BOARD PUBLIC

DUMFRIES AND GALLOWAY NHS BOARD

PUBLIC MEETING

A meeting of the Dumfries and Galloway NHS Board will be held at 9.45am on Monday 10 August 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
9.45am	1	Apologies	L Geddes	Verbal	Not applicable
9.45am	2	Declarations of Interest	M Cook/ K Donaldson	Verbal	Not applicable
9.47am	3	Previous Minutes – 8th June 2026	M Cook	Paper (for decision)	Significant
9.50am	4	Matters Arising • Review of Actions List • Board Agenda Matrix	M Cook	Paper (for decision)	Significant
9.55am	5	Chair and Chief Executive Update	M Cook	Verbal	Not applicable
PERFORMANCE AND RISK					
10.00am	6	Corporate Risk Register Review	M Kelly / L Geddes	Paper (for decision)	Moderate
10.15am	7	Summary Performance Report	D Rowland / G Noakes	Paper (for assurance)	Moderate
HEALTHCARE GOVERNANCE COMMITTEE					
10.30am	8	Healthcare Governance Committee Chair's Briefing	M Kelly	Verbal	Not applicable
10.40am	9	Healthcare Quality and Safety Assurance Report	M Kelly / R Darley / P Riley / K Irving /	Paper (for assurance)	Moderate
10.50am	10	Area Clinical Forum Update	M McAdam	Paper (for assurance)	Significant
PUBLIC HEALTH COMMITTEE					
11.05am	11	Public Health Committee Chair's Briefing	G Gibbons	Paper (for assurance)	Moderate
BREAK – 10 minutes					
STAFF GOVERNANCE COMMITTEE					
11.30am	12	Staff Governance Committee Chairs Briefing	S Hamilton	Verbal	Not applicable
11.45am	13	Speak Up Briefing	P Jamieson	Paper (for assurance / awareness)	Moderate

PERFORMANCE AND RESOURCE COMMITTEE

Time	No	Agenda Item	Who	Paper / Verbal	Assurance Levels
11.55am	14	Performance and Resource Committee Chairs Briefing	G Forsyth	Verbal	Not applicable
12.05pm	15	Financial Performance Update	K Dickinson / J Redfern	Paper (for assurance / decision)	Limited

AUDIT AND RISK COMMITTEE

12.20pm	16	Audit and Risk Committee Chair's Briefing	G Black	Paper (for assurance)	Significant

GOVERNANCE AND STRATEGY

12.30pm	17	Freedom of Information Annual Report 2025/26	L Geddes	Paper (for assurance)	Moderate
12.40pm	18	Corporate Governance and Committee Minutes Update	L Geddes	Paper (for assurance / awareness / decision)	Significant
12.50pm	19	Board Assurance Framework	L Geddes	Paper (for decision)	Significant
1.05pm	20	Bi-Annual Social Media Activity Report	D Rowland / R Edgar	Paper (for assurance)	Significant
1.15pm	21	Bi-Annual Engagement Activity Report	D Rowland / R Edgar	Paper (for assurance)	Significant

ANY OTHER COMPETENT BUSINESS

1.25pm	22	Any Other Business	M Cook	Verbal (for awareness)	Not available

DATE AND TI2ME OF NEXT MEETING

	23	5 October 2026 at 10am – 1pm. 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.

Chief Executive / Chairman / Interim Chief Executives' Commitments

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

Chief Executive's Diary Key Events		Chairman's Diary Key Events		Deputy Chief Executive's Diary Key Events	
August 2026		**August 2026**		**August 2026**	
12	Sub-National West: Weekly CE Performance Meeting	11	Tom Steele (SAS) – visit to DGRI	12	Sub-National Scotland West - Strategic Planning and Delivery Executive Group
12	Sub-National Scotland West - Strategic Planning and Delivery Executive Group	12	Sub-National Scotland West - Strategic Planning and Delivery Executive Group	12	Sub-National West: Weekly CE Performance Meeting
18/19	BCE Meeting	19	West Chairs Meeting	19	SAMD RO Network
19	Sub-National West: Weekly CE Performance Meeting	24	BCG Private Meeting	20	PASAG Meeting
26	Sub-National West: Weekly CE Performance Meeting			26	Data & Experiences Delivery Group Meeting
				26	Sub-National West: Weekly CE Performance Meeting
				27	Medicine STB Meeting

September 2026	
2	Sub-National Scotland West - Strategic Planning and Delivery Committee
2	Sub-National West: Weekly CE Performance Meeting
9	BCE / Exec Leads Meeting
9	Sub-National West: Weekly CE Performance Meeting
10	Health MAPPS Implementation Network
15	General Practice Programme Board
16	Sub-National West: Weekly CE Performance Meeting
18	Community Planning Partnership Board
23	Sub-National Scotland West - Strategic Planning and Delivery Executive Group
23	MAPPS Demo for Programme Board
23	Sub-National West: Weekly CE Performance Meeting
30	Sub-National West: Weekly CE Performance Meeting

September 2026	
2	Sub-National Scotland West - Strategic Planning and Delivery Committee
9	NHS Chairs Meeting with Cabinet Secretary
17	West Chairs Informal Catch Up
18	Community Planning Partnership Board

September 2026	
2	Sub-National Scotland West - Strategic Planning and Delivery Committee
3	WR Steering Group Meeting
9	Sub-National West: Weekly CE Performance Meeting
10	IWWC Strategic Board meeting
11	SCAN Regional Cancer Planning Group
15	Regional Medical Workforce Group
16	Sub-National West: Weekly CE Performance Meeting
23	Sub-National Scotland West - Strategic Planning and Delivery Executive Group
23	Sub-National West: Weekly CE Performance Meeting
28	WoS Medical Directors' Meeting
30	Sub-National West: Weekly CE Performance Meeting

October 2026	
1	Health MAPPS Implementation Network

October 2026

October 2026

DUMFRIES AND GALLOWAY NHS BOARD

NHS PUBLIC BOARD

Minute of the public meeting of Dumfries and Galloway NHS Board held on Monday 8th June 2025 at 9.45am. The hybrid meeting was held in the Board Room, Ground Floor North, Mountainhall Treatment Centre, Dumfries via Microsoft Teams

Present

Mark Cook (MCo)	-	Chairman
Mark Kelly (MK)	-	Executive Nurse Director
Gwilym Gibbons (GG)	-	Non-Executive Member
Marsali Caig (MCa)	-	Non-Executive Member
Garry Forsyth (GF)	-	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
Keith Dickinson (KDi)	-	Director of Finance
Valerie White (VW)	-	Director of Public Health

In Attendance

Pamela Jamieson (PJ)	-	Workforce Director
Nicole Hamlet (NH)	-	Interim Chief Operating Officer
Gareth Marr (GM)	-	Chief Officer
David Rowland (DR)	-	Director of Strategic Planning and Transformation
Sudeep Chatterjee	-	Director of Digital
Alex Campbell (AC)	-	Communications Team Lead
Laura Geddes (LG)	-	Corporate Business Manager
Linda McKie (LMcK)	-	Minute Secretary

Apologies

Julie White (JW)	-	Chief Executive
Ken Donaldson (KDo)	-	Interim Chief Executive / Medical Director
Greg Black (GB)	-	Non-Executive Member
Kim Dams (KDa)	-	Non-Executive Member

MCo welcomed NHS Board Members to the meeting, noting that the Director of Nursing was deputising for the Chief Executive and Interim Chief Executive at today's meeting.

1. Apologies

Apologies received for the meeting are noted above.

2. Declarations of Interest

MCo asked NHS Board 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 13th April 2026

MCo presented the minutes from the last meeting on 13th April 2026, asking NHS Board Members to review and highlight any points of accuracy.

The minutes of the NHS Board held on 13th April 2026 were agreed as an accurate record of 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:

- The action relating to the Children's Joint Services Plan was closed, noting that the report was scheduled for consideration at this meeting.

- The action relating to the Statement of Strategic Intent was closed, as a detailed update would be provided during the course of the meeting.

4.2 Board Agenda Matrix 2025/26

NHS Board Members noted the Board Agenda Matrix for 2026/27.

5. Chair and Chief Executive Update

MCo welcomed the phased return of the Chief Executive. MCo highlighted the ongoing engagement with newly elected MP/MSPs across the region, with briefing sessions scheduled to provide updates on NHS Dumfries and Galloway's priorities.

NHS Board members were made aware of the noted that the recent appointment of a Cabinet Secretary, who's focus on reform will influence the strategic direction of the organisation over the coming months.

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

6. NHS Board Summary Performance Report

GN presented the NHS Board Summary Performance Report to NHS Board

Members, highlighting the following specific areas:

- Although there continues to be service pressures impacting delivery, early signs of improvement have been seen in overall performance. This was reflected in the surge indicators where a reduction from 17 to 13 is shown. This indicates a gradual easing of pressures across the system.

- Improvements within Unscheduled Care were highlighted, including increased Emergency Department compliance with the 4-hour standard waiting times moving from 65.1% to 75.3%. Reductions were also evidenced in the waiting times over 8 and 12 hours, however, ambulance turnaround times remained under pressure.

- Within Planned Care, patients waiting over 52 weeks has reduced to 7.1%, now below the 8% target, with performance continuing to vary across some pathways. The proportion of people referred for an outpatient appointment fell from 1.9% in February 2026 to 0.5% at the end of March 2026

- Improvements in performance were highlighted in relation to Psychological Therapies performance, sickness absence levels, appraisal completion rates and mandatory training.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- A question was raised on whether lessons from the improved psychological therapies performance could be systematically captured and shared across other services. GN confirmed that further work would be undertaken with the service to identify key learning that could be applied more widely.

- It was mentioned that despite improvement, waiting times remained a risk for the Board and queried what additional action was being taken to mitigate potential harm. GN confirmed that additional focus was placed on performance for specific areas, which continues to be monitored and addressed through governance routes.

- A question was raised regarding the continued overspend in primary care prescribing and how this was linked to the financial recovery plan. GN advised that medicines optimisation remained a priority area, with ongoing work to increase the use of more cost-effective alternatives and reduce unnecessary variation in prescribing.

- A discussion was held in relation to Musculoskeletal Waiting Times performance and MCa recommended a further detailed review of this indicator be taken through Healthcare Governance Committee, confirming she would arrange for this to be added to a future meeting agenda.

Action: MCa

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 took assurance from the report that the performance information reported in the Summary Performance Report accurately reflected the performance of NHS Dumfries and Galloway against national indicators.

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

7. Corporate Risk Register Review

MK introduced the Corporate Risk Register report to NHS Board Members, with LG highlighting the following key points:

- The Corporate Risk Register currently includes 14 strategic risks, which aligns to the Board's Priorities.

- Work has been undertaken to split the Infrastructure risk into two separate risks, one covering the physical infrastructure in relation to buildings, estates work etc. The other to reflect the current position around the Digital Infrastructure, to address an action that was raised at the last Risk Workshop.

- Work is ongoing with Estates to update the original Infrastructure risk, which will be presented back to NHS Board in August 2026 for review and approval.

- The digital information has been included within the Information Security risk, which has resulted in the risk level increasing from High to Very High. Work is being progressed in relation to the Digital Strategy to help mitigate this risk and bring the risk level back down in the coming months.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- NHS Board Members sought assurance that the Corporate Risk Register remains aligned to the organisation's strategic priorities. LG confirmed that current risks continue to reflect organisational priorities and strategic direction.

- However, with the development of the Statement of Strategic Intent and the Board Assurance Framework, there is a need to streamline the risks, address any gaps and ensure continued alignment with local and national priorities. A workshop will be arranged to discuss any changes proposed to the register and see Board Member input before bringing the revisions to Board for approval.

- A concern was raised in relation to the description of the Information Security risk, where reputational risk is noted before patient safety. LG acknowledged this point and agreed amend the description to address this concern and accurately reflect the Board's priorities.

Action: LG

The paper provides a moderate level of assurance, which NHS Board Members accepted as although it demonstrates a regular review of the Corporate Risk Register, a significant proportion of the corporate risks remain as high or very high with limited movement reduce the risk level.

NHS Board Members:

- Noted the Board's compliance with the Risk Strategy through the review and development of the Corporate Risk Register.
- Approved the amendments made to the current score for the Information Security risk, increasing the current risk level from High 15 to Very High 20.

8. Healthcare Governance Committee Chair's Briefing

MC presented the Healthcare Governance Committee Report to NHS Board Members, highlighting the following key points:

- While complaints have increased, there has also been a corresponding rise in compliments.

- Ongoing system pressures were highlighted, particularly in relation to patient flow and workforce capacity. Challenges in access to NHS dental services persists, although some signs of stabilisation have been reported.

This paper provides a significant level of assurance, which NHS Board Members accepted as it demonstrates assurance that Healthcare Governance Committee is meeting its governance requirements as a delegated Committee of the NHS Board.

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

Paula Riley (PR), Interim Patient Safety and Improvement Manager, Kim Irving (KI), Nurse Consultant and Ross Darley (RD) Infection Prevention and Control Manager joined the meeting.

9. Healthcare Quality and Safety Assurance Report

MK introduced the Healthcare Quality and Safety update, highlighting the following key points:

- The report provides a comprehensive whole-system overview of quality, safety and governance across NHS Dumfries and Galloway for the period February to April 2026.

- It was acknowledged that ongoing system pressures continue to impact aspects of care delivery and experience; however, services continue to deliver safe, effective and person-centred care.

- Areas of variability were highlighted in relation to care, particularly around hydration, nutrition and documentation, with targeted improvement activity underway.

- The continued implementation of the Scottish Patient Safety Programme and the introduction of Team-Based Quality Reviews were also noted, supporting real-time learning, multidisciplinary engagement and proactive harm prevention.

- Ongoing challenges were recognised around delays in completing Significant Adverse Event Reviews, however, work it being progressed to identify learning and actions to improvement performance.

- Progress on implementation of the InPhase Risk Management System was noted, with Phase 2 expected to go live in July 2026 to enhance governance and organisational oversight.

This paper presented a moderate level of assurance, which NHS Board Members accepted as it demonstrates that the Board's system pressures alongside key performance metrics and active management of risks.

NHS Board Members noted the Healthcare Quality Report.

Paula Riley (PR), Interim Patient Safety and Improvement Manager, Kim Irving (KI), Nurse Consultant and Ross Darley (RD) Infection Prevention and Control Manager left the meeting.

Darren Little (DL), Children's Services Manager, joined the meeting.

10. Joint Annual Report on Children's Services Plan 2025-2026

MK introduced the Joint Annual Report on Children's Services Plan 2025-2026 to NHS Board Members, with DL highlighting the following key points:

- The report is a statutory requirement under the Children and Young People (Scotland) Act 2014, reflecting joint working between NHS Dumfries and Galloway, Dumfries and Galloway Council, wider partners and alignment with NHS Scotland quality ambitions. NHS Board Members noted continued progress across all six workstreams,

supported by positive external inspection findings and ongoing improvements in service delivery and stakeholder engagement.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- A concern was raised regarding approval of the report in the absence of supporting information within the appendices, highlighting the importance of ensuring full documentation is available to support robust Board scrutiny prior to publication. DL confirmed that the revised report will be circulated to NHS Board Members in advance of publication to allow for review and assurance.

This paper presented a significant level of assurance, which NHS Board Members accepted as it demonstrates the detail included in the Joint Annual Report which reflects the multi-agency progress and achievements over the reporting period.

NHS Board Members endorsed the Joint Annual Report on Year 3 of the Plan for publication.

Darren Little (DL), Children's Services Manager, left the meeting.

11. Area Clinical Forum 2025 Annual Report

MMcA presented the Area Clinical Forum 2025 Annual Report to NHS Board Members, highlighting the following key points:

- The Area Clinical Forum continues to play a critical role in embedding clinical perspectives within strategic decision-making, supporting service planning, redesign and delivering a coordinated, multi-professional advisory function to the Board.

- The Annual Report highlighted 4 areas of escalation that had been made to the NHS Board during 2025/26, confirming that all areas had been discussed and action progressed in year.

This paper presented a moderate level of assurance, which NHS Board Members accepted as it demonstrates that the Area Clinical Forum has fulfilled its role in providing assurance to the NHS Board through the activities delegated to them and noted in their Terms of Reference, therefore, moderate assurance has been noted against this paper.

NHS Board Members noted the Area Clinical Forum 2025 Annual Report.

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

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

- The Committee Chair highlighted the continued robust performance across vaccination programmes and thanked the Public Health team for its sustained work in this area. The vaccination uptake in Dumfries and Galloway compared favourably with national performance across a number of programmes. Uptake among social care staff remained slightly above the Scotland average, with uptake among healthcare staff in line with the national position.

- Staff vaccination uptake remained an active area of focus, with further work underway to identify actions to improve uptake further.

- The Committee's consideration of wider population health and prevention issues, including the role of the Community Planning Partnership and the importance of a system-wide approach to improving health outcomes and reducing inequalities. It was recognised that the region continued to face challenges in creating the conditions that enable healthier lives and that this required a shift away from approaches focused solely on individual behaviour towards broader environmental and system-level change.

- The Chair advised that this agenda was closely linked to work underway through the Annual Delivery Plan, including work on preventive spend, and to the wider expectation that NHS Boards should increasingly operate as population health organisations. It was noted that a workshop was being planned for September to support this work.

Action: LG / VW

Highlighted below are the main discussion points and questions raised following presentation of the item.

- In response to a question raised, further explanation was provided on the aspiration for the NHS to act as a population health organisation. The Board heard that this involved working with community planning partners to create the conditions that support healthier lives, supporting individuals to manage their health and long-term conditions more effectively, strengthening the application of realistic medicine, improving the use of data and intelligence in service planning, and embedding co-production in service design.
- It was noted that these aspirations aligned closely with the emerging Statement of Strategic Intent, and that the Scottish Government had asked Boards to benchmark themselves against these ambitions and develop associated action plans.

- The Board noted that, while there was already good prevention work underway locally, there remained a difficult balance between meeting immediate acute demand and investing in prevention, both of which required capacity and resource.

This paper presented a moderate level of assurance, which NHS Board Members accepted as it demonstrates the Summary Performance Report pulls together the progress against performance relating to the core business of the Committee.

NHS Board Members noted the Public Health Committee update.

13. Staff Governance Committee Chairs Briefing

SH gave a verbal update on the Staff Governance Committee Chairs Briefing, highlighting the following key points:

- The Committee received a staff experience story from a, Senior Charge Nurse, who had been recognised as the Adult Nursing Award Winner at the Royal College of Nursing Awards 2026 for her leadership and innovative work in improving patient independence through rehabilitation pathways.

- Performance updates were received from a range of workforce areas, highlighting the steady improvement in appraisal completion rates following the implementation of a targeted action plan focused on improving both the quality and consistency of appraisal processes.

- Mandatory training compliance was also discussed, with levels remaining below target; however, progress is being made through the introduction of protected learning time to support improvement. Workforce data highlighted emerging concerns regarding the retention of younger staff, with further analysis requested to better understand underlying causes and inform future retention strategies.

- The Committee discussed the triangulation of workforce data, demonstrating a clear relationship between operational pressures and reduced capacity to complete appraisals and training.

- The Committee further noted the outcomes of engagement with the Ethnic Minority Staff Network and wider staff, which has informed the development of the organisation’s Anti-Racism Action Plan, reinforcing the importance of inclusive engagement and workforce wellbeing.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- NHS Board Members expressed their congratulations to the Senior Charge Nurse on achievement of the award recognising both the individual achievement and the positive reflection this brings to NHS Dumfries and Galloway.

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

NHS Board Members noted the Staff Governance Committee Chairs Briefing.

14. Speak Up Briefing

PJ gave a verbal update on the Speak Up Briefing, highlighting the following key points:

- Data has been received to inform the Annual Report, highlighting that a more detailed report, including full-year analysis, would be presented to the Staff Governance Committee in August and before coming back to NHS Board for awareness.

- Over the reporting period, three cases were recorded. Of this one case had been raised as a concern and two cases had been raised via the Speak Up / whistleblowing process.

- Two cases are in the process of being concluded, one of which was upheld. The upheld case had resulted in a number of recommendations, which were currently being progressed with Director oversight and would be monitored through appropriate governance processes to ensure full implementation and compliance. The other case was reported as being near to conclusion, with final correspondence in progress.

- A multi-disciplinary training and engagement session was held recently, involving HR, Staff-Side representatives, confidential contacts and operational leads focused on practical case-based learning and improving confidence in managing concerns. Learning from the session will be taken forward to inform future practice.

- Work was underway to benchmark the Board's approach against other Health Boards in Scotland, with a particular focus on manager training and awareness. It was recognised that this represented an area for further improvement, and that additional work would be taken forward to enhance training uptake and support a positive speaking up culture across the organisation.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- A Board Member requested that further detail in relation to the upheld case be shared through Healthcare Governance Committee, to ensure alignment between Speak Up activity and wider quality and clinical governance processes.

Action: PJ / MC

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

NHS Board Members noted Speak Up Briefing.

15. Performance and Resource Chairs Briefing

GF gave a verbal update on the Performance and Resource Chairs Briefing, highlighting the following key points:

- The Committee had received two internal audit reports relating to grant monitoring arrangements and residential services, both of which provided moderate assurance. Members were assured that appropriate oversight and improvement actions are in place.

- A comprehensive financial plan update alongside routine performance reporting was presented to the committee, forming part of ongoing monitoring arrangements.

- In relation to unscheduled care, there are currently ten national priority focus areas for unscheduled care, with analysis identifying variation in performance across Boards and service configurations. It was noted that NHS Dumfries and Galloway performed strongly in some areas, but that there were opportunities to learn from national best practice and from other Boards. Work was underway locally, in collaboration with national teams, to review these priority areas, with the aim of improving patient care and informing wider service transformation activity.

- There has been significant effort and robust performance noted in relation to scheduled care from clinical teams. Work was underway to review outpatient service redesign, with a focus on identifying opportunities to build on existing good practice, improve productivity and support delivery against national standards.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- An observation was made in relation to outpatient redesign, specifically opportunities to strengthen patient information and signposting. It was suggested that improving the accessibility and consistency of

information across both digital and paper formats could support patients to better navigate services, reduce unnecessary outpatient attendance, and enhance patient autonomy in managing their own health. It was further noted that this could contribute to productivity gains and improved service experience.

- The Committee Chair acknowledged the observation and noted that this aligned with the ongoing redesign work and the broader aim of improving patient pathways and service efficiency.

- The Board welcomed the update and recognised the progress being made, noting in particular the focus on learning from variation and driving improvement across both scheduled and unscheduled care pathways. Board Members also offered their support to the Committee and Executive team in progressing this work.

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

NHS Board Members noted the Performance and Resource Chairs Briefing.

16. Financial Performance 2025 / 2026

KDi presented the Financial Performance 2025 / 2026 Report to NHS Board members, highlighting the following key points:

- The Board had delivered its financial position within the limits set by the Scottish Government, reporting a year-end overspend of £22.6 million, which remained within the agreed £28 million expenditure cap. This reflected a £5.4 million improvement on the initial projected position and demonstrated strengthened financial management and control over the course of the year.

- The Board noted that the financial position included:
  - a £30 million overspend within Integration Joint Board services;
  - a £9 million overspend across retained services; and
  - delivery of £12.8 million in savings, achieved alongside continued operational pressures, particularly within acute services, prescribing and external contracts.

- While some Directorates remained overspent, this had been partially offset by underspends in other areas and centrally managed resources. A continued focus would be required in 2026/27 to support recovery in overspending areas and return these to a more sustainable position.

- Notwithstanding in-year progress, a recurring deficit of approximately £7million was being carried forward into 2026/27 and that underlying financial sustainability challenges remained significant. Key risks were

identified as delivery of future savings targets, workforce cost pressures and increasing demand and activity.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- In relation to the £5.4million, a Board Member queried whether the in-year financial improvement reflected a small number of significant items or a broader range of factors. It was confirmed that the improvement reflected a combination of both larger and smaller items. Further analysis will be undertaken to determine whether any of these can be sustained or replicated, noting that some may be non-recurring and therefore will not address the underlying structural deficit.

This paper presented a significant level of assurance, which NHS Board Members accepted as it demonstrates the position against the approved Financial Plan as at the end of March 2026.

17. Financial Plan 2026/2027 – 2028/2029

KDi presented the Financial Plan 2026/2027-2028/2029 report to NHS Board Members, highlighting the following key points:

- In relation to the 2026/27 financial plan, it was reported that the organisation remained in a structurally unbalanced financial position; cumulative brokerage of £58.5million had been received in previous years. A further £22.6million deficit had been incurred in 2025/26 and the plan for 2026/27 forecasts a £23million deficit, requiring ongoing Scottish Government support.

- The plan does not currently demonstrate a clear trajectory to financial balance by 2029/30; therefore, the Board remains in Level 3 within the NHS Scotland Support and Intervention Framework.

- A recurrent savings target of £18.1million had been set for 2026/27; however, it was noted that just over 55% of this had been identified, leaving a significant savings gap. The Board was advised that delivery of the plan would therefore require a combination of further recurrent savings and non-recurring measures in the short term.

- KDi emphasised that the organisation must now move beyond financial recovery alone and into a phase of transformation, supported by external expertise, to deliver sustainable change. Work was underway to develop a transformation plan, with an outline expected in August 2026. It was recognised that this would require targeted investment, including clinical capacity and backfill to support delivery at pace.

- All transformation activity would be required to maintain a clear focus on patient safety, quality of care and staff wellbeing, and that financial decisions would be subject to equality impact assessment.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- A Board Member asked how the organisation would address capacity and capability requirements to deliver transformation, including identifying any skills gaps. It was advised that work is underway to establish an appropriate transformation support structure, including identifying additional skills and capacity required. This will include clinical leadership and backfill arrangements, recognising that targeted investment is necessary to support sustainable transformation and long-term financial recovery.

- Clarification was sought on NHS-specific inflationary pressures and how these differ from general inflation. KDi explained that the organisation faces sector-specific pressures, including increases in drug costs and energy prices. While mitigation actions are in place, such as procurement approaches and energy efficiency measures, some cost pressures remain unavoidable.

- A Board Member queried how longer-term demand, demographic change and prevention are reflected in financial planning. It was confirmed that planning is being strengthened to better align demand, capacity and workforce considerations. A whole-system approach is being taken to ensure decisions support both immediate service delivery and longer-term sustainability.

- Assurance was sought that financial recovery would not be progressed at the expense of quality, safety and access to services. It was confirmed that quality and patient safety remain central to all decisions. All proposals are subject to equality impact assessment and that improved integration and patient flow are expected to support both better outcomes and efficiency.

This paper presented a moderate level of assurance, which NHS Board Members accepted as it demonstrates that the Board remain on Stage 3 of the NHS Scotland Support and Intervention Framework due to concerns about the financial sustainability of the Board and are in receipt of Financial Support Funding from Scottish Government.

NHS Board Members noted:

- the current savings plan and the gap to £18.1m target.
- the three-year plan does not meet the Deficit Support Funding cap in years two and three, pending the outcome of the work being conducted by Ernst and Young on the Financial Sustainability Strategy.

NHS Board Members approved:

- the 2026/27 financial plan.

- the recurrent and non-recurrent funding of historical cost pressure in the Acute Directorate, which have previously been managed through the non-recurrent application of centrally held reserves.
- the proposed investment funding allocations which were reviewed and recommended by Financial Recovery Board as part of the planning process

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

18. Quarter 4 Report for the Annual Delivery Plan 2025/2026

GN presented the Quarter 4 Report for the Annual Delivery Plan 2025/26 to NHS Board Members, highlighting the following key points:

- The Annual Delivery Plan (ADP) for 2025/26 set out an ambitious programme of 72 actions agreed by the Board at the beginning of 2025/26. During the year:
  - six actions were suspended due to national funding arrangements and unsuccessful bids;
  - two actions were suspended due to local resource constraints and operational pressures;
  - fourteen actions were completed; and
  - significant progress had been achieved across a wide range of priority areas linked to the remaining actions, many of which were nearing completion with clear next steps identified.

- The key areas of progress made in relation to the actions included:
  - improvements in unscheduled care, including the introduction and embedding of a Frailty Unit;
  - progress against Cancer Waiting Time standards, particularly the 62-day pathway;
  - completion of the General Medical Services (GMS) review in Primary Care;
  - completion of the Child and Adolescent Mental Health Services (CAMHS) review within Women and Children's services;
  - delivery of a successful Vaccination Programme;
  - strengthened financial oversight arrangements;
  - a focus on Workforce Wellbeing, particularly supporting staff with long-term absence;
  - development of a Digital Strategy and three-year roadmap; and
  - early progress in Climate and Environmental Sustainability, including decarbonisation work.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- A Board Member welcomed the narrative on progress but queried whether future reports could provide clearer evidence of whether actions had achieved their intended outcomes, including measurable

impacts and associated indicators. It was acknowledged that this had been a recurring challenge, particularly in demonstrating "did we do it and did it work" through robust quantitative measures. It was confirmed that significant work had been undertaken in developing the 2026/27 ADP to strengthen this, including requiring Senior Responsible Officers to define clear outcome measures, covering service delivery, finance, quality and safety, population health, inequalities and climate impact. This was expected to provide a more rounded and measurable assessment of impact on future reporting.

- A Board Member reflected on whether the original programme of over 70 actions had been overly ambitious and queried whether a more focused set of priorities may have supported delivery. It was confirmed that the scale of ambition had been significant relative to available capacity and was suggested that a more focused approach, prioritising fewer, high-impact actions, delivering them fully and then progressing to subsequent priorities may represent a more effective model going forward, particularly given ongoing resource and operational pressures.

- Board Members reflected on the balance between setting ambitious goals and ensuring deliverability, noting that while the programme had been ambitious, this had driven progress across a wide range of areas. It was recognised that the ADP had functioned in part as an ambition-setting framework, enabling significant progress despite constraints. However, it was also acknowledged that limited capacity had impacted on the ability to fully develop measures and indicators for all actions. Learning from this has informed the development of the 2026/27 ADP, with a stronger emphasis on focused, measurable outcomes and deliverability, ensuring that progress can be more clearly demonstrated at year-end.

This paper presented a moderate level of assurance, which NHS Board Members accepted as it demonstrates that whilst the design of this report is intended to provide a significant level of assurance, this has been modified to moderate to reflect reduced levels of progress and service pressures highlighted by project leads.

NHS Board Members noted the Quarter 4 Report for the Annual Delivery Pan 2025/2026.

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

19. Audit and Risk Committee Chair's Briefing

Due to the absence of the Audit and Risk Committee Chair, the Chair's briefing was not presented to NHS Board Members.

Gillian Coupland (GC), Strategic Planning & Commissioning Manager, joined the meeting.

20. Statement of Strategic Intent 2026-29 and Annual Delivery Plan

DR presented the paper to NHS Board Members describing the purpose of the Statement of Strategic Intent 2026-29, before GC took members through the Annual Delivery Plan. During the presentation the following key points were highlighted:

- Thanks were expressed to colleagues, partners and stakeholders for their contribution to the development of the Statement, highlighting the extensive consultation undertaken between January and March 2026, including engagement with staff, community planning partners and national stakeholders. It was noted that feedback had been systematically analysed and reflected through a clear "you said, we did" approach, strengthening the final draft.

- The Board heard that the Statement of Strategic Intent sets out a clear and realistic ambition for the organisation in the context of national reform, financial recovery and service sustainability. It was emphasised that the Statement provides a coherent framework describing:
  - the organisation's purpose and ambition to improve population health and wellbeing;
  - a 10-year vision focused on enabling people to live longer, healthier lives and receive care closer to home; and
  - a set of strategic outcomes for the next three years, including prevention, early intervention, adoption of technology, co-production, and workforce development.

- The presentation highlighted the importance of balancing quality, service delivery and financial recovery, and the need to work in partnership with communities and stakeholders to design more sustainable models of care. It was noted that the Statement is closely aligned with the organisation's financial recovery and transformation agenda and is intended to provide a clear direction for future planning and decision-making.

- The Board further noted that the Annual Delivery Plan had been developed alongside the Statement to provide a clear line of sight between strategy and delivery, bringing together key actions across directorates into a single framework aligned to strategic outcomes, national priorities and Integration Joint Board (IJB) directions. It was recognised that this represented a more integrated and mature approach to planning, although also more complex than in previous years.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- Board Members confirmed that the consultation had been

comprehensive and robust, noting clear evidence that stakeholder feedback had been reflected in the final document. The “you said, we did” approach was welcomed as demonstrating transparency and responsiveness.

- Board Members were content that the ADP provides a clear line of sight between strategy and delivery, although it was acknowledged that some actions represent foundational or cross-cutting work that supports multiple strategic outcomes. It was recognised that the framework simplifies a complex system and that further refinement will continue as implementation progresses.

- A Board Member queried whether the distribution and number of actions, particularly in relation to financial sustainability, adequately reflected the scale of organisational challenges. It was acknowledged that financial recovery is a core organisational priority, and that many transformation actions will contribute to financial sustainability. It was noted that, as the financial recovery programme develops, actions within the ADP may be refined or updated to reflect emerging priorities and opportunities.

- Board Members highlighted that some actions have dependencies across multiple strategic outcomes, raising questions about how these will be monitored and resourced. It was recognised that the ADP includes interdependent actions and that mapping these relationships is inherently complex. The framework aims to provide clarity while recognising that many actions contribute to multiple outcomes. Ongoing work will focus on ensuring effective monitoring and oversight.

- Members sought clarification on how delivery of ADP actions would be governed and monitored, including the role of Board committees. It was confirmed that actions would be allocated across relevant committees for scrutiny, consistent with existing performance and governance arrangements. It was acknowledged that this would require coordinated oversight and consistency of approach across committees, with further discussion to ensure effective alignment and capacity.

- Board Members queried whether current measures sufficiently demonstrate the impact and outcomes of actions, rather than focusing primarily on process. It was acknowledged that further work is required to strengthen outcome and impact measures. It was agreed that proposals for overarching impact measures would be developed and presented in future reporting, with continued refinement during the year.

- A Board Member emphasised the importance of ensuring that the Statement and ADP are fully embedded within the organisation, rather than remaining as standalone documents. It was confirmed that implementation would focus on leadership engagement, communication and workforce development, including development of a public-facing version and ongoing engagement with staff.
- It was recognised that embedding the strategy will require a sustained

focus on culture, skills and leadership behaviours.

- Members highlighted the importance of recognising the distinct governance role of the Integration Joint Board (IJB) and ensuring clarity in language regarding partnership responsibilities. It was confirmed that the ADP reflects close alignment with IJB priorities, while recognising the separate governance arrangements. Continued partnership working and clarity of roles will be maintained.

This paper presented a significant level of assurance, which NHS Board Members accepted as it demonstrates that in line with the agreement by Dumfries and Galloway NHS Board in December 2025, views have been sought locally and with wider planning partners on the proposed mission, vision, strategic objectives and year 1 priorities as set out within the earlier draft Statement of Strategic Intent.

NHS Board Members:

- Approved the proposed change management approach for the Annual Delivery Plan, ensuring that any in-year changes are subject to formal prioritisation and governance through the Board Management Team and Performance and Resources Committee; and

- Subject to the specification of any further actions and / or measures, approve the Annual Delivery Plan 2026/27 for implementation.

Gillian Coupland (GC), Strategic Planning & Commissioning Manager, left the meeting.

21. Corporate Governance and Committee Minutes Update

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

- The Healthcare Governance Committee Terms of Reference had been reviewed as part of the annual review cycle and minor changes have been proposed in relation to the membership, role and function and risk management sections within the document. The changes were endorsed at the last committee meeting and are being presented to Board for approval and implementation.

- The Workshop Timetable has been updated to reflect the workshops that have been scheduled since 1st April 2026 and is presented for information. Since the paper was submitted it was recognised that 3 new workshops need to be arranged, which relate to Population Health, Board Assurance Framework and Corporate Risk Register.

- The minute matrix demonstrates transparency of discussions and decisions made at the committee meetings, by presenting them to the public NHS Board for awareness.

- The tables within the paper detail the 2025/26 minutes that have been presented to NHS Board and also the start of the 2026/27 minutes being taken through NHS Board.

This paper presented a significant level of assurance, which NHS Board Members accepted as it demonstrates that the report has been developed to encompass all of the corporate governance updates due to be presented to NHS Board, which is in line with the Blueprint for Good Governance, the Corporate Governance Workplan and local policies and processes.

NHS Board Members:

- Noted the overview of workshops that have been held or proposed with Board Members from 1 April 2026 – 31 March 2027 and the potential topics for future workshops.
- Noted 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 revisions that have been made to the Healthcare Governance Committee Terms of Reference.

22. Community Asset Transfer and Participation Requests Annual Report

LG presented the Community Asset Transfer and Participation Requests Annual Report to NHS Board Members, highlighting the following key points:

- The Community Asset Transfer and Participation Requests Annual Report covered the period 1st April 2025 to 31st March 2026 and aligns with the statutory requirements of the Community Empowerment (Scotland) Act 2015.

- There remained one participation request outstanding from the previous year, with limited progress having been made during the reporting period as the Community Participation Body had asked for the work to be paused. The key contact from the Board remains in regular communication with the relevant group and will progress the request when reactivated, with any subsequent decision to be reported through the appropriate governance route.

- No Community Asset Transfer requests had been received during the reporting period.

- The Board have met its statutory duties in relation to publication and accessibility, including maintaining a dedicated webpage outlining participation requests and asset transfer processes. It was further highlighted that efforts had been made to promote awareness, including through social media activity; however, no expressions of interest had been received to date. Work would continue to explore additional approaches to increase community engagement in these processes.

- It was confirmed that appropriate processes and frameworks are in place, aligned with local authority arrangements, reflecting the expectation that some Participation Requests may span both NHS and Council services.

Highlighted below are the main discussion points and questions raised following presentation of the item.

- The Chair queried the rationale for reporting moderate assurance in relation to a statutory (legislative) requirement, noting that assurance should reflect whether the organisation has a compliant and robust process in place. It was explained that moderate assurance had been applied on the basis that, while the process is in place and considered compliant, it has not yet been fully tested through to completion locally due to the absence of completed participation request. In discussion, it was clarified that the organisation is able to provide assurance that the process is compliant with legislative requirements, therefore, NHS Board Members agreed for the assurance levels to be amended to Significant before the report is published.

Action: LG

NHS Board Members approved the Community Asset Transfer and Participation Request Annual Report 2025/26 at Appendix 1 for publication on the NHS Dumfries and Galloway external website and submission to Scottish Government, pending amendment of the assurance level to Significant.

23. Any Other Competent Business

NHS Board Members were advised that the recently introduced surgical robot is now operational. Initial procedures have been successfully completed by multiple surgeons, with patients discharged on the same day, demonstrating the benefits of minimally invasive techniques. NHS Board Members were encouraged to participate in naming the robot via the organisation's social media channels. The Board recognised and commended the teams involved in delivering this innovation and noted its significant potential for future service development, both locally and more widely.

It was further noted that continued investment in such innovation will be important in supporting modern, high-quality care and attracting future workforce.

24. Date and Time of Next Meeting

The next meeting of the Dumfries and Galloway NHS Board will be held on Monday 10th August 2026 at 10.00am, to be held as a hybrid meeting from the Boardroom, Ground Floor North Mountainhall Treatment Centre, and via Microsoft Teams.

The meeting concluded at 12.24pm.

Actions List from NHS Board Meeting

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
08/06/2026	6.	A discussion was held in relation to Musculoskeletal Waiting Times performance and MCa recommended a further detailed review of this indicator be taken through Healthcare Governance Committee, confirming she would arrange for this to be added to a future meeting agenda.	M Caig	This item is being added to a future Healthcare Governance Committee agenda for discussion. No further direct action to be taken by NHS Board, therefore, action closed.	10/08/2026	Propose to close 10/08/2026
08/06/2026	7.	A concern was raised in relation to the description of the Information Security risk, where reputational risk is noted before patient safety. LG acknowledged this point and agreed amend the description to address this concern and accurately reflect the Board's priorities.	L Geddes	The risk description has been re-worded to reflect the priority being patient safety. Action closed.	10/08/2026	Propose to close 10/08/2026
08/06/2026	12.	The Chair advised that this agenda was closely linked to work underway through the Annual Delivery Plan, including work on preventive spend, and to the wider expectation that NHS Boards should increasingly operate as population health organisations. It was noted that a workshop was being planned for September to support this work.	V White / L Geddes	A date has still to be agreed for the workshop, but is likely to be scheduled from October 2026 onwards.	31/08/2026	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
08/06/2026	14.	A Board Member requested that further detail in relation to the upheld case be shared through Healthcare Governance Committee, to ensure alignment between Speak Up activity and wider quality and clinical governance processes.	M Caig	MCa confirmed that she would raise this through Healthcare Governance Committee. No other direct action for NHS Board, therefore, action closed.	10/08/2026	Propose to close
08/06/2026	22.	The Chair queried the rationale for reporting moderate assurance in relation to a statutory (legislative) requirement, noting that assurance should reflect whether the organisation has a compliant and robust process in place. It was explained that moderate assurance had been applied on the basis that, while the process is in place and considered compliant, it has not yet been fully tested through to completion locally due to the absence of completed participation request. In discussion, it was clarified that the organisation is able to provide assurance that the process is compliant with legislative requirements, therefore, NHS Board Members agreed for the assurance levels to be amended to Significant before the report is published.	L Geddes	Assurance level amended in the paper and will be noted for the next annual report.	10/08/2026	Propose to close 10/08/2026

Closed actions to be removed from the Actions List

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	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. 09/02/2026 - It was noted that the Children's Joint Services Plan work remains ongoing until June 2026.	30/06/2026	08/06/2026

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	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. 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. 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. 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.	30/06/2026	08/06/2026

NHS Board Agenda Matrix 2026-27

	13-Apr-26	08-Jun-26	10-Aug-26	05-Oct-26	14-Dec-26	08-Feb-27
Meeting Items	Apologies Chair and Chief Executive Update Declarations of Interest Previous Minute Matters Arising Review of Action List Board Agenda Matrix 2026/27 Any Other Competent Business	Apologies Chair and Chief Executive Update Declarations of Interest Previous Minute Matters Arising Review of Action List Board Agenda Matrix 2026/27 Any Other Competent Business	Apologies Chair and Chief Executive Update Declarations of Interest Previous Minute Matters Arising Review of Action List Board Agenda Matrix 2026/27 Any Other Competent Business	Apologies Chair and Chief Executive Update Declarations of Interest Previous Minute Matters Arising Review of Action List Board Agenda Matrix 2026/27 Any Other Competent Business	Apologies Chair and Chief Executive Update Declarations of Interest Previous Minute Matters Arising Review of Action List Board Agenda Matrix 2026/27 Any Other Competent Business	Apologies Chair and Chief Executive Update Declarations of Interest Previous Minute Matters Arising Review of Action List Board Agenda Matrix 2026/27 and 2027/28 Any Other Competent Business
Performance and Risk	Summary Performance Report Corporate Risk Register Review	Summary Performance Report Corporate Risk Register Review	Corporate Risk Register Review	Committee Chair Reports Corporate Risk Register Review	Summary Performance Report Corporate Risk Register Review	Summary Performance Report Corporate Risk Register Review
Healthcare Governance	Healthcare Governance Committee Chairs Briefing Healthcare Quality and Safety Assurance Report 2026-2029 Children's Services Plan Area Clinical Forum Chair's Briefing and Minutes	Healthcare Governance Committee Report Healthcare Quality Report Joint Annual Report on Children's Services Plan 2025-2026 Area Clinical Forum Chair's Briefing and Minutes	Healthcare Governance Committee Report Healthcare Quality Report Area Clinical Forum Chair's Briefing and Minutes	Healthcare Quality Report Area Clinical Forum Chair's Briefing and Minutes	Healthcare Governance Committee Report Healthcare Quality Report Area Clinical Forum Chair's Briefing and Minutes Duty of Candour	Healthcare Governance Committee Report Healthcare Quality Report Area Clinical Forum Chair's Briefing and Minutes Children's Rights Report
Public Health	Public Health Committee Chairs Briefing	Public Health Committee Chairs Briefing	Public Health Committee Chairs Briefing	Public Health Committee Chairs Briefing Winter Vaccination Programme 2026/27	Public Health Committee Chairs Briefing	Public Health Committee Chairs Briefing
Staff Governance	Staff Governance Committee Chairs Briefing Speak Up Briefing	Staff Governance Committee Chairs Briefing Speak Up Briefing	Staff Governance Committee Chairs Briefing Speak Up Briefing	Staff Governance Committee Chairs Briefing Speak Up Briefing	Staff Governance Committee Chairs Briefing Speak Up Briefing and Annual Report 2024/25	Staff Governance Committee Chairs Briefing Speak Up Briefing
Performance and Resource	Performance and Resource Committee Chairs Briefing Performance Report Financial Plan 2026-2027 / 2028	Performance and Resource Committee Chairs Briefing Financial Performance 2025/26 Financial Plan 2026-2027 to 2028/29 Quarter 4 Report - Annual Delivery Plan	Performance and Resource Committee Chairs Briefing Financial Performance Update	Performance and Resource Committee Chairs Briefing Financial Performance Update Capital Update Report ADP Mid-Year Review	Performance and Resource Committee Chairs Briefing HSCP Winter Plan 2026/27 Financial Performance Update Capital Update Report Quarter 2 ADP 2026/27 update	Performance and Resource Committee Chairs Briefing Financial Performance Update Capital Update Report Draft ADP 2027//28
Audit and Risk	Audit and Risk Committee Chairs Breifing	Audit and Risk Committee Chairs Breifing	Audit and Risk Committee Chairs Breifing		Audit and Risk Committee Chairs Breifing	Audit and Risk Committee Chairs Breifing
Board Governance and Strategy	Statement of Strategic Intent Corporate Governance and Committee Minutes Update Sub National Planning and Delivery (D Rowland / V Freeman)	Statement of Strategic Intent 2026/29 and Annual Delivery Plan 2026/27 Corporate Governance and Committee Minutes Update Participation Request and Community Asset Transfer Request Annual Report	Corporate Governance and Committee Minutes Update Freedom of Information Annual Report 2025/26 Board Assurance Framework Bi-Annual Social Media Activity Report Bi-Annual Engagement Activty Report	Corporate Governance and Committee Minutes Update Scheme of Delegation Update	Corporate Governance and Committee Minutes Update	Corporate Governance and Committee Minutes Update Board Assurance Framework Annual Social Media Activity Report Annual Engagement Activty Report

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Corporate Risk Register Update**
Responsible Executive/Non-Executive:	**Mark Kelly, Nurse Director**
Report Author:	**Laura Geddes, Corporate Business Manager**

1 Purpose

This is presented to the Board for:
- 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.

From the list below, please select which Strategic Outcome 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)

- Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway.
- Adopting new technologies that will improve service delivery.

If you are experiencing any accessibility issues with this paper, please contact dg.corporate@nhs.scot

- Becoming a Great Place to Work where workforce-led change is the norm.
- Maintaining financial sustainability, building on the achievement of a balanced budget.
- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.
- Working with Partners to create more of the conditions that support people to live the lives they want to live.
- Improving co-operation and collaboration with other territorial and national NHS Boards, to deliver on shared regional priorities.

Comment:
This paper supports the risk management processes in place within the Board and compliance with requirements in the Risk Strategy. The risk within the Corporate Risk Register have also been mapped through to the Strategic Outcome through the Board Assurance Framework.

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 Board Management Team 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.

Following implementation of the changes approved at the last NHS Board meeting in April 2026, the Corporate Risk Register currently has 14 risks recorded, plus 2 risks that are being presented within this paper for escalation from Level 2 to Level 1. The table below gives a brief summary of all 16 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
8	There is a risk that the organisation does not have a sustainable workforce.	**Medium**	↓
9	Failure of the Board to meet financial targets	**Very High**	=
10	Infrastructure is inadequate to meet both physical and technological service user needs in future.	**High**	=
11	Risk that sectors of our population continue to experience Health Inequalities	**Very High**	=
14	There is a risk that the Health and Wellbeing of our Staff is not optimised.	**Medium**	↓
15	Risk that as services remain critically challenged, the quality of patient care may not achieve standards expected in D&G	**High**	=
17	Risk that we will not improve the health and wellbeing of our population.	**Very High**	=
19	Failure to maintain information security standards leading to loss of reputation and severe financial and disruptive consequence	**Very High**	=
23	The risk is that organisational culture and staff experience fails to meet individual and organisational needs	**Medium**	↓
24	Patients may come to harm as a result of a delay in their discharge process or as a result of service capacity issues.	**Very High**	=
124	Risk that the NHS Dumfries and Galloway's Digital Infrastructure is inadequate to meet the technology and security needs of service users of the future.	**Very High**	**Escalated Risk**
187	Risk that the anticipated benefits and outcomes of Sub-national Planning and Delivery are not fully realised in Dumfries and Galloway.	**High**	**Escalated Risk**
226	Access to NHS General Dental Services (GDS)	**High**	=
255	Failure to deliver reductions in CO2	**High**	=
360	Failure to redesign and deliver services to meet the health and care needs of the population.	**High**	=
365	Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients.	**High**	=

The table above highlights that changes have been made to the current risk score for 3 of the Corporate Risk. The changes are:

- Risk 8 (Sustainable Workforce) – the current risk score has been amended from Moderate and Likely, giving a score of 12 as a High Level risk, to Moderate and Possible, giving a risk score of 9, reducing the level to Medium.

- Risk 14 (Health and Wellbeing of Staff) - the current risk score has been amended from Moderate and Possible, giving a score of 9 as a Medium Level risk, to Minor and Unlikely, giving a risk score of 4, which means it remains a Medium level risk.

- Risk 23 (Workforce Culture) - the current risk score has been amended from Moderate and Possible, giving a score of 9 as a Medium Level risk, to Minor and Unlikely, giving a risk score of 4, which means it remains a Medium level risk.

The Staff Governance Committee has considered the proposed amendments to the current scores for Risks 8, 14 and 23. The Committee was assured that the identified controls and mitigating actions support the revised scoring, including the reduction in risk level for Risk 8 from High to Medium. Risks 14 and 23 remain assessed as Medium level risks following review. The Committee recommends that the NHS Board approves the proposed amendments to the current risk scores.

In addition to the revised risk scores, two risks have been escalated from Level 2 Director Risk Registers to the Level 1 Corporate Risk Register. The first relates to Digital Infrastructure. This risk was reviewed following discussion at Board Management Team and NHS Board regarding the existing Infrastructure risk (Risk 10), which previously covered both estate infrastructure and digital infrastructure. It was agreed that separating these areas would provide a more accurate assessment, as the digital infrastructure risk is assessed as Very High while the estate infrastructure risk remains assessed as High. Risk 124, an existing Level 2 risk within the Digital Risk Register, has therefore been amended to reflect the current digital position and has increased to a Very High risk level. Given the level of risk, it is no longer considered appropriate for this to be managed solely at Level 2 and it is proposed for escalation to the Level 1 Corporate Risk Register.

The second risk relates to Sub-National Planning and Delivery. This is a new risk developed to reflect the current position in relation to the sub-national work programme and the potential impact for NHS Dumfries and Galloway. Risk 187 considers whether the anticipated planning and delivery benefits and outcomes can be fully realised locally. The risk has been assessed as High and will continue to be monitored as the work progresses, with further updates brought back to NHS Board as required. More detailed consideration of the controls and sources of assurance will be undertaken through the Performance and Resources Committee.

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

Quality and patient care impacts are reflected within the Corporate Risk Register where relevant, including risks relating to quality of care, service capacity, patient harm, access to services, patient information systems and population health outcomes. The review of the register enables the Board to consider whether these risks are being appropriately monitored, controlled and escalated through the relevant governance routes.

2.3.2 Workforce

Workforce impacts are reflected within the Corporate Risk Register through risks relating to workforce sustainability, staff health and wellbeing, organisational culture and staff experience. These risks are reviewed through the relevant director risk processes and governance routes, including Staff Governance Committee where appropriate, to provide oversight of controls, mitigating actions and changes to risk scores.

2.3.3 Financial

Financial impacts are reflected within the Corporate Risk Register where relevant, including risks relating to delivery of financial targets, infrastructure requirements, service redesign and the financial consequences of significant operational or information security risks. These risks are monitored through the agreed risk management and governance arrangements to support appropriate mitigation and escalation.

2.3.4 Risk Assessment/Management

Risk assessment and management have been undertaken as part of the regular review of the Corporate Risk Register, in line with the Risk Management Strategy and Risk Management Policy. Each risk includes an assessment of current score, target score, controls, mitigating actions, lead director accountability and relevant assurance routes. Proposed escalations and changes to risk scores have been reviewed through the appropriate governance arrangements before presentation to NHS Board.

2.3.5 Risk Appetite

- Cautious

Comment:

A cautious risk appetite has been identified for this report. This reflects the Board-level nature of the Corporate Risk Register and the need for controlled, evidence-based action to manage strategic risks, while recognising that individual risks may have different appetite levels depending on their nature, impact and the level of mitigation required.

2.3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this paper provides a governance update on the Corporate Risk Register and does not introduce a new policy, service change or decision that directly affects protected characteristic groups. Equality, diversity and health inequalities considerations are reflected within the relevant corporate risks, including risks relating to population health, health inequalities, access to services and service redesign.

2.3.7 Climate Emergency and Sustainability

Climate emergency and sustainability impacts have been considered through the risk assessment process where relevant, including the corporate risk relating to failure to deliver reductions in CO^2. Sustainability considerations are reflected in the controls and mitigating actions for relevant risks, with high-level detail provided within Appendix 2.

2.3.8 Consumer Duty

An impact assessment has not been completed because this paper does not propose a consumer-facing service change or decision that would directly affect consumer fairness, accessibility or financial harm. Where relevant, consumer considerations are reflected within the corporate risks relating to access, service capacity, quality of care and service redesign.

2.3.9 Other impacts

No additional impacts have been identified beyond those described in the assessment sections above and within the appendices to this paper.

2.3.10 Communication, involvement, engagement and consultation

External engagement was not required for this governance update. Internal consultation and engagement have taken place through risk owners, lead directors, Board Management Team and relevant governance committees as part of the regular review, escalation and assurance process for corporate risks.

2.3.11 Route to the Meeting

This paper has been informed by the regular review of corporate risks through the organisation's risk management and governance arrangements. The groups involved have either supported the content or provided feedback that has informed the development of the report presented to NHS Board.

- Board Management Team – reviewed collectively to consider current risk themes, proposed escalations and amendments to corporate risk scores prior to presentation to NHS Board.
- Staff Governance Committee – considered the proposed amendments to Risks 8, 14 and 23 and recommended approval of the revised current risk scores.
- Governance Committees – will provide more detailed consideration of controls and sources of assurance on each of the risks throughout the year.

2.4 Recommendation

Awareness
NHS Board Members are asked to note:

- the regular review and development of the Corporate Risk Register in line with the Board's Risk Management Strategy and Risk Management Policy.

Decision
NHS Board Members are asked to approve:

- the proposed amendments to the current risk scores for Risk 8, Risk 14 and Risk 23, as recommended by the Staff Governance Committee.

- the escalation of Risk 124, Digital Infrastructure, from the Level 2 Digital Risk Register to the Level 1 Corporate Risk Register

- the escalation of Risk 187, Sub-National Planning and Delivery, to the Level 1 Corporate Risk Register.

3 List of appendices

The following appendices are included with this report:

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

Risk Id	Risk Title	Governance Committee	Risk Appetite	Description	Risk Directorate	Risk level (Current)	Rating (Current)	Risk level (Target)	Rating (Target)	Risk Review Time Frame	Date of Next Review
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)	IF we are unable to sustain efficient and safe workforce levels within the NHS and wider HSCP then we may have insufficient workforce and/or skill mix to deliver safe services, resulting in the organisation being unable to deliver Board objectives and tactical priorities. In addition the Scottish Government have issued a direction around restrictions to non-clinical vacancies i.e. admin, transport etc. The risks associated with this inability to recruit include: 1. Unable to deliver care / services to the patients of NHS D&G. 2. Unable to recruit right staff (of all disciplines - medical, other clinical and other staff). 3. Unable to attract independent contractors (GPs, Pharmacists, Dentists etc) to region to deliver independent contractor services. 4. Impact of staff challenges adversely affects staff health, wellbeing and experience of remaining staff team members which adversely impacts on retention levels. 5. Unable to deliver Board objectives and tactical priorities. 6. Failure to recruit substantive staff increases the risk of excessive temporary staffing costs, in excess of organisation budgets. 7. Unable to rapidly and flexibly respond to system staffing requirements in an emergency situation such as COVID-19 pandemic. 8. Unable to attract volunteers to the organisation. 9. The organisation is experiencing a reduction in available workforce supply in critical disciplines and more generally across all job families, which results smaller pools for selection and a consequent inability to recruit to all vacant posts. 10. Significant risk of increased incidents, complaints, claims and reputational harm to the organisation.	Workforce Directorate	Medium	9	Medium	4	6 Months	08-Dec-26
9	Failure of the Board to meet financial targets	Performance and Resources Committee	Low (MINIMAL)	IF we fail to deliver on the financial targets, THEN there is a risk of becoming financially unsustainable that will lead to 1. Direct impact on level of patient care and services provided to the population of D&G 2. Direct impact on staffing 3. Qualification of financial accounts 4. Damage to reputation of Board. 5. Inability to recover sustainable service model NHS Scotland Support and Intervention Framework is used by SG to assess financial sustainability. The Board are currently assessed at Stage 3	Finance Directorate	Very High	20	Medium	8	1 Month	16-Aug-26
10	Infrastructure is inadequate to meet physical service user needs in future.	Performance and Resources Committee	Moderate (CAUTIOUS)	IF we fail to meet the physical l needs of the service users, THEN there is a risk of: 1. Failure to ensure that our infrastructure re estate keeps the pace with our service transformation plan. 2. Lack of horizon scanning could impact on quality and safety of care. 3. Lack of modern infrastructure could hinder recruitment. 4. SG moved to Do Minimum Business Continuity Capital Funding for 24/25 and 25/26 RESULTING IN, inadequate quality of services.	Finance Directorate	High	16	Medium	8	3 Months	03-Sep-26
11	Risk that sectors of our population continue to experience Health Inequalities	Public Health Committee	Moderate (CAUTIOUS)	IF we fail to address health inequalities, THEN there is a risk of health inequalities widening resulting in poorer health outcomes and reduced life expectancy for a proportion of our population.	Public Health Directorate	Very High	20	High	16	1 Month	11-Aug-26
14	There is a risk that the Health, Safety and Wellbeing of our Staff is not optimised.	Staff Governance Committee	Moderate (CAUTIOUS)	IF we fail to optimise the health, safety and wellbeing of our staff, THEN there could be a reduction in the staff health and wellbeing, RESULTING in an inability to deliver the NHS Board objectives and tactical priorities.	Workforce Directorate	Medium	4	Medium	4	6 Months	08-Dec-26
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)	If we do not reform and transform our Health and Social Care approach to delivering sustainable care, then there is a risk that NHS Dumfries and Galloway cannot continue to deliver high levels of safe, sustainable and high quality care, resulting in potential patient harm and staff moral harm. If we fail to fully utilise or fail to have quality assurance systems in place to monitor the delivery of safe, effective, person-centred care, we cannot assure and continuously improve the quality of care potentially resulting in patient harm or patients having a poor quality of experience. As the organisation attempts to get to fiscal balance, grappling with an ever increasing demand and a workforce stretched to capacity, that the quality and safety of care potentially could be exposed to increased risk.	NMAHP Directorate	High	12	Medium	9	3 Months	13-Oct-26

Risk Id	Risk Title	Governance Committee	Risk Appetite	Description	Risk Directorate	Risk level (Current)	Rating (Current)	Risk level (Target)	Rating (Target)	Risk Review Time Frame	Date of Next Review
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	1 Month	11-Aug-26
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 systems and standards, THEN there is a risk that information can be lost or inappropriately accessed resulting in adverse impact on staff and patients, severe financial and disruptive consequence to the operational delivery of services and loss of reputation.	Medical Directorate	Very High	20	High	15	1 Month	28-Aug-26
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.	Pamela Jamieson: Workforce Directorate	Medium	4	Medium	4	6 Months	08-Dec-26
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 & Social Care Partnership	Very High	20	High	12	1 Month	12-Aug-26
124	Risk that the NHS DG Digital Infrastructure is inadequate to meet the technology and security needs of service users of the future.	Performance and Resources Committee	Low (MINIMAL)	IF we fail to invest in our digital infrastructure, THEN aging IT infrastructure turns core systems from strategic assets into high-risk liabilities, RESULTING IN threats to patient safety, compliance, organisational reputation, cyber attacks and the inability to operate as an organisation.	Information Management and Technology	Very High	25	Medium	6	1 Month	28-Aug-26
187	Risk that the anticipated benefits and outcomes of Sub-national Planning and Delivery are not fully realised in Dumfries and Galloway.	Performance and Resources Committee	Moderate (CAUTIOUS)	IF the anticipated benefits and outcomes of Sub-national Planning and Delivery are not fully realised in Dumfries and Galloway because local priorities, rurality, workforce requirements, financial pressures, service dependencies and population needs are not sufficiently reflected, influenced or implemented through the relevant arrangements. Then NHS Dumfries and Galloway may not secure the intended benefits of collaborative planning and delivery for local services, staff and communities. RESULTING IN reduced local influence over sub-national decisions, missed opportunities for service improvement, redesign, sustainability and efficiency, insufficient mitigation of inequalities in access to some services, pressure on workforce resilience and professional development, exacerbated financial pressures at a local level, and misalignment between local strategic intent and emerging sub-national or national direction. Failure to work collaboratively with partners is one contributing cause of this risk, rather than the risk event itself.	Corporate Services	High	102	Medium	9	3 Months	08-Oct-26
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	High	15	High	10	3 Months	01-Sep-26
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	3 Months	20-Oct-26
360	Failure to redesign and deliver services to meet the health and care needs of the population within the financial budgets..	Performance and Resources Committee	High (OPEN)	IF we fail to adequately identify, plan and redesign new and sustainable models of service delivery THEN we will be unable to deliver radical change at pace necessary to meet our Corporate Objectives RESULTING IN the inability to provide safe, sustainable and equitable treatment, care and support for the population of Dumfries and Galloway.	Health & Social Care Partnership	High	12	Medium	8	3 Months	22-Oct-26
365	Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients.	Performance and Resources 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	Information Management and Technology	High	15	High	10	3 Months	29-Oct-26

Agenda Item 7

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**NHS Board Summary Performance Report August 2026**
Responsible Executive/Non-Executive:	**David Rowland, Director of Corporate Services**
Report Author:	**George Noakes, Acting Performance and Intelligence Manager**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operation Plan

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.

If you are experiencing any accessibility issues with this paper, please contact dg.corporate@nhs.scot

From the list below, please select which Strategic Outcome 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)

- Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway.
- Adopting new technologies that will improve service delivery.
- Becoming a Great Place to Work where workforce-led change is the norm.
- Maintaining financial sustainability, building on the achievement of a balanced budget.
- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.
- Working with Partners to create more of the conditions that support people to live the lives they want to live.
- Improving co-operation and collaboration with other territorial and national NHS Boards, to deliver on shared regional priorities.

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 August 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 July 2026 and brings together the most recent results available for each indicator up to the end of June 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

Please note that Key Performance Indicators (KPIs) for Finance and Efficiency for 2026/27 are being updated in line with the Financial Sustainability Plan.

Overall, there have been limited changes in performance since the last issue of this report (June 2026). Proportionally, the number of KPIs indicating surge has remained similar (June 2026: 13 out of 48 = 27%. August 2026: 10 out of 41 = 24%).

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	Report not available – NHS Board and the Performance and Resources Committee did not meet in January 2026				
Dec 2025	10	13	19	6	48
Jan 2026	10	12	20	6	48
Feb 2026	11	14	17	6	48
Mar 2026	Report not available – Performance reporting arrangements undergoing redesign				
Jun 2026	11	18	13	6	48
Aug 2026	9	18	10	4	41

Some key observations from this report:

- There is continued improvement in the number of staff who have had their annual appraisal (WF03). Whilst this remains below the target trajectory, the number has continued to steadily increase and is higher than this time last year.

- Although there was a significant decrease in September 2025, since then the number of overdue audit actions has remained relatively constant (AR01).

- The KPIs for psychological therapies (MH01 and MH01a) continue to show significant improvements compared to this time last year. This new higher level of performance has been sustained for longer than 6 months.

Consequently, the target trajectories and surge thresholds have been recalculated to reflect this improved position and to support continued improvement.

- The 4 week waiting times standard for musculoskeletal referrals continues to be challenging (CHSC01). Performance dropped to 21.5% in July 2026.

- Performance in the Emergency Department continues to be challenging. 4-hour waiting times performance was 69.9% in July 2026 compared to 75.3% in April 2026 (AD01). Similar challenges are seen in the 4 hour waiting times for people being admitted to a ward from the Emergency Department (AD03). Plus there were significant reductions in the number of people waiting longer than 8 or 12 hours (AD01 and AD02a). There also continues to considerable pressure on ambulance turnaround times (AD05).

- There has been an increase in the number of people waiting longer than 52 weeks for their first outpatient appointment (AD04a). However, he proportion of people waiting longer than 52 weeks for their inpatient or day case procedure has continued to slowly decrease (AD03a) at 6.9% in June 2026 compared to a target trajectory of 8%.

- Waiting times performance for diagnostic scans has continued to improve (AD07). In May 2026 this was 87.6% compared to 60.9% in March 2025.

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.

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

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

- NHS Dumfries and Galloway Board, Performance workshop, 15 January 2024
- Virtual consultation on proposed indicators for a balanced scorecard, members of Performance and Resources Committee and Board Management Team, 15-21 March 2024
- First draft to Performance and Resources Committee, 27 May 2024
- Workforce 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** – The Board Committee 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

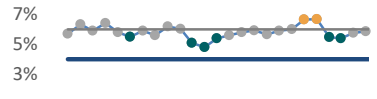
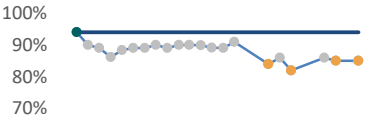
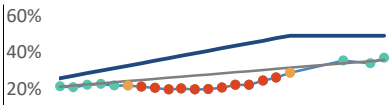
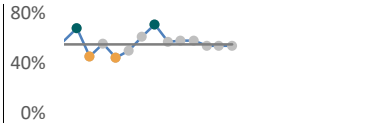
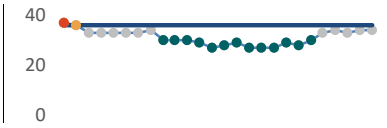
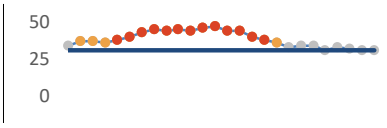
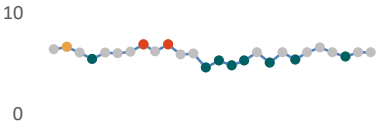
The following appendices are included with this report:

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

Dumfries and Galloway NHS Board

Summary Performance Report

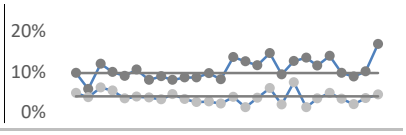
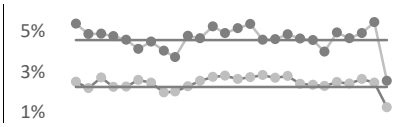
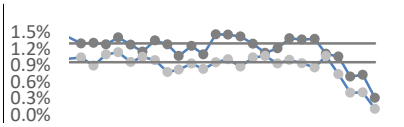
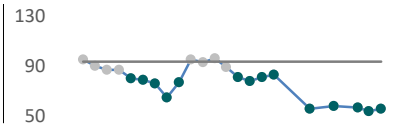
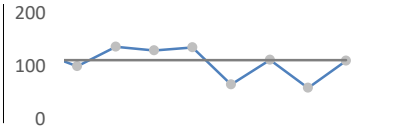
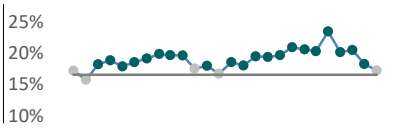
August 2026

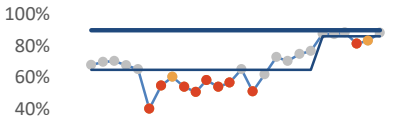
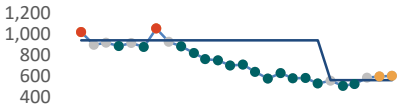
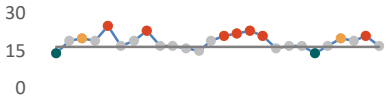
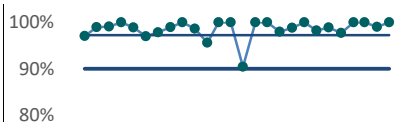
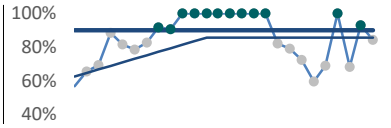
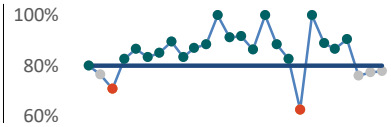
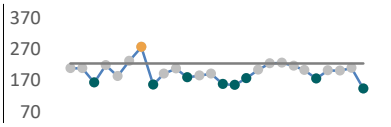
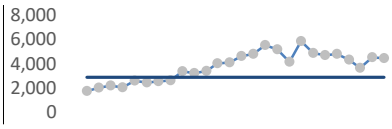
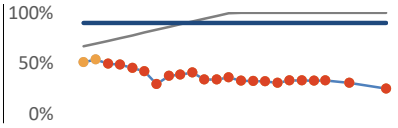
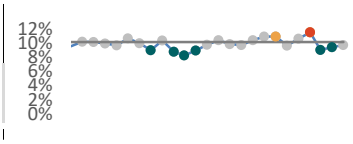
RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Workforce (WF)							
WF01 Sickness absence rate: Percentage of hours lost to sickness absence amongst NHS Dumfries and Galloway employees (Aim: decrease)							
Not different	May 2026	6.2%	6.5% (TOM)	Apr 2026	5.9%	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	May 2026	85.0%	94.0% (T)	Mar 2026	85.0%	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	May 2026	37.%	49.1% (TTraj)	Apr 2026	34.%	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.%	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)							
Not different	Jun 2026	34	33 (25/26)	May 2026	34	33 (25/26)	
QPE03 CDI: Rolling 12 month total number of Healthcare Associated Infection (HCAI); Clostridium Difficile (CDI) (Aim: decrease)							
Not different	Jun 2026	31	35 (23/24)	May 2026	31	35 (23/24)	
QPE04 Hospital LOS: Average length of stay (days) in DGRI acute hospital setting, following an emergency admission (Aim: decrease)							
Not different	Jul 2026	6.1	6.6 (mean)	Jun 2026	6.1	6.6 (mean)	

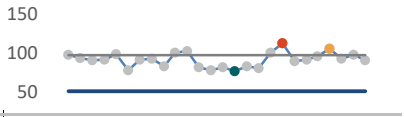
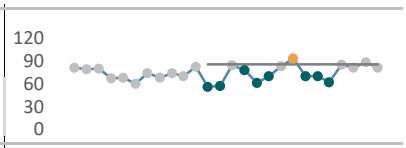
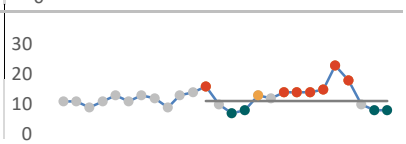
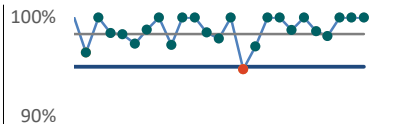
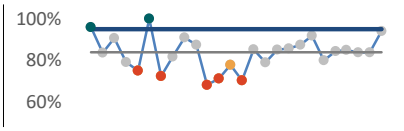
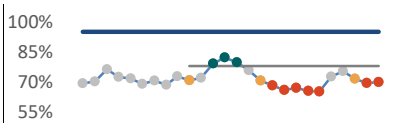
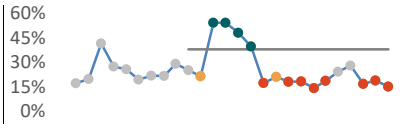
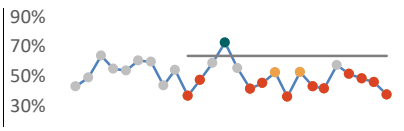
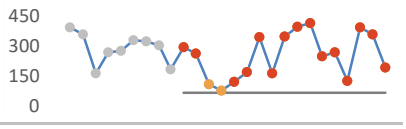
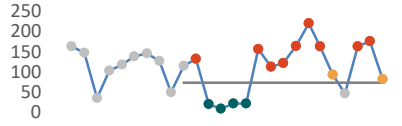
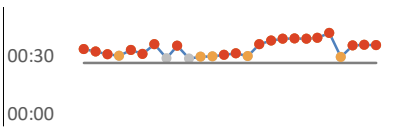
Key

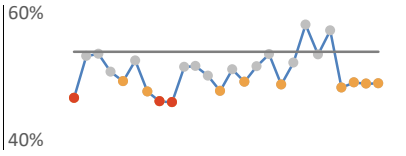
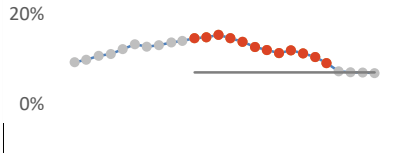
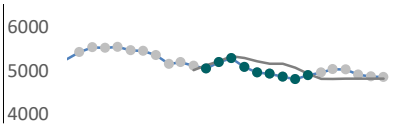
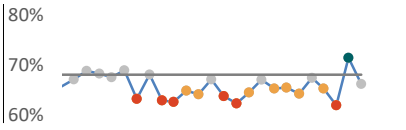
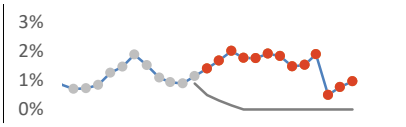
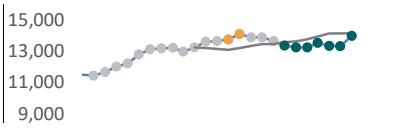
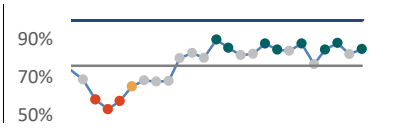
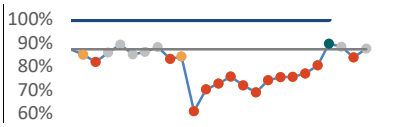
- Meeting the set target or statistically better than comparator
- Not statistically different to the comparator
- Statistically worse than comparator (80% threshold)
- Statistically worse than comparator (90% threshold)

(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	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Finance and Efficiency (FE)							
Key Performance Indiciators for 2026/27 under development pending approval of Financial Sustainability Plan							
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	Jul 2026	16.9% (SIMD1)	4.4% (SIMD5)	Jun 2026	10.2% (SIMD1)	3.5% (SIMD5)	
IQ02 Emergency Department attendances: Percentage of people living in SIMD 1 areas compared to SIMD 5 areas							
n/a	Jul 2026	2.5% (SIMD1)	1.2% (SIMD5)	Jun 2026	5.5% (SIMD1)	2.5% (SIMD5)	
IQ03 Emergency admissions: Percentage of people living in SIMD 1 areas compared to SIMD 5 areas							
n/a	Jun 2026	0.3% (SIMD1)	0.1% (SIMD5)	May 2026	0.7% (SIMD1)	0.4% (SIMD5)	
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	Mar 2026	56	101 (23/24)	Feb 2026	54	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	Jul 2026	17.3%	15.4% (23/24)	Jun 2026	18.3%	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)							
Not different	May 2026	88.5%	83.6% (23/24)	Apr 2026	83.3%	83.6% (23/24)	
MH01a Psychological therapies: Number of people on the waiting list (Aim: decrease)							
Amber	May 2026	604	596 (23/24)	Apr 2026	597	596 (23/24)	
MH02 The number of people experiencing a delay in their discharge from Midpark Hospital, excluding transfers, at census (Aim: decrease)							
Not different	Mar 2026	17	19 (23/24)	Feb 2026	21	19 (23/24)	
MH03 Drugs and Alcohol waiting times: Percentage of clients waiting no longer than 3 weeks for treatment (Aim: increase)							
Green	Apr 2026	100%	90% (T)	Mar 2026	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)							
Not different	Mar 2026	84.3%	90.0% (T)	Feb 2026	93.0%	90.0% (T)	
WCSH02 Early access to antenatal services: Percentage of women booked by 12th week of gestation; in SIMD quintile 01 (Aim: increase)							
Green	Jun 2026	77.8%	75.8% (T)	May 2026	77.3%	75.8% (T)	
WCSH03 The number of people admitted as an emergency, aged under 16 years; DGRI (Aim: decrease)							
Not different	Jul 2026	144	260 (TOM)	Jun 2026	210	260 (TOM)	
Primary Care Directorate (PC)							
PC01 Number of medication reviews (Aim: increase)							
	Apr 2026	4,443	2,259 (24/25)	Mar 2026	4,521	2,259 (24/25)	
PC02 Number of people with an NHS dentist registration (quarterly from PHS) (Aim: increase)							
	Mar 2026	98,099	127,302 (22/23)	Dec 2025	94,580	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)							
Red	Jul 2026	25.1%	87.8% (Traj)	Apr 2026	30.8%	87.8% (Traj)	
CHSC03 Emergency re-admissions: Percentage of people who are readmitted as an emergency within 28 days, following a hospital discharge (Aim: decrease)							
Not different	Apr 2026	9.7%	10.8% (23/24)	Mar 2026	9.4%	10.8% (23/24)	

RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Community Health and Social Care Directorate (CHSC)							
CHSC02 The number of people experiencing a delay in their discharge from hospital; All Sites excluding transfers, at census (Aim: decrease)							
Not different	Jun 2026	91	106 (TOM)	May 2026	98	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	Jun 2026	81	85 (TTraj)	May 2026	88	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)							
Green	Jun 2026	8	11 (TTraj)	May 2026	8	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	May 2026	100%	95% (T)	Apr 2026	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	May 2026	94%	84% (23/24)	Apr 2026	84%	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	Jul 2026	69.9%	77.9% (TTraj)	Jun 2026	69.3%	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	Jul 2026	14.9%	38.0% (TTraj)	Jun 2026	18.8%	38.0% (TTraj)	
AD01b Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to Surgical Admission (Flow 4) (Aim: increase)							
Red	Jul 2026	37.5%	63.6% (TTraj)	Jun 2026	45.9%	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	Jul 2026	192	65 (TTraj)	Jun 2026	358	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)							
Amber	Jul 2026	82	26 (TTraj)	Jun 2026	176	26 (TTraj)	
AD05 SAS Turnaround Times: Median turnaround time in minutes; the first week of the month (Aim: decrease)							
Red	Jul 2026	00:35	00:29 (TOM)	Jun 2026	00:35	00:29 (TOM)	

RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Acute and Diagnostics Directorate (AD) - Planned Care							
AD03 Treatment Time Guarantee (TTG): Percentage of people seen who waited <=12 weeks from agreeing treatment with the hospital to receiving inpatient or day case treatment (Aim: increase)							
Amber	May 2026	49.0%	54.0% (23/24)	Apr 2026	49.0%	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)							
Not different	Jun 2026	6.9%	8.0% (TTraj)	May 2026	7.0%	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	Jun 2026	4,850	4,818 (TTraj)	May 2026	4,865	4,817 (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	May 2026	66.3%	68.2% (23/24)	Apr 2026	71.6%	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	May 2026	1.0%	0.0% (TTraj)	Apr 2026	0.8%	0.0% (TTraj)	
AD04b First outpatient appointment: Number of people currently waiting for first outpatient appointment (Aim: decrease)							
Green	May 2026	13,975	14,783 (TTraj)	Apr 2026	13,309	14,783 (TTraj)	
AD06 Percentage of people who were waiting less than 6 weeks for diagnostic scopes at end of month census (Aim: increase)							
Not different	May 2026	84.6%	75.9% (23/24)	Apr 2026	81.8%	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)							
Not different	May 2026	87.6%	87.3% (23/24)	Apr 2026	83.8%	87.3% (23/24)	

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Healthcare Quality and Safety Report**
Responsible Executive/Non-Executive:	**Mark Kelly, Executive Nurse Director**
Report Author:	**Paula Riley, Interim Patient Safety and Improvement Manager**

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 issues
- 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 considered appropriate, recognising ongoing system pressures alongside key performance indicators and improvement activity which demonstrate that care remains safe and that risks are being actively managed. Continued focus on improvement and the delivery of planned actions will support progress towards a higher level of assurance over time, providing further confidence that improvements are being embedded and sustained.

From the list below, please select which Strategic Outcome 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)

- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.
- Working with Partners to create more of the conditions that support people to live the lives they want to live.

Comment:
Not applicable

2 Report summary

2.1 Situation

This paper is presented to the NHS Dumfries and Galloway Board for assurance. It provides a summary position of the organisations' whole system Quality, Safety and Governance position, drawing on Performance and Quality reporting and Healthcare Governance Committee Quality and Safety Reports for the period April to June 2026.

The report is intended to provide the Board with a triangulated assessment of performance, quality and safety across the system, highlighting key risks, mitigating actions, emerging themes and areas requiring focused attention. It supports the Board in discharging its governance responsibilities by identifying areas of assurance and those requiring further scrutiny or action.

2.2 Background

Consolidated quality and safety position:

The Board is asked to note the consolidated Quality and Safety position. Triangulated data indicates ongoing challenge across Infection Prevention and Control, Public Protection, Care Assurance, Patient Experience and Adverse Events. These pressures are being actively managed through established governance arrangements and targeted improvement activity.

Areas of assurance and progress:

- Performance remains strong in key infection indicators, including Staphylococcus aureus bacteraemia and Clostridium difficile.
- Adverse event reporting appears to be stabilising, averaging approximately 700 reports per month. This reflects improved ease of reporting through InPhase and a strengthening reporting culture.
- Phase 2 of InPhase implementation is progressing to plan. Residual issues from Phase 1 are being addressed through continued engagement with the National InPhase Group.
- Legacy adverse events have reduced from around 800 on 1 April 2025 to 58 in June 2026.

Improvement and system resilience:
Maturing improvement programmes are supporting a more integrated, learning focused and resilient quality and safety system. This includes Phase 2 implementation of the patient safety management system, InPhase; continued Scottish Patient Safety Programme workstreams; the introduction of real-time pressure ulcer reviews; and continued improvement activity on the Board's top five harms, including a test of change of a thematic approach to the review of Level 3 falls. This is intended to shift capacity from investigation activity towards learning and improvement.

2.3 Assessment

Overall, while the system remains under pressure, available evidence indicates that many areas continue to deliver safe care.

NHS Dumfries and Galloway achieved the 2025/26 national Healthcare Associated Infection targets for both Staphylococcus aureus bacteraemia (SAB) and Clostridioides difficile infection (CDI). E. coli bacteraemia remains above the national target; however, the Board is not a national outlier. Blood culture contamination continues to require focused improvement activity and is being managed through strengthened governance, enhanced case review processes and microbiology support. Ongoing priorities include E. coli prevention work, transmission-based precautions training, FFP3 fit testing compliance and implementation of revised national guidance. The Board is managing and mitigating the risk (#434) associated with the absence of a dedicated Infection Control Doctor (ICD), with accountability sitting with the Executive Medical Director, and oversight provided through the Infection Control Committee, Quality and Safety Board and Healthcare Governance Committee.

Patient experience feedback remains above previous year levels, with a 44% increase in overall feedback and a 35% increase in complaints. While more than half of concerns are resolved through early resolution processes, complaint response times remain challenged, with approximately 57% of complaints breaching statutory timescales. Recurring themes continue to include communication, waiting times and discharge experience. Operational pressures are currently limiting opportunity to fully maximise learning and triangulation across patient experience, care assurance and patient safety systems. Further detail will be provided in the Patient Experience Annual Report, due to be considered by the Healthcare Governance Committee in September 2026.

Public Protection services continue to demonstrate strong engagement with statutory processes; however, increasing complexity associated with child neglect, self-neglect and domestic abuse is placing additional pressure on services. Workforce capacity challenges across partner agencies continue to affect statutory processes, information sharing and chronology development. Improvement work includes strengthened Family Support Services governance, development of Health Neglect arrangements, enhanced training programmes, improved escalation pathways and continued multi-agency collaboration.

Phase 2 of the incident management system, InPhase, continues to progress. The Medical Legal Claims, Freedom of Information and Safety Action Notice modules successfully went live in July 2026, improving data visibility, reducing duplication and supporting more reliable triangulation. Data from InPhase continues to inform Scottish Patient Safety Programme activity across adult inpatient, perinatal, paediatric and mental health settings, supporting structured learning and earlier identification of risk.

Key organisational risks continue to relate to infection prevention and control, operational flow pressures, adverse event review timeliness, recurring care assurance themes, complaint timeliness, data quality limitations and public protection pressures. These factors continue to impact the organisation's ability to achieve consistently reliable and sustainable quality outcomes.

2.3.1 Quality/ Patient Care

Care Assurance activity continues to identify themes relating to nutrition and hydration, documentation standards, Adults with Incapacity documentation, DNACPR completion, escalation planning and fluid balance recording. Although examples of compassionate care, strong teamwork and positive patient experience continue to be evidenced, recurring findings indicate that learning is not yet consistently embedded across all clinical areas. Internal Audit findings continue to highlight opportunities to strengthen assurance reporting, governance evidence and self-assessment processes. The recent Pressure Ulcer audit, for example, identified opportunities to streamline reporting and better target training.

Improvement activity includes revised Active Patient Care documentation, a review of fluid balance charts, strengthened clinical governance oversight, enhanced audit processes and targeted education programmes.

2.3.2 Workforce

Workforce wellbeing remains a priority. Pressures linked to caring for patients in unscheduled areas, delayed discharges, increasing adverse event activity and moral distress continue to affect staff capacity and wellbeing. However, there is evidence of improving workforce stability, stronger support structures and increased focus on staff wellbeing and development. Support arrangements are now in place for staff involved in Significant Adverse Event reviews or complaints, with work continuing to embed these arrangements and evidence their impact.

Further mitigations include strengthened leadership support, iMatter engagement, review of adverse event management processes, SPSP improvement activity and targeted training in infection prevention and control, gender-based violence and self-neglect. Collaborative work is also underway to strengthen our Speak Up culture, closely aligned with the Board's strategic aim of being a great place to work where staff feel psychologically safe. Together, these actions support workforce resilience and safe care delivery.

2.3.3 Financial

Work already underway, including use of InPhase, strengthened governance, improved Care Assurance workflows and reduced duplication, is expected to support greater efficiency and contribute to financial sustainability over time.

2.3.4 Risk Assessment/Management

Several system wide improvement programmes are supporting greater efficiency, reduced duplication and improved financial sustainability. Enhanced digital capability through InPhase is strengthening triangulation and governance by providing clearer oversight. Over time, these developments are expected to support more efficient working, reduce avoidable variation and strengthen overall system reliability. The risk assessment recognises ongoing system pressures while also reflecting positive performance, improvement activity and the basis for assigning moderate assurance to this paper.

2.3.5 Risk Appetite

- Cautious

Comment:

The organisation maintains a cautious risk appetite for quality and safety, with a continued focus on risk reduction and strengthened assurance. Governance arrangements, safeguarding leadership, Infection Prevention and Control oversight and use of InPhase are improving risk visibility and enabling earlier action. Collectively, these developments support a more resilient and better prepared system.

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

There are no climate emergency 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 across operational, tactical and strategic services with governance in place through Infection Control Committee, Quality and Safety Steering Group and Board, Healthcare Governance Committee, Risk Oversight Group, Risk Executive Group, Public Protection Executive Group, and Patient Safety Group and local directorate Clinical Governance Forum.

2.3.11 Route to the Meeting

This report is informed by available data, discussion and escalation through the Quality and Safety Board and associated steering groups, and through the Healthcare Governance Committee, prior to submission to the Board.

2.4 Recommendation

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

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

Rationale:

Moderate assurance is appropriate as the system continues to experience pressure, while available performance data indicates that care remains safe and risks are being actively managed.

A high level of assurance would require sustained performance across all quality and safety indicators, minimal variation, and clear evidence that risk controls are consistently effective across the system.

Next Steps

The Healthcare Quality Report and associated whole system Quality and Safety Report will continue to evolve as data systems become more integrated, supporting improved triangulation of quality, safety and governance information. Learning from the planned Adverse Event Deep Dive will be reviewed and used to inform further improvement activity across services and support functions.

Particular focus will be given to strengthening organisational learning, improving the timely identification of emerging themes and risks, enhancing adverse event review and closure processes, and maximising opportunities to triangulate learning from adverse events, patient experience feedback, complaints and care assurance activity. Identified improvement actions will be monitored through existing governance arrangements, including the Quality and Safety Board and Healthcare Governance Committee, to ensure learning is embedded and translated into sustainable improvements in care quality and patient safety.

3. Appendices

There are no appendices included with this report.

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Area Clinical Forum Update**
Responsible Executive/Non-Executive:	**Martyn McAdam, Chair of Area Clinical Forum**
Report Author:	**Martyn McAdam, Chair of Area Clinical Forum** **Kelly Addiss, Corporate Business Support Administrator**

1 Purpose

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

This is presented to the Board for:
- Awareness

This report relates to a:
- Emerging issue
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

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

- Significant

Comment:
As part of the governance processes the NHS Board will now be receiving updates on activity within the Area Clinical Forum. This update demonstrates that the Area Clinical Forum has fulfilled its role in providing assurance to the NHS Board through the activities delegated to them and noted in their Terms of Reference, therefore, significant assurance has been noted against this paper.

From the list below, please select which Strategic Outcome 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)

- Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway.
- Adopting new technologies that will improve service delivery.
- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.
- Improving co-operation and collaboration with other territorial and national NHS Boards, to deliver on shared regional priorities.

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

2 Report summary

2.1 Situation

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

2.2 Background

At the Area Clinical Forum meeting on 24 June 2026 the following items were discussed:

- The NHS Board's Infection Prevention and Control Team recent bare below the elbows audit across all professions within clinical areas.
- Financial performance.
- Community Treatment and Care (CTAC) Service Level Agreement (SLA) for CTAC services within Primary Care.
- Behaviours Framework.
- The links between the Professional Advisory Committees and the NHS Board.
- IT issues and performance.

2.3 Assessment

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

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

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

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

2.3.3 Financial
No financial issues have been identified when preparing this paper.

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

2.3.5 Risk Appetite

- Minimal

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

2.3.6 Equality and Diversity, including health inequalities
An impact assessment has not been completed as part of the preparation of this paper. Area Clinical Forum members recognise that Equality Impact Assessment's are an essential tool to use when assessing the impact of any service changes.

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

2.3.8 Consumer Duty
This report has no specific impact on the consumer duty.

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

2.3.10 Communication, involvement, engagement and consultation
This paper is a direct report to the NHS Board, and it is not reviewed out with.

2.3.11 Route to the Meeting
This paper is a direct report to the NHS Board.

2.4 Recommendation

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

3 List of appendices

The are no appendices included with this report.

NHS Dumfries and Galloway

Meeting:	**NHS Board**
Meeting date:	**10 August 2026**
Title:	**Public Health Committee Chair Report**
Responsible Executive/Non-Executive:	**Gwilym Gibbons, Chair of Public Health Committee**
Report Author:	**Valerie White, Director of Public Health**

1 Purpose

This is presented to the Board for:
- Assurance

This report relates to:
- NHS Board/Integration Joint Board Strategy or Direction

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

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

Comment:
The Public Health Committee has received and scrutinised a broad range of reports aligned to its remit, preventive focussed system work, screening programmes, inequalities, community wealth building, Public Health Improvement capacity and Community Planning.

The report demonstrates clear progress across several areas, including participation in national prevention work, development of Population Health Organisation arrangements, improved equality impact assessment activity, and measurable progress in aspects of Anchor delivery and partnership working. However, moderate assurance is appropriate because a number of areas continue to require further development or improvement, including cervical screening uptake and inequalities, specialist vascular capacity for AAA screening, Public Health Improvement workforce capacity, and the pace of delivery across the wider inequalities and prevention agenda.

From the list below, please select which Strategic Outcome 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)

- Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway.
- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.

Comment:
The key focus of the Committee is around improving population health and reducing health inequalities which will support longer term service sustainability.

2 Report summary

2.1 Situation

This paper provides a summary of the key performance indicators and key points discussed at the Public Health Committee meeting in August 2026.

2.2 Background

The Board's Committees have been restructured as part of revised governance arrangements. The Head of Corporate Governance has asked that each Committee has a summary performance report which can be shared at public NHS Board to give assurance on the work of the Committee.

Each Committee looks at information in more detail than at the NHS Board, through specific topic papers. Therefore, Committee Summary Performance Reports represent a summary highlight of the most relevant information to provide assurance.

2.3 Assessment

The Public Health Committee is scheduled 3 times in 2026/27. The agenda matrix splits a range of annual reports across the year and receives updates on key Committee priorities which have been aligned with the Scottish Government and COSLA Population Health Framework. The following reports were discussed at the Public Health Committee at its August 2026 meeting.

- **Preventive Focus Spend Update (Item 6)**

The Committee received an update on Scottish Government work to develop a preventative budgeting approach and the participation of NHS Dumfries and Galloway in the national pilot programme. The report provided **moderate assurance**, with further development of this area of work required to establish significant assurance.

The work supports the development of a prevention-focused health system and aligns with national commitments within the Population Health Framework and Public Service Reform Strategy.

NHS Dumfries and Galloway was one of nine NHS Boards involved in the pilot, which tested a methodology for identifying and classifying preventative expenditure across public services. Emerging findings indicate that preventative investment can be measured and monitored systematically, although the methodology remains under development and results should be interpreted with caution.

The Committee noted the establishment of national governance arrangements, including the Preventative Investment Advisory Group, and future plans to expand the approach across the health and social care system. The report provides assurance that NHS Dumfries and Galloway is contributing to national reform activity and helping shape future approaches to preventative investment.

- **Population Health Organisation Maturity Matrix Self Assessment Workshop (Item 7)**

  The Committee received an update on national requirements for NHS Boards to assess their progress in becoming a Population Health Organisation (PHO) and develop a corresponding improvement plan as part of the 2026/27 Annual Delivery Plan. The paper provided **significant assurance** that arrangements are in place within NHS Dumfries and Galloway to undertake this assessment and develop a proportionate, evidence-informed improvement programme.

  Members noted that becoming a Population Health Organisation is a key element of wider NHS reform, supporting a shift from a predominantly treatment-focused model towards prevention, reducing inequalities and delivering sustainable, value-based health and care. The Committee was advised that the nationally agreed PHO Maturity Matrix, developed with support from The King's Fund and endorsed by NHS Chairs and Chief Executives, will be used to support structured assessment and organisational improvement.

  The Committee considered the proposed local approach, which includes a facilitated self-assessment workshop with Board, public health and system partners in September 2026, followed by development of a focused improvement plan and a second workshop to agree priority actions. Support will be provided by Healthcare Improvement Scotland and Public Health Scotland.

  The Committee noted that the assessment is intended as a continuous improvement tool rather than a performance management exercise and that any resulting action plan will focus on a small number of high-impact areas aligned with existing strategic priorities.

- **Cervical Screening Programme Annual Report 24/25 (Item 8)**

  The Committee received the Annual Report for the Cervical Screening Programme. The Committee noted **moderate assurance** for this report due to the reduction in screening uptake and coverage during 24/25. With the following points being highlighted:

  The national target for participation in the screening programme is set at 80%. Whilst participation in screening in Dumfries and Galloway is higher than participation nationally and for most other individual Health Boards, this target was not reached in 2024/2025.

  There was a substantial decline in participation in cervical screening in 2024/2025 compared with the previous financial year. Screening coverage[1] was 60.8% in 2024/25, a decline of almost 8% locally. Screening uptake[2] was 50.7% locally, which was also a decline of nearly 8%. Similar patterns were seen nationally for the same time periods.

  The decline in participation is being attributed to the impact of the COVID-19 pandemic and the change in screening interval for women aged 25-49 from 3 to 5 years following the introduction of primary Human Papillomavirus (HPV) screening in 2019. A national investigation is ongoing to understand the causes, impact and possible actions to address this.

  There is a steep social gradient in cervical screening participation for both coverage and uptake locally. There is a 16 percentage-point difference in coverage and a 23 percentage-point difference in uptake between people from the least and the most deprived areas in Dumfries and Galloway. The equivalent national differences are 9 and 11 percentage points for coverage and uptake respectively.

  In terms of sample taking and lab processing, NHS Dumfries and Galloway also performs comparatively well, with the percentage of adequate samples taken for primary HPV and cytology testing equalling and exceeding the national averages respectively.

  Quality Improvement work is in place and an EQIA for the programme has recently been completed. The Committee asked that accessing screening programmes is a key way for people to catch disease early, supporting people to keep well and asked that screening is integrated into place-based approaches to delivery of health and social care.

[1] Coverage is defined as the percentage of women in a population eligible for screening at a given point in time who have had a cervical screening encounter within the specified period. For the total target age group (25 to 64 years), 'age-appropriate coverage' defines coverage as the percentage of women in the population eligible for cervical screening who have attended within the previous 3.5 years for women aged 25-49 and 5.5 years for women aged 50-64. Note that the additional 0.5 year provides a window to allow for the screening appointment to have been arranged and taken place after the invitation or reminder letter was sent.

[2] Uptake is defined as the proportion of those invited for screening who have had a cervical screening encounter within six months (183 days) of their invitation or reminder letter.

- **Abdominal Aortic Aneurism (AAA) Screening Programme Report 25/26 (Item 9)**

  The Committee received the Annual Report for the AAA Screening Programme. The Committee noted **Significant** assurance for this report. With the following points being highlighted:

  More than 1,000 men in Dumfries and Galloway participated in AAA screening from 01 April 2024 to 31 March 2025. A large AAA was detected in <10 of these men. In addition, around 90 local men underwent quarterly or annual surveillance scans for a medium or small AAA detected by the screening programme.

  The AAA screening programme continues to perform well against some national KPIs, meeting or exceeding essential targets, including: 100% of men were invited on time for screening; 86% were screened within target timelines and, 96% and 98% of men on the surveillance programme were screened on time for small and medium AAA respectively.

  The social gradient in AAA screening uptake persists in Dumfries and Galloway, and nationally. Local uptake is 74.7% in men from most-deprived communities compared to 91.1% in men from least-deprived communities. This is a 16.4 percentage point difference locally compared to one of 12.6 for Scotland overall.

  The national targets for the quality of scanning images are still not being met, although these KPIs have improved year-on-year for the last three reporting periods.

  The national shortage in specialist vascular capacity continues to affect referral for treatment KPIs for men with a large AAA: 66.7% are being seen by vascular services within 2 weeks and 33.3% are being operated on within 8 weeks. These targets are not being met for men from Dumfries and Galloway, nor for any Health Board in Scotland.

  The multidisciplinary AAA Screening steering group met regularly to provide assurance around programme performance, risk management and governance for AAA screening in Dumfries and Galloway.

- **Anchor Plan and Inequalities Update (Item 11)**

  The Committee received an update on progress to reduce health inequalities and deliver the Board's Strategic Anchor Plan. The report provided **moderate assurance** recognises that this remains a complex, long-term agenda, with capacity and resource constraints affecting the pace of delivery.

  The Committee noted that progress continues across a range of interconnected programmes, including inequalities performance monitoring, Equality Impact Assessments (EQIAs), Anchor Organisation activity, Armed Forces Covenant implementation and work with vulnerable communities.

The Committee also considered and approved the refreshed Strategic Anchor Plan 2026-2028, which aligns with Community Wealth Building ambitions and supports the Board's wider objectives to improve population health and reduce inequalities.

The Committee noted positive progress in embedding inequalities within organisational governance. Equality Impact Assessments have increased from 4 in 2022 to 18 in 2025, with 12 published during 2026 to date. Benchmarking against the Equalities and Human Rights Self Assessment Toolkit achieving developmental level which recognised several areas of good practice but highlighted the need to have continued focus on embedding EQIAs throughout the organisation and recognised the limited specialist resource to support this area of work.

Significant progress was reported against elements of the Strategic Anchor Plan. New employability programmes, including Project Search and SWAP, have been introduced during 25/26, with an increased focus on disabled people, those living in deprived communities and families at risk of poverty. Partnerships with the Department for Work and Pensions, community organisations and employability networks have strengthened recruitment pathways into NHS careers, with early evidence of positive employment outcomes emerging. Apprenticeship activity is now being formally recorded and plans are in place to expand opportunities across multiple frameworks.

The Committee also noted measurable improvements in procurement performance comparing 24/25 to 25/26 data. Spending with Small and Medium Enterprises increased from 33.5% to 39.1%, the proportion of Real Living Wage accredited suppliers increased from 14.3% to 18.2%, and suppliers committed to paying the Living Wage increased from 42.9% to 65.9%. Local procurement spend also increased from 4.79% to 4.85%, although this remains below the Board's local target of 8%.

Workforce equality data quality has also improved, including a 9.2 percentage point reduction in unknown ethnicity records and improved disclosure rates across several protected characteristics. The Committee noted that further work is required to improve representation, strengthen recruitment pipelines and support employment opportunities for people living in the most disadvantaged communities.

- **Community Wealth Building Overview**

  The Public Health Committee received an update on the Community Wealth Building (Scotland) Act 2026 and its implications for NHS Dumfries and Galloway. Members were advised that the Board's existing Anchor Institution programme provides a strong foundation for implementation and that work is progressing with Community Planning Partners to develop a coordinated regional approach. An assurance level of **Significant** was reported.

The Committee noted that Community Wealth Building introduces new statutory duties for public bodies and strengthens expectations around partnership working, procurement, performance reporting and demonstrating social and economic value.

NHS Dumfries and Galloway will continue to deliver its Anchor Strategic Plan, develop metrics and participate in regional governance arrangements to support implementation of the Act.

- **Public Health Improvement and Community Link Work (Item 13)**

  The Committee received an update on the role, current activity and capacity of the Public Health Improvement (PHI) workforce, including Community Link Workers, Community Health Development Practitioners and Public Health Improvement Leads. The report provided **Moderate Assurance**, with committee noting that while a broad programme of work continues, limited staffing capacity which has been impacted by recruitment restrictions and sickness absence constrains the ability to respond to increasing demand, develop new initiatives and sustain community-based preventative activity.

  The Committee noted that Public Health Improvement activity is central to delivery of the Board's ambitions for population health improvement and prevention, supporting individuals and communities through evidence-based programmes, community development approaches and partnership working. PHI staff contribute to a broad range of strategic priorities, including physical activity, suicide prevention, tobacco control, good food nation initiatives, community health development and health improvement programmes targeted at vulnerable populations.

  Members received an update on the Community Link Worker service, which supports individuals to address wider determinants of health such as poverty, housing, debt, unemployment, isolation and social connectedness. The Committee noted the value of the service in helping people access practical and community-based support and acknowledged the significant challenges due to reduced service coverage in some areas which may increase the risk of widening health inequalities if not addressed.

  The report highlighted arrangements introduced to strengthen oversight and accountability, including the development of an outcome-focused plan and bi-monthly highlight reporting to demonstrate the breadth of PHI activity across the region and support prioritisation of available resources. The Committee requested that work is undertaken to clarify the staffing complement needed to take forward PHI work with assurance given by the Chief Officer of the Health and Social Care Partnership that this was in progress and would be taken through appropriate governance structures.

- **Community Planning Update (Item 14)**

  The Committee received an update on the work of the Community Planning Partnership (CPP) and implementation of the Local Outcomes Improvement Plan (LOIP) 2023–2033. The report provided **significant assurance** that population health improvement, health inequalities and prevention are being actively considered through CPP governance structures and that partners are testing new approaches to strengthen collaboration and place-based working.

  The Committee noted that recent CPP discussions have focused on key determinants of population health, including poverty, inequality, place, healthy weight environments, community wealth building, climate adaptation and depopulation. These priorities align closely with the Scottish Population Health Framework and the Board's strategic ambition to improve population health and reduce inequalities.

  Members were advised of progress through the Fairer Futures Partnership, a Scottish Government-funded initiative addressing child poverty through place-based, preventative approaches. Since commencement, the programme has received 67 referrals, is actively supporting 51 families (187 individuals). Since the programme started in January 2026 – May 2026 5 families have had increases in monthly income via benefits maximisation by on average £419.91. As at May 2026, a total of £4,099.77 had been received across 20 families in one-off financial gains.

  The Committee also noted partners have agreed to participate in a joint workshop to explore development of a regional Community Wealth Building Action Plan, recognising the new legislative requirements of the Community Wealth Building (Scotland) Act 2026.

  Following research commissioned by the Council the Community Planning Partnership Board has additionally identified depopulation as a major strategic challenge for the region. A dedicated workshop explored opportunities to strengthen recruitment and retention, support apprenticeship opportunities, improve digital and transport infrastructure, promote inward investment and align Community Wealth Building activity with wider repopulation ambitions.

  The Committee welcomed plans to develop a new locality planning approach in Stranraer which will align with the Health and Social Care Partnership Place based approach to commissioning and noted endorsement of the internationally recognised Planet Youth prevention model, which will support future prevention-focused work with children, young people and families.

- **Horizon Scanning (Item 15)**

  The Committee received a brief update on the recently announced time limited Meningitis B vaccination campaign for eligible young people noting:

  - Time limited Men B Vaccination campaign for specific criteria of Young People was announced in June 2026.

- Main phase of initial vaccination offer been completed with good uptake, second dose scheduled late August/Sept.
- Those not responded to invitation to be vaccinated will be able to book ad hoc appointments for doses until end of December, they can do this by checking if they are eligible using NHS inform https://www.nhsinform.scot/menb-youngpeople. and then contacting 01387 403090.
- The efforts of the vaccination teams and partners in education and further education to deliver the campaign were noted.

2.3.1 Quality/ Patient Care
Delivering an effective public health agenda will have a positive effect on the quality of patient care.

2.3.2 Workforce
This report has no specific impact on workforce.

2.3.3 Financial
This report has no specific impact on finance.

2.3.4 Risk Assessment/ Management
The work outlined in this paper contributes to mitigation of the corporate risks in relation to population health and reducing health inequalities.

2.3.5 Risk Appetite
- Minimal

Comment:
The Board considers performance reporting a statutory requirement, for which the risk appetite is minimal.

2.3.6 Equality and Diversity, including health inequalities
The Public Health Committee Summary Performance Report includes indicators relating to inequalities.

2.3.7 Climate Emergency and Sustainability
This report has no specific impact on climate.

2.3.8 Consumer Duty
This report has no specific impact on the consumer duty.

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

2.3.10 Communication, involvement, engagement and consultation
There has been no external engagement or consultation on the content of this report.

2.3.11 Route to the Meeting

This report has not been taken through any groups or committees prior to being presented to the Public Health Committee.

2.4 Recommendation

- **Assurance** – the NHS Board is asked to take assurance that the Public Health Committee has reviewed the reports summarised, which falls within its remit.

3 List of appendices

There are no appendices included with this report.

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Speak Up Report**
Responsible Executive/Non-Executive:	**Pamela Jamieson, Workforce Director**
Report Author:	**Emma Murphy, Patient Feedback and Whistleblowing Manager**

1 Purpose

This is presented to the Board for:
- Assurance
- Awareness

This report relates to a:
- Health and Wellbeing of Staff
- Organisational Culture/ Staff Experience

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

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

Comment:
This paper provides high level information on our performance against the National Whistleblowing Standards and related Speak Up activities for Quarters 1 of 2026/27. The paper gives moderate assurance regarding our Speak Up and whistleblowing procedures. Whilst we are satisfied that there are robust processes and procedures in place to manage Speak Up and whistleblowing concerns, we recognise that there are opportunities to further promote those arrangements.

From the list below, please select which Strategic Outcome 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)

- Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway.
- Adopting new technologies that will improve service delivery.
- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.

Comment:
Speak Up and whistleblowing activity provides a useful metric in relation to quality and safety (when triangulated with other key data).

2 Report summary

2.1 Situation

This paper seeks to provide assurance regarding our performance against the National Whistleblowing Standards and related Speak Up activities. This paper also fulfils the requirement for performance reports to Board and the wider public.

2.2 Background

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

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

Indicator One	a statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
Indicator Two	a statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality)
Indicator Three	a statement to report on levels of staff perceptions, awareness and training
Indicator Four	the total number of concerns received
Indicator Five	concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed

Indicator Six	concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage
Indicator Seven	the average time in working days for a full response to concerns at each stage of the whistleblowing procedure
Indicator Eight	the number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
Indicator Nine	the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
Indicator Ten	the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

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

2.3 Assessment

Resource

Speak Up and whistleblowing concerns are managed operationally by the Patient Feedback and Whistleblowing Manager within Patient Services. Support and oversight is provided by the Medical Director as Whistleblowing Lead and the Non-Executive Whistleblowing Champion. The Workforce Director has been undertaking this role in recent months whilst the Medical Director has been acting as Interim Chief Executive.

Additionally, three 'Confidential Contacts' are in place to provide a first point of contact for staff that may have a whistleblowing concern. There are also three Speak Up Advocates to support students and trainees.

Standards

There are robust processes and procedures in place for managing Speak Up and whistleblowing concerns, including an established triage process. These processes have been subject to scrutiny by Internal Audit and the INWO, which provides additional assurance.

There is still work to do in terms of awareness raising and training with staff (including independent contractors) and there are ongoing actions in place in that respect.

Performance

Appendix 1 provides the Quarter 1 report detailing activity for 2026/27 to date. Key points from that report are as follows:

- There are currently no live whistleblowing cases.
- One whistleblowing case (from 2025/26) was concluded during Quarter 1. The case was resolved through discussion between the relevant senior manager and the whistleblower and therefore did not progress to full investigation. The whistleblower retains the right to access the Standards should they remain concerned about the issues in the future.
- We have received four Speak Up enquiries so far this year and in each case the staff member has been offered tailored signposting and support. None of these cases have yet progressed to whistleblowing.
- We continue to promote and enhance our Speak Up arrangements.

The Board's annual Speak Up report for 2025/26 will provide a detailed review of performance and activity. The report will progress to Board after it has been discussed at Staff Governance Committee.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Effective Speak Up and whistleblowing processes are crucial to supporting the workforce to raise concerns and receive appropriate support.

2.3.3 Financial

There are no financial consequences.

2.3.4 Risk Assessment/ Management

Whilst we are satisfied that there are robust processes and procedures in place to manage Speak Up and whistleblowing concerns, we recognise that there is further work to do in relation to training and awareness raising across the wider organisation.

2.3.5 Risk Appetite

The risk appetite is:

- Minimal

Comment:

It is crucial to patient and staff safety that Boards have safe, effective and accessible Speak Up and whistleblowing processes in place for staff to raise concerns**.** This is particularly important when normal operational processes and procedures have not been effective, or where there are significant risks that cannot be escalated via normal channels e.g. for fear of detriment. Whilst as a Board we foster a culture of openness and learning, evidence shows that formal and confidential methods of escalation are still required to ensure safety. Additionally, the Board has a statutory requirement to implement the National Whistleblowing Standards.

2.3.6 Equality and Diversity, including health inequalities

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

The Board is committed to those principles and ensures that the related guidance is taken into account through our local processes and procedures. The national work highlights that those with one or more protected characteristics may potentially find it more difficult to raise Speak Up or whistleblowing concerns. We remain mindful of that in our approach to speaking up and continuously review the accessibility of our process.

2.3.7 Climate Emergency and Sustainability

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

2.3.8 Consumer Duty

Speak Up and whistleblowing processes support compliance with the Consumer Scotland Act 2020 by enabling early identification or risks to safety, fairness and service quality. These mechanisms enhance transparency, accountability and continuous improvement in line with the Act's consumer-focused duty.

2.3.9 Other impacts

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

2.3.10 Communication, involvement, engagement and consultation

Speak Up performance is discussed regularly with the Whistleblowing Champion and Whistleblowing Lead during scheduled operational meetings.

2.3.11 Route to the Meeting

Speak Up performance is discussed at Staff Governance Committee ahead of being presented to Board.

2.4 Recommendation

Assurance

- NHS Board are asked to take assurance from the detail within the Speak Up Quarter 1 report for 2026/27, specifically in relation to the robustness of the systems and procedures in place to support staff raising concerns.

3. List of appendices

The following appendices are included with this report:

- **Appendix 1**, Speak Up Quarter 1 Report 2026/27

NHS Dumfries & Galloway

Speak Up Quarterly Report (Q1)

July 2026

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

Introduction

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

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

Key notes:

- This report outlines activity for the first quarter of 2026/27.
- Time limits for whistleblowing concerns are based on working days, i.e. Monday to Friday
- The low number of cases and requirement for strict confidentiality limit the amount of information that can be provided in this report. This is therefore a high level summary of activity.

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

Emma Murphy, Patient Feedback and Whistleblowing Manager

Whistleblowing

At a Glance

Whistleblowing

There are currently no live whistleblowing cases. The most recent live whistleblowing case was resolved during the period and therefore did not progress to full investigation.

Speak Up Enquiries

We have received four Speak up enquiries since 1 April 2026. None of which have progressed to whistleblowing as yet.

Themes, Trends and Learning (KPI 1)

The consistent theme across Speak Up concerns is communication. The concerns received year to date cross various areas and services, so there is no specific 'hot spot'.

The Board's Speak Up annual report 2025/26 contains further details of themes, trends and learning.

Staff Experience (KPI 2)

We are in the process of introducing an updated approach to gathering feedback on the Speak Up process. This will ensure the feedback we gather is more meaningful.

Awareness Raising (KPI 3)

We recognise that there is more we can do in terms of awareness raising. We are working with colleagues across the Board to ensure a consistent and focussed approach.

Case Performance (KPIs 4-10)

- We have received no new whistleblowing cases since 1 April 2026.
- We concluded one case from 2025/26 through early resolution and the whistleblower was happy to close the case on that basis.

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Financial Performance Update – End of June 2026 (Month 3)**
Responsible Executive/Non-Executive:	**Keith Dickinson, Director of Finance**
Report Author:	**Jane Redfern, Interim Deputy Director of Finance**

1 Purpose

This is presented to the Board for:
- Assurance

This report relates to a:
- Annual Operation Plan
- Emerging issue
- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):
- Effective

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

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

Between 2022/23 and 2024/25 NHS Dumfries and Galloway received £58.5m of repayable brokerage from Scottish Government to deliver a breakeven position at year end.

During 2025/26, £23.1m of non-repayable Deficit Support Funding was required to deliver a breakeven position.

The financial plan for 2026/27 shows no return to financial balance, and a requirement for £23m of Deficit Support Funding to meet the statutory breakeven requirement.

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

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

From the list below, please select which Strategic Outcome 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)

- Maintaining financial sustainability, building on the achievement of a balanced budget.

Comment:
This report provides an update on delivery of the approved 2026/27 Financial Plan.

2 Report summary

2.1 Situation

This report presents an update to the Board on the financial position to the end of June 2026 (Month 3).

2.2 Background

The NHS Board approved the financial plan on 8th June 2026. This shows a projected £23m in year deficit which is within the cap set by Scottish Government. The plan was accepted by Scottish Government on 25th March 2026.

Any year-end deficit up to £23m will be mitigated by the receipt of Deficit Support Funding. Any deficit above the £23m cap will be reported in the accounts as an overspend.

Table 1 sets out the current approved financial plan.

Table 1 – NHS Dumfries and Galloway approved 2026/27 financial plan

	Delegated			Retained			Total		
2026/27 Plan	Recurrent £m	Non-Recurrent £m	Total £m	Recurrent £m	Non-Recurrent £m	Total £m	Recurrent £m	Non-Recurrent £m	Total £m
Opening deficit	(12.5)	-	(12.5)	(22.2)	-	(22.2)	(34.7)	-	(34.7)
Additional funding	4.7	1.7	6.4	8.8	10.2	19.0	13.5	11.9	25.4
Additional costs	(6.3)	-	(6.3)	(12.3)	-	(12.3)	(18.6)	-	(18.6)
Local planning	-	-	-	(3.3)	-	(3.3)	(3.3)	-	(3.3)
Directorate cost pressures	-	(4.5)	(4.5)	-	(5.5)	(5.5)	-	(10.0)	(10.0)
Deficit before savings	**(14.0)**	**(2.8)**	**(16.8)**	**(29.0)**	**4.7**	**(24.3)**	**(43.0)**	**1.9**	**(41.1)**
Savings target	5.8	-	5.8	12.3	-	12.3	18.1	-	18.1
Financial Plan	**(8.2)**	**(2.8)**	**(11.0)**	**(16.7)**	**4.7**	**(12.0)**	**(24.9)**	**1.9**	**(23.0)**

The reporting arrangements for financial performance continue to be through Financial Recovery Board and Performance and Resources Committee.

2.3 Assessment

Financial Position to End of Month 3
At the end of Month 3 the Board is reporting a year-to-date deficit of £7m. Based on a straight-line trajectory of the £23m planned deficit, the position at month 3 should have been no more than £5.8m. The Board is therefore overspent by £1.2m against the plan. This is a slight deterioration of the position at month 2, which was £1.1m adverse to plan.

The detailed report is contained in **Appendix 1**.

Services delegated to the IJB are contributing £2.4m to the deficit position and the balance of £4.6m is for retained services.

The Directorates remain off trajectory with a £5.4m deficit reported at month 3 against an expected £3.5m on a straight-line basis. The Directorates showing the most significant deficits are Acute (£3.9m), Community Health and Social Care (£1.2m) and Externals (£0.5m). Underspends across other Directorates and centrally retained funding is partially offsetting these pressures.

Overspends continue in operational areas including unachieved savings (£3.1m), medicines and prescribing (£1m), ophthalmic services (£1.6m), purchase of healthcare (£0.8m) and medical staffing (£0.4m).

Savings Delivery
£18.1m of recurring savings are required in year to ensure that the deficit carried forward into 2027/28 is in line with the trajectory to break-even by 2029/30. £12.2m of recurring schemes have been identified against this target, leaving a gap of £5.9m to be identified.

£1.4m of savings have been delivered by the end of Q1, which is £3.1m behind plan year to date. This leaves a balance of £16.7m to be delivered across the remainder of the financial year.

Work is ongoing across the Board to identify recurring schemes to close the in-year gap, including actions to improve grip and control across key areas, and the financial sustainability strategy work being developed with EY. To ensure that the Board meets its requirement to break-even, an additional set of mainly non-recurrent measures will be put in place, and a summary of these [measures] will be outlined at the next Board meeting on the 5 October 2026.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Although this has been considered, this paper does not include details on impact on the workforce.

2.3.3 Financial

The paper presented has set out the details of the financial position for 2026/27. The Board will be unable to meet its statutory obligations in year without further support from Scottish Government.

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

Table 5 – NHS Dumfries and Galloway Brokerage Position

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

2.3.4 Risk Assessment/Management

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

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

High level financial plan risks for 2026/27 include:

- Inability to deliver £18.1m (3.9%) savings required to remain within the £23m overspend cap.
- Inability to deliver 3% recurring savings schemes.
- Inability to reduce or remove cost pressures due to clinical risk.
- Lack of new vacancies arising to benefit from further vacancy control measures in remaining 3 months to offset pressures.
- Level of underspends previously delivered are used as savings schemes and therefore are not available to offset directorate pressures.
- Impact of Agenda for Change agreements around Reduced Working Week and Band 5 to 6 regrading. NHS Dumfries and Galloway is in receipt of £8.9m allocation to fund this. However, the delay in implementing the Band 5 to 6 applications has created a backlog which may create a pressure more than funding available once these applications are processed.
- Lack of new investment to deliver transformational change.
- There is now no central flexibility to deal with emerging issues, these continue to be monitored.
- Ongoing risks within the Directorates related to increasing activity, volume and price pressures more than funding available.

2.3.5 Risk Appetite

- Open

Comment:
The financial challenge requires the Board to maintain an open risk appetite, balancing the need to explore all potential options to delivery financial recovery whilst maintaining strong controls and structured oversight to continue to deliver high-quality patient care.

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

Equality Impact Assessments (EQIAs) will be carried out on all proposed savings schemes to ensure that any adverse impacts can be identified and avoided or mitigated.

2.3.7 Climate Emergency and Sustainability
Although this has been considered, this paper does not include details on climate emergency and sustainability. No financial provision has been made for the financial impact of delivery of Net Zero targets within the Board's revenue Financial Plan.

There will inevitably be financial implications of these changes which will need consideration. This is a key area of work as part of the Scottish Government's Sustainability and Value Programme.

2.3.8 Consumer Duty
There are no relevant impacts identified.

2.3.9 Other impacts
An impact assessment has not been completed because this is a governance update report and isn't required.

2.3.10 Communication, involvement, engagement and consultation
Regular updates on the progress against the Financial Plan are provided at NHS Board and Performance and Resources Committee throughout the year as well as the following:

- A full meeting of Financial Recovery Board (FRB) meets every two weeks, with escalation meetings scheduled in the alternate weeks.
- Ongoing discussions and updates with the Board.
- Weekly update/ monthly meeting with the Executive Team.

- Regular communication between the Chief Executive and the Director of Finance.
- Regular internal communication between the Director of Finance and the Senior Finance Team.
- Joint meetings of Finance Managers, General Managers, Chief Operating Officer and Interim Deputy Director of Finance.
- Attendance at the sub-national and regional Finance Director level meetings, and attendance at a range of national networks including Finance Improvement Network, Corporate Finance Network, and Technical Accounting Group.

No specific external consultation was carried out during the period.

2.3.11 Route to the Meeting

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

2.4 Recommendation

- **Assurance** – The NHS Board is asked to note the position against the approved Financial Plan as at the end of June 2026.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1**, Financial Performance Update – Month 3

Building a Better Future Together:

2026/27 Financial Plan Update

Month 3 Update – To End of June 2026

Jane Redfern, Deputy Director of Finance

13th June 2026

PUBLIC

Report use: NHS Board, Scottish Government, Organisation Wide

Focussed on Quality, Built on Sustainable Practices

Financial Position at Month 3 Overview

- At the end of Month 3 the Board is reporting a year to date overspend of £7m against the overall £23m forecast.
- After £5.8m Deficit Support Funding from the Scottish Government, the adverse variance reduces to £1.2m.
- Services delegated to the IJB are creating £2.4m of the overspend and the balance of £4.6m is for retained services.
- A high-level summary of the Month 3 position is set out below with further directorate and subjective detail contained overleaf.

Forecast			2026/27	Month 3 (End of June 2026)				Change from Previous	
Approved Plan £000	YTD Plan £000	M3 Variance compared to YTD Plan £000		Annual Budget £000	Budget £000	Actual £000	Variance £000	Mth 2 Variance £000	Movement £000
(26,009)	(6,502)	284	Recurring Deficit	(24,873)	(6,218)	0	(6,218)	(4,146)	(2,073)
16,964	4,241	0	Non Recurring Adjustments	16,964	4,241	0	4,241	2,827	1,414
(9,045)	**(2,261)**	**284**	**Centrally Held Deficit**	**(7,909)**	**(1,977)**	**0**	**(1,977)**	**(1,318)**	**(659)**
(9,000)	(2,250)	(3,180)	Directorates	471,219	109,263	114,693	(5,430)	(4,005)	(1,425)
0	0	503	Central Services	7,825	880	378	503	698	(196)
(5,000)	(1,250)	1,122	External Services	51,884	12,549	12,677	(128)	(349)	222
0	0	0	Funding not Yet Distributed	27,855	(0)	0	(0)	0	(0)
(14,000)	**(3,500)**	**(1,555)**	**Directorates Total**	**558,783**	**122,693**	**127,747**	**(5,055)**	**(3,655)**	**(1,399)**
(23,045)	**(5,761)**	**(1,271)**	**TOTAL**	**550,874**	**120,715**	**127,747**	**(7,032)**	**(4,974)**	**(2,058)**

- The Board is £1.2m adverse to plan at month 3, a deterioration of £0.1m from the position at month 2 of £1.1m adverse to plan.
- Recurring deficit that the Board is carrying forward into 2026/27 is held centrally:
  - Offset by all non-recurring funding sources identified within the financial plan and accounts for £2m of the £7m overspend.
  - Directorates, central services and external services account for the remaining £5m.

Executive Summary - Directorates

Key Messages:

- Total YTD overspend of £7.0m (before £5.8m Brokerage):
  - The majority of the variance (£4.6m) sits within retained services, with delegated services contributing £2.4m.
  - Central deficit remains a significant pressure
    - Centrally held deficit is £2.0m adverse YTD, representing almost 30% of the total variance.
  - Acute services drive the largest operational pressure
    - Acute Directorate overspend of £3.9m, accounting for more than half of the total system variance.
  - Other notable adverse variances: Finance Directorate: £0.5m, Externals: £0.5m Facilities & Clinical Support: £0.2m, Family & Support Services: £0.2m
  - Notable favourable variances include: Community Health & Social Care: £1.2m, Board-wide costs: £0.45m, Central Services: £0.50m, Digital Directorate: £0.14m

Executive Summary – Main Subjective

Key Messages:

<u>Drivers of Variance</u>

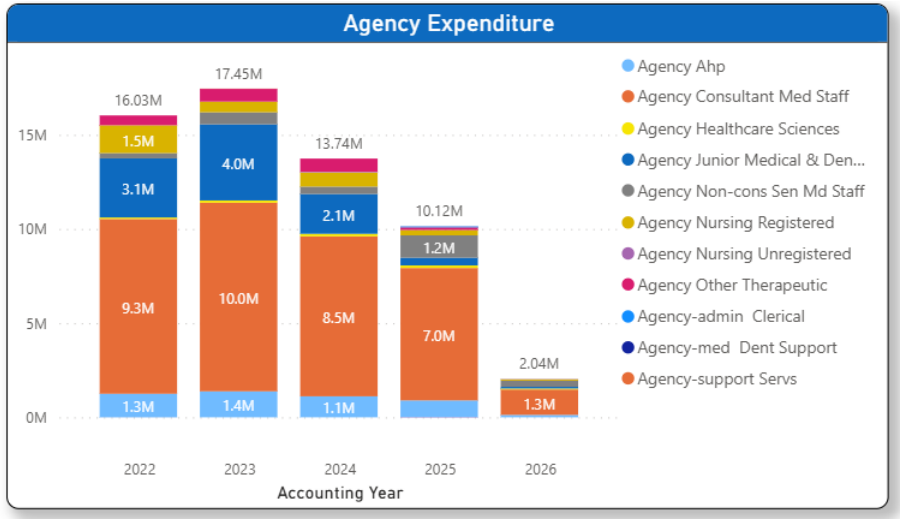
- Pay Pressures (£1.7m favourable)
  - Largest pressure from Core Pay (£1.5m overspend).
  - Significant underspends in: Administrative & Clerical (£0.8m), Nursing & Midwifery (£0.2m), Allied Health Professionals (£0.4m)
- Non-Pay Pressures (£8.9m adverse)
  - Savings targets (fall within a non pay budget line), remain underachieved (£3.1m adverse variance).
  - Drugs: £1.0m overspend, Surgical Sundries: £0.4m overspend, Purchase of Healthcare: £0.8m overspend, External Costs: £0.5m overspend
- Income Performance (£0.2m favourable)

Key Costs Update – Agency Expenditure

For the 3 months to the end of June 2026 agency expenditure is £2.04m compared to £3 m for the same period last year, with an overall reduction for the first 3 months of £0.96m. The primary shift continues to be within medical staffing.

Expenditure for the month of June is £0.68m which is an improvement on last financial year.

Spend in excess of £50k for the month of June 2026 within Medical staffing were: General Medicine (£115k), Emergency Care Centre (£105k) and Urology (£54k).



Accounting Year	2025												2026		
6AN - Level 6 Account Name	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Agency-support Servs										0.00M	0.00M				
Agency-med Dent Support									0.01M	0.00M					
Agency-admin Clerical									0.01M	0.00M	0.01M	0.02M	0.00M	0.01M	0.00M
Agency Other Therapeutic	0.01M	0.02M	0.03M	0.01M	0.01M	0.01M	0.01M	0.00M	0.01M	0.01M	0.01M	0.02M	0.00M	0.01M	0.00M
Agency Nursing Unregistered	-0.02M	0.00M					0.00M	0.00M							
Agency Nursing Registered	0.09M	-0.01M	0.01M	0.01M	0.00M	0.03M	0.02M	0.02M	0.01M	0.03M	0.04M	0.03M	0.01M	0.03M	0.04M
Agency Non-cons Sen Md Staff	0.08M	0.15M	0.10M	0.15M	0.08M	0.07M	0.07M	0.09M	0.10M	0.15M	0.05M	0.11M	0.09M	0.12M	0.12M
Agency Junior Medical & Dental	0.14M	0.05M	0.05M	0.05M	0.02M	0.01M	0.02M	0.00M	0.00M	0.00M	0.03M	0.05M	0.03M	0.02M	0.03M
Agency Healthcare Sciences	0.02M	0.02M	0.01M	0.02M	0.01M	0.01M	0.01M	0.02M	0.00M	0.01M	0.01M	0.01M	0.01M	0.03M	0.01M
Agency Consultant Med Staff	0.68M	0.73M	0.57M	0.67M	0.56M	0.52M	0.78M	0.55M	0.59M	0.56M	0.24M	0.58M	0.47M	0.43M	0.45M
Agency Ahp	0.08M	0.11M	0.09M	0.09M	0.11M	0.06M	0.10M	0.07M	-0.04M	0.09M	0.08M	0.06M	0.07M	0.03M	0.03M
Total	**1.08M**	**1.06M**	**0.86M**	**1.00M**	**0.79M**	**0.71M**	**1.01M**	**0.75M**	**0.69M**	**0.85M**	**0.45M**	**0.87M**	**0.68M**	**0.67M**	**0.68M**

Key Costs Update – Medicines

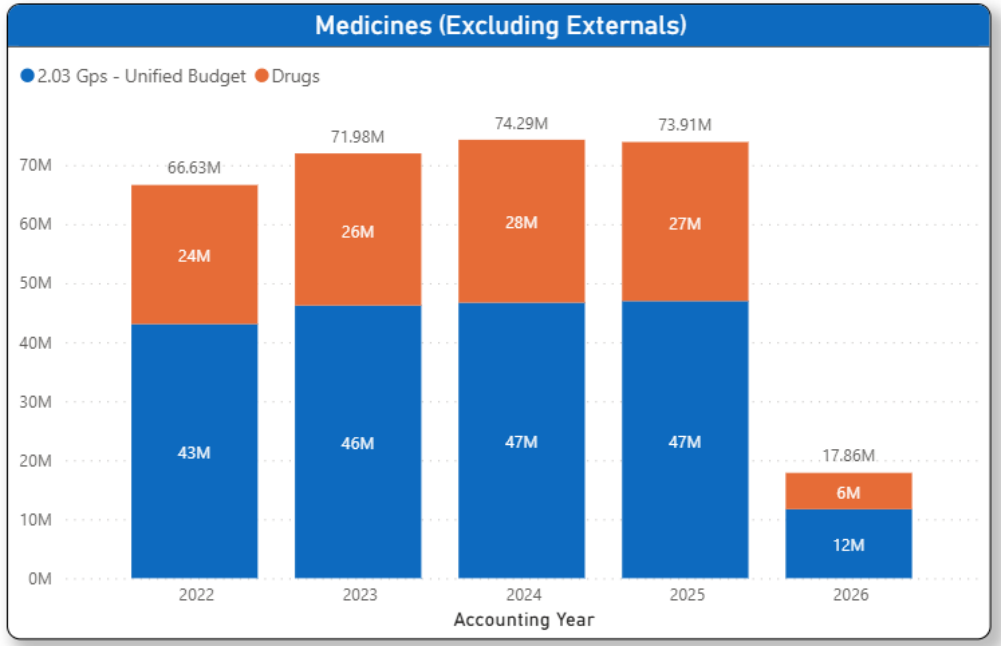
Expenditure on medicines both within primary and secondary care continues to be an area of significant pressure for the Board with annual expenditure in 2025/26 in excess of £73.9m.

Work continues in 2026/27 to minimise this increasing pressure however with both volume and price growth evident this is going to take a significant effort from all involved. Savings in this area have always been a backbone of the savings delivery and these increases are reported after the delivery of savings year on year.

For the 3 months to the end of June 2026 medicines expenditure was £17.86m (25/26 £18.25m). There are always delays in reporting Primary Care prescribing expenditure and a financial estimate is used for this cost based on the opening forecast, this therefore brings a level of uncertainty into the financial position at this time.

To the end of June drugs are contributing £2.5m to the overspend; £1.59m in primary care and £0.95m in secondary care.

The Medicines Scrutiny Group (previously Medicines Optimisations Group) continues to drive this agenda on behalf of the Board.



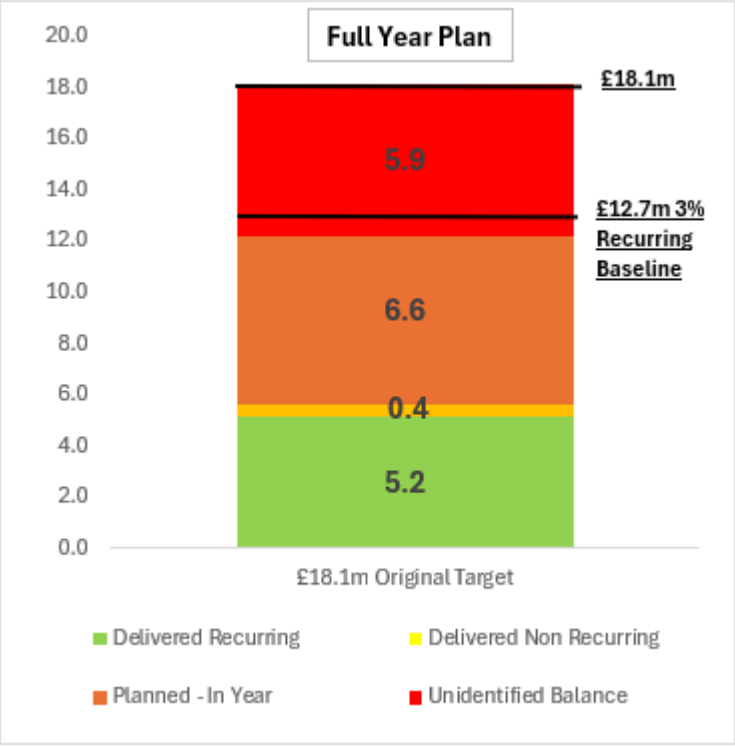
Accounting Year	2025												2026		
5AN - Level 5 Account Name	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
2.03 Gps - Unified Budget	-2.69M	10.84M	3.68M	3.72M	3.64M	3.84M	4.33M	3.67M	3.88M	3.88M	3.88M	4.28M	3.69M	4.08M	3.92M
Drugs	2.24M	2.28M	1.89M	2.25M	2.21M	2.44M	2.05M	2.32M	2.15M	2.15M	2.00M	2.96M	2.03M	2.05M	2.09M
Total	**-0.45M**	**13.13M**	**5.57M**	**5.98M**	**5.85M**	**6.28M**	**6.38M**	**5.99M**	**6.03M**	**6.03M**	**5.88M**	**7.25M**	**5.72M**	**6.13M**	**6.01M**

2.03 GPS: primary care prescribing Drugs: secondary care prescribing

Financial Position at Month 3 Overview - Savings

At month 3, the identified recurring savings schemes identified total £12.2m. This is £5.9m short of the £18.1m target. This does represent good progress from the start of the financial year (£9.6m).

The minimum Scottish Government requirement is for the Board to deliver 3% recurring savings, which is £12.7m. However, the full £18.1m of schemes is required to be recurring to ensure there is no slippage to future years and to stay on trajectory to breakeven by 2029/30.



Year to date the board has delivered £1.4m savings (£5.6m full year effect) meaning there is a £3.1m gap in the month 3 position (£12.5m full year effect).

Work is ongoing in this area to:

- Continue to identify new schemes to deliver recurrent savings in-year
- Validate financial assumptions and ensure savings are phased correctly across years for those which did not start in April and therefore will not deliver the full value in 26/27

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Audit and Risk Committee Chair's Briefing**
Responsible Executive/Non-Executive:	**Greg Black, Chair of Audit and Risk Committee**
Report Author:	**Tracey Grierson, Executive Assistant to Director of Finance**

1 Purpose

This is presented to the Board for:
- Assurance

This report relates to a:
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

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

- Significant

Comment:
This paper provides assurance that Audit and Risk (A&R) Committee is meeting its governance requirements as a delegated committee of the Board and provides an appropriate mechanism for reporting key updates, issues, risks and minutes of committee meetings.

From the list below, please select which Strategic Outcome 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)

- Maintaining financial sustainability, building on the achievement of a balanced budget.
- Other (please explain below)

Comment:
This paper supports the corporate governance requirements for NHS Board. The tactical priorities are considered as part of committee business as these arise.

2 Report summary

2.1 Situation

The Audit and Risk Committee met on 16 June 2026 and 22 June 2026 and continues to provide independent scrutiny and assurance to the Board on governance, risk management, internal control and financial reporting.

This briefing summarises key areas of assurance, highlights material risks, and identifies matters requiring Board attention.

2.2 Background

The Audit and Risk Committee supports the Accountable Officer and Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, internal control, financial reporting, and audit activity.

2.3 Assessment

The Committee met on16 June 2026 and 22 June 2026 since previously reported. Key areas of assurance and focus are summarised below.

Financial Sustainability and Financial Reporting
Assurance Level: Significant

The Committee received the external audit findings and Annual Report and Accounts for 2025/26, noting an unmodified audit opinion confirming a true and fair view of financial statements.

Strong governance and financial reporting arrangements were confirmed.

However, significant financial sustainability challenges remain:
- Ongoing reliance on Scottish Government financial support.
- Medium-term financial plans indicate services are not sustainable within existing resources.
- Requirement for substantial recurring savings and potential service redesign.

The Committee emphasised that financial sustainability remains the primary strategic risk requiring continued Board oversight.

Horizon Scanning
Assurance Level: Moderate

The Committee noted the establishment of a structured approach to identifying, tracking and responding to national policy, guidance and audit outputs.

Progress has been made in strengthening governance arrangements, with further opportunities identified to enhance consistency and resilience of the process, however:

- The process would benefit from being further embedded across relevant teams.
- There is an opportunity to strengthen arrangements to support the consistent identification of relevant publications.
- Further clarity on governance pathways and accountability for action would support consistent follow-up.

Continued development will support strengthened system-wide oversight and help ensure actions arising from horizon scanning are consistently followed through.

Information Assurance and Cyber Security
Assurance Level: Limited

The Committee received the Information Assurance Annual Report and noted continued risks across cyber security, compliance, workforce capacity and infrastructure resilience.

Payment Verification
Assurance Level: Moderate

The Committee noted that robust national frameworks are in place for payment verification, with the majority of systems operating effectively.

A backlog in enhanced service verification remains due to historical delays; however:

- Risks are mitigated through retrospective verification processes.
- Any discrepancies identified are recoverable.

Strategic Risk Management
Assurance Level: Moderate

The Committee reviewed risk management arrangements and noted:

- Improved governance structures and risk system implementation.
- Progress in corporate risk oversight.
- Continued variability in risk maturity and application across services.

Further work is required to embed risk management consistently across the organisation and strengthen strategic risk alignment.

Internal Audit
Assurance Level: Moderate

The Internal Audit Annual Report confirmed that governance arrangements are generally sound but operating under increasing pressure.

Key themes identified include:
- Inconsistent application of policies.
- Weaknesses in monitoring and reporting.
- Ongoing issues with timely completion of audit actions.

The Committee recognised the need for stronger accountability mechanisms to ensure timely delivery of audit actions.

Best Value and Continuous Improvement
Assurance Level: Moderate

The Committee noted progress against planned actions; however, further work is required to strengthen how impact and outcomes are evidenced.

Key issues include:
- Limited evidence of measurable outcomes.
- Lack of clarity on benefits achieved.
- Need for strengthened performance measures.

Further work is required to embed Best Value as a routine governance framework.

Fraud
Assurance Level: Moderate

The Committee noted continued compliance with national counter fraud standards and proactive engagement activity.

The importance of maintaining a risk-based approach and escalating national issues was emphasised.

Escalations to Board
The Committee requests that the Board note the following key matters:

- **Financial Sustainability:**
  The Board continues to operate within a challenging financial environment, with ongoing support and oversight required to maintain progress towards longer-term financial sustainability.

- **Information Asset Register Compliance:**
  Further work is required to strengthen compliance with statutory information governance requirements and reduce associated governance and information risks.

- **Audit Action Delivery:**
  Persistent delays in completing audit actions require strengthened accountability and monitoring.

- **Board Assurance Framework:**
  Significant work has been undertaken to develop the Board Assurance Framework, including strengthening the links between strategic risks, controls and sources of assurance.
  The framework will continue to be reviewed and developed as part of routine governance arrangements; however, the Committee recommends that the Board approve the Board Assurance Framework in August 2026.

2.3.1 Quality/ Patient Care

Quality and patient care is considered as part of Audit and Risk Committee discussions. There is no direct impact on quality of care (and services) from the findings in this report.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Risk is considered as part of Audit and Risk Committee discussions. Although this has been considered, there is no risk impact of this paper.

2.3.5 Risk Appetite

- Minimal

Comment:
This report has a minimal risk appetite as it is a committee report updating on governance matters.

2.3.6 Equality and Diversity, including health inequalities

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

2.3.7 Climate Emergency and Sustainability

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

2.3.8 Consumer Duty

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

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

This paper is presented directly to the Board following consideration by the Audit and Risk Committee.

2.3.11 Route to the Meeting

Audit and Risk Committee meetings have been held in line with the corporate timetable.

2.4 Recommendation

This report is being presented for:

- **Assurance** – Board is asked to note the Audit and Risk Committee Chair's Briefing.

3 List of appendices

There are no appendices attached.

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Freedom of Information – Annual Report 2025/2026**
Responsible Executive/Non-Executive:	**David Rowland, Director of Strategic Planning and Transformation**
Report Author:	**Laura Geddes, Corporate Business Manager**

1 Purpose

This is presented to the Board for:
- Assurance

This report relates to a:
- Government policy/directive
- Legal requirement
- Local policy

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

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

Comment:
This paper aims to give assurance that an appropriate process has been put in place to adhere to the legislative requirements for the management of Freedom of Information requests in year. However, although it is believed that the processes in place are effective, we have seen a drop in performance over the last three years from 97% to 91%, therefore, a moderate level of assurance is being provided with this paper until a more in depth review of the processes etc can be undertaken. Key learning and messages from the review will be included in the next annual report for 2026/27.

From the list below, please select which Strategic Outcome this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:
(For more detail on each of the tactical priorities, please click on this link)

- Other (please explain below)

Comment:
This paper forms part of the good governance framework and aims to give assurance that the appropriate processes are in place to meet the legislative requirements for the Board.

2. Report summary

2.1 Situation

This paper gives an overview of the various stages of a Freedom of Information request and the Board's performance of, and compliance with, the Freedom of Information (Scotland) Act 2002 for the period 1 April 2025 – 31 March 2026.

2.2 Background

On 1 January 2005 Scottish Government implemented new legislation around the general public's statutory right of access to information held by Scottish public bodies, including NHS Boards.

This paper demonstrates the performance of NHS Dumfries and Galloway to comply with the Freedom of Information (Scotland) Act 2002.

2.3 Assessment

As part of the Freedom of Information (Scotland) Act 2002 legislation, the Board is required to develop a "Guide to information available through the Model Publication Scheme" and publish it on our external website. This document provides links to a number of pieces of information including the annual accounts, details on the services the Board provides, GP listings, links to published data and a number of other key pieces of information. This document is published on the Board's external website (www.nhsdg.co.uk) and is reviewed by the Freedom of Information Officer on a bi-annual basis.

Where information is not available through these sources an applicant can, under the Act, make a request for information. The request must be in a permanently recorded form, for example a letter or an e-mail and can be made by an individual person or company, whether resident in the UK or not.

While most information requested can be released, some information is exempt under the Act. The right of access to information is subject to a number of exemptions within the Act and may also require public interest or harm tests to be applied before any information can or cannot be released.

Freedom of Information Stages

There are three stages noted within the legislation for Freedom of Information Requests:

- Freedom of Information Request
- Review Request
- Application to the Scottish Information Commissioner

Freedom of Information Request
A Freedom of Information Request is a request for information that is already held by a public body.

The information requested can cover a wide variety of information held by the Board, from performance data or procurement of services, to requests for documentation or financial data on spend.

Every request received must be acknowledged by the next working day and a response submitted to the requester within 20 working days from receipt of the request.

There may be occasions where the information is not able to be released due to it being person identifiable, confidential or considered to be commercially sensitive. At this point one or more of the exemptions from the Act would be applied, however, there would need to be justifiable reasons documented for not providing the information requested.

Review Request
A Review Request is the second stage in the process where the applicant has the right to ask for a review of the public body's handling of their Freedom of Information request, this could be questioning the validity of the public body's application of a specific exemption, why they have not received a response within the 20 working days timeline or that they feel the information provided is incorrect or does not fully answer their questions.

The applicant can submit a review request within 40 working days of receipt of the response to their initial Freedom of Information request. Once received by the Board, we are required to acknowledge receipt of the review request and provide a full response back to the applicant within 20 working days.

The review responses are seen as an independent review of the initial response, which is provided by the Freedom of Information Officer, therefore, the review requests are handled by the Corporate Business Manager / Freedom of Information Lead and signed off by the Chief Executive. The response from the Board will either confirm that the initial response is being upheld or that an amendment has been made and the revised information is provided within the review letter.

Scottish Information Commissioner Application

The final stage in the process is for the applicant to submit a request to the Scottish Information Commissioner should they be unhappy with both their Freedom of Information request and the Review Request responses.

The Scottish Information Commissioner is an independent body, who has been given designated authority by Scottish Government to administer this piece of legislation and to hold Scottish public authorities to account through the implementation of the criteria within the Act.

The applicant has 6 months from receipt of the Review Request response issued by the public body to submit the application to the Commissioner.

Upon receipt the Commissioner's Office will acknowledge the application and check that the appeal is valid. To be a valid appeal the application must cover the following points:

- The Freedom of Information request must have been taken through the public body's review process;
- The applicant must have provided the Commissioner with the information needed to investigate the complaint; and
- The applicant must have told the Commissioner what they are unhappy about.

Once the appeal is validated the Commissioner's Office will request information from the public body to justify why they dealt with the request the way they did and provide the exact information being asked for in the initial response, if held.

The Commissioner will then allocate the appeal to an investigating officer before making a decision on whether the public body was justified in providing the initial and review responses or whether there are actions that the public body needs to take if the Commissioner disagrees with the handling of the requests.

All decisions made by the Scottish Information Commissioner are uploaded to their website for public access.

Performance and Compliance

Since the Act came into force on 1 January 2005 NHS Dumfries and Galloway has sought to ensure that robust arrangements for managing requests for information are in place. These arrangements have been adapted where necessary to respond to the increasing number of requests in an appropriate and timely manner and to ensure the Board complies with legislation.

Requests received

The Board has seen an increase in Freedom of Information requests being received in the last year with 972 requests for information being received between 1 April 2025 – 31 March 2026. The equates to a 5% increase in requests received for the same period in 2024-25, where 927 requests were received.

Of the 972 requests received 4 were handled as Environmental Information Requests.

Between April 2025 – March 2026, the Board responded to 91% of the information requests within the 20 working days response period stated within the legislation, which is a drop of 4.5% in performance over the same period in 2024-25.

A breakdown of the breaches from April 2025 – March 2026 have been noted below:

Table 1: Freedom of Information response breaches by month and breach length in 2025/26

Months	1-5 days	6-10 days	11-15 days	16-20 days	21+ days
April 2025	4				
May 2025	3				
June 2025	2	2			
July 2025	9	2			
August 2025	2	3			
September 2025	1	3			
October 2025	6	1	1		
November 2025	8	3	1		
December 2025	3				
January 2026	7	4			
February 2026	9	4			
March 2026	4	1			
TOTAL	**58**	**23**	**2**	**0**	**0**

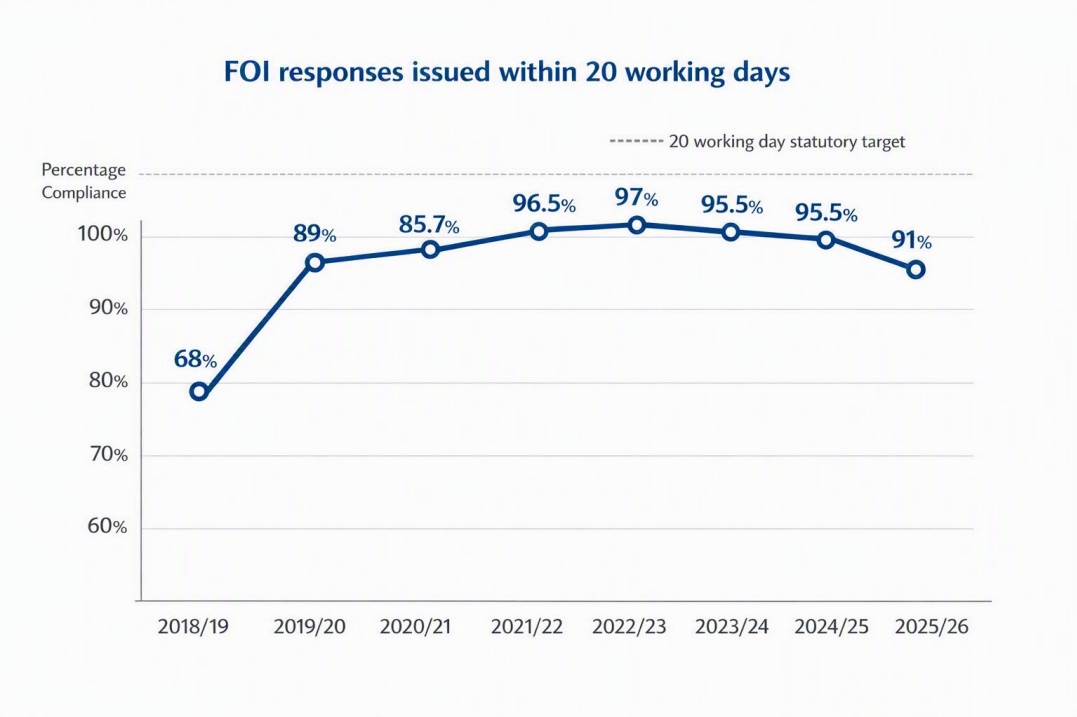
In 2018/19 our performance dropped significantly and was sitting around 68% compliance, which resulted in the Board being placed under special measures by the Scottish Information Commissioner.

Significant improvements were made to the system to look at ways the Freedom of Information Office and Freedom of Information Lead could support the directorates in responding to the requests on time, which included the team reviewing previous requests to identify similar requests and providing this to the Directorate Leads to help reduce the resource required to source and collate the remaining information.

A review of the processes will be undertaken to see what improvements can be made to take a little pressure off the directorates, but there needs to be buy in from the directorate staff to acknowledge and response to the requests, recognising that we are legally required to respond to all FOI requests and Review Requests within 20 working days from receipt.

The graph below highlights the Board's performance since 2018/19 charting the improvements in issuing responses within the 20 working days deadline, but it also shows the small drops in performance over the last 3 financial years, which we need to improve on going forward:

Chart 1: Percentage of Freedom of Information responses issued within 20 working days 2018/19 – 2025/26



Review Requests received

Between April 2025 – March 2026, 19 requests for review were received from the 972 Freedom of Information responses issued. This represents an improved position compared with 2024/25, when 25 review requests were received from 927 Freedom of Information requests. The proportion of requests resulting in a review reduced from 2.70% in 2024/25 to 1.95% in 2025/26, representing a 0.74% point reduction, or a 27.5% relative reduction in the review rate.

Scottish Information Commissioner

A review of the Freedom of Information requests has confirmed that to date no application were made to the Scottish Information Commissioner in relation to Freedom of Information requests between April 2025 – March 2026.

However, one application was submitted in relation to a Freedom of Information request responded to in the 2024/25 financial year. The table below summarises the terms of the applications, the actions the Board were required to take and the link to the decision notice that is available on the Commissioner's website.

Table 2: Summary of Scottish Information Commissioner Decision Notices received

SIC Ref	Decision Date	Outcome and link to SIC website	Action Required
241/2025	01/10/2025	The Commissioner finds that the Authority partially complied with Part 1 of the Freedom of Information (Scotland) Act 2002 (FOISA) in responding to the information request made by the Applicant. The Commissioner finds that by correctly withholding some information under the exemption in section 30(b)(ii), the Authority complied with Part 1 of FOISA. However, by wrongly withholding other information under the exemption in section 30(b)(ii), the Authority failed to comply with section 1(1) of FOISA. The Commissioner therefore requires the Authority to disclose the wrongly withheld information, by 17 November 2025. He will write to the Authority to specify the information to be disclosed. https://www.foi.scot/decision-2412025	NHS Dumfries and Galloway issued the information requests, as per the Commissioner's action on 28th October 2025, which was within the response timeline. The Scottish Information Commissioner confirmed that no further action is required and closed the decision notice.

Attached at **Appendix 1** is a summary of all the requests received between 1 April 2025 – 31 March 2026, which includes details of where the breaches occurred and the requests for a review. The Scottish Information Commissioner application does not appear on the list, as it related to a Freedom of Information request received and responded to in 2024/25.

Directorate Providing Information for Responses

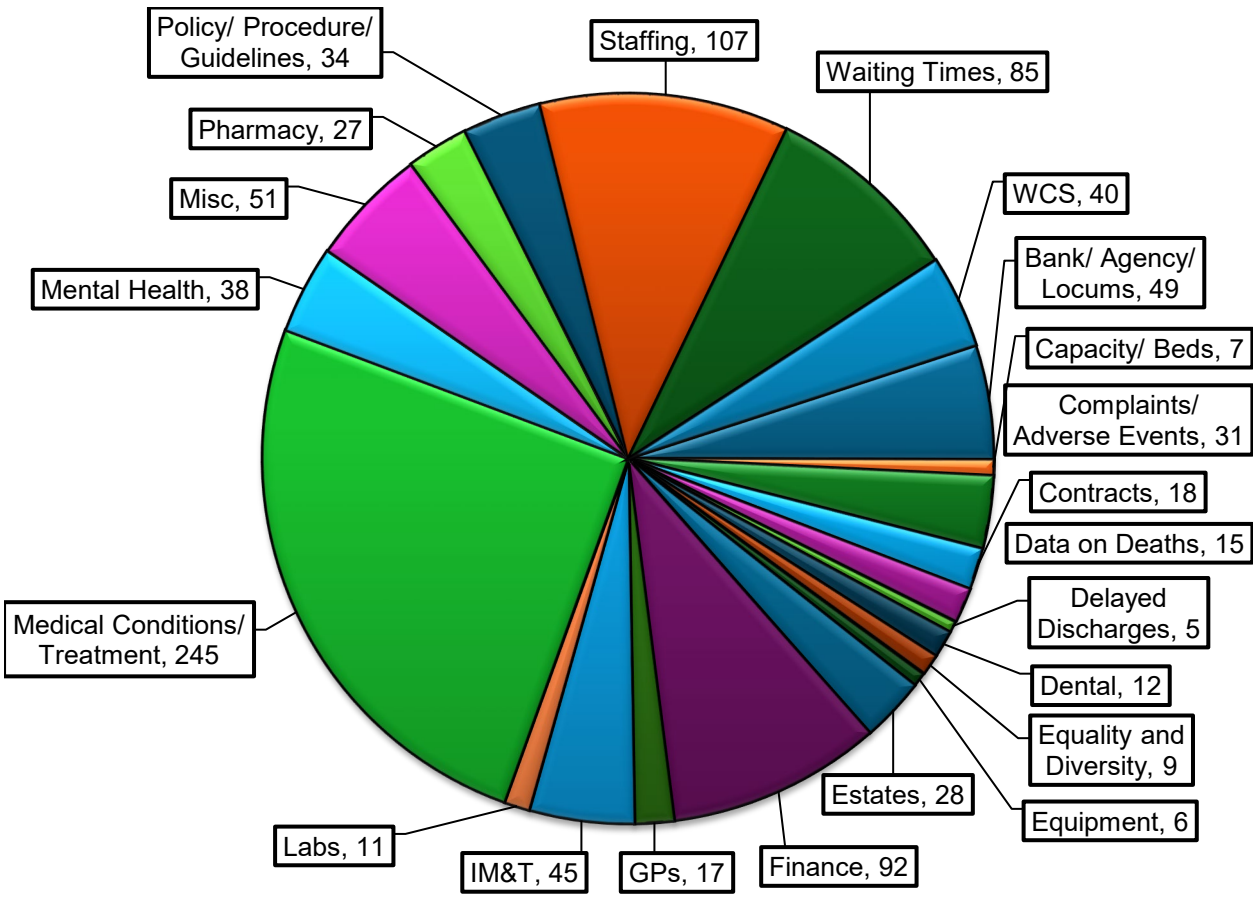
A review of all of the Freedom of Information requests received between April 2025 – March 2026 has been undertaken to identify the key themes of information being requested.

Within the 972 requests received there will be a number of one-off requests for information, which have not been included within the list of themes. The diagram below demonstrates the themes where more than 5 requests had been received within 2025/26.

The top three themes for information relate to Medical Conditions / Treatment Data, Staffing information and Finance related requests.

Discussions are being held around publishing more information on our external website, which includes performance data and potential to develop the Freedom of Information webpage to include a list of the Freedom of information requests received and their responses, to make information more accessible to the public and to try to reduce the number of requests being passed on to the departments for a response. This piece of work is being progressed in 2026/27 and further updates will be included in the next annual report.

Chart 2: Themes of Freedom of Information requests received, NHS Dumfries and Galloway, 2025/26



'Popularity' of FOISA

Since the Freedom of Information legislation was implemented in 2005 the use of the act to access public information has increased substantially, which demonstrates the public bodies compliance with the act in ensuring transparency of the information held.

Although this is a positive position, it does put increasing pressure on the Directorates to provide the requested information within the 20 working day timeline.

The figures below demonstrate the increased 'popularity' of Freedom of Information and Environmental Information requests since its introduction in 2005.

Table 3: Number of Freedom of Information and Environmental Information requests received 2006 – 2025/26

Year	No. of Requests	% change from previous year	% increase from 2006
2025/26	972	+5%	882%
2024/25	927	-4%	836%
2023/24	965	+12%	875%
2022/23	863	+63%	772%
2021	530	+5%	435%
2020	503	-14%	408%
2019	583	-12%	489%
2018	661	+11%	568%
2017	598	+2%	504%
2016	584	+16%	490%
2015	505	+3%	410%
2014	492	+13%	397%
2013	434	+5%	338%
2012	413	+22%	317%
2011	339	-7%	242%
2010	364	+48%	268%
2009	246	+37%	148%
2008	180	+84%	82%
2007	98	-1%	1%
2006	99	N/A	N/A

Conclusion

This paper provides a significant level of assurance that appropriate processes remain in place to support the Board's compliance with the Freedom of Information (Scotland) Act 2002. Overall performance remains strong, with 91% of Freedom of Information responses issued within the statutory 20 working day timescale in 2025/26, despite an increase in the number of requests received compared with the previous year.

However, the paper also highlights a reduction in performance over the last three financial years, from 97% in 2022/23 to 95.5% in both 2023/24 and 2024/25, and 91% in 2025/26. While this remains a positive level of compliance, the downward trend indicates that further work is required to strengthen the timeliness of responses and ensure that directorates continue to recognise the statutory requirement to respond to Freedom of Information and Review Requests within 20 working days.

The improved position in relation to Review Requests is also noted, with the proportion of requests resulting in a review reducing from 2.70% in 2024/25 to 1.95% in 2025/26. This suggests that, while response timeliness requires continued focus, the quality and handling of responses has improved. A review of current processes will therefore be undertaken in 2026/27, alongside work to publish more information on the external website to improve public access to information and help sustain compliance going forward. The continued support of directorates remains essential to maintaining this position.

2.3.1 Quality/ Patient Care

No direct quality or patient care implications were identified as this paper provides assurance on statutory information governance arrangements and does not propose any change to clinical services or patient care pathways.

2.3.2 Workforce

There are no direct workforce implications arising from this paper. However, the increase in request volumes and the statutory 20 working day response requirement continues to place operational pressure on directorates and staff who are required to identify, collate and check information for release. The planned review of processes in 2026/27 is intended to support directorates and reduce avoidable administrative burden where possible.

2.3.3 Financial

No direct financial implications, recurring costs or cash-releasing efficiencies arise from this assurance paper. Compliance with Freedom of Information legislation is supported through existing staff resource.

2.3.4 Risk Assessment/ Management

A risk assessment has been undertaken on the implications of non-compliance with the Freedom of Information (Scotland) Act 2002 and is recorded on InPhase as a minimal level risk. The principal risks are failure to meet the statutory 20 working day response timescale, reputational risk if performance continues to reduce, increased scrutiny or intervention from the Scottish Information Commissioner, and operational pressure on directorates. Mitigations include central oversight by the Freedom of Information Officer and Freedom of Information Lead, monitoring of response deadlines, review of breaches, escalation to directorates leads where required, annual reporting to the Board and a planned review of processes in 2026/27.

2.3.5 Risk Appetite

- Cautious

Comment:
A cautious risk appetite is appropriate as the Board has a statutory responsibility to make information available in accordance with the Freedom of Information (Scotland) Act 2002, while also ensuring that information is reviewed carefully before release.

This requires a balanced approach that supports openness and transparency, while managing the risk of inappropriate disclosure, late responses, reputational impact and escalation to the Scottish Information Commissioner.

2.3.6 Equality and Diversity, including health inequalities
An impact assessment has not been completed because this paper is for assurance on statutory information governance arrangements and does not propose a change to services, policy or decision-making that would directly affect protected characteristic groups or health inequalities. The report supports transparency and access to information for all applicants in line with the Board's wider public sector duties.

2.3.7 Climate Emergency and Sustainability
There are no direct climate emergency or sustainability implications arising from this assurance paper. The work to publish more information on the external website may provide a small positive sustainability benefit by improving digital access to commonly requested information and potentially reducing repeat requests and associated administrative handling.

2.3.8 Other impacts
No other significant impacts were identified. The report supports openness, transparency and public accountability, and the discussions around making Freedom of Information data available on the external website may improve public access to information and reduce duplication across services. There are no direct implications identified for multi-agency working, prevention and early intervention or economic growth.

2.3.9 Consumer Duty
This report supports the principles of consumer fairness and accessibility by providing assurance that members of the public can access information held by the Board in accordance with statutory requirements. No separate Consumer Duty impact assessment has been completed because the paper is for assurance and does not propose a service change, charging decision or policy decision. The planned work to publish more information on the external website is expected to improve accessibility and transparency for the public.

2.3.10 Communication, involvement, engagement and consultation

This paper provides assurance on internal arrangements for managing Freedom of Information requests and therefore no formal external consultation is required. Engagement takes place with directorates throughout the year to support timely responses, clarify information requirements and address breaches where they occur. Public engagement is supported through the statutory request and review process and through publication of information on the Board's external website.

2.3.11 Route to the Meeting

This paper has not been shared with any groups or committee prior to being presented to Board, however the Director of Strategic Planning and Transformation, as the sponsoring Director, has reviewed and approved the detail for submission.

2.4 Recommendation

- **Assurance** – NHS Board Members are asked to take assurance on the annual review of performance and compliance with the Freedom of Information (Scotland) Act 2002 for the period 1 April 2025 – 31 March 2026

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1**, Freedom of Information Register

File Number	EIR/FOI	Date Received	Due date	Date Closed/ withdrawn	Breach 20 days	Breach 1-5 days	Breach 6-10 days	Breach 11-15 days	Breach 16-20 days	Breach 21+ days	Summary of Request	Review Request Received	SIC Application Received
25-001	FOI	01/04/25	29/04/25	22/04/2025	No						Adults Waiting for Psychological Treatment		
25-002	FOI	01/04/25	29/04/25	22/04/2025	No						Babies Born		
25-003	FOI	01/04/25	29/04/25	25/04/2025	No						Mental Health Spend		
25-004	FOI	01/04/25	29/04/25	29/04/2025	No						Coeliac Disease Guidelines		
25-005	FOI	01/04/25	29/04/25	22/04/2025	No						A&E Dental		
25-006	FOI	02/04/25	30/04/25	23/04/2025	No						Mixed Sex Wards		
25-007	FOI	02/04/25	30/04/25	30/04/2025	No						Renumeration and EDI Spend		
25-008	FOI	02/04/25	30/04/25	23/04/2025	No						Policy on Mixed Sex Wards		
25-009	FOI	02/04/25	30/04/25	29/04/2025	No						On Framework Nurse Agencies		
25-010	FOI	02/04/25	30/04/25	24/04/2025	No						Cervical Screening		
25-011	FOI	02/04/25	30/04/25	24/04/2025	No						Abortion Care in England		
25-012	FOI	03/04/25	01/05/25	28/04/2025	No						Deaths in A&E		
25-013	FOI	03/04/25	01/05/25	24/04/2025	No						Dermatitis Treatments		
25-014	FOI	03/04/25	01/05/25	28/04/2025	No						Obstetric Training		
25-015	FOI	04/04/25	02/05/25	24/04/2025	No						Gynae Waits		
25-016	FOI	04/04/25	02/05/25	30/04/2025	No						Baby Deaths		
25-017	FOI	04/04/25	02/05/25	28/04/2025	No						SAER Review Numbers for Baby Deaths		
25-018	FOI	04/04/25	02/05/25	28/04/2025	No						SAER Review Reports into Baby Deaths	Yes	
25-019	FOI	04/04/25	02/05/25	28/04/2025	No						Prostate Cancer Treatments		
25-020	FOI	04/04/25	02/05/25	29/04/2025	No						Management Consultant Spend		
25-021	FOI	07/04/25	07/05/25	07/05/2025	No						Clinical Attachments		
25-022	FOI	07/04/25	05/05/25	24/04/2025	No						Non UK Residents Treatment and Cost		
25-023	FOI	07/04/25	07/05/25	07/05/2025	No						Community Transport		
25-024	FOI	07/04/25	07/05/25	06/05/2025	No						Framework Locum Nurse Agency Spend		
25-025	FOI	07/04/25	05/05/25	24/04/2025	No						Rare Disease Treatments		
25-026	FOI	07/04/25	05/05/25	24/04/2025	No						Hospital at Home		
25-027	FOI	09/04/25	07/05/25	02/05/2025	No						Formaldehyde Records		
25-028	FOI	09/04/25	07/05/25	02/05/2025	No						Ehealth / Digital Team		
25-029	FOI	09/04/25	09/05/25	08/05/2025	No						Insourcing		
25-030	FOI	09/04/25	07/05/25	24/04/2025	No						Formularies for Diabetes/Continence		
25-031	FOI	09/04/25	07/05/25	30/04/2025	No						Private Cancer Treatment		
25-032	FOI	09/04/25	07/05/25	30/04/2025	No						Malnutrition in Children		
25-033	FOI	10/04/25	08/05/25	30/04/2025	No						Pests		
25-034	FOI	10/04/25	08/05/25	30/04/2025	No						Duty of Candour 23/24		
25-035	FOI	10/04/25	08/05/25	06/05/2025	No						Adult ADHD Autism Pathway		
25-036	FOI	10/04/25	08/05/25	30/04/2025	No						Translation Cost		
25-037	FOI	10/04/25	08/05/25	30/04/2025	No						Births by Type		
25-038	FOI	11/04/25	09/05/25	30/04/2025	No						Saltire Roofing/Steven Mcintosh Contractors		
25-039	FOI	11/04/25	09/05/25	30/04/2025	No						Clinical Psychologists		
25-040	FOI	11/04/25	09/05/25	02/05/2025	No						Asthma Treatments		
25-041	FOI	10/04/25	12/05/25	08/05/2025	No						Perinatal Support		
25-042	FOI	14/04/25	12/05/25	08/05/2025	No						Chronic Pain Staffing, Funding and Numbers		
25-043	FOI	14/04/25	12/05/25	06/05/2025	No						Radiology Breastfeeding Policy		
25-044	FOI	14/04/25	12/05/25	08/05/2025	No						Waste Contracts		
25-045	FOI	14/04/25	14/05/25	20/05/2025	Yes	Yes					Employment Tribunals and Cost		
25-046	FOI	15/04/25	13/05/25	08/05/2025	No						Clinical Guidelines		
25-047	FOI	15/04/25	13/05/25	08/05/2025	No						Same Sex Examinations		
25-048	FOI	15/04/25	13/05/25	08/05/2025	No						Nurse Bank Eligibility		
25-049	FOI	15/04/25	13/05/25	08/05/2025	No						Cardiopulmonary Exercise Testing Systems		
25-050	FOI	15/04/25	13/05/25	13/05/2025	No						Health Visitors		
25-051	FOI	16/04/25	16/05/25	13/05/2025	No						Asthma Numbers		

File Number	EIR/FOI	Date Received	Due date	Date Closed/ withdrawn	Breach 20 days	Breach 1-5 days	Breach 6-10 days	Breach 11-15 days	Breach 16-20 days	Breach 21+ days	Summary of Request	Review Request Received	SIC Application Received
25-052	FOI	21/05/25	18/06/25	17/06/2025	No						Psychiatrists at Midpark		
25-053	FOI	16/04/25	16/05/25	20/05/2025	Yes	Yes					Off Framework Medical Locum Doctors		
25-054	FOI	16/04/25	16/05/25	14/05/2025	No						Food Poisoning by Foraging		
25-055	FOI	16/04/25	16/05/25	14/05/2025	No						Agency Framework for CSSD		
25-056	FOI	16/04/25	16/05/25	16/05/2025	No						Fertility Preservation		
25-057	FOI	16/04/25	16/05/25	14/05/2025	No						Pests		
25-058	FOI	17/04/25	17/05/25	14/05/2025	No						Stoma Care		
25-059	FOI	17/04/25	17/05/25	14/05/2025	No						Multiple Myeloma Treatments		
25-060	FOI	17/04/25	17/05/25	14/05/2025	No						AHP/HSS Agency Spend		
25-061	FOI	17/04/25	17/05/25	14/05/2025	No						Paracetamol Prescriptions		
25-062	FOI	17/04/25	19/05/25	03/06/2025	Yes			Yes			Blue Lotus Medical Group withdrawal of Tender		
25-063	FOI	18/04/25	19/05/25	21/05/2025	Yes	Yes					Single Sex Facilities		
25-064	FOI	18/04/25	16/05/25	14/05/2025	No						Social Prescribing		
25-065	FOI	22/04/25	22/05/25	22/05/2025	No						Births by Type		
25-066	FOI	22/04/25	20/05/25	14/05/2025	No						Histology Diagnostics		
25-067	FOI	22/04/25	20/05/25	14/05/2025	No						Cides Procurement		
25-068	FOI	22/04/25	20/05/25	16/05/2025	No						IV Morphine in A/E		
25-069	FOI	22/04/25	22/05/25	22/05/2025	No						GIRFEC		
25-070	FOI	16/04/25	16/05/25	16/05/2025	No						CAMHS Policy Docs		
25-071	FOI	22/04/25	20/05/25	16/05/2025	No						Dravet Syndrome		
25-072	FOI	22/04/25	20/05/25	20/05/2025	No						Asbestos in Cement Pipes		
25-073	FOI	23/04/25	22/05/25	22/05/2025	No						Direct Engagement		
25-074	FOI	23/04/25	21/05/25	20/05/2025	No						Complementary Therapies		
25-075	FOI	23/04/25	21/05/25	16/05/2025	No						Self Harm/Suicide Presentations at A/E		
25-076	FOI	23/04/25	21/05/25	16/05/2025	No						Documents to Staff following Supreme Court Ruling		
25-077	FOI	23/04/25	22/05/25	23/05/2025	Yes	Yes					Cyber Attacks		
25-078	FOI	24/04/25	23/05/25	23/05/2025	No						Data Protection		
25-079	FOI	24/04/25	22/05/25	16/05/2025	No						ASD Waits		
25-080	FOI	28/04/25	26/05/25	21/05/2025	No						FOIs		
25-081	FOI	28/04/25	26/05/25	16/05/2025	No						Specific Surgeons for Endometriosis		
25-082	FOI	28/04/25	28/05/25	28/05/2025	No						Separate Changing Facilities for Women		
25-083	FOI	28/04/25	26/05/25	21/05/2025	No						Adult ADHD		
25-084	FOI	28/04/25	26/05/25	21/05/2025	No						Hernias		
25-085	FOI	28/04/25	26/05/25	21/05/2025	No						Parking Tickets		
25-086	FOI	28/04/25	26/05/25	21/05/2025	No						Dementia Waits		
25-087	FOI	30/04/25	28/05/25	21/05/2025	No						Falls		
25-088	FOI	30/04/25	28/05/25	28/05/2025	No						HR Complaints and Grievances		
25-089	FOI	29/05/25	26/06/25	13/06/2025	No						Birth Induction Waits		
25-090	FOI	01/05/25	29/05/25	21/05/2025	No						Duty of Candour 2018/19		
25-091	FOI	01/05/25	29/05/25	21/05/2025	No						Treatments		
25-092	FOI	01/05/25	29/05/25	23/05/2025	No						Psychiatry Discharges		
25-093	FOI	01/05/25	29/05/25	03/06/2025	Yes	Yes					Epilepsy in Pregnancy		
25-094	FOI	02/05/25	30/05/25	21/05/2025	No						Pager/Beeper and Postage Spend Year End 2025		
25-095	FOI	02/05/25	30/05/25	23/05/2025	No						Mortality		
25-096	FOI	02/05/25	30/05/25	23/05/2025	No						Cancer Deaths		
25-097	FOI	02/05/25	30/05/25	21/05/2025	No						Still Births and Covid Vaccine		
25-098	FOI	02/05/25	30/05/25	23/05/2025	No						Heart Disease Deaths		
25-099	FOI	02/05/25	30/05/25	21/05/2025	No						Dermatology Treatments		
25-100	FOI	02/05/25	30/05/25	28/05/2025	No						Mental Health Disorders		
25-101	FOI	06/05/25	03/06/25	28/05/2025	No						Formaldehyde Level Records		
25-102	FOI	06/05/25	03/06/25	03/06/2025	No						AE Referrals for Xray/MRI		

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25-103	FOI	06/05/25	03/06/25	28/05/2025	No						AE Guidelines for Referring Hip Pain to MRI		
25-104	FOI	06/05/25	03/06/25	29/05/2025	No						Waits for MS		
25-105	FOI	06/05/25	03/06/25	27/05/2025	No						Rheumatology Treatments		
25-106	FOI	07/05/25	04/06/25	27/05/2025	No						PDS		
25-107	FOI	07/05/25	04/06/25	29/05/2025	No						Breast Reconstruction Waits		
25-108	FOI	08/05/25	05/06/25	27/05/2025	No						Sleep Waits		
25-109	FOI	08/05/25	05/06/25	03/06/2025	No						PFD Relating to Suicide		
25-110	FOI	08/05/25	05/06/25	04/06/2025	No						Text re Gender		
25-111	FOI	08/05/25	05/06/25	30/05/2025	No						Val G		
25-112	FOI	08/05/25	05/06/25	27/05/2025	No						Dedicated MH Beds		
25-113	FOI	08/05/25	05/06/25	04/06/2025	No						Publishing SAERs		
25-114	FOI	08/05/25	05/06/25	04/06/2025	No						Managed Bank Service		
25-115	FOI	08/05/25	05/06/25	05/06/2025	No						Overseas Costs		
25-116	FOI	08/05/25	05/06/25	29/05/2025	No						Intravitreal Treatments		
25-117	FOI	12/05/25	09/06/25	04/06/2025	No						MH Care Plans		
25-118	FOI	12/05/25	09/06/25	04/06/2025	No						Homecare Costs		
25-119	FOI	12/05/25	09/06/25	05/06/2025	No						CAMHS Waits		
25-120	FOI	12/05/25	10/06/25	10/06/2025	No						Psychology Waits		
25-121	FOI	13/05/25	10/06/25	04/06/2025	No						Myasthenia Gravis		
25-122	FOI	13/05/25	10/06/25	04/06/2025	No						Falls		
25-123	FOI	13/05/25	10/06/25	10/06/2025	No						Locum Doctors		
25-124	FOI	11/06/25	09/07/25	20/06/2025	No						Audiology Waits		
25-125	FOI	13/05/25	10/06/25	04/06/2025	No						Community Led Midwife Units		
25-126	FOI	14/05/25	11/06/25	04/06/2025	No						Midwife Led Delivery Units		
25-127	FOI	14/05/25	11/06/25	04/06/2025	No						Procedure Carried out in England		
25-128	FOI	14/05/25	11/06/25	04/06/2025	No						Longest Shift Worked		
25-129	FOI	14/05/25	11/06/25	11/06/2025	No						Internation Conference Expenses		
25-130	FOI	15/05/25	12/06/25	05/06/2025	No						MS Treatments and Patients		
25-131	FOI	15/05/25	12/06/25	12/06/2025	No						Unfilled Medical Shifts		
25-132	FOI	15/05/25	12/06/25	05/06/2025	No						A/E Boarded Out		
25-133	FOI	15/05/25	12/06/25	05/06/2025	No						Rare Liver Disease		
25-134	FOI	15/05/25	12/06/25	05/06/2025	No						Phlebotomy		
25-135	FOI	16/05/25	13/06/25	05/06/2025	No						Prostate Cancer Treatments		
25-136	FOI	16/05/25	13/06/25	05/06/2025	No						CAMHS Referrals		
25-137	FOI	16/05/25	13/06/25	10/06/2025	No						Insourcing		
25-138	FOI	16/05/25	13/06/25	05/06/2025	No						GCA		
25-139	FOI	19/05/25	16/06/25	10/06/2025	No						Consultants Work Details		
25-140	FOI	19/05/25	16/06/25	05/06/2025	No						RAAC Spend		
25-141	FOI	19/05/25	16/06/25	05/06/2025	No						Nurse and Midwifery Mental Health Absences		
25-142	FOI	19/05/25	16/06/25	12/06/2025	No						Rapid Cancer Diagnosis		
25-143	FOI	19/05/25	17/06/25	17/06/2025	No						Robotic Surgery		
25-144	FOI	19/05/25	17/06/25	23/06/2025	Yes	Yes					Employment Rights Policies		
25-145	FOI	19/05/25	16/06/25	11/06/2025	No						Gastroenterology Treatments		
25-146	FOI	19/05/25	16/06/25	11/06/2025	No						UK Supreme Court Ruling Emails from SG		
25-147	FOI	20/05/25	17/06/25	11/06/2025	No						Communication Staffing Spend		
25-148	FOI	20/05/25	17/06/25	11/06/2025	No						Treatments		
25-149	FOI	21/05/25	18/06/25	12/06/2025	No						Inclusion Staff		
25-150	FOI	21/05/25	18/06/25	12/06/2025	No						AI Radiology and Emergency Admissions		
25-151	FOI	21/05/25	18/06/25	12/06/2025	No						Ketamine AE Attendances		
25-152	FOI	22/05/25	19/06/25	13/06/2025	No						Breast Reconstruction Surgery		
25-153	FOI	22/05/25	19/06/25	19/06/2025	No						POA Complaints		

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25-154	FOI	22/05/25	19/06/25	11/06/2025	No						Urgent Suspected Cancer Rejected due to Under 18		
25-155	FOI	22/05/25	19/06/25	11/06/2025	No						Haematology Treatments		
25-156	FOI	22/05/25	19/06/25	17/06/2025	No						Courier Services Cost		
25-157	FOI	23/05/25	20/06/25	17/06/2025	No						Adjustable Beds in MH Causing Self Harm		
25-158	FOI	26/05/25	23/06/25	23/06/2025	No						Clinical Systems		
25-159	FOI	26/05/25	23/06/25	17/06/2025	No						Golden Hello Scheme		
25-160	FOI	26/05/25	23/06/25	19/06/2025	No						Religious, Cultural and Therapeutic Circumcision		
25-161	FOI	26/05/25	23/06/25	17/06/2025	No						Salaries of Execs and Non Execs		
25-162	FOI	28/05/25	25/06/25	24/06/2025	No						Lab Insourcing		
25-163	FOI	28/05/25	25/06/25	12/06/2025	No						Endometrial Cancer Treatments		
25-164	FOI	30/05/25	27/06/25	12/06/2025	No						Legal Team Cost		
25-165	FOI	28/05/25	25/06/25	01/07/2025	Yes	Yes					Dravet Syndrome		
25-166	FOI	29/05/25	26/06/25	17/06/2025	No						Insomnia Treatments		
25-167	FOI	29/05/25	26/06/25	17/06/2025	No						Respiratory Treatments		
25-168	FOI	27/05/25	24/06/25	17/06/2025	No						Admissions due to Damp Environments	Yes	
25-169	FOI	29/05/25	26/06/25	17/06/2025	No						Breast Cancer Treatments		
25-170	FOI	29/05/25	26/06/25	19/06/2025	No						Parental Leave		
25-171	FOI	29/05/25	26/06/25	24/06/2025	No						Malnutrition in Children		
25-172	FOI	30/05/25	27/06/25	20/06/2025	No						ME Services		
25-173	FOI	30/05/25	27/06/25	24/06/2025	No						Suicides in MH Units		
25-174	FOI	30/05/25	27/06/25	19/06/2025	No						Pharmacy Job Planning		
25-175	FOI	30/05/25	27/06/25	19/06/2025	No						Vaginoplasty		
25-176	FOI	30/05/25	27/06/25	25/06/2025	No						Misdiagnosed Heart		
25-177	FOI	30/05/25	27/06/25	19/06/2025	No						Laparoscopic Ovarian Drilling		
25-178	FOI	30/05/25	27/06/25	20/06/2025	No						Only Fans use by Staff		
25-179	FOI	02/06/25	30/06/25	25/06/2025	No						Fibrate Prescriptions		
25-180	FOI	02/06/25	30/06/25	25/06/2025	No						Agency Shifts		
25-181	FOI	02/06/25	30/06/25	19/06/2025	No						Breast Screening Distances Travelled		
25-182	FOI	03/06/25	01/07/25	25/06/2025	No						Staffing Costs		
25-183	FOI	03/06/25	01/07/25	19/06/2025	No						A/E Chainsaw Presentations		
25-184	FOI	03/06/25	01/07/25	20/06/2025	No						Breast Cancer Treatments		
25-185	FOI	03/06/25	01/07/25	20/06/2025	No						Psychiatric Inpatient Ratios		
25-186	FOI	04/06/25	02/07/25	20/06/2025	No						Weight loss Drug Admissions		
25-187	FOI	04/06/25	02/07/25	20/06/2025	No						Junior Doctor Rota Software		
25-188	FOI	04/06/25	02/07/25	20/06/2025	No						Spend £500-25K		
25-189	FOI	04/06/25	02/07/25	27/06/2025	No						Firewall Services		
25-190	FOI	04/06/25	02/07/25	02/07/2025	No						Overtime/Repairs/Replacing IT		
25-191	FOI	04/06/25	02/07/25	25/06/2025	No						Adult ADHD		
25-192	FOI	04/06/25	02/07/25	02/07/2025	No						Off Framework Nurses		
25-193	FOI	05/06/25	03/07/25	02/07/2025	No						Consultants		
25-194	FOI	06/06/25	04/07/25	25/06/2025	No						Menopause Specialist		
25-195	FOI	06/06/25	04/07/25	25/06/2025	No						Equality Safe at Work Accreditation		
25-196	FOI	06/06/25	04/07/25	26/06/2025	No						Gastroenterology Treatments		
25-197	FOI	06/06/25	04/07/25	26/06/2025	No						Seagull A/E Attendees		
25-198	FOI	06/06/25	04/07/25	26/06/2025	No						Blood Collection		
25-199	FOI	06/06/25	04/07/25	26/06/2025	No						Endometritis Waits		
25-200	FOI	09/06/25	07/07/25	26/06/2025	No						Rickets		
25-201	FOI	09/06/25	07/07/25	26/06/2025	No						Regional Anaesthetist		
25-202	FOI	09/06/25	07/07/25	02/07/2025	No						Agency Spend		
25-203	FOI	09/06/25	07/07/25	30/06/2025	No						NSCLC Treatments		
25-204	FOI	09/06/25	07/07/25	01/07/2025	No						UTI Medication		

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25-205	EIR	09/06/25	07/07/25	30/06/2025	No						Net Zero		
25-206	FOI	10/06/25	08/07/25	01/07/2025	No						Gestational Diabetes		
25-207	FOI	10/06/25	08/07/25	01/07/2025	No						Migraine Treatments		
25-208	FOI	10/06/25	08/07/25	01/07/2025	No						Breast Screening Longest Waits		
25-209	FOI	11/06/25	09/07/25	09/07/2025	No						Pride Month		
25-210	FOI	11/06/25	09/07/25	02/07/2025	No						Staff Spend		
25-211	FOI	11/06/25	09/07/25	02/07/2025	No						Wound Care		
25-212	FOI	12/06/25	10/07/25	02/07/2025	No						Contracts Register	Yes	
25-213	FOI	12/06/25	10/07/25	07/07/2025	No						Buildings over 50 Years		
25-214	FOI	12/06/25	10/07/25	07/07/2025	No						Elastomeric Infusion Devices		
25-215	FOI	12/06/25	10/07/25	03/07/2025	No						Intravitreal Treatments		
25-216	FOI	12/06/25	10/07/25	03/07/2025	No						Pay Bill for Staff		
25-217	FOI	13/06/25	11/07/25	03/07/2025	No						CAMHS Waits		
25-218	FOI	13/06/25	11/07/25	07/07/2025	No						Venison Meals		
25-219	FOI	13/06/25	11/07/25	03/07/2025	No						NICUs		
25-220	FOI	16/06/25	14/07/25	22/07/2025	Yes		Yes				Alzheimer Disease Docs		
25-221	FOI	16/06/25	14/07/25	07/07/2025	No						Transplant Patients Died of COVID		
25-222	FOI	16/06/25	14/07/25	14/07/2025	No						Thoracoscopy		
25-223	FOI	17/06/25	15/07/25	11/07/2025	No						Detention of Children in MH Adult Wards		
25-224	FOI	17/06/25	15/07/25	07/07/2025	No						Insulin Admissions		
25-225	FOI	17/06/25	15/07/25	11/07/2025	No						Restraints on Children		
25-226	FOI	18/06/25	16/07/25	07/07/2025	No						Condoms in HMP		
25-227	FOI	18/06/25	16/07/25	21/07/2025	Yes	Yes					Smart Business Solutions		
25-228	FOI	19/06/25	17/07/25	07/07/2025	No						Condoms to Prison		
25-229	FOI	19/06/25	17/07/25	09/07/2025	No						Melanoma Treatments		
25-230	FOI	19/06/25	17/07/25	09/07/2025	No						Staff Working Outside of Scotland		
25-231	FOI	20/06/25	18/07/25	09/07/2025	No						Staff Costs		
25-232	FOI	20/06/25	18/07/25	09/07/2025	No						Out of Area Psychiatric Inpatients		
25-233	FOI	23/06/25	21/07/25	09/07/2025	No						Patient with English GPs		
25-234	FOI	20/06/25	18/07/25	09/07/2025	No						Sepsis Deaths		
25-235	FOI	23/06/25	21/07/25	24/06/2025	No						Ambulances		
25-236	FOI	24/06/25	22/07/25	18/07/2025	No						Overnight Patient Accommodation	Yes	
25-237	FOI	24/06/25	22/07/25	25/07/2025	Yes	Yes					Infection Rates		
25-238	FOI	24/06/25	22/07/25	15/07/2025	No						Transplant Waits		
25-239	FOI	24/06/25	22/07/25	15/07/2025	No						Drug Replacement in Custody Centres		
25-240	FOI	25/06/25	23/07/25	22/07/2025	No						Cath Lab and Cardio Waits		
25-241	FOI	26/06/25	24/07/25	22/07/2025	No						Prostate Cancer Waits		
25-242	FOI	26/06/25	24/07/25	05/08/2025	Yes		Yes				Union Reps		
25-243	FOI	26/06/25	24/07/25	09/07/2025	No						Insourcing for Waiting Lists		
25-244	FOI	30/06/25	28/07/25	16/07/2025	No						Mental Health Staff Absences		
25-245	FOI	01/07/25	29/07/25	16/07/2025	No						Beds		
25-246	FOI	01/07/25	29/07/25	09/07/2025	No						Oricom		
25-247	FOI	01/07/25	29/07/25	09/07/2025	No						Dermatology Treatments		
25-248	FOI	02/07/25	30/07/25	07/08/2025	Yes		Yes				PICC		
25-249	FOI	02/07/25	30/07/25	29/07/2025	No						Staff Sickness/Patient Costs/Cost of Building Entrance/ Staffing Costs and Numbers		
25-250	FOI	05/06/25	03/07/25	03/07/2025	No						Outsourced Mental Health		
25-251	FOI	03/07/25	31/07/25	16/07/2025	No						Lymphoma Treatments		
25-252	FOI	03/07/25	31/07/25	16/07/2025	No						Obesity Admissions		
25-253	FOI	03/07/25	31/07/25	22/07/2025	No						BMI Policy for Surgery		
25-254	FOI	03/07/25	31/07/25	01/08/2025	Yes	Yes					Nurse Agency Spend		
25-255	FOI	04/07/25	01/08/25	09/07/2025	No						Mobile Dental Units		

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25-256	FOI	04/07/25	01/08/25	09/07/2025	No						Open Wide Scheme		
25-257	FOI	04/07/25	01/08/25	09/07/2025	No						Caring for Smiles		
25-258	FOI	04/07/25	01/08/25	16/07/2025	No						Staff Employed end of Jan 25		
25-259	FOI	04/07/25	01/08/25	16/07/2025	No						GP Vacancies		
25-260	FOI	04/07/25	01/08/25	22/07/2025	No						SACT Treatments		
25-261	FOI	04/07/25	01/08/25	06/08/2025	Yes		Yes				IT Devices		
25-262	FOI	04/07/25	01/08/25	22/07/2025	No						CAMHS Referrals		
25-263	FOI	07/07/25	04/08/25	16/07/2025	No						HAIs		
25-264	FOI	07/07/25	04/08/25	22/07/2025	No						Brain Tumours		
25-265	FOI	17/07/25	14/08/25	29/07/2025	No						Adverse Incidents		
25-266	FOI	07/07/25	04/08/25	07/07/2025	No						Estates Backlog		
25-267	FOI	07/07/25	04/08/25	06/08/2025	No						A/E Waits		
25-268	FOI	07/07/25	04/08/25	16/07/2025	No						Counselling Service		
25-269	FOI	07/07/25	04/08/25	06/08/2025	Yes	Yes					Children's SLT Services		
25-270	FOI	07/07/25	04/08/25	22/07/2025	No						Treatment for Myelofibrosis		
25-271	FOI	07/07/25	04/08/25	22/07/2025	No						Staff Sickness		
25-272	FOI	08/07/25	05/08/25	31/07/2025	No						Clinical Insourcing		
25-273	FOI	08/07/25	05/08/25	25/07/2025	No						Insourcing		
25-274	FOI	08/07/25	05/08/25	11/08/2025	Yes	Yes					Insourcing		
25-275	FOI	09/07/25	06/08/25	06/08/2025	No						IT Spend/DMA		
25-276	FOI	09/07/25	06/08/25	06/08/2025	No						NDAS Waits		
25-277	FOI	10/07/25	07/08/25	11/07/2025	No						Annual Accounts Report 2018-19		
25-278	FOI	10/07/25	07/08/25	06/08/2025	No						Osteoporosis Clinical Pathway		
25-279	FOI	10/07/25	07/08/25	07/08/2025	No						Urology Waits		
25-280	FOI	10/07/25	07/08/25	06/08/2025	No						Theatre Hours		
25-281	FOI	10/07/25	07/08/25	25/07/2025	No						GP Appointments		
25-282	FOI	10/07/25	07/08/25	06/08/2025	No						Whistleblowing		
25-283	FOI	11/07/25	08/08/25	06/08/2025	No						Outpatient Appts		
25-284	FOI	10/07/25	07/08/25	06/08/2025	No						XR Technology		
25-285	FOI	11/07/25	08/08/25	23/07/2025	No						Ovarian Cancer Treatments		
25-286	FOI	11/07/25	08/08/25	23/07/2025	No						A/E Attendances		
25-287	FOI	11/07/25	08/08/25	23/07/2025	No						AHP/HSS Agency Spend		
25-288	FOI	11/07/25	08/08/25	31/07/2025	No						Delayed Mental Health Discharges		
25-289	FOI	14/07/25	11/08/25	23/07/2025	No						ADHD Deaths		
25-290	FOI	14/07/25	11/08/25	23/07/2025	No						SAR Records		
25-291	FOI	14/07/25	11/08/25	11/08/2025	No						Staff Failing Drug/ Alcohol Tests		
25-292	FOI	14/07/25	11/08/25	11/08/2025	No						Cancer Diagnosis		
25-293	FOI	15/07/25	12/08/25	11/08/2025	No						Births by Type		
25-294	FOI	15/07/25	12/08/25	23/07/2025	No						Recycled Paper		
25-295	FOI	15/07/25	12/08/25	11/08/2025	No						Spend on Locum Physicians		
25-296	FOI	15/07/25	12/08/25	11/08/2025	No						Tendering Bank/ Agency Staff		
25-297	FOI	16/07/25	13/08/25	11/08/2025	No						Spend on Sweetened Beverages and Confectionary and Diabetes Device Spend		
25-298	FOI	16/07/25	13/08/25	23/07/2025	No						Commissioning Complex Care		
25-299	FOI	16/07/25	13/08/25	23/07/2025	No						Removed from Cancer Waiting Lists		
25-300	FOI	16/07/25	13/08/25	12/08/2025	No						Orthotics and Prosthetic Service		
25-301	FOI	17/07/25	14/08/25	20/08/2025	Yes	Yes					Discharged Psychiatric Patients		
25-302	FOI	17/07/25	14/08/25	12/08/2025	No						Laparoscope Instruments		
25-303	FOI	17/07/25	14/08/25	13/08/2025	No						NCSCLC Treatments		
25-304	FOI	17/07/25	14/08/25	12/08/2025	No						Patients Removed from Waiting Lists by Paying Privately		
25-305	FOI	17/07/25	14/08/25	12/08/2025	No						Delayed Discharge Deaths		
25-306	FOI	17/07/25	14/08/25	13/08/2025	No						Nursing and Midwifery Unfilled Shifts		

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25-307	FOI	17/07/25	14/08/25	12/08/2025	No						Infrastructure Systems		
25-308	FOI	17/07/25	14/08/25	19/08/2025	Yes	Yes					Trans Staff Policy		
25-309	FOI	17/07/25	14/08/25	13/08/2025	No						Insourcing for AHP Services		
25-310	FOI	18/07/25	15/08/25	13/08/2025	No						Staff Suspended		
25-311	FOI	21/07/25	18/08/25	13/08/2025	No						Haematology Treatments		
25-312	FOI	21/07/25	18/08/25	13/08/2025	No						Maternity		
25-313	FOI	21/07/25	18/08/25	14/08/2025	No						Neonatal Shifts		
25-314	FOI	21/07/25	18/08/25	14/08/2025	No						Neonatal Admissions		
25-315	FOI	21/07/25	18/08/25	14/08/2025	No						Neonatal/ Maternity Transfers		
25-316	FOI	21/07/25	18/08/25	14/08/2025	No						Midwife Vacancies		
25-317	FOI	22/07/25	19/08/25	18/08/2025	No						Surgical Errors		
25-318	FOI	22/07/25	19/08/25	19/08/2025	No						Items Left in Patients		
25-319	FOI	22/07/25	19/08/25	18/08/2025	No						Surgical Error Complaints		
25-320	FOI	22/07/25	19/08/25	18/08/2025	No						Surgical Error Compensation		
25-321	FOI	22/07/25	19/08/25	15/08/2025	No						Surgical Error Policies/ Procedures		
25-322	FOI	22/07/25	20/08/25	21/08/2025	Yes	Yes					Alcohol Related Activity and Spend	Yes	
25-323	FOI	22/07/25	19/08/25	14/08/2025	No						Facial Palsy		
25-324	FOI	23/07/25	20/08/25	18/08/2025	No						Staff Sacked 2005-07		
25-325	FOI	24/07/25	21/08/25	14/08/2025	No						Parkinsons Waits		
25-326	FOI	24/07/25	21/08/25	18/08/2025	No						Nurse Recruitment		
25-327	FOI	24/07/25	22/08/25	22/08/2025	No						Staff Suspensions		
25-328	FOI	24/07/25	21/08/25	19/08/2025	No						Secondary Care Phlebotomy		
25-329	FOI	24/07/25	21/08/25	21/08/2025	No						Equality Reports		
25-330	FOI	25/07/25	22/08/25	27/08/2025	Yes	Yes					Feeding Tubes		
25-331	FOI	25/07/25	22/08/25	14/08/2025	No						Acute Alcohol Related Patients		
25-332	FOI	25/07/25	22/08/25	14/08/2025	No						HAE & IG Treatments		
25-333	FOI	25/07/25	22/08/25	18/08/2025	No						Missed Appointments		
25-334	FOI	28/07/25	25/08/25	19/08/2025	No						Procurement Activities		
25-335	FOI	28/07/25	26/08/25	26/08/2025	No						Echocardiograms		
25-336	FOI	28/07/25	25/08/25	18/08/2025	No						Pride Month 2025		
25-337	FOI	28/07/25	25/08/25	15/08/2025	No						Autism & ADHD		
25-338	FOI	29/07/25	26/08/25	21/08/2025	No						Agency Spend		
25-339	FOI	29/07/25	26/08/25	22/08/2025	No						Job Titles		
25-340	FOI	29/07/25	26/08/25	15/08/2025	No						Adult Social Care & Nursing Home Placements/ Staff/ Costs		
25-341	FOI	29/07/25	26/08/25	19/08/2025	No						Staff Overpayment		
25-342	FOI	29/07/25	26/08/25	18/08/2025	No						Continence and Stoma Care		
25-343	FOI	29/07/25	26/08/25	22/08/2025	No						Patient Travel to Medical Appointments		
25-344	FOI	29/07/25	26/08/25	22/08/2025	No						Patient Travel to Medical Appointments		
25-345	FOI	29/07/25	26/08/25	26/08/2025	No						Master Vendor and Neutral Vendor Services		
25-346	FOI	30/07/25	27/08/25	29/08/2025	Yes	Yes					Advance Directive & Power of Attorney		
25-347	FOI	31/07/25	28/08/25	22/08/2025	No						Request on Oncology MF		
25-348	FOI	31/07/25	28/08/25	27/08/2025	No						Epilepsy Nursing and Neurology Waiting Times		
25-349	FOI	31/07/25	28/08/25	22/08/2025	No						Lower Limb Amputation	Yes	
25-350	FOI	01/08/25	29/08/25	28/08/2025	No						Clinical Waste		
25-351	FOI	01/08/25	29/08/25	08/09/2025	Yes		Yes				Temporary Staffing		
25-352	FOI	01/08/25	29/08/25	22/08/2025	No						Clinical Decision Support Solution		
25-353	FOI	04/08/25	01/09/25	22/08/2025	No						Apprentice Employment		
25-354	FOI	04/08/25	01/09/25	12/09/2025	Yes		Yes				Peripheral Neuropathic Pain		
25-355	FOI	04/08/25	02/09/25	03/09/2025	Yes	Yes					Homelessness and Hospitals		
25-356	FOI	04/08/25	01/09/25	22/08/2025	No						Atopic Dermatitis		
25-357	FOI	05/08/25	02/09/25	22/08/2025	No						Data Breaches		

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25-358	FOI	05/08/25	02/09/25	28/08/2025	No						Teleradiology Reporting		
25-359	FOI	05/08/25	02/09/25	22/08/2025	No						Weight Loss Drugs		
25-360	FOI	05/08/25	02/09/25	08/09/2025	Yes		Yes				Laboratories		
25-361	FOI	06/08/25	03/09/25	27/08/2025	No						Rare Diseases		
25-362	FOI	06/08/25	03/09/25	01/09/2025	No						Digital Maturity		
25-363	FOI	06/08/25	03/09/25	27/08/2025	No						Narcolepsy		
25-364	FOI	06/08/25	03/09/25	01/09/2025	No						Cancer in Secondary Care		
25-365	FOI	07/08/25	04/09/25	04/09/2025	No						NHS Sponsorship		
25-366	FOI	07/08/25	04/09/25	04/09/2025	No						Kidney Disease		
25-367	FOI	07/08/25	05/09/25	08/09/2025	Yes	Yes					Post-Stroke Spasticity		
25-368	FOI	08/08/25	05/09/25	05/09/2025	No						Hospital Discharges No Fixed Abode		
25-369	FOI	08/08/25	05/09/25	27/08/2025	No						Treatments		
25-370	FOI	08/08/25	05/09/25	27/08/2025	No						NMAHP		
25-371	FOI	11/08/25	08/09/25	01/09/2025	No						PACS/EPR		
25-372	FOI	12/08/25	09/09/25	05/09/2025	No						Beds and Staffing		
25-373	FOI	11/08/25	08/09/25	01/09/2025	No						Gender Based Violence Admissions		
25-374	FOI	12/08/25	09/09/25	05/09/2025	No						Exposure to Air Pollution		
25-375	FOI	12/08/25	09/09/25	05/09/2025	No						Waits Exceeding National Target for Cataract and Hip/ Knee		
25-376	FOI	12/08/25	09/09/25	01/09/2025	No						Imported Food		
25-377	FOI	12/08/25	09/09/25	09/09/2025	No						Working Hours Lost Due to MH		
25-378	FOI	12/08/25	09/09/25	01/09/2025	No						Guidance for Staff on Disclosures of Sexual Assault		
25-379	FOI	12/08/25	10/09/25	10/09/2025	No						Agency Spend		
25-380	FOI	13/08/25	10/09/25	01/09/2025	No						Generic GP Practice Email Addresses		
25-381	FOI	13/08/25	10/09/25	02/09/2025	No						Asbestos/RAAC		
25-382	FOI	13/08/25	10/09/25	04/09/2025	No						Audiology Waits		
25-383	FOI	13/08/25	10/09/25	05/09/2025	No						Cardiology Waits		
25-384	FOI	13/08/25	11/09/25	10/09/2025	No						Vascular Surgery		
25-385	FOI	13/08/25	10/09/25	05/09/2025	No						Enhanced Maternity Services		
25-386	FOI	13/08/25	10/09/25	05/09/2025	No						NDAS Waits		
25-387	FOI	13/08/25	11/09/25	10/09/2025	No						Healthcare Provided, Budget, Deficit etc		
25-388	FOI	14/08/25	11/09/25	05/09/2025	No						Treatment of Inflammatory Diseases		
25-389	FOI	14/08/25	11/09/25	04/09/2025	No						Treatment of Haematology		
25-390	FOI	14/08/25	11/09/25	03/09/2025	No						Primary Care Rebates		
25-391	FOI	14/08/25	11/09/25	11/09/2025	No						CEO/COO Posts		
25-392	FOI	15/08/25	12/09/25	09/09/2025	No						Renal Services		
25-393	FOI	15/08/25	12/09/25	05/09/2025	No						Doctor Agency Spend		
25-394	FOI	18/08/25	15/09/25	04/09/2025	No						Myeloma Treatments		
25-395	FOI	19/08/25	16/09/25	10/09/2025	No						Cancer Waits		
25-396	FOI	19/08/25	16/09/25	16/09/2025	No						Insourcing		
25-397	FOI	19/08/25	16/09/25	02/09/2025	No						Mental Health for GBV		
25-398	FOI	19/08/25	16/09/25	10/09/2025	No						Waits for OP and SG/PH Guidance		
25-399	FOI	19/08/25	16/09/25	16/09/2025	No						Spend on External CT/MRI		
25-400	FOI	20/08/25	17/09/25	02/09/2025	No						Antenatal Classes		
25-401	FOI	20/08/25	17/09/25	12/09/2025	No						Never Events		
25-402	FOI	20/08/25	17/09/25	03/09/2025	No						Overseas Costs		
25-403	FOI	20/08/25	17/09/25	04/09/2025	No						EPR and Prescribing Software		
25-404	FOI	20/08/25	17/09/25	12/09/2025	No						DVT Protocols		
25-405	FOI	20/08/25	17/09/25	16/09/2025	No						Urology Waits		
25-406	FOI	20/08/25	17/09/25	11/09/2025	No						Asthma Treatments		
25-407	FOI	21/08/25	18/09/25	11/09/2025	No						Agenda for Change Reduction of Working Week		
25-408	FOI	22/07/25	19/08/25	21/08/2025	Yes	Yes					Contact Centre Contracts		

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25-409	FOI	21/08/25	18/09/25	11/09/2025	No						Master Vendor and Neutral Vendor Services		
25-410	FOI	26/08/25	23/09/25	17/09/2025	No						Weight Loss Drugs		
25-411	FOI	26/08/25	23/09/25	22/09/2025	No						MH Waits		
25-412	FOI	26/08/25	23/09/25	22/09/2025	No						Agency/ Bank Spend		
25-413	FOI	27/08/25	24/09/25	23/09/2025	No						Syncope		
25-414	FOI	27/08/25	24/09/25	17/09/2025	No						Mental Health Contacts		
25-415	FOI	27/08/25	24/09/25	24/09/2025	No						Director of Corporate Governance		
25-416	FOI	27/08/25	24/09/25	17/09/2025	No						Formulary		
25-417	FOI	28/08/25	25/09/25	17/09/2025	No						Formulary for Specialist Infant Milk		
25-418	FOI	28/08/25	25/09/25	23/09/2025	No						Translation Cost		
25-419	FOI	29/08/25	26/09/25	23/09/2025	No						Weighing Scales		
25-420	FOI	02/09/25	30/09/25	03/09/2025	No						IT Systems		
25-421	FOI	02/09/25	30/09/25	22/09/2025	No						Bilateral Oophorectomy Surgeries		
25-422	FOI	02/09/25	30/09/25	17/09/2025	No						Staffing Levels		
25-423	FOI	02/09/25	30/09/25	30/09/2025	No						Glenluce Surgery		
25-424	FOI	03/09/25	01/10/25	22/09/2025	No						Work Pattern of CEO		
25-425	FOI	03/09/25	01/10/25	24/09/2025	No						Staff with Criminal Records		
25-426	FOI	03/09/25	01/10/25	24/09/2025	No						Dermatology Treatments		
25-427	FOI	04/09/25	02/10/25	24/09/2025	No						Settlements		
25-428	FOI	05/09/25	03/10/25	24/09/2025	No						Rheumatology Treatments		
25-429	FOI	05/09/25	03/10/25	29/09/2025	No						OMF Waits		
25-430	FOI	05/09/25	03/10/25	29/09/2025	No						Colonoscopies		
25-431	FOI	05/09/25	03/10/25	29/09/2025	No						AI Systems		
25-432	FOI	05/09/25	03/10/25	29/09/2025	No						Neurology Waits		
25-433	FOI	08/09/25	06/10/25	29/09/2025	No						ADHD Waits		
25-434	FOI	08/09/25	06/10/25	01/10/2025	No						Renal Services		
25-435	FOI	08/09/25	06/10/25	29/09/2025	No						Foetal Anomaly Protocols		
25-436	FOI	08/09/25	06/10/25	30/09/2025	No						Orthopaedic Waits		
25-437	FOI	08/09/25	06/10/25	01/10/2025	No						IV Injections		
25-438	FOI	09/09/25	07/10/25	30/09/2025	No						Bowel Obstruction Guidelines		
25-439	FOI	10/09/25	08/10/25	30/09/2025	No						Myeloma Treatments		
25-440	FOI	10/09/25	08/10/25	02/10/2025	No						Unexpected Child Deaths		
25-441	FOI	11/09/25	09/10/25	03/10/2025	No						Vape Children Admissions		
25-442	FOI	11/09/25	09/10/25	02/10/2025	No						Child Deaf Waits		
25-443	FOI	11/09/25	09/10/25	02/10/2025	No						Audiology Services and Waits		
25-444	FOI	12/09/25	10/10/25	02/10/2025	No						Vendor Management System		
25-445	FOI	12/09/25	10/10/25	06/10/2025	No						NDAS Waits		
25-446	FOI	15/09/25	13/10/25	03/10/2025	No						Cardiology Systems		
25-447	FOI	15/09/25	13/10/25	08/10/2025	No						Cardiology Staff		
25-448	FOI	15/09/25	13/10/25	03/10/2025	No						Gastroenterology Treatments		
25-449	FOI	16/09/25	14/10/25	03/10/2025	No						GCA Treatments		
25-450	FOI	16/09/25	14/10/25	10/10/2025	No						Chronic Pain Interventions	Yes	
25-451	FOI	16/09/25	14/10/25	08/10/2025	No						MH Staff Absences and Longest Shift		
25-452	FOI	17/09/25	15/10/25	03/10/2025	No						Maternity Admissions Transfers		
25-453	FOI	17/09/25	15/10/25	16/10/2025	Yes	Yes					Major or Extreme Adverse Incidents		
25-454	FOI	17/09/25	15/10/25	06/10/2025	No						Dermatology Treatments		
25-455	FOI	17/09/25	15/10/25	09/10/2025	No						CEO Expenses and Patient Expenses		
25-456	FOI	18/09/25	16/10/25	06/10/2025	No						Psychosexual Therapy		
25-457	FOI	18/09/25	16/10/25	06/10/2025	No						Complaints Regarding Asbestos in NHS Buildings		
25-458	FOI	18/09/25	16/10/25	08/10/2025	No						Miscarriage Disposals		
25-459	FOI	19/09/25	17/10/25	08/10/2025	No						Seizure Clinics		

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25-460	FOI	19/09/25	17/10/25	08/10/2025	No						Deaths Waiting on Treatment		
25-461	FOI	19/09/25	17/10/25	17/10/2025	No						Ear Wax Removal		
25-462	FOI	22/09/25	20/10/25	28/10/2025	Yes		Yes				Neurology Staffing		
25-463	FOI	19/09/25	17/10/25	06/10/2025	No						GMS and Prescribing Budgets		
25-464	FOI	22/09/25	20/10/25	29/10/2025	Yes		Yes				Late Payments		
25-465	FOI	22/09/25	20/10/25	20/10/2025	No						CT/Xray Machines		
25-466	FOI	22/09/25	20/10/25	20/10/2025	No						Theatre Nurses Pay		
25-467	FOI	23/09/25	21/10/25	20/10/2025	No						Maternity Leave		
25-468	FOI	23/09/25	21/10/25	20/10/2025	No						Pagers/Fax Machines and Misdiagnosis Compensation		
25-469	FOI	24/09/25	22/10/25	20/10/2025	No						Weight Loss Prescriptions		
25-470	FOI	24/09/25	22/10/25	20/10/2025	No						Miscarriage Surgery		
25-471	FOI	25/09/25	23/10/25	08/10/2025	No						Paracetamol/ Ibuprofen Prescriptions		
25-472	FOI	25/09/25	23/10/25	08/10/2025	No						Amputations due to Medical Negligence		
25-473	FOI	25/09/25	23/10/25	09/10/2025	No						Drugs Past Use by Date		
25-474	FOI	26/09/25	24/10/25	22/10/2025	No						Report on Sexual Assaults in Scottish Hospitals		
25-475	FOI	26/09/25	24/10/25	04/11/2025	Yes		Yes				Mental Health Conditions		
25-476	FOI	29/09/25	28/10/25	28/10/2025	No						Adverse Incidents		
25-477	FOI	29/09/25	28/10/25	28/10/2025	No						Diabetes Staffing		
25-478	FOI	29/09/25	27/10/25	21/10/2025	No						Locum Obstetricians Cost		
25-479	FOI	30/09/25	28/10/25	28/10/2025	No						Pain Service Staff		
25-480	FOI	30/09/25	28/10/25	09/10/2025	No						Paediatric Patient Drug Errors		
25-481	FOI	08/09/25	06/10/25	03/10/2025	No						Director Staff		
25-482	FOI	01/10/25	29/10/25	23/10/2025	No						Medicines Used in Secondary Care		
25-483	FOI	01/10/25	29/10/25	22/10/2025	No						Animal Bites		
25-484	FOI	01/10/25	29/10/25	24/10/2025	No						GP Online Booking		
25-485	FOI	01/10/25	29/10/25	23/10/2025	No						Dental Abscess Inpatient/ Day Case		
25-486	FOI	01/10/25	29/10/25	23/10/2025	No						Postage of Appointment Letters		
25-487	FOI	01/10/25	29/10/25	23/10/2025	No						Fleet Vehicles Sold	Yes	
25-488	FOI	01/10/25	29/10/25	29/10/2025	No						Rehabilitation Contracts		
25-489	FOI	01/10/25	29/10/25	28/10/2025	No						U18 Dental Surgery		
25-490	FOI	02/10/25	30/10/25	24/10/2025	No						Pest Spend		
25-491	FOI	02/10/25	30/10/25	23/10/2025	No						Exec/ Senior Management Roles		
25-492	FOI	02/10/25	30/10/25	23/10/2025	No						Haemophilia Treatments		
25-493	FOI	02/10/25	30/10/25	23/10/2025	No						Gastroenterology Treatments		
25-494	FOI	03/10/25	31/10/25	23/10/2025	No						Information Asset Register		
25-495	FOI	03/10/25	31/10/25	31/10/2025	No						Agency Nurse Spend		
25-496	FOI	08/09/25	06/10/25	03/10/2025	No						Meat in Patient Meals		
25-497	FOI	06/10/25	03/11/25	04/11/2025	Yes	Yes					Intimate Care		
25-498	FOI	03/10/25	31/10/25	29/10/2025	No						Referrals	Yes	
25-499	FOI	06/10/25	03/11/25	29/10/2025	No						laparoscopy Waits		
25-500	FOI	06/10/25	03/11/25	30/10/2025	No						Breast Cancer Treatments		
25-501	FOI	06/10/25	03/11/25	29/10/2025	No						Vaccine Brands		
25-502	FOI	07/10/25	04/11/25	29/10/2025	No						Insourcing		
25-503	FOI	07/10/25	04/11/25	03/11/2025	No						Maternity Litigation and Maternity Staffing		
25-504	FOI	07/10/25	04/11/25	29/10/2025	No						WLI Spend		
25-505	FOI	07/10/25	04/11/25	03/11/2025	No						Bank Pay Rates for Nurses and Healthcare Staff		
25-506	FOI	07/10/25	04/11/25	03/11/2025	No						Histopathology Spend and Cases		
25-507	FOI	07/10/25	04/11/25	04/11/2025	No						Menopause OH		
25-508	FOI	08/10/25	05/11/25	29/10/2025	No						Life Support Courses		
25-509	FOI	08/10/25	05/11/25	29/10/2025	No						Refusing Treatments		
25-510	FOI	08/10/25	05/11/25	03/11/2025	No						Sexual Assaults/Rape		

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25-511	FOI	08/10/25	05/11/25	30/10/2025	No						Innovation Staff		
25-512	FOI	08/10/25	05/11/25	07/11/2025	No						ME/CFS SG Submissions		
25-513	FOI	08/10/25	05/11/25	03/11/2025	No						Lung Cancer Treatments		
25-514	FOI	09/10/25	06/11/25	31/10/2025	No						Money Owed by Foreign Patients		
25-515	FOI	09/10/25	06/11/25	04/11/2025	No						Migraine Treatments		
25-516	FOI	10/10/25	07/11/25	07/11/2025	No						Samples		
25-517	FOI	10/10/25	07/11/25	31/10/2025	No						RAAC in Buildings		
25-518	FOI	14/10/25	11/11/25	05/11/2025	No						Significant Adverse Events		
25-519	FOI	14/10/25	11/11/25	05/11/2025	No						Ambulatory ECG in Primary Care		
25-520	FOI	14/10/25	11/11/25	04/11/2025	No						End of Life Care		
25-521	FOI	14/10/25	11/11/25	05/11/2025	No						Sustainability and Energy Goals		
25-522	FOI	14/10/25	11/11/25	04/11/2025	No						Referrals - Seizures		
25-523	FOI	14/10/25	11/11/25	05/11/2025	No						Number of People Prescribed		
25-524	FOI	14/10/25	11/11/25	05/11/2025	No						Hospitality for Board Meetings		
25-525	FOI	14/10/25	11/11/25	06/11/2025	No						Ethylene Glycol Poisoning		
25-526	FOI	14/10/25	11/11/25	07/11/2025	No						Letters Sent Between 1st October 2024 - 30th September 2025		
25-527	FOI	14/10/25	11/11/25	13/11/2025	Yes	Yes					Outpatient Appts		
25-528	FOI	14/10/25	11/11/25	07/11/2025	No						NICE NG206 Compliant Services		
25-529	FOI	14/10/25	11/11/25	06/11/2025	No						Staff Mess Facilities		
25-530	FOI	14/10/25	11/11/25	21/11/2025	Yes		Yes				Binge Eating Disorder (BED).		
25-531	FOI	15/10/25	12/11/25	06/11/2025	No						AHP/HSS Agency Staffing		
25-532	FOI	15/10/25	12/11/25	07/11/2025	No						Menopause Clinics		
25-533	FOI	15/10/25	12/11/25	06/11/2025	No						Failed Probation		
25-534	FOI	15/10/25	12/11/25	06/11/2025	No						EHR in GP Practices		
25-535	FOI	15/10/25	12/11/25	06/11/2025	No						Psychosocial Support for Adults with Kidney Disease in your Health Board		
25-536	FOI	16/10/25	13/11/25	06/11/2025	No						Executive Management Team		
25-537	FOI	16/10/25	13/11/25	06/11/2025	No						Maintenance Backlog		
25-538	FOI	16/10/25	13/11/25	10/11/2025	No						GP Online Booking		
25-539	FOI	16/10/25	13/11/25	29/10/2025	No						Neonatal Abstinence Syndrome		
25-540	FOI	16/10/25	13/11/25	23/10/2025	No						NHS Trust Fleet		
25-541	FOI	17/10/25	14/11/25	12/11/2025	No						Funded University Masters		
25-542	FOI	17/10/25	14/11/25	07/11/2025	No						Pharmacy Contacts		
25-543	FOI	17/10/25	14/11/25	07/11/2025	No						New Patients in Gastroenterology		
25-544	FOI	20/10/25	17/11/25	12/11/2025	No						Board Member Training		
25-545	FOI	20/10/25	17/11/25	21/11/2025	Yes	Yes					International Hires from "Red" List Countries		
25-546	FOI	21/10/25	18/11/25	17/11/2025	No						Weight Loss Drugs		
25-547	FOI	21/10/25	18/11/25	07/11/2025	No						Bromazolam Deaths		
25-548	FOI	21/10/25	18/11/25	19/11/2025	Yes	Yes					Whistleblowers		
25-549	FOI	21/10/25	18/11/25	12/11/2025	No						Melanoma Treatments		
25-550	FOI	22/10/25	19/11/25	08/12/2025	No						CMHT Waits		
25-551	FOI	22/10/25	19/11/25	13/11/2025	No						Source Staffing and Direct Engagement		
25-552	FOI	22/10/25	19/11/25	10/11/2025	No						GP Surgery Contact Emails	Yes	
25-553	FOI	22/10/25	19/11/25	12/11/2025	No						Pest Control & Spend		
25-554	FOI	23/10/25	20/11/25	13/11/2025	No						On/ Off Framework Agencies		
25-555	FOI	23/10/25	20/11/25	08/12/2025	Yes			Yes			Neuropsychiatry/ Neuropsychology Services and Waits and CAMHS Waits		
25-556	FOI	23/10/25	20/11/25	12/11/2025	No						Blood Treatments		
25-557	FOI	24/10/25	21/11/25	12/11/2025	No						Weight Management	Yes	
25-558	FOI	27/10/25	24/11/25	13/11/2025	No						Scabies/ Eczema Admissions		
25-559	FOI	27/10/25	24/11/25	24/11/2025	No						Perinatal MH Waits		
25-560	FOI	27/10/25	24/11/25	18/11/2025	No						Oncology Treatments		
25-561	FOI	28/10/25	25/11/25	25/11/2025	No						Clinical Insourcing		

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25-562	FOI	28/10/25	25/11/25	24/11/2025	No						CAMHS Exceeding 18 Week Wait		
25-563	FOI	28/10/25	25/11/25	25/11/2025	No						Gynae Waits		
25-564	FOI	28/10/25	25/11/25	18/11/2025	No						Lipid Regulators		
25-565	FOI	28/10/25	25/11/25	21/11/2025	No						Paediatric Agency Spend		
25-566	FOI	28/10/25	25/11/25	13/11/2025	No						Intersex Guidelines		
25-567	FOI	29/10/25	26/11/25	13/11/2025	No						NAS Babies		
25-568	FOI	29/10/25	26/11/25	18/11/2025	No						Delayed Discharge 22 Dec-4 Jan		
25-569	FOI	29/10/25	26/11/25	27/11/2025	Yes	Yes					Longest AE Waits		
25-570	FOI	29/10/25	26/11/25	21/11/2025	No						Pembrolizumab Treatments		
25-571	FOI	29/10/25	26/11/25	18/11/2025	No						Crohns Treatment		
25-572	FOI	30/10/25	27/11/25	24/11/2025	No						Lower Limb Orthopaedic		
25-573	FOI	30/10/25	27/11/25	26/11/2025	No						COVID Patients		
25-574	FOI	30/10/25	27/11/25	18/11/2025	No						PIED Admissions		
25-575	FOI	30/10/25	27/11/25	03/12/2025	Yes	Yes					Consultant Posts		
25-576	FOI	31/10/25	28/11/25	24/11/2025	No						Failed Discharge		
25-577	FOI	31/10/25	28/11/25	25/11/2025	No						Xmas/ NY Staff Absences		
25-578	FOI	31/10/25	28/11/25	27/11/2025	No						Patients Over 12 Hours A/E Waits by Age		
25-579	FOI	31/10/25	28/11/25	26/11/2025	No						GP Risk Register		
25-580	FOI	31/10/25	28/11/25	27/11/2025	No						Patients Dying Awaiting Discharge		
25-581	FOI	31/10/25	28/11/25	24/11/2025	No						Urgent MH Referrals		
25-582	FOI	31/10/25	28/11/25	24/11/2025	No						Outpatient Appts for DG8 and DG9		
25-583	FOI	31/10/25	28/11/25	25/11/2025	No						Radiology Reporting		
25-584	FOI	03/11/25	01/12/25	24/11/2025	No						Bad Weather Operations Cancelled		
25-585	FOI	03/11/25	01/12/25	25/11/2025	No						MRI Xray Machines		
25-586	FOI	03/11/25	01/12/25	27/11/2025	No						Waits for Hysteroscopy		
25-587	FOI	03/11/25	01/12/25	25/11/2025	No						Maternity Complaints		
25-588	FOI	03/11/25	01/12/25	25/11/2025	No						Maternity Staffing Concerns		
25-589	FOI	03/11/25	01/12/25	25/11/2025	No						Maternity Blood Loss		
25-590	FOI	04/11/25	02/12/25	27/11/2025	No						Confirmation on Distribution of PANS/ PANDA		
25-591	FOI	03/11/25	01/12/25	25/11/2025	No						Dermatology Treatments		
25-592	FOI	03/11/25	01/12/25	26/11/2025	No						Reduces Availability of Midwives		
25-593	FOI	03/11/25	01/12/25	03/12/2025	Yes	Yes					Stillbirth Delays in Reporting		
25-594	FOI	31/10/25	28/11/25	25/11/2025	No						Consultant Psychiatrists		
25-595	FOI	03/11/25	01/12/25	25/11/2025	No						Manager Headcount		
25-596	FOI	03/11/25	01/12/25	13/11/2025	No						Maternity VTE		
25-597	FOI	04/11/25	02/12/25	27/11/2025	No						IT Spend on Telecoms Infrastructure		
25-598	FOI	04/11/25	02/12/25	25/11/2025	No						Cancelled Operations		
25-599	FOI	04/11/25	02/12/25	17/12/2025	Yes			Yes			CAMHS/CMHT Waits		
25-600	FOI	04/11/25	02/12/25	04/12/2025	Yes	Yes					Vacancies and Agency Expenditure		
25-601	FOI	04/11/25	02/12/25	03/12/2025	Yes	Yes					Maternal Deaths and Negligence Claims		
25-602	FOI	04/11/25	02/12/25	25/11/2025	No						Ovarian Cancer Treatments		
25-603	FOI	04/11/25	02/12/25	25/11/2025	No						ED Training and Cost		
25-604	FOI	05/11/25	03/12/25	25/11/2025	No						Maternity Agency Costs		
25-605	FOI	05/11/25	03/12/25	25/11/2025	No						Methadone Prescriptions		
25-606	FOI	05/11/25	03/12/25	08/12/2025	Yes	Yes					Print and Storage Costs		
25-607	FOI	05/11/25	03/12/25	26/11/2025	No						NSCLC Treatments		
25-608	FOI	06/11/25	04/12/25	08/12/2025	Yes	Yes					Psoriasis Guidelines		
25-609	FOI	06/11/25	04/12/25	26/11/2025	No						Food/ Weight Loss Prescriptions		
25-610	FOI	06/11/25	04/12/25	27/11/2025	No						NV/ MV Staff Groups		
25-611	FOI	06/11/25	04/12/25	27/11/2025	No						Agency Doctor Spend		
25-612	FOI	08/11/25	06/12/25	25/11/2025	No						MH Agency Nurses		

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25-613	FOI	10/11/25	08/12/25	27/11/2025	No						IG Job Descriptions		
25-614	FOI	10/11/25	08/12/25	08/12/2025	No						Unfilled Midwife/ Obstetrics Shifts		
25-615	FOI	10/11/25	08/12/25	25/11/2025	No						Staff Based in England	Yes	
25-616	FOI	10/11/25	08/12/25	25/11/2025	No						Haemophilia Treatments		
25-617	FOI	10/11/25	08/12/25	08/12/2025	No						Myelofibrosis Treatments		
25-618	FOI	11/11/25	09/12/25	09/12/2025	No						Neurodivergent Policy		
25-619	FOI	11/11/25	09/12/25	16/12/2025	Yes		Yes				Spend on Food		
25-620	FOI	11/11/25	09/12/25	09/12/2025	No						Bladder Surgery		
25-621	FOI	11/11/25	09/12/25	09/12/2025	No						Mesothelioma Diagnosis		
25-622	FOI	11/11/25	09/12/25	09/12/2025	No						Endometrial Cancer Treatments		
25-623	FOI	11/11/25	09/12/25	26/11/2025	No						Endometrial Budgets		
25-624	FOI	12/11/25	10/12/25	09/12/2025	No						Audiology Staffing and Waits		
25-625	FOI	12/11/25	10/12/25	09/12/2025	No						Insourcing Spend		
25-626	FOI	12/11/25	10/12/25	09/12/2025	No						WAN Services		
25-627	FOI	13/11/25	11/12/25	09/12/2025	No						Treatment of Breast Cancer		
25-628	FOI	13/11/25	11/12/25	10/12/2025	No						BT Covid Guidelines		
25-629	FOI	13/11/25	11/12/25	26/11/2025	No						Cardiac Catheterisation Procedures		
25-630	FOI	13/11/25	11/12/25	10/12/2025	No						Staff Suspensions		
25-631	FOI	14/11/25	12/12/25	12/12/2025	No						Average Employee Service		
25-632	FOI	14/11/25	12/12/25	10/12/2025	No						Staff Networks		
25-633	FOI	14/11/25	12/12/25	10/12/2025	No						Audiology Waits		
25-634	FOI	17/11/25	15/12/25	10/12/2025	No						COPD Admissions		
25-635	FOI	17/11/25	15/12/25	10/12/2025	No						Payroll for Bank		
25-636	FOI	17/11/25	15/12/25	10/12/2025	No						Cancer Treatments		
25-637	FOI	18/11/25	16/12/25	10/12/2025	No						A/E Unique Patients		
25-638	FOI	18/11/25	16/12/25	10/12/2025	No						Lipoprotein Testing		
25-639	FOI	18/11/25	16/12/25	10/12/2025	No						Adults with Foreign Objects		
25-640	FOI	18/11/25	16/12/25	10/12/2025	No						Treatment of Haematology		
25-641	FOI	19/11/25	17/12/25	12/12/2025	No						Audiology Waits		
25-642	FOI	19/11/25	17/12/25	10/12/2025	No						Data Breaches		
25-643	FOI	19/11/25	17/12/25	15/12/2025	No						ED Staffing and Training		
25-644	FOI	18/11/25	16/12/25	16/12/2025	No						ADHD EQIA	Yes	
25-645	FOI	19/11/25	17/12/25	10/12/2025	No						Pathology Spend and Staffing		
25-646	FOI	19/11/25	17/12/25	10/12/2025	No						Spinal Muscular Atrophy		
25-647	FOI	20/11/25	18/12/25	10/12/2025	No						Insourcing		
25-648	FOI	20/11/25	18/12/25	12/12/2025	No						Translation Cost		
25-649	FOI	21/11/25	19/12/25	15/12/2025	No						Fleet Vehicles Sold		
25-650	FOI	21/11/25	19/12/25	10/12/2025	No						Breast Reconstruction Waits		
25-651	FOI	21/11/25	19/12/25	15/12/2025	No						Mental Health Student Placements		
25-652	FOI	24/11/25	22/12/25	07/01/2026	Yes		Yes				Overpaid Staff		
25-653	FOI	24/11/25	22/12/25	07/01/2026	Yes		Yes				Overpayments		
25-654	FOI	24/11/25	22/12/25	12/12/2025	No						Spinal Operating Table		
25-655	FOI	25/11/25	23/12/25	12/12/2025	No						Oncology MF		
25-656	FOI	25/11/25	23/12/25	16/12/2025	No						Finance		
25-657	FOI	26/11/25	24/12/25	12/12/2025	No						Care at Home Packages		
25-658	FOI	26/11/25	24/12/25	05/01/2026	Yes	Yes					Telephony Contracts		
25-659	FOI	26/11/25	24/12/25	11/12/2025	No						HAE & IG Questionnaire Treatments		
25-660	FOI	26/11/25	24/12/25	11/12/2025	No						Haem Questionnaire		
25-661	FOI	26/11/25	24/12/25	15/12/2025	No						Winter Plan	Yes	
25-662	FOI	26/11/25	24/12/25	19/12/2025	No						Radiology Outsourcing		
25-663	FOI	26/11/25	24/12/25	05/01/2026	Yes	Yes					Cloud Provider		

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25-664	FOI	27/11/25	25/12/25	17/12/2025	No						Medical Appraisal Software		
25-665	FOI	27/11/25	30/12/25	30/12/2025	No						Orthopaedic Pressure Damage		
25-666	FOI	28/11/25	31/12/25	19/12/2025	No						Data on Durvalumab and Trastuzumab		
25-667	FOI	28/11/25	30/12/25	07/01/2026	Yes	Yes					Post Registration Qualifications for Community Nursing		
25-668	FOI	01/12/25	29/12/25	17/12/2025	No						BLS and ALS Training		
25-669	FOI	02/12/25	30/12/25	17/12/2025	No						Atopic Dermatitis		
25-670	FOI	02/12/25	30/12/25	17/12/2025	No						Female Genital Mutilation		
25-671	FOI	03/12/25	31/12/25	19/12/2025	No						Code Nines Declared		
25-672	FOI	19/12/25	16/01/26	13/01/2026	No						Code Blacks Declared		
25-673	FOI	03/12/25	06/01/26	05/01/2026	No						Taxi Journeys		
25-674	FOI	03/12/25	31/12/25	11/12/2025	No						Airflow Mattresses		
25-675	FOI	04/12/25	07/01/26	19/12/2025	No						Asthma Treatments		
25-676	FOI	17/12/25	14/01/26	14/01/2026	No						A&E Capacity		
25-677	FOI	04/12/25	07/01/26	17/12/2025	No						Staff use of Pronouns		
25-678	FOI	04/12/25	07/01/26	05/01/2026	No						Workforce		
25-679	FOI	04/12/25	07/01/26	13/01/2026	Yes	Yes					Annual Health Checks for Learning Disabilities		
25-680	FOI	05/12/25	08/01/26	05/01/2026	No						Endometriosis		
25-681	FOI	05/12/25	08/01/26	19/12/2025	No						Complex Home Care		
25-682	FOI	08/12/25	11/01/26	05/01/2026	No						Executive Management Team		
25-683	FOI	08/12/25	11/01/26	19/12/2025	No						Wigtownshire Obstetrics		
25-684	FOI	08/12/25	11/01/26	19/12/2025	No						Rare Diseases Treatments		
25-685	FOI	09/12/25	12/01/26	19/12/2025	No						Weight Management		
25-686	FOI	09/12/25	12/01/26	19/12/2025	No						Medics Direct Engagement Software		
25-687	FOI	09/12/25	12/01/26	30/12/2025	No						Liver Disease Guidelines		
25-688	FOI	09/12/25	12/01/26	19/12/2025	No						HIV/ PreP Treatments		
25-689	FOI	09/12/25	12/01/26	30/12/2025	No						Trauma Fellowships		
25-690	FOI	09/12/25	12/01/26	12/01/2026	No						Types of Play Provision Questionnaire 0-18		
25-691	FOI	10/12/25	13/01/26	07/01/2026	No						Parental Leave		
25-692	FOI	10/12/25	13/01/26	05/01/2026	No						ED Admissions		
25-693	FOI	10/12/25	13/01/26	05/01/2026	No						ADHD Outsourced		
25-694	FOI	10/12/25	13/01/26	05/01/2026	No						Electric Cars		
25-695	FOI	08/12/25	11/01/26	05/01/2026	No						Hospital Internet Consultation		
25-696	FOI	11/12/25	14/01/26	06/01/2026	No						Hip Waits		
25-697	FOI	11/12/25	14/01/26	12/01/2026	No						Advanced Practitioners	Yes	
25-698	FOI	12/12/25	15/01/26	06/01/2026	No						EDI		
25-699	FOI	11/12/25	14/01/26	12/01/2026	No						Laparoscopy Waits		
25-700	FOI	11/12/25	14/01/26	14/01/2026	No						Hysterectomy Waits		
25-701	FOI	12/12/25	15/01/26	07/01/2026	No						Medics Multi Source Feedback Software		
25-702	FOI	12/12/25	15/01/26	13/01/2026	No						Internal Bank Nurse Software		
25-703	FOI	12/12/25	15/01/26	14/01/2026	No						Sexual Assaults/Rape		
25-704	FOI	12/12/25	15/01/26	07/01/2026	No						Asthma Treatments		
25-705	FOI	15/12/25	19/01/26	13/01/2026	No						Admin/Clerical Agency		
25-706	FOI	15/12/25	19/01/26	14/01/2026	No						Medic Collaboration Software		
25-707	FOI	15/12/25	19/01/26	14/01/2026	No						Medics eRostering Software		
25-708	FOI	15/12/25	18/01/26	12/01/2026	No						AHP Direct Engagement Software		
25-709	FOI	15/12/25	18/01/26	12/01/2026	No						Sick Leave During Paternity Leave		
25-710	FOI	16/12/25	19/01/26	12/01/2026	No						Dialysis Away from Base		
25-711	FOI	16/12/25	19/01/26	12/01/2026	No						Health Board Policies re Armed Forces Covenant		
25-712	FOI	17/12/25	20/01/26	13/01/2026	No						Swab Suppliers		
25-713	FOI	17/12/25	20/01/26	13/01/2026	No						CAMHS Waits		
25-714	FOI	17/12/25	16/01/26	21/01/2026	Yes	Yes					Choke Hazard		

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25-715	FOI	17/12/25	20/01/26	15/01/2026	No						Myeloma Treatments		
25-716	FOI	17/12/25	20/01/26	15/01/2026	No						Hypothermia Admissions		
25-717	FOI	22/12/25	25/01/26	15/01/2026	No						Vehicle MOT	Yes	
25-718	EIR	22/12/25	23/01/26	23/01/2026	No						Use of Formadahyde		
25-719	FOI	23/12/25	26/01/26	20/01/2026	No						Delayed Discharge and Reason		
25-720	FOI	24/12/25	27/01/26	15/01/2026	No						Referrals Outwith		
25-721	FOI	29/12/25	26/01/26	21/01/2026	No						WTR for Midwives		
25-722	FOI	30/12/25	27/01/26	15/01/2026	No						Access to Xray Systems		
25-723	FOI	30/12/25	27/01/26	21/01/2026	No						Transgender Hair Removal		
25-724	FOI	31/12/25	28/01/26	22/01/2026	No						Remifentanil in Labour		
25-725	FOI	31/12/25	28/01/26	02/02/2026	Yes	Yes					Disciplinary Investigations		
25-726	FOI	05/01/26	02/02/26	20/01/2026	No						Dermatology Treatments		
25-727	FOI	05/01/26	02/02/26	20/01/2026	No						Primary Care Rebates		
25-728	FOI	05/01/26	02/02/26	28/01/2026	No						Cardiac CT Waits		
25-729	FOI	05/01/26	02/02/26	23/01/2026	No						Cable Ties Procurement		
25-730	EIR	05/01/26	02/02/26	29/01/2026	No						COSHH Formaldahyde		
25-731	FOI	05/01/26	02/02/26	21/01/2026	No						Payments to Stonwall for 10 years		
25-732	FOI	05/01/26	02/02/26	28/01/2026	No						DVT Scans Waits		
25-733	FOI	05/01/26	02/02/26	28/01/2026	No						On/ Off Framework Agencies		
25-734	FOI	06/01/26	03/02/26	29/01/2026	No						Framework Spend		
25-735	FOI	06/01/26	03/02/26	23/01/2026	No						Waiting List Removals due to Private Treatment		
25-736	FOI	06/01/26	03/02/26	03/02/2026	No						Blood Cancer Research		
25-737	FOI	06/01/26	03/02/26	23/01/2026	No						Multiple Sclerosis Treatments		
25-738	FOI	06/01/26	03/02/26	23/01/2026	No						Rheumatology Treatments		
25-739	FOI	07/01/26	04/02/26	29/01/2026	No						Agency Locums		
25-740	FOI	07/01/26	04/02/26	23/01/2026	No						Cancelled Operations		
25-741	FOI	08/01/26	05/02/26	29/01/2026	No						Functional Neurological Disorder		
25-742	FOI	08/01/26	05/02/26	23/01/2026	No						Lung Cancer Screening Programme		
25-743	FOI	08/01/26	05/02/26	06/02/2026	Yes	Yes					Medical Imaging Equipment		
25-744	FOI	08/01/26	05/02/26	30/01/2026	No						Agency Spend on Non Medical Staff		
25-745	FOI	09/01/26	06/02/26	05/02/2026	No						Intra-Vitreal Injections or Implants		
25-746	FOI	09/01/26	06/02/26	10/02/2026	Yes	Yes					Outpatient Booking Team Call Handling Activity		
25-747	FOI	09/01/26	06/02/26	18/02/2026	Yes		Yes				SAS, Specialist and Specialty Contracts		
25-748	FOI	09/01/26	06/02/26	03/02/2026	No						Misconduct Data		
25-749	FOI	12/01/26	09/02/26	30/01/2026	No						AHP/ HSS Agency		
25-750	FOI	12/01/26	09/02/26	10/02/2026	Yes	Yes					Endoscopy Software		
25-751	FOI	12/01/26	09/02/26	04/02/2026	No						MS Treatments and Patients		
25-752	FOI	13/01/26	10/02/26	05/02/2026	No						CAMHS Waits and Staffing		
25-753	FOI	13/01/26	10/02/26	03/02/2026	No						Antiretroviral Therapy		
25-754	FOI	13/01/26	10/02/26	03/02/2026	No						AI Systems		
25-755	FOI	13/01/26	10/02/26	05/02/2026	No						Clinical Negligence Maternity		
25-756	FOI	13/01/26	10/02/26	03/02/2026	No						DLBCL Treatments		
25-757	FOI	14/01/26	11/02/26	03/02/2026	No						Haemophilia Treatments		
25-758	FOI	14/01/26	11/02/26	10/02/2026	No						Digital Dictation		
25-759	FOI	14/01/26	11/02/26	05/02/2026	No						NM Students Return to Practice		
25-760	FOI	14/01/26	11/02/26	06/02/2026	No						Rheumatology Treatments		
25-761	FOI	14/01/26	11/02/26	03/02/2026	No						AML Treatments		
25-762	FOI	14/01/26	11/02/26	03/02/2026	No						Deregistering of Dental Patients		
25-763	FOI	14/01/26	11/02/26	03/02/2026	No						Dentistry Annual Reports		
25-764	FOI	14/01/26	11/02/26	03/02/2026	No						Registered NHS Dental Patients		
25-765	FOI	14/01/26	11/02/26	11/02/2026	No						Actions for Women		

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25-766	FOI	14/01/26	11/02/26	11/02/2026	No						Women and LGBT		
25-767	FOI	14/01/26	11/02/26	05/02/2026	No						Births and Homebirths		
25-768	FOI	15/01/26	12/02/26	11/02/2026	No						International Hires from "Red" List Countries		
25-769	FOI	15/01/26	12/02/26	05/02/2026	No						Work Related Asthma		
25-770	FOI	15/01/26	12/02/26	06/02/2026	No						Assaults by Sharp Objects		
25-771	FOI	15/01/26	12/02/26	12/02/2026	No						NDAS Waits		
25-772	FOI	16/01/26	13/02/26	12/02/2026	No						Reset Waits		
25-773	FOI	16/01/26	13/02/26	05/02/2026	No						Psychiatry Medical Students		
25-774	FOI	16/01/26	13/02/26	19/02/2026	Yes	Yes					Nurse Sickness	Yes	
25-775	FOI	19/01/26	16/02/26	11/02/2026	No						Deaths		
25-776	FOI	19/01/26	16/02/26	16/02/2026	No						Complaints re Consultants		
25-777	FOI	19/01/26	16/02/26	05/02/2026	No						Dermatology Treatments		
25-778	FOI	20/01/26	17/02/26	05/02/2026	No						UV Light Disinfection		
25-779	FOI	20/01/26	17/02/26	05/02/2026	No						Packages of Care for Children with Complex Need		
25-780	FOI	21/01/26	18/02/26	16/02/2026	No						ADHD Referrals		
25-781	FOI	21/01/26	18/02/26	16/02/2026	No						Sleep Apnoea		
25-782	FOI	21/01/26	18/02/26	11/02/2026	No						Off Contract Locums		
25-783	FOI	21/01/26	18/02/26	18/02/2026	No						SG Comms re Walk in GP Practices		
25-784	FOI	21/01/26	18/02/26	05/02/2026	No						Autism Diagnosis		
25-785	FOI	21/01/26	18/02/26	12/02/2026	No						Critical Incidents Since Nov 2023		
25-786	FOI	21/01/26	18/02/26	16/02/2026	No						Deputy Nurse Director		
25-787	FOI	21/01/26	18/02/26	16/02/2026	No						Digital Systems in Respiratory, Neurophysiology, Obs and Gynae		
25-788	FOI	21/01/26	18/02/26	12/02/2026	No						Fitness to Practice	Yes	
25-789	FOI	22/01/26	19/02/26	16/02/2026	No						Diagnostic Test for COVID/ Flu/ RSV		
25-790	FOI	26/01/26	23/02/26	05/03/2026	Yes		Yes				Cost of Food		
25-791	FOI	22/01/26	19/02/26	18/02/2026	No						Longest Shift		
25-792	FOI	26/01/26	23/02/26	13/02/2026	No						Local Treatment Alopecia		
25-793	FOI	26/01/26	23/02/26	27/02/2026	Yes	Yes					A/E Mental Health		
25-794	FOI	26/01/26	23/02/26	17/02/2026	No						Spiking		
25-795	FOI	26/01/26	23/02/26	12/02/2026	No						Shared Care Agreements ADHD		
25-796	FOI	27/01/26	24/02/26	13/02/2026	No						CLL Treatments		
25-797	FOI	27/01/26	24/02/26	24/02/2026	No						Spinal Injuries		
25-798	FOI	18/02/26	18/03/26	02/03/2026	No						Corridor Care		
25-799	FOI	27/01/26	24/02/26	20/02/2026	No						Inguinal Hernia Repair		
25-800	FOI	27/01/26	24/02/26	24/02/2026	No						Cataract Procedures and Equipment		
25-801	FOI	27/01/26	24/02/26	20/02/2026	No						Automated Compounding		
25-802	FOI	27/01/26	24/02/26	04/03/2026	Yes		Yes				Hot Drink Service		
25-803	FOI	28/01/26	25/02/26	27/02/2026	Yes	Yes					Legal Advice re Judgment Relating to Biological Sex	Yes	
25-804	FOI	28/01/26	25/02/26	20/02/2026	No						Mammography Systems		
25-805	FOI	28/01/26	25/02/26	25/02/2026	No						Waits for Consultants and Surgery		
25-806	FOI	29/01/26	26/02/26	26/02/2026	No						Referrals for NDAS		
25-807	FOI	29/01/26	26/02/26	27/02/2026	Yes	Yes					Specialist Palliative Care Units (SPCUs)		
25-808	FOI	29/01/26	26/02/26	20/02/2026	No						Dravet Syndrome Diagnosis		
25-809	FOI	29/01/26	26/02/26	25/02/2026	No						Colonoscopy following Cervical Screening		
25-810	FOI	29/01/26	26/02/26	25/02/2026	No						OT Waits		
25-811	FOI	29/01/26	26/02/26	20/02/2026	No						Pharmacy Closures		
25-812	FOI	30/01/26	27/02/26	03/02/2026	No						Forensic Medical Examiner (FME) Cover		
25-813	FOI	30/01/26	27/02/26	25/02/2026	No						Neurology Waits and Complaints		
25-814	FOI	30/01/26	27/02/26	20/02/2026	No						Waldenstrom Treatments		
25-815	FOI	30/01/26	27/02/26	26/02/2026	No						Tooth Extraction Child Admissions		
25-816	FOI	30/01/26	27/02/26	10/03/2026	Yes		Yes				Emergency Detention Certificates		

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25-817	FOI	02/02/26	02/03/26	26/02/2026	No						Knee Replacements Waits		
25-818	FOI	02/02/26	02/03/26	20/02/2026	No						Written Pregnancy Guidelines		
25-819	FOI	02/02/26	02/03/26	10/03/2026	Yes		Yes				SAER Maternity		
25-820	FOI	02/02/26	02/03/26	10/03/2026	Yes		Yes				Maternity Guidelines		
25-821	FOI	02/02/26	02/03/26	03/03/2026	Yes	Yes					Maternity Complaints		
25-822	FOI	02/02/26	02/03/26	06/03/2026	Yes	Yes					Perinatal MH Waits		
25-823	FOI	02/02/26	02/03/26	03/03/2026	Yes	Yes					Baby Deaths		
25-824	FOI	02/02/26	02/03/26	25/02/2026	No						Biologic Treatment		
25-825	FOI	03/02/26	03/03/26	03/03/2026	No						Hyper Acute Stroke Nurses		
25-826	FOI	03/02/26	03/03/26	26/02/2026	No						Obesity Waits		
25-827	FOI	03/02/26	03/03/26	27/02/2026	No						Ketamine A/E		
25-828	FOI	03/02/26	03/03/26	26/02/2026	No						Locum Doctor Spend		
25-829	FOI	03/02/26	03/03/26	03/03/2026	No						Dermatology Waits		
25-830	FOI	03/02/26	03/03/26	26/02/2026	No						Food Sourced from Overseas		
25-831	FOI	04/02/26	04/03/26	27/02/2026	No						Bladder Cancer Treatments		
25-832	FOI	04/02/26	04/03/26	27/02/2026	No						Gritting Policy		
25-833	FOI	04/02/26	04/03/26	27/02/2026	No						Safe Staffing Levels		
25-834	FOI	04/02/26	04/03/26	27/02/2026	No						Mixed Wards and Incidents		
25-835	FOI	04/02/26	04/03/26	26/02/2026	No						Breast Cancer Treatments		
25-836	FOI	05/02/26	05/03/26	27/02/2026	No						Senior Management Contacts		
25-837	FOI	05/02/26	05/03/26	04/03/2026	No						A/E Admission Causes		
25-838	FOI	05/02/26	05/03/26	05/03/2026	No						Patients Sent Outwith Region		
25-839	FOI	05/02/26	05/03/26	03/03/2026	No						Asthma Admissions		
25-840	FOI	05/02/26	05/03/26	03/03/2026	No						MRI and CT Contracts		
25-841	FOI	05/02/26	05/03/26	03/03/2026	No						Care Home Placements		
25-842	FOI	06/02/26	06/03/26	04/03/2026	No						Cardiology Imaging Systems		
25-843	FOI	06/02/26	06/03/26	03/03/2026	No						NSCLC Treatments		
25-844	FOI	09/02/26	09/03/26	03/03/2026	No						Oxevision		
25-845	FOI	09/02/26	09/03/26	03/03/2026	No						Private Patients		
25-846	FOI	09/02/26	09/03/26	03/03/2026	No						Delayed Discharge Deaths		
25-847	FOI	09/02/26	09/03/26	03/03/2026	No						Mantle Cell Lymphoma Treatments		
25-848	FOI	10/02/26	10/03/26	04/03/2026	No						Prostate Cancer and Treatments		
25-849	FOI	10/02/26	10/03/26	04/03/2026	No						Insourcing		
25-850	FOI	11/02/26	11/03/26	06/03/2026	No						Histology Staffing and Testing		
25-851	FOI	11/02/26	11/03/26	04/03/2026	No						Right to Choose ADHD Pathway		
25-852	FOI	11/02/26	11/03/26	04/03/2026	No						Migraine Treatments		
25-853	FOI	12/02/26	12/03/26	04/03/2026	No						Endoscopy Equipment		
25-854	FOI	12/02/26	12/03/26	05/03/2026	No						Immunoglobin Vials		
25-855	FOI	12/02/26	12/03/26	04/03/2026	No						NHS Dentistry		
25-856	FOI	12/02/26	12/03/26	04/03/2026	No						Medicines Usage		
25-857	FOI	13/02/26	13/03/26	06/03/2026	No						Pure Cremations		
25-858	FOI	13/02/26	13/03/26	11/03/2026	No						IT Security Software		
25-859	FOI	13/02/26	13/03/26	04/03/2026	No						Public Dental Service Staff		
25-860	FOI	13/02/26	13/03/26	05/03/2026	No						Nurses and Nurse Sickness		
25-861	FOI	16/02/26	16/03/26	24/03/2026	Yes		Yes				Translation and Interpreting Services and Spend		
25-862	FOI	16/02/26	16/03/26	11/03/2026	No						MS Service, Waits and Staffing		
25-863	FOI	16/02/26	16/03/26	12/03/2026	No						Bank and Agency Spend		
25-864	FOI	16/02/26	16/03/26	09/03/2026	No						Surgical Skin Marker		
25-865	FOI	16/02/26	16/03/26	18/03/2026	Yes	Yes					MRI Examinations 2025; Waits and Outsourcing Spend		
25-866	FOI	16/02/26	16/03/26	04/03/2026	No						Definition of a Woman		
25-867	FOI	17/02/26	17/03/26	05/03/2026	No						Cancer Pathway Navigator		

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25-868	FOI	17/02/26	17/03/26	24/03/2026	Yes		Yes				Kenalog Administrations in Ophthalmology		
25-869	FOI	17/02/26	17/03/26	09/03/2026	No						Prosthetic/ Orthotic Service		
25-870	FOI	17/02/26	17/03/26	09/03/2026	No						Cancer Treatments		
25-871	FOI	17/02/26	17/03/26	09/03/2026	No						Gastroenterology Treatments		
25-872	FOI	18/02/26	18/03/26	11/03/2026	No						NDAS Service		
25-873	FOI	18/02/26	18/03/26	10/03/2026	No						Melanoma Treatments		
25-874	FOI	18/02/26	18/03/26	10/03/2026	No						ICD-10 D35.4 Related Statistics and Information		
25-875	FOI	18/02/26	18/03/26	09/03/2026	No						Peripheral Nerve		
25-876	FOI	19/02/26	19/03/26	24/03/2026	Yes	Yes					Ammonia Testing		
25-877	FOI	19/02/26	19/03/26	23/03/2026	Yes	Yes					Non UK Treated and Costs		
25-878	FOI	19/02/26	19/03/26	09/03/2026	No						Inflammatory Diseases Treatments		
25-879	FOI	19/02/26	19/03/26	12/03/2026	No						Cardiac Device Electronic Database		
25-880	FOI	19/02/26	19/03/26	12/03/2026	No						Removals from CAMHS Waits		
25-881	FOI	20/02/26	20/03/26	09/03/2026	No						GP Appointment Access Systems		
25-882	FOI	20/02/26	20/03/26	09/03/2026	No						GP Vacancies		
25-883	FOI	20/02/26	20/03/26	09/03/2026	No						ADHD Appointments		
25-884	FOI	20/02/26	20/03/26	10/03/2026	No						Outsource Payroll and Pensions		
25-885	FOI	23/02/26	23/03/26	23/03/2026	No						Maternity Spend and IVF Cycles		
25-886	FOI	24/02/26	24/03/26	24/03/2026	No						CAMHS Waits over 18 Weeks		
25-887	FOI	24/02/26	24/03/26	25/03/2026	Yes	Yes					CAMHS Waits		
25-888	FOI	24/02/26	24/03/26	27/03/2026	Yes	Yes					Revision Rates for Hip Replacements		
25-889	FOI	24/02/26	24/03/26	23/03/2026	No						Haematology Treatments		
25-890	FOI	24/02/26	24/03/26	12/03/2026	No						Child Protection		
25-891	FOI	24/02/26	24/03/26	24/03/2026	No						Delayed Discharge		
25-892	FOI	24/02/26	24/03/26	24/03/2026	No						NDAS Waits		
25-893	FOI	25/02/26	25/03/26	27/03/2026	Yes	Yes					18-24 Year Olds Mental Health		
25-894	FOI	25/02/26	25/03/26	12/03/2026	No						Flooded Hospitals		
25-895	FOI	25/02/26	25/03/26	12/03/2026	No						Ricad Formulary		
25-896	FOI	25/02/26	25/03/26	25/03/2026	No						Clinical Trials Survey		
25-897	FOI	25/02/26	25/03/26	13/03/2026	No						Acquired Brain Injury in Prisons		
25-898	FOI	26/02/26	26/03/26	24/03/2026	No						Translation and Interpreting Services and Spend		
25-899	FOI	26/02/26	26/03/26	24/03/2026	No						Workforce Software		
25-900	FOI	26/02/26	26/03/26	27/02/2026	No						Liaison Psychiatry Service for FND		
25-901	FOI	26/02/26	26/03/26	12/03/2026	No						Outsourced Finance and Accounting		
25-902	FOI	26/02/26	26/03/26	24/03/2026	No						Staff Under Investigation		
25-903	FOI	27/02/26	27/03/26	12/03/2026	No						Walk in Centre		
25-904	FOI	27/02/26	27/03/26	25/03/2026	No						GP Referrals to Rapid Access Chest Pain Clinic		
25-905	FOI	27/02/26	27/03/26	26/03/2026	No						Trials of Relating to Marthas Rule		
25-906	FOI	27/02/26	27/03/26	12/03/2026	No						Nutrix or Thornbury Nursing Services		
25-907	FOI	27/02/26	27/03/26	12/03/2026	No						GP Clinical Systems Migrated		
25-908	FOI	02/03/26	30/03/26	11/03/2026	No						Domestic Waste Contracts		
25-909	FOI	02/03/26	30/03/26	24/03/2026	No						Nursing and Midwifery Mental Health Absences		
25-910	FOI	02/03/26	30/03/26	12/03/2026	No						Computer Aided Facilities Management Software		
25-911	FOI	02/03/26	30/03/26	13/03/2026	No						Shared Care Agreements ADHD		
25-912	FOI	02/03/26	30/03/26	31/03/2026	Yes	Yes					Maternity Services and Complaints re Sexism		
25-913	FOI	02/03/26	30/03/26	24/03/2026	No						Stage 2 Complaints		
25-914	FOI	03/03/26	31/03/26	31/03/2026	No						Outpatient Waits Dec 23		
25-915	FOI	03/03/26	31/03/26	24/03/2026	No						Highest Agency Nurse Pay		
25-916	FOI	04/03/26	01/04/26	24/03/2026	No						NSCLC Treatments		
25-917	FOI	12/02/26	12/03/26	11/03/2026	No						EPR Systems		
25-918	FOI	04/03/26	01/04/26	12/03/2026	No						IT Destruction		

File Number	EIR/FOI	Date Received	Due date	Date Closed/ withdrawn	Breach 20 days	Breach 1-5 days	Breach 6-10 days	Breach 11-15 days	Breach 16-20 days	Breach 21+ days	Summary of Request	Review Request Received	SIC Application Received
25-919	FOI	04/03/26	01/04/26	24/03/2026	No						Myelofibrosis Treatments		
25-920	FOI	05/03/26	02/04/26	05/03/2026	No						Hired Modular Buildings and Permanent Healthcare Building Procurement		
25-921	FOI	05/03/26	02/04/26	24/03/2026	No						Clinical Insourcing		
25-922	FOI	05/03/26	02/04/26	26/03/2026	No						CAMHS Waits		
25-923	FOI	06/03/26	03/04/26	24/03/2026	No						SACT Treatments		
25-924	FOI	09/03/26	06/04/26	31/03/2026	No						Locum GPs		
25-925	FOI	10/03/26	07/04/26	26/03/2026	No						Locum Dentists		
25-926	FOI	10/03/26	07/04/26	31/03/2026	No						MRI Related Adverse Events		
25-927	FOI	10/03/26	07/04/26	31/03/2026	No						Procurement Outsourcing		
25-928	FOI	10/03/26	07/04/26	26/03/2026	No						Rapid Tranquillisation Policy		
25-929	FOI	10/03/26	07/04/26	31/03/2026	No						Ovarian Cancer Treatments		
25-930	FOI	11/03/26	09/04/26	15/04/2026	Yes	Yes					CAMHS Waits		
25-931	FOI	11/03/26	08/04/26	02/04/2026	No						Head and Neck Cancer Treatments		
25-932	FOI	12/03/26	09/04/26	26/03/2026	No						H2 Applications		
25-933	FOI	12/03/26	09/04/26	03/04/2026	No						Language Line Costs		
25-934	FOI	13/03/26	13/04/26	13/04/2026	No						Digital Leadership NMAHPs		
25-935	FOI	13/03/26	10/04/26	02/04/2026	No						Gastroenterology Treatments		
25-936	FOI	13/03/26	10/04/26	27/03/2026	No						Non Clinical Agency Spend		
25-937	FOI	13/03/26	13/04/26	10/04/2026	No						Bank Shifts and Spend		
25-938	FOI	16/03/26	14/04/26	14/04/2026	No						Pharmaceutical Staff		
25-939	FOI	17/03/26	14/04/26	31/03/2026	No						Lupus		
25-940	FOI	17/03/26	14/04/26	09/04/2026	No						Hospital Wards		
25-941	FOI	17/03/26	14/04/26	31/03/2026	No						Rapid Response Team (RRT) Protocols for Carer Support		
25-942	FOI	17/03/26	14/04/26	17/04/2026	Yes	Yes					Chaperone Policy		
25-943	FOI	18/03/26	15/04/26	31/03/2026	No						Reverse Osmosis Unit		
25-944	FOI	18/03/26	15/04/26	13/04/2026	No						Insourcing and Outsourcing Spend		
25-945	FOI	17/03/26	14/04/26	16/04/2026	Yes	Yes					Transport and Accommodation Policy/ Procedures		
25-946	FOI	19/03/26	16/04/26	13/04/2026	No						Oncology – Myelofibrosis and SCT		
25-947	FOI	20/03/26	17/04/26	09/04/2026	No						Diagnosis of Alzheimer's Disease		
25-948	FOI	20/03/26	17/04/26	31/03/2026	No						Tender Process for Language Services		
25-949	FOI	20/03/26	17/04/26	31/03/2026	No						Neurodivergent Intrapartum Care (Maternity Services)		
25-950	FOI	23/03/26	20/04/26	14/04/2026	No						Budgets		
25-951	FOI	23/03/26	20/04/26	13/04/2026	No						Digital Maturity		
25-952	FOI	23/03/26	20/04/26	28/04/2026	Yes		Yes				Specialist Grade Dentists		
25-953	FOI	23/03/26	20/04/26	16/04/2026	No						Never Events		
25-954	FOI	23/03/26	20/04/26	16/04/2026	No						Outpatients for U18s for Dental Specialties		
25-955	FOI	23/03/26	20/04/26	15/04/2026	No						Tooth Extraction Waits		
25-956	FOI	23/03/26	20/04/26	14/04/2026	No						Racial Abuse Incidents		
25-957	FOI	23/03/26	20/04/26	16/04/2026	No						Community Pharmacy		
25-958	FOI	25/03/26	23/04/26	23/04/2026	No						Abortions Outwith Region		
25-959	FOI	16/03/26	14/04/26	14/04/2026	No						Operating Theatre Utilisation		
25-960	FOI	25/03/26	23/04/26	23/04/2026	No						Autism Assessments		
25-961	EIR	25/03/26	22/04/26	16/04/2026	No						Net Zero/ Climate Action Plan		
25-962	FOI	26/03/26	23/04/26	23/04/2026	No						CAMHS Service		
25-963	FOI	26/03/26	23/04/26	16/04/2026	No						Male Nurses		
25-964	FOI	27/03/26	24/04/26	16/04/2026	No						NFA A/E Attendances for Heat Related Illness		
25-965	FOI	30/03/26	27/04/26	27/04/2026	No						World Cup Bank Holiday		
25-966	FOI	30/03/26	28/04/26	28/04/2026	No						Bank Holiday Activity		
25-967	FOI	30/03/26	27/04/26	16/04/2026	No						Lung Health Checks		
25-968	FOI	30/03/26	27/04/26	17/04/2026	No						A/E Presentations due to a Ring on Finger		
25-969	FOI	31/03/26	28/04/26	17/04/2026	No						Podiatry Staffing		

File Number	EIR/FOI	Date Received	Due date	Date Closed/ withdrawn	Breach 20 days	Breach 1-5 days	Breach 6-10 days	Breach 11-15 days	Breach 16-20 days	Breach 21+ days	Summary of Request	Review Request Received	SIC Application Received
25-970	FOI	31/03/26	29/04/26	29/04/2026	No						Primary Care Respiratory Testing		
25-971	FOI	31/03/26	28/04/26	21/04/2026	No						Rostering Software and Costs		
25-972	FOI	03/03/26	31/03/26	23/04/2026	No						Safe Staffing Levels		

Agenda Item 18

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Corporate Governance Update**
Responsible Executive/Non-Executive:	**David Rowland, Director of Strategic Planning and Transformation**
Report Author:	**Laura Geddes, Corporate Business Manager**

1 Purpose

This is presented to the Board for:

- Awareness
- Assurance
- Decision

This report relates to a:

- Government policy/directive
- Local policy

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

- Effective

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

- Significant

Comment:
This paper has been developed to encompass all of the corporate governance updates due to be presented to NHS Board, which is in line with the good governance framework in the Blueprint and local policies and processes.

From the list below, please select which Strategic Outcome this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:
(For more detail on each of the tactical priorities, please click on this link)

- Other (please explain below)

Comment:
This paper does not directly link to any of the Strategic Outcomes as it covers the corporate governance requirements for the NHS Board, as per the Standing Orders and Blueprint for Good Governance.

2 Report summary

2.1 Situation

This paper has been developed to provide NHS Board Members with an update on various aspects of corporate governance that are presented to NHS Board on a bi-monthly basis.

2.2 Background

As part of the development of the corporate governance framework and to streamline papers that are being presented to the NHS Board, this paper covers all aspects of corporate governance in one report and will be brought to each meeting to provide assurance on progress around corporate governance.

This specific paper will provide an update on the following areas:

- Integration Joint Board – Lived Experience Members
- Review of Committee Terms of Reference
  - Audit and Risk Committee Terms of Reference
  - Public Health Committee Terms of Reference
  - Remuneration Committee Terms of Reference
- Register of Members Interest
- Workshop Timetable
- Governance Committee Minute Matrix

2.3 Assessment

Integration Joint Board – Lived Experience Members

This update is presented to advise the NHS Board of amendments to the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, introduced through the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025. The amendments will extend voting rights on Integration Joint Boards to third sector, service user and unpaid carer representatives with effect from 1 September 2026.

The amendments are intended to strengthen the formal role of lived experience within health and social care governance and decision-making. They also introduce proxy voting arrangements for these representatives. The principal implication for NHS Dumfries and Galloway is the need to ensure that local Integration Joint Board governance arrangements, including the Dumfries and Galloway Integration Scheme where applicable, are reviewed and appropriately aligned with the revised statutory position prior to commencement. This review is being progressed jointly with Dumfries and Galloway Council.

Ask of the NHS Board

- Note the amendments introduced by the Amendment Order 2025 and the commencement date of 1 September 2026.

- Note that third sector, service user and unpaid carer representatives on the Integration Joint Board will become voting members from that date.
- Endorse the continued joint review with Dumfries and Galloway Council to determine whether the Integration Scheme, Standing Orders or any related Integration Joint Board governance documentation require amendment.

Committee Terms of Reference

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.

NHS Board is being presented with proposed changes that have been made to the Audit and Risk Committee, Public Health Committee and Remuneration Committee Terms of Reference, following the annual review cycle. Clean copies of the revised Terms of References are attached at **Appendices 1, 2 and 3**:

Table 1: Revisions to the Audit and Risk Committee Terms of Reference

Page	Heading	Details
1	Membership	The following **amendments** were made: The Audit and Risk Committee may also have the following persons in attendance, as required: ~~• *Chair of the Board*~~ • Chief Executive (Accountable Officer) • Director of Finance • Chief Internal Auditor • Board's Appointed External Auditor (by Audit Scotland) The Committee will be chaired by a Non-Executive Board Member. ~~*Directors and Board Members have an open invitation to attend and it should be noted that the Chair, Chief Executive and Baord's Appointed Auditor are expected to exercise the right when the Management Letter, relating to the Board's annual accounts, is considered.*~~ ***The Committee Chair has the discretion to invite Board Members, Directors and any other staff into the meeting, on an adhoc basis. Any requests from non-committee members to attend the committee must be advised to the Committee Secretariat and approved by the Chair in advance of the meeting.***
7	Agenda and Papers	Agendas will be agreed in advance of the meeting with the Committee Chair and papers prepared~~, *where possible,*~~ using the Board's approved format.

Page	Heading	Details
		Papers will be required to be submitted to the Secretariat 14 days prior to the meeting and then distributed to Committee members ten consecutive days in advance of the meeting, where possible. ***The agenda and minute from the last committee meeting will be shared with non-Committee Board Members in advance of each meeting, for awareness.***

Table 2: Revisions to the Public Health Committee Terms of Reference

Page	Heading	Details
3	Role and Function	The following amendments have been made: The Public Health Committee will provide assurance that NHS Dumfries and Galloway meets its obligations across a range of activities including: • promoting effective partnership working arrangements ensuring a whole systems approach between NHS Dumfries and Galloway, the Health and Social Care Partnership, the Local Authority, the Community Planning Partnership and thematic partnerships, Third Sector and local Communities to improve population health and wellbeing, ~~and~~ reduce health inequalities **and maximise our contribution to the Community Empowerment (Scotland) Act 2015**.
3	Role and Function	The following additions have been made: The Public Health Committee will provide assurance that NHS Dumfries and Galloway meets its obligations across a range of activities including: • **assurance that there is ongoing input from a Public Health perspective to Sub-National planning structures and that NHS D&G maximises opportunities in relation to delivery of Public Health Services that may emerge through Sub-National and or National Planning structures.**
4	Objectives	The following addition has been made: The Public Health Committee will: • **Receive updates on relevant matters related to sub-national and national planning.**

Revisions to the Remuneration Committee Terms of Reference
A full review of the Remuneration Committee Terms of Reference was undertaken and no changes were proposed on this occasion, with the exception of updating the table at the end of the document to confirm the review has taken place in July 2026.

Board Members are asked to recognise that the review has been undertaken in line with the agreed review cycle and to accept the committee Terms of Reference at **Appendix 3** as an accurate record.

Register of Members Interests
Board Members of devolved public bodies are required to give notice of their interests to be recorded in a Register of Members' Interests, which is made available on the Board's external website for public access.

It is the responsibility of each Member to advise the Corporate Business Manager of any changes within one month of the change arising to allow the register to be updated and presented back to NHS Board for approval. However, on an annual basis members will be asked to complete a new declaration form and submit to the Corporate Business Manager to include in the full annual update of the register.

The table presented at **Appendix 4** is a full update of the register that is being presented to NHS Board members for approval and external publication.

Workshop Timetable
Discussions have been held in recent months in relation to the scheduling of workshops, which focusses on the key areas linked to the development of the Board and the tactical priorities.

Since the last update to Board in June 2026, workshops for the following areas have been scheduled:

- Board Assurance Framework Workshop – 13 July 2026
- Board Corporate Risk Review Workshop – 24 August 2026

Table 3 below gives a full list of all the workshops that have been held and planned in 2026/27, as well as any known topics for that need to be scheduled.

Table 3: NHS Board Workshop Schedule 2026/27

Workshop Date	Workshop Title	Lead Director
27 April 2026	Draft Statement of Strategic Intent and Draft Board Assurance Framework	David Rowland / Laura Geddes
11 May 2026	Cyber Maturity Assessment and Benefits of using AI in the NHS	Sudeep Chatterjee
11 May 2026	Development of Financial Sustainability Strategy for Board Members	Keith Dickinson
18 May 2026	Non Executive Development Session	Mark Cook

Workshop Date	Workshop Title	Lead Director
22 June 2026	Development of Financial Sustainability Strategy for Non-Executive Members	Keith Dickinson
13 July 2026	Board Assurance Framework	David Rowland / Laura Geddes
27 July 2026	Development of Financial Sustainability Strategy for Board Members	Keith Dickinson
24 August 2026	Board Corporate Risk Review	Mark Kelly / Karen Harper / Laura Geddes
7 September 2026	Development of Financial Sustainability Strategy for Non-Executive Members	Keith Dickinson
6 October 2026	Development of Financial Sustainability Strategy for Board Members	Keith Dickinson
Future Topics	• Alcohol and Drug Partnership • Research and Innovation • Volunteers • Centre for Sustainable Development	Valerie White Ken Donaldson Mark Kelly Nicole Hamlet / Ian Bryden

Governance Committee Minute Matrix

Five governance committees have been established, reporting directly to the NHS Board and who are delegated specific areas of responsibilities and authorities to ensure that all areas of the NHS Board remit are covered.

To ensure the Board receives assurance that the duties delegated to the committees are being delivered throughout the year, the committee minutes are presented to NHS Board as part of this paper and a Committee Chairs report is presented separately to highlight key areas of activity that have been taken through each of the committee meetings.

Table 4 provides assurance to Board Members of the 2025/26 committee minutes that have been presented to NHS Board in year, following their approval at committee level.

Table 5 will provide assurance to Board Members of the 2026/27 committee minutes being presented to NHS Board, following their approval at committee level, since April 2026.

Table 4: Governance Committee Minute Matrix 2025/26

Committee Name	Committee Meeting Date	Date minute taken to NHS Board
Audit and Risk Committee	28 April 2025	11 August 2025
Audit and Risk Committee	26 May 2025	11 August 2025
Audit and Risk Committee	16 June 2025	11 August 2025
Audit and Risk Committee	23 June 2025	11 August 2025
Audit and Risk Committee	28 July 2025	8 December 2025
Audit and Risk Committee	27 October 2025	9 February 2026
Audit and Risk Committee	26 January 2026	8 June 2026
Healthcare Governance Committee	12 May 2025	11 August 2025
Healthcare Governance Committee	14 July 2025	8 December 2025
Healthcare Governance Committee	4 August 2025 (Annual Reports)	8 December 2025
Healthcare Governance Committee	10 November 2025	9 February 2026 (In Committee)
Healthcare Governance Committee	19 January 2026	8 June 2026
Performance and Resource Committee	2 June 2025	6 October 2025
Performance and Resource Committee	8 September 2025	9 February 2026
Performance and Resource Committee	1 December 2025	13 April 2026
Performance and Resource Committee	9 March 2026	10 August 2026
Public Health Committee	12 May 2025	8 December 2025
Public Health Committee	10 November 2025	9 February 2026
Public Health Committee	19 January 2026	8 June 2026
Staff Governance Committee	2 June 2025	6 October 2025
Staff Governance Committee	8 September 2025	9 February 2026
Staff Governance Committee	1 December 2025	13 April 2026
Staff Governance Committee	9 March 2026	10 August 2026

Table 5: Governance Committee Minute Matrix 2026/27

Committee Name	Committee Meeting Date	Date minute taken to NHS Board
Audit and Risk Committee	27 April 2026	10 August 2026
Audit and Risk Committee	16 June 2026	10 August 2026
Audit and Risk Committee	22 June 2026	10 August 2026
Audit and Risk Committee	27 July 2026	
Audit and Risk Committee	26 October 2026	
Audit and Risk Committee	25 January 2027	
Healthcare Governance Committee	20 April 2026	
Healthcare Governance Committee	3 August 2026	
Healthcare Governance Committee	9 November 2026	
Healthcare Governance Committee	1 February 2027	
Performance and Resource Committee	25 May 2026	
Performance and Resource Committee	14 September 2026	
Performance and Resource Committee	7 December 2026	
Performance and Resource Committee	8 March 2027	
Public Health Committee	20 April 2026	
Public Health Committee	3 August 2026	
Public Health Committee	1 February 2027	
Staff Governance Committee	25 May 2026	
Staff Governance Committee	14 September 2026	
Staff Governance Committee	7 December 2026	
Staff Governance Committee	8 March 2027	

2.3.1 Quality/ Patient Care

The paper supports quality and patient care indirectly by strengthening the Board's governance, assurance and decision-making arrangements. The updates relating to Integration Joint Board governance, committee Terms of Reference, Board workshops and committee minutes are intended to improve clarity of accountability, oversight and escalation. No direct negative impact on quality of care or services has been identified.

2.3.2 Workforce

There are no direct workforce implications arising from this paper. The governance updates support effective Board and committee oversight, which may have an indirect positive impact by improving clarity of roles, decision-making and assurance routes. No additional staffing resource requirements or staff health and wellbeing impacts have been identified.

2.3.3 Financial

There are no direct financial implications arising from this paper. The recommendations do not create new capital or revenue commitments and no efficiency requirements have been identified. Any future financial implications arising from related governance or service developments would be considered through the appropriate committee or Board reporting route.

2.3.4 Risk Assessment/Management

The paper contributes to the management of corporate governance risk by providing Board oversight of statutory and governance developments, committee Terms of Reference, workshop planning and committee reporting arrangements. The principal risk is that governance arrangements do not remain aligned with national requirements, local Standing Orders or agreed assurance routes. This is mitigated through regular review, presentation of updates to Board, Lead Director oversight and continued joint working with relevant partners where required.

2.3.5 Risk Appetite

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

- Cautious

Comment:

A cautious risk appetite is appropriate as the paper relates to compliance with statutory, regulatory and local governance requirements, where the Board should tolerate only limited variation from agreed processes.

2.3.6 Equality and Diversity, including health inequalities

The paper supports transparent and inclusive governance by ensuring that Board and committee arrangements remain clear, accountable and aligned with statutory duties. A separate equality impact assessment has not been completed for this paper because the paper is primarily a governance update and does not propose a change to service delivery, policy or access arrangements.

2.3.7 Climate Emergency and Sustainability

No direct climate emergency or sustainability impacts have been identified. The paper is governance-focused and does not propose changes to estates, travel, procurement, service delivery or resource use. Where future workshop topics or governance decisions have sustainability implications, these will be considered through the relevant Board or committee reporting route.

2.3.8 Consumer Duty

Consumer Duty considerations have been reviewed. The paper does not propose a strategic decision that would directly affect consumers, access to services, affordability, fairness or potential financial harm. A Consumer Duty impact assessment has therefore not been completed. The governance updates may provide an indirect positive impact by supporting transparent decision-making and appropriate Board oversight.

2.3.9 Other impacts

No other direct impacts have been identified. The paper is intended to support effective corporate governance, Board oversight and assurance. Any specific impacts arising from future decisions linked to the matters described in this paper will be assessed and reported through the relevant governance route.

2.3.10 Communication, involvement, engagement and consultation

The paper has been prepared as a corporate governance update for the NHS Board. External consultation has not been required because the paper does not propose service change or a decision requiring public engagement. Relevant involvement has taken place through existing governance routes, including committee review and approval of minutes, annual review of committee Terms of Reference, Lead Director review of the paper and joint working with Dumfries and Galloway Council in relation to Integration Joint Board governance arrangements.

2.3.11 Route to the Meeting

This paper has not been considered by another group or committee in full prior to presentation to the NHS Board. However, the content has been developed through the appropriate governance routes, as set out below.

- Committee minutes have been approved through their respective committees before inclusion within the Board papers.
- The committee Terms of Reference have been reviewed through the relevant annual review arrangements and are presented to the Board for approval where changes are proposed.
- The paper has been reviewed by the Lead Director supporting the paper before presentation to the NHS Board.

2.4 Recommendation

Awareness
NHS Board Members are asked to note:

- the legislative update and endorse the proposed approach to reviewing local governance documentation jointly with Dumfries and Galloway Council, with any required amendments progressed in advance of the Order coming into force from 1 September 2026;
- the overview of Board workshops held and planned for 2026/27, including proposed future workshop topics.

Assurance
NHS Board Members are asked to take assurance:

- that governance committee minutes are being approved through the relevant committees and presented to the NHS Board for awareness in line with good governance arrangements.

Decision
NHS Board Members are asked to approve:

- the revised Audit and Risk Committee Terms of Reference at Appendix 1;
- the revised Public Health Committee Terms of Reference at Appendix 2;
- the Remuneration Committee Terms of Reference at Appendix 3, noting that no substantive amendments are proposed following review.
- the updated Register of Members Interests for publication on the NHS Board's external website.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Audit and Risk Committee Terms of Reference
- Appendix No 2, Public Health Committee Terms of Reference
- Appendix No 3, Remuneration Committee Terms of Reference
- Appendix No 4, Register of Members Interests
- Appendix No 5, Performance and Resources Committee minute – 9 March 2026
- Appendix No 6, Staff Governance Committee minute – 9 March 2026

Appendix 1

Audit and Risk Committee

Terms of Reference

An Audit and Risk Committee has been established to support the Board in their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

1. Membership

The Audit and Risk Committee of the Board will consist of:

- Five Non-Executive Board Members

And may include one additional appointed Lay person. Audit and Risk Committee has the right to appoint an additional Lay person(s) to the Committee for a short-defined period, as required to cover the needs of the Committee. The Lay person is considered an expert voice at Committee, but is not a full member of the Audit and Risk Committee.

The Audit and Risk Committee may also have the following persons in attendance, as required:

- Chief Executive (Accountable Officer)
- Director of Finance
- Chief Internal Auditor
- Board's Appointed External Auditor (by Audit Scotland)

The Committee will be chaired by a Non-Executive Board Member.

The Committee Chair has the discretion to invite Board Members, Directors and any other staff in to the meeting, on an adhoc basis. Any requests from non-committee members to attend the committee must be advised to the Committee Secretariat and approved by the Chair in advance of the meeting.

2. Objectives

The Audit and Risk Committee will seek assurance that NHS Dumfries and Galloway act within statutory financial and other constraints, as set out in the Code of Corporate Governance, as well as ensuring effective internal control. The Committee will provide the Board with the means of an objective review of the:

- Management of the NHS Board activities in accordance with the laws and regulations governing the NHS, as reflected in the Board Assurance Framework.

- Internal control systems which should be designed to:
    - Safeguard assets
    - Avoid waste
    - Avoid inefficiency
    - Produce accurate financial information
    - Seek Best Value

- Receipt of assurances on the management of operational and strategic risks from across the organisation.

The existence of an Audit and Risk Committee will also convey to staff and the public the importance that the Board attach to internal control.

The Chair will present to each Audit and Risk Committee member, at least annually, a self-assessment questionnaire designed to review the effectiveness of the working of the Committee.

3. Rights

The Committee may:

- Co-opt additional members for a period not exceeding a year to provide specialist skills, knowledge and experience; and
- Procure specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board or Accountable Office.

4. Reporting Arrangements and Delegated Authority

The Audit and Risk Committee exists to support the Accountable Officer and Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

The Chief Internal Auditor has a functional reporting line to the Committee and a management/administrative reporting line to the Chief Executive.

The Committee will allow time annually for a meeting to discuss specific matters with the Chief Internal Auditor and External Auditors, without the presence of either the Director of Finance or Chief Executive and should meet in private with the Chief Internal Auditor at least twice a year.

The Chief Internal Auditor and the representatives of the External Audit team will have free and confidential access to the Chair of the Audit and Risk Committee.

The Committee has no executive authority, and is not charged to make or endorse any decisions, other than the approval of the Board's accounting policies, fraud policies, audit plans and budget, Standing Financial Instructions and changes to bank signatories. The Committee is also responsible for the appointment and removal of the Chief Internal Auditor.

The Board authorises the Committee to investigate any activity within its terms of reference, to request any Board Member or employee to attend a Committee meeting, and request a written report or seek any information it requires. The Board directs all employees to co-operate with any Committee request.

The Board authorises the Committee to obtain outside legal or other independent professional advice, and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Board authorise the Committee to co-opt lay persons for a period of up to one year, with the approval of the Board and Accountable Officer, to provide specialist skills, knowledge and experience, which the Committee needs at a particular time. NB: A co-opted lay person is an individual who is not a member of NHS Dumfries and Galloway Board, and is not to be counted as part of the Committee's quorum.

5. Role and Function

Governance

Audit and Risk Committee will:

- Advise the Board and Accountable Officer on the strategic processes for risk, control and governance that support the Governance Statement.
- Approve changes to Standing Financial Instructions.
- Approve minor changes to the Scheme of Delegation which do not change the underlying intention.
- Approve changes to bank account signatories.
- Oversee the Board's internal control systems and financial risk by means of:
- Reviewing the Board's systems of internal control
- Evaluating the environment, in which, the internal controls work
- Evaluating the decision making process of the Board

- Help the Accountable Officer and NHS Board formulate their assurance needs with regard to risk management, governance and internal control.
- Review, discuss and assess the effectiveness of organisational risk management.

Risk Management

Audit and Risk Committee will advise the Board on the adequacy of the assurances available with respect to systems, structure and process around Risk Management. The Information Assurance Committee reports to the Audit and Risk Committee and provides assurance to the Committee on risks related to information governance, security and privacy.

- Audit and Risk Committee will receive reports at every meeting on aspects of the Risk Management Strategy, including training, status of risk registers and implementation of new risk management systems and processes and will review the Annual Risk Management report as part of its annual assurances process.
- The Audit and Risk Committee seek assurance that the Workplan is being implemented and that it positively impacts on the organisational risk maturity.
- Monitor financial risk management to the Audit and Risk Committee.
- Gain assurance that financial risk and changes in risk are being monitored.
- Oversee the development of and periodically review the Board's Risk Management Strategy, and advise the Board of the Committee's views as to its adequacy.
- Form an opinion on the exposure to risk relevant to the Board's Risk Appetite, and the adequacy and effectiveness of the systems of internal control for individual areas/subjects.
- Consider the Corporate Risk Register and risk management arrangements for key organisational projects on a quarterly basis.
- Draw attention to weaknesses in systems of risk management, governance and internal control, making suggestions as to how these weaknesses can be addressed.
- Review, discuss and assess organisational risk and seek assurance that effective risk management systems are in place.

The Committee has no executive authority, and has no role in the executive decision making in relation to the management of risk.

However, the Committee shall seek assurance that:

- There is a comprehensive risk management system in place to identify, assess, manage and monitor risk at all levels of the organisation.
- There is appropriate ownership of and training in relation to risk in the organisation and that there is an effective culture of risk management.

- The Board has clearly defined its risk appetite (ie. the amount of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the Board's decision making and Executive's approach to risk management is consistent with that appetite.

In order to discharge its advisory role to the Board and Accountable Officer, and to inform its assessment on the state of corporate governance, internal control and risk management, the Committee shall:

- At each meeting, receive and review a report summarising any significant changes to the Board's Corporate Risk Register, what plans are in place to manage them and to review the full Corporate Risk Register at least once per year. The Committee may also elect to occasionally receive information on significant risks held on other risk registers held in the organisation.
- Consider whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board.
- Consider the impact of changes to the Corporate Risk Register on the assurance needs of the Board and the Accountable Officer, and communicate any issues when required.
- Reflect on the assurances that have been received to date, and identify whether entries on the Board's risk management system require to be updated.
- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk.

Whilst the Committee shall seek assurance on the overall system of risk management for all risks and risks pertinent to its core functions, the Board's Assurance Committees will provide oversight of the relevant risks for their specific area of responsibility.

The Control Environment

Audit and Risk Committee will:

Audit

- Approve all Audit Plans, including those submitted by External Auditors.
- Take responsibility for overall audit arrangements.

Internal Audit

- Keep under review the role, function and performance of the Board's Internal Audit service, by means of:
- Regular review of the Internal Audit Strategy and Plan.
- Receiving an annual statement from the Chief Internal Auditor on their independence.

- Involvement in the Chief Internal Auditor's annual performance review.
- Receiving copies of all Internal Audit Reports.
- Receiving Limited Assurance Internal Audit reports and updates on management actions from officers as required.
- Receiving and reviewing any Internal Audit Reports in line with NHS Board Committee scrutiny arrangements.
- Reviewing action taken by the Chief Executive and others on audit recommendations.
- Reviewing the annual report of the Chief Internal Auditor.
- Agreeing and annually reviewing the Internal Audit Charter to ensure compliance with relevant Standards
- Review the Internal Audit Plan's responsiveness to emerging risks throughout the year.
- oversee the five-yearly External Quality Assessment (EQA) and monitor progress on any improvement actions arising from it

External Audit

- Keep under review the External Audit arrangements, by means of:
- Reviewing the external audit strategy and plan.
- Holding discussions at appropriate intervals with external auditors.
- Reviewing the external audit management letters on annual accounts.

Fraud

- Approve the Counter Fraud policies and arrangements for special investigations.
- Note that the Board will appoint a Counter Fraud Champion to support Audit and Risk Committee. The Counter Fraud Champion will have a direct influence on the agenda when fraud is discussed. This role is undertaken by a member of Audit and Risk Committee.

Information Assurance

- Receive quarterly summary reports and an Annual Report from Information Assurance Committee which formally reports to Audit and Risk Committee.

Integrity of Financial Statements and the Annual Accounts

- Keep under review and monitor adherence to the Board's Standing Financial Instructions and Standing Orders, by means of:
- Reviewing all proposed changes to Standing Financial Instructions and Standing Orders.
- Approving minor changes to the Scheme of Delegation which do not change the underlying intention.
- Examining the circumstances associated with each occasion when Standing Orders are waived or Standing Financial Instructions set aside.

- Reviewing accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors.

Best Value

- Provide appropriate assurance with regards to the delivery of Best Value in compliance with the Board's annually approved Best Value Framework.

6. Confidentiality

There may be times when members will be required to treat discussions, documents or other information relating to the work of Dumfries and Galloway Health Board in a confidential manner. Members will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. Members must always respect the confidential nature of such information and comply with the requirement to keep such information private.

It is unacceptable for members to disclose any information to which they have privileged access, for example derived from a confidential document or from a private meeting, either orally or in writing. In the case of other documents and information, members are requested to exercise judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring Dumfries and Galloway Health Board into disrepute.

7. Agendas and Papers

Agendas will be agreed in advance of the meeting with the Committee Chair and papers prepared using the Board's approved format.

Papers will be required to be submitted to the Secretariat 14 days prior to the meeting and then distributed to Committee members ten consecutive days in advance of the meeting, where possible.

The agenda and minute from the last committee meeting will be shared with non-Committee Board Members in advance of each meeting, for awareness.

8. Quorum

The Committee will be quorate when there are present, and entitled to vote, a quorum of at least one third of the whole membership, including at least two Non-Executive members.

In determining whether or not a quorum is present, the Chair must consider the effect of any declared interests.

When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning.

The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Should the Chair of the Committee be absent, then the Vice-Chair of the Committee will chair the meeting.

There may be occasions when, due to the unavailability of the Non-Executive Committee members, the Committee Chair will ask for other Non-Executive Board Members to act as members of the Committee so that quorum is achieved. At the start of the meeting, the Committee Chair will confirm that they are content that the meeting meets quoracy requirements. The Chair of the Board cannot act as a quorate member of the Committee.

9. Frequency of Meetings

The Committee will meet on at least a quarterly basis throughout any given financial year for a maximum of 3 hours per meeting.

The Chair of the Audit and Risk Committee may convene additional meetings, as deemed necessary.

The Board or Accountable Officer may ask the Audit and Risk Committee to convene further meetings to discuss particular issues on which they wish the Committee's advice.

10. Review

The Terms of Reference will be reviewed on an annual basis.

Author	Designation	Published	Review
Lesley Bass	EA to Director of Finance	April 2024	April 2025
Tracey Grierson	EA to Director of Finance	April 2025	April 2026
Laura Geddes	Corporate Business Manager	February 2026	April 2026
Tracey Grierson	EA to Director of Finance	July 2026	April 2027

Appendix 2

Public Health Committee
Terms of Reference

1 Membership

The Public Health Committee of the NHS Board will consist of

- all Non-Executive Board Members
- the Chair of the Board
- Employee Director/ Non-Executive Board Member
- Chair of ACF/ Non-Executive Board Member
- Local Authority Representative / Non-Executive Board Member

The Committee will form part of the Board's Committee Assurance day arrangements. All Directors listed below are asked to attend as advisers:

- Chief Executive of the NHS Dumfries and Galloway
- Director of Public Health
- Chief Operating Officer of the NHS Dumfries and Galloway
- Nurse Director
- Medical Director
- Director of Strategic Planning and Transformation
- Workforce Director
- Director of Finance
- Chief Officer of the Integration Joint Board

The Chair and Vice-Chair of the Committee will be nominated by the NHS Board Chair. The Vice-Chair will undertake the role of Chair for this Committee, in the absence of the Chair of the Committee. If neither the Chair or Vice Chair of the Committee are present at the start of the meeting, the Non-Executive Committee members present will nominate a Non-Executive Board Member to Chair that meeting.

In addition the following members will be invited from outwith the NHS Board:

- Member of the Integration Joint Board (Local Authority Cohort)
- Representative of Education, Skills and Community Wellbeing Directorate, Dumfries and Galloway Council
- Community Planning Manager
- Representative of Third Sector Dumfries and Galloway

The Chief Executive of the Council has an open invitation to attend this Committee.

The Committee may also invite other officers to attend meetings to support the consideration and discussion of particular items of business.

2 Reporting Arrangements

The Public Health Committee meetings will be closed meetings, in accordance with the Board's Standing Orders, but minutes of meetings will be reported directly to a public meeting of the Board once approved by the Committee.

The Chair of the Committee will provide a written report to the NHS Board meeting. Items for escalation will be included therein.

It has been agreed that all Internal Audit Reports will be reported to the relevant governance committee once the final report has been submitted to Audit and Risk (A&R) Committee. This is to allow outstanding actions and progress to be scrutinised at Committee level.

Any views and advice for other organisations/ partnerships will also be shared for their consideration.

3 Role and Function

The health and wellbeing challenges facing Dumfries and Galloway's population are complex and have been exacerbated by the direct and indirect effects of COVID-19 and the rising cost of living. Poor health has significant impacts on the quality of life of individuals and translates into additional demand on our health and social care system, a demand which is forecast to increase over the next decade.

Increasing healthy life expectancy and reducing health inequalities are two of the biggest challenges we face. The Public Health Reform programme jointly led by Scottish Government and COSLA has recognised the need for collective leadership and a system wide approach to tackle these challenges. There are now strong expectations that robust assurance mechanisms are in place to ensure delivery of actions to improve public health. There is also increased expectation that NHS Boards shift towards becoming Population Health Organisations which requires a shift from treatment focused services to a collaborative, prevention orientated approach that reduces health inequalities and delivers values based care.

It must be recognised that much activity, which supports Public Health is undertaken by or in partnership with other public sector, Third Sector organisations and with local communities and such activities should also report into the relevant governance structure with joint working reporting to the appropriate Community Planning Partnerships.

The Public Health Committee will provide assurance that NHS Dumfries and Galloway meets its obligations across a range of activities including:

- providing assurance to the NHS Board that public health governance is being discharged in relation to the Board's statutory duty for the protection and improvement of the health of the population

- ensuring there is development and implementation of work at strategic, tactical and operational levels to underpin a system wide approach to addressing agreed areas of Public Health Priority and implementation of the Scottish Population Health Framework, to improve population health and wellbeing and addressing inequalities

- ensuring there is development and implementation of work that relates to the health protection, immunisation and screening functions of public health

- monitoring key population health measures with a clear focus on inequalities

- providing leadership to reshape NHS Dumfries and Galloway services to have a greater emphasis on prevention, early intervention and tackling inequalities, overseeing work to develop NHS Dumfries and Galloway as a Population health organisation

- promoting effective partnership working arrangements ensuring a whole systems approach between NHS Dumfries and Galloway, the Health and Social Care Partnership, the Local Authority, the Community Planning Partnership and thematic partnerships, Third Sector and local Communities to improve population health and wellbeing reduce health inequalities and maximise our contribution to the Community Empowerment (Scotland) Act 2015

- providing leadership and advocacy for public health work in Dumfries and Galloway

- assurance that the NHS Board has processes in place to improve and monitor equality and diversity impact assessments

- assurance that there is ongoing input from a Public Health perspective to Sub-National planning structures and that NHS D&G maximises opportunities in relation to delivery of Public Health Services that may emerge through Sub-National and or National Planning structures.

4 Delegated Authority

The delegated authority that has been set by NHS Board has been included within the Scheme of Delegation. Please click on this link for the Scheme of Delegation, section 3 for "Authority Delegated to the Board Standing Committees".

5 Risk Management

The Committee will be responsible for reviewing the corporate risks that relate to their remit and challenging on the mitigations that have been identified to be able to provide assurance to the NHS Board that all mitigations identified are helping to reduce the negative impact of the risk on the Board and also reduce the risk level, where possible.

6 Objectives

The Public Health Committee will:

- Receive reports on regional work plans for key population health improvement areas including health inequalities led by NHS Dumfries and Galloway and Health and Social Care Partnership.
- Scrutinise and discuss key population health indicators, Consider national developments in Public Health and their implementation in Dumfries and Galloway
- Receive and discuss reports relating to emerging threats to public health in Dumfries and Galloway and their mitigations
- Receive reports relating to:
  - Health Protection Incidents
  - Immunisation Programmes
  - Screening Programmes
  - Progress against annual delivery plans
- Review and constructively challenge the assurances that have been provided, as to whether their scope meets the needs of the population of Dumfries and Galloway and that community involvement and engagement actively informs planning and delivery of public health action.
- Commission further assurance work for areas that are not being subjected to sufficient review.
- Seek assurance that management are taking action to address key issues relating to Public Health.
- Escalate, where necessary, key public health issues to the NHS Board for consideration of raising in other relevant partners/agencies.
- Engage with the Community Planning Partnership about whole systems approaches and regional planning and key Public Health issues.
- Receive updates on relevant matters related to sub-national and national planning

The Committee will liaise with other NHS Board Public Health Committees to support learning and development of the Committee.

The Committee will develop a work plan to discharge its remit and duties, which will determine the information that it requires at meetings and consequently the agenda for those meetings.

The Committee will also annually review its performance and its terms of reference and reflect the outcome from this in its annual report to the Board.

7 Confidentiality

Members will often receive information of a private nature which is not yet public, or which perhaps would not be intended for public circulation. Members must always respect the confidential nature of such information and comply with the requirement to keep such information private.

It is unacceptable to disclose any information to which members have privileged access, for example derived from a confidential document or from a private meeting, either orally or in writing. In the case of other documents and information, members are requested to exercise judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring Dumfries and Galloway Health Board into disrepute.

8 Agendas and Papers

Agendas will be agreed in advance of the meeting and papers prepared using the agreed Committee template.

An agenda matrix will also be developed annually covering the key themes of the remit for the Committee. The matrix will be reviewed by members during each Committee meeting and updated with any new items identified for future meetings.

Papers will be required to be submitted three weeks prior to the meeting and distributed to Committee members ten consecutive days in advance of the meeting, where possible**.**

9 Quorum

The Committee will be quorate when there are present, and entitled to vote, a quorum of at least one third of the whole membership, including at least two Non-Executive members and one Director in an advisory role.

In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.

When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one.

The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

10 Frequency of Meetings

The Committee will meet at least three times throughout any given year.

The Chair of the Committee has the right to convene additional meetings as they deem necessary.

11 Support

To enable the Public Health Committee to properly fulfil its role:

- The Director of Public Health will provide updates as required on any key emerging Public Health issues.

- Corporate Business Support Team will provide adequate administrative support to the Committee concerning the preparation of papers, minute taking duties and any other activities requested by the Committee.

12 Best Value

The Committee is required to provide appropriate assurance with regards to the delivery of Best Value in compliance with the Board's annually approved Best Value Framework.

13 Review

The Terms of Reference will be reviewed on an annual basis.

Author	Designation	Published	Review
V White	Director of Public Health	06/02/2023	February 2024
L Geddes	Corporate Business Manager	March 2023	February 2024
V White	Director of Public Health	February 2024	December 2024
V White and G Gibbons	Director of Public Health and Non-Executive Board Member/ Public Health Committee Chair	April 2025	March 2026
V White and G Gibbons	Director of Public Health and Public Health Committee Chair	July 2026	April 2027

Appendix 3

REMUNERATION COMMITTEE

Terms of Reference

1 Membership

The Remuneration Committee of the Staff Governance Committee of the Board will consist of:

- Board Chair
- Employee Director
- 4 Non-Executive Board Members

Also in attendance are the Chief Executive and Workforce Director.

The meeting is chaired by the Board Chair. In their absence, the meeting will be chaired by one of the Non-Executive Directors which can include the Employee Director.

2 Reporting Arrangements

The Remuneration Committee is a Sub Committee of the NHS Dumfries & Galloway Staff Governance Committee.

3 Role and Function

The Remuneration Committee will

- agree all the terms and conditions of employment of Executive Directors, including:
  - job description
  - job evaluation
  - terms of employment
  - pay
  - performance pay and bonuses (individual and team)
  - benefits (including pension, removal arrangements and cars)
- agree objectives and performance ratings annually in accordance with SGHD direction
- ensure that effective arrangements are in place for carrying out the above functions in respect of all other senior officers

- conduct a review of the board's policy for the remuneration and performance assessment of Executive Directors and other Senior Managers in the light of guidance issued by the SGHD

- approve the arrangements to award discretionary points and or bonuses to any staff groups with entitlements

4 Objectives

To provide assurance to Board that the remuneration of Executive Directors and other Senior Managers is determined through a fair and justifiable process.

5 Agendas and Papers

Agendas will be agreed in advance of the meeting and papers prepared using the Board format.

The minutes will be agreed with the Chair and then distributed to Committee members. A separate paper goes to the next available Staff Governance Committee outlining the items that had been agreed and discussed at the meeting.

6 Quorum

The Remuneration Committee will be quorate when there are present, and entitled to vote, a quorum of at least 50% of the whole membership, including at least two Non-Executive members.

In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.

When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one.

The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

7 Frequency of Meetings

The Committee will meet at least twice per year with additional meetings being called as required.

8 Support

Support will be provided from the Workforce Director's office.

9 Review

The Terms of Reference will be reviewed on an annual basis.

10 Best Value

The Committee is required to provide appropriate assurance with regards to the delivery of Best Value in compliance with the Board's annually approved Best Value Framework.

11 Governance Assurance

The Committee is required to enable the Workforce Director to provide a certificate of assurance to the Chief Executive Officer to inform and support the signing of a governance statement as part of Dumfries and Galloways NHS Board Account.

Author	Designation	Published	Review
Pam Jamieson	Workforce Director	January 2024	March 2025
Pam Jamieson	Workforce Director	July 2026	July 2027

Appendix 4

DUMFRIES AND GALLOWAY NHS BOARD

REGISTER OF BOARD MEMBERS INTERESTS – AUGUST 2026

Registration of Interests

Board members of devolved public bodies are required by the Regulations to give the 'Standards Officer' notice of their interests The Register must state:

the name of the board member;

their interests which fall within the categories listed below and as set out in the member's code of conduct; and

if they have nothing to register they must record that fact under each applicable category.

It is the responsibility of each board member to ensure that their entry in the register is kept up to date. Any changes to the information first registered, must be given in writing to the standards officer, in the prescribed format, within one month of the change arising.

The 'Standards Officer' (Corporate Business Manager) will keep the register of interests available for public inspection on the Board's external website and at the Board's offices during normal working hours. The register can be viewed without charge.

Column 1 ***Registerable interest category***	**Column 2** ***Description of interest***	**Column 3** ***Members Registering an Interest in this Category (and Description of interest)***	
		MEMBER	**REGISTERED INTEREST**
Gifts and hospitality	A description of any gifts or hospitality received.		Members interests noted in the Gifts and Hospitality Register.
Category 1 – Remuneration **NOTE: You do not need to register the amount of remuneration**	A description of (a) remuneration received by virtue of being:– (i) employed or self-employed; (ii) the holder of an office; (iii) a director of an undertaking; (iv) a partner in a firm; and (v) involved in undertaking a trade, profession, vocation or any other work; (b) any allowance received in relation to membership of any organisation; (c) the name, and registered name if different, and nature of any applicable employer, self-employment, business, undertaking or organisation; (d) the nature and regularity of the work that is remunerated; and (e) the name of the directorship and the nature of the applicable business.	BENNETT, Tim BLACK, Greg CAIG, Marsali CHATTERJEE, Sudeep COOK, Mark DAMS, Kim FORSYTH, Garry GIBBONS, Gwilym KEIR, Victoria MCFARLANE, Andy	Cumbria Health Environment Agency Community Arts Centre Dumfries and Galloway Citizens Advice Service Citizen's Advice Bureau, Dumfries Phase3b Consulting Limited Edinburgh Innovation Hub Scottish Public Pensions Authority & Moorhouse Group (Jane Moore Trust) DG Voice Poverty and Inequalities Commission Scottish Police Authority Parole Board Review Committee Dynamic Earth Trust Creative Help Ltd NHS Dumfries and Galloway Dumfries and Galloway Health and Social Care Partnership Dumfries and Galloway Council

Column 1 *Registerable interest category*	Column 2 *Description of interest*	Column 3 *Members Registering an Interest in this Category (and Description of interest)*	
		MEMBER	**REGISTERED INTEREST**
Category 2 – Companies House Registrations	Details on any links with limited companies any current registrations with Companies House as a Director of a limited company.	BENNETT, Tim	JME Consulting Limited
		BLACK, Greg	Upper Nithsdale Arts and Crafts Community Initiative Limited
		CAIG, Marsali	Dumfries and Galloway Citizens Advice Service
		CHATTERJEE, Sudeep	Citizen's Advice Bureau, Dumfries
		COOK, Mark	Brain Health Scotland Life Sciences Limited Phase3b Consulting Limited Stirling Anglian Pharmaceuticals Limited
		DAMS, Kim	DG Voice Inclusion Scotland Scottish Rural Action Real Inclusion Ltd Poverty Alliance
		GIBBONS, Gwilym	Creative Help Ltd Safe Passage Ltd
		MARR, Gareth	Elevate Property Collective Ltd (Active) HealthStaff Solutions Ltd (Dissolved)
Category 3 – Related undertakings	A description of a directorship that is not itself remunerated, but is of a company or undertaking which is a parent or subsidiary of a company or undertaking which pays remuneration.	BLACK, Greg	Upper Nithsdale Arts and Crafts Community Initiative Limited
		CHATTERJEE, Sudeep	Citizen's Advice Bureau, Dumfries
		GIBBONS, Gwilym	Creative Entrepreneurs Club Ltd Tourbook CIC Scottish Council for Development and Industry
		MARR, Gareth	Elevate Property Collective Ltd HealthStaff Solutions Ltd (Dissolved)

Column 1 ***Registerable interest category***	**Column 2** ***Description of interest***	**Column 3** ***Members Registering an Interest in this Category (and Description of interest)***	
		MEMBER	**REGISTERED INTEREST**
Category 4 – Contracts	A description of the nature and duration, but not the price of, of a contract which is not fully implemented where:– (a) goods and services are to be provided, or works are to be executed for the NHS; and (b) any responsible person has a direct interest, or an indirect interest as a partner, owner or shareholder, director or officer of a business or undertaking, in such goods and services.		
Category 5 – Houses, land and buildings	A description of any rights of ownership or other interests that may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board		
Category 6 – Shares and securities	A description, but not the value, of shares or securities in a company, undertaking or organisation that may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board	COOK, Mark GIBBONS, Gwilym	Medtronic Plc Creative Help Ltd
Category 7 – Non-financial interests	A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board, including without prejudice to that generality membership of or office in:– (a) other public bodies; (b) clubs, societies and organisations; (c) trades unions; and (d) voluntary organisations.	BLACK, Greg CAIG, Marsali CHATTERJEE, Sudeep	Dumfries and Galloway Integration Joint Board Dumfries and Galloway Health Board Endowment Fund Trustee Member of the Institute of Physics (IoP), professional body Member of Prospect union, employee member Member Representative – Environment Agency Pension Fund Chair – Sanquhar Primary Parent Council Visiting Academic – University of Manchester Chair – Sanquhar Community Council Dumfries and Galloway Health Board Endowment Fund Trustee Member of Dumfries and Galloway Citizens Advice Service Member of Greenpeace Citizen's Advice Bureau, Dumfries – Director

Column 1 *Registerable interest category*	Column 2 *Description of interest*	Column 3 *Members Registering an Interest in this Category (and Description of interest)*	
		MEMBER	**REGISTERED INTEREST**
Category 7 – Non-financial interests Cont/...	A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board, including without prejudice to that generality membership of or office in:– (a) other public bodies; (b) clubs, societies and organisations; (c) trades unions; and (d) voluntary organisations.	COOK, Mark	Dumfries and Galloway Health Board Endowment Fund Trustee SHTG Council Member Trustee Jane Moore Trust SULSA External Advisors Group Co-Chair Chief Scientist Clinical Trial Partnership Group SBRI Board Skin AI Project Co-Chair Industrial Leadership Group
		DAMS, Kim	Dumfries and Galloway Health Board Endowment Fund Trustee Dumfries and Galloway Integration Joint Board Inclusion Scotland, Director of the Board of Charity, Convenor Real Inclusion Limited Board Member Scottish National Party Member Poverty Alliance Board Member DG Voice, Company Secretary The Mill SCIO, Gatehouse, Board Member
		DICKINSON, Keith	Chartered Institute of Management Accountants – Associate Member Chartered Institute of Public Finance and Accountancy – Full Member Lawn Tennis Association – Member
		DONALDSON, Kenneth	Dumfries and Galloway Health Board Endowment Fund Trustee Fellow of the Royal College of Physicians of Edinburgh
		FORSYTH, Garry	Dumfries and Galloway Health Board Endowment Fund Trustee Dumfries and Galloway Golf Club Vice-Captain
		GIBBONS, Gwilym	SCDI (Prosper Scotland), Board Member/ Director Creative Entrepreneurs Club Ltd, Chair/ Non-Executive Director Nith Inshore Rescue, Trustee and Secretary Tourbook CIC, Chair and Non-Executive Director South of Scotland Space Advisory Panel, Member Dumfries and Galloway Events Partnership, Member Royal Society of Arts, Fellow Chartered Management Institute, Member and Chartered Fellow Royal Institute of Architecture Scotland, Associate Member Dumfries and Galloway Health Board Endowment Fund Trustee Dumfries and Galloway Integration Joint Board Member

Column 1 *Registerable interest category*	Column 2 *Description of interest*	Column 3 *Members Registering an Interest in this Category (and Description of interest)*	
		MEMBER	**REGISTERED INTEREST**
Category 7 – Non-financial interests Cont/...	A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board, including without prejudice to that generality membership of or office in:– (a) other public bodies; (b) clubs, societies and organisations; (c) trades unions; and (d) voluntary organisations.	HAMILTON, Suzanne	Dumfries and Galloway Health Board Endowment Fund Trustee
		JAMIESON, Pamela	Chartered Institute of Personnel and Development
		KEIR, Victoria	Royal College of Nursing Dumfries and Galloway Health Board Endowment Fund Trustee
		KELLY, Mark	Nursing and Midwifery Council Royal College of Nursing
		MCFARLANE, Andrew	Dumfries and Galloway Integration Joint Board Member Member of the Scottish National Party
		MCADAM, Martyn	Dumfries and Galloway Health Board Endowment Fund Trustee Institute of Biomedical Science (Member) Health and Care Professions Council (Registrant) Volunteer (Coach) – Heston Rovers Football Club
		ROWLAND, David	Member of Unite the Union Member of the Institute of Health and Social Care Management
		WHITE, Julie	Lochmaben Golf Club
		WHITE, Valerie	Dumfries and Galloway Health Board Endowment Fund Trustee Member of Dalbeattie Primary School Parent Council Member of Dalbeattie Running Club Member of the British Dental Association Member of the British Association for the Study of Community Dentistry Fellow of the Faculty of Public Health Fellow of the Royal College of Surgeons of Edinburgh Volunteer for Parkrun

DUMFRIES AND GALLOWAY NHS BOARD

Performance and Resources Committee

Minutes of the Performance and Resources Committee meeting held on Monday 9 March 2026 at 1.30pm to 4.30pm via Microsoft Teams

Present

Garry Forsyth	GF	Chair/ Non-Executive Board Member
Greg Black	GB	Non-Executive Board Member
Martyn McAdam	MMcA	Non-Executive Board Member
Mark Cook	MCo	Non-Executive Board Member

In Attendance

Pamela Jamieson	PJ	Workforce Director
George Noakes	GN	Acting Performance and Intelligence Manager
Sudeep Chatterjee	SC	Director of Digital
Nicole Hamlet	NH	Chief Operating Officer
Gareth Marr	GM	Chief Officer
Ambreen Khan	AK	Associate Director of Finance
Mark Kelly	MK	Nurse Director
Tim Bennett	TB	Interim Director of Finance
Kenneth Donaldson	KDo	Medical Director and Interim Chief Executive
Valerie White	VW	Director of Public Health
Kelly Addiss	KA	Corporate Business Support Administrator (minutes)

Apologies

Kim Dams	KDa	Non-Executive Board Member
Marsali Caig	MCa	Non-Executive Board Member
Julie White	JW	Chief Executive
David Rowland	DR	Director of Strategic Planning and Transformation

1. Apologies for Absence

Apologies were noted as above.

2. Declarations of Interest

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

3. Minutes of Previous Meeting – Monday 1 December 2025

The minutes from the previous meeting held on 1 December 2025 were approved by Committee.

4. Matters Arising and Review of Actions List

4.1. Actions List

NH presented the Actions List, highlighting the key updates on the actions since the previous meeting and noting a number of actions were addressed via papers presented today.

- AK is leading a project with regards to the implementation of the Patient Level Information and Costing Systems and is linking with other Health Boards in terms of how they use this data across their organisation. Implementation to be brought forward by Finance Team. Action to remain open.

- A list of the priorities being focussed on (max 10) is included within the Financial Performance Update being presented at today's meeting. Action closed.

- The Non-Executive Board Members have shared their concerns regarding delayed discharges on the overall functioning of planned care, emphasising the risk of the lack of social care provision. Action closed.

- An hour meeting has been arranged on a 6-weekly basis with all Non-Executive Board Members and Executive Directors to focus on the financial recovery plan and developments of the financial plan for the next financial year. Action closed.

- The Performance and Resources Committee received clarity with regards to the Midpark Garden Project, noting NHS Dumfries and Galloway Procurement Team were not involved in any part of the procurement process and therefore the purchase of the equipment is not required to be included within the NHS Board's 2024/2025 Procurement Annual Report. Action closed.

- In relation to what would be required to assign an NHS Dumfries and Galloway Procurement Annual Report with significant assurance the Committee received an update advising it was considered appropriate to retain the assurance level as Moderate for this year. However, when compiling the next annual report, the wider concerns around assurances and the move from Moderate to Significant will be taken into consideration. Action closed.

Suzanne Hamilton (SH), Non-Executive Board Member joined the meeting.

- An update in relation to the infrastructure risk and how this relates to the Digital Strategy Plan including the funding required is being presented at today's meeting. Action closed.

- A briefing from the Whole System Response to Winter Session held in October 2025 was shared with the Performance and Resources Committee for information. Action closed.

- A letter has been issued to all organisations that submitted an application for the NHS Dumfries and Galloway Small Service Grant funding. The letter outlined the evaluation process, the presentation of outcomes to the Board, and confirmed that – following careful consideration – the Board has regrettably decided that no applications will be funded. This decision reflects the organisation's changed financial circumstances since the grant process was launched. To support organisations in exploring alternative funding options, contact details for both Third Sector Dumfries and Galloway and the NHS Dumfries and Galloway Charity were provided. Action closed.

4.2. Performance and Resources Committee Agenda Matrix 2025/26

Performance and Resources Committee noted the agenda matrix for the meetings held in 2025/26.

5. Focus on 52 Week Waits Performance

NH provided a verbal update with regards to the Focus on 52 Week Waits Performance to the Committee, highlighting the key points, including:

- At the start of this financial year the Scottish Government asked Health Boards to confirm their trajectories in relation to the Scottish Government's target of no one waiting over 52 weeks for a new outpatient's appointment or for a day case/ inpatient procedure by the end of March 2026.

- NHS Dumfries and Galloway declared that there would be no patients waiting longer than 52 weeks for outpatients for all specialties with the exception of Orthopaedics with circa 280 people unable to be treated by the 52 weeks target for a day case/ inpatient procedure.

- NHS Dumfries and Galloway have an option to improve its Orthopaedic position with support from an NHS England hospital with circa 200 patients identified to be treated there. Due to the reported surgical cement issue, there has been a slight delay to the start of this treatment with the Scottish Government agreeing that the treatment of those patients will continue into quarter one of the 2026/27 financial year.

- There is an ambition to have a consistent approach to waiting times across Scotland.

- NHS Dumfries and Galloway have achieved significant performance against waiting times in comparison with other Health Boards.

- A lot of work has gone into the delivery of waiting times work involving a number of frontline teams, clinical staff and administration staff.

Noted below are some of the key points raised by Committee following this update:

- Committee congratulated all staff involved in the waiting times work recognising this has been a significant turnaround during considerable challenges being seen within the NHS Board.

Performance and Resources Committee:
- **Noted** this update.

6. Performance and Resources Summary Report

GN presented the Performance and Resources Summary report to the Committee, highlighting the key points, including:

- The data within the report is from the end of January 2026 which is showing a reduction in performance compared to the previous report with 20 out of the 42 measures showing signs of the surge in winter illnesses. Public Health Scotland has indicated that the surge in winter illnesses has subsided in early February 2026.

Noted below are some of the key points raised by Committee following this update:

- It was observed there had been a strong performance and good success in relation to CAMHS waiting times with a question as to whether there is an understanding of the reasons behind this. NH replied this was due to the workforce availability as CAMHS has a small team. Also, NH reported there is regional work happening with CAMHS which the NHS Board have linked into to see if this could help with future sustainability.

- NH highlighted scrutiny and assurance in terms of the delivery of the unscheduled care programme and whole system improvements this needs to be a priority for the Performance and Resources Committee to ensure that the NHS Board can recover from the challenges being seen within unscheduled care and the sustained challenges being seen over the winter period which is lasting longer than it has done in previous years.

- VW asked with regards to the Musculoskeletal 4 week target do we know how long on average people are waiting for Musculoskeletal treatment? GN did not have this data to hand and agreed to look into this and speak to VW out with today's meeting.

- A question was asked about the sustained level of pressure that staff have continued to operate under and if there was anything the NHS Board could do to reinforce the messaging to staff acknowledging the sustained pressure staff have been under for a long period and of the NHS Board's appreciation of staff's continued effort in face of that. NH reflected staff would welcome this noting the importance for NHS Board Members to be visible to staff. NH advised there was also good messaging in terms of thanking staff and recognising how challenging it has been through the Manager's briefings.

Performance and Resources Committee:

- Took **Assurance** that the performance information reported in the Summary Performance Report accurately reflects the performance of NHS Dumfries and Galloway.
- Agreed with a **Moderate** level of assurance.

7. Annual Delivery Plan 2025/26 Quarter 3 Update

GN presented the Annual Delivery Plan 2025/26 Quarter 3 Update to the Committee, highlighting the key points, including:

- The report provided the position as at the end of December 2025.

- A sustainable staffing model has been established within the Acute Frailty Unit.

Gwilym Gibbons (GG), Non-Executive Board Member joined the meeting.

- The review of General Medical Services has been completed, with the Integration Joint Board issuing a direction to deliver a one-year delivery plan based on the review findings.

- Psychological Therapies waiting times are continuing to improve.

- The rollout of the new IT system for GP Practices have now restarted with many Practices due to have their new IT operating system over the next 6 months.

Noted below are some of the key points raised by Committee following this update:

- A reflection was made of the number of updates where it noted funding not provided and the work has stopped with the need to take some learning from this around the scale of ambition into next year's Annual Delivery Plan. A question was then asked if the team have looked at those projects to understand what the benefits the NHS Board cannot achieve due to not having funding for them? GN replied many of the projects will have business cases associated with them noting it would be good to revisit in terms of looking at the NHS Board's financial recovery plans going forward. GN confirmed the comments around no funding being available will be included when submitting the report to the Scottish Government.

- With regards to Hospital at Home a question was asked if the position had improved or not and also whether there was more information about the community assessment to reduce Emergency Department attendances? NH replied the projections for Hospital at Home has decreased, advising this is in line with the sustainable staffing for the Acute Frailty Unit. The NHS Board are trialling the use of a GP in the West of the region to adapt the Hospital at Home model to be slightly different for a rural area.

Performance and Resources Committee:

- Took **Assurance** of progress in delivering actions agreed in the Annual Delivery Plan 2025/26.
- **Approved** the submission of this report to Scottish Government and its publication in the public domain.
- Agreed with a **Moderate** level of assurance.

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

8. Update from Cancer Steering Group

Scott McLean (SMcL), Service Manager Cancer and Radiology joined the meeting.

NH and SMcL provided a presentation as an update from the Cancer Steering Group to the Committee, highlighting the key points, including:

- The Cancer Steering Group was refreshed 18 months ago and covers both the Acute delivery of Cancer treatment as well as regional work and Primary Care involvement.

- Have launched an addition to the colorectal CT scanning methods which has been assisted with the second CT scanner which was installed at the end of last year.

- Running with a Rapid Cancer Diagnosis Service (RCDS) Programme through GP Practices, which is a valued service and with great feedback received from GPs. Awaiting a decision from the Scottish Government with regards to ongoing funding.

- Single Point of Contact Cancer Coordinators are in place which is a great support for the Clinical Nurse Specialists within Oncology.

- Have networks within Oncology to Psychology Services to assist people.

- Received funding to send out appointments and preparation packs to patients on next day delivery. This allows to fully utilise the 2 CT scanners for short notice appointments and cancellations.

- The Framework for Effective Cancer Management national toolkit was launched in November 2025. As part of this NHS Dumfries and Galloway were asked to assess their Cancer management set up with a template provided which scored the NHS Board and allowed the team to create an action plan from.

- Scottish Referral Guidelines were updated with a 6 month implementation period for all NHS Boards, which NHS Dumfries and Galloway achieved.

- The team have 2 Link Workers who deal with holistic and non-clinical needs of Cancer patients, whereas the Single Point of Contact will deal with the clinical needs.

Noted below are some of the key points raised by Committee following this update:

- VW requested assurance in relation to the Improving the Cancer Programme moving from the Community Directorate to the Acute and Diagnostic Directorate that there will still be community-based focus and connecting with people in the local communities? SMcL confirmed the Improving the Cancer Journey will remain as is and the reason for moving to the Acute and Diagnostic Directorate is that there is an overlap of the Improving the Cancer Journey team with the Single Point of Contact teams and as Improving the Cancer Journey team are community based it would be beneficial to work closer with the Single Point of Contact.

- A question was asked with the change in demographics in terms of the aging population are there risks or opportunities or both for demand on Cancer services? SMcL replied that data has been gathered for single point of contact which looked at the age range of patients being seen which showed a high number of older aged patients. SMcL advised the service will be able to cope with that increase in demand by doing things slightly differently.

Performance and Resources Committee:
- **Noted** this update.

Scott McLean (SMcL), Service Manager Cancer and Radiology left the meeting.

Andrew McFarlane (AMcF), Non-Executive Board Member joined the meeting.

9. Performance and Resources Corporate Risks Update

NH provided a verbal update regarding Performance and Resources Corporate Risks to the Committee, highlighting the key points, including:

- The Performance and Resources Committee agenda is aligned to the corporate risks aligned to the Committee to give Committee assurance of the work taking place around mitigating those corporate risks.

- Keen to work across all Committees to share learning from risk mitigations.

Performance and Resources Committee:
- **Noted** this update.

10. Financial Recovery Plan Update

Jane Redfern (JR), Interim Deputy Director of Finance joined the meeting.

TB presented the Financial Recovery Plan Update to the Committee, highlighting the key points, including:

- A forecast outturn improvement of £2m was reported at month 10, due to additional funding from the Scottish Government. The Scottish Government are expecting to see an improvement in the NHS Board's forecast outturn as a result.

Andrew McFarlane (AMcF), Non-Executive Board Member left the meeting.

- The Scottish Government have been clear they will not accept a financial plan from NHS Dumfries and Galloway for anything less than the £23m deficit for next financial year.

- Propose to commission a Financial Sustainability Plan with Phase One of the plan being to outline a pathway over the next 3-4 years of how NHS Dumfries and Galloway intend to get from where we are now to a sustainable position at the end of that period. It will identify options to consider and to take forward in terms of the savings that will be necessary and significant.

- The Scottish Government has given NHS Dumfries and Galloway £350k of funding in 2025/26 and a further £400k in 2026/27 to develop a financial plan to reduce the Board's financial deficit and to move into a sustainable financial position. External support will be required to take forward the Financial Sustainabilitiy Plan, with the additional funding from the Scottish Government being used for this.

Noted below are some of the key points raised by Committee following this update:

- The importance of NHS Dumfries and Galloway submitting a Financial Recovery Plan for anything less than the maximum £23m deficit for next financial year would not be accepted by the Scottish Government was acknowledged. A comment was made that it would be useful to understand what needs to be in place to allow teams that focus for change management, to drive forward this financial plan.

- In terms of commissioning external support a question was asked as to how long will this take and what impact that has on the delivery of savings within year. TB replied this would be done very quickly as would using an existing Framework Contract. A comment was made around the need to be clear on how we build on that internal capability to take this work forward. TB advised internal support will also be required in terms of data analytics and financial support.

Greg Black (GB), Non-Executive Board Member left the meeting.

- It was reflected most savings appear to come in the second half of the financial year with a follow up question as to how do we make savings from quarter one? TB replied the team will look at what savings can be taken from the current year into the next financial year, however there is a number of non-recurring savings where this will not be possible. There is a piece of work required to test out to ensure all non-recurring savings are non-recurring. Also TB noted the need to look at run rates to have a clear plan that is consistent with workforce plans and operational plans.

- NH was supportive of the approach presented for Phase One from an organisational point of view and noted it would be useful to link with other NHS Boards who have managed to reduce their savings deficit to understand how they managed this.

- KDo was also fully supportive of the approach presented for Phase One, emphasising the need to have clear communications with staff in relation to the external support required as the NHS Board do not have the resources or staffing to work the pathways up quickly whilst also acknowledging the funding for this external support was received from the Scottish Government.

- A comment was made with regards to the need to ensure the balance between using the external support to deliver on the pressures for next financial year whilst also maximising the opportunity to develop the 4-year financial plan. TB replied the team have spent a lot of time detailing the specification and the exact outputs we would want to see as an organisation over the next financial year and across the 4 year period.

Performance and Resources Committee:

- Took **Assurance** of the oversight and monitoring of the financial position and financial recovery plan.
- Agreed with a **Moderate** level of assurance.

Jane Redfern (JR), Interim Deputy Director of Finance left the meeting.
Ambreen Khan (AK), Associate Director of Finance left the meeting.

11. Digital Strategy Update

SC presented a presentation regarding the Digital Strategy to the Committee, highlighting the key points, including:

- A presentation was provided in relation to the *Corporate Risk ID: 2925 – Infrastructure is inadequate to meet both physical and technological service user needs in future*.

- This Corporate Risk included Estates and Digital elements which has now been separated to create a new *Corporate Risk ID: 124 – Risk that the NHS Dumfries and Galloway Digital Infrastructure is inadequate to meet the technology and security needs of service users of the future*. This new Corporate Risk is still going through the governance process to replace the previous Corporate Risk ID 2925.

- Not all IT systems sit within the digital data and technology responsibilities with a need for clear ownership of these systems across the organisation to support their systems.

- Further discussions are taking place around amalgamating *Corporate Risk ID: 3316/ 365 – Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients* with Corporate Risk ID 124.

- The Digital Delivery Plan is broken down into 6 Pillars.

- Have submitted a funding bid to the Scottish Government for additional capital funding with a decision awaited.

- SC recommended a governance structure being established in order to deliver the Digital Delivery Plan.

Noted below are some of the key points raised by Committee following this update:

- A question was asked if it was known if there are other NHS Boards that have the 6 Pillars in place or if this an issue across Scotland? SC has discussed with Scottish Government colleagues advising all the funding received by NHS Dumfries and Galloway is capital however the services being sought are predominately revenue-based. SC advised Scottish Government colleagues have taken these comments back to have internal discussions.

- VW reflected on the discussions that took place for Item 10 – Financial Recovery Plan update and with regards to the sustainable financial work asking how do you take funding out and also invest key areas of work. GF also queried where does this sit within the West and East of Scotland work.

Pamela Jamieson (PJ), Workforce Director left the meeting.
Mark Kelly (MK), Nurse Director left the meeting.

- NH does not believe this is a unique issue to NHS Dumfries and Galloway and suggested SC look at raising with National Director of Digital colleagues in terms of the future of the health service.

- TB advised the Financial Recovery Plan will be built upon those areas needing investment, noting there will be inevitable investment in technology. TB and SC are meeting later this week to look at creating a plan for investment in digital.

- KDo committed to raising funding for infrastructure when next in dialogue with colleagues from the Scottish Government.

Performance and Resources Committee:
- **Noted** this update.

Mark Kelly (MK), Nurse Director rejoined the meeting.

12. Unscheduled Care/ Update on the Scottish Approach to Change

Sue McDicken (SMcD), Project Manager – Unscheduled Care joined the meeting.

NH and SMcD presented a presentation which provided an update on the Unscheduled Care/ Scottish Approach to Change to the Committee, highlighting the key points, including:

- Set out trajectories in July 2025 for the Scottish Government whereby funding would be allocated if NHS Dumfries and Galloway met the trajectories.

- The trajectories were on a positive direction when set last July 2025 which was in part due to the opening of the Acute Frailty Unit meaning frail older people did not stay in hospital longer than they needed to. However from late August/ early September 2025 the funding for social care was decreased or paused. From this point the NHS Board's performance declined heading into winter and was only compounded by the significant pressures faced across the system.

- Due to these challenges NHS Dumfries and Galloway revised its trajectories to the end of March 2026 to be more realistic and advised the Centre for Sustainable Delivery of this who would in turn advise the Scottish Government.

- NHS Dumfries and Galloway remain one of the top performing mainland Health Boards in Scotland in relation to its Emergency Department 4 hour performance.

- In relation to ambulance turnaround times NHS Dumfries and Galloway have good performance.

- DGRI has been consistently over 100% bed occupancy for a number of months.

- Through the introduction of Planned Date Discharge and Discharge to Assess as well as introducing a Discharge Planning Tool has helped in moving people home to wait for their package of care.

- In December 2025 colleagues moved from the Interface Hub including Community Waiting Times Team, Patient Flow and Reablement Team into DGRI to co-locate with Social Work colleagues and to be nearer Acute colleagues to strengthen relationships, promote collaborative working. This has accelerated actions and decision making.

- Investing in 30 digital smart hubs that will enable increase discharge capacity, ongoing monitoring for patients who are at home awaiting their package of care and provide long-term benefits through reusable hardware with software support for a period of 3 years.

- People are made aware from the outset that Discharge to Assess is a short term reablement service. However for those people who do require a long term care package a discharge plan and toolkit is being used.

- Flexible beds continue to prevent hospital admissions by enabling access to respite care.

- Have joined the Discharge Without Collaborative in March 2025 and continue to engage and contribute to the national forums.

- The Acute Frailty Unit opened in April 2025 and continues to develop.

- Being supported by the Healthcare Improvement Scotland Hospital at Home Team to establish a single integrated Hospital at Home Team bringing together specialist and generalist skills from Acute and Community.

- Mental Health colleagues have been working with Healthcare Improvement Scotland to review the local Adults with Incapacity pathways.

- Scottish Approach to Change was commissioned by the Scottish Government as a way to deliver change throughout Scotland. Healthcare Improvement Scotland agreed to support NHS Dumfries and Galloway as one of their Pathfinder Sites for the Scottish Approach to Change. There are 3 core workstreams as part of the Approach to Change in Dumfries and Galloway as follows:
  - Workstream One – Frailty, palliative and long-term conditions
  - Workstream Two – Multiple disadvantage
  - Workstream 3 – A new approach to commissioning

Kenneth Donaldson (KDo), Medical Director/ Interim Chief Executive left the meeting.

Noted below are some of the key points raised by Committee following this update:

- VW advised in terms of the Annual Operational Plan, NHS Dumfries and Galloway are being asked about the NHS moving towards a population health organisation and systems working in collaboration is one of the key aspects.

Performance and Resources Committee:

- **Noted** this update.

Sue McDicken (SMcD), Project Manager – Unscheduled Care left the meeting.
Mark Kelly (MK), Nurse Director left the meeting.

13. Progress and Risk Associated with Net Carbon Zero

Ryan Jack (RJ), Energy and Sustainability Manager joined the meeting.

RJ presented an update in relation to the Progress and Risk Associated with Net Carbon Zero to the Committee, highlighting the key points, including:

- The NHS Board has committed to meeting national net zero targets and to showing leadership in how a healthcare organisation can transition to a low carbon future.

- Good progress has been made over the last few years in both reducing emissions and in building the foundations and need for longer term decarbonisation.

Sudeep Chatterjee (SC). Director of Digital left the meeting.

- The 2 most energy intensive sites with NHS Dumfries and Galloway remain DGRI and the Crichton campus which will be a focus moving forward for heat decarbonisation efforts.

- There is a need to take a structured Fabric-first approach that reduces demand before investing in new decarbonisation technologies. The team have produced a high level route map for key sites to give a clear sequence of events.

Gwilym Gibbons (GG), Non-Executive Board Member declared an interest in relation to this item.

- The 2 gas and oil boilers which are used for the Crichton Health Care Campus are nearing the end of their useful life and require to be replaced with a number of options currently being looked at.

Mark Kelly (MK), Nurse Director rejoined the meeting.

- Upgrading Midpark Hospital to LED lighting has been completed. Received approval from the Scottish Government in early February following funding bids for the third and final phase of the upgrades to LED lights and at the Galloway Community Hospital. The installation of LED lights reduces energy use, maintenance needs and it also affects the NHS Board's carbon emissions significantly.

- A solar system is now installed and operational at Mountainhall Treatment Centre.

Noted below are some of the key points raised by Committee following this update:

- NH noted the need to undertake building rationalisation and how do we restrict what we have requires to be built into this agenda also.

Performance and Resources Committee:
- Took **Assurance** of compliance with legislation, policy and Board objectives.
- Agreed with a **Moderate** level of assurance.

Ryan Jack (RJ), Energy and Sustainability Manager left the meeting.

14. Sub-National Planning and Delivery

Vicky Freeman (VF), Strategic Policy Lead joined the meeting.

VF presented a Sub-National Planning and Delivery report to the Committee, highlighting the key points, including:

- First of a planned series of reports to Performance and Resources Committee on progress regarding Sub-National Planning and Delivery.

- NHS Scotland has established and implemented a new Sub-National Planning structure at the beginning of this year. This new structure replaces old East and West 3 Regional Planning model to 2 regional planning groups in the East and West.

- In the Sub-National West Structure there are 7 Health Boards – Ayrshire and Arran, Dumfries and Galloway, Forth Valley, Greater Glasgow and Clyde, Highlands, Lanarkshire and Western Isles. The remaining 7 Health Boards make up the Sub-National East Structure.

- Whilst this change to the Sub-National Planning and Delivery is focused on boosting collaboration, financial sustainability, reducing service duplication, it was noted that accountability for health services, Sub-Nationally Planned and Delivered remains firmly with individual Health Boards.

- There are 5 keys areas of focus identified at the moment – digital front door, orthopaedic treatment times, emergency health care services, Once for Scotland approach to business systems and consolidated financial planning.

- Work has commenced in both East and West delivery groups which is being overseen by an East and West Strategic Planning and Delivery Executive Group which in turn reports into their respective Strategic Planning and Delivery Committees and ultimately to the single overarching Sub-National Executive Group.

Noted below are some of the key points raised by Committee following this update:

- VW made Committee aware of a collaboration between Public Health Scotland, Centre for Sustainable Delivery, Healthcare Improvement Scotland and Directors of Public Health around prevention needs assessment being pulled together and linking into the Sub-National Planning structures.

- A question was asked if there was anything emerging in wider public service reform around these East and West structures? VF is not aware of any beyond health noting from the 1 April 2026 the new Public Services Delivery Scotland body will come into being. This is the body that will merge what was NHS Education for Scotland and National Services Scotland.

Performance and Resources Committee:

- **Noted** the progress to date regarding the development of Sub-National Planning and Delivery structures arrangements at national and regional levels.
- **Noted** the key areas of focus and work for each of the groups within the Sub-national structure.
- **Noted** the dates/ timing of local and regional planning and delivery meetings.
- **Noted** the Sub-national Planning and Delivery reporting cycle for NHS Dumfries and Galloway going forward.
- Agreed with a **Moderate** level of assurance.

Vicky Freeman (VF), Strategic Policy Lead left the meeting.

15. Review of National Publications and Actions

There were no National Publications and actions requiring review at today's Performance and Resources Committee.

Internal Audit Reports

16. Internal Audit Reports: Progress Update

16.1. A-10-23 Mental Health Waiting Times

An update on progress against actions assigned within the Internal Audit Report A-10-23 Mental Health Waiting Times, was shared with Committee for awareness.

Committee:

- **Noted** this update and timescales for recommendations.

17. Internal Audit Reports: New Reports

There have been no new Final Internal Audit reports assigned to the Performance and Resources Committee since the previous meeting held in December 2025.

18. Internal Audit Reports: Closed Since the Last Committee

There have been no Internal Audit reports assigned to the Performance and Resources Committee that have been closed since the previous meeting in December 2025.

19. Reflection at End of Committee and Agree Items for Escalation to NHS Board

Financial Recovery Plan Update

- The update received in relation to the Financial Recovery Plan and the engagement of external support with funding from the Scottish Government being used for this.

- The Scottish Government have been clear they will not accept a financial plan from NHS Dumfries and Galloway for anything less than the £23m deficit for next financial year.

Unscheduled Care/ Update on the Scottish Approach to Change

- Within Unscheduled Care and Scottish Approach to Change the trajectories submitted to the Scottish Government last July 2025 required to be revised due to challenges following the social care funding being decreased or paused in late August/ early September 2025 and along with significant pressures faced across the system during the winter months.

- NHS Dumfries and Galloway remain one of the top performing mainland Health Boards in Scotland in relation to its Emergency Department 4 hour performance.

Focus on 52 Week Waits Performance

- NHS Dumfries and Galloway declared that there would be no patients waiting longer than 52 weeks for outpatients by the end of March 2026 for all specialties with the exception of Orthopaedics with circa 280 people being unable to be treated by the target for a day case/ inpatient procedure with options being looked at to improve this position.

- NHS Dumfries and Galloway have achieved significant performance against waiting times in comparison with other Health Boards.

- A lot of work has gone into the delivery of waiting times work involving a number of frontline teams, clinical staff and administration staff.

- Committee congratulated all staff involved in the waiting times work recognising this has been a significant turnaround during considerable challenges being seen within the NHS Board.

20. AOCB

NHS Dumfries and Galloway Procurement Annual Report 2024/25

At the previous Performance and Resources Committee a request was made for clarity in relation to the NHS Dumfries and Galloway 2024/25 Procurement Annual Report prior to approval being given for publication. Following a response to this request being shared with Performance and Resources Committee, Members virtually approved the NHS Dumfries and Galloway 2024/25 Procurement Annual Report and for this to be published on the Board's external website.

21. Date and Time of Next Meeting

The next meeting of the Performance and Resources Committee will be held on Monday 25 May 2026 at 1.30pm to 4.30pm via Microsoft Teams.

Appendix 6

NHS Dumfries and Galloway

Staff Governance Committee

Minutes of the Dumfries and Galloway NHS Board Staff Governance Committee meeting held on Monday 9th March 2026 at 9.30 am to 12.30 pm via Microsoft Teams

Present

Suzanne Hamilton (Chair) (SH)	Non-Executive Board Member
Greg Black (GB)	Non-Executive Board Member
Mark Cook (MCo)	Chair of NHS Board
Cher Dougan (CD)	Staff Side Representative
Garry Forsyth (GF)	Non-Executive Board Member
Gwilym Gibbons (GG)	Non-Executive Board Member
Evan Keir (EK)	Staff Side Representative
Vicky Keir (VK)	Employee Director
Andy McFarlane (AMcF)	Non-Executive Board Member
Callum MacColl (CMac)	Staff Side Representative
Fran Milne (FM)	Staff Side Representative

In Attendance

Ken Donaldson (KD)	Interim Chief Executive/Medical Director
Nicole Hamlet (NH)	Chief Operating Officer
Andy Howat (AH)	Occupational Health and Safety Business Manager
Pam Holligan (PH)	Head of Organisational Development and Learning (ODL)
Pamela Jamieson (PJ)	Workforce Director
Leanne Keenan (LK)	Occupational Health
Mark Kelly (MK)	Nurse Director
Martyn McAdam (MMc)	Chair of Area Clinical Forum
Vic McDade (VMc)	Workforce and Sustainability Manager
Emma Murphy (EM)	Patient Safety Manager
Michael Shrimpton (MS)	Head of Human Resources
Ryan Stewart (RS)	Workforce Planning, Systems, Information and Efficiency Manager
Valerie White (VW)	Director of Public Health
Alison Warrick (AW)	EA to Workforce Director (Notes)

Apologies

Marsali Caig (MCa)	Non-Executive Board Member
Kim Dams (KD)	Non-Executive Board Member
Julie White (JW)	Chief Executive

1. **Staff Experience – Speaking Up**

Emma Murphy provided a comprehensive update on the organisation's speak up and whistleblowing processes, highlighting robust external validation, the importance of a supportive culture, and the mechanisms for handling disclosures, with contributions from SH, GF, VW, PJ, KD, and others addressing both successes and ongoing challenges.

Supportive Speak Up Culture: Emma described how staff feel listened to and supported when raising concerns, emphasising the relief and validation experienced by those who speak up. The organisation encourages open communication, ensuring staff know their concerns are taken seriously and that actions will follow, with a clear message that it is safe and right to raise issues. External Scrutiny and Validation: Emma reported that recent formal decision letters and feedback from external scrutiny channels have confirmed the robustness of the organisation's whistleblowing and speak up processes, noting thorough investigations and a compassionate approach, which has been positively acknowledged by external bodies.

Handling Disclosures and Confidentiality: In response to GF's question, Emma explained the process when a disclosure meets the whistleblowing threshold but the individual does not wish to engage further. The organisation is legally obliged to act on patient or staff safety concerns while preserving confidentiality, with regular meetings between Emma, KD, and HR to ensure appropriate actions are taken.

Prevention and Early Resolution: Valerie and Pamela highlighted the importance of preventative work, such as one-to-ones, appraisals, and management training, to address issues before they escalate to whistleblowing. Emma noted that most staff who speak up do so independently, and the effective managers programme is seen as a key initiative in fostering a positive culture.

Challenges and Emotional Impact: Later in the meeting, EH, EK, VK, KD, VW, and AJ discussed the emotional toll of whistleblowing, the need for trauma-informed support, and the importance of managing expectations and relationships. Actions were identified to improve training and include staff side concerns in assurance reporting, with a focus on learning and continuous improvement.

Actions:
Explore Employee Director involvement in review processes – EM/VK

2. Apologies for Absence

Apologies were noted.

Members were advised that Andy McFarlane will be joining the meeting later.

3. Declarations of Interest

No declarations of interest were received.

4. Approval of the minute from meeting held on Monday 1st December 2025.

The minute from the last meeting held on Monday 1st December 2025 was agreed as an accurate record.

5. Matters Arising/Action List/Agenda Matrix/Update on Appraisal Actions

a. Action List

Many actions presented were confirmed as completed including:

- Appraisal process update and agreement on use of national PDP/PR terminology – In progress
- Establishment of a performance appraisal window (March – May annually) with Directors to lead compliance via appraisal objectives - Ongoing
- Closure of workforce profiling actions as update on the Agenda today - Closed
- Circulation of risk control measures - Closed
- Completion of Time to Lead initial metrics exercise – this will be brought back to the June Committee
- Completion of learning summary and incident reporting actions – Closed
- Incident Reporting and Staff Wellbeing Data – information circulated following the last meeting – Closed
- Local Management Development Risk – Risk captured and reflected within current planning – Closed
- Staff Experience Report – circulated following the last meeting – Closed
- Workforce Monitoring – Submission completed, including retire and return/flexible retirement data - Closed
- Anti-Racism Plan slides circulated - Closed
- I-Matter Plan slides circulated, action plan included with meeting papers, ongoing monitoring arrangements agreed.
- EPF update discussions concluded – Closed
- Occupational Health – Mental Health Capacity – MK.VK and LK to meet to discuss mental health expertise within OH and potential service models
- Mandatory Training Data – Review data quality issues where training compliance distorted by data allocation – Ongoing
- Single Point of Failure Risk – Concerns to be explored outside meeting and escalated if required – PJ/SH

The Committee noted the positive progress and volume of actions closed.

b. Agenda Matrix 2025/26

Nothing to update

6. Workforce Profile and Performance Report

Pam Jamieson, Workforce Director presented the report detailing trends in occupational health referrals, workforce demographics, and sickness absence, with questions and insights from EK, VK, MC and others regarding mental health expertise, data challenges, and the impact of workforce changes.

Occupational Health Referral Data: PJ and LK outlined referral statistics, noting increases in work-related and non-work-related cases, with mental health and musculoskeletal issues as leading causes. There is a notable rise in referrals for staff in their first year of employment and for support to remain at work, reflecting changing workforce needs.

Workforce Demographics and Challenges: LK highlighted challenges related to an ageing workforce, neurodiversity, and home stressors, as well as the need for trauma-informed approaches. The department is upskilling to address trauma, and there are ongoing efforts to support staff with caring responsibilities and mental health needs.

Mental Health Expertise and Service Pressures: VK questioned whether the occupational health team has sufficient mental health expertise. LK responded that while the team is not specifically mental health trained, they collaborate with mental health professionals and are aware of service limitations, with ongoing discussions about potential improvements.

Mandatory Training and Data Management: GG and PH discussed ongoing issues with mandatory training data accuracy and the need for dedicated resources to address data management challenges, particularly in tracking compliance across different staff groups.

Sickness Absence and Vaccination Uptake: GF raised concerns about low staff flu vaccination uptake and its impact on sickness absence rates. VW explained efforts to promote vaccination and ongoing challenges, with plans to explore psychologically informed promotional strategies.

Committee:

- Took **Assurance** of provision of evidence against key metrics.
- Were content that this report provided a **Moderate** level of assurance in relation to performance against indicators

7. Corporate Risk Update

Mitigating theme: Appropriately trained and developed

Pam Jamieson, Workforce Director presented this item

Staff Development, Training, and Appraisal Initiatives: PJ, PH and SH led discussions on staff development, mandatory training, appraisal processes, and the implementation of the effective managers programme, with input from MC,

GF, EK GG and others regarding standardisation, evaluation, and engagement strategies.

Appraisal and Personal Development Planning: PJ reported on the implementation of a defined appraisal window and the integration of personal development planning and performance review, aiming to improve compliance and leadership accountability. Data collection and learning needs analysis are being enhanced through these processes.

Mandatory and Protected Learning Time: PH and PJ described the introduction of protected learning time for mandatory training, the development of passported modules, and the phased approach to role-specific mandatory training. The organisation is ahead in preparing for phase two, with ongoing work to identify appropriate representatives and assess training impacts.

8. Speak Up update

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

Committee: Were **Assured** of the update provided and confirmed they were happy to give this item a **Moderate** level of assurance.

Action:
Include concerns raised by staff side re the whistleblowing system in the next assurance report and take forward actions around training – EK/EM

9. Disability Network Update

Unfortunately, Clark Adams the newly appointed Chair of the Network was unable to attend to speak to this report.

The Committee discussed the active involvement by the network in Voice for Change, National Autism Audit and the EQIA review work.

The report highlighted positive cross network collaboration.

Thanks were recorded to Liz Forsyth the outgoing Chair of the Network.

Committee: This was presented to the Committee for **Awareness** and they were assured that this report provided a **Significant** level of assurance.

10. Effective Management Development – Update on development of local programme

Effective Managers Programme Rollout: PH detailed the launch of the effective managers programme, including its structure, evaluation plans, and communication strategies. The programme is designed for new, existing, and aspiring managers, with a focus on operational management, leadership, and succession planning.

Standardisation and National Collaboration: PJ and PH discussed collaboration with other boards and the Scottish Government to share dashboards and best practices, with ongoing discussions about national standardisation of cultural assessment tools and leadership development resources.

Engagement and Evaluation Challenges: Participants raised questions about engaging experienced managers, avoiding negative perceptions of training, and ensuring robust evaluation. PH emphasised the importance of leadership messaging, sustained communications, and monitoring attendance and impact.

Committee: This was presented for **Assurance** and **Awareness** and the Committee approved that this report provided a **Moderate** level of assurance.

Actions:
Refine comms to emphasis refresh and development (not remediation) and encourage experienced managers – PH
Reinforce senior leadership expectation that managers are supported to attend; monitor DNA's – PH/Exec Directors

11. Agenda for change non pay elements of 2025/26 Pay Deal

Christine Walters (CW) HR Manager joined the meeting

Agenda for Change Reforms and Financial Implications: CW, MS, PH, EK, VK, MK and others provided updates on the implementation of Agenda for Change non-pay reforms, including the reduced working week, band 5 nursing review, and protected learning time, highlighting operational challenges, financial risks, and the need for coordinated advocacy.

Reduced Working Week Implementation: CW explained the transition to a 36-hour working week, detailing risk assessments, establishment hour reinstatements, targeted recruitment, and the administrative burden on managers. The process is being closely monitored, with efforts to ensure person-centred solutions for staff.

Band 5 Nursing Review Process: MS outlined the job evaluation process for band 5 nurses, noting high application volumes, panel challenges, and the potential for significant financial implications due to a high success rate. The process is transparent, but there are risks of disparity and possible knock-on effects for other staff groups.

Protected Learning Time and Mandatory Training: PH described the national and local implementation of protected learning time for mandatory training, the development of passported modules, and the upcoming focus on role-specific training, with finance identified as a key partner in assessing impacts.

Financial Risks and Advocacy: EK and MK highlighted the funding shortfall for the reforms, the need for coordinated advocacy with the Scottish Government,

and the importance of presenting a united front between staff side and management to avoid internal conflicts over resource allocation.

Staff Understanding and Communication: VK and MK discussed the need to improve staff understanding of Agenda for Change processes, address misconceptions about banding, and ensure clear communication about the implications and opportunities for all staff groups.

Actions:
AfC/Reduced Working Week – Track backfill, temporary staffing usage and service impact post-implementation – CW
AfC/Band 5 Review – Ongoing monitoring of financial exposure and national engagement regarding funding – HR/Finance/Exec Team
AfC/Protected Learning Time – Review TURAS appraisal tick-box reporting oece live and report back on data reliability - PH

Christine Walters (CW) HR Manager left the meeting

12. Equality Outcomes Annual Update

PJ presented the annual equality and diversity report, identifying data gaps, recruitment disparities, and workforce demographic challenges, with questions from EK, VW, GF, and GF about data quality, publication, and targeted actions.

Key Findings and Actions: PJ summarised the report's findings, including gaps in equality monitoring data, gender and ethnicity disparities in recruitment, turnover patterns, and succession risks due to an ageing workforce. Actions include reviewing recruitment processes for bias, improving data completeness, and strengthening support for minority groups.

Data Quality and Publication: EK raised concerns about inconsistencies in disability data and the need for publishing source data for transparency. PJ and VW explained the limitations due to confidentiality and ongoing efforts to improve data collection and reporting.

Use of Analytical Tools: GF asked about the use of analytical tools like Copilot to interpret the data, and PJ confirmed that such tools are used to identify key focus areas, with staff networks playing a crucial role in addressing identified issues.

Workforce Age Profile: GG enquired about more granular age data, and PJ noted that while the data exists, resource constraints have limited detailed analysis, with plans to address this as workforce planning posts are filled.

Actions:
Equality Data Completeness – Improve recording of equality characteristics within Employee Relation cases and workforce data – HR/E&D

Equality and Human Rights Mainstreaming Toolkit – Commence self-assessment using national toolkit and bring outputs back to committee – VW/SH/PJ
Further assurance required re recruitment bias based on shortlisting to appointment - PJ

13. Area Partnership Forum (APF) Update and Minutes

VK provided the update from the APF

- VK noted that the previous minutes circulated from APF were from October and not December.
- Staff side are currently exploring taking forward a survey of safety of staff to speak up

14. Locum Audit

PJ, GB, NH, and SH discussed the outcomes of recent audits on locum usage and sickness absence management, focusing on action tracking, assurance levels, and the integration of audit findings into ongoing workforce and financial monitoring.

Locum Audit Actions: PJ reported that all actions from the locum audit are in progress, with close collaboration between HR, medical staffing, and finance.

The group discussed where ongoing monitoring should be reported, considering both performance and staff governance committees.

Committee:
Were provided with **Assurance** and **Awareness** of the audit and were content that this provided **Limited** assurance.

15. Sickness Absence Audit

Sickness Absence Audit and KPIs: The committee reviewed recommendations from the sickness absence audit, agreeing to monitor return to work interviews and maintain current KPIs, with the option to revisit if deep dives or service reviews identify new needs.

Integration with Financial and Workforce Planning: NH highlighted the link between sickness absence, workforce costs, and the use of dashboards to identify hot spots, with ongoing collaboration between HR, occupational health, and finance to address underlying causes and ensure effective management.

Committee:
Were provided with **Assurance** and **Awareness** of the audit and were content that this provided **Moderate** assurance.

16. Discussion, feedback and learning

Committee Governance, Assurance Planning, and Future Actions: SH, NH, PJ and others discussed committee governance, assurance planning for the coming year, and the need for consistency across committees, with agreement to share plans and coordinate risk management approaches.

Assurance Plan Development: SH outlined the development of a draught assurance plan for the next year, proposing an additional assurance day for deeper dives and linking agenda items to the committee's work plan, with feedback to be gathered from members.

Consistency Across Committees: NH suggested coordinating with other committee chairs to ensure a consistent approach to risk management and assurance, referencing recent executive discussions and the use of live data tools.

Action Tracking and Closure: GB raised the need for a process in the Audit and Risk Committee to manage actions that are not being taken forward, to avoid open actions remaining unresolved indefinitely, with agreement to address this administratively.

17. Date and time of next meeting

Monday 1st June 2026 at (9.30 am – 12.30 pm) via Microsoft Teams.

Agenda Item 19

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Board Assurance Framework 2026/27: Formal Approval and Implementation**
Responsible Executive/Non-Executive:	**David Rowland, Director of Corporate Services**
Report Author:	**Laura Geddes, Corporate Business Manager**

1 Purpose

This is presented to the Board for:
- Decision
- Assurance

This report relates to a:
- Governance
- Risk

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

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

Comment:
This paper asks the NHS Board to formally approve the Board Assurance Framework 2026/27 and agree its implementation as the Board's primary mechanism for connecting strategy, corporate risk, controls, sources of assurance, gaps in assurance, improvement actions and committee oversight. The Framework has been developed in line with the Blueprint for Good Governance and supports the governance, internal control, risk management and accountability expectations set out in the Scottish Public Finance Manual.

From the list below, please select which Strategic Outcomes 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)

- Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway.
- Adopting new technologies that will improve service delivery.
- Becoming a Great Place to Work where workforce-led change is the norm.
- Maintaining financial sustainability, building on the achievement of a balanced budget.
- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.
- Working with Partners to create more of the conditions that support people to live the lives they want to live.
- Improving co-operation and collaboration with other territorial and national NHS Boards, to deliver on shared regional priorities.

Comment:
This paper relates to all Strategic Outcomes because the Board Assurance Framework provides the overarching governance and assurance mechanism through which the Board will oversee delivery of the Statement of Strategic Intent, the Annual Delivery Plan, corporate risks, controls and sources of assurance.

2 Report summary

2.1 Situation

The Board Assurance Framework 2026/27 is presented to the NHS Board for formal approval and implementation. Approval will confirm the Framework as the Board's agreed approach for maintaining oversight of the principal risks to delivery of the Strategic Outcomes, testing the effectiveness of controls, identifying gaps in control and assurance, and strengthening the connection between Board, Committee and Executive assurance activity.

2.2 Background

The Framework has been developed following Board workshops, discussions at Director level, short life working group input and review through Audit and Risk Committee. It reflects the Board's strategic direction to 2029 and provides a single, structured view of Strategic Outcomes, Level 1 corporate risks, risk appetite, key controls, assurance sources, gaps in controls and improvement actions. It is intended to operate as a live assurance tool rather than a static document.

2.3 Assessment

The Board Assurance Framework provides a structured, proportionate and Board-led approach to identifying, overseeing and managing the principal risks which may affect delivery of the organisation's Strategic Outcomes. Formal approval by the NHS Board will establish the Framework as the agreed mechanism through which the Board and its Committees will receive, test and escalate assurance during 2026/27.

The Framework brings together strategy, delivery plans, corporate risks, risk appetite, key controls, sources and lines of assurance, gaps in control or assurance, improvement actions, executive ownership and committee oversight into one coherent assurance model. This provides a clear line of sight from the Statement of Strategic Intent through to delivery, risk mitigation and the assurance received through the Board's governance structure.

The Framework has been developed in two parts: the narrative document, which describes the governance and assurance model; and the detailed Board Assurance Framework, which maps corporate risks and controls to Strategic Outcomes and identifies available assurance, gaps in control or assurance, and the actions required to address these during the year. Once approved, the Framework will be implemented as a live assurance tool, reviewed through Committee workplans and reported to the NHS Board on a six-monthly basis.

A short life working group was established to review and develop the Board Assurance Framework. The group membership consisted of:

- Director of Strategic Planning and Transformation
- Corporate Business Manager
- Risk Manager
- Chief Internal Auditor
- Non-Executive Board Member
- Director of Finance

Key comments and suggested changes were received from the short life working group to strengthen the narrative document and the framework spreadsheet, ensuring that the process aligns with the Blueprint for Good Governance and the requirements within the Scottish Public Finance Manual.

The framework reflects the principles set out in the Blueprint for Good Governance by bringing together outcomes, risks, controls, sources of assurance and escalation routes in a way that supports proportionate scrutiny, identification of gaps in control and assurance, and clear Board oversight of the areas of greatest strategic risk.

It also supports the Scottish Public Finance Manual expectations for effective governance, internal control, risk management, stewardship and accountability, providing a structured evidence base to support the Annual Governance Statement and wider annual accounts process.

The table below summarises the key features of the Board Assurance Framework and how each element will contribute to Board and Committee assurance following approval and implementation.

Table 1: Summary of Board Assurance Framework elements

Board Assurance Framework at a glance	**Assurance implication**
7 Strategic Outcomes	Provides the organising framework for Board and Committee assurance.
16 Level 1 corporate risks	Maps the principal threats to delivery and supports focused scrutiny of high-risk areas.
3 lines of assurance	Distinguishes operational management, oversight and independent assurance.
6-monthly Board updates	Supports regular review of controls, gaps, actions and assurance strength.

The Board has held workshops to consider the initial development of the Framework and the supporting narrative document. These sessions highlighted the practical tests that Board and Committee Members should apply when using the Framework: whether assurance is triangulated across performance, finance, workforce, quality, safety and risk; whether gaps in control or assurance are explicit, owned and time-bound; and whether Committee workplans are aligned to the corporate risk profile and Strategic Outcomes.

These tests support the Committee in assessing not only whether activity is being reported, but whether controls are operating effectively and whether the Board can reasonably take assurance in the areas of greatest risk and strategic importance.

Implementation and monitoring

Subject to Board approval, implementation will be taken forward through the Board and governance committee structure. Assurance matrices will be used to align Committee workplans with the Strategic Outcomes, corporate risks, key controls and assurance requirements set out in the Framework. This will support more purposeful agendas, reduce duplication, and help Committees identify where assurance is sufficient, where further evidence is required, and where escalation to the Board is needed.

The matrix will provide a systematic mechanism for identifying the assurance expected by each Committee, the frequency and timing of reporting, the relevant risk and strategic outcome links, and any areas where further assurance is required. This is intended to support more purposeful committee agendas by ensuring that forward agenda planning is informed by the assurance requirements of the draft Board Assurance Framework, rather than by routine reporting alone.

The Staff Governance Committee will pilot the assurance matrix process during 2026/27. Learning from the pilot will be used to refine the approach before wider implementation across the remaining governance committees.

Progress, learning and any issues identified through implementation will be reported to the NHS Board as part of the six-monthly Board Assurance Framework update in February 2027.

Staff Capacity

During the Board workshop held on 13 July 2026, a question was raised about the capacity required to maintain the Board Assurance Framework as a live document. Assurance was provided that there are no current indications of insufficient capacity; however, this will be kept under review through implementation and through the Staff Governance Committee pilot. Any learning, capacity issues or resource implications will be reflected in the six-monthly update to the NHS Board in February 2027.

The NHS Board is therefore asked to approve the Board Assurance Framework 2026/27 for implementation, noting that it has been developed in line with recognised good governance principles, aligns with the Blueprint for Good Governance and supports the governance, internal control, risk management, stewardship and accountability expectations set out in the Scottish Public Finance Manual. The Board is also asked to note that structured implementation arrangements are being put in place to support ongoing monitoring, committee oversight, proportionate escalation and Board-level assurance.

2.3.1 Quality/ Patient Care

No direct quality or patient care impacts arise from approval of this governance framework. The Framework will support Board oversight of quality and patient care risks by aligning Strategic Outcomes, corporate risks, controls and assurance routes.

2.3.2 Workforce

No direct workforce impacts arise from approval of this governance framework. Workforce-related corporate risks and assurance requirements are included within the Framework and will be monitored through the Staff Governance Committee and reported to the Board as required.

2.3.3 Financial

No direct financial impacts arise from approval of this governance framework. Financial sustainability risks, controls and assurance sources are included within the Framework and will be monitored through the Performance and Resources Committee and NHS Board.

2.3.4 Risk Assessment/Management

Risk assessment and management are central to the Board Assurance Framework. The Framework maps Level 1 corporate risks to the Strategic Outcomes, identifies key controls and assurance sources, highlights gaps in control or assurance, and supports escalation where risks exceed appetite or require Board-level attention.

Corporate risks will continue to be reviewed through Board workshops, governance committees and regular Board reporting. The next Board risk workshop is scheduled for 24 August 2026 and will support a full review of the corporate risk profile to ensure that the key strategic risk areas are accurately captured and aligned to the Board Assurance Framework.

2.3.5 Risk Appetite

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

- Cautious

Comment:

The Board Assurance Framework covers a wide range of strategic and corporate risk areas, including service sustainability, financial sustainability, quality of care, workforce and population health. A cautious risk appetite is appropriate at this stage because the Framework is being presented for approval and initial implementation. Risk appetite will continue to be reviewed through Board and Committee updates to ensure it remains appropriate to the risks being managed.

2.3.6 Equality and Diversity, including health inequalities

No equality impact assessment has been completed for this paper as the recommendation relates to approval of a governance framework. Health inequalities are reflected within the Strategic Outcomes and corporate risk profile and will be monitored through the Framework.

2.3.7 Climate Emergency and Sustainability

No direct climate emergency or sustainability impacts arise from approval of this governance framework. Environmental sustainability and net zero risks are included within the Framework and will be monitored through the relevant governance route.

2.3.8 Consumer Duty

A consumer duty impact assessment has not been completed because the paper seeks approval of a governance and assurance framework and does not propose a service change or decision with a direct consumer impact.

2.3.9 Other impacts

No other impacts were identified when preparing this paper.

2.3.10 Communication, involvement, engagement and consultation

The Framework has been developed through Board workshops, director level input, short life working group review and Audit and Risk Committee consideration. Public consultation was not required because the paper seeks approval of an internal governance and assurance framework and does not propose a service change.

2.3.11 Route to the Meeting

This paper has been considered through the following groups and meetings before being presented to the NHS Board for formal approval:

- Board Management Team – April 2026
- NHS Board Workshops – April 2026 and July 2026
- Short Life Working Group – June and July 2026
- Audit and Risk Committee – July 2026

2.4 Recommendation

Decision

NHS Board Members are asked to:

- approve the Board Assurance Framework 2026/27 for implementation across NHS Dumfries and Galloway;

- agree that the Framework will operate as the Board's primary mechanism for connecting Strategic Outcomes, corporate risks, controls, assurance sources, gaps and improvement actions;

Assurance

NHS Board Members are asked to:

- note that assurance matrices will be used to support implementation, committee oversight, forward agenda planning and proportionate escalation to the Board; and

- note that the Staff Governance Committee will pilot the assurance matrix process during 2026/27, with learning used to refine wider implementation and reported to the NHS Board through the six-monthly Board Assurance Framework update in February 2027.

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1**, Board Assurance Framework 2026/27

Appendix 1

Board Assurance Framework 2026/27

Title: Board Assurance Framework 2026/27
Author: Corporate Business Manager
Version: 1.0
Approved: August 2026

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1. Introduction and Purpose

The Board Assurance Framework provides a structured mechanism through which the Board can gain confidence that the organisation is delivering its Strategic Outcomes, managing its corporate risks and operating within a robust system of internal control. It brings together strategy, delivery plans, corporate risks, key controls, assessment of control effectiveness, sources of assurance, improvement actions and the agreed suite of performance measures for each Committee into a single coherent framework. Further development of the Framework will include mapping these Committee performance measures to the relevant Strategic Outcomes, corporate risks, controls and assurance routes, enabling the Board to test whether scrutiny is focused on the areas of greatest risk, impact and strategic importance, and whether the controls in place are sufficient, operating effectively and supported by appropriate evidence.

The Framework is intended to create a clear line of sight between national policy expectations, local strategic priorities, operational delivery, risk mitigation and the assurance received by the Board and its Committees. It supports the Board to focus on the right issues, ask the right questions and take proportionate action where controls, assurance or performance are not operating as expected.

The Framework is a live document and will be reviewed regularly to ensure that it remains aligned to the organisation's strategic context, emerging risks, statutory duties, national priorities and the evolving needs of the population served. Six-monthly updates will be presented to the NHS Board to provide assurance on progress, including the status of current controls, any additional controls required, and the actions being taken to address identified gaps in control, assurance or delivery.

2. Our Governance Framework

Our governance arrangements incorporate all aspects of our business and how we operate, including:

- Board and Committee Governance arrangements
- Information Governance
- Clinical Governance
- Financial Governance
- Staff and Workforce Governance
- Risk Management
- Performance Management and Service Delivery arrangements
- Audit and Statutory Compliance
- Environmental and Climate Sustainability transition
- Innovation and Transformational Change

We have adopted an integrated approach to governance through our Committee structure to provide assurance to the Board across all strands of governance within NHS Dumfries and Galloway. The Committees have strategic oversight of all governance areas, providing scrutiny, challenge and assurance to enable the Board to receive a balanced and triangulated view of organisational performance and risk, which is aligned to the Blueprint for Good Governance.

The Framework therefore acts as the organisation's assurance information system. It brings together evidence from management reporting, Committee scrutiny, audit, external review, regulatory intelligence, stakeholder feedback and Board insight to support active governance and informed decision-making.

Alignment with the Blueprint for Good Governance

The Blueprint for Good Governance highlights the need for Boards to develop and implement a Board Assurance Framework, which brings together the organisations Strategic Outcomes, corporate risks, values and a number of other areas, as detailed within the diagram below.

Figure 1 – The Assurance Framework from the Blueprint for Good Governance

The assurance framework is primarily used to identify and resolve any gaps in control and assurance and helps to highlight any areas where assurance is either not present, insufficient or disproportionate in relation to the delivery of the NHS Board's corporate objectives.

3. Our Board and Executive Team

The NHS Dumfries and Galloway Board is accountable for setting the strategic direction of the organisation and assurance in relation to governance, risk management, and internal controls in the organisation. The Chief Executive (and Accountable Officer) of the organisation has responsibility for maintaining appropriate governance structures and procedures.

The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors acting as full and equal members and collectively sharing corporate responsibility for all decisions of the Board. Within this collective responsibility, Non-Executive Directors provide independent scrutiny, challenge and assurance in relation to strategy, performance, risk, governance and the effectiveness of controls, while Executive Directors are responsible for leading the delivery of the agreed strategic direction, Strategic Outcomes and delivery plans through their individual and collective executive accountabilities.

In particular, the Board has responsibility for;

- setting the strategic direction
- establishing the governance framework
- setting the organisational culture and development
- steering risk appetite and overseeing corporate risks
- approving strategy and plans
- scrutinising performance
- seeking assurance that controls are operating effectively.

With the exception of powers reserved for the Board and its governance committees (as outlined in the Scheme of Delegation) the Board delegates authority for operational delivery and operational decisions to the Chief Executive.

The Chief Executive has established and recognises the Board Management Team as the key executive leadership team for the collective execution of delegated responsibility. This is in addition to the delegated individual accountabilities and responsibilities that each Director in the Executive Team has within their respective portfolios.

The Board Management Team comprises the Chief Executive and Directors (some of whom are Executive Directors) and has responsibility for the leadership and operational management of the organisation. The Board Management Team meets on a weekly basis, providing senior leadership oversight of:

- operational performance
- governance and risk
- making decisions on escalated issues
- monitoring system pressures
- ensuring compliance with policies and statutory requirements

- maintains oversight of contracts, communications, and key governance processes
- reviews and provides assurance on the monitoring of the Corporate Risks, including identification and escalation of emerging risks.

Board Committees and Assurance Routes

Board Committees play a central role in the assurance system. They provide focused scrutiny of matters delegated by the Board and enable detailed examination of risks, controls, performance and improvement actions within their respective remits. Committees provide assurance to the Board through regular reports, escalation of concerns, annual reports, workplans and effectiveness reviews.

NHS Dumfries and Galloway have established six Governance Committees:

- Audit and Risk Committee
- Healthcare Governance Committee
- Performance and Resources Committee
- Public Health Committee
- Remuneration Committee
- Staff Governance Committee

Each Committee has clear annual workplans aligned to the Board Assurance Framework, the corporate risk profile, statutory reporting requirements and the organisation's strategic priorities. This ensures that assurance is sought at the right level, through the right route and at the right frequency.

The purpose of the governance committees is to support the Board in the delivery of its role. The table below highlights the primary purpose of each committee and the types of assurance that are provided to Board.

Table 1: Listed below are the Board and Governance Committees and their primary purpose

Board Assurance Routes	Primary Purpose	Sources of Assurance
NHS Board	Overall accountability for strategic direction, risk appetite, delivery of the Statement of Strategic Intent, statutory duties and organisational assurance.	• Audit and Risk Committee • Healthcare Governance Committee • Performance and Resources Committee • Public Health Committee • Remuneration Committee • Staff Governance Committee • Area Clinical Forum • Area Partnership Forum / Professional Advisory Committees • Board Management Team • Health and Social Care Leadership Group
Audit and Risk Committee	Provide an independent opinion on the adequacy of assurances they receive on governance, risk management, internal control, information governance, information security, audit, financial stewardship and the Annual Governance Statement.	• Risk Executive Group / Board Management Team • Risk Oversight Group • Information Assurance Committee • Internal Audit Team • External Audit Team
Healthcare Governance Committee	Receive assurances on quality, safety, clinical effectiveness, patient experience, clinical risk, service quality, learning and continuous improvement.	• Quality and Safety Board • Patient Safety Group • Risk Oversight Group • Risk Executive Group / Board Management Team • Infection Control Committee

Board Assurance Routes	Primary Purpose	Sources of Assurance
Healthcare Governance Committee Contd/…		• Area Drugs and Therapeutics Committee • Board Organ Donation Committee • Controlled Drugs Governance Group • Health and Social Care Leadership Team • Nutrition and Hydration Strategy Group • Acute and Diagnostics Directorate Management Team • Family and Support Services Directorate Management Team • Mental Health Directorate Team • Community Health and Social Care Directorate • Primary Care Directorate • Public Health Directorate • Health Public Protection Group • NHS Public Protection Group • Public Protection Committee Violence Against Women and Girls Network • National Gender Based Violence Network • Domestic Homicide Review Subgroup • Scottish Nursing Leadership Child Protection Group • Child Protection National Data Meetings • Accountability and Assurance National Meetings • Performance Quality and Improvement Sub Committee • Hospital Transfusion Committee • Radiation Safety Committee • AAA Screening Programme Board • National AAA Monitoring and Evaluation Group • National AAA Board Screening Coordinators Meeting

Board Assurance Routes	Primary Purpose	Sources of Assurance
Healthcare Governance Committee Contd/…		• Values Based Health and Care / Realistic Medicine Steering Group • Exceptional Referral Panel • Dental Task Force / Dental Steering Group • Alcohol and Drug Partnership • Local MAT Standards Groups
Performance and Resources Committee	Receive assurances on financial sustainability, operational performance, service redesign, infrastructure, digital delivery, resources, delayed discharge and value for money.	• Financial Recovery Board • Climate Emergency and Sustainability Programme Board • Accommodation Group • Board Management Team • Health and Social Care Leadership Group • Community Health and Social Care Leadership Meeting • Financial Recovery Board • Risk Executive Group • Mental Health Senior Management Team • Unscheduled Care Steering Group • Planned Care Steering Group • Cancer Care Steering Group • Palliative Care Steering Group • Contract Development Group • Complex Care Programme Board • Carers Programme Board • Digital Transformation Programme Board • Value Based Health and Care Steering Group • Primary Care Transformation Programme Board • Integration Joint Board

Board Assurance Routes	Primary Purpose	Sources of Assurance
Public Health Committee	Receive assurances on population health, prevention, health inequalities, wider determinants of health, partnership working and long-term improvement in health and wellbeing outcomes.	• Health and Social Care Leadership Group • Board Management Team / Risk Executive Group • Community Health and Social Care Management Leadership Team • Public Health Senior Management Tema • Public Health Screening Programmes Oversight Group • Public Health Screening Programmes Operational Group • AAA Steering Group • Bowel Cancer Steering Group • Pregnancy and Newborn Screening Group • Cervical Screening Steering Group • Health Protection Operational Group • Community Planning Partnership Board • Community Planning Senior Leadership Group • Public Health Scotland • Alcohol and Drug Partnership • Inequalities Short Life Working Gorup • Suicide Prevention Action Group
Remuneration Committee	Receive assurances on the remuneration, terms and conditions, performance objectives and contractual arrangements for Executive Directors and other senior staff, in line with national guidance and agreed governance requirements.	• Discretionary Points Awards Group

Board Assurance Routes	Primary Purpose	Sources of Assurance
Staff Governance Committee	Receive assurances on workforce planning, staffing levels, staff health and wellbeing, workplace culture, statutory training, partnership working and organisational development.	• Health and Social Care Leadership Group • Board Management Team • Area Partnership Forum • Risk Executive Group • Working Well Executive Group • Health & Care Staffing Programme Board • Remuneration Committee • Vacancy Control Group • Staff Governance Committee Workshop • NHS Performance and Resources Committee • IJB Strategic Planning and Commissioning Committee • Ethnic Minority Network • LGBT+ Network • Women's Network • Disability Network • General Managers • Health & Safety Tactical Forum • Carers Interest Network • HR General Workforce Meeting

Each Committee:

- Is Chaired by a Non-Executive Director and is supported by an Executive Lead.
- Sets and agrees an annual work programme for each Committee and this is reported to the Board through the Committee Chair's report for assurance.
- Has terms of reference, which are reviewed annually, to detail its responsibilities, delegation and remit.
- The agenda for each meeting is set by the Committee Chair in discussion with the Executive Lead, supported by the Committee Administrator.
- The minutes from each committee meeting are taken through our public NHS Board meetings to promotes transparency and openness in our discussions and decisions making processes.
- Undertakes an annual performance review.
- Produces an Annual Report, which is submitted to the Board for assurance that the Committee is meeting its terms of reference.

4. Strategic Outcomes, Delivery Plans and Performance Measures

The Framework links each strategic objective to the delivery plans, programmes, milestones and performance measures required to demonstrate progress. This provides the Board with a clear understanding of what is being delivered, who is accountable, when delivery is expected and how impact will be measured.

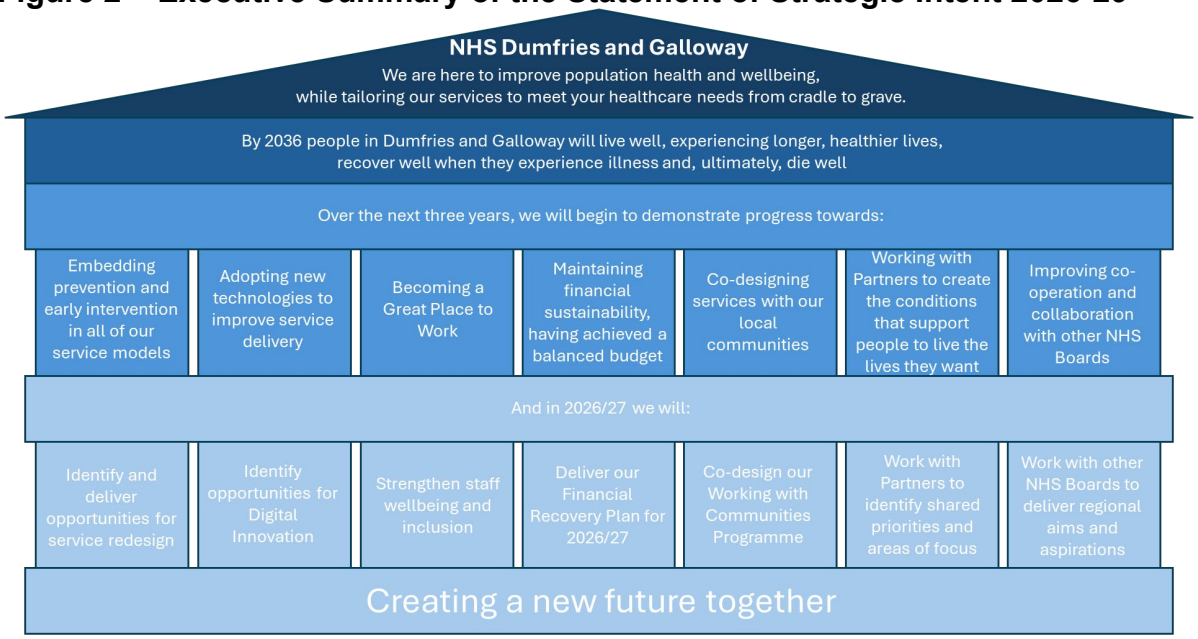
Performance measures should include a balanced range of quality, access, workforce, finance, activity, experience and outcome indicators. Where appropriate, statistical process control, trajectories, milestones and improvement plans should be used to distinguish normal variation from areas requiring corrective action.

The Board Assurance Framework should enable the Board and Committees to test whether reported performance is aligned with strategic intent, whether delivery plans remain realistic, whether resources are sufficient, and whether risks to delivery are being actively managed.

NHS Dumfries and Galloway Strategic Outcomes

The Statement of Strategic Intent sets out NHS Dumfries and Galloway's long-term direction to 2036 and Strategic Outcomes to 2029. The direction is focused on becoming a financially sustainable, digitally enabled, workforce-led organisation delivering outstanding remote and rural healthcare, working in partnership with communities to co-design safe, high-quality and accessible care close to home.

Figure 2 – Executive Summary of the Statement of Strategic Intent 2026-29



Taken together, the Strategic Outcomes detailed in the table below, provide the basis for the Board's assurance focus over the 2026–29 period.

They require the Board and its Committees to maintain clear oversight of whether delivery plans, performance measures, risk controls and sources of assurance are sufficiently aligned to demonstrate progress against the Statement of Strategic Intent, while also ensuring that emerging risks, gaps in assurance and areas requiring improvement are identified, escalated and addressed in a timely and proportionate way.

Table 2: Strategic Outcomes 2026-29 set out in the Statement of Strategic Intent

Strategic Outcome	Board Assurance Focus
Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway	Assurance that delivery plans, service redesign programmes and performance measures demonstrate a clear shift towards prevention, early intervention and sustainable models of care, with evidence that activity is improving outcomes, reducing avoidable demand and supporting people to remain well for longer.
Adopting new technologies that will improve service delivery	Assurance that digital innovation and new technologies are being prioritised, governed and implemented safely to improve access, quality, efficiency and experience, with clear evidence of benefits realisation, information governance compliance and mitigation of digital exclusion risks.

Strategic Outcome	Board Assurance Focus
	Ensuring that the organisation realises opportunities to reduce greenhouse emissions and move to a greener healthcare offering.
Becoming a Great Place to Work where workforce-led change is the norm	Assurance that workforce plans, staff wellbeing and inclusion activity, leadership development and partnership arrangements are supporting a positive culture in which staff feel valued, safe and empowered to identify and lead improvement, innovation and new ways of working.
Maintaining financial sustainability, building on the achievement of a balanced budget	Assurance that the Board is delivering its Financial Recovery Plan and wider efficiency, value and sustainability programmes, with evidence that financial decisions are aligned to strategic priorities, quality and safety impacts are understood, and risks to recurrent balance are actively managed.
Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities	Assurance that community engagement and co-design are embedded in service planning and redesign, with evidence that lived experience, equality impact, rural access and self-care considerations are influencing decisions and contributing to reduced health inequalities. Assurance that the safety and quality of services are part of a balanced approach to becoming a more sustainable organisation.
Working with partners to create more of the conditions that support people to live the lives they want to live	Assurance that partnership arrangements with the Integration Joint Board, Dumfries and Galloway Council, Community Planning Partners, the third sector and independent care providers are translating shared priorities into action on the wider determinants of health and improved population wellbeing.
Improving co-operation and collaboration with other territorial and national NHS Boards, to deliver on shared regional priorities	Assurance that NHS Dumfries and Galloway is actively contributing to regional and national planning arrangements, including West of Scotland collaboration, with evidence that shared pathways, specialist services and mutual aid arrangements support safe, timely and sustainable access to care for the local population.

The Year 1 organisational commitments for 2026/27 provide the first delivery bridge between the Strategic Intent and the Board Assurance Framework. These include:

- Delivering our Financial Recovery Plan for 2026/27.
- Strengthening staff wellbeing and inclusion.
- Co-designing our Working With Communities programme.
- Identifying opportunities for Digital Innovation.

- Identifying and delivering opportunities for service redesign, underpinned by a culture that supports prevention and early intervention.
- Working with others to create the conditions for good health.
- Working collaboratively with other NHS Boards to deliver regional aims and aspirations.

5. Risk Management and Internal Control

Risk management is integral to the Board Assurance Framework. The corporate risk register identifies the corporate risks that may prevent the organisation from achieving its objectives. Each risk should be clearly linked to the relevant strategic outcome, responsible Executive Lead, controls, sources of assurance, gaps in control or assurance and improvement actions.

The Board sets the organisation's risk appetite and uses the Framework to assess whether risks are being managed within tolerance. Risks outside appetite, risks with weak controls, or risks where assurance is limited should be subject to increased scrutiny and clear escalation.

Internal controls provide the foundation for assurance. These include:

- policies and procedures
- Scheme of Delegation
- Standing Orders
- Standing Financial Instructions
- risk management arrangements
- financial controls
- clinical governance systems
- workforce governance arrangements
- information governance controls
- audit processes and statutory compliance mechanisms.

NHS Dumfries and Galloway Corporate Risks

The Board's Corporate Risk Register identifies the corporate risks that may affect delivery of the Board's strategic outcomes and strategic intent. Each risk is assigned to a governance committee for scrutiny and assurance, with current and target risk ratings used to inform the level of oversight required.

Table 3: List of Level 1 Corporate Risks for the Board

Risk ID	Corporate Risk	Governance Committee	Current Rating	Target Rating
8	Inability to sustain efficient and safe workforce levels and skill mix to deliver safe services and Board objectives.	Staff Governance Committee	Medium	Medium
9	Failure of the Board to meet financial targets, creating risk to financial sustainability, patient care, staffing and reputation.	Performance and Resources Committee	Very High	Medium
10	Infrastructure is inadequate to meet the physical needs of service users and support future service transformation.	Performance and Resources Committee	High	Medium
11	Sectors of the population continue to experience health inequalities, leading to poorer outcomes and reduced life expectancy.	Public Health Committee	Very High	High
14	Health, safety and wellbeing of staff is not optimised, affecting delivery of Board objectives and priorities.	Staff Governance Committee	Medium	Medium
15	As services remain critically challenged, the quality of patient care may not achieve the standards expected in Dumfries and Galloway.	Healthcare Governance Committee	High	Medium
17	Failure to improve the health and wellbeing of the population, leading to poorer long-term outcomes.	Public Health Committee	Very High	High
19	Failure to maintain information security standards, resulting in potential loss of reputation, financial impact and service disruption.	Audit and Risk Committee	Very High	High
23	Failure to deliver a positive workplace culture where the workforce is supported, engaged and thriving.	Staff Governance Committee	Medium	Medium
24	Patients may come to harm as a result of delays in discharge or wider service capacity pressures.	Healthcare Governance Committee	Very High	High
124	Risk that the NHS Dumfries and Galloway's Digital Infrastructure is inadequate to meet the technology and security needs of service users of the future.	Performance and Resources Committee	Very High	Medium

Risk ID	Corporate Risk	Governance Committee	Current Rating	Target Rating
187	Risk that the anticipated benefits and outcome of Sub-national Planning and Delivery are not fully realised in Dumfries and Galloway.	Performance and Resources Committee	High	Medium
226	Access to NHS General Dental Services is insufficient to meet demand, affecting oral and wider health outcomes.	Healthcare Governance Committee	High	High
255	Failure to deliver reductions in CO2 emissions and meet NHS Scotland net zero commitments.	Performance and Resources Committee	High	Medium
360	Failure to redesign and deliver services to meet the health and care needs of the population.	Performance and Resources Committee	High	Medium
365	Patient information systems do not fully automate the data required for safe management of patients.	Performance and Resources Committee	High	High

These risks have been mapped directly to the seven Strategic Outcomes so that the Board can assess whether delivery plans, controls and assurance activity are sufficient to mitigate the risks most likely to affect achievement of the Statement of Strategic Intent. Risks rated Very High or High should be subject to enhanced scrutiny through the relevant Committee and escalated to the Board where they exceed appetite, require strategic decision-making or indicate a material gap in control or assurance.

6. Board Assurance Model

The Board Assurance Framework's governance model recognises that effective assurance is generated through the interaction of strategy, delivery, risk, performance, finance, workforce, quality, audit and stakeholder intelligence. It enables the Board to understand not only whether objectives are being delivered, but whether they are being delivered safely, sustainably and within agreed levels of risk.

The model is designed to ensure that the Board can see clearly how strategic ambitions are translated into delivery plans, how performance is measured, how risks are controlled, how assurance is tested and how improvement action is monitored.
It supports proportionate scrutiny, avoiding both under-assurance in high-risk areas and unnecessary reporting burden in lower-risk areas.

Lines and Sources of Assurance

The Framework should distinguish between different sources of assurance so that the Board can assess the strength, independence and completeness of the evidence available. A three-lines approach provides a useful structure for describing how assurance is generated and tested.

Line of Assurance	Description	Examples
First line	Management control and operational reporting by those responsible for delivery.	Directorate performance reviews, service reports, local risk registers, programme boards and management action plans.
Second line	Governance oversight and scrutiny through Executive groups, Board Committees and corporate functions.	Committee reports, integrated performance reports, corporate risk reports, workforce reports, finance reports and policy compliance reports.
Third line	Independent, external or objective assurance that tests the effectiveness of controls and governance arrangements.	Internal audit, external audit, regulatory inspections, peer review, Scottish Government reviews and independent evaluations.

Further detail on the lines of assurance, including examples of assurance can be found within the Board Assurance Framework at Appendix 2.

Levels of Assurance

To support consistency, reports presented to the Board and Committees should identify the level of assurance being offered and the evidence on which that judgement is based. This enables Members to understand whether controls are effective, whether residual risks remain and whether further action is required.

Level	Description	Likely Response
Significant assurance	Controls are robust, operating effectively and delivering the intended purpose. Residual risk is low or insignificant.	Continue routine monitoring, with further reporting only as scheduled or if circumstances change.
Moderate assurance	Controls are generally effective, but some residual risk remains and further action is required.	Monitor delivery of agreed actions and seek further assurance within a defined timescale.
Limited assurance	There are material weaknesses, gaps in control or insufficient evidence that controls are operating effectively.	Require a clear improvement plan, closer scrutiny and further reporting at the next appropriate meeting.
No assurance	The Board or Committee cannot take assurance from the	Immediate escalation, urgent remedial action and continued

Level	Description	Likely Response
	information provided, and significant residual risk remains.	monitoring until assurance improves.

When recommending a level of assurance, report authors should describe the evidence available, the key risks or concerns, any gaps in assurance, the actions being taken to address them and the timescale for improvement.

Assurance Cycle and Escalation

The Board Assurance Framework operates through a regular cycle of reporting, scrutiny, escalation and review. This cycle ensures that performance information, risk data, finance reports, delivery plan updates and external intelligence are considered together, enabling timely action where delivery is off track or risk exposure is increasing.

The bullet points below describe how assurance information flows through the organisation, from frontline monitoring and directorate escalation through Executive review, Committee scrutiny and final Board oversight.

- Teams and services monitor delivery, identify risks and take local action.
- Directorates apply a consistent approach to clinical governance, consolidating performance, risk, quality, safety and improvement information, and escalating unresolved issues through agreed routes to Executive review, the relevant Committee or the Board as required.
- The Board Management Team reviews the integrated picture, agrees action and determines whether issues require Committee or Board attention.
- Committees scrutinise matters within their remit, test the adequacy of assurance and escalate key issues to the Board.
- The Board receives the overall assurance picture, focuses on strategic risks and determines whether further action is required.

Escalation should be clear and proportionate. Matters should be escalated where:

- risks exceed appetite
- performance is materially off trajectory
- there are safety or quality concerns
- assurance is limited or absent
- statutory duties are at risk
- decisions are required beyond delegated authority.

7. Culture, Learning and Continuous Improvement

The Framework should support a culture of learning rather than a purely compliance-based approach to performance and assurance. Assurance should be used to understand whether systems are working, whether risks are being managed and whether improvement action is having the intended impact.

A mature assurance culture is characterised by transparent reporting, constructive challenge, openness about uncertainty, triangulation of evidence and a willingness to adapt where controls or delivery arrangements are not effective.

Board and Committee discussions should therefore focus on the quality of evidence, the effectiveness of controls, the impact of actions and the confidence that can reasonably be taken from the information presented.

8. Review, Evaluation and Future Development

The Board Assurance Framework should be reviewed at least annually and updated during the year where there are material changes to strategy, risk profile, statutory requirements, national priorities or governance arrangements. The review should assess whether the Framework remains proportionate, focused, complete and useful to Board Members and Committees.

The bullet points below set out the key areas that should be considered as part of that review, to test whether the Framework remains aligned, complete, effective and capable of supporting robust Board and Committee assurance.

- Alignment with Strategic Outcomes, delivery plans and national priorities.
- Completeness of assurance routes and Committee workplans.
- Effectiveness of links between performance, finance, workforce, quality, safety and risk.
- Clarity and consistency of levels of assurance in Board and Committee reporting.
- Evidence of escalation, action tracking and improvement where assurance is limited.
- Feedback from Board Members, Committees, Executive Directors and audit providers.
- Contribution to the Annual Governance Statement and wider annual reporting.

Future development should focus on strengthening the connection between existing sources of assurance and ensuring that the relevant data is routinely available for assurance through the appropriate governance routes. This includes improving the visibility of key quality and safety indicators and addressing current gaps in routine reporting on performance, quality and safety. Priorities should include improving triangulation of qualitative and quantitative evidence, aligning reporting cycles, strengthening visibility of external intelligence, developing digital dashboards and ensuring that scrutiny is focused on the areas of greatest strategic risk, patient safety impact and assurance need.

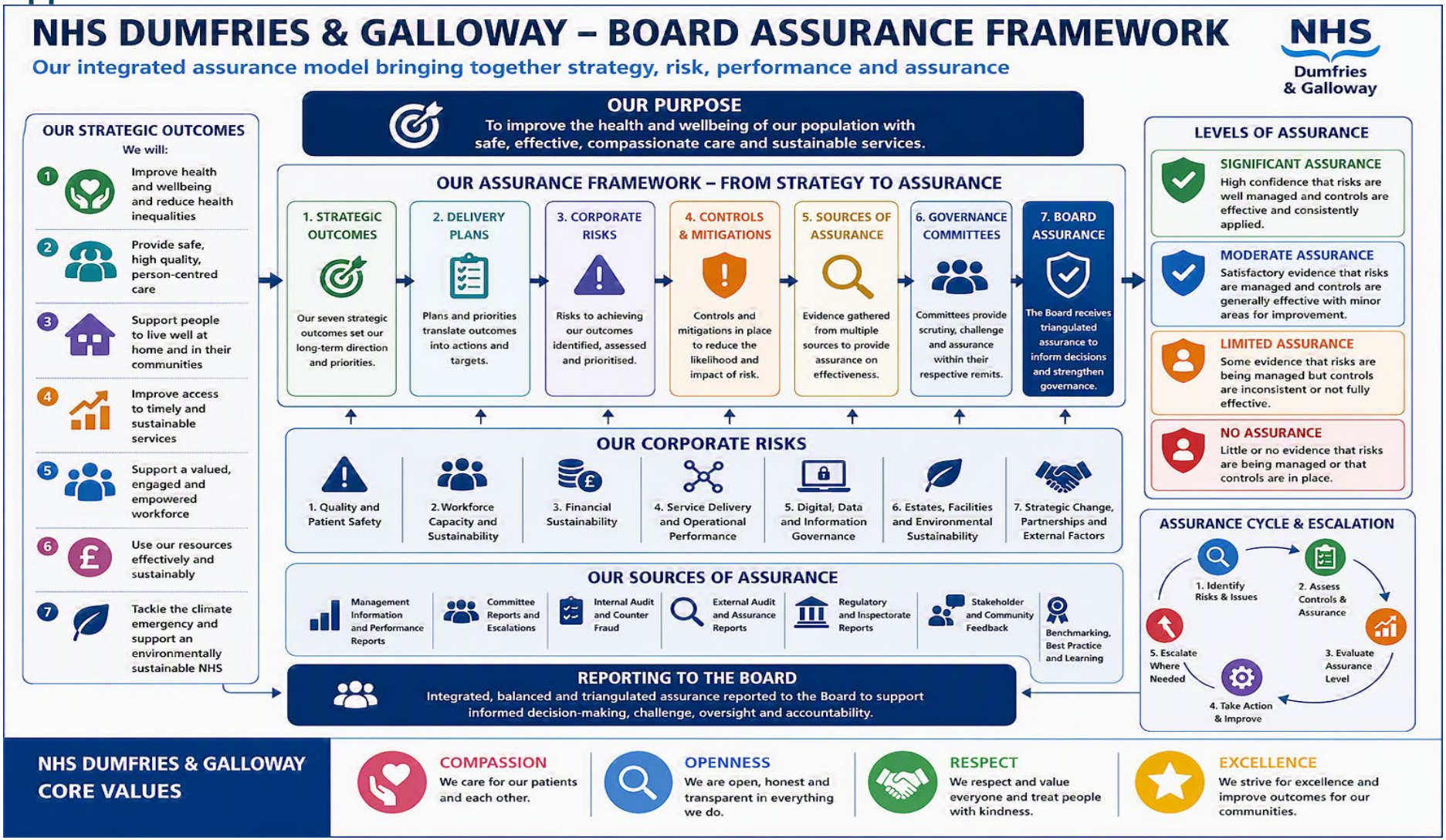
9. Conclusion

The Board Assurance Framework provides the Board with a practical and structured approach to understanding delivery, risk and assurance. By bringing together

Strategic Outcomes, performance measures, corporate risks, internal controls, assurance routes and escalation arrangements, the Framework enables the Board to discharge its responsibilities for good governance, accountability and stewardship.

Used effectively, the Framework supports a clear line of sight from strategy to delivery, enables proportionate scrutiny, identifies gaps in control or assurance and strengthens the organisation's ability to learn, adapt and improve. It should remain a live document, embedded within the annual governance cycle and continually refined to meet the needs of the Board, the organisation and the population it serves.

Appendix 1 – Board Assurance Framework Visualisation



Title: Board Assurance Framework 2026/27
Author: Corporate Business Manager
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Appendix 2

NHS Dumfries and Galloway Board Assurance Framework					
Strategic Outcomes	**Corporate Risk(s)**	**Risk Rating**	**Date Last Reviewed**	**Change**	**Narrative**
Adopting new technologies that will improve service delivery	Failure to maintain information security standards leading to loss of reputation and severe financial and disruptive consequence (ID 19)	12	29/07/2026		
	Infrastructure is inadequate to meet both physical and technological service user needs in future.(ID 10)	16	05/06/2026		
	Failure to deliver reductions in CO2 (ID 255)	15	22/07/2026		
	Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients. (ID 365)	15	29/07/2026		
	Risk that the NHS Dumfries and Galloway's Digital Infrastructure is inadequate to meet the technology and security needs of service users of the future. (ID 124)	20	29/07/2026		
Becoming a Great Place to Work where workforce-led change is the norm.	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 (ID 8)	9	11/06/2026		
	The risk of failing to deliver a positive workplace culture where our workforce is supported, engaged, and thriving. (ID 23)	9	11/06/2026		
	There is a risk that the Health and Wellbeing of our Staff is not optimised. (ID 14)	9	11/06/2026		
Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.	Risk that as services remain critically challenged, the quality of patient care may not achieve standards expected in D&G (ID 15)	12	15/07/2026		
	Risk that sectors of our population continue to experience Health Inequalities (ID 11)	12	12/07/2026		
Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway	Risk that we will not improve the health and wellbeing of our population. (ID 17)	20	12/07/2026		
	Access to NHS General Dental Services (GDS) (ID 226)	12	03/06/2026		
	Failure to redesign and deliver services to meet the health and care needs of the population. (ID 360)	20	24/07/2026		
	Patients may come to harm as a result of a delay in their discharge process or as a result of service capacity issues. (ID 24)	20	13/07/2026		
Improving co-operation and collaboration with other territorial and national NHS Boards, to deliver on shared regional priorities.	Risk that the anticipated benefits and outcome of Sub-national Planning and Delivery are not fully realised in Dumfries and Galloway (ID 187)	12	10/07/2026		
Maintaining financial sustainability, building on the achievement of a balanced budget.	Failure of the Board to meet financial targets (ID 9)	20	17/07/2026		

Strategic Objective	Corporate Risk(s)	Risk Appetite	Key Controls	Lines of Assurance	Lines of Assurance	Lines of Assurance	Likelihood	Impact	Risk Rating	Gaps in Control/Assurance	Actions Required	Lead	Target Date	Annual Delivery Plan Actions	Lead	Target Date
Adopting new technologies that will improve service delivery	Failure to deliver reductions in CO2	Open	• Programme Board reporting and delivery of the agreed decarbonisation workplan. • Scottish Government reporting and national net zero oversight.	**First Line: Operational Management** • Sustainability, Estates and Facilities teams • Delivery of decarbonisation workplan actions • Energy, waste, travel and emissions data monitoring • Sustainable procurement and service-level improvement actions • Local project risk and action tracking • Annual Delivery Plan Action Plan	**Second Line: Oversight Functions** • Performance and Resources Committee • Climate Sustainability Programme Board	**Third Line: Independent Assurance** • Scottish Government • Internal Audit	4	3	12	• Significant assurance that work is progressing and achievement being made in relation to Net zero through annual reporting. Future risk to delivery due to funding, staff capacity and reliance on partnership working.						
Adopting new technologies that will improve service delivery	Failure to maintain information security standards leading to loss of reputation and severe financial and disruptive consequence	Minimal	• Information Assurance Committee reporting to Audit & Risk Committee. • Mandatory training compliance, penetration testing and cyber incident exercises. • External cyber and NIS audits and national compliance reviews.	**First Line: Operational Management** • Information Governance and Digital operational teams • Mandatory information governance and cyber security training • Access management, patching and monitoring controls • Cyber incident reporting and response procedures • Penetration testing and exercise action tracking	**Second Line: Oversight Functions** • Information Assurance Committee • Audit and Risk Committee	**Third Line: Independent Assurance** • Internal Audit • External Audit • NIS	3	5	15	• High reliance on technical and operational controls, with limited Board level assurance on organisational cyber resilience. • Limited independent assurance on preparedness for future cyber threats, beyond current compliance. • Assurance focuses on control presence rather than system wide vulnerability reduction.				DIG-01 Digital Innovation Projects	Director of Digital	
														DIG-02 Digital Delivery Plan (Core Programme)	Director of Digital	
Adopting new technologies that will improve service delivery	Infrastructure is inadequate to meet both physical and technological service user needs in future.	Cautious	• Board approved Capital Programme, including backlog maintenance and statutory compliance investment, monitored through the Strategic Capital Programme Board. • Oversight of digital and technology risks through the Digital Transformation Programme Board, including progress against the Local Digital Implementation Plan aligned to Scotland's Digital Health and Care Strategy. • Routine reporting from Health & Safety, Infection Control and Estates walkarounds, with escalation through Tactical and Strategic Health & Safety Groups. • Business Continuity Planning arrangements, including a Board approved BCP Capital Plan and assurance on cyber resilience and data centre resilience. • Scottish Government oversight of capital funding allocations and approvals, including "do minimum" business continuity funding decisions. • National standards and regulatory requirements relating to digital security, building regulations and mental health estate, with self assessment and compliance reporting.	**First Line: Operational Management** • Estates, Facilities and Digital operational teams • Statutory maintenance and compliance checks • Health & Safety, Infection Control and estates walkarounds • Business continuity and resilience procedures • Digital infrastructure monitoring and incident response	**Second Line: Oversight Functions** • Strategic Capital Programme Board • Digital Transformation Programme Board • Tactical Health and Safety Group • Performance and Resources Committee	**Third Line: Independent Assurance** • Internal Audit • Scottish Government	4	4	16	• Limited assurance that capital investment and digital programmes are sufficient to address long term infrastructure risk. • Heavy dependence on Scottish Government capital decisions, with limited assurance on mitigation where funding is constrained. • Incomplete assurance on resilience and future proofing, rather than maintenance of current infrastructure.						
Adopting new technologies that will improve service delivery	Risk that Patient Information Systems do not fully automate delivery of data required for safe management of patients.	Cautious	• Reporting on system performance, incidents and mitigations through digital and clinical governance structures. • Business continuity plans and interim operational controls pending full system replacement. • Supplier assurance and procurement governance for replacement systems.	**First Line: Operational Management** • Clinical staff and system users • Digital systems support teams • System performance and incident monitoring • Business continuity and interim operational procedures • Data quality checks and user training	**Second Line: Oversight Functions** • Information Assurance Committee • Audit and Risk Committee	**Third Line: Independent Assurance** • Internal Audit • Information Commissioner's Office	3	5	15	• Continued reliance on interim and administrative controls pending system replacement. • Limited assurance on timescales and risk exposure during transition to new systems. • Board assurance constrained by known system limitations, reducing confidence in residual risk management.				DIG-01 Digital Innovation Projects	Director of Digital	
														DIG-02 Digital Delivery Plan (Core Programme)	Director of Digital	
														DIG-03 Digital Near Me / Platform Evaluation	Director of Digital	
Adopting new technologies that will improve service delivery	Risk that the NHS Dumfries and Galloway's Digital Infrastructure is inadequate to meet the technology and security needs of service users of the future.	Minimal	• Oversight of digital infrastructure investment, maintenance and service continuity. • Layered cyber security safeguards across the digital environment. • Data backup and recovery arrangements for key systems and information. • Supplier engagement to understand product roadmaps, support arrangements and legacy system risks. • Engagement with national "Once for Scotland" digital approaches where available. • Independent security testing of critical infrastructure. • Regular review and escalation of digital and IT risks through governance arrangements. • Ongoing audit activity to provide assurance on digital infrastructure controls. • External specialist monitoring of key infrastructure.	**First Line: Operational Management** • Information Management and Technology operational teams • Infrastructure, endpoint/server, network and security operations • Backup, resilience and recovery procedures • Supplier engagement and roadmap tracking • Local IT risk review and action tracking	**Second Line: Oversight Functions** • Information Assurance Committee • Digital Transformation Programme Board • Audit and Risk Committee • Corporate risk escalation and review arrangements • Prioritisation of infrastructure investment within available capital and revenue budgets	**Third Line: Independent Assurance** • Internal Audit and other audit functions • Regular penetration testing of critical infrastructure • External specialist monitoring of key infrastructure • External cyber-security and resilience assurance where commissioned	4	5	20	• Ageing digital infrastructure requiring modernisation. • Limited funding may slow delivery of improvements. • Legacy systems may restrict interoperability and future digital ambitions. • Further cyber resilience improvements required. • Disaster recovery and business continuity arrangements require further development. • Workforce capacity and specialist skills require further investment. • Delivery is dependent on supplier roadmaps and national digital programmes. • Monitoring and analytics capability requires further development. • Wider network-connected equipment requires continued oversight and investment.				DIG-01 Digital Innovation Projects	Director of Digital	
														DIG-02 Digital Delivery Plan (Core Programme)	Director of Digital	
Becoming a Great Place to Work where workforce-led change is the norm.	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	Cautious	• Quarterly and Annual Healthcare Staffing Legislative Report submitted to Scottish Government and reported to the Staff Governance Committee demonstrating compliance with the Health & Care (Staffing) (Scotland) Act 2019. • Board and Committee reports on workforce performance, including turnover, sickness absence, occupational referrals. • Approved Workforce and HSCP Workforce Plans, aligned to national and regional workforce strategies and reviewed through established governance routes. • Corporate risk management and escalation arrangements, including routine review of workforce risks and mitigations through the risk register. • Succession planning for senior roles. • Permanent recruitment and international recruitment utilised to seek to fill all hard to fill roles. Employer branding to support attraction work. Bank optimisation and reduced agency reliance	**First Line: Operational Management** • Directorate and service managers • Professional leads and workforce staff • Rostering and safe staffing assessments • Recruitment, bank and agency controls • Mandatory training, appraisal and workforce performance monitoring	**Second Line: Oversight Functions** • Operational Management Teams • Staff Governance Committee	**Third Line: Independent Assurance** • Internal Audit • Scottish Government	3	3	9	• Insufficient clarity on Board level control effectiveness • Over reliance on internal management data • Limited independent assurance • Weak linkage between workforce risk and patient safety outcomes • Incomplete assurance on ongoing statutory compliance • Limited evidence of risk reduction for long term sustainability				WF-04 Supplementary Staffing Controls and Corporate Bank	Director of Workforce	
														HSCP-02 FMA Implementation Plan: Year 1	Chief Officer	
														NMAHP-01 NMAHP Workforce Development and strategic Partnership (UWS)	Director of Nursing / Director of AHP / Director of Midwifery	
														NMAHP-02 NMAHP Career Pathways and Workforce Transformation	Director of Nursing / Director of AHP / Director of Midwifery	
Becoming a Great Place to Work where workforce-led change is the norm.	The risk of failing to deliver a positive workplace culture where our workforce is supported, engaged, and thriving.	Cautious	• Staff Governance Committee and NHS Board reports, including iMatter, whistleblowing, and staff experience data. • Approved Culture Improvement Plan and Behaviours Framework with progress monitored through governance structures. • Area Partnership Forum and Staff Side engagement providing early warning of workforce concerns. Anti racism plan in draft for approval in June. Voices for Change and Ethnic Minority staff surveys. Wellbeing post in place and wellbeing plan under review. Staff networks in place - Women, ethnic minority LGBT+, and disability. Employer Branding - Great Place to Work • Scottish Government feedback on Staff Governance Monitoring.	**First Line: Operational Management** • Line managers and local leadership teams • ODL team and staff engagement leads • iMatter action planning and local staff feedback • Wellbeing conversations and culture improvement actions • Use of grievance, dignity at work and whistleblowing routes	**Second Line: Oversight Functions** • Area Partnership Forum • Staff Governance Committee	**Third Line: Independent Assurance** • Internal Audit • Scottish Government	3	3	9	• Culture assurance relies heavily on survey data and reporting, with limited independent validation. • Limited assurance that identified cultural issues are resolved and sustained, rather than repeatedly mitigated. • Weak linkage between culture indicators and patient safety and service outcomes.				WF-01 Culture Plan, Behaviour Framework and Effective Managers Programme	Director of Workforce	
														WF-03 Staff Engagement, Listening and Psychological Safety	Director of Workforce	
Becoming a Great Place to Work where workforce-led change is the norm.	There is a risk that the Health and Wellbeing of our Staff is not optimised.	Cautious	• Workforce and Staff Governance Committee reporting on sickness absence, OH attendances, appraisal, mandatory training etc - triangulate. Occupational health surveillance and early interventions. Compliance with HealthCare Staffing legislation. Flexible working and Flexible retirement options. Programme of health & safety inspections across the Organisation. • Violence & aggression training and prevention programmes. • Behaviour Framework implemented across Organisation. Core Mandatory training and mandatory for role identificaiton underway as part of Protected Learning time. Wellbeing approach to be reviewed.	**First Line: Operational Management** • Line managers and workforce staff • Occupational Health referrals and absence management • Health & Safety inspections and risk assessments • Violence and aggression training • Mandatory training, appraisal and wellbeing support arrangements	**Second Line: Oversight Functions** • Tactical H&S Committee • Healthcare Staffing Operational Group • Staff Governance Committee • Corporate H&S Committee • Area Partnership Forum • Health care staffing Programme Board	**Third Line: Independent Assurance** • Internal Audit • Scottish Government	3	3	9	• Assurance largely based on workforce metrics, with limited triangulation to service quality or sustainability outcomes. • Limited independent assurance on the effectiveness of wellbeing interventions. • Ongoing reliance on short term mitigations rather than demonstrable improvement in workforce resilience.				WF-03 Wellbeing, Attendance and Short-Term Absence Reduction	Director of Workforce	

Strategic Objective	Corporate Risk(s)	Risk Appetite	Key Controls	Lines of Assurance	Lines of Assurance	Lines of Assurance	likelihood	Impact	Risk Rating	Gaps in Control/Assurance	Actions Required	Lead	Target Date	Annual Delivery Plan Actions	Lead	Target Date
Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.	Risk that as services remain critically challenged, the quality of patient care may not achieve standards expected in D&G	Minimal	• Care Assurance processes, including Essentials of Safe Care and Directorate level quality governance mechanisms. • Quality & Safety Board oversight and escalation of quality issues to Executive and NHS Board level. • Patient safety walkrounds, complaints and compliments reporting, and learning from adverse events. • Participation in national quality and safety programmes, including the Scottish Patient Safety Programme. • National inspection and review activity (e.g. HIS), and external audits relating to quality and safety.	**First Line: Operational Management** • Hand Hygiene Audits • Mandatory Training • Standards Operating Procedures • Annual Delivery Plan Action Plan	**Second Line: Oversight Functions** • Patient Safety Group • Quality and Safety Board • Patient Safety Walkrounds • Risk Oversight Group • Risk Executive Group • Healthcare Governance Committee	**Third Line: Independent Assurance** • Scottish Patient Safety Programme • HIS • Internal Audit • External Audit	4	3	12	• Extensive controls in place, but limited explicit assurance on overall effectiveness of the quality governance framework. • Weak Board level visibility of how learning from incidents and audits are embedded and sustained. Reliance on internal quality reporting with limited external validation.				PC-01 Planned Care (including Cancer): Reduce Longest Waits	Chief Operating Officer	
														HSCP-01 Mental Health Modernisation	Chief Officer	
														COR-02 Review and Refine the Professional Advisory Committee Arrangements		
														COR-03 Review and Refine Organisational Governance Arrangements	Director of Strategic Planning and Transformation	
														NMAHP-03 Quality Improvement, Learning and Patient Safety Capability	Director of Nursing / Director of AHP / Director of Midwifery	
														NMAHP-04 Professional Leadership, Governance and System Oversight	Director of Nursing / Director of AHP / Director of Midwifery	
Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.	Risk that sectors of our population continue to experience Health Inequalities	Cautious	• Oversight of delivery through the Public Health Committee and Short Life Working Group on Inequalities, including progress against agreed programmes of work. • Compliance with statutory equality duties, including Equality Outcomes reporting, Equality Impact Assessment (EQIA) policy and toolkit, and Child Poverty Action Plans. • Monitoring of health inequalities indicators through Board performance reporting, including deprivation related access and outcome measures. • Delivery of agreed actions through the Annual Delivery Plan and Health and Social Care workforce plans, including anchor organisation commitments. • Oversight by the Equality and Human Rights Commission in relation to compliance with the Equality Act 2010 and Fairer Scotland Duty. • Scottish Government scrutiny through Child Poverty reporting and national population health frameworks.	**First Line: Operational Management** • Public Health and operational directorate teams • Equality Impact Assessments and Fairer Scotland Duty checks • Health inequalities programme delivery actions • Access, outcome and deprivation-related performance monitoring • Community planning and partnership working at operational level • Annual Delivery Plan Action Plan	**Second Line: Oversight Functions** • Inequalities Short Life Working Group, • Operational Directorate Annual Reviews • Public Health Committee • Staff Governance Committee	**Third Line: Independent Assurance** • Internal Audit • Equality and Human Rights Commission • Scottish Government	4	5	20	• Moderate assurance that Board undertakes activity and monitors outcomes within its control to mitigate inequalities and has mechanisms in place to work in partnership to address the wider determinates of health impact significantly on inequalities through Community Planning Structures. Further assurance on inequalities work across health and care system is required and should be embedded into reporting to other Board Committees. Strengthened scrutiny of EQIAs would also be helpful. Strengthening Board input to Community Planning Sub-structures and Regional Economic Partnership is an area of improvement.				PH-02 Population Health Maturity Matrix	Director of Public Health	
														PH-03 Preventative Spend Pilot	Director of Public Health	
Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway	Access to NHS General Dental Services (GDS)	Minimal	• Dental Taskforce and Steering Group reporting, including access and participation data. • Scottish Government engagement and national policy decisions on dental contract and allowances.	**First Line: Operational Management** • Dental service managers and Primary Care teams • GDS access and participation data monitoring • Patient communication and signposting processes • Local escalation of access and capacity issues • Operational action tracking through dental service plans	**Second Line: Oversight Functions** • Dental Taskforce and Steering Group • Healthcare Governance Committee	**Third Line: Independent Assurance** • Scottish Government • Internal Audit	5	4	20	• Significant reliance on national policy and funding decisions, with limited local mitigation available. • Limited assurance that current actions will reduce risk level, rather than manage consequences. Inequalities impact acknowledged, but limited assurance on long term access recovery.						
Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway	Failure to redesign and deliver services to meet the health and care needs of the population.	Open	• Board and Committee scrutiny of transformation programmes and delivery of the Annual Delivery Plan. • Audit Scotland findings and national guidance influencing service redesign.	**First Line: Operational Management** • Programme and project managers • Service managers and clinical/operational teams • Programme delivery plans and milestone monitoring • Service redesign risk assessments and implementation controls • Benefits, performance and outcome tracking • Annual Delivery Plan Action Plan	**Second Line: Oversight Functions** • Financial Recovery Board • Board Management Team • Health and Social Care Leadership Group • Performance and Resources Committee	**Third Line: Independent Assurance** • Internal Audit • External Audit • Scottish Government	3	4	12	• Assurance centred on programme activity, with limited evidence of delivery of sustainable service models. • Complex interdependencies with finance and workforce risks are not fully triangulated at Board level. • Limited assurance that transformation is delivering measurable outcomes at scale.				UC-04 Place Based Care	Chief Officer	
														HSCP-01 Mental Health Modernisation	Chief Officer	
Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway	Patients may come to harm as a result of a delay in their discharge process or as a result of service capacity issues.	Cautious	• Routine reporting from Flow Oversight Group and Unscheduled Care Programme to Senior Leadership Team and Board Committees. • Performance data on length of stay, delayed discharges and discharge pathways. • HIS and Scottish Government review activity, including Ministerial scrutiny and CfSD recommendations.	**First Line: Operational Management** • Ward, discharge and flow teams • Daily discharge planning and escalation huddles • Length of stay, delayed discharge and pathway monitoring • Incident reporting and patient safety controls • Local authority and partner operational liaison	**Second Line: Oversight Functions** • Flow Oversight Group • Unscheduled Care Programme Board • Performance and Resources Committee	**Third Line: Independent Assurance** • CfSD • Internal Audit	5	4	20	• Strong operational oversight, but limited assurance that system wide flow issues are being sustainably resolved. • High dependency on local authority capacity and funding, with limited assurance where partners cannot deliver. • Assurance focused on escalation rather than risk reduction trajectory.				UC-01 Hospital at Home	Chief Operating Officer / Chief Officer	
														UC-02 Discharge Without Delay	Chief Operating Officer / Chief Officer	
														UC-03 Adults with Incapacity (AWI) Flow Pathway	Chief Operating Officer / Chief Officer	
Improving co-operation and collaboration with other territorial and national NHS Boards, to deliver on shared regional priorities.	Risk that the anticipated benefits and outcome of Sub-national Planning and Delivery are not fully realised in Dumfries and Galloway	Cautious	• Participation in Sub-national Planning and Delivery governance arrangements. • Executive and senior leadership engagement to represent local priorities, rurality, workforce, financial and service implications. • Local strategic and service planning arrangements used to identify priorities, benefits, risks and escalation requirements. • Executive Team and Board Committee oversight of strategic planning, finance, workforce, service redesign and population health priorities. • Directorate-level business continuity arrangements in place for relevant services.	**First Line: Operational Management** • Executive and senior leadership engagement on D&G priorities and dependencies. • Strategic Planning / directorate teams identify local priorities, risks and service impacts. • Operational and professional leads contribute to Scotland West planning groups.	**Second Line: Oversight Functions** • Sub-national Planning and Delivery governance, including Scotland West programme boards. • Executive Team and Board Committee oversight of priorities, risks, benefits and decisions. • Internal reporting, escalation and benefit tracking.	**Third Line: Independent Assurance** • Internal Audit • External Audit • Scottish Government	4	3	12	• Local objectives, priorities and expected benefits require further clarification. • Named leads and responsibilities for key workstreams require further definition. • Reporting and escalation routes require further formalisation. • Routine reporting to the Executive Team and Board Committees requires development. • Benefit tracking arrangements require further strengthening. • A local engagement and influence plan requires development. • Opportunities, dependencies, decisions and local impacts require systematic tracking. • No late detective or corrective controls are currently identified. • No specific third-line independent assurance is currently identified.				COR-04 Design, Shape and Influence the outputs from Sub-National Rural and Islands Workstream to advocate for and reflect the needs of people in Dumfries and Galloway	Director of Strategic Planning and Transformation	
Maintaining financial sustainability, building on the achievement of a balanced budget.	Failure of the Board to meet financial targets	Minimal	• Board approved In Year and Three Year Financial Plans, with routine reporting on progress against plan and recovery actions. Financial Recovery Board (FRB) oversight, meeting weekly and reporting to the Performance & Resources Committee on delivery of savings plans, cost pressures and financial controls. Regular financial performance reporting to the NHS Board and Performance & Resources Committee, including escalation where required. • Standing Financial Instructions, Scheme of Delegation and authorised signatory arrangements, supported by mandatory financial governance training. • Monitoring of the corporate finance risk through FRB, Performance & Resources Committee and Audit & Risk Committee. • Scottish Government mid year and annual financial review processes, including ongoing engagement under the NHS Scotland Support and Intervention Framework. • External Audit by Audit Scotland, including annual audit of the financial statements and wider scope work on financial management, sustainability, governance and value for money, reported through ISA260 to the Audit & Risk Committee and Board. • Internal Audit programme, with findings reported through the Audit & Risk Committee, including financial governance and control arrangements.	**First Line: Operational Management** • Budget holders and finance managers • Standing Financial Instructions and delegated authority controls • Monthly budget monitoring and variance review • Savings plan delivery and cost pressure tracking • Financial governance training and approval processes	**Second Line: Oversight Functions** • Financial Recovery Board • Audit and Risk Committee • Performance and Resources Committee	**Third Line: Independent Assurance** • External Audit • Internal Audit • Scottish Government	5	4	20	• Heavy reliance on internal financial recovery reporting, with limited independent assurance on long term financial sustainability. • Limited assurance that recurring underlying deficits are being reduced rather than managed year to year. • Board assurance focuses on in year control, with less visibility of medium to long term affordability risks.				FIN-01 Financial Recovery Plan Strategy: Phase 1 Development of Strategy	Director of Finance	
														FR-01 Financial Recovery Implementation	Chief Operating Officer	
														COR-01 Align Corporate Services with delivery of Financial Recovery Strategy and wider organisational priorities	Director of Strategic Planning and Transformation	

Strategic Objective	Corporate Risk(s)	Risk Appetite	Key Controls	Lines of Assurance	Lines of Assurance	Lines of Assurance	Likelihood	Impact	Risk Rating	Gaps in Control/Assurance	Actions Required	Lead	Target Date	Annual Delivery Plan Actions	Lead	Target Date
Working with Partners to create more of the conditions that support people to live the lives they want to live.	Risk that we will not improve the health and wellbeing of our population.	Cautious	• Public Health Committee oversight of delivery against the Annual Delivery Plan and public health improvement programmes. • Reporting on agreed Board tactical priorities for Population Health and Health Inequalities. • Community Planning Partnership and national policy frameworks, including the Scottish Government/COSLA Population Health Framework.	**First Line: Operational Management** • Public Health and operational directorate teams • Delivery of Annual Delivery Plan public health actions • Population health improvement programme monitoring • Prevention and early intervention activity tracking • Community Planning Partnership operational engagement	**Second Line: Oversight Functions** • Community Planning Partnership • Directorate Team Annual Reviews • Public Health Committee	**Third Line: Independent Assurance** • Internal Audit • Scottish Government • COSLA	5	4	20	• Moderate assurance that the Board undertakes work in relation to prevention and early intervention and monitors outcomes aligned with the Population Health Framework in areas under its direct control. Further assurance in relation to prevention activity across the health and care system is required.				PH-01 Healthy Weight Programme	Director of Public Health	
														PH-02 Population Health Maturity Matrix	Director of Public Health	
														PH-03 Preventative Spend Pilot	Director of Public Health	
														COR-04 Design, Shape and Influence the outputs from Sub-National Rural and Islands Workstream to advocate for and reflect the needs of people in Dumfries and Galloway	Director of Strategic Planning and Transformation	

Line	Primary Responsibility	Who	What	How	NHS Examples
First Line **Operational Management** The classification depends on who owns the activity: operational monitoring = first line; independent oversight and challenge = second line.	**Own - Operate - Manage** **Own and manage risks and controls within day-to-day operations and decision-making.** **Operate controls (patching, access, incident response)** **Deliver services safely and effectively**	Frontline staff, team leaders, service managers, clinical teams, budget holders.	Own, manage and control risks. Design, implement and operate controls and deliver services in line with objectives, policies and procedures.	Through operational procedures, supervision, training, risk assessments, incident management, performance monitoring, and implementation of policies and controls.	Incident reporting systems, Staff training and supervision, clinical audits (management led), ward checks, budget monitoring, local quality and performance monitoring, compliance with policies and procedures
Second Line **Oversight Functions** Second line functions should be sufficiently independent of operational management to provide objective oversight and effective challenge.	**Set - Monitor - Challenge** Establishes frameworks, provides oversight and support, monitors compliance and performance, and challenges management where required on risk management and control activities in practice. Set policies and processes Monitor compliance and control effectiveness Challenge operational performance	Internal governance bodies, committees, and support functions. Specialist functions providing support, oversight challenge and monitoring.	Develop frameworks and policies, provide advice and expertise, monitor compliance and performance, and challenge management and support the effectiveness of risk management and controls.	Through setting policies and standards, providing guidance and expertise, monitoring compliance, analysing performance data, monitoring risks, facilitating risk management processes, escalating concerns and holding management to account for improvement actions.	Risk Management Team, Infection Prevention and Control, Information Governance, Data Protection , Health & Safety, HR, Finance, Procurement, Digital Governance, Quality Improvement Teams, Performance Management. **Examples** Financial training - budget reporting, Performance dashboards, monitoring reports, H&S policies and guidance - H&S audits, Information Security policies and mandatory training - monitoring of training figures, reporting to IAC, phishing exercises and monitoring and reporting of results.
Third Line **Internal Audit and Independent Assurance**	**Assure - Audit - Report** Provide independent assurance on the effectiveness of governance, risk management and internal controls. Undertake audits and external reviews Report to through the appropriate governance routes	Internal Audit and other independent assurance providers. External auditors, regulators, inspectors.	Provide independent and objective assurance and advice on the effectiveness of governance, risk management and control arrangements.	Through risk-based audits, reviews, assurance mapping, thematic reviews, investigations, independent evaluation, reporting findings, and monitoring management actions.	Internal Audit, Internal Audit co-source partner **Additional independent assurance** Counter Fraud Services, independent reviews commissioned by the Board. External Audit (Audit Scotland), Healthcare Improvement Scotland, and Cyber Essentials or NIS

Board Strategic Outcome	Board Corporate risks															
	Health Inequalities	Organisational Culture	Staffing Dental Services	Infrastructure	Information Security	Delayed Discharges	Design and Deliver Services	Staffing Sustainable Workforce	Health & Wellbeing Population	Information System Fails	Financial Targets	Health and Wellbeing Staff	Patient Quality of Care	CO2 reductions	Digital Infrastructure	Sub-National Planning
Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway			✓			✓	✓		✓							
Adopting new technologies that will improve service delivery				✓	✓					✓				✓	✓	
Becoming a Great Place to Work where workforce-led change is the norm.		✓						✓				✓				
Maintaining financial sustainability, building on the achievement of a balanced budget.											✓					
Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.	✓												✓			
Working with Partners to create more of the conditions that support people to live the lives they want to live.																
Improving co-operation and collaboration with other territorial and national NHS Boards, to deliver on shared regional priorities.																✓

LIKELIHOOD		
Score	**Descriptor**	**Description**
1	Rare	Unlikely to happen in the next 5-10 years
2	Unlikely	Could occur but probably won't in next 2-5 years
3	Possible	Might occur once in the next 1-2 years
4	Likely	Will probably occur several times in the next year
5	Almost Certain	Expected to occur frequently or imminently

		LIKELIHOOD				
		1 Rare	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
IMPACT	**Catastrophic 5**	**5**	**10**	**15**	**20**	**25**
	Major 4	**4**	**8**	**12**	**16**	**20**
	Moderate 3	**3**	**6**	**9**	**12**	**15**
	Minor 2	**2**	**4**	**6**	**8**	**10**
	Negligible 1	**1**	**2**	**3**	**4**	**5**

IMPACT				
Score	**Descriptor**	**Patient/Service Impact**	**Financial Impact**	**Regulatory/Reputation**
1	Negligible	Minimal effect on patients; no service disruption	< £5k	No regulatory interest
2	Minor	Minor patient impact, small service delay	£5k–£50k	Minor local media interest
3	Moderate	Noticeable patient impact, service disruption for a day	£50k–£500k	Single regulatory warning; local media coverage
4	Major	Significant patient harm or extended service outage	£500k–£2.5m	Adverse regulatory report; regional media
5	Extreme	Death(s) or closure of key service	> £2.5m	National regulatory action; national media

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Social Media Six-Month Report**
Responsible Executive/Non-Executive:	**David Rowland, Director of Strategic Planning and Transformation**
Report Author:	**Alexander Campbell, Communications Team Lead**

1 Purpose

This is presented to the Board for:
- Assurance
- Awareness
- Discussion

This report relates to a:
- NHS Board / Integration Joint Board Strategy / Direction

This aligns to the following NHSScotland quality ambition(s):
- Effective
- Person Centred

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

Comment:
The report offers an insight into the content which is shared across social media platforms, and the effective management of these platforms.

From the list below, please select which Strategic Outcome 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)

- Embedding prevention and early intervention in service models that are sustainable within Dumfries and Galloway.
- Adopting new technologies that will improve service delivery.
- Co-designing services with our local communities that meet healthcare needs, promote self-care, and reduce health inequalities.
- Working with Partners to create more of the conditions that support people to live the lives they want to live.

Comment:
Not applicable.

2 Report summary

2.1 Situation

This report provides a review of the social media activities conducted by NHS Dumfries and Galloway, and of the Dumfries and Galloway Health and Social Care Partnership in relation to community health and mental health services, from January to June 2026. Key highlights include the growth of social media engagement.

2.2 Background

The Communications Team has actively managed multiple social media accounts, ensuring effective public communication. During this period:

- The NHS Dumfries and Galloway Facebook page reached 29,300 followers.
- A post about the new GP walk-in clinic in Stranraer was the most widely-read post.
- A post with a video showing the installation of a new surgical robot at DGRI performed extremely well.

2.3 Assessment

The report demonstrates effective use of social media to engage with the public and disseminate critical information, including updates on consultations and service changes. It also reflects the challenges of managing a high volume of accounts and ensuring appropriate content moderation.

2.3.1 Quality/ Patient Care

Social media platforms have been instrumental in providing timely updates and engaging with the community, contributing positively to patient care through enhanced communication.

2.3.2 Workforce
The Communications Team has maintained a high level of activity and encouraged training opportunities to be taken up by staff with a responsibility for maintaining social media platforms across the organisation.

2.3.3 Financial
Resource allocation for managing social media accounts and training has been justified by the significant reach and engagement achieved.

2.3.4 Risk Assessment/Management
Risks associated with disinformation/ misinformation and offensive/ threatening speech in comments to our social media posts are addressed in accordance with the social media policy by deleting comments and banning users where necessary.

2.3.5 Risk Appetite
- Cautious

Comment:
Poor social media management, including breaches of our social media policy, could be damaging financially and reputationally, and would affect our ability to use social media effectively to promote other board objectives.

2.3.6 Equality and Diversity, including health inequalities
Efforts have been made to ensure inclusivity in communication, with data-driven strategies to reach diverse demographics.

2.3.7 Climate Emergency and Sustainability
The use of digital platforms aligns with sustainability goals by reducing reliance on physical communication materials.

2.3.8 Consumer Duty
Individual pieces of work have been undertaken with consideration of our obligations under the Consumer Scotland Act. In particular, considerations of fairness and accessibility are part of the planning process for all work as dictated by other legislation governing consultation and engagement work. Consequently, no impact assessment is required for this specific report.

2.3.9 Other impacts
None.

2.3.10 Communication, involvement, engagement and consultation
Engagement has been robust, with significant growth in followers and high levels of interaction across platforms like Facebook and Instagram.

2.3.11 Route to the Meeting
This report was prepared by the Communications Team in line with our obligation to report regularly on all social media activity to both the IJB and the NHS Board. It was presented to Board Management Team on 22 July 2026.

2.4 Recommendation

Assurance

- NHS Board Members are asked to take assurance that a high volume of high-quality communications is being shared via professionally-managed social media platforms, and that, through implementation and enforcement of board social media policy, all social media activity is conducted in accordance with best practice and with statutory and legal obligations.

Awareness

- NHS Board Members are asked to note the report's findings and discussion of future social media strategies, including the adoption of emerging platforms like Blue Sky.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Social Media Six-Month Report

Appendix 1

Social Media six-month report January to June 2026

(Paper presented by Alexander Campbell)

For Noting

Approved for Submission by	
Author	Alexander Campbell, Communications Team Lead, NHS Dumfries And Galloway
List of Background Papers	Not Applicable
Appendices	

SECTION 1: REPORT CONTENT

1.	Context of Review	P3
2.	Resources	P3
3	Facebook and Instagram	P4
4	BlueSky	P7
5	YouTube	P8
6	Interaction and Enquiries	P8

1. CONTEXT

This report provides an overview of the social media communications activities undertaken in the name of Dumfries and Galloway Health and Social Care Partnership (HSCP) and NHS Dumfries and Galloway during the period of 1 January to 30 June 2026.

This period covered public health messaging around both hot weather and winter preparedness (including vaccination) as well as continued communication on financial and other pressures facing the Board.

Social media communications during this time were crucial in disseminating information, addressing concerns, and ensuring transparency.

2. RESOURCES

Local Health and Social Care Comms resources comprises the Communication and Engagement Manager, the Communication Team Lead, a full-time HSCP comms officer, a part-time HSCP comms officer, plus support from an NHS comms officer.

This team directly manages nine social media accounts. For each of the two organisations, this is a Facebook account, a YouTube account, an Instagram account, and a TikTok account. NHS Dumfries and Galloway also operates a Bluesky account. We continue to assess the effectiveness and impact of each form of social media and will adjust our communications and engagement strategy accordingly.

In addition, the team continues to provide input and support to other social media accounts which either employ the name or logos of the organisations.

More than 70 social media accounts in the name of NHSDG or DGHSCP have been officially registered with the Communications Team – with details provided about those staff who maintain them, and arrangements made to ensure continuity of access to those accounts.

Beyond this, the Communications Team is aware of other accounts where those managing them have not registered them, or where these accounts have fallen out of use, are no longer accessible, but which still appear when someone performs a search.

More than 80 accounts is too many for the Communications Team to directly manage, so advice was provided to those people who maintain these accounts before the new Social Media Policy came into effect. This has been followed by provision of training opportunities, with a direction that staff should seek to complete that training.

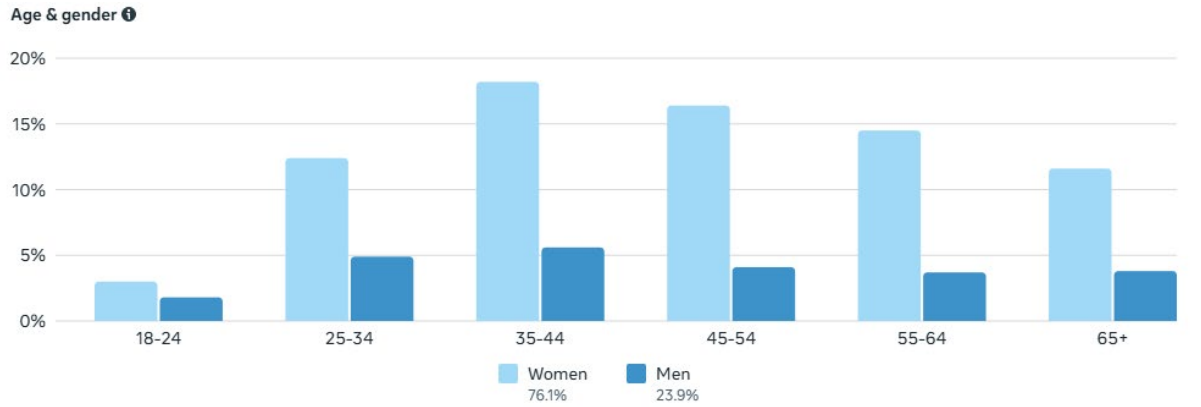
3. FACEBOOK AND INSTAGRAM

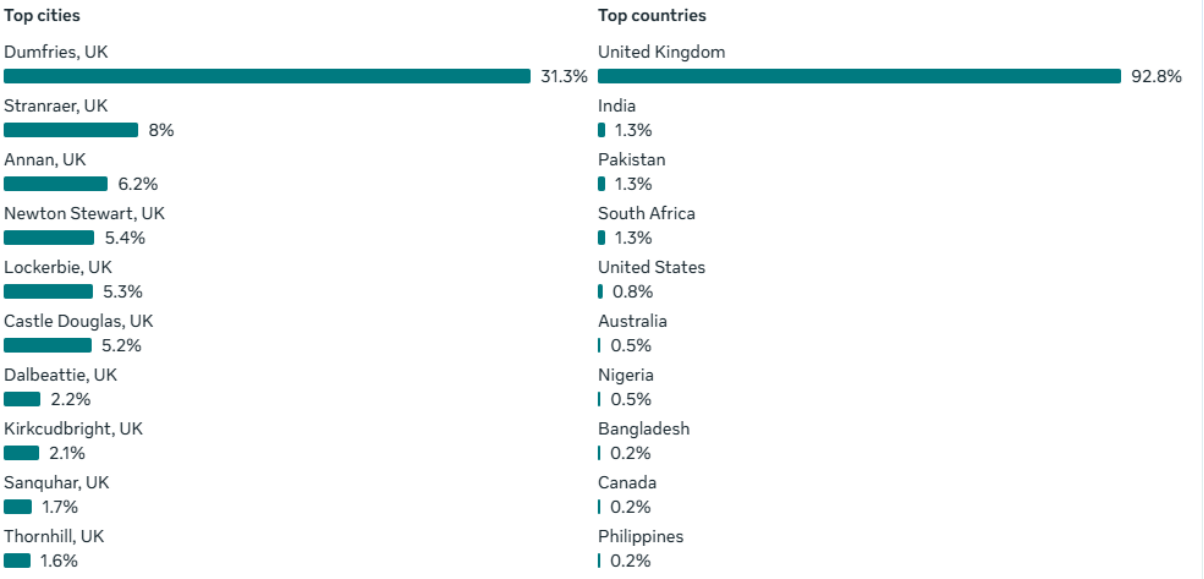
NHSDG and DGHSCP both have social media platforms on Facebook, Instagram, YouTube, TikTok and Bluesky.

Of these platforms, Facebook is still judged to remain the most popular and effective means of social media communication reach within the region.

In March of 2020 there were just over 13,000 followers on the NHS Dumfries and Galloway Facebook page. As of 30 June 2026, the account has 29,300 followers, a net increase of 689 since 1 January 2026. The DGHSCP Facebook page had 4,612 followers at the same point, a net increase of 148.

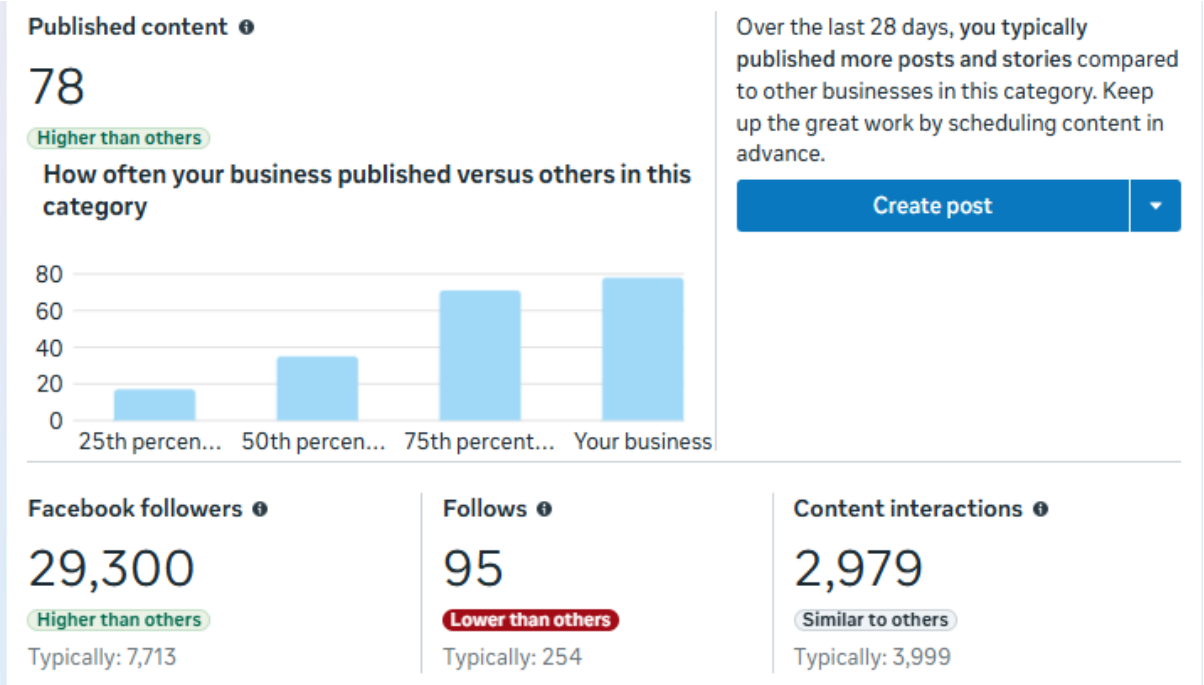
1.1: NHS Dumfries and Galloway Facebook followers: data as at 16 July 2026.





As seen in the graphic above, the majority of followers on the NHS Dumfries and Galloway Facebook page are female, at 76 per cent. The most active age band is 35-44. With Instagram, the skew towards a female audience is even more pronounced. This may partly reflect NHS DG's predominantly female workforce (roughly 80%). 31% of Facebook followers and 40% of Instagram followers are in Dumfries itself, a town with only 22% of the region's population – but one in which a majority of NHS DG staff work.

1.2: NHS Dumfries and Galloway Facebook benchmarking from 18 June-15 July 2026



The NHS Dumfries and Galloway Facebook page has a similar number of followers to most comparable pages, at 29,300 versus an average of 7,713. It is also more active in terms of published content within a 28-day period – in this 28-day period totalling 78 posts, putting it in the top quartile for activity.

1.2: NHS Dumfries and Galloway Facebook content overview from 1 January to 30 June 2026

Title	Date published	Views	Reach	Interactions	Shares	Likes and reactions	Comments
A GP-led walk-in clinic is now ava... Photo • NHS Dumfries & Gallo... Boost	Tue Apr 14, 11:59am	108,935	43,534	406	169	159	47
The shop at Dumfries and Gallo... Photo • NHS Dumfries & Gallo... Boost	Wed Apr 8, 10:50am	82,743	48,047	544	30	483	29
Help Us Keep DGRI Cool Duri... Text • NHS Dumfries & Gallow... Boost	Thu Jun 25, 1:09pm	61,530	31,508	207	44	145	18
4th May Public Holiday Du... Photo • Crossposted • Boost	Tue Apr 28, 10:39am	59,425	34,458	98	42	48	6
Staff and patients on a ward at ... Multi media • NHS Dumfries ... Boost	Mon Jun 29, 10:48am	56,826	28,896	554	11	510	32
A new surgical robot has been us... Reel • NHS Dumfries & Gallow... Boost	Tue May 26, 10:11am	53,186	37,175	688	93	511	67
The national NHS 24 Mental Hea... Text • NHS Dumfries & Gallow... Boost	Tue Jun 30, 4:32pm	48,365	26,542	246	111	121	7
National Volunteers' Week 2026 ... Photo • NHS Dumfries & Gallo... Boost	Tue Jun 2, 1:24pm	46,785	28,275	298	6	262	27
A long-standing NHS Dumfries a... Photo • NHS Dumfries & Gallo... Boost	Thu May 28, 12:10pm	43,227	28,630	479	2	374	102
A new volunteering service is off... Photo • NHS Dumfries & Gallo... Boost	Tue Apr 28, 8:55am	41,630	27,311	261	52	175	17

This data reveals that the most-read post in the last six months was the announcement of the GP walk-in clinic in Stranraer. The post was part of a wider high-profile national story involving the opening of several walk-in clinics across Scotland. It was also the most widely-shared story over the period, with 169 shares and 43,534 people viewing it – a large share of the population of the region.

The largest number of comments, however, went to a different story – the news report of the shortlisting of a staff member for a Chamber of Commerce Award (the ninth most viewed story overall). The bulk of the comments were positive – congratulations and good wishes directed to the staff member, often tagging her in.

The most-watched video during the period was a report on the installation of a new surgical robot at DGRI, which was viewed by 37,175 people. This was also the post (of any type) which attracted the most interactions – the total number of likes, reactions, shares and comments.

3.1 MOST SUCCESSFUL POSTS

Data is compiled here on the performance of individual posts to the NHS Dumfries and Galloway Facebook page from 1 January to 30 June 2026.

As mentioned above, the most-viewed post related to the opening of the Stranraer GP walk-in clinic.

This post gained 108,931 views, and the number of times that people engaged with the post through reactions, comments, shares and clicks stood at 406 – making it also one of the most-engaged posts. It also attracted 159 “likes” and other reactions, all except one of which were positive (thumbs-up), and 47 comments.

The post was widely shared, having been circulated on from the main page 169 times.

Paid advertising was not used on any posts during this period.

In terms of comparative performance, NHS Dumfries and Galloway's main page sits behind the local police and local authority pages, but is posting more content on a weekly basis than most other comparable sites.

One consideration continues to be the volume of material being posted on the NHS Dumfries and Galloway page. It is important to ensure that we do not over-populate people's feeds, for fear they unsubscribe – at present, however, the page continues to see steady net growth in followers.

The Dumfries and Galloway Health and Social Care Partnership Facebook page continues to have a significantly smaller number of followers than the NHS Dumfries and Galloway page (4,612), but the composition of the followers in terms of gender and geography is very similar. The second half of the year will see the launch of a series of actions aimed at raising public knowledge and awareness of the Partnership, how it is structured and what it does. Measuring the change in traffic on the Partnership Facebook page will be informative about these actions' success.

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3.2. INSTAGRAM

Interaction with the NHS DG and DGHSCP Instagram accounts is lower than with their Facebook accounts. Over the period of 1 January to 30 June 2026, NHS DG Instagram published 148 posts, totalling 80,629 views. The most successful stories were a video from Gareth Marr in January discussing the challenges facing NHS DG, and a post marking Carers Week in June). The account has 3,631 followers, a net increase of 5 over the period.

As is the case on Facebook, DGHSCP attracts less attention on Instagram than NHS DG. It has only 221 followers (up 7 over the period) and attracted 1,475 views of the six stories published over the period.

4. BLUESKY

A decision was taken organisationally in December 2024 to cease use of X (formerly Twitter) and establish a social media account for NHS DG on the platform BlueSky. Our followers are very low at the current time (85), but we hope to grow this as we start publishing content and more people join the platform. 61 posts have been published on BlueSky so far with minimal interactions.

5. YOUTUBE

NHSDG and DGHSCP both have healthy YouTube channels, with video content regularly loaded onto these channels. However, our most successful video channel is not YouTube, but Facebook, where video posts regularly receive thousands of views. With relatively few YouTube followers (244 and 232 for NHSDG and DGHSCP respectively) viewing figures are much lower on our YouTube accounts.

In response to this we aim to embed all our public-facing videos directly into our Facebook, Twitter or Instagram videos, so that they play there directly rather than the audience having to click away to a separate platform like YouTube. The numbers of people following on these channels means that we can now also livestream directly onto YouTube. YouTube is only the primary channel for videos aimed at staff – such as messages from senior management or training content.

On the NHS YouTube channel, the most popular videos posted over the period January-June 2026 were two very similar videos - “Model ward helps DGRI’s youngest patients” (255 views), a report on the donation of a LEGO model of the children’s ward, and “Visiting DGRI Children’s Outpatients” (185 views), an animated tour of the outpatients department. As the latter is intended to be watched by children coming in for appointments, in order to reduce anxiety, the number of views is directly related to the clinical benefit it is providing. Videos of the visit of the Guid Nychburris Principals and the arrival of a new surgical robot (see above) were also popular.

The most popular videos from this period on the DGHSCP YouTube channel were a message from Partnership chief officer Gareth Marr in January (145 views), discussing pressures on health and social care, and a video introducing the Dumfries and Galloway Physical Activity Strategy (135 views).

6. INTERACTION AND ENQUIRIES

Social media platforms also generate a considerable amount of direct messaging to Communications, with people asking specific questions about their own circumstances or what action they should take. Enquiries regarding specific medical issues receive a reply directing the person to their local GP, a pharmacist, or NHS Inform – other enquiries are directed to the DG Feedback email address. We also received positive comments on recent care and enquiries about services.

NHS Dumfries and Galloway

Meeting:	**NHS Board (Public)**
Meeting date:	**10 August 2026**
Title:	**Participation and Engagement Activity Six-Month Report**
Responsible Executive/Non-Executive:	**David Rowland, Director of Strategic Planning and Transformation**
Report Author:	**Rod Edgar, Communication and Engagement Manager**

1 Purpose

This is presented to the Board for:
- Assurance
- Awareness
- Discussion

This report relates to a:
- NHS Board / Integration Joint Board Strategy / Direction

This aligns to the following NHSScotland quality ambition(s):
- Effective
- Person Centred

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

Comment:
The report demonstrates a considerable degree of engagement being undertaken within the Partnership, with an assurance that it is being conducted in line with best practice, national standards and expectations set out through legislation and legal precedent.

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
- Quality and Safety
- Population Health and Health Inequalities

Comment:
Not applicable.

2 Report summary

2.1 Situation

This report provides an overview of engagement and participation activities conducted by Dumfries and Galloway Health and Social Care Partnership in relation to community health and mental health services from January to June 2026. It highlights key activity, such as the review of general medical services, emphasising the partnership's commitment to community and stakeholder engagement.

2.2 Background

The Integration Joint Board has undertaken engagement activities in several areas, including:

- Continuing engagement on key themes as part of review of General Medical Services.
- Engagement as part of the development of the new Participation and Engagement Strategy (PES) for DGHSCP.
- Engagement around the Value Based Health and Care/Realistic Medicine project.
- Consultation around the proposed opening of a new pharmacy in Moffat.

2.3 Assessment

The report demonstrates adherence to NHS standards, particularly in ensuring transparent and inclusive engagement processes. It also reflects the effective use of networks like the Participation and Engagement Network (PEN) to involve diverse stakeholders.

2.3.1 Quality/ Patient Care

Positive impacts include enhanced community trust and alignment of services with public needs, as seen in the work around the GMS review. Updating the PES will set out clear guidance for all engagement and consultation work over the next three years.

2.3.2 Workforce
The engagement initiatives required active involvement from trained staff and support from external organisations, indicating a commitment to staff development and collaboration.

2.3.3 Financial
Financial implications include resources allocated for consultations and sustainability initiatives.

2.3.4 Risk Assessment/Management
Risks include potential reputational impacts if engagement and consultation is not carried out in line with best practice, statutory and legal expectations. Adherence to consultation frameworks mitigates these risks.

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

- Cautious

Comment:
A failure to ensure that participation and engagement within the partnership is managed in line with legislation, national standards and established case law could result in challenge which could be damaging financially, reputationally and in terms of setting back development of services.

2.3.6 Equality and Diversity, including health inequalities
Activities align with the Public Sector Equality Duty by ensuring inclusive engagement and addressing health inequalities.

2.3.7 Climate Emergency and Sustainability
Initiatives like ‘Greening the Estate’ demonstrate a proactive approach to environmental sustainability.

2.3.8 Consumer Duty
Individual pieces of work have been undertaken with consideration of our obligations under the Consumer Scotland Act. In particular, considerations of fairness and accessibility are part of the planning process for all work as dictated by other legislation governing consultation and engagement work. Consequently, no impact assessment is required for this specific report.

2.3.9 Other impacts
None.

2.3.10 Communication, involvement, engagement and consultation
Engagement activities involved multiple stakeholders,

2.3.11 Route to the Meeting

This report was prepared by the Communications Team in line with our obligation to report regularly on all participation and engagement activity to both the IJB and the NHS Board. It was presented to Board Management Team on 22 July 2026.

2.4 Recommendation

Assurance

- NHS Board Members are asked to take assurance of compliance with best practice and statutory and legal expectations through alignment with engagement frameworks.

Awareness

- NHS Board Members are asked to note the report's findings.

Discussion

- NHS Board Members are asked to discuss future projects and priorities.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1: Participation and Engagement Activity Six-Monthly Report

Participation and Engagement Activity – six-month report

January 2026 to June 2026

(Paper presented by Alexander Campbell)

For Noting

Approved for Submission by	
Author	Alexander Campbell, Communications Team Lead, Dumfries and Galloway Health and Social Care Partnership
List of Background Papers	Not Applicable
Appendices	

SECTION 1: REPORT CONTENT

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2.1	Consultation and Engagement Working Group	P3
2.2	Participation and Engagement Network	P4
2.3	Participation and Engagement Working Group	P4
3.	Participation and Engagement Activity	P4
3.1	General Medical Services Review	P4
3.2	Participation and Engagement Strategy	P6
3.3	Value-Based Health and Care	P7
3.4	Moffat Pharmacy Consultation	P7

1. INTRODUCTION:

This report provides an overview of the engagement and activity carried out by Dumfries and Galloway Health and Social Care Partnership during the period 1 January 2026 to 30 June 2026.

The report provides a comprehensive overview of the partnership's efforts to engage with the community, stakeholders, and service providers. It examines the various activities and initiatives undertaken to address emerging challenges and enhance the delivery of health and social care services in the region.

The partnership has prioritised community engagement as a cornerstone of its decision-making process.

Over the past six months the partnership has continued to demonstrate its commitment to listening to the needs and concerns of the community and using this valuable input to shape the future of health and social care services in the region.

2 PARTICIPATION AND ENGAGEMENT STRUCTURES

2.1 Consultation and Engagement Working Group

As formally agreed by the Integration Joint Board, the Health and Social Care Partnership has an established Consultation and Engagement Working Group featuring representation from many different aspects of the partnership.

The group continues to meet monthly, chaired by the partnership's Communication and Engagement Manager and with members who are either trained in engagement or consultation and/or have direct, active experience within this area.

The group continues to play an important role in overseeing the significant engagement and consultation work being carried out within the partnership, providing advice and co-ordinating efforts, and signing off on formal public consultation in line with the agreed Framework.

2.2 Participation and Engagement Network

NHS Dumfries and Galloway holds the responsibility for maintaining the Participation and Engagement Network (PEN).

It serves as a communication channel to foster involvement from a wide array of community members, service users, and stakeholders.

Members are provided information on engagement activity and opportunities highlighted by partners in the multi-agency Participation and Engagement Working Group.

Over the last couple of years membership of the PEN has increased substantially. We have taken advantage of the significant engagement on issues such as maternity services and Right Care, Right Place to grow the membership to currently stand at 250.

The PEN has been involved in the development of the new Participation and Engagement Strategy (see below), with opinions and comments solicited from all members of the network.

2.3 Participation and Engagement Working Group
This group exists under the auspices of the Community Planning Partnership and includes representation from DGHSCP, Dumfries and Galloway Council, Healthcare Improvement Scotland, TSDG, Police Scotland, SSE, SFRS, Dumfries and Galloway College and Swestrans. Our intention is to present the draft DGHSCP Participation and Engagement Strategy for comment at a meeting of the PEWG later in the year. DGHSCP will continue to play an active role in supporting the work of the Community Planning Partnership through this channel.

3. PARTICIPATION AND ENGAGEMENT ACTIVITY

3.1 General Medical Services Review

At the end of 2024, IJB members agreed to take forward a programme of public engagement supporting the ongoing General Medical Services Review, in order to develop a vision for general medical practice operations and services in Dumfries and Galloway.

The engagement programme consisted of four phases.
Phase 1, in the first half of 2025, consisted of a pre-engagement phase intended to determine the themes and topics to be explored and developed through the broader engagement work which would follow. This included a survey distributed to all community councils in the region, and to all members of the Participation and Engagement Network, which resulted in more than 200 high-quality responses. It also involved online meetings with representatives of community councils, and with GP clusters, HSCP staff and community organisations, to refine the scope of the review.
Phase 2, from July to September 2025, involved in-person and online workshops lasting 2-3 hours across the region for members of the public, GP practice teams, wider stakeholders including third-sector groups, and elected members.
Phase 3 took place from October to December 2025, and included a total of 34 in-person engagement sessions for members of the public, external groups, and health care staff.
Both the Phase 2 workshops and the Phase 3 meetings were discussed with the Consultation and Engagement Working Group. They were publicised using the Participation and Engagement Network, press releases, targeted emails (for the sessions involving specific staff or stakeholder groups), community councils and social media.
In total, over the course of 2025, over 100 engagement sessions were conducted with GP partners, practice managers, salaried and locum GPs, MDT professionals, community organisations, third-sector partners and members of the public.

The findings of phases 1-3 were analysed and summarised for presentation to the Integration Joint Board on 16 December 2025. The IJB approved the start of implementation planning.

Phase 4, consisting of further engagement with internal stakeholders, GPs, and other wider stakeholders followed over January and February 2026, and a full implementation plan was presented in March 2026. As part of the implementation phase, an Access and Communications workstream was set up, including representation from the comms team, to consider internal and external communications requirements as implementation proceeds, and the need for an overall communications strategy. This will meet monthly for the rest of 2026.

3.2 Participation and Engagement Strategy

Dumfries and Galloway Health and Social Care Partnership has an obligation to maintain a Participation and Engagement Strategy, governing all its participation and engagement activity, and to renew it regularly. During the first half of 2026 a draft strategy was prepared in collaboration with internal stakeholders, based on feedback on the 2022-25 strategy and an internal review of progress towards its objectives.

The new strategy will build on an analysis of progress made towards the objectives set under the previous strategy, while taking into account the pressures on staff time and other resources under current working conditions. It builds on the latest guidance on engagement, including the Planning with People guidance and advice from Healthcare Improvement Scotland. It also takes into account our experience of participation, engagement and consultation work over the last three years, as well as feedback.

The current version of the draft strategy document is available online. It is based on a strategic framework reflecting the importance of effective engagement around major changes, and also as part of a continuing relationship with the region's population. It puts particular focus on inclusion of seldom-heard groups, involving the whole of the workforce, using a wide variety of engagement methods, and co-production with partners and members of the public.

The draft strategy has now been circulated to external stakeholders, including the Participation and Engagement Network and representatives of seldom-heard groups and third-sector organisations. As noted above, it will be presented to a meeting of the CPP Participation and Engagement Working Group at the next available opportunity. The intent is for the final draft of the strategy to be accepted by the Integration Joint Board before the end of 2026.

3.3 Value Based Health and Care/ Realistic Medicine

The VBHC/Realistic Medicine steering group has engaged in public engagement and participation work around issues such as the "BRAN Questions", with support from the communications team. In the first half of 2026 this included preparation of a shared decision making survey for primary care patients on how they felt about their appointment and whether treatment options had been fully explained to them, as part of a broader programme of engagement and communications in primary care settings. The survey highlighted the BRAN questions – the Benefits of a treatment, the Risks, the Alternatives, and the consequences of doing Nothing – and collected details of the service used and how well the patient felt it had been explained.

Engagement with key stakeholders continued around the Value-Based Health and Care/ Realistic Medicine project in March with the visit to DGRI of the deputy chief medical officer for Scotland, Prof Graham Ellis.

Public engagement and communication continued around the chronic pain pathway, with a regularly updated public-facing website promoting videos and external links on aspects of chronic pain.

3.4. Moffat Pharmacy consultation

A proposal by Davidsons Pharmacy to open a pharmacy on Well Street in Moffat has led to a joint consultation with NHS Dumfries and Galloway. An online consultation was opened in March and advertised in local press and on social media. The consultation was built around an online survey which provided details of the proposed new pharmacy, including services and opening hours, and invited comments. The consultation ran to 13 July 2026. At the time of writing this report, the results had been collated and were undergoing analysis.