------------|
| Not different | Jan 2026 | 34 | 35 (23/24) | Dec 2025 | 34 | 35 (23/24) |
|---------------|----------|----|------------|----------|----|------------|



QPE04 Hospital LOS: Average length of stay (days) in DGRI acute hospital setting, following an emergency admission (Aim: decrease)

|               |          |     |            |          |     |            |
|---------------|----------|-----|------------|----------|-----|------------|
| Not different | Mar 2026 | 6.6 | 6.6 (mean) | Feb 2026 | 6.1 | 6.6 (mean) |
|---------------|----------|-----|------------|----------|-----|------------|



### Key

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

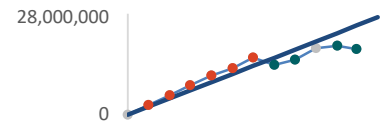
- (dates) Compared to performance at agreed time period
- (mean) Compared to distribution and band that 80% of values are within
- (Traj) Compared to natural trajectory
- (TTraj) Compared to an agreed Target Trajectory
- (T) Compared to the Target
- (TOM) Compared to surge thresholds agreed in Target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

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

### Finance and Efficiency (FE)

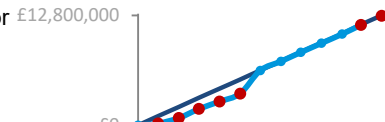
FE06 Monitoring budget variance: Actual variance compared to expected variance set out in NHS Dumfries and Galloway's financial plan for 2025/26

|     |          |             |                     |          |             |                     |
|-----|----------|-------------|---------------------|----------|-------------|---------------------|
| Red | Feb 2026 | £18,851,000 | £25,666,667 (TTraj) | Jan 2026 | £19,782,000 | £23,333,333 (TTraj) |
|-----|----------|-------------|---------------------|----------|-------------|---------------------|



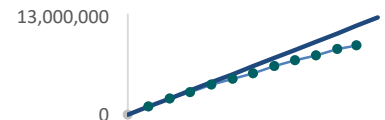
FE07 Monitoring savings achieved: Projected recurring savings compared to anticipated savings for 2025/26

|     |          |             |                     |          |            |                     |
|-----|----------|-------------|---------------------|----------|------------|---------------------|
| Red | Feb 2026 | £12,761,000 | £12,800,000 (TTraj) | Aug 2025 | £8,900,000 | £12,800,000 (TTraj) |
|-----|----------|-------------|---------------------|----------|------------|---------------------|



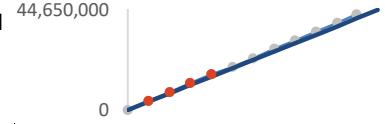
FE08 Monitoring agency expenditure: Actual spend compared to expected spend (5% saving on previous year)

|               |          |            |                     |          |            |                     |
|---------------|----------|------------|---------------------|----------|------------|---------------------|
| Not different | Feb 2026 | £9,242,000 | £12,595,000 (TTraj) | Jan 2026 | £8,789,000 | £11,450,000 (TTraj) |
|---------------|----------|------------|---------------------|----------|------------|---------------------|



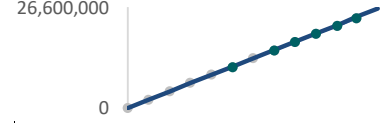
FE09 Monitoring medicines expenditure: Primary Care - actual spend compared to expected spend (5% saving on previous year)

|     |          |             |                     |          |             |                     |
|-----|----------|-------------|---------------------|----------|-------------|---------------------|
| Red | Feb 2026 | £42,682,000 | £43,083,333 (TTraj) | Jan 2026 | £38,801,000 | £39,166,667 (TTraj) |
|-----|----------|-------------|---------------------|----------|-------------|---------------------|



FE09 Monitoring medicines expenditure: Secondary Care - actual spend compared to expected spend (5% saving on previous year)

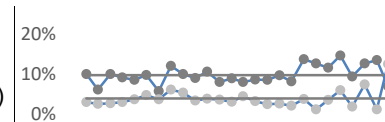
|               |          |             |                     |          |             |                     |
|---------------|----------|-------------|---------------------|----------|-------------|---------------------|
| Not Different | Feb 2026 | £23,981,000 | £25,666,667 (TTraj) | Jan 2026 | £21,981,000 | £23,333,333 (TTraj) |
|---------------|----------|-------------|---------------------|----------|-------------|---------------------|



### Health Inequalities (IQ)

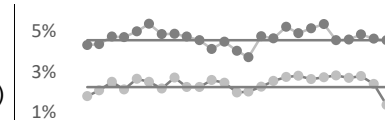
IQ01 Did not attend (DNA): Percentage of people who did not attend their new outpatient consultant appointment living in SIMD1 areas compared to SIMD5 areas

|     |          |              |               |          |               |              |
|-----|----------|--------------|---------------|----------|---------------|--------------|
| n/a | Feb 2026 | 7.0% (SIMD1) | 12.5% (SIMD5) | Jan 2026 | 13.5% (SIMD1) | 1.2% (SIMD5) |
|-----|----------|--------------|---------------|----------|---------------|--------------|



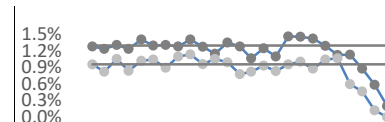
IQ02 Emergency Department attendances: Percentage of people living in SIMD 1 areas compared to SIMD 5 areas

|     |          |              |              |          |              |              |
|-----|----------|--------------|--------------|----------|--------------|--------------|
| n/a | Feb 2026 | 3.0% (SIMD1) | 1.4% (SIMD5) | Jan 2026 | 4.6% (SIMD1) | 1.4% (SIMD5) |
|-----|----------|--------------|--------------|----------|--------------|--------------|



IQ03 Emergency admissions: Percentage of people living in SIMD 1 areas compared to SIMD 5 areas

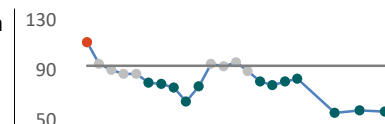
|     |          |              |         |          |              |         |
|-----|----------|--------------|---------|----------|--------------|---------|
| n/a | Feb 2026 | 0.0% (SIMD1) | #VALUE! | Jan 2026 | 0.2% (SIMD1) | #VALUE! |
|-----|----------|--------------|---------|----------|--------------|---------|



### 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)

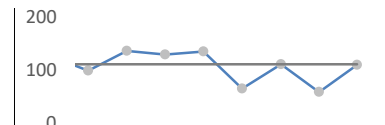
|       |          |    |             |          |    |             |
|-------|----------|----|-------------|----------|----|-------------|
| Green | Feb 2026 | 54 | 101 (23/24) | Jan 2026 | 57 | 101 (23/24) |
|-------|----------|----|-------------|----------|----|-------------|



### Climate and Environment (CE)

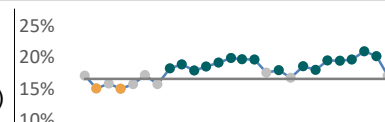
CE01 Greenhouse emissions: National Green Theatres, Anaesthetic Gases Emissions (tonnes CO2eq)

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



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

|               |          |       |               |          |       |               |
|---------------|----------|-------|---------------|----------|-------|---------------|
| Not different | Feb 2026 | 17.0% | 15.4% (23/24) | Jan 2026 | 20.2% | 15.4% (23/24) |
|---------------|----------|-------|---------------|----------|-------|---------------|



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

### Mental Health Directorate (MH)

|   |          |       |               |          |       |               |
|---|----------|-------|---------------|----------|-------|---------------|
| MH01 Psychological therapies: Percentage of people who commence Psychological Therapy based treatment within 18 weeks of referral (Aim: increase) | 100%     |       |               |          |       |               |
| <b>Not different</b>  | Dec 2025 | 87.8% | 61.5% (23/24) | Nov 2025 | 76.8% | 61.5% (23/24) |
| MH01a Psychological therapies: Number of people on the waiting list (Aim: decrease)   | 1,200    |       |               |          |       |               |
| <b>Green</b>  | Dec 2025 | 558   | 988 (23/24)   | Nov 2025 | 532   | 988 (23/24)   |
| MH02 The number of people experiencing a delay in their discharge from Midpark Hospital, excluding transfers, at census (Aim: decrease)           | 30       |       |               |          |       |               |
| <b>Amber</b>  | Dec 2025 | 20    | 19 (23/24)    | Nov 2025 | 17    | 19 (23/24)    |
| MH03 Drugs and Alcohol waiting times: Percentage of clients waiting no longer than 3 weeks for treatment (Aim: increase)                          | 100%     |       |               |          |       |               |
| <b>Green</b>  | Dec 2025 | 99%   | 90% (T)       | Nov 2025 | 99%   | 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%     |       |           |          |        |           |
| <b>Red</b>   | Jan 2026 | 68.2% | 90.0% (T) | Dec 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%     |       |           |          |        |           |
| <b>Green</b>   | Jan 2026 | 88.9% | 75.8% (T) | Dec 2025 | 100.0% | 75.8% (T) |
| WCSH03 The number of people admitted as an emergency, aged under 16 years; DGRI (Aim: decrease)  | 370      |       |           |          |        |           |
| <b>Not different</b>   | Feb 2026 | 203   | 260 (TOM) | Jan 2026 | 216    | 260 (TOM) |

### Primary Care Directorate (PC)

|   |          |        |                 |          |        |                 |
|---|----------|--------|-----------------|----------|--------|-----------------|
| PC01 Number of medication reviews (Aim: increase)   | 6,000    |        |                 |          |        |                 |
|   | 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  |        |                 |          |        |                 |
|   | Dec 2025 | 94,580 | 127,302 (22/23) | Sep 2025 | 96,700 | 127,302 (22/23) |

### Community Health and Social Care Directorate (CHSC)

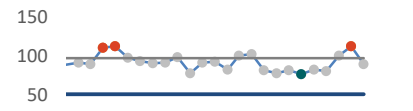
|  |          |       |               |          |       |               |
|--|----------|-------|---------------|----------|-------|---------------|
| CHSC01 Musculoskeletal (MSK) service: Percentage of people waiting <= 4 weeks from referral to first appointment; Allied Health Professional (AHP) (Aim: increase) | 100%     |       |               |          |       |               |
| <b>Red</b>   | Feb 2026 | 33.0% | 109.0% (Traj) | Jan 2026 | 32.9% | 106.3% (Traj) |
| CHSC03 Emergency re-admissions: Percentage of people who are readmitted as an emergency within 28 days, following a hospital discharge (Aim: decrease)             | 12%      |       |               |          |       |               |
| <b>Green</b>   | Jan 2026 | 3.7%  | 10.8% (23/24) | Dec 2025 | 5.7%  | 10.8% (23/24) |

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

### Community Health and Social Care Directorate (CHSC)

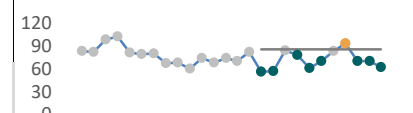
CHSC02 The number of people experiencing a delay in their discharge from hospital; All Sites excluding transfers, at census (Aim: decrease)

|               |          |    |           |          |     |           |
|---------------|----------|----|-----------|----------|-----|-----------|
| Not different | Dec 2025 | 90 | 106 (TOM) | Nov 2025 | 113 | 106 (TOM) |
|---------------|----------|----|-----------|----------|-----|-----------|



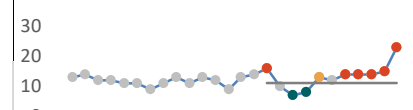
CHSC02a The number of people experiencing a delay in their discharge from hospital; Standard Reasons, last week of the month (Aim: decrease)

|       |          |    |            |          |    |            |
|-------|----------|----|------------|----------|----|------------|
| Green | Feb 2026 | 62 | 85 (TTraj) | Jan 2026 | 70 | 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)

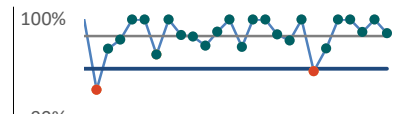
|     |          |    |            |          |    |            |
|-----|----------|----|------------|----------|----|------------|
| Red | Feb 2026 | 23 | 11 (TTraj) | Jan 2026 | 15 | 11 (TTraj) |
|-----|----------|----|------------|----------|----|------------|



### Cancer (Ca)

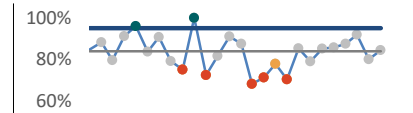
Ca01 Cancer 31 days: Percentage of all people diagnosed with cancer beginning treatment within 31 days of decision to treat (Aim: increase)

|       |          |     |         |          |      |         |
|-------|----------|-----|---------|----------|------|---------|
| Green | Jan 2026 | 99% | 95% (T) | Dec 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)

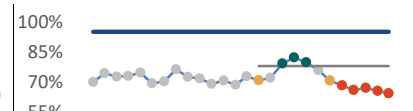
|       |          |     |             |          |     |             |
|-------|----------|-----|-------------|----------|-----|-------------|
| Green | Jan 2026 | 84% | 84% (23/24) | Dec 2025 | 80% | 84% (23/24) |
|-------|----------|-----|-------------|----------|-----|-------------|



### Acute and Diagnostics Directorate (AD) - Unscheduled Care

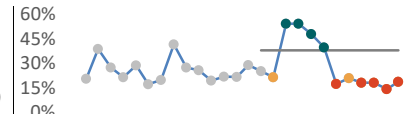
AD01 Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to admission, discharge or transfer for treatment (Aim: increase)

|     |          |       |               |          |       |               |
|-----|----------|-------|---------------|----------|-------|---------------|
| Red | Feb 2026 | 64.3% | 77.9% (TTraj) | Jan 2026 | 65.4% | 77.9% (TTraj) |
|-----|----------|-------|---------------|----------|-------|---------------|



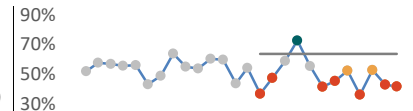
AD01a Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to Medical Admission (Flow 3) (Aim: increase)

|     |          |       |               |          |       |               |
|-----|----------|-------|---------------|----------|-------|---------------|
| Red | Feb 2026 | 18.5% | 38.0% (TTraj) | Jan 2026 | 14.1% | 38.0% (TTraj) |
|-----|----------|-------|---------------|----------|-------|---------------|



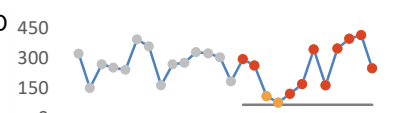
AD01b Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to Surgical Admission (Flow 4) (Aim: increase)

|     |          |       |               |          |       |               |
|-----|----------|-------|---------------|----------|-------|---------------|
| Red | Feb 2026 | 41.6% | 63.6% (TTraj) | Jan 2026 | 43.0% | 63.6% (TTraj) |
|-----|----------|-------|---------------|----------|-------|---------------|



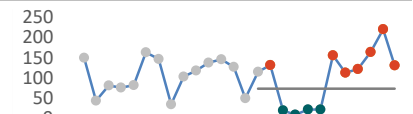
AD02 Accident and Emergency: Number of people who wait longer than 8 hours from arriving in ED to admission, discharge or transfer for treatment (Aim: decrease)

|     |          |     |            |          |     |            |
|-----|----------|-----|------------|----------|-----|------------|
| Red | Feb 2026 | 248 | 65 (TTraj) | Jan 2026 | 414 | 65 (TTraj) |
|-----|----------|-----|------------|----------|-----|------------|



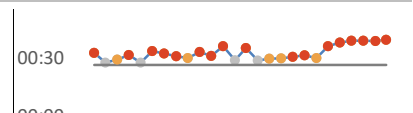
AD02a Accident and Emergency: Number of people who wait longer than 12 hours from arriving in ED to admission, discharge or transfer for treatment (Aim: decrease)

|     |          |     |            |          |     |            |
|-----|----------|-----|------------|----------|-----|------------|
| Red | Feb 2026 | 131 | 26 (TTraj) | Jan 2026 | 220 | 26 (TTraj) |
|-----|----------|-----|------------|----------|-----|------------|



AD05 SAS Turnaround Times: Median turnaround time in minutes; the first week of the month (Aim: decrease)

|     |          |       |             |          |       |             |
|-----|----------|-------|-------------|----------|-------|-------------|
| Red | Feb 2026 | 00:39 | 00:29 (TOM) | Jan 2026 | 00:38 | 00:29 (TOM) |
|-----|----------|-------|-------------|----------|-------|-------------|

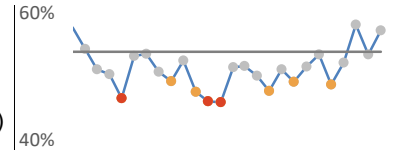


| RAG | Time Period | Latest Figure         |            | Time Period | Previous Figure       |            | 25 month trend |
|-----|-------------|-----------------------|------------|-------------|-----------------------|------------|----------------|
|     |             | Dumfries and Galloway | Comparison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

### Acute and Diagnostics Directorate (AD) - Planned Care

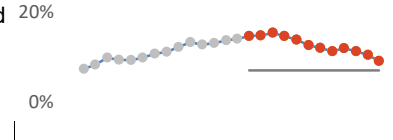
AD03 Treatment Time Guarantee (TTG): Percentage of people seen who waited <=12 weeks from agreeing treatment with the hospital to receiving inpatient or day case treatment (Aim: increase)

|               |          |       |               |          |       |               |
|---------------|----------|-------|---------------|----------|-------|---------------|
| Not different | Jan 2026 | 57.3% | 54.0% (23/24) | Dec 2025 | 53.6% | 54.0% (23/24) |
|---------------|----------|-------|---------------|----------|-------|---------------|



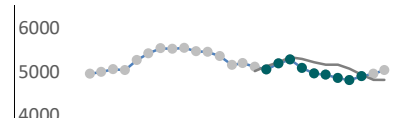
AD03a Treatment Time Guarantee (TTG): Percentage of people currently waiting, who have waited >52 weeks from agreeing treatment with the hospital to receiving inpatient or day case treatment; last week of the month (Aim: decrease)

|     |          |      |              |          |       |              |
|-----|----------|------|--------------|----------|-------|--------------|
| Red | Feb 2026 | 9.1% | 8.0% (TTraj) | Jan 2026 | 10.5% | 8.0% (TTraj) |
|-----|----------|------|--------------|----------|-------|--------------|



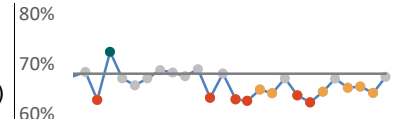
AD03b Treatment Time Guarantee (TTG): Number of people currently waiting for inpatient or day case treatment (last week of the month) (Aim: decrease)

|               |          |       |               |          |       |               |
|---------------|----------|-------|---------------|----------|-------|---------------|
| Not different | Feb 2026 | 5,034 | 4,814 (TTraj) | Jan 2026 | 4,956 | 4,813 (TTraj) |
|---------------|----------|-------|---------------|----------|-------|---------------|



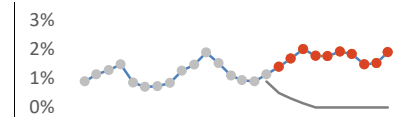
AD04 12 weeks first outpatient appointment: Percentage of people seen who waited <= 12 weeks from referral to first outpatient appointment (Aim: increase)

|               |          |       |               |          |       |               |
|---------------|----------|-------|---------------|----------|-------|---------------|
| Not different | Jan 2026 | 67.6% | 68.2% (23/24) | Dec 2025 | 64.4% | 68.2% (23/24) |
|---------------|----------|-------|---------------|----------|-------|---------------|



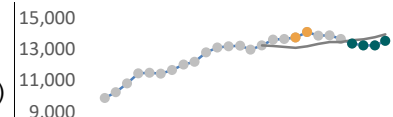
AD04a First outpatient appointment: Percentage of people currently waiting, who have waited >52 weeks from referral to first outpatient appointment (Aim: decrease)

|     |          |      |              |          |      |              |
|-----|----------|------|--------------|----------|------|--------------|
| Red | Feb 2026 | 1.9% | 0.0% (TTraj) | Jan 2026 | 1.5% | 0.0% (TTraj) |
|-----|----------|------|--------------|----------|------|--------------|



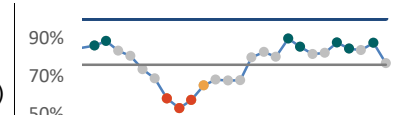
AD04b First outpatient appointment: Number of people currently waiting for first outpatient appointment (Aim: decrease)

|       |          |        |                |          |        |                |
|-------|----------|--------|----------------|----------|--------|----------------|
| Green | Feb 2026 | 13,536 | 14,589 (TTraj) | Jan 2026 | 13,241 | 14,405 (TTraj) |
|-------|----------|--------|----------------|----------|--------|----------------|



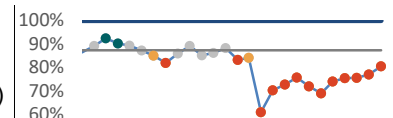
AD06 Percentage of people who were waiting less than 6 weeks for diagnostic scopes at end of month census (Aim: increase)

|               |          |       |               |          |       |               |
|---------------|----------|-------|---------------|----------|-------|---------------|
| Not different | Jan 2026 | 76.7% | 75.9% (23/24) | Dec 2025 | 87.4% | 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 | Jan 2026 | 80.5% | 87.3% (23/24) | Dec 2025 | 77.0% | 87.3% (23/24) |
|-----|----------|-------|---------------|----------|-------|---------------|



# NHS Dumfries and Galloway



|   |   |
|---|---|
| <b>Meeting:</b>                             | <b>NHS Board (Public)</b>                       |
| <b>Meeting date:</b>                        | <b>13 April 2026</b>                            |
| <b>Title:</b>                               | <b>Corporate Risk Register Update</b>           |
| <b>Responsible Executive/Non-Executive:</b> | <b>Mark Kelly, Nurse Director</b>               |
| <b>Report Author:</b>                       | <b>Laura Geddes, Corporate Business Manager</b> |

## 1 Purpose

**This is presented to the Board for:**

- Awareness
- 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.

## 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
- 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.

This report will be presented at each of the bi-monthly NHS Board meetings to highlight 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 ensure 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 managed and mitigated as a Level 2 Director risk.

## BOARD PUBLIC

Following implementation of the changes approved at the last NHS Board meeting in February 2026, the Corporate Risk Register currently has 14 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, de-escalated or remains the same since the last update:

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

| InPhase ID | Title  | Risk level (current) | Escalated / De-escalated |
|------------|--|----------------------|--------------------------|
| 2923 / 8   | There is a risk that the organisation does not have a sustainable workforce.   | <b>Medium</b>        | ↓                        |
| 2924 / 9   | Failure of the Board to meet financial targets   | <b>Very High</b>     | =                        |
| 2925 / 10  | Infrastructure is inadequate to meet both physical and technological service user needs in future.                               | <b>High</b>          | =                        |
| 2926 / 11  | Risk that sectors of our population continue to experience Health Inequalities   | <b>Very High</b>     | =                        |
| 2929 / 14  | There is a risk that the Health and Wellbeing of our Staff is not optimised.   | <b>Medium</b>        | =                        |
| 2930 / 15  | Risk that as services remain critically challenged, the quality of patient care may not achieve standards expected in D&G        | <b>High</b>          | =                        |
| 2932 / 17  | Risk that we will not improve the health and wellbeing of our population.  | <b>Very High</b>     | =                        |
| 2934 / 19  | Failure to maintain information security standards leading to loss of reputation and severe financial and disruptive consequence | <b>High</b>          | =                        |
| 2938 / 23  | The risk is that organisational culture and staff experience fails to meet individual and organisational needs                   | <b>Medium</b>        | =                        |
| 2940 / 24  | Patients may come to harm as a result of a delay in their discharge process or as a result of service capacity issues.           | <b>Very High</b>     | =                        |
| 3177 / 226 | Access to NHS General Dental Services (GDS)  | <b>Very High</b>     | =                        |
| 3206 / 255 | Failure to deliver reductions in CO2   | <b>High</b>          | =                        |
| 3311/ 360  | Failure to redesign and deliver services to meet the health and care needs of the population.                                    | <b>High</b>          | =                        |
| 3316 / 365 | Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients.           | <b>High</b>          | =                        |

The table above highlights that a change of current risk level has been made to the Sustainable Workforce risk (ID 2923 / 8), where the likelihood has been changed from Likely to Possible and the consequence changing from Major to Moderate. This adjustment has resulted in the risk level reducing from High (16) to Medium (9).

The Workforce Teams have been working on progressing actions / further controls relating to this risk to improve the mitigations that have been implemented.

## BOARD PUBLIC

A change of Risk Lead has also been made to the following two risks, which previously sat with the Chief Operating Officer, but upon review, it was felt they sat within the Health and Social Care Partnership Directorate, rather than the Health Services Directorate, therefore, the Risk Lead has been changed to the Chief Officer for the Integration Joint Board to manage going forward.

- Risk ID 24 - Patients may come to harm as a result of a delay in their discharge process or as a result of service capacity issues.
- Risk ID 360 - Failure to redesign and deliver services to meet the health and care needs of the population.

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

### **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**

- 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.

## BOARD PUBLIC

### 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.

## 2.4.1 Recommendation

### Awareness

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.
- The change of Risk Lead for Risk 24 (Delayed Discharges) and Risk 360 (Redesign and Deliver Services) has been changed from the Chief Operating Officer to the Chief Officer for the Integration Joint Board.

### Decision

NHS Board Members are asked to approve:

- the amendments made to the current score for the Sustainable Workforce risks, reducing the level from High (16) to Medium (9).

## 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 2 April 2026

| Legacy ID | InPhase ID | Title  | Governance Committee                | Risk Appetite Level | Description  | Risk Directorate & Lead   | Risk level (current) | Rating (current) | Risk level (Target) | Rating (Target) |
|-----------|------------|--|-------------------------------------|---------------------|--|---------------------------|----------------------|------------------|---------------------|-----------------|
| 2923      | 8          | 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          | Moderate (CAUTIOUS) | <p>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.</p> <p>In addition the Scottish Government have issued a direction around restrictions to non-clinical vacancies i.e. admin, transport etc.</p> <p>The risks associated with this inability to recruit include:</p> <ol style="list-style-type: none"> <li>1. Unable to deliver care / services to the patients of NHS D&amp;G.</li> <li>2. Unable to recruit right staff (of all disciplines - medical, other clinical and other staff).</li> <li>3. Unable to attract independent contractors (GPs, Pharmacists, Dentists etc) to region to deliver independent contractor services.</li> <li>4. Impact of staff challenges adversely affects staff health, wellbeing and experience of remaining staff team members which adversely impacts on retention levels.</li> <li>5. Unable to deliver Board objectives and tactical priorities.</li> <li>6. Failure to recruit substantive staff increases the risk of excessive temporary staffing costs, in excess of organisation budgets.</li> <li>7. Unable to rapidly and flexibly respond to system staffing requirements in an emergency situation such as COVID-19 pandemic.</li> <li>8. Unable to attract volunteers to the organisation.</li> <li>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.</li> <li>10. Significant risk of increased incidents, complaints, claims and reputational harm to the organisation.</li> </ol> | Workforce Directorate     | Medium               |                  | 9 Medium            | 9               |
| 2924      | 9          | Failure of the Board to meet financial targets   | Performance and Resources Committee | Low (MINIMAL)       | <p>IF we fail to deliver on the financial targets, THEN there is a risk of becoming financially unsustainable that will lead to</p> <ol style="list-style-type: none"> <li>1. Direct impact on level of patient care and services provided to the population of D&amp;G</li> <li>2. Direct impact on staffing</li> <li>3. Qualification of financial accounts</li> <li>4. Damage to reputation of Board.</li> <li>5. Inability to recover sustainable service model</li> </ol> <p>NHS Scotland Support and Intervention Framework is used by SG to assess financial sustainability. The Board are currently assessed at Stage 3</p>  | Finance Directorate       | Very High            |                  | 20 Medium           | 8               |
| 2925      | 10         | Infrastructure is inadequate to meet physical service user needs in future.  | Performance and Resources Committee | Moderate (CAUTIOUS) | <p>IF we fail to meet the physical and technological needs of the service users, THEN there is a risk of:</p> <ol style="list-style-type: none"> <li>1. Failure to ensure that our infrastructure re estate and technology keeps the pace with our service transformation plan.</li> <li>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.</li> <li>3. Failure to deliver a local digital strategy to optimise the impact of technology and assure equity and minimise health inequalities.</li> <li>4. Lack of horizon scanning could impact on quality and safety of care.</li> <li>5. Lack of modern infrastructure could hinder recruitment.</li> <li>6. SG moved to Do Minimum Business Continuity Capital Funding for 24/25 and 25/26</li> </ol> <p>RESULTING IN, inadequate quality of services.</p>   | Health Services           | High                 |                  | 16 Medium           | 8               |
| 2926      | 11         | Risk that sectors of our population continue to experience Health Inequalities   | Public Health Committee             | Moderate (CAUTIOUS) | <p>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.</p>   | Public Health Directorate | Very High            |                  | 20 High             | 16              |
| 2929      | 14         | There is a risk that the Health and Wellbeing of our Staff is not optimised.   | Staff Governance Committee          | Moderate (CAUTIOUS) | <p>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.</p>   | Workforce Directorate     | Medium               |                  | 9 Medium            | 4               |

| Legacy ID | InPhase ID | Title  | Governance Committee                | Risk Appetite Level | Description   | Risk Directorate & Lead            | Risk level (current) | Rating (current) | Risk level (Target) | Rating (Target) |
|-----------|------------|--|-------------------------------------|---------------------|---|------------------------------------|----------------------|------------------|---------------------|-----------------|
| 2930      | 15         | Risk that as services remain critically challenged, the quality of patient care may not achieve standards expected in D&G        | Healthcare Governance Committee     | Low (MINIMAL)       | <p>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.</p> <p>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.</p> <p>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.</p> | NMAHP Directorate                  | High                 | 12               | Medium              | 9               |
| 2932      | 17         | Risk that we will not improve the health and wellbeing of our population.  | Public Health Committee             | Moderate (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.  | Public Health Directorate          | Very High            | 20               | High                | 12              |
| 2934      | 19         | Failure to maintain information security standards leading to loss of reputation and severe financial and disruptive consequence | Audit and Risk Committee            | Low (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 Directorate                | High                 | 15               | High                | 15              |
| 2938      | 23         | The risk of failing to deliver a positive workplace culture where our workforce is supported, engaged, and thriving.             | Staff Governance Committee          | Moderate (CAUTIOUS) | IF we fail to maintain a culture, systems and processes to ensure staff feel safe and confident to speak up, This may result in an adverse culture developing, resulting in poor staff experience and the failure of the organisation to deliver its objectives.  | Workforce Directorate              | Medium               | 9                | Medium              | 4               |
| 2940      | 24         | 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 | Moderate (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.   | Health and Social Care Partnership | Very High            | 20               | High                | 12              |
| 3177      | 226        | Access to NHS General Dental Services (GDS)  | Healthcare Governance Committee     | Low (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.   | Public Health Directorate          | Very High            | 20               | High                | 15              |
| 3206      | 255        | Failure to deliver reductions in CO2   | Performance and Resources Committee | High (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.  | Public Health Directorate          | High                 | 12               | Medium              | 6               |
| 3311      | 360        | Failure to redesign and deliver services to meet the health and care needs of the population.                                    | Performance and Resources Committee | High (OPEN)         | <p>IF we fail to adequately identify, plan and redesign new and sustainable models of service delivery</p> <p>then we will be unable to deliver radical change at pace necessary to meet our Corporate Objectives</p> <p>resulting in the inability to provide safe, sustainable and equitable treatment, care and support for the population of D&amp;G</p>  | Health and Social Care Partnership | High                 | 12               | Medium              | 8               |
| 3316      | 365        | Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients.           | Healthcare Governance Committee     | Moderate (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  | Digital Directorate                | High                 | 15               | High                | 10              |

# NHS Dumfries and Galloway



|   |   |
|---|---|
| <b>Meeting:</b>                             | <b>NHS Board (Public)</b>                                 |
| <b>Meeting date:</b>                        | <b>13 April 2026</b>                                      |
| <b>Title:</b>                               | <b>Healthcare Quality and Safety<br/>Assurance Report</b> |
| <b>Responsible Executive/Non-Executive:</b> | <b>Mark Kelly, Executive Nurse Director</b>               |
| <b>Report Author:</b>                       | <b>Kim Irving, Nurse Consultant Public<br/>Protection</b> |

## 1 Purpose

This paper is presented to the NHS Dumfries and Galloway Board for assurance regarding the Quality, Safety and Governance position

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Annual Operation Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

**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:**

Moderate assurance is the recommended appropriate level of assurance recognising system pressures alongside key performance metrics and improvements that indicates care has remained safe with risks being actively managed.

## 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:**

- Quality and Safety

**Comment:**

Not applicable.

## 2 Report summary

### 2.1 Situation

This paper is presented to the NHS Dumfries and Galloway Board for Assurance. It provides an overview summation of the current whole system Quality, Safety and Governance position, drawing from February - April 2026 Performance and Quality and the Healthcare Governance Committee Quality & Safety Reports. The purpose is to provide the Board with triangulated insight into system performance, risks, mitigations, and required priorities.

### 2.2 Background

The Board is asked to note the consolidated Quality and Safety position. Triangulated data highlights challenge across Infection Prevention and Control (IPC), Public Protection, Care Assurance, Patient Experience and Adverse Events. Alongside these pressures, there is clear evidence of strengthening capability and progress across the system. Performance remains strong in key infection indicators such as Staphylococcus Aureus Bacteraemia and Clostridium Difficile and recent multi-agency inspection findings have been positive. Care Assurance outcomes within Community Hospitals continue to demonstrate consistent quality, while safeguarding capability has been enhanced through expanded training and clearer pathways. Maturing improvement programmes demonstrate progress including the implementation of phase 2 of the patient safety management system 'In Phase', the Scottish Patient Safety Programme (SPSP) workstreams and the implementation of real-time pressure ulcer reviews are further supporting a more integrated, learning-focused and resilient quality and safety system.

### 2.3 Assessment

Overall, whilst the system operates with challenge, and many areas continue to operate effectively delivering safe care there are key indicators that demonstrate areas for focus and improvement. From the Infection, Prevention and Control perspective there has been an increased trajectory of Escherichia coli bacteraemia (E. Coli) and increased blood culture contamination, both of which signal potential vulnerabilities within hydration, sampling practice and broader infection-prevention processes. Improvement work continues with the clinical teams in this regard with governance oversight at infection control committee, Quality and Safety Board and Healthcare Governance Committee.

An increase in complaints received has been noted, with the themes linked to communication, discharge quality and waiting times.

## BOARD PUBLIC

Public Protection note increasing presentations of neglect, domestic abuse and self-neglect, these services are underpinned by robust systems and processes to ensure these issues are effectively managed.

Despite these challenges, there is clear evidence of strengthening assurance mechanisms and maturing improvement work across the organisation. Infection, Prevention and Control hydration audits, aseptic-technique refresher training and local ownership of contamination improvement are helping to improve patient care. Phase 2 of the incident management system, 'In Phase' continues to progress, improving data visibility, reducing duplication and supporting more reliable triangulation between adverse events, patient feedback, claims and operational risk. The Pressure Ulcer deep dive has led to tangible improvements, including the rollout of real-time review processes and clearer categorisation guidance.

Strengthened governance within Family Support Services, supported by positive inspection outcomes and enhanced safeguarding training in areas such as Gender Based Violence, self-neglect and chronologies is contributing to more consistent decision making and more reliable protection pathways. SPSP programmes across adult, maternity, paediatric and mental health settings continue to embed structured learning and promote earlier recognition of risk.

### **2.3.1 Quality/ Patient Care**

Operational demands contribute to variability in basic care areas such as hydration, nutrition, and documentation. These challenges reflect the wider system impact of sustained flow pressures to care delivery and remain an area of focus and improvement for our excellence in care team and is led by senior charge nurses.

At the same time, there are clear signs of strengthening quality and improving reliability across several domains. Recent Care Assurance findings in Community Hospitals highlight consistently high standards of care; infection control performance remains strong in key areas, demonstrating excellent performance in *Staphylococcus aureus* bacteraemia rates, with *Clostridium difficile* levels remaining stable. Multi-agency inspection findings, particularly within Children's Services, demonstrate improving practice and strengthened partnership working.

Alongside these strengths, targeted improvement work is helping the system respond proactively and consistently. Real-time pressure ulcer reviews enable earlier identification of risk, enhanced Infection, Prevention and Control oversight is supporting more reliable practice, and strengthened safeguarding pathways are improving responsiveness to vulnerability. SPSP workstreams across adults, maternity, paediatrics, and mental health continue to embed structured learning and improvement methodologies, contributing to greater stability, safer care, and more dependable clinical processes across settings.

### 2.3.2 Workforce

Workforce wellbeing remains a priority as staff continue to deliver care under system challenges. Despite these challenges, there is clear evidence of improving workforce stability, strengthened support structures and a growing focus on staff wellbeing and development.

Positive developments include significant improvement in appraisals, strengthening the organisations' ability to support continuous professional development, reflective practice, and early identification of support needs. The introduction of the reduced working week represents a further meaningful step in supporting staff wellbeing, rest, recovery, and work life balance. Additional progress is being made through refreshed Infection, Prevention and Control and aseptic technique training, and continued investment in leadership development across services.

These initiatives, alongside maturing governance arrangements and clearer operational expectations, are helping create a more supportive and sustainable working environment, reinforcing organisational resilience despite ongoing pressures.

### 2.3.3 Financial

Improvements underway such as digitalisation via 'In Phase', strengthened governance, optimisation of Care Assurance workflows and reduction of duplication are intended to support efficiencies and to contribute to improving the financial position over time.

### 2.3.4 Risk Assessment/Management

Several system wide improvement programmes are actively supporting greater efficiency, reduced duplication and enhanced financial sustainability. Enhanced digitalisation through 'In Phase' is improving triangulation and streamlining Adverse Event management, claims and hazard reporting. Strengthened governance structures are providing clearer oversight and reducing variation in decision making, and optimisation of Care Assurance workflows is improving documentation reliability and minimising inefficiencies. Together, these developments alongside maturing SPSP programmes and improved escalation pathways are expected to support more efficient working, reduce avoidable variations and activities. The risk assessment recognises the system challenges and reflects too the positive outputs and performance and can assign a moderate assurance to this paper.

### 2.3.5 Risk Appetite

- Cautious

#### **Comment:**

The organisation retains a cautious risk appetite to quality and safety of care and prioritises minimising risk and strengthening assurance systems. At the same time, the low-risk appetite is complemented by clear evidence of maturing governance structures, strengthened safeguarding leadership, improved Infection, Prevention and Control oversight, and enhanced triangulation through 'In Phase'.

## BOARD PUBLIC

All of these are contributing to increased visibility, earlier identification of emerging issues, and a more reliable whole system response. These developments provide a positive foundation for maintaining a low-risk appetite while increasing organisational resilience and preparedness over time.

### **2.3.6 Equality and Diversity, including health inequalities.**

This report supports the Public Sector Equality Duty, the Fairer Scotland Duty, the Board's Equalities Outcomes and the National Wellbeing Priorities as set out in the ([National health and wellbeing outcomes framework - gov.scot](#)).

An EQIA is not required for this report; however, an EQIA has been completed for the Quality, Safety and Risk Management Strategy.

### **2.3.7 Climate Emergency and Sustainability**

No direct climate or sustainability issues associated with this paper.

### **2.3.8 Consumer Duty**

The organisation continues to meet its responsibilities under the Consumer Scotland Act 2020 by promoting fairness, transparency and accessibility in the way services are delivered. Ongoing improvement activity is directly strengthening compliance with Consumer Duty principles by improving the clarity, consistency and responsiveness of our services.

### **2.3.9 Other impacts**

No additional impacts identified at this time.

### **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.

Engagement is continuous through the Healthcare Governance Committee, the Quality & Safety Board and Steering Group, Infection Control Committee, Risk Executive Group, Public Protection Executive Group, Risk Oversight Group, and the weekly Patient Safety Group.

### **2.3.11 Route to the Meeting**

This has been previously considered by the following groups as part of its development. This report is based on discussions and escalation through the Quality & Safety Board governance structure and associated steering groups prior to submission to the Board.

- Quality and Safety Board.

## 2.4 Recommendation

The Board is asked to take moderate assurance from the triangulated whole system position, noting the mitigations and improvements underway and the remaining areas where closer oversight is required.

- **Assurance** – NHS Board is asked to take assurance the report continues to give confidence of compliance with legislation, policy and board objectives.

**Rationale:** Moderate assurance has been considered as the appropriate level of assurance recognising the ongoing system pressures whilst balancing this against performance data and key performance indicators that indicate care remains safe with risks being proactively managed.

To attain a high level of assurance would require sustained delivery across all safety and quality indicators, where minimal variation is seen and effective risk controls are seen across the system.

## 3. List of appendices

There are no appendices within the report.