

BOARD PUBLIC DUMFRIES AND GALLOWAY NHS BOARD



PUBLIC MEETING

A meeting of the Dumfries and Galloway NHS Board will be held at 10am on Monday 5 October 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
10.00am	1	Apologies	L Geddes	Verbal	Not applicable
10.02am	2	Declarations of Interest	M Cook/ J White	Verbal	Not applicable
10.05am	3	Previous Minutes – 10 August 2026	M Cook	Paper (for decision)	Significant
10.10am	4	Matters Arising - Review of Actions List - Board Agenda Matrix	M Cook	Paper (for discussion)	Significant
10.20am	5	Chair and Chief Executive Update	M Cook	Verbal	Not applicable

PERFORMANCE AND RISK

10.30am	6	Corporate Risk Register Review	M Kelly / L Geddes	Paper (for decision / awareness)	Significant
10.45am	7	Summary Performance Report	D Rowland / G Noakes	Paper (for assurance)	Moderate

BREAK – 10 minutes

HEALTHCARE GOVERNANCE COMMITTEE

11.10am	8	Healthcare Governance Committee Chair's Briefing	M Kelly	Verbal	Not applicable
11.20am	9	Healthcare Quality and Safety Assurance Report	M Kelly / R Darley / P Riley / K Irving / E Murphy	Paper (for assurance)	Moderate
11.35am	10	Area Clinical Forum Update	M McAdam	Verbal	Not applicable

PUBLIC HEALTH COMMITTEE

11.45am	11	Public Health Committee Chair's Briefing	G Gibbons	Verbal	Not applicable
11.55am	12	Winter Vaccination Programme 2026/27	V White	Paper (for assurance)	Moderate
12.10pm	13	Child Poverty Annual Report	V White / K Allan	Paper (for decision / assurance)	Significant

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STAFF GOVERNANCE COMMITTEE

Time	No	Agenda Item	Who	Paper / Verbal	Assurance Levels
12.25pm	14	Staff Governance Committee Chairs Briefing	S Hamilton	Paper (for assurance)	Significant
12.35pm	15	Speak Up Annual Report 2025/26 and Quarter 1 Briefing 2026/27	P Jamieson / E Murphy	Paper (for assurance)	Moderate

LUNCH BREAK – 30 minutes

PERFORMANCE AND RESOURCE COMMITTEE

1.20pm	16	Performance and Resource Committee Chairs Briefing	G Forsyth	Paper (for awareness / assurance)	Significant
1.30pm	17	Financial Performance Update	K Dickinson / J Redfern	Paper (for assurance)	Limited
1.45pm	18	Capital Update Report	K Dickinson	Paper (for decision)	Significant
2.00pm	19	Annual Delivery Plan Quarter 1 Progress Report: Board Overview	D Rowland / G Noakes	Paper (for assurance)	Significant

AUDIT AND RISK COMMITTEE

2.15pm	20	Audit and Risk Committee Chair's Briefing	G Black	Paper (for assurance)	Significant
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GOVERNANCE AND STRATEGY

2.30pm	21	Corporate Governance and Committee Minutes Update	L Geddes	Paper (for assurance / decision)	Significant
2.45pm	22	Integration Joint Board Membership Update	V Freeman / L Geddes	Paper (for awareness / assurance)	Significant

ANY OTHER COMPETENT BUSINESS

3.00pm	23	Any Other Business	M Cook	Verbal (for awareness)	Not available
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DATE AND TIME OF NEXT MEETING

	24	14 December 2026 at 10am – 3pm. 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.			
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Chief Executive / Chairman's Commitments

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

Chief Executive's Diary Key Events		Chairman's Diary Key Events	
October 2026		October 2026	
6&7	MASIM Course 2-26	7	Sub-National Scotland West - Strategic Planning and Delivery Committee
13	BCE Meeting	8&9	Board Chairs and Chief Executives Autumn Away Day
14	BCE / Exec Leads Meeting	14	Chief Scientist Health Partnership Working Group
20	Sub-National West: Weekly CE Performance Meeting	15	Conference Panel
21	Sub-National Scotland West - Strategic Planning and Delivery Executive Group	19	BCG Private Meeting
21	NHS Scotland Executive Group Meeting	28	NHS Chairs Meeting
27	National Public Protection Leadership Group		
27	Sub-National West: Weekly CE Performance Meeting		
29	Serious Organised Crime Taskforce		
November 2026		November 2026	
3	Sub-National West: Weekly CE Performance Meeting	2	Chair Endowment Trustee Meeting
5	Health MAPPS Implementation Network	2	Non Executive Professional Development
10	Sub-National West: Weekly CE Performance Meeting	4	Judging Consolidate Awards
11	BCE / Exec Leads Meeting	9	Chairs ALS
17	Sub-National West: Weekly CE Performance Meeting	16	BCG Meeting
17	MAPPS Scottish Assurance Group	18	Sub-National Scotland West - Strategic Planning and Delivery Committee
18	Sub-National Scotland West - Strategic Planning and Delivery Committee	23	West Chair's Informal meeting
24&25	MASIM Course 2-26		
December 2026		December 2026	
1	Sub-National West: Weekly CE Performance Meeting	11	Community Planning Partnership Board
2	Sub-National Scotland West - Strategic Planning and Delivery Executive Group		
3	Health MAPPS Implementation Network		

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8	BCE Meeting		
9	BCE / Exec Leads Meeting		
11	Community Planning Partnership Board		

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

Minute of the public meeting of Dumfries and Galloway NHS Board was held on Monday 10th August 2026 at 9.45am. The hybrid meeting was held in the Board Room, Ground Floor North, Mountainhall Treatment Centre, Bankend Road, Dumfries and via Microsoft Teams

Present

Mark Cook (MCo)	-	Chairman
Julie White (JW)	-	Chief Executive
Greg Black (GB)	-	Non-Executive Member
Garry Forsyth (GF)	-	Non-Executive Member
Suzanne Hamilton (SH)	-	Whistleblowing Non-Executive Member
Vicky Keir (VK)	-	Non-Executive Member/ Chair of Area Partnership Forum
Martyn McAdam (MM)	-	Non-Executive Member / Chair of Area Clinical Forum
Andy McFarlane (AMcF)	-	Non-Executive Member / Local Authority Rep
Keith Dickinson (KDi)	-	Director of Finance
Ken Donaldson (KDo)	-	Medical Director
Mark Kelly (MK)	-	Nurse Director
Valerie White (VW)	-	Director of Public Health

In Attendance

Sudeep Chatterjee (SC)	-	Director of Digital
Nicole Hamlet (NH)	-	Interim Chief Operating Officer
Pamela Jamieson (PJ)	-	Workforce Director
Gareth Marr (GM)	-	Chief Officer
David Rowland (DR)	-	Director of Strategic Planning and Transformation
Laura Geddes (LG)	-	Corporate Business Manager
Adeyinka Olorode (AO)	-	Corporate Governance Administrator (Observer)
Linda McKie (LMcK)	-	Minute Secretary

Apologies

Marsali Caig (MC)	-	Non-Executive Member
Kim Dams (KDa)	-	Non-Executive Member
Gwilym Gibbons (GG)	-	Non-Executive Member

MCo welcomed NHS Board Members to the meeting.

1. Apologies

Apologies received for the meeting are noted above.

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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 8th June 2026

MCo presented the minutes from the last meeting on 8th June 2026, asking NHS Board Members to review and highlight any points of accuracy.

It was noted that the first bullet point under Item 14 of the previous minutes should refer to the Governance Committee meeting held in September rather than August. LG agreed to amend the minutes of the NHS Board meeting held on 8 June 2026.

Action: LG

The minutes of the NHS Board meeting held on 8th June 2026 were agreed as an accurate record, subject to the requested minor amendment.

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.

MC presented the Actions List, noting that the first two actions would be addressed later in the meeting, with musculoskeletal waiting times covered under agenda item 6 and the security information risk covered under agenda item 7.

It was agreed that the action 12 relating to the Annual Delivery Plan should remain open until the end of August. Actions 14 and 22 were deemed complete and were approved for closure, as no further direct action was required.

4.2 Board Agenda Matrix 2026/27

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

5. Chair and Chief Executive Update

MCo formally welcomed JW back to her role as Chief Executive and confirmed that she had resumed her responsibilities as the Board's Accountable Officer. On behalf of the Board, MCo recorded sincere thanks and appreciation to KDo for providing leadership and continuity during the interim period and for ensuring the organisation remained well supported throughout the transition.

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MCo highlighted ongoing involvement in national and regional work, noting the significant level of engagement taking place across Scotland. NHS Board Members were advised that meetings had been held with almost all MSPs representing the Dumfries and Galloway area. These discussions had taken place both locally and at Holyrood and were described as constructive and positive. MCo reported that elected members had been supportive of the work of NHS Dumfries and Galloway and were keen to maintain open channels of communication and receive regular updates on key issues affecting local services.

JW echoed the Chair's thanks to KDo for his leadership of the organisation over recent months and also acknowledged the contribution of the Executive Team in supporting him. JW noted that this had reflected a strong team effort and expressed her appreciation to all involved.

JW highlighted ongoing engagement at national and sub-national level, noting that the sub-national plan was gaining momentum, emphasising the importance of ensuring local systems and processes support effective input, so that the needs of patients and the public are appropriately reflected in wider discussions.

JW also referred to the significant improvement work being undertaken locally in relation to planned and unscheduled care, including the focus on delivering the First Minister's commitments around the 52-week target and improving unscheduled care performance. The Board's financial position was noted as a significant strategic risk, with further discussion to follow through the agenda.

6. Corporate Risk Register Review

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

- The Corporate Risk Register currently has 14 risks, with two additional risks proposed for escalation to the Corporate Risk Register.
- The first proposed escalation related to digital infrastructure. It was explained that the previous infrastructure risk had covered both physical estate infrastructure and digital infrastructure; however, this did not sufficiently reflect the different risk profiles. The digital infrastructure risk had therefore been separated out and presented as a distinct corporate risk for approval.
- The second proposed escalation related to the risk that the anticipated delivery and outcome benefits associated with sub-national planning and delivery may not be fully realised by the Board.
- Proposed amendments to risk scores were presented to NHS Board, which included reductions in the Workforce Sustainability and Health and Wellbeing of Staff risks from high to medium risk. It was also noted that the Culture risk score had changed but remained assessed as a medium risk.

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- Detailed review and discussion of the workforce risks were held through Staff Governance Committee, with the proposed changes based on the controls and mitigations that were in place. It was noted that outcomes would continue to be monitored, particularly in relation to capacity, speaking up and culture.

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

- A Board Member welcomed the separation of the digital infrastructure risk from the wider infrastructure risk and asked where the risk would be considered next. It was confirmed that the digital infrastructure risk would be considered through the Information Assurance Committee. The risk has also been allocated to Performance and Resources Committee for ongoing scrutiny of the risk position, controls, mitigations and assurance arrangements.

This paper provided a significant level of assurance, which NHS Board Members accepted as it demonstrated that the Corporate Risk Register continues to be reviewed and managed in line with the Board's Risk Management Strategy and governance arrangements. Members were assured that risks were being reviewed through the appropriate committees, with further scrutiny agreed for the newly escalated risks.

NHS Board Members:

- noted the regular review and development of the Corporate Risk Register in line with the Board's Risk Management Strategy and Risk Management Policy.
- approved the proposed amendments to the current risk scores for Risk 8, Risk 14 and Risk 23, as recommended by Staff Governance Committee.
- approved the escalation of Risk 124, Digital Infrastructure and Risk 187, Sub-National Planning and Delivery, from Level 2 to the Corporate Risk Register.

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

7. NHS Board Summary Performance Report

GN presented the NHS Board Summary Performance Report to NHS Board Members, highlighting the following key points:

- Finance key performance indicators were being updated following approval of the Financial Sustainability Plan and the outputs from the Ernst and Young work, therefore, not included within this version of the report.
- Psychological Therapies continued to show significant and sustained improvement compared with the position 18 months to two years previously.

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- As this improvement had been sustained for at least six months, the thresholds for the indicator had been recalculated to recognise the improved position and support continued improvement.
- Emergency Department performance remained challenging across a range of indicators, including four-hour performance and the number of patients waiting more than eight and twelve hours.
- Waiting times presented a mixed picture, with a small increase in first outpatient appointments waiting over 52 weeks, continued gradual improvement in inpatient and day case waits over 52 weeks, and improvement in waiting times for diagnostic scans.

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

- The Chair queried the moderate assurance rating, noting that the report and supporting analysis provided strong evidence that the organisation had robust systems and processes for measuring and understanding performance. It was discussed that the moderate assurance rating reflected variation in performance across the reported indicators, rather than the quality of the performance reporting and analysis.
- It was agreed that the Board could take significant assurance from the systems, processes, governance arrangements, data and analysis underpinning the report, while recognising that the overall assurance level remained moderate due to underlying performance challenges, including financial performance and long-standing scheduled care pressures.
- A Board Member highlighted the positive improvement in appraisal completion, noting that this had previously been escalated and that work was now being undertaken to explore the quality and value of appraisals, in addition to compliance levels.
- A Board Member suggested that future iterations of the Summary Performance Report should include updates from operational leads on the improvement work underway in areas such as planned care and delivery of the 52-week commitments, to provide further assurance on the actions being taken to improve performance. It was confirmed that this would be addressed through the new Committee Chairs and Performance Reports being developed and tested through the committees from September 2026.

This paper provided a moderate level of assurance, which NHS Board Members accepted following the discussions noted above, as the report demonstrated that robust systems and processes are in place to monitor, assess and report organisational performance, while recognising that a number of indicators remain below the level expected and continue to require focused improvement.

NHS Board Members took assurance that the performance information reported in the Summary Performance Report accurately reflected the performance of NHS Dumfries and Galloway.

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

8. Healthcare Governance Committee Chair's Briefing

MK presented the Healthcare Governance Committee Chair report, highlighting the following key points:

- The Committee noted increased public protection activity, particularly in relation to domestic violence, self-neglect and neglect, with a range of mitigations in place to manage the associated pressures.
- Informal feedback was received following three unannounced inspections, two from Care Inspectorate Scotland and one from the Mental Welfare Commission. Initial feedback had been positive in relation to the areas reviewed, including maternity and mental health services.
- The Committee discussed the systems that were in place within NHS Dumfries and Galloway to identify and support the health needs of local children in care. However, the Committee also noted the absence of a formal mechanism for notification when children are placed in Dumfries and Galloway from other areas, which may result in some children's health needs not being identified through local systems. Action is being taken to address this and will be updated through Healthcare Governance Committee.
- The Committee noted a future focus on improving primary care and an ongoing focus on Child and Adolescent Mental Health Services, where the most recent report had shown a gradually improving position.
- Gradual improvement was evidenced in stroke services, including improved access to thrombolysis, while recognising the continued challenges associated with thrombectomy access.

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

NHS Board Members noted the verbal update.

Ross Darley (RD) Infection Prevention and Control Manager joined the meeting.

9. Healthcare Quality and Safety Assurance Report

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

- The Board had achieved the 2025/26 targets for *Staphylococcus aureus* bacteremia and *Clostridioides difficile* infection, while *E. coli* bacteremia remained an area of continued focus, although the Board was not a national outlier.

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- Adverse event reporting remained strong and was understood in the context of the implementation of InPhase, improved ease of reporting and strengthening reporting culture, which was noted as important for patient safety.
- Significant progress had been made in reducing legacy adverse events, from around 800 in April 2025 to 58 in June 2026.
- Phase 2 of InPhase implementation continued to progress, with further modules going live in July 2026, including legal, Freedom of Information and Safety Action Notice modules.
- Patient experience remained a focus, with increased complaints linked to sustained demand and service pressures. The Board was advised that themes including communication, waiting times and discharge experience were being reviewed to identify improvement actions.
- Care Assurance activity continued to provide helpful triangulated insight into care services, identifying recurring themes relating to documentation standards, nutrition and hydration, while also recognising positive examples of good quality care.
- Public Protection services continued to demonstrate strong engagement with statutory bodies and processes, while also experiencing increased activity in relation to child neglect, self-neglect and domestic abuse.
- The report presented a balanced position, recognising that risks were visible and being actively managed, with improvement activity evident across infection control, adverse events and patient experience, and further work required to continue triangulating data to provide an organisational overview.

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

- A Board Member welcomed the work undertaken to strengthen processes, particularly the reduction in legacy adverse events, and asked that future assurance reporting demonstrate the link between recurring themes, learning, actions taken and outcomes achieved. It was confirmed that this approach was already being progressed through the Patient Safety Group, with a stronger focus on learning and improvement, and that future reporting would seek to capture learning, actions and positive changes made as a result.
- A Board Member sought assurance on how the Board was working with partner agencies to address public protection challenges and risks that could not be managed by NHS Dumfries and Galloway alone. It was confirmed that strong multi-agency links and escalation routes were in place, including escalation to senior leaders where required, and that issues were considered through the Chief Officers Group, which includes senior representation from the local authority, Police Scotland and NHS Dumfries and Galloway.

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This paper provided a moderate level of assurance, which NHS Board Members accepted as it demonstrated that systems and processes are in place to identify, monitor and manage quality and safety risks, with clear evidence of improvement activity across infection prevention and control, adverse events, patient experience and public protection.

NHS Board Members noted the paper.

Ross Darley (RD) Infection Prevention and Control Manager left the meeting.

10. Area Clinical Forum 2025 Annual Report

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

- The Area Clinical Forum continues to provide professional advice and support to the organisation and benefits from strong Executive leadership and engagement.
- Recent discussions within the Forum have included consideration of the CTAC Service Level Agreement and support for Infection Prevention and Control activity, including work associated with the “Bare Below the Elbow” audit.
- Work is ongoing to review and strengthen the governance arrangements supporting the Area Clinical Forum and the Professional Advisory Committees.
- As part of this work, a review of membership arrangements is being undertaken to address challenges experienced in maintaining membership across some Professional Advisory Committees and to reinvigorate participation.

This paper provided a significant level of assurance, which NHS Board Members accepted as it demonstrated that the Area Clinical Forum continues to operate effectively as an established source of professional advice and clinical leadership for the organisation.

NHS Board Members:

- Took significant assurance from the work of the Area Clinical Forum and the professional advice provided to the Board.
- Noted the ongoing review of governance arrangements and membership arrangements supporting the Area Clinical Forum and Professional Advisory Committees.
- Noted that outstanding meeting minutes would be appended to the next report.

11. Public Health Committee Chair’s Briefing

VW presented the Public Health Committee Chair’s Briefing to NHS Board Members, highlighting the following key points:

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- The Committee considered progress in relation to prevention and population health improvement, including the Board's participation as a Pathfinder Board in the national preventative budgeting programme, which aims to better understand and evidence investment in prevention.
- The Committee received a report on Cervical Screening, which was assessed as providing moderate assurance due to reductions in uptake and coverage, with continued presence of inequalities across communities. It was noted that similar trends are being experienced nationally.
- The Abdominal Aortic Aneurysm (AAA) Screening Programme continues to perform strongly locally, although inequalities in uptake remain and are being addressed through targeted improvement activity.
- The Committee approved the refreshed Community Wealth Building Strategic Action Plan for 2026–2030 and noted significant progress in relation to employability programmes, procurement activity and workforce equality initiatives.
- Members received an update on implementation of the Community Wealth Building legislation and were advised that existing organisational arrangements provide a strong foundation for meeting the requirements of the Act.
- Updates were received from Community Planning Partnership structures, including progress in addressing inequalities and preventative work across communities.
- The Board was updated on the Meningitis B vaccination programme for eligible young people, noting that the first phase had progressed well, with second doses scheduled during August and September.
- Eligible individuals who have not yet responded, or who were unable to attend their appointment, were encouraged to contact the local vaccination team and check the NHS Inform website for eligibility criteria, particularly those aged 25 and under attending university or college for the first time.

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

- A Board Member sought clarification regarding the distinction between organisations committed to paying the Real Living Wage and those formally accredited through the Living Wage accreditation scheme. It was confirmed that accreditation relates to participation in a formal scheme and that procurement and contractual arrangements continue to be explored as mechanisms for encouraging wider adoption of Real Living Wage principles.

This paper provided a moderate level of assurance, which NHS Board Members accepted as it demonstrated that work is underway to support prevention, screening, health improvement, community wealth building and partnership working across Dumfries and Galloway.

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NHS Board Members:

- Took moderate assurance from the work of the Public Health Committee and the progress being made in relation to prevention, screening, community wealth building and population health improvement.
- Noted the continued focus required to address inequalities in screening uptake and to strengthen Public Health Improvement capacity.
- Approved the refreshed Community Wealth Building Strategic Action Plan 2026–2030.
- Noted the updates provided on preventative budgeting, Community Planning Partnership activity and implementation of Community Wealth Building legislation.

12. Staff Governance Committee Chairs Briefing

SH provided a verbal update to NHS Board Members, highlighting the following key points:

- Appraisal performance continued to demonstrate improvement; however, particular recognition was given to the work being undertaken to strengthen not only appraisal compliance rates, but also the quality and effectiveness of appraisals across the organisation.
- The Committee continued to review workforce performance information and consider how workforce indicators can be more effectively triangulated with quality, staffing and organisational performance information to strengthen oversight and assurance.
- Work was underway to further strengthen the links between workforce and financial planning, recognising the importance of integrated workforce and financial decision-making.
- Board Members were advised that further development work in relation to governance and reporting arrangements would be presented through future Staff Governance Committee updates.

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

- Board Members welcomed the continued focus on improving the quality of appraisals and strengthening the triangulation of workforce information.

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

NHS Board Members noted verbal update.

13. Speak Up Briefing

PJ presented the Speak Up Briefing to NHS Board Members, highlighting the following key points:

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- A programme of work is underway involving the Whistleblowing Champion, Speak Up representatives and senior colleagues to review and strengthen how NHS Dumfries and Galloway supports staff to speak up and raise concerns.
- Members noted that there were currently no live whistleblowing cases being managed by the organisation.
- The single whistleblowing case reported during 2025/26 had now been concluded through positive engagement and discussion between the senior manager involved and the whistleblower, removing the need for a formal investigation.
- Positive feedback had been received from the whistleblower, who reported that they felt supported throughout the process and that speaking up had resulted in a positive outcome.
- The Board was advised that four Speak Up enquiries had been received during the current year to date, none of which had progressed to the whistleblowing stage.
- The Board was advised that the continued implementation of the Behaviours Framework forms an important element of the wider work to support speaking up, improve workplace culture and equip managers with the skills and tools required to address behavioural concerns appropriately.

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

- A Board Member sought clarification on how the work to strengthen speaking up arrangements linked to the implementation of the Behaviours Framework. It was confirmed that the Behaviours Framework forms a key part of the wider organisational approach and that work is being undertaken to provide managers with practical skills, confidence and tools to support constructive conversations, address behaviours and encourage staff to raise concerns safely.
- Members recognised that successful implementation of the Behaviours Framework would depend upon embedding the framework into everyday practice and organisational culture rather than it being viewed as a standalone initiative.
- Board Members welcomed the positive feedback received from the concluded whistleblowing case and the evidence that staff concerns can be addressed successfully through supportive and constructive engagement.

This paper provided a moderate level of assurance, which NHS Board Members accepted as it demonstrated that appropriate arrangements are in place to support speaking up and whistleblowing processes, that concerns raised are being managed effectively, and that positive outcomes are being achieved for staff who utilise these processes.

BOARD PUBLIC

NHS Board Members:

- Took moderate assurance from the Speak Up Briefing and the progress being made to strengthen speaking up arrangements across NHS Dumfries and Galloway.
- Noted that there were currently no live whistleblowing cases and that the whistleblowing case reported during 2025/26 had been concluded successfully.
- Noted the positive feedback received from the whistleblower regarding their experience of the process.
- Noted the ongoing programme of work to strengthen organisational culture, support staff to raise concerns and embed the Behaviours Framework.

14. Performance and Resource Chairs Briefing

GF provided a verbal update from the Performance and Resources Committee, highlighting the following key points:

- The Committee's ongoing focus remains on a number of key areas, including scheduled care guarantees, unscheduled care performance and the organisation's financial performance.
- It was noted that financial performance would be considered in greater detail under the next substantive agenda item.

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

- Board Members noted the Committee's continuing focus on scheduled care, unscheduled care and financial performance.

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

NHS Board Members noted verbal update.

15. Financial Performance Update

KDi presented the Financial Performance Update to NHS Board Members, highlighting the following key points:

- The Board's financial position at Month 3 reported a year-to-date deficit of £7million, which was £1.2 million above the planned position, however, the Board remained committed to delivering the agreed 2026/27 deficit target of £23million
- The Board had received significant brokerage and support funding in recent years and remained at Stage 3 of the NHS Scotland Support and Intervention Framework, with Scottish Government expectations clearly set out regarding the actions required to improve financial sustainability.

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- An £18.1million recurring savings requirement had been identified for 2026/27. Members were advised that the organisation had already identified recurring savings broadly equivalent to the Scottish Government's 3% recurring savings target, representing a positive position at this stage of the year.
- Financial risk remained very high due to the scale of the recurring deficit and continued reliance on external support funding. However, significant work was underway through the Financial Recovery Board and the Ernst & Young review to develop a sustainable recovery plan.
- Members were advised that the initial phase of the Ernst & Young work was nearing completion and that a final plan, including implementation priorities and timescales, would be presented to NHS Board in the autumn. Additional transformation capacity and programme support would be required to support delivery of the plan.

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

- Discussion took place regarding the importance of clinical leadership within the financial sustainability programme. Members heard that work was underway to establish clinically led improvement programmes supported by expertise in finance, workforce, data analysis and programme management. This approach would support delivery of sustainable service redesign while maintaining quality and safety.
- Board Members highlighted the importance of engagement with the Area Clinical Forum and Professional Advisory Committees to provide independent clinical assurance regarding proposed service changes and transformation programmes.
- Clarification was sought regarding the projected trajectory of the financial position and when the Board could expect to see performance aligned more closely with the planned position. It was confirmed that a revised trajectory and forecast position would be presented to NHS Board in October 2026, providing a clearer assessment of the anticipated financial position for the remainder of the year.

This paper provided a limited level of assurance, which NHS Board Members accepted as it reflected the scale of the Board's recurring financial deficit and the significant financial challenges facing the organisation.

NHS Board Members:

- noted the Month 3 financial position and progress towards delivery of the approved 2026/27 Financial Plan.
- noted the ongoing work of the Financial Recovery Board and the development of the Ernst & Young Financial Sustainability Plan.
- noted the actions being taken to deliver the agreed £23 million deficit target for 2026/27 and support longer-term financial sustainability.

16. Audit and Risk Committee Chair's Briefing

GB presented the Audit and Risk Committee Chair's Briefing to NHS Board Members, highlighting the following key points:

- Financial sustainability continued to be a key area of scrutiny for the Committee, where members continued to receive assurance that appropriate controls, monitoring arrangements and governance processes were in place.
- The Committee highlighted compliance with Information Assurance requirements as a significant area requiring Board attention. Members heard that progress continued to be made; however, further work is required to ensure compliance obligations are fully met and sustained.
- The Committee noted the significant contribution of both Internal Audit and External Audit during the year and recognised the value of the assurance provided through these functions.
- Whilst assurance was received that open audit actions are being actively monitored and managed, the Committee noted that a relatively high number of audit actions remain outstanding and considered that further focus is required to support timely completion and closure.
- The Committee had also considered the emerging Board Assurance Framework and welcomed the significant progress achieved to date. Members were supportive of the direction of travel and agreed that the framework provided a strong basis for further development.

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

- Members were advised that the development of a comprehensive asset register remains a legal requirement and that significant work is underway. However, competing priorities, capacity constraints and additional national requirements have contributed to delays in delivery.
- The Chief Executive confirmed support for the escalation and agreed that further discussion was required outwith the Board meeting to fully understand the risks, capacity requirements, prioritisation issues and actions required to accelerate delivery.
- Board Members also discussed the continued presence of a significant number of overdue audit actions and sought assurance that sufficient focus was being placed on reducing the backlog. The Audit and Risk Committee Chair advised that, whilst substantial progress has been made in reducing the number of open actions since the COVID-19 period, further work is required to ensure that actions are reviewed, prioritised appropriately and closed in a timely manner. It was recognised that not all audit actions carry the same level of risk or complexity and that some actions are dependent upon external factors.
- JW agreed to undertake further discussions with the Audit and Risk Committee Chair and Chief Internal Auditor regarding overdue audit actions, with a view to strengthening oversight, reviewing priorities and accelerating closure of high-risk actions.

Action: JW

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- An update on progress relating to Information Assurance compliance, including progress on the development of the Asset Register, will be reported to the next NHS Board meeting.

Action: SC

This paper presented a significant level of assurance, which, NHS Board Members accepted as the report provides assurance that the Audit and Risk Committee is meeting its governance requirements as a delegated committee of the Board and provides an appropriate mechanism for reporting key updates, issues, risks and minutes of committee meetings.

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

17. Freedom of Information Annual Report

LG presented the Freedom of Information Annual Report 2025/26 to NHS Board Members, highlighting the following key points:

- It was noted that FOI requests have continued to increase year-on-year since the introduction of the legislation, with 972 requests received during 2025/26 compared to 927 requests during the previous year.
- Despite the continued increase in demand and the complexity of requests received, the organisation achieved 91% compliance with statutory response times during the reporting period.
- Members were advised that, whilst performance remains strong, compliance has reduced from approximately 97% in previous years to 91%, indicating that further work is required to review and strengthen existing processes to support directorates in responding within statutory timescales.
- Members were advised that there had been no applications to the Scottish Information Commissioner during the reporting period, representing a positive outcome.
- One decision had been issued by the Scottish Information Commissioner during the year in relation to a request submitted during 2024/25. It was noted that there were no significant organisational learning points arising from the decision, although the outcome would continue to inform future responses and decision-making.

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

- Members explored whether repeat requesters could be supported to access information through alternative routes, including signposting to publicly available datasets and information sources. It was confirmed that the organisation already promotes its Publication Scheme and directs requesters to publicly available resources, including Public Health Scotland data and other published information.
- Discussion highlighted that the increase in FOI activity has largely been absorbed within existing resources and that continued growth in demand presents an ongoing challenge for the organisation.

BOARD PUBLIC

- Board Members recognised that achieving 91% compliance represents a positive performance position in the context of increasing request volumes and resource pressures.

This paper provided a moderate level of assurance, which NHS Board Members accepted as it demonstrated continued strong compliance with statutory Freedom of Information requirements despite a significant increase in demand over recent years. However, moderate assurance was considered appropriate due to the slight downward trend in compliance levels and the need to review processes to support sustained performance improvement.

NHS Board Members took assurance on the annual review of performance and compliance with the Freedom of Information (Scotland) Act 2002 for the period 1 April 2025 – 31 March 2026:

18. Corporate Governance and Committee Minutes Update

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

- Members were advised of legislative changes relating to Integration Joint Board (IJB) membership requirements arising from amendments to the Public Bodies (Joint Working) legislation. The changes require the inclusion of individuals with lived experience representation within IJB voting membership arrangements.
- Work was underway with Integration Joint Board members, Dumfries and Galloway Council and relevant stakeholders to determine the number and type of additional lived experience representatives required, including consideration of carers, service users and other relevant groups.
- The Board was advised that the legislative changes would come into effect from 1 September 2026 and that consequential amendments would be required to the Integration Scheme and Standing Orders.
- Subject to agreement with partners, a revised Integration Scheme would be presented to NHS Board in October 2026 before progressing through Council approval and Scottish Government Ministerial approval processes.

Action: LG / V Freeman

- Members were advised that reviews of Committee Terms of Reference had been undertaken. Minor amendments have been proposed for the Audit and Risk Committee and Public Health Committee, with no significant changes identified.
- It was noted that the Remuneration Committee had also undertaken a review of its Terms of Reference as part of the annual review cycle with no amendments put forward for consideration.
- The annual review of the Register of Interests had been completed, with declaration forms received from all Board Members and Directors. The updated public register was included within the report for approval prior to publication on the Board's website.

BOARD PUBLIC

- The Board received an update on the programme of Board Development Workshops, including the Board Assurance Framework workshop held in July 2026 and the forthcoming Corporate Risk Workshop scheduled for August 2026.

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

- Board Members indicated that they were content with the proposed governance updates, amendments to Committee Terms of Reference, the reviewed Register of Interests and the governance actions outlined within the report.

This paper provided a significant level of assurance, which NHS Board Members accepted as it demonstrated that appropriate governance arrangements remain in place to support Board business, Committee effectiveness, compliance with statutory requirements and transparency of decision-making.

NHS Board Members:

- Approved the amendments to the Terms of Reference for the Audit and Risk Committee and Public Health Committee and the review that of the Remuneration Committee Terms of Reference with no changes.
- Approved the updated Register of Interests for publication.
- Noted the planned review and amendment of the Integration Scheme arising from changes to Public Bodies (Joint Working) legislation, which will come back to the October 2026 NHS Board.
- Noted the Board Development Workshop programme and Committee Minute Matrix.

19. Board Assurance Framework

LG presented the Board Assurance Framework (BAF) to NHS Board Members, highlighting the following key points:

- The Board Assurance Framework was developed following a series of Board workshops and represented a significant milestone in strengthening the Board's governance and assurance arrangements.
- The framework has been designed to provide NHS Board Members with a clear line of sight between the organisation's strategic objectives, principal risks, controls, assurances and improvement actions.
- The Board heard that the framework is intended to be a live document which will continue to evolve as the organisation's risks, controls and assurance arrangements develop.
- It was noted that a further review of the Corporate Risk Register was scheduled for August 2026 and that the Board Assurance Framework would be updated to reflect the outcome of that review.

BOARD PUBLIC

- The Board was advised that further work is required to embed the framework within existing governance arrangements and to determine how assurance ratings provided through Committees will be incorporated and reflected within the framework.
- Members noted that pilot work was underway through Staff Governance Committee to test the process of linking assurance ratings and Committee scrutiny directly to the Board Assurance Framework.
- Once the pilot had concluded, the intention was to roll the approach out across all Board Committees to ensure a consistent approach to assurance is implemented.
- As part of the pilot phase of work there is a need to develop processes to enable committees to assess whether individual controls are operating effectively, identify gaps in control and ensure these are reported through the Board Assurance Framework processes.
- Capacity requirements associated with maintaining and operating the framework had been considered. Whilst no significant concerns had been identified at this stage, they would continue to be monitored and reported back to NHS Board if required.

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

- A Board Member sought clarification regarding a longstanding Internal Audit action relating to the implementation of a Board Assurance Framework and whether approval of the framework would enable that audit action to be formally closed. It was confirmed that Audit and Risk Committee had considered this matter in detail and had concluded that the development of the Board Assurance Framework represented a significant step forward in strengthening governance and assurance arrangements, therefore, could be considered for closure upon Board approval.
- Board Members highlighted the importance of ensuring that sufficient organisational capacity is available to maintain, review and develop the framework on an ongoing basis, recognising that the framework represents a significant new area of work and it is a fundamental component of good governance and should be prioritised accordingly.
- Members welcomed the progress made and acknowledged the substantial work undertaken to develop the framework and bring it to NHS Board for approval.

This paper provided a significant level of assurance, which NHS Board Members accepted as it established, for the first time, a comprehensive Board Assurance Framework linking strategic objectives, corporate risks, controls, assurances and improvement actions within a single governance document.

NHS Board Members:

- approved the Board Assurance Framework 2026/27 for implementation across NHS Dumfries and Galloway.

BOARD PUBLIC

- agreed that the Framework will operate as the Board's primary mechanism for connecting Strategic Outcomes, corporate risks, controls, assurance sources, gaps and improvement actions.
- noted that assurance matrices will be used to support implementation, committee oversight, forward agenda planning and proportionate escalation to the Board.
- noted 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.

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

20. Bi-Annual Social Media Activity Report

AC presented the Bi-Annual Social Media Activity Report to NHS Board Members, highlighting the following key points:

- The report demonstrated that the social media trends reported in previous updates had continued, with Facebook remaining NHS Dumfries and Galloway's most successful and influential social media platform.
- Members were advised that the NHS Facebook page continued to experience steady growth and had reached around 29,000 followers during the reporting period.
- Updates were provided on the organisation's wider social media channels, including Instagram, YouTube and BlueSky. It was noted that YouTube primarily serves as a repository for video content which is often viewed through Facebook, whilst BlueSky has replaced the former X (Twitter) account and is currently in the early stages of audience growth.
- The most successful post during the reporting period related to the opening of the GP Walk-in Centre in Stranraer, reflecting both public interest in the service and wider national attention linked to Scottish Government policy.
- Localised service updates, including vaccination clinics and other community-based activity, continued to generate significant engagement where content was shared through local networks and community groups.

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

- Members were advised that the volume of activity generated by NHS Dumfries and Galloway is already substantial and compares favourably with many other health boards and public sector organisations.
- During the 28-day period referenced within the report, approximately 78 Facebook posts had been published, equating to almost three posts per day.

BOARD PUBLIC

- Board Members welcomed the continued growth in social media engagement and the increasing reach achieved through positive stories highlighting staff achievements and service developments.

This paper provided a significant level of assurance, which NHS Board Members accepted as it demonstrated that NHS Dumfries and Galloway continue to maintain an active and effective social media presence, achieving sustained audience growth and strong engagement across key communication channels.

NHS Board Members:

- Noted the report's findings and discussion of future social media strategies, including the adoption of emerging platforms like Blue Sky.
- Noted the increased volume of high-quality communications being shared via professionally managed social media platforms and 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.

21. Bi-Annual Engagement Activity Report

AC presented the Bi-Annual Engagement Activity Report to NHS Board Members, highlighting the following key points:

- The report covered participation and engagement activity undertaken between January – June 2026 and provided an overview of the main engagement programmes supported by the Communications and Engagement Team.
- The principal area of activity during the reporting period related to support for the General Medical Services (GMS) Review, with the majority of public engagement activity having taken place during 2025 through outreach events, workshops, surveys and meetings. Current activity now focuses on engagement and communications to support implementation of agreed changes.
- The Board was advised that work was underway to refresh the Participation and Engagement Strategy, which is subject to review every three years. The revised strategy was informed by feedback received on the previous strategy, internal evaluation of progress against commitments and engagement with a range of external stakeholders, including Third Sector Dumfries and Galloway, the Deaf Community and other partner organisations.
- Members heard that the draft strategy was currently available for consultation and was expected to be presented to the Integration Joint Board for approval before the end of the year.
- Ongoing support continued to be provided to the Realistic Medicine Value-Based Health and Care Steering Group, including development of a public survey which was prepared during the reporting period.

BOARD PUBLIC

- Additional engagement activity had focused on promoting the Chronic Pain Pathway and associated online resources available to service users.
- Looking ahead, Members were advised that engagement activity was underway regarding the proposed relocation of GP services in Stranraer. Early participation levels were particularly positive, with over 500 responses received from service users.

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

- A Board Member welcomed the breadth of participation and engagement activity undertaken and highlighted the importance of ensuring that engagement activity supports the organisation's wider ambition to work collaboratively with local communities.
- Board Members highlighted the increasing importance of engagement and co-design activity within major transformation programmes, including the Delivering Change Programme, and welcomed the opportunity to see this reflected more prominently in future reports.
- It was suggested that future updates should demonstrate more clearly how communities have influenced decision-making, what themes have emerged from engagement activity and how the organisation has responded to those views. It was noted that formal consultation exercises routinely result in published feedback reports and that future Board reports could include greater reference to these outcomes and learning.

Action: AC / RE

- Clarification was provided that the previous Participation and Engagement Strategy had been adopted by both the Integration Joint Board and NHS Board and that a similar approach would be appropriate for the refreshed strategy to provide consistency of approach and demonstrate collaborative working across both organisations.

This paper provided a significant level of assurance, which NHS Board Members accepted as it demonstrated that robust participation and engagement arrangements remain in place across NHS Dumfries and Galloway.

NHS Board Members:

- Noted the compliance with best practice, statutory and legal expectations through alignment with engagement frameworks.
- Noted the discussions on future projects and priorities.

22. Any Other Competent Business

No items were put forward for consideration under this item on the agenda.

BOARD PUBLIC

23. Date and Time of Next Meeting

The next meeting of the Dumfries and Galloway NHS Board will be held as a hybrid meeting on Monday 5th October 2026 at 10.00am, from the Boardroom, Ground Floor North Mountainhall Treatment Centre, Bankend Road, Dumfries and via Microsoft Teams.

The meeting concluded at 12:32pm.

Actions List from NHS Board Meeting

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
10/08/2026	3.	The first bullet point under Item 14 of the previous minutes should refer to the Governance Committee meeting held in September rather than August. LG agreed to amend the minutes of the NHS Board meeting held on 8 June 2026.	L Geddes	Minutes have been updated.	30/06/2026	Propose to close 16/09/2026
10/08/2026	16	Undertake further discussions with the Audit and Risk Committee Chair and Chief Internal Auditor regarding overdue audit actions, with a view to strengthening oversight, reviewing priorities and accelerating closure of high-risk actions.	J White	Discussions on this item are ongoing.	31/12/2026	
10/08/2026	16	An update on progress relating to Information Assurance compliance, including progress on the development of the Asset Register, will be reported to the next NHS Board meeting.	S Chatterjee	An update on this will be given under Matters Arising at the October 2026 NHS Board meeting	31/10/2026	

BOARD PUBLIC

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
10/08/2026	18	Subject to agreement with partners, a revised Integration Scheme would be presented to NHS Board in October 2026 before progressing through Council approval and Scottish Government Ministerial approval processes.	L Geddes / V Freeman	This item is on the agenda for the October 2026 NHS Board looking at the Lived Experience Representative arrangements.	31/10/2026	Propose to close 05/10/2026
10/08/2026		Future updates to demonstrate more clearly how communities have influenced decision-making, what themes have emerged from engagement activity and how the organisation has responded to those views. It was noted that formal consultation exercises routinely result in published feedback reports and that future Board reports could include greater reference to these outcomes and learning.	R Edgar / A Campbell	This information will be included in the next report to NHS Board in February 2027.	28/02/2027	

BOARD PUBLIC

Closed actions to be removed from the Actions List

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
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

BOARD PUBLIC

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
08/12/2025	21.	A discussion was held on the title of the Statement and whether this should be “Building a New Future Together” or “Creating a New Future Together”. NHS Board Members noted a preference of “Creating a New Future Together” and asked is it could be tested as part of the consultation process that will begin with staff, public and partners before the final report is brought back to NHS Board in April 2026.	D Rowland	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 Child Poverty Annual Report	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 Annual Report	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 Annual Climate Sustainability Report	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 Briefing	Audit and Risk Committee Chairs Briefing	Audit and Risk Committee Chairs Briefing		Audit and Risk Committee Chairs Briefing	Audit and Risk Committee Chairs Briefing
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 Activity Report	Corporate Governance and Committee Minutes Update	Corporate Governance and Committee Minutes Update	Corporate Governance and Committee Minutes Update Board Assurance Framework Annual Social Media Activity Report Annual Engagement Activity Report

NHS Dumfries and Galloway



Meeting: NHS Board (Public)
Meeting date: 5 October 2026
Title: Corporate Risk Register Update
Responsible Executive/Non-Executive: Mark Kelly, Nurse Director
Report Author: Laura Geddes, Corporate Governance 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.

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

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

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

Comment:

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

2 Report summary

2.1 Situation

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

2.2 Background

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

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 Governance 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 NHSDG Senior Leadership 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.

BOARD PUBLIC

Following implementation of the changes approved at the last NHS Board meeting in August 2026, the Corporate Risk Register currently has 16 risks recorded. 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	=
187	Risk that the anticipated benefits and outcomes of Sub-national Planning and Delivery are not fully realised in Dumfries and Galloway.	High	=
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 no changes have been made to the current or target risk scores for the Corporate Risk since the last update in August 2026.

Over the last couple of months, significant work has been undertaken by the Director of Public Health to merge the Population Health and Health Inequalities risks into one single risk.

BOARD PUBLIC

The draft risk was presented to NHS Board Members are part of the NHS Board Workshop in August 2026 for review and discussion, before being presented back to Members as part of this paper for consideration and approval as a Level 1 corporate risk.

The proposed combined Population Health and Health Inequalities risk, detailed at **Appendix 1** brings together the Board's strategic focus on prevention, partnership working and coordinated whole-system action to improve health outcomes and reduce inequalities. While the risk is currently assessed as Very High, the controls and further planned actions provide a clear basis for progressing towards the target level of High.

NHS Board Members are asked to consider approving the combined risk at Appendix 1 and to close the individual Population Health and Health Inequalities risks, listed below, as the new risk would supercede them:

- Risk 11: Risk that sectors of our population continue to experience Health Inequalities
- Risk 17: Risk that we will not improve the health and wellbeing of our population.

Appendix 2 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 CO². 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.

- NHSDG Senior Leadership Team – reviewed collectively to consider current risk themes, proposed escalations and amendments to corporate risk scores prior to presentation to NHS Board.
- NHS Board Workshop – reviewed the full risk register
- 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 addition of the new combined Population and Health Inequalities risk as a Level 1 corporate risk on the register.
- The closure of risks 11 (Health Inequalities) and 17 (Population Health and Wellbeing) from the corporate risk register, as they have been superseded by the new proposed risk.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, At a Glance summary of the new Population and Health Inequalities risk
- Appendix No 2, NHS Dumfries and Galloway Corporate Risk Register

AT-A-GLANCE CORPORATE RISK | 2026/27

RISK TITLE

RISK LEVELS

Current risk level

VERY HIGH

■ **Target risk level**

HIGH

target after further controls

EXPOSURE

Population, communities and health and care services

REVIEW CYCLE

Monthly review cycle
Last updated: August 2026

- 01 Public Health Committee oversight and framework monitoring
- 02 Board leadership through the Community Planning Partnership
- 03 Inequalities Steering Group oversight of equitable access and outcomes
- 04 Strategic Plan prioritises population health and inequality reduction
- 05 Annual Delivery Plan measures, reporting and escalation

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.	Pamela Jamieson: 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	Keith Dickinson: Finance Directorate	Very High	20	Medium	8	1 Month	25-Oct-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 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.	Keith Dickinson: Finance Directorate	High	16	Medium	8	3 Months	07-Dec-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.	Valerie White: Public Health Directorate	Very High	20	High	16	1 Month	23-Oct-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.	Pamela Jamieson: Workforce Directorate	Medium	9	Medium	4	6 Months	08-Dec-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
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.	Mark Kelly: NMAHP Directorate	High	12	Medium	9	3 Months	13-Oct-26
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.	Valerie White: Public Health Directorate	Very High	20	High	12	1 Month	23-Oct-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.	Ken Donaldson: Medical Directorate	Very High	20	High	15	1 Month	23-Oct-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	9	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.	Gareth Marr: Health & Social Care Partnership	Very High	20	High	12	1 Month	23-Oct-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.	Sudeep Chatterjee - Information Management and Technology	Very High	25	Medium	9	1 Month	23-Oct-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.	David Rowland: Corporate Services	High	12	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.	Valerie White: Public Health Directorate	High	15	High	10	3 Months	22-Dec-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, THEN 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.	Valerie White: 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 D&G	Gareth Marr: 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 interoperability between systems to ensure that the 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	Sudeep Chatterjee - Information Management and Technology	High	15	High	10	3 Months	27-Oct-26

NHS Dumfries and Galloway



Meeting: NHS Board (Public)

Meeting date: 5 October 2026

Title: NHS Board Summary Performance Report September 2026

Responsible Executive/Non-Executive: David Rowland, Director of Strategic Planning and Transformation

Report Author: George Noakes, Acting Performance and Intelligence Manager

1 Purpose

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

This is presented to the Board for:

- Assurance

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. If you select an assurance level below Significant, please explain the actions being taken to achieve Significant assurance:

- 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.

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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 September 2026 (Appendix 1) gives an overview of operational performance for key measures for 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.

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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 has been an improvement in performance since the last issue of this report (August 2026). Two more KPIs indicate we are meeting targets or better compared to the previous report. However, proportionally, the number of KPIs indicating surge has remained similar (June 2026: 13 out of 48 = 27%. August 2026: 10 out of 41 = 24%. September 2026: 11 out of 42 = 25%). The KPIs indicating surge are largely focused on emergency and unscheduled care.

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
Sept 2026	13	13	11	6	43

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Some key observations from this report:

- Since the last report, the percentage of staff who have had their annual appraisal has now exceeded the locally agreed target for the first time (WF03)
- Although there was a significant decrease in September 2025, since then the number of overdue audit actions has remained relatively constant (AR01).
- The number of outstanding audit actions (AR01) continues to steadily decline.
- Waiting times for Drug and Alcohol treatment continues to achieve high levels of performance with 100% of referrals seen within 3 weeks during June 2026 (MH03)
- Following a sustained period of successful improvement, the trajectories were recalculated for psychological therapies (MH01 and MH01a). Whilst there has been a modest increase in the waiting list, performance against the 18 week waiting times standard has continued to improve.
- The 4 week waiting times standard for musculoskeletal referrals continues to be challenging (CHSC01). Performance dropped to 29.4% in August 2026.
- Performance in the Emergency Department continues to be challenging. 4-hour waiting times performance was 70.8% in August 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 increases in the number of people waiting longer than 8 or 12 hours (AD01 and AD02a). There also continues to be considerable pressure on ambulance turnaround times (AD05).

Whilst this position will not be welcome, it is important to recognise that, according to national benchmarking data ([here](#)), NHS Dumfries and Galloway is currently one of the top 3 mainland health boards for 4-hour performance. Further, this is despite record numbers of people visiting the emergency departments in Dumfries and Galloway. More than 1,200 visits were recorded for the first time in the week beginning 28 June 2026 and the average weekly attendance so far in 2026 has been 1,030 visits per week. By comparison the average weekly attendance during 2025 was approximately 980 visits per week with a peak weekly attendance of 1,196 visits in August 2025.

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- There has been an increase in the number of people waiting longer than 52 weeks for their first outpatient appointment (AD04a). However, the proportion of people waiting longer than 52 weeks for their inpatient or day case procedure has continued to steadily decrease (AD03a) at 6.1% in August 2026 compared to a target trajectory of 8%.

2.3.1 Quality/ Patient Care

The Summary Performance Report includes indicators relating to 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 have 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

An impact assessment has not been completed because this paper does not propose any changes to service delivery, strategy or policy.

2.3.7 Climate Emergency and Sustainability

The Summary Performance Report includes indicators relating to sustainability.

2.3.8 Consumer Duty

An impact assessment has not been completed because this report does not propose any changes to service delivery, strategy or policy.

2.3.9 Other impacts

No other impacts were identified as part of this paper.

2.3.10 Communication, involvement, engagement and consultation

This report does not propose any changes to service delivery, strategy or policy. Consequently, consultation and engagement is not required.

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.

BOARD PUBLIC

- 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

- NHS Board is asked to take moderate assurance from the Summary Performance Report recognising that whilst the report accurately reflects the performance of NHS Dumfries and Galloway, the level of performance, in some areas, is not where we would like it to be.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Board Summary Performance Report

Dumfries and Galloway NHS Board

Summary Performance Report

September 2026

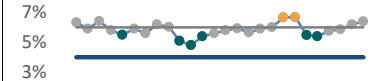


RAG	Time Period	Latest Figure Dumfries and Galloway	Comparison	Time Period	Previous Figure Dumfries and Galloway	Comparison	25 month trend
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Workforce (WF)

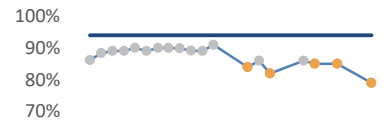
WF01 Sickness absence rate: Percentage of hours lost to sickness absence amongst NHS Dumfries and Galloway employees (Aim: decrease)

Not different	Jun 2026	6.4%	6.5% (TOM)	May 2026	6.2%	6.5% (TOM)
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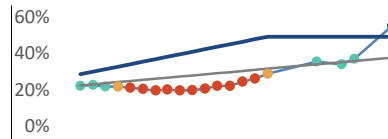
WF02 Mandatory Training: Percentage of NHS Dumfries and Galloway employees who have all online mandatory training currently complete (Aim: increase)

Amber	Aug 2026	79.0%	94.0% (T)	May 2026	85.0%	94.0% (T)
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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)

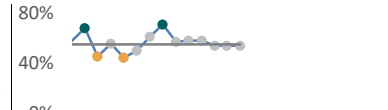
VGreen	Aug 2026	55.0%	49.1% (TTraj)	May 2026	37.0%	49.1% (TTraj)
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Quality and Patient Experience (QPE)

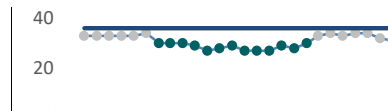
QPE01 Complaints: Percentage of complaints closed in timescale; stage 2 direct, closed within 20 working days (Aim: increase)

Not different	Mar 2025	54.0%	47.9% (mean)	Feb 2025	54.0%	47.9% (mean)
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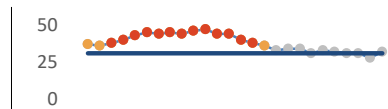
QPE02 SAB: Rolling 12 month total number of Healthcare Associated Infection (HCAI); Staphylococcus Aureus Bacteraemia (SAB) (Aim: decrease)

Not different	Aug 2026	31	33 (25/26)	Jul 2026	32	33 (25/26)
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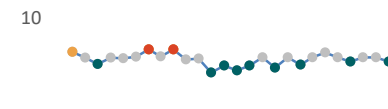
QPE03 CDI: Rolling 12 month total number of Healthcare Associated Infection (HCAI); Clostridium Difficile (CDI) (Aim: decrease)

Not different	Aug 2026	32	35 (23/24)	Jul 2026	28	35 (23/24)
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QPE04 Hospital LOS: Average length of stay (days) in DGRI acute hospital setting, following an emergency admission (Aim: decrease)

Green	Aug 2026	5.7	6.6 (mean)	Jul 2026	6.1	6.6 (mean)
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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

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

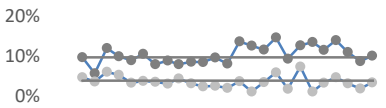
Finance and Efficiency (FE)

Key Performance Indicators for 2026/27 under development pending approval of Financial Sustainability Plan

Health Inequalities (IQ)

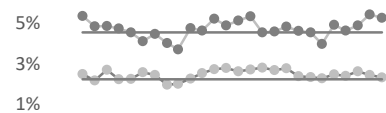
IQ01 Did not attend (DNA): Percentage of people who did not attend their new outpatient consultant appointment living in SIMD1 areas compared to SIMD5 areas

n/a	Jul 2026	13.7% (SIMD1)	5.7% (SIMD5)	Jun 2026	10.2% (SIMD1)	3.5% (SIMD5)
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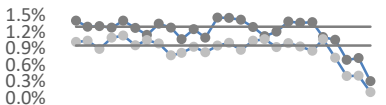
IQ02 Emergency Department attendances: Percentage of people living in SIMD 1 areas compared to SIMD 5 areas

n/a	Jul 2026	5.3% (SIMD1)	2.3% (SIMD5)	Jun 2026	5.5% (SIMD1)	2.5% (SIMD5)
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IQ03 Emergency admissions: Percentage of people living in SIMD 1 areas compared to SIMD 5 areas

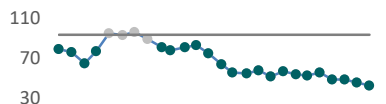
n/a	Jun 2026	0.3% (SIMD1)	0.1% (SIMD5)	May 2026	0.7% (SIMD1)	0.4% (SIMD5)
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Audit and Risk (AR)

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

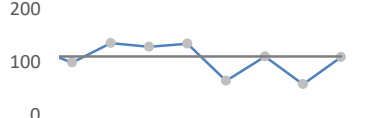
Green	Aug 2026	43	101 (23/24)	Jul 2026	46	101 (23/24)
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Climate and Environment (CE)

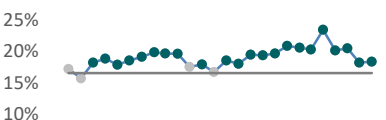
CE01 Greenhouse emissions: National Green Theatres, Anaesthetic Gases Emissions (tonnes CO2eq)

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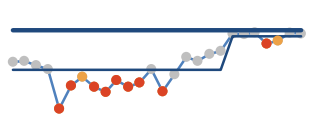
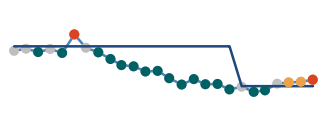
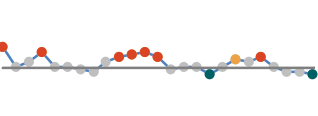
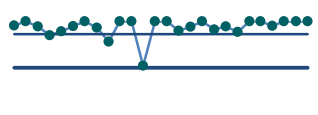
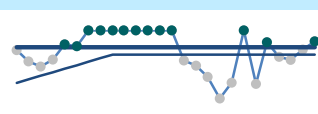
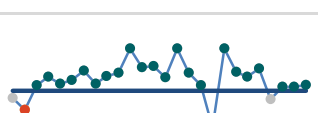
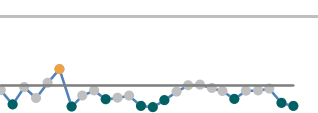
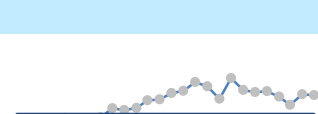
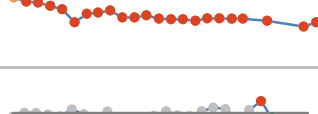


CE02 Health Miles: Percentage of miles saved by virtual (telephone or video) appointments; return consultant outpatient appointments (Aim: increase)

Green	Jul 2026	18.4%	15.4% (23/24)	Jun 2026	18.2%	15.4% (23/24)
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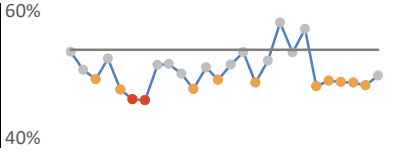
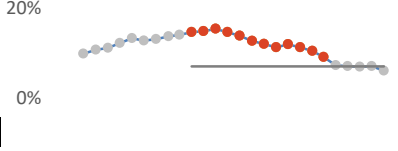
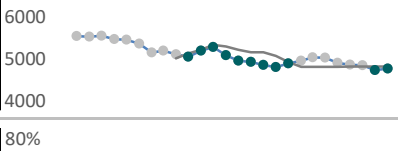
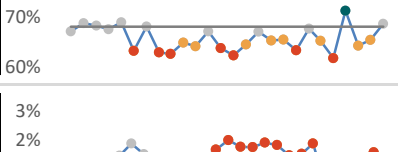
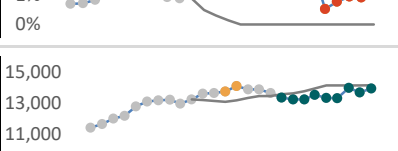
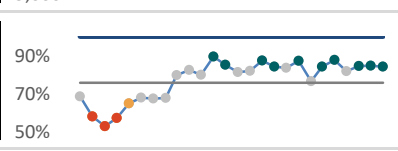
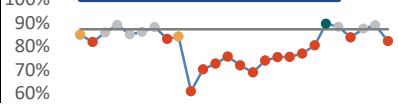
BOARD PUBLIC

RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Mental Health Directorate (MH)							
MH01 Psychological therapies: Percentage of people who commence Psychological Therapy based treatment within 18 weeks of referral (Aim: increase)							100%
Not different	Jun 2026	87.8%	83.6% (23/24)	May 2026	88.5%	83.6% (23/24)	
MH01a Psychological therapies: Number of people on the waiting list (Aim: decrease)							1,200
Red	Jun 2026	625	596 (23/24)	May 2026	604	596 (23/24)	
MH02 The number of people experiencing a delay in their discharge from Midpark Hospital, excluding transfers, at census (Aim: decrease)							30
Green	Jul 2026	11	19 (23/24)	Mar 2026	17	19 (23/24)	
MH03 Drugs and Alcohol waiting times: Percentage of clients waiting no longer than 3 weeks for treatment (Aim: increase)							100%
Green	Jun 2026	100%	90% (T)	May 2026	100%	90% (T)	
Family and Support Services (Formerly Women, Children and Sexual Health)							
WCSH01 CAMHS waiting times: Percentage of young people who commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (Aim: increase)							100%
Green	Jun 2026	93.5%	90.0% (T)	May 2026	88.7%	90.0% (T)	
WCSH02 Early access to antenatal services: Percentage of women booked by 12th week of gestation; in SIMD quintile 01 (Aim: increase)							100%
Green	Jul 2026	82.8%	75.8% (T)	Jun 2026	81.8%	75.8% (T)	
WCSH03 The number of people admitted as an emergency, aged under 16 years; DGRI (Aim: decrease)							370
Not different	Aug 2026	158	260 (TOM)	Jul 2026	168	260 (TOM)	
Primary Care Directorate (PC)							
PC01 Number of medication reviews (Aim: increase)							8,000
	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)							150,000
	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)							100%
Red	Aug 2026	29.4%	87.8% (Traj)	Jul 2026	25.1%	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)							12%
Green	May 2026	8.1%	10.8% (23/24)	Apr 2026	7.3%	10.8% (23/24)	

BOARD PUBLIC

RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Community Health and Social Care Directorate (CHSC)							
CHSC02 The number of people experiencing a delay in their discharge from hospital; All Sites excluding transfers, at census (Aim: decrease)							150
Not different	Jul 2026	100	106 (TOM)	Jun 2026	90	106 (TOM)	
CHSC02a The number of people experiencing a delay in their discharge from hospital; Standard Reasons, last week of the month (Aim: decrease)							120
Not different	Aug 2026	90	85 (TTraj)	Jul 2026	77	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)							30
Not different	Aug 2026	12	11 (TTraj)	Jul 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)							100%
Green	Jul 2026	97%	95% (T)	Jun 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)							100%
Green	Jul 2026	86%	84% (23/24)	Jun 2026	80%	84% (23/24)	
Acute and Diagnostics Directorate (AD) - Unscheduled Care							
AD01 Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to admission, discharge or transfer for treatment (Aim: increase)							100%
Amber	Aug 2026	70.8%	77.9% (TTraj)	Jul 2026	69.8%	77.9% (TTraj)	
AD01a Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to Medical Admission (Flow 3) (Aim: increase)							60%
Red	Aug 2026	13.7%	38.0% (TTraj)	Jul 2026	14.5%	38.0% (TTraj)	
AD01b Accident and Emergency: Percentage of people who wait no longer than 4 hours from arriving in DGRI-ED to Surgical Admission (Flow 4) (Aim: increase)							90%
Red	Aug 2026	45.0%	63.6% (TTraj)	Jul 2026	38.8%	63.6% (TTraj)	
AD02 Accident and Emergency: Number of people who wait longer than 8 hours from arriving in ED to admission, discharge or transfer for treatment (Aim: decrease)							450
Red	Jul 2026	408	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)							250
Red	Jul 2026	181	26 (TTraj)	Jun 2026	176	26 (TTraj)	
AD05 SAS Turnaround Times: Median turnaround time in minutes; the first week of the month (Aim: decrease)							00:30
Red	Aug 2026	00:38	00:29 (TOM)	Jul 2026	00:35	00:29 (TOM)	

BOARD PUBLIC

RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Acute and Diagnostics Directorate (AD) - Planned Care							
AD03 Treatment Time Guarantee (TTG): Percentage of people seen who waited <=12 weeks from agreeing treatment with the hospital to receiving inpatient or day case treatment (Aim: increase)							
Not different	Jul 2026	49.9%	54.0% (23/24)	Jun 2026	48.4%	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	Jul 2026	6.1%	8.0% (TTraj)	Jun 2026	7.1%	8.0% (TTraj)	
AD03b Treatment Time Guarantee (TTG): Number of people currently waiting for inpatient or day case treatment (last week of the month) (Aim: decrease)							
Green	Aug 2026	4,773	4,820 (TTraj)	Jul 2026	4,735	4,819 (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	Jul 2026	68.7%	68.2% (23/24)	Jun 2026	65.5%	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	Jul 2026	1.6%	0.0% (TTraj)	Jun 2026	0.9%	0.0% (TTraj)	
AD04b First outpatient appointment: Number of people currently waiting for first outpatient appointment (Aim: decrease)							
Green	Jul 2026	13,949	14,783 (TTraj)	May 2026	13,975	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	Jul 2026	84.3%	75.9% (23/24)	Jun 2026	84.7%	75.9% (23/24)	
AD07 Percentage of people who were waiting less than 6 weeks for diagnostic scans at end of month census (Aim: increase)							
Red	Jul 2026	82.3%	87.3% (23/24)	Jun 2026	89.1%	87.3% (23/24)	

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	5 October 2026
Title:	Healthcare Quality and Safety Report
Responsible Executive/Non-Executive:	Mark Kelly, Executive Nurse Director
Report Author:	Lesley Paterson, Deputy Nurse Director

1 Purpose

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

This is presented to the Board for:

- Assurance

This report relates to a:

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

This aligns to the following NHS Scotland 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 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.

BOARD PUBLIC

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

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

- Quality and Safety

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 high-level overview of the organisation's Quality, Safety and Governance position.

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.

Areas of assurance and progress

- Performance remains strong in 2 of the 3 key infection indicators, including *Staphylococcus aureus* bacteraemia (5 cases Year To Date (YTD) - target 37) and *Clostridium difficile* (9 cases YTD - target 34).
- Surgical Site infection rate (SSI) of 0.4% between April and June 2026 is significantly below previous national levels of approximately 2%.
- Adverse event (AE) reporting remains stable, averaging 421 events per month over the last 12 months (September 2025 to August 2026). 861 AE have been reported during July and August, (491 near miss/no harm, 290 temporary harm and 48 identified as significant harm). Detailed review of Adverse events continues to be managed through Patient Safety Group.
- Healthcare Governance Committee (HCGC) held a Deep Dive into Adverse events reviewing how directorates manage their AE and associated learning – evidence of triage processes, immediate actions to mitigate risk, support to staff to debrief after an AE were all demonstrated – key learning focused on the processes to support identification and sharing of learning, sustainability of learning and monitoring of actions from Adverse Event. These actions will be reported on to future Healthcare Governance Committee.

BOARD PUBLIC

- 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.
- Public Protection arrangements remain effective, supported by strong health engagement in Adult and Child Protection processes evidenced by an increase in health referrals to 873 for Adult Support and Protection and 396 for Child Protection, providing assurance that harm is being identified and recognised.
- Level 1 Care Assurance patient feedback across Acute and Diagnostics and Community Hospitals (n=26) was consistently positive, highlighting compassionate staff, effective communication, strong nursing care, person-centred support, and multidisciplinary working. Suggested improvements related mainly to communication, timeliness of personal care, food, environmental comfort, staffing, accommodation preferences, and rehabilitation.
- Positive patient feedback continues to highlight compassionate care, professionalism and reassurance across hospital and community services.

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), however, in the most recent quarter 24 healthcare-associated E. coli bacteraemia cases have been reported with the organisation identified as an outlier.

Additional investigations, community reviews, catheter-related analysis, and audit work are being undertaken to better understand underlying causes and reduce infection rates. The Board continues to manage 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 who in September reviewed the current mitigations which allow services to operate safely in the short term, although governance oversight and specialist capacity remain fragile. The committee agreed that ongoing monitoring and escalation are required because the current model is not considered sustainable over an extended period.

It is also noted that our Surgical Site infection rate (SSI) of 0.4% between April and June 2026 is significantly below previous national levels of approximately 2%.

The patient experience picture for April to August 2026 remains broadly consistent with the themes reported in June, but against a backdrop of increased activity. Across complaints, concerns, Business as Usual enquiries and compliments, 639 contacts were recorded, compared with 541 during the same period last year, an increase of 18.1%.

BOARD PUBLIC

Positive feedback continues to highlight compassionate care, professionalism and reassurance across hospital and community services. However, delays, communication and coordination remain the dominant concerns and frequently occur as connected failures across a patient's pathway. Delayed referrals, appointments or results become more distressing where updates are limited, information is inconsistent or responsibility for the next step is unclear.

Overall, the findings provide a mixed picture: compassionate and professional care remains evident, while recurring delays, fragmented coordination and communication failures indicate persistent system pressures.

The absence of an integrated multi-agency digital system continues to constrain information sharing and access to shared chronologies.

Recent learning from child protection adverse events and multi-agency reviews identifies opportunities to strengthen health governance, oversight and monitoring of improvement actions, this work is progressing via public protection governance routes

Workforce pressures across partner agencies continue to delay some child and adult protection planning meetings, affecting timely decision-making and protection planning.

Repeat presentations and readmissions among some vulnerable adults after discharge indicate the need to further strengthen safeguarding discharge planning and multi-agency risk management, the first meeting to review these processes has taken place in September and a review of improvement activity related to discharge is underway.

Public Protection arrangements remain effective, supported by strong health engagement in Adult and Child Protection processes evidenced by an increase in health referrals to 873 for Adult Support and Protection and 396 for Child Protection, providing assurance that harm is being identified and recognised.

Phase 2 of the incident management system, InPhase, continues to progress. The Claims, FOI and Safety Action Notice modules went live in July, with the intention of improving data visibility, reducing duplication and supporting more reliable triangulation this is a work in-progress as teams work to improve the quality of the data entered into InPhase to support effective qualitative review at a directorate level. The information relating to learning from claims is expected to flow through into our reporting structures as the information recorded in InPhase is established. This again supports the effective triangulation of learning.

Key organisational risks remain across infection prevention and control, operational flow, adverse event review timeliness, care assurance, complaints, data quality and public protection, affecting consistent delivery of sustainable quality outcomes.

The Quality and Safety Report will continue to evolve as data systems become more integrated, improving triangulation of quality, safety and governance information. Learning from the Adverse Event Deep Dive will inform further improvement activity, with a focus on organisational learning, earlier identification of themes and risks, improved adverse event review and closure, and stronger triangulation across adverse events, patient experience, complaints and care assurance. Improvement actions will be monitored through existing governance routes, including the Quality and Safety Board and Healthcare Governance Committee, to ensure learning is embedded and translated into sustained improvements in care quality and patient safety.

2.3.1 Quality / Patient Care

Care Assurance continues to identify recurring themes in nutrition and hydration, documentation, Adults with Incapacity, escalation planning and fluid balance recording. While compassionate care, teamwork and positive patient experience remain evident, learning is not yet consistently embedded across all clinical areas.

Improvement activity continues relating to reviewing documentation to ensure consistency across services, strengthened governance oversight within acute and diagnostics where Senior Charge Nurses and Clinical Nurse Managers are presenting their Level 3 Care Assurance reports celebrating achievements and the improvements they plan to undertake.

2.3.2 Workforce

Workforce wellbeing remains a priority. Ongoing pressures from unscheduled care, delayed discharges, adverse event activity and moral distress continue to affect staff capacity and wellbeing. However, there are strengthened support arrangements and a greater focus on wellbeing and development provide assurance. Support is in place for staff involved in Significant Adverse Event reviews or complaints, with work continuing to embed and evaluate its impact. Collaborative work to strengthen Speak Up culture also supports psychological safety, workforce resilience and safe care delivery.

2.3.3 Financial

Work is underway, with the aim to enhance the use of InPhase, strengthen governance, improve workflows across governance support functions, streamline reporting at all levels to reduce duplication, which over time is expected to support greater efficiency and contribute to financial sustainability.

2.3.4 Risk Assessment/Management

As above - 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](https://www.gov.scot/publications/national-health-and-wellbeing-outcomes-framework/pages/1-2.aspx)

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 through the Healthcare Governance Committee, Quality and Safety Board, Infection Control Committee, Senior Leadership Team, Public Protection Executive Group, Risk Oversight Group and weekly Patient Safety Group.

2.3.11 Route to the Meeting

This report is informed by a review of relevant data available but has not been reviewed through the Healthcare Governance Committee due to meeting timings prior to submission to the Board.

2.4 Recommendation

Assurance

- NHS Board is asked to take moderate assurance from this Quality and Safety report, recognising the mitigations and improvements in progress alongside the areas requiring continued oversight.

3. List of appendices

There are no appendices included with this report.

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	5 October 2026
Title:	Winter Vaccination 2026 / 27 Update
Responsible Executive/Non-Executive:	Valerie White, Director of Public Health
Report Author:	Gemma Stewart, Immunisation Specialist Nurse Keith Allan Consultant in Public Health and Board Immunisation Coordinator

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Other (update on planning for winter immunisation programmes)

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. If you select an assurance level below Significant, please explain the actions being taken to achieve Significant assurance:

- Moderate

Comment:

Planning is robust and comprehensive, building on prior experience and high performance at a local level. However, the recent period has seen changes to national programmes and systems requiring the use of significant levels of staff capacity.

BOARD OFFICIAL

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.
- Becoming a Great Place to Work where workforce-led change is the norm.

Comment:

Vaccination is a fundamental health activity preventing significant levels of morbidity and mortality in the population. This is important for individuals but also helps reduce demand on health and social care services. Additionally, staff vaccination supports our staff to be well.

2 Report summary

2.1 Situation

NHS Dumfries and Galloway has prepared and is now delivering the 2026/27 winter flu and COVID-19 vaccination programme. The planning position is that all eligible patients will be offered a vaccination appointment, or the ability to book one, before 11 December 2027. Programme scheduling and delivery has commenced across adult mass vaccination clinics, staff clinics, school-age delivery, 2–5 year old influenza appointments, care home visits, domiciliary delivery and other eligible cohorts.

2.2 Background

The Chief Medical Officer letter for the winter flu campaign has been published, adult and child flu eligibility remains consistent with 2025/26, with cattle and swine workers introduced as an eligible group this season. COVID-19 planning assumptions currently include those aged 75 years and over, residents in care homes for older adults, and those aged 6 months and over who are immunosuppressed, as defined in the COVID-19 Green Book chapter.

2.3 Assessment

Delivery plans are in place across the eligible cohorts, with a blended model of timed appointments, self-booking, drop-in clinics, school-based delivery, care home visits and domiciliary visits.

- Health and social care worker drop in flu vaccination clinics commenced on 14 September 2026. These clinics have been provided across the region, with the option of also booking an appointment through the booking portal or calling the local vaccination helpline. Care home staff will also be able to receive the flu vaccination during delivery to care home residents.

BOARD OFFICIAL

- Flu-only clinics for those aged 65–74 commenced on 21 September 2026.
- 2–5 year old influenza vaccination is underway.
- All venues have been booked and confirmed:

Annan Vaccination Centre	Sanquhar Community Centre
Canonbie Public Hall	Thornhill Hospital
Castle Douglas Vaccination Centre	Waverley Medical Centre - Stranraer
Kirkcudbright Hospital	Lockerbie Medical Practice
Moffat Hospital	Mountainhall Vaccination Centre Dumfries

Close monitoring of appointment uptake is planned so that capacity and delivery arrangements can be adjusted to support efficient and effective programme delivery.

A communications plan has been developed in line with national communication plans. This is being deployed throughout the programme.

Appendix 1 provides further detail on delivery of the 26/27 programme. A summary of uptake will be provided at the Board meeting.

2.3.1 Quality/ Patient Care

Vaccination prevents significant levels of mortality and morbidity in the population. Within staff members it also safeguards our ability to deliver services and reduce ill health in our workforce.

2.3.2 Workforce

Staff vaccination reduces illness levels within staff supporting wider staff wellbeing.

2.3.3 Financial

Delivery is managed within baselined allocated finances.

2.3.4 Risk Assessment/Management

Risks were recorded regarding national scheduling and speed of lettering. These risks have been mitigated. This programme contributes to mitigating the following corporate risk:

- Risk that we will not improve the health and wellbeing of our population (Risk 2932).

2.3.5 Risk Appetite

- Minimal

Comment:

The risk appetite for this area of work is minimal, reflecting the significant health benefits of vaccination and the reduction in demand for services.

2.3.6 Equality and Diversity, including health inequalities

- EQIA in place for immunisation service overall.
- Support for travel/accessing clinics/ homebound people in place.
- Scottish Ambulance Service Mobile vaccination bus to be deployed to areas with lower uptake and/or higher relative deprivation.
- Liaison directly with services providing support to carers, people experiencing homelessness, asylum seekers and people who use drugs and alcohol.
- Information on vaccinations is available in a range of languages and interpreting services can be booked if necessary.

2.3.7 Climate Emergency and Sustainability

Clinics are located across the region to reduce the amount of travel individuals need to undertake to receive their winter vaccination.

2.3.8 Consumer Duty

None identified.

2.3.9 Other impacts

None identified.

2.3.10 Communication, involvement, engagement and consultation

There is a communication plan in place for this programme of work which is under constant review. The plan will have a rolling deployment in line with national timings.

- E-mails and Staff news updates on Flu vaccination programme sent to all Health & Social Care Workers and Independent contractors
- Social care staff who work in care homes will be offered their vaccination at the same time as the Care home residents. Communication directly with each care home to ensure staff are aware.
- Regular briefings will be made to managers to promote and support vaccination of staff.
- Requests for peer vaccinators have also been communicated in person and via email, with training being provided as appropriate.
- Communications will be issued to the public and key stakeholders to promote the programme.

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.

- Plans for programme delivery have been overseen by the Vaccine Oversight Group
- Director of Public Health has reviewed content of this paper.

2.4 Recommendation

Assurance

- NHS Board is asked to take assurance that plans are in place to deliver the 26/27 Winter Vaccination Programme.

3 List of appendices

The following appendices are included with this report:

- **Appendix No. 1**, Flu and Covid Vaccination Programme Overview

Flu and Covid Vaccination Programme

Overview of delivery plan

Cohort	flu	Covid	invitation	Planned Delivery dates
Frontline health and Social Care staff (including Independent Practitioners)	yes	No	Self-book prompt and drop in	Bespoke drop in and portal appointments 14/09/2026-02/10/2026 Self-book into any available flu only appointment Comms will be sent to all staff (Health & Social Care Workers and Independent contractors) via e-mail to book appointments and drop in appointments Additional drop in capacity will be updated in line with at risk cohorts Notes of interested for Peer vaccinators training will be communicated
Non frontline NHS staff	yes	no	Self book prompt drop in	As above excluding peer vaccinator training
Prison population	yes	no	Delivered by NHS prison staff in prison setting	21/09/2026
School age pupils	yes	no	Letter home with the child	Programme Delivered in schools 24/09/2025 -05/12/2026
Children 2-5	yes	no	Local appointing	07/09/2025
65-74 years	yes	no	Letter timed appointment	21/09/2025- 20/10/2026
At risk 18-64	yes	no	Self book prompt	23/11/2026 to end of programme
Pregnancy	yes	no	Self book prompt followed by local letter with time appointment	14/09/2026 to end of programme
Carers 16 – 64 & Household contacts of (Weakened Immune System)	yes	no	Self book prompt	23/11/2026 to end of programme

BOARD OFFICIAL

Cohort	flu	Covid	invitation	Planned Delivery dates
At risk children 6m to 4 years	yes	yes	Local timed appointment	07/09/2026
Residents in Care homes (Deliver to staff at the visit)	yes	yes	HB visit	12/10/2026
Domiciliary (all eligible groups)	yes	yes	HB visit	Flu only from 21/09/2026 Covid and Flu from 05/10/2026
75+	yes	yes	Letter timed appointment	19/10/2026-23/11/2026
People with weakened immune system (6m to 74 years)	yes	yes	6m to 17y local letter 18-74 Letter – time appointment	19/10/2026-23/11/2026
Asylum Seeker living in home office hotel or B&B			Self booking and timed appointments	23/11/2026 to end of programme

NHS Dumfries and Galloway



Meeting: NHS Board (Public)

Meeting date: 5 October 2026

Title: Local Child Poverty Action Plan 2024-26
(2025-26 Annual Progress Report and
Interim Action Plan for 2026-27)

Responsible Executive/Non-Executive: Valerie White, Director of Public Health

Report Author: Kirsty Beattie, Fairer Futures (Child
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1 Purpose

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

This is presented to the Board for:

- Assurance
- Decision

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Legal requirement
- Local policy

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

- Person Centred

Please select the level of assurance you feel this report provides to the board/committee and briefly explain why. If you select an assurance level below Significant, please explain the actions being taken to achieve Significant assurance:

- Significant

Comment:

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The [Child Poverty \(Scotland\) Act 2017](#) places a duty on Local Authorities and Health Boards to jointly report annually on activity to reduce Child Poverty. This report fulfils this requirement. Last years annual report to the Board outlined capacity challenges to ensure continued focus on this area of work. During 25/26 leadership capacity from a Consultant Public Health has been identified to ensure continued organisational focus on this important area of work.

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.
- Maintaining financial sustainability, building on the achievement of a balanced budget.
- Working with Partners to create more of the conditions that support people to live the lives they want to live.

Comment:

Child Poverty is a key determinant of health and wellbeing and is therefore a key aspect of prevention and improving health outcomes over the longer term which in turn is key for ensuring longer term financial sustainability. Addressing child poverty requires a multi-agency approach and work across the whole system.

2 Report summary

2.1 Situation

Dumfries and Galloway's Local Child Poverty Action Plan 2024–2026 Annual Progress Report and Interim Action Plan for 2026–27 provides an update on progress made during 2025–2026 and sets out interim activity for 2026–27 while the next Local Child Poverty Action Plan is developed. Child poverty remains a significant challenge for the region, with Dumfries and Galloway continuing to have a higher proportion of children in low-income families than the Scottish average, particularly after housing costs are taken into account.

2.2 Background

The Child Poverty (Scotland) Act 2017 places a duty on local authorities and health boards to jointly report annually on activity to reduce Child Poverty. The Local Child Poverty Action Report (LCPAR) notes progress on the work undertaken over the previous year and highlights key forward actions. Local Child Poverty Action Plan Reports are required to be produced 'as soon as reasonably practicable after the end of each reporting year'.

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The agreed Dumfries and Galloway Child Poverty Action Plan for 2024 - 2026 aligns with the timeframe of the Scottish Government's Delivery Plan Best Start, Bright Futures 2022 - 2026.

The Scottish Government's Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 identifies three drivers of child poverty reduction as follows:

- Income from employment;
- Costs of living
- Income from social security and benefits in-kind.

The Scottish Government Delivery Plan also identifies six priority family types which account for over 90% of children living in poverty as follows:

- Lone parent families;
- Families which include a disabled adult or child;
- Larger families (with 3 or more children);
- Minority ethnic families;
- Families with a child under one year old;
- Families where the mother is under 25 years of age.

Bringing Hope, Building Futures is Scotland's Tackling Child Poverty Delivery Plan for 2026-31 and is the third statutory child poverty delivery plan published under the Child Poverty (Scotland) Act 2017. The plan sets out the Scottish Government's approach to accelerating progress towards the statutory child poverty targets to be achieved by 2030. The three recognised drivers of child poverty reduction and the six priority groups remain central to the national approach. The new plan places increased focus on whole family support, systems change, place-based working and addressing the intersection of poverty with wider inequalities.

The Fairer Futures (Child Poverty) Sub-Group is a multi-agency partnership responsible for supporting the preparation of the annual Local Child Poverty Action Report and coordinating collaborative action to tackle child poverty and mitigate its impacts across Dumfries and Galloway. The group reports through Sub-Group 4 of the Dumfries and Galloway Poverty and Inequalities Partnership.

The Local Child Poverty Action Plan 2024-26 was revised to focus on a reduced number of high-impact actions, with the Sub-Group playing a central role in coordinating delivery alongside key partners. To maintain momentum and support long-term planning, the Action Plan has been extended to 2027. This will enable the development of a new Local Child Poverty Action Plan that aligns with the priorities and outcomes set out in Bringing Hope, Building Futures (2027-2031), ensuring a coherent and strategic approach to tackling child poverty across Dumfries and Galloway.

2.3 Assessment

While activity to tackle child poverty is closely connected to wider efforts to address poverty and inequality, the Local Child Poverty Action Report and Child Poverty Action Plan have a specific statutory focus and therefore do not reflect the full range of activity underway across Dumfries and Galloway.

A considerable programme of work is undertaken across the Community Planning Partnership that contributes, either directly or indirectly, to tackling child poverty. Much of this activity is delivered through established multi-agency partnerships and is embedded within wider strategies and action plans addressing the social and economic determinants of poverty. This includes areas such as employability, housing, transport, public health improvement and economic development, which have their own governance structures and reporting arrangements. Collectively, these activities complement and strengthen delivery of the Child Poverty Action Plan and contribute to a whole-system approach to reducing poverty and inequalities across Dumfries and Galloway.

Appendix 1 contains the annual report for 2025-26 which provides an update on activity undertaken to tackle child poverty and mitigate its impact, as well as a number of Case Studies which highlight the impact of our work on the children and families it affects. It also outlines the programme of work for 2026/27.

Key messages include:

The report shows a mixed but encouraging picture. In 2024/25, 3,076 children in Dumfries and Galloway were living in relative low-income families before housing costs, representing 14.2% of children in the region compared with 12.3% across Scotland. After housing costs, this increased to 3,751 children, or 17.4%, compared with 14.8% across Scotland. Whilst the Dumfries and Galloway figures remain too high, the before housing costs figures have fallen from 2021/22 when they sat at 16.3%. Dumfries and Galloway ranks third highest of Scotland's 32 local authorities before housing costs and fifth highest after housing costs.

Local variation remains important. Wigtownshire has the highest rate of children living in low-income families after housing costs at 20.3%, followed by Annandale and Eskdale at 16.2%, Nithsdale at 15.3% and Stewartry at 14.9%. At electoral ward level, the highest rates after housing costs are in Stranraer and the Rhins, Mid Galloway and Wigtown West, and Annandale East and Eskdale. At intermediate zone level, Stranraer West has the highest percentage of children in low-income families after housing costs at 26.9%.

Progress reported for 2025–26 includes parental employability support through DG Works, place-based employability hubs, development of NHS employability activity, affordable housing delivery, free school meal expansion, energy advice and fuel poverty support, benefits awareness campaigns, financial wellbeing advice, lived experience activity, and development of a local Child Poverty Dashboard.

Examples include 191 parents registered through DG Works in 2025/26, 152 securing outcomes across employment, work experience, volunteering, education

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and self-employment, 2,164 households supported to access energy advice and fuel poverty support, £208,951.71 of fuel debt reduction achieved, 963 individual advice sessions through the Families Financial Wellbeing Project, and £421,724 in client financial gains.

The report identifies that continuing progress will require coordinated, whole-system action across employability, income maximisation, housing, transport, education, family support, lived experience and data-led targeting. It also notes areas where work is continuing or further reporting is expected, including transport to employment activity, school-age childcare, outcomes from benefits campaigns, Challenge Poverty Week reporting, and the poverty audit on children and families' social work.

2.3.1 Quality/ Patient Care

Tackling Child Poverty improves outcomes for children and families and is a key part of holistic patient care.

2.3.2 Workforce

The development of an NHS D&G Employability programme focused on placements leading to positive job outcomes is described within this report. Refreshed leadership arrangements through Consultant Public Health were also put in place during 25/26 to support continued focus on this area of work across the NHS. The NHS D&G/H&SCP Staff Financial Wellbeing Project is supports Health and Social staff who may be experiencing financial challenges.

2.3.3 Financial

Funding was received from the Local Employability Partnership to enable the work on NHS Employability to be taken forward. There is no dedicated funding stream for Child Poverty received in NHS Dumfries and Galloway but this is a core area of prevention work.

2.3.4 Risk Assessment/Management

This area of work contributes to mitigation of the following Corporate Risks:

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

2.3.5 Risk Appetite

- Open

Comment: Addressing child poverty requires working across agencies and organisations to undertake novel solutions. Therefore an open approach is required.

2.3.6 Equality and Diversity, including health inequalities

An Impact Assessment for the refocused Child Poverty Action Plan for 2024-26 was carried out on 14 October 2024 involving stakeholders from the Through Young Eyes Steering Group, with the process involving an additional specific children's rights impact assessment element.

This report shows how Dumfries and Galloway is targeting child poverty and inequality through support for priority families and areas most affected by poverty.

It supports the Fairer Scotland Duty by focusing on socio-economic disadvantage, including employability, income maximisation, fuel poverty, affordable housing, free school meals and wider cost-of-living support.

It also aligns with equality and wellbeing priorities by promoting partnership working, lived experience, early intervention and whole-family support so that children and families can be safer, healthier, included and better able to thrive.

2.3.7 Climate Emergency and Sustainability

None identified

2.3.8 Consumer Duty

This report supports compliance with the **Consumer Scotland Act 2020** by using local poverty data, lived experience and partnership intelligence to inform decisions that target families most affected by financial pressure.

It promotes **consumer fairness and accessibility** through actions to increase household income, reduce costs and improve access to support, including employability help, affordable housing, free school meals, benefits awareness, fuel poverty support and financial wellbeing advice.

It addresses **financial harm** by focusing on debt reduction, income maximisation and practical support for families, including energy advice, fuel debt reduction, benefits support and financial advice pathways.

An impact assessment has not been completed for this document as it is primarily a report of previously agreed work.

2.3.9 Other impacts

This report and plan promotes close working on this statutory requirement between NHS Dumfries and Galloway and Dumfries and Galloway Council as well as external stakeholders.

2.3.10 Communication, involvement, engagement and consultation

This report is based on activity and there has not been formal engagement, or consultation in development of this report. Work that is being undertaken through the Fairer Futures Partnership is being co-designed with families who have lived experience of poverty.

2.3.11 Route to the Meeting

The Annual Child Poverty report was considered by the Council's Tackling Poverty and Inequality and Housing Sub Committee on the 3 September 2026, where they:

- noted the background and requirements to the Local Child Poverty Action Report and agreed the proposed interim activity for 2026-27 and the development of a new plan for 2027 – 2031.
- approved the Annual Report 2025-26 on the Dumfries and Galloway Local Child Poverty Action Plan 2024-2026 and 2026-2027 interim plan.

2.4 Recommendation

Assurance

NHS Board is asked to:

- Take assurance that there is continued focus on addressing Child Poverty as outlined in the Annual report 2025-2026 and that a new plan will be developed for 2027-2031

Awareness

NHS Board is asked to:

- note the background and requirements to the Local Child Poverty Action

Decision

NHS Board is asked to:

- approve the Annual Report 2025-26 on the Dumfries and Galloway Local Child Poverty Action Plan 2024-2026 and agree the proposed interim activity for 2026-27

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Local Child Poverty Plan 2024-26.

DUMFRIES AND GALLOWAY

Local Child Poverty Action Plan 2024-2026

**2025-2026 Annual Progress Report and Interim
Action Plan for 2026-27**

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1. Executive Summary

Child poverty remains one of the most significant challenges facing Dumfries and Galloway. Behind every statistic is a child whose opportunities, wellbeing and future life chances can be shaped by circumstances beyond their control. Yet this report demonstrates that while the challenge remains substantial, progress is possible when organisations, communities and families work together with a shared purpose.

The latest data presents a mixed but encouraging picture. Despite continuing economic pressures and the ongoing cost of living challenges facing many households, there are signs that collective action is making a difference. Child poverty rates in Dumfries and Galloway have reduced in recent years, however too many children continue to experience the realities of poverty, and significant inequalities persist across our communities. The figures remind us that while progress should be celebrated, there is no room for complacency.

What stands out most strongly throughout this report is the power of partnership. Tackling child poverty is not the responsibility of any single organisation, service or sector. It requires a coordinated, whole-system approach that brings together local government, NHS services, schools, employability providers, housing partners, third sector organisations, community groups and, most importantly, people with lived experience. Dumfries and Galloway received funding through the Scottish Governments Fairer Futures programme in August 2025 creating an opportunity to refocus and strengthen collaborative action on child poverty. Throughout 2025-26, partners across Dumfries and Galloway have continued to demonstrate a strong commitment to improving outcomes for children, young people and families.

The impact of this partnership approach can be seen across a wide range of initiatives. Families have been supported to maximise their incomes through employment, benefits advice and financial wellbeing services. Parents have been helped into work, training, volunteering and education through targeted employability programmes. Communities have benefited from locally designed and delivered initiatives that reduce isolation, build confidence and strengthen pathways into opportunity. Innovative projects have provided practical support with housing, energy costs, school meals and family wellbeing, while data-led approaches have enabled resources to be targeted where they are needed most.

The stories within this report bring these achievements to life. They illustrate how early intervention, trusted relationships and coordinated support can help families overcome barriers that might otherwise limit opportunity. They show young parents pursuing higher education while raising children, disabled young people moving successfully into employment, and families experiencing crisis being supported through strong networks of statutory, voluntary and community

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organisations. These examples demonstrate that meaningful change happens when services work together around people's needs and aspirations, rather than expecting people to navigate complex systems alone.

The 2026-27 interim plan focuses on translating partnership activity into measurable impact for families. Priority areas include increasing parental income through employment and benefits maximisation, reducing household costs, strengthening whole-family support, using lived experience to shape service design, and improving the use of local data to target resources where need is greatest.

The road ahead will not be easy. Poverty remains a complex and deeply rooted issue influenced by employment, income, housing, health, education and geography. Lasting change will require continued investment, determination and innovation. However, this report provides compelling evidence that when partners come together around a common goal, progress follows. By bringing together shared priorities, evidence, lived experience and collective leadership, we can build a more coordinated response to the challenges facing families across Dumfries and Galloway.

Our ambition is clear: every child in Dumfries and Galloway should have the opportunity to grow up safe, healthy, included and able to achieve their potential. Achieving that ambition will depend not on the actions of any one organisation, but on the strength of our partnerships, the voices of our communities and our collective commitment to creating a fairer future. Together, we are not only responding to poverty, but we are also building the foundations that will help prevent it, reduce its impact and create lasting opportunities for generations to come.

2. Legislative Context

The Child Poverty (Scotland) Act 2017 sets out statutory targets for the Scottish Government to significantly reduce child poverty by 2030. Under the Act, local authorities and NHS boards are required to work collaboratively to produce and publish an annual Local Child Poverty Action Report (LCPAR).

3. Strategic Commitment

Dumfries and Galloway Community Planning Partnership has identified eliminating child poverty, as a key outcome within the Local Outcomes Improvement Plan (2023–2033). This reflects the Partnership's wider vision of working together to create a confident, ambitious, healthy and fairer Dumfries and Galloway for everyone who lives and works here.

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Recognising that more than one in four children in the region are living in poverty, partners are committed to a coordinated, whole-system response that tackles the root causes of poverty while reducing its impact on children, young people and families. This is supported through the Poverty and Inequalities Partnership, which brings together organisations to share expertise, use data and intelligence, learn from lived experience and target support towards communities experiencing the greatest inequalities.

The delivery of our Local Child Poverty Action Plan is further strengthened by close links with the NHS, the third sector and grass roots organisations, Employability and Skills Partnership, Community Learning and Development and Children's Strategic Planning Partnership. Together, these partnerships support actions to increase household income, improve access to employment and skills opportunities, mitigate the impact of the cost-of-living crisis, and empower communities to shape solutions that meet local needs.

Through a shared commitment to early intervention, prevention, community empowerment and partnership working, Dumfries and Galloway continues to align resources and efforts to improve outcomes for children and families and make meaningful progress towards eradicating child poverty.

4. Alignment with National Strategy

The Dumfries and Galloway Child Poverty Action Plan 2024-26 was developed in alignment with the Scottish Government's *Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022–2026*. With the publication in March 2026 of the Scottish Government's third tackling child poverty plan *Bringing Hope, Building Futures: Tackling Child Poverty Delivery Plan 2026-2031*, Dumfries and Galloway will use the next planning cycle to refresh local priorities, strengthen whole system delivery and maintain alignment with national action to reduce child poverty. In developing our next child poverty action plan we will continue to work in alignment and in collaboration with the Scottish government, to develop an Action Plan for 2027-2031 which supports the aim to reduce child poverty across Scotland.

Our Local Child Poverty Action Plan shares its strategic framework with Best Start, Bright Futures, explicitly adopting the three nationally recognised drivers of child poverty as its core structure:

1. Increasing income from employment
2. Reducing the cost of living
3. Increasing income from social security benefits and benefits in kind

The Plan is further strengthened through the Dumfries and Galloway Fairer Futures Partnership, which brings together a public, third sector and community partners to coordinate local action on poverty and inequality. The Partnership provides a collaborative framework for delivering the ambitions of Bringing Hope, Building Futures and the Local Child Poverty Action Plan, ensuring that action is evidence-led, community informed and focused on improving outcomes for families across the region.

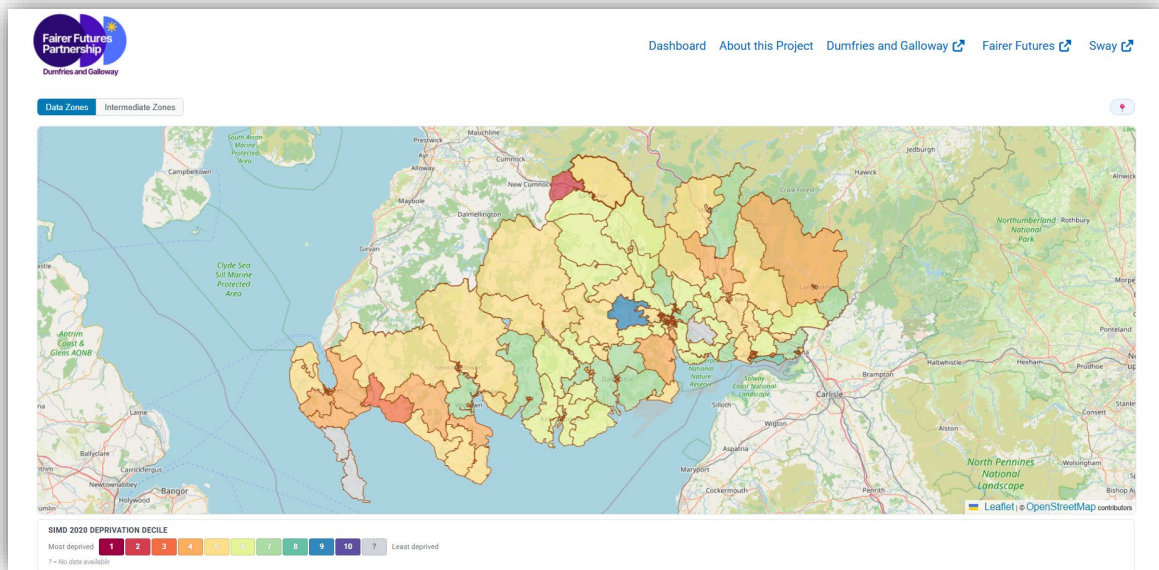
The national strategy emphasises whole-system approaches, community empowerment and inclusive policymaking, all of which are reflected in the four enabling actions within the Plan and the work of the Fairer Futures Partnership. National and local data are used to identify need and tailor interventions that support the six priority family groups, while the Scottish Government's call for strong local leadership and accountability is reflected through the embedding of the Plan within our Community Planning Partnership framework and the governance structures of the Fairer Futures Partnership. Together, these arrangements support coordinated action across services and sectors to tackle the root causes of child poverty and drive sustainable change for children and families in Dumfries and Galloway.

5. Child Poverty in Dumfries and Galloway

Children in low-income families: 2025 statistics for Dumfries and Galloway

This section summarises the latest DWP Children in low-income families (CiLiF) statistics for financial year ending 2025. These statistics differ from national and regional child poverty rates produced by the Scottish Government. Those statistics are based on the Households Below Average Income survey. The CiLiF dataset is derived from DWP and HMRC administrative sources and is particularly useful locally because it child poverty rates to be examined at smaller geographic levels. This is important in a large and diverse region such as Dumfries and Galloway, where pockets of deprivation can be hidden within larger area averages. Further information on methodology is available at: [Background information and methodology: Children in low income families: local area statistics - GOV.UK](#)

This report looks at children in relative low-income families before and after housing costs. Before housing costs (BHC) looks at income only; after housing costs (AHC) deducts rent or mortgage payments. Relative low-income is defined as a net equivalised disposable income below a threshold set at 60% of median income. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits or Housing Benefit) at any point in the year to be classed as low-income in these statistics. The data in this report focuses on dependent children aged 0-15 years old. Through our Fairer Futures Partnership we have developed a local Child Poverty Dashboard which can be accessed [here](#):



Headlines

- In 2024/25, 3,076 children in Dumfries and Galloway were living in relative low-income families **before housing costs**. This is 14.2% of all children in the region and is higher than the Scottish rate of 12.3%. D&G is ranked 3rd highest out of the 32 LAs.
- This figures rises to 3,751 children in D&G living in relative low-income families **after housing costs**. This is 17.4% and is higher than the Scottish rate of 14.8%. D&G is ranked 5th highest of the 32 LAs. This demonstrates the additional pressure that rent and mortgage payments place on household disposable income.

The before housing costs data goes back a few years, so we can look at trends. From 2021/22 to 2024/25, the D&G rate fell from 16.3% to 14.2%. Scotland's rate also fell, from 15.1% to 12.3%. Both had a significant drop (over 2%) between 2022/23 and 2023/24, so we are looking into what changed across that year.

In terms of the council's committee areas, Wigtownshire ranks the highest with 20.3% of children living in low-income families after housing costs. Annandale and Eskdale is 16.2%, Nithsdale 15.3%, and Stewartry 14.9%. All are higher than the Scottish rate of 14.8%.

The Current Picture

In Dumfries and Galloway, 3,076 children are living in relative low-income families before housing costs. The figure rises to 3,751 after housing costs, showing the impact of rent and mortgage payments on families' disposable incomes.

Dumfries and Galloway continues to have a higher proportion of children in low-income families compared to Scotland, both before and after housing costs. Before housing costs, 14.2% of children in Dumfries and Galloway are in low-income families compared to 12.3% across Scotland, a difference of 1.9 percentage points.

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This rises to 17.4% and 14.8% respectively after housing costs – a difference of 2.6 percentage points between Dumfries and Galloway and Scotland.

Figure 1 – Percentage of children in low-income families across Dumfries and Galloway and Scotland, before and after housing costs in FYE 2025

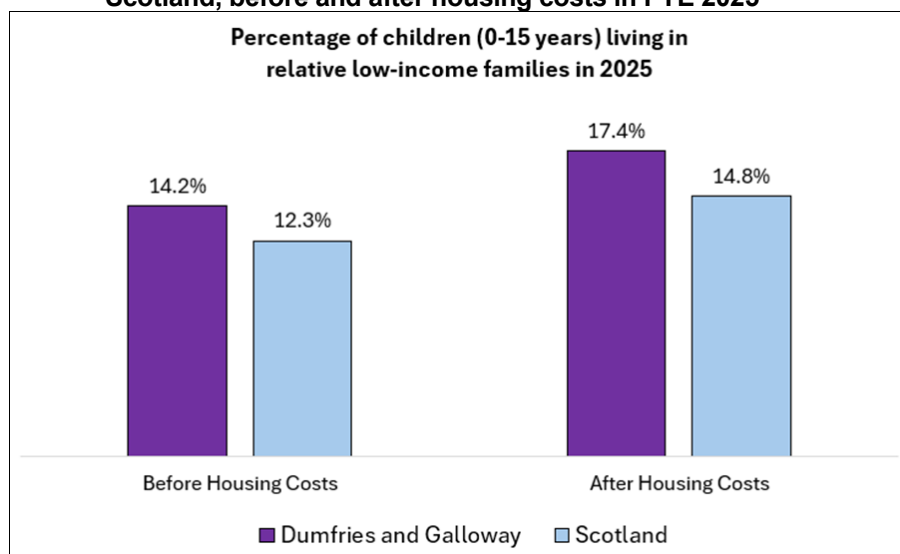


Table 1 – Number and percentage of children in low-income families across Dumfries and Galloway and Scotland, before and after housing costs in FYE 2025

	Before Housing Costs		After Housing Costs	
	Number	%	Number	%
Dumfries and Galloway	3,076	14.2%	3,751	17.4%
Scotland	109,931	12.3%	132,484	14.8%

The Current Picture across Dumfries and Galloway

By council committee area

The rate of children living in low-income families is highest in Wigtownshire (20.3% AHC, 16.7% BHC) and lowest in Stewartry (14.9% AHC, 12.2% BHC). After housing costs, all four committee areas have rates higher than Scotland as a whole.

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Figure 2 – Percentage of children in low-income families by Dumfries and Galloway committee area, before and after housing costs in FYE 2025

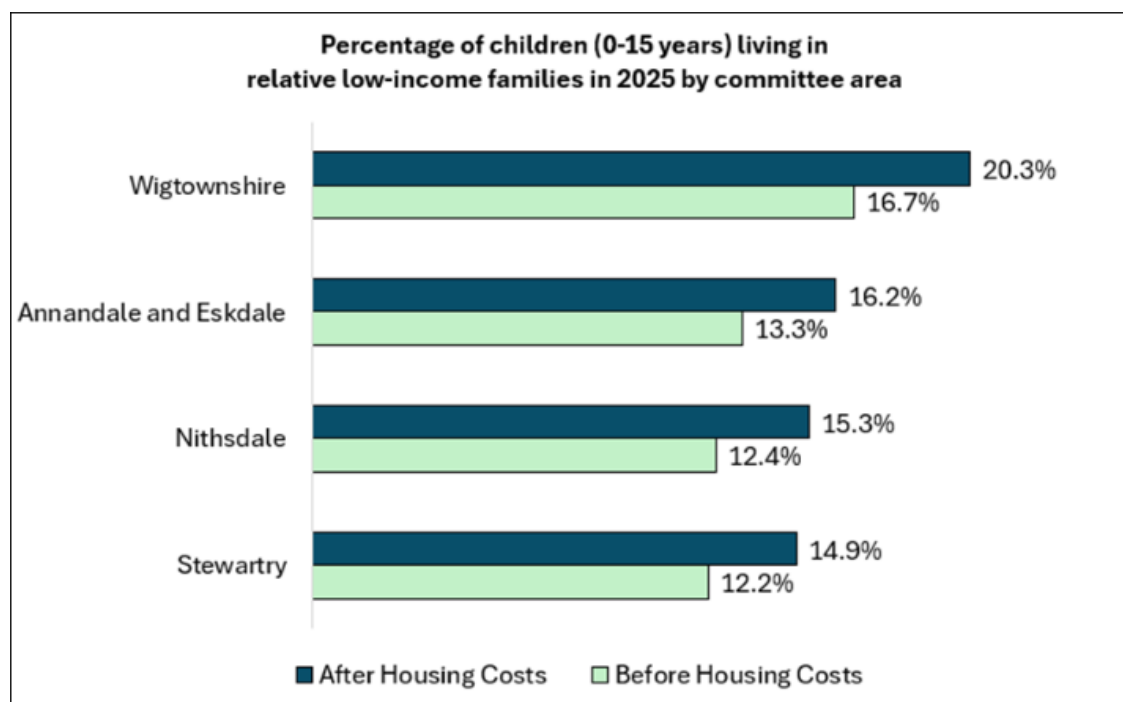


Table 2 – Number and percentage of children in low-income families by Dumfries and Galloway committee area, before and after housing costs in FYE 2025

	Before Housing Costs		After Housing Costs	
	Number	%	Number	%
Annandale and Eskdale	806	13.3%	982	16.2%
Nithsdale	1,198	12.4%	1,475	15.3%
Stewartry	510	12.2%	624	14.9%
Wigtownshire	738	16.7%	897	20.3%
Dumfries and Galloway	3,076	14.2%	3,751	17.4%
Scotland	109,931	12.3%	132,484	14.8%

Note: Committee area totals do not sum to the Dumfries and Galloway total because Abbey ward falls under both Nithsdale and Stewartry committee areas

By electoral ward

The proportion of children living in low-income families is highest in Stranraer and the Rhins (20.7% AHC, 17.2% BHC), followed by Mid Galloway and Wigtown West (19.8% AHC, 16.1% BHC) and Annandale East and Eskdale (18.9% AHC, 16.2% BHC). The lowest rates are in Nith (11.4% AHC, 10.0% BHC), Annandale North (13.9% AHC, 11.8% BHC) and Castle Douglas and Crocketford (14.4% AHC, 10.4% BHC).

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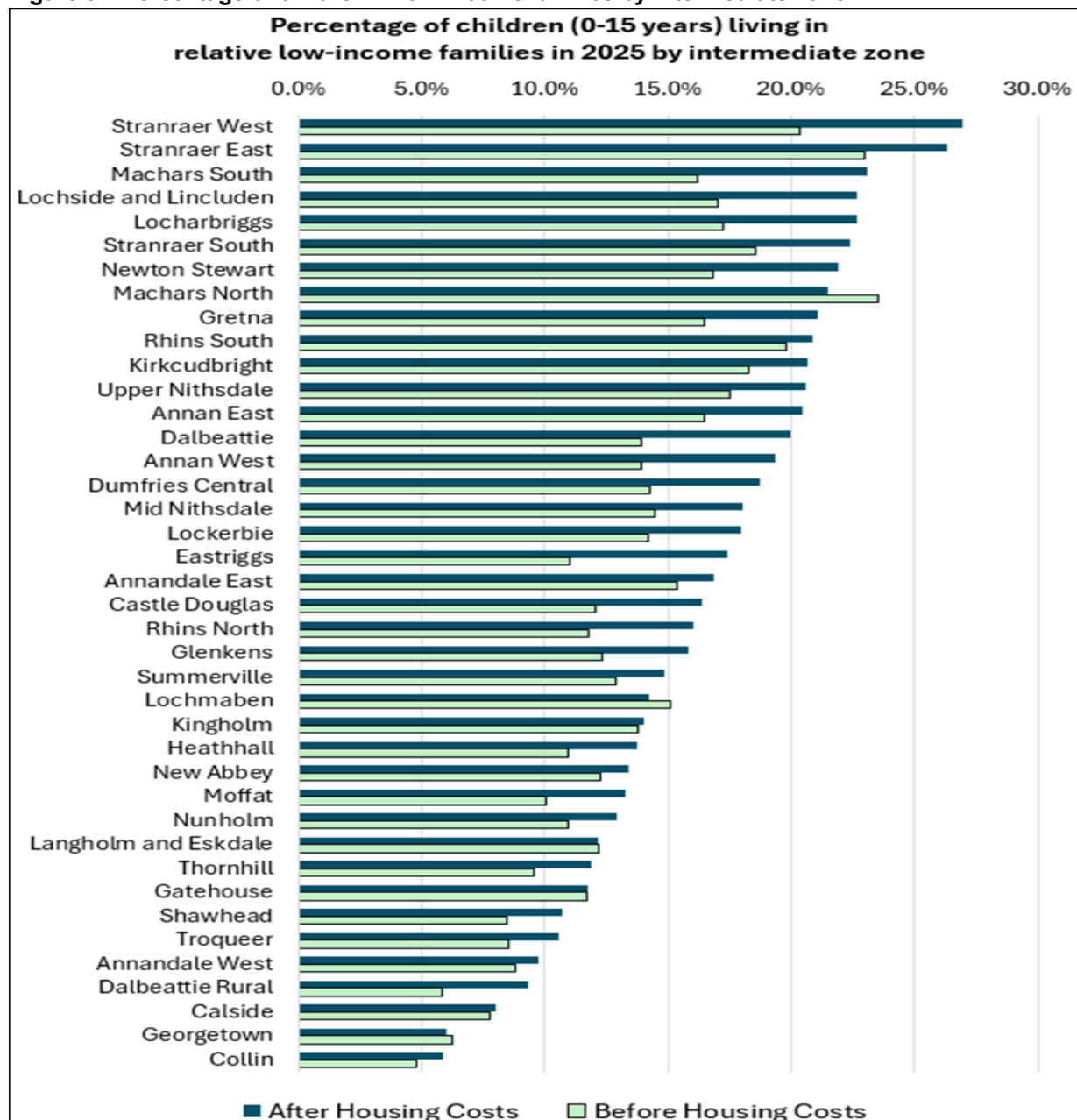
Table 3 – Number and percentage of children in low-income families by Dumfries and Galloway electoral ward, before and after housing costs in FYE 2025

	Before Housing Costs		After Housing Costs	
	Number	%	Number	%
Abbey	175	12.4%	222	15.8%
Annandale East and Eskdale	219	16.2%	255	18.9%
Annandale North	286	11.8%	337	13.9%
Annandale South	301	13.0%	390	16.9%
Castle Douglas and Crocketford	138	10.4%	191	14.4%
Dee and Glenkens	197	13.7%	211	14.7%
Lochar	245	11.9%	315	15.3%
Mid and Upper Nithsdale	226	14.2%	265	16.7%
Mid Galloway and Wigtown West	307	16.1%	377	19.8%
Nith	186	10.0%	213	11.4%
North West Dumfries	366	13.5%	460	17.0%
Stranraer and the Rhins	431	17.2%	520	20.7%

By intermediate zone

Intermediate zones are small areas of roughly 2,500-6,000 people. Dumfries and Galloway has 40 intermediate zones, which allows a closer look at pockets of deprivation which may be masked within larger area boundaries. The intermediate zone with the highest percentage of children in low-income families is Stranraer West (26.9% AHC, 20.4% BHC). Collin has the lowest (5.9% AHC, 4.8% BHC). A few areas such as Machars North have higher BHC rates than AHC. This can be due to a few reasons including low local housing costs, small population sizes and missing house-cost data.

Figure 3 – Percentage of children in low-income families by intermediate zone



These figures show that Dumfries and Galloway continues to face a higher level of child poverty than Scotland overall, particularly after housing costs are taken into account. The data also points to clear local variation, with some communities experiencing substantially higher rates than the regional average. This reinforces the need for targeted, place-based action alongside region-wide approaches to income maximisation, employability, housing, transport and family support.

6. Annual Report 2025-26

This Annual Report provides an update on progress made during 2025–2026 in delivering the Dumfries and Galloway Local Child Poverty Action Plan 2024–2026 (the Action Plan).

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It highlights key achievements, identifies areas where further progress is required, and sets out interim activity for 2026-27 while the next Local Child Poverty Action Plan is developed.

The Action Plan is centered on two key objectives:

- To develop, deliver and manage, in partnership, strategic and operational activities that focus on reducing child poverty in Dumfries and Galloway.
- To reduce the number of children living in poverty and mitigate the impact of poverty for low-income families.

The Action Plan sets out a shared vision for tackling child poverty in Dumfries and Galloway. It provides a framework for partners to coordinate activity, target resources effectively, build on established strengths and identify gaps, opportunities and priorities for future action. By bringing together public, third and community sectors partners it promotes joined-up working, encourages innovation and supports collective action to reduce child poverty so that every child has access to a fairer future.

7. Progress and Future Direction

In 2025-2026 the Scottish Government has invested over £3.1 billion to support low-income households, with nearly £1.5 billion directly benefiting children. This final year of the delivery cycle of the Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026 successfully scaled or completed 98 out of 120 planned actions.

Key achievements focused on reducing household costs and boosting family incomes. To lower childcare and education barriers, the £3 million Bright Start Breakfasts fund was launched, supporting 490 breakfast clubs across Scotland.

The Scottish Child Payment was uprated to £28.20 per child per week, providing vital financial stability for eligible families. Furthermore, the No One Left Behind employability scheme expanded its reach, helping thousands of parents enter the workforce. Locally, Fairer Futures Partnerships doubled their footprint, expanding into eight new council areas to deliver targeted, regional poverty relief. Despite these milestones, child poverty remains a critical challenge, and these interventions served as vital lifelines to protect families during a difficult economic period.

Looking ahead, Dumfries and Galloway has its Fairer Futures Partnership (FFP) at the heart of driving forward our Child Poverty Action Plan. This builds on the principles of community empowerment, prevention and economic transformation, aiming to deliver long-term, sustainable change in communities experiencing persistent disadvantage.

Our Fairer Futures Partnership will provide targeted investment to support innovative, locally led solutions that are shaped by the voices and experiences of local people. Building on the strong foundations already established through the Dumfries and Galloway Fairer Futures Partnership, this funding will enable the expansion of proven

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approaches and the development of new initiatives focused on employability, financial inclusion, income maximisation, community-led action and meaningful lived-experience participation. The programme will also strengthen the use of data and evidence through the continued development of the Child Poverty Dashboard, supporting more informed decision-making and targeted interventions.

Importantly, the ongoing development of the Tackling Poverty and Inequalities Strategy and the Children's Services Plan provides a significant opportunity to align priorities, resources and delivery across partners. Together, these strategic frameworks will create a stronger, more coherent approach to tackling child poverty and inequalities, ensuring that children, young people and families receive coordinated support that reflects their needs and experiences. This alignment will help embed poverty reduction as a shared responsibility across services, strengthen prevention and early intervention activity, and support a whole-system approach to improving outcomes for families.

The Fairer Futures Partnership will play a key role in bringing partners together around shared ambitions and priorities. Its focus on community-led solutions, lived experience, early intervention and prevention complements the commitments within both the Tackling Poverty and Inequalities Strategy and the Children's Services Plan, helping to foster closer partnership working across public, third-sector and community organisations. This will support more integrated service delivery, improved information sharing, and greater collaboration in the design and delivery of services for children and families.

Dumfries and Galloway will continue to build on these foundations, ensuring that local action contributes to national outcomes while responding to local needs. Through stronger strategic alignment, enhanced partnership working and continued investment in community-informed approaches, the region remains committed to reducing poverty and inequality, improving family wellbeing, and creating sustainable pathways out of poverty for children and families across Dumfries and Galloway.

The appendices should be read as delivery plans. Appendix One reports progress against the 2024-26 Local Child Poverty Action Plan, while Appendix Two sets out interim activity for 2026-27 as the new 2027-31 plan is developed alongside the Tackling Poverty plan. Together, the appendices show both what has been delivered and how partners intend to maintain momentum during the transition to the next strategic cycle.

APPENDIX ONE: CHILD POVERTY ACTION PLAN FOR DUMFRIES AND GALLOWAY 2024 – 2026: Annual Progress Report 2025-26

Area of Work	Action		Measure of Success	Timescale	Update 31/03/26	
Increasing income from employment - Making employment work for families						
1. Increasing income from employment	Utilising the funding available to DG Local Employability and Skills Partnership to develop and commission services via DG Works to support parents to gain and progress in employment.	1.1	Annual increases in the number of parents registered on and receiving support as part of the DG Works pipeline.	Mar-25 Mar-26	191 parents registered in 25/26 57 parents were supported	
		1.2	Annual increases in parents from the priority families registered on and receiving support as part of the DG Works pipeline.		Parents within priority groups can fit into multiple types	
					25/6 Priority Groups	
					Lone Parent	55
					Child with a Disability	24
					Ethnic Minority	15
					Youngest Child Younger than 1	7
					Parents with a disability/ Long Term Health Condition	37
					Parent age below 25	9
		3+ Children	29			

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
		1.3	Annual increases in parents registered and receiving support as part of DG Works progressing into employment, work experience, volunteering, education and self-employment.		Parental Outcomes 25/26- employment: 100 work exp: 2 volunteering: 17 Education: 10 self-employment: 23 total: 152
2. Place-based employability programmes	Develop learning from the place-based employability pathfinders to identify improved employment related child poverty	2.1	Deliver two events in each community per year to raise awareness of employability support to communities, particularly parents.	Mar-26	Stranraer opened in November 24 – continues to be funded through DGLEP Kelloholm opened in February 25 – has secured continued

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
	reductions in targeted communities. Deliver the action from the service design work in Stranraer and Upper Nithsdale including:	2.2	Open an Employability Hub in Stranraer town centre and Hillview Leisure Centre	Completed	funding through Investing communities Withing the Stranraer HUB, to date, 1,417 people have accessed the service, including parents, registered employability clients, key workers, external agencies, children and walk-ins. In Kirkconnell and Kelloholm, to date, 1,927 people have accessed the service, including parents, registered employability clients, key workers, external agencies, children and walk-ins. This also includes people coming to the Community Café
		2.3	Monitor community engagement with the Employability Hubs	Mar-26	
		2.4	Annual increases in the number of parents from the target communities registered on and receiving support as part of the DG Works pipeline	Mar-26	Stranraer 61% Nithsdale 23% Growth aligns with targeted outreach efforts Both hubs are offering ongoing skills training provided by external partnerships.
		2.5	Direct delivery of employability programmes in the community	Mar-25 Mar-26	

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
		2.6	Deliver service design led, community engagement in Annan and Lochside and Lincluden in 2025/26	Mar-26	Volunteering opportunities are in place through a community cafe. Work had commenced in these areas The programme was delivered between February and March 2026 in Annan and consisted of: • 1 half-day in-person project launch workshop (17 February 2026) • 5 online development sessions covering the Service Design process (19 February – 5 March 2026) • 1 full-day in-person event to share progress and project learning (March 2026) • Additional online resources and drop-in support throughout the programme Work is continuing in 26-27 and will see the support of a community consultation and co-design with families in Annan.

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
					2 x Training coordinators were funded through DGworks and embedded in North west resource centre to support Children, young people and parents to access education, training, work experience and volunteering and to support people into employment. Figures from Jan 2026-March 2026 Activity, Total Raise Awareness / Engage With, 348 Personal Development Plans, 46 Training Opportunities Created, 98 Training Opportunities Undertaken, 96 Volunteering Experiences, 27 Work Experience, 14 Further Education, 16 Employment, 11

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
3. NHS Employability (NHS as an Anchor Organisation)	Scope opportunity to develop an NHS D&G Employability programme focused on placements leading to positive job outcomes within the NHS for identified child poverty priority groups (or embed employability support for child poverty priority groups within wider employability programmes)	3.1	Employability programme in place and number of ring-fenced placements offered	Mar-25 Mar-26	Employability Officer recruited Nov 2025 and now extended to Mar 2027 First cohort of SWAP placements that we were using to capture lone parents with flexible start times to be more child friendly started in Mar 26. SWAP placements are unpaid placements up to 6 weeks organised via DWP and community Employability Hub to avoid benefits being affected. Parents were targeted for this offer but only 1 of the 5 placed people was classified as a parent. Since Dec 2025 - 149 individuals via our client engagement sessions that inspire people to come work in Health and Care. We have also been an active member of the NHS Parental Task Group which is currently creating Once for Scotland Guidance for health boards on creating roles to support parents such as flexible start times.

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
					other work to address barriers to paid and unpaid employment opportunities have been looking at solutions to address childcare alongside a board range of stakeholders that include Early Years, Education, 3rd Sector. LEP. DWP and Child Poverty and Fairer Future lead at the Council as this is one of the key barriers that parents face either accessing work or once in work.
4. Deliver targeted support to households with a disabled family member	To align work to reduce the regions Disability Employment Gap and Child Poverty by delivering dedicated support to households with a disabled family member. Including: Disabled Young People – Whole Family Support (School Transitions)	4.1	Specialist keyworker support helping young people with a disability, and their families, with 6 months pre and post transition, from school and onto their next steps	Mar-26	Referrals – 106 Registrations – 59 Moved into education/training– 36 Volunteering – 13 Employment – 7
	Disabled Family Support Project (pilot) - Wigtownshire	4.2	20 families engaged in early intervention work		

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
				Project completed 24-25	
	Engagement and Support for individuals with disabilities/long term health conditions Supported Employment	4.3	Annual increase in the number of people with disabilities registered and receiving support as part of DG Works progressing into employment, work experience, volunteering, education and self employment		Of all clients supported, 59% have a disability or long term health condition Of those 1122 clients; 16% moved into employment 7% moved into higher education 7% moved into work experience or volunteering

Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
Reducing the cost of living					
5. Housing	Deliver 166 new affordable homes in 2024- 2025 as part of the Strategic Housing Investment Plan 2022-2027	5.1	Number of new homes delivered in 2024-2025	Completed	During 2025/26, record levels of investment in new affordable housing have been achieved. A total of 109 units will be delivered from projects that started on site, and a further 35 new properties have also been made available for local residents. A 4-year pipeline of projects is in place that will see additional growth in new affordable homes.
	Deliver additional affordable homes through the ongoing delivery of the Strategic Housing Investment Plan 2022-2027	5.2	Number of new homes delivered	Mar-27	

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
6. Free School Meal Expansion	Deliver expansion of Free School Meals to P6 and P7 children whose parents receive Scottish Child Payment benefits	6.1	Number of P6 and P7 children in receipt of Free School Meals	Aug-25	At the close of the 2025-26 school year, that number was (approx.) 1,224. Around 560 of these awards were made on the grounds of the parent/guardian being in receipt of Scottish Child Payment and is an increase of 36% from 24-25
7. Reducing home energy and fuel costs	Develop and implement new and specific actions with all Energy Advice Services	7.1	Increase in number of families accessing energy advice and receiving support to reduce fuel costs	Mar-26	2,164 Households were supported to access Energy Advice & Fuel Poverty Support with an overall outcome of £208,951.71 of Fuel Debt Reduction to households throughout Dumfries & Galloway achieved.
8. Access to Transport	Develop and implement new and specific actions with Transport providers which reflect the needs of families living in poverty	8.1	Activity which supports children and parents to achieve	Mar-26	Work underway to develop transport provision which can help parents and carers travel to work more reliably. Further detail on Transport to Employment activity will be available from Local Employability Partnership reporting next year.

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
9. Study Space	Map and thereafter promote availability of study spaces for children and young people across Council and partner facilities, including schools and Customer Services facilities	9.1	Number of children accessing study spaces	Completed	Study Spaces have been fully mapped out by education staff, gaps identified and provision shared across partners All 29 Customer Service Centres listed offer warm a welcoming dedicated study spaces to young people which are accessible during opening times. They have free Wifi which allows young people to bring their own device (no Library Membership required for this). There are also free public access PCs (which have recently been upgraded) for online study (Library Membership required to use these). Additional community spaces also identified As part of this mapping exercise we developed a poster to promote these spaces to young people. Colleagues from Customer Services are also working with

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
					the Youth Council around the provision of study spaces. Each year there is an ask for study spaces within Libraries and pilots have been ran to extend opening times etc however the uptake is very poor. Colleagues are therefore working with the Youth Council to fund out what would meet young people's needs and how they could be encouraged to utilise these spaces.
10. School Age Childcare	Scope school-age childcare landscape locally in advance detailed delivery plan to be published by Scottish Government in 2025-26	10.1	Understanding of potential demand and potential models of additional delivery which could be tested locally	Mar-26	No current update
	Alternaitve methods of raising awareness	10.2	Communication to parents on support available through Education		89 primary schools, covering 9,324 pupils, and 16 secondary schools, covering 8,210 pupils, were supplied with Worrying About Money leaflets, Reducing Fuel Poverty leaflets and Cost of Living Website leaflet packs. In total, 52,602 leaflets were packed and distributed with accompanying emails and text

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
					messages to all families during January 2026

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
Increasing income from Social Security Benefits and Benefits in-kind					
11. Partnership working to increase uptake of benefits	Develop and undertake bespoke benefit awareness campaigns based on low benefit uptake data	11.1	Increase in number of people accessing benefits	Ongoing	All of the following Benefit Increase Campaigns have been completed or are on-going by Sub-Group 2 (Increasing Incomes): • Awareness Raising of D & G Council Free School Meals, Free School Clothing Grants, Housing Benefit, Social Security Scotland Scottish Child Payment Grants • Dumfries & Galloway FORT Referral Project which will increase the number of referrals between large numbers of Partners within Dumfries & Galloway • Sub-Group 3 (Reducing Costs) : • Winter Warmth Campaign 2024/2025 • Winter Warmth Reducing Fuel Poverty Campaign 2025/2026 • Fuel Debt Advice & Applications through the above • Emergency Energy Payment Assistance Project (over £420,000 of fuel debt has been reduced over the last 5 years) • Full results of all of the above are currently being obtained from all Services & Partners involved.

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
	Explore the potential to develop a supports and services leaflet which could be included in ‘Birth Registration Packs’ issued to parents following the registration of a birth	11.2	Increase in number of new parents being signposted to benefits advice and support	Mar-27	All new Parents are now contacted upon registration of their baby’s birth to access support in relation to the range of Benefits which are currently available. This includes referrals onto other Partner Organisations including Social Security Scotland etc. The full figures in relation to the increase in numbers at the end of year will be released shortly by all partners involved in this Project.
	Explore current provision and the opportunity to present business case to possibly procure an online Benefit Checker for front-line staff who work with families and with accessibility to the public, if deemed necessary	11.3.1	Number of staff trained to use the Benefit Checker	Mar-25	All Employees of Dumfries & Galloway Council & Partner Organisations are fully trained to access & utilise the various Benefit Checker Systems which are currently in place.
		11.3.2	Number of Benefit Checks completed		
12. Financial Wellbeing and Advice in Health and Social Care Settings	Review and ensure financial advice referral pathways within Maternity Services is meeting service and family needs	12.1	Financial and welfare advice referral pathway being routinely used and monitored	Mar-25	In 2025 of 1105 women who had a booking appointment in their pregnancy, 1032 were asked about financial difficulties, 26 confirmed financial concerns and 13 were referred to Citizens Advice.
		12.2	Number of referrals from Maternity Services to advice providers and amount of		

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26		
			additional monies reaching families		Women were additionally signposted outwith this formal referral process to a number of information sites accessible through the Badger notes app		
	Deliver Financial Wellbeing Project utilising funding from the Child Poverty Accelerator Fund awarded by Scottish Government.	12.3	H&SCP/D&G Citizens Advice Service Families Financial Wellbeing Project is delivered and outcomes are routinely reported	Mar-26		target	achieved
					No. Individual advice sessions	350	963
					Priority group clients	n/a	249
					Cient financial gains	£150,000	£421,724
					Awareness sessions	40	40
					Priority referrals addressed	40	95
	Promote the NHS D&G/H&SCP Staff Financial Wellbeing Project and ensure its outcomes are reported	12.6	NHS D&G/H&SCP Staff Financial Wellbeing Project is delivered and outcomes are routinely reported	Ongoing	Between April 2025 and February 2026. Events to raise awareness of the service have been undertaken across a variety of sites and networks. Information has been circulated across staff platforms.		
		12.7	Number of referrals and amount of additional monies				

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
			reaching staff and their families		Queries have often related to changes of circumstances, claiming process and entitlement queries. 26 staff received individual support which has led to a total client gain of £57,524. With 15 of these staff receiving specific support to access benefits related to children totalling £14,460.

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
Enablers and supporting action					
13. Lived experience	Develop and implement new ways to engage and involve young people and priority groups with the lived experience of poverty, building upon approaches used in Youth Work Services, Employability, Skills and Partnerships Service and other areas.	13.1	Participation programmes in place Increase in the number of people (especially young people) engaged with decision-making	Mar-26	Dumfries and Galloway are now a Fairer Futures Partnership Local Authority, with the ambition for this project is through relationship-led whole family support, the voice of our families will be at the heart of all we do. Whether this be feedback to services, supporting in commission work, co-designing in their local communities and having a say in the future of the services which seek to support them. Whole Family Support project which is supporting the “100 voices” project began taking referrals in Jan and activity for the group is anticipated to take place within 26-27 Young Parents group ran by Youthwork and supported by DGLEP child

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
					poverty funding saw young parents co-design their own workshops, ensuring these were child friendly and focussed on taking small and manageable steps towards gaining confidence and identifying their employment goals. This was delivered across the region in Stranraer, Annan, Kelloholm, Dumfries and Stewartry.
	Support the DG Works Lived Experience Panel to invest 2-5% of No One Left Behind Child Poverty annual funding using a Participatory budgeting model.	13.2	Monitoring the impact of the investment on target programmes/ projects.	Mar-26	In 2025-2026 £23,985.94 was awarded to 12 third sector organisations through employability small grants, which were decided upon by a lived experience panel See case study 1 – Summerhill Community Centre – Amazing Futures

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
14. Data-driven	Develop and agree a local data set for Child Poverty to ensure consistency of data reporting across partnerships and inform future delivery	14.1	Data reported is consistent and is routinely being used to inform delivery of actions	Mar-26	Commission awarded for the development of a local Child Poverty Dashboard
15. Partnership Working	Link with the 4 Poverty and Inequalities Sub-Groups to map and ensure alignment of actions and ensure maximum use of resources with no duplication of action	15.1	Evidence of aligned actions across the 4 Poverty and Inequalities Sub	Mar-26	Linking with the 4 Poverty and Inequalities Sub-Group Leads with be completed during 2025 / 2026 to ensure that each of the 4 Sub-Groups continues to deliver their Agreed Actions Plans and there is no duplication in any. All groups reporting in and providing reports. Tackling Poverty and Inequalities strategy being refreshed for 2027 with consultation being carried out summer 2026
	Work with local Anchor Organisations to ensure child poverty action is included and embedded within Anchor Action Plans	15.2	Evidence of references and connections to child poverty in Anchor Plans	Jun-25	Child Poverty Subgroup and local Anchor Organisation Leads

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
	Work with Locality Hubs to explore how child poverty action can be included within local Place Plans (broadly this could include actions in relation to places and space, housing, food, mental health and wellbeing)	15.3	Evidence of references and connections to child poverty in Local Place Plans	Jun-25	Child Poverty Subgroup and Locality Hubs
16. Communication and Awareness	Deliver a new communication campaign aimed at managers, front-line staff and service providers to promote understanding of what child poverty means and looks like in Dumfries & Galloway	16.1	Communication Plan in place and being delivered	Jun-25	Communication plan focuses on challenge poverty week. All groups . Poverty is a focus of our Local outcomes improvement plan and our Tackling Poverty and Inequalities strategy. A poverty Audit on children and families social work has been commissioned, to support and identify where poverty is impacting families ability to access support and help, a desktop review of all policy relevant to children, young people and poverty will be carried out in this process.

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
					Findings of report will be available in 2026-27
	Social media campaign of supports available to families to help with the cost of living as part of Challenge Poverty Week	16.2	Number of communications raising awareness of supports available	Oct-25	Child Poverty has been included in each of our annual Challenge Poverty Week Campaigns which are delivered on an Annual Basis by our Dumfries & Galloway Poverty & Inequalities Partnership Communications Sub-Group in conjunction with the Poverty Alliance. An annual Online and Social Media Campaign was developed & successfully delivered during Challenge Poverty Week in October 2025.
	Ensure child poverty is a key feature within Challenge Poverty Week campaigns	16.3	Number of references to child poverty within Challenge Poverty Week campaigns		The exact number of references to Child Poverty within our Campaign is currently being investigated and results will be made

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
					available as soon as possible.
17. Building capacity	Deliver a programme of bespoke poverty/child poverty awareness sessions for Public and Third Sector Organisations	17.1	Number of awareness sessions delivered and number of individuals attending	Mar-26	Through the Fairer Futures Partnership there will be an increased focus on poverty stigma and how we tackle this as a council in 2026-27. The poverty audit on children and families social work in march 2026 will be the catalyst for this work

APPENDIX TWO: CHILD POVERTY ACTION PLAN FOR DUMFRIES AND GALLOWAY 2026-2027 INTERIM PLAN

Our new Local Child Poverty Action Plan 2027-2031 is being developed, to bring us in line with The Scottish Government's Bringing Hope, Building Futures: Tackling child poverty delivery plan 2026-2031.

As an interim measure we will report on the below activity in 2026-27

Area of Work	Action		Measure of Success	Timescale	Update 31/03/27
Increasing income from employment - Making employment work for families					
1. Increasing income from employment	Utilising the funding available to DG Local Employability and Skills Partnership to develop and commission services via DG Works to support parents to gain and progress in employment.	1.1	Annual increases in the number of parents registered on and receiving support as part of the DG Works pipeline.	Mar 27	
		1.2	Annual increases in parents from the priority families registered on and receiving support as part of the DG Works pipeline.		
		1.3	Annual increases in parents registered and receiving support as part of DG Works progressing into employment, work experience, volunteering, education and self-employment.		

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/27
		1.4	Intermediate Labour Market Placements with Dumfries and Galloway Council as host, specifically for parents		
2. Place-based employability programmes	Develop learning from the place-based employability pathfinders to identify improved employment related child poverty reductions in targeted communities. This is building upon the Service Design work carried out in Upper Nithsdale and Stranraer and expanding out to Annan and areas where we know there are high numbers of child poverty	2.1	Carry out a community consultation and service design work in Annan on what parents feel their employability needs are	Mar 27	
		2.2	Take forward project(s) from the Annan service design work	Mar 27	
		2.3	Monitor community engagement in the HUB in Stranraer	Mar 27	
		2.4	Fairer Futures Partnership team to support Employability HUB in Kelloholm with a second wave of community consultation and service design to support next steps and increase engagement	Mar 27	
		2.5	Monitor and report on the Impact of the Training Coordinators embedded in Northwest resource centre, funded through DGworks to provide employability support to children, young people and parents No. Engaged with	Mar 27	

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/27
			Personal development plans completed Training opps created Training opps undertaken Volunteering Work experience Further education Employment		
		2.6	Parent Employability Innovation Fund 2026/27 Supporting innovative ideas to help parents progress into work and reduce child poverty in Dumfries and Galloway Local Employability Partnership (LEP) is inviting applications to the Parent Employability Innovation Fund for 2026/27. The fund has been established to support innovative projects that help parents who are unemployed, economically inactive or on low incomes to move towards, enter, sustain and progress in employment. By supporting parents to increase household income through employment, the fund aims to contribute to wider efforts to	Mar 27	

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/27
			reduce child poverty across Dumfries and Galloway. Families supported through Fairer Futures Whole Family Support are involved in the screening of applicants.		
3. NHS Employability (NHS as an Anchor Organisation)	Scope opportunity to develop an NHS D&G Employability programme focused on placements leading to positive job outcomes within the NHS for identified child poverty priority groups (or embed employability support for child poverty priority groups within wider employability programmes)	3.1	Provide 8 paid placements within the NHS	Mar 27	
		3.2	For the NHS employability officer to support the increase of awareness of opportunities for parents through increased engagement	Mar 27	
		3.3	Project officer, funded through the NHS, hosted by the TSi, to scope out childcare in the region, in acknowledgement of the significant issue this causes parents when securing and sustaining employment	Mar 27	
		3.4	Utilise the Employability resource to embed the Parental Employability Framework and best practice in the NHS D&G health board using the data collated from the project officer to help us inform ourselves as	Mar 27	

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/27
			employer and other public and private sector Employers in the region on how they too can support their staff ensuring they do not fall into Poverty but become a more child friendly and flexible employer		
4. Deliver targeted support to households with a disabled family member	To align work to reduce the regions Disability Employment Gap and Child Poverty by delivering dedicated support to households with a disabled family member. Including:	4.1	Specialist keyworker support helping young people with a disability, and their families, with 6 months pre and post transition, from school and onto their next steps	Mar 27	
	Disabled Young People – Whole family support Project	4.2	Annual increase in the number of people with disabilities registered and receiving support as part of DG Works progressing into employment, work experience, volunteering, education and self-employment	Mar 27	
	Engagement and Support for individuals with disabilities/long term health conditions Supported Employment	4.3			

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/27
	Intermediate labour market placement (Placement Plus) for individuals with a disability/long term health condition.		Placements hosted by Dumfries and Galloway Council and support by DGworks key worker		
5.Targeted employability support to those furthest from the labour market	Intermediate labour market placements for parents facing complex barriers	5.1 5.2	While supported by their Fairer Futures key worker, 3 parents will take part in a fully funded and supported Intermediate labour market placement Outcome project from Service Design programme with the Intermediate Labour Market placement providers and parents, looking at “how we best support parents into employment		

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
Reducing the Cost of Living					
6.Housing	Deliver 166 new affordable homes in 2024- 2025 as part of the Strategic Housing Investment Plan 2022-2027	6.1	Number of new homes delivered in 2026-2027	Mar 2027	
7. Free School Meal Expansion	Deliver expansion of Free School Meals to P6 and P7 children whose parents receive Scottish Child Payment benefits	7.1	Number of P6 and P7 children in receipt of free school meals		
		7.2	Campaign by Dumfries & Galloway Poverty & Inequalities Partnership Sub-Group 2 to increase the number of people applying for Free School Meals, Free School Clothing Grants, Holiday Food Fund Payments & the Social Security Scotland Scottish Child Payments within Dumfries & Galloway		
		7.3	Additional support to increase applications and awareness through Fairer Futures key workers in collaboration with education and revenues and benefits to take a targeted approach to identify schools where uptake is low, alongside		

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
			the practical help and support provided by key workers through in-person support		
8. Reducing home energy and fuel costs	Implement new and specific actions with all Energy Advice Services	8.1	Increase in number of families accessing energy advice and receiving support to reduce fuel costs	Mar 27	
9. Adapting our approach to increase family resilience	Cash First Pilot through Fairer Futures Partnership and the Third sector	9.1	Number of families receiving payment through Cash First response Number of families receiving wrap around support to ease reliance on emergency help	Mar 27	
10. Access to Transport	Scottish Government Funding – Transport to Employment to support parents into employment/training via reducing barriers to transport	10.1 10.2	Report on the activity from DGLEP transport to employment funding SWestran implementing new and specific actions with Transport providers that reflect the needs of families living in poverty on	Mar 27	

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
Increasing income from Social Security Benefits and Benefits in-kind					
11. Partnership working to increase uptake of benefits	Develop and undertake bespoke benefit awareness campaigns	11.1	Number of families who's monthly income is increased, and the amount increased, through Whole Family Support through Fairer Futures (child poverty) key workers	Mar 27	
		11.2			
		11.3	Benefits maximisation commission for families to raised monthly income, through Fairer Futures Partnership		
		11.4	Development by Fairer Futures Team of an easy-use benefit checklist for all front-line staff within Employability Skills and Partnerships, to allow for benefits maximisation and no wrong door for clients		
			In-work benefits campaign in collaboration with Fairer Futures Team and DWP		
	Workforce Development	11.5	Fairer Futures Key workers to receive Child Poverty Action Group benefits training	Mar 27	
12. Financial Wellbeing and Advice in Health and	Review and ensure financial advice referral pathways within Maternity	12.1	Financial and welfare advice referral pathway being routinely used and monitored	Mar 27	

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Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
Social Care Settings	Services is meeting service and family needs	12.2	Number of referrals from Maternity Services to advice providers and number of additional monies reaching families		
	Promote the NHS D&G/H&SCP Staff Financial Wellbeing Project and ensure its outcomes are reported	12.3 12.4	NHS D&G/H&SCP Staff Financial Wellbeing Project is delivered and outcomes are routinely reported Number of referrals and number of additional monies reaching staff and their families	Mar 27	

Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
Enablers and supporting action					
13. Lived experience	Develop and implement new ways to engage and involve young people and priority groups with the lived experience of poverty, building upon approaches used in Youth Work Services, Employability, Skills and	13.1	Fairer Futures Partnership Team supporting 100 Voices, their relationship led project where family voice is at the heart of system improvement and change. This is place based and in 4 of our most deprived areas	Mar 27	

BOARD PUBLIC

Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
	Partnerships Service and other areas.	13.2	Creation of a lived experience methodology and poverty stigma tool-kit developed with those with lived experience		
		13.3	Creative Community Engagement Commission through Fairer Futures Partnership, ensuring that everyone's voice and feedback is captured in their preferred way of communicating		
		13.4	Storytelling for change, a commission which seeks to give creative and better ways for children and families living in poverty have their story heard and for it to make impact and meaningful change		
14. Data-driven	Develop and agree a local data set for Child Poverty to ensure consistency of data reporting across partnerships and inform future delivery	14.1	Launch of the Local child Poverty dashboard, report on the analytics of the site	Mar 27	
		14.2	Record of how data reported is consistent and routinely being used to inform delivery actions		

BOARD PUBLIC

Area of Work	Action		Measure of Success	Timescale	Update 31/03/26
15. Partnership Working	Work with local Anchor Organisations to ensure child poverty action is included and embedded within Anchor Action Plans	15.1	Evidence of references and connections to child poverty in Anchor Plans and Terms of Reference	Mar 27	
16. Communication and awareness	communication campaign aimed at managers, front-line staff and service providers to promote understanding of what child poverty means and looks like in Dumfries & Galloway	16.1	Rolling out learning from Lived experience and Service design work across the council and partners	Mar 27	
	Social media campaign of supports available to families to help with the cost of living as part of Challenge Poverty Week	16.2	Number of communications raising awareness of supports available		
17. Building capacity	Deliver a programme of bespoke poverty/child poverty awareness sessions for Public and Third Sector Organisations	17.1	Number of awareness sessions delivered and number of individuals attending		

CASE STUDIES

Summerhill Community Centre – Amazing Futures

Community Engagement and Employability Support Initiative

A series of four free community engagement events was delivered during December 2025, providing an inclusive and accessible environment for local families, children, young people and adults. Held weekly within the town centre, the events combined seasonal activities with opportunities for informal discussion and engagement around wellbeing, future aspirations, employability, training and volunteering opportunities. These community events were funded through Dumfries and Galloway Local Employability Partnership (DGLEP) and supported by staff from DGworks Employability Support Service and staff from the Child Poverty team.

The events offered free interactive activities, family games, refreshments, a book giveaway and seasonal experiences designed to encourage participation and reduce barriers to engagement. A key feature was an interactive “Wishing Tree”, where participants shared their aspirations and goals for the coming year. This provided an opportunity to identify individuals seeking support with training, employment or personal development and enabled signposting to appropriate services and opportunities.

The initiative successfully engaged more than 800 individuals across the four events, significantly exceeding the original engagement target. Attendance averaged over 200 people per event. The programme also facilitated the creation of four new volunteer opportunities and supported eight individuals to enrol in an online learning platform. In addition, several young people engaged with support services and subsequently progressed to appointments or follow-up activities relating to their future education, training or employment pathways.

Feedback indicated that the events helped strengthen social connections, reduce isolation and increase confidence among participants. Many families attended multiple sessions, with organisers observing growing confidence and interaction between participants over time. There was also strong community support for similar activities to be offered on a more regular basis.

This case study demonstrates how community-based engagement activities can provide both immediate social benefits and opportunities for longer-term support, particularly for individuals and families experiencing social, economic or employment-related challenges. The initiative contributed to increased awareness of local services, volunteering opportunities and learning pathways while providing an inclusive and welcoming environment for community participation.

Key Outcomes

- Over 800 individuals engaged across four free community events delivered during December 2025, substantially exceeding the original engagement target.

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- Average attendance exceeded 200 participants per event, demonstrating strong community interest and sustained engagement.
- Improved access to information and support, with participants receiving information on employability services, volunteering opportunities, training pathways and local support services.
- Four new volunteering opportunities were created as a direct result of the initiative.
- Eight individuals enrolled in online learning opportunities, supporting skills development and future employability.
- Young people engaged with new organisations and services, with at least five progressing to follow-up appointments or registrations relating to education, training or employment support.
- Increased confidence and social connection were observed among participating families, particularly among those who attended multiple events, helping to reduce isolation and strengthen community networks.
- Enhanced community participation, with many families returning to subsequent events and expressing a desire for similar activities to be offered more regularly.
- Created opportunities to identify aspirations and future goals, enabling individuals to be signposted to appropriate training, employment and support services.

Provided an inclusive, welcoming environment that engaged families who may experience social, economic or employment-related barriers, contributing to improved awareness of available community resources and support.

The initiative successfully combined seasonal community engagement with practical support, creating a trusted and accessible setting in which families, children and young people could connect with local services and opportunities. The programme demonstrated positive outcomes in relation to social inclusion, confidence building, employability awareness, volunteering, learning and engagement with support services, while also strengthening community connections during a period of increased financial pressure for many households.

Case Study: Family Nurse Partnership Support for a Young Parent Experiencing Poverty

Background

This case study illustrates how poverty can intersect with early parenthood, housing insecurity, limited employment protections, and educational disadvantage to influence the opportunities available to young parents. It also demonstrates the positive impact of sustained, relationship-based support through the Family Nurse Partnership (FNP) programme.

A young first-time mother enrolled with FNP during pregnancy following the breakdown of an abusive relationship and a return to the family home. With support from her family and her Family Nurse, she remained strongly motivated to improve her circumstances and build a stable future for herself and her child.

Challenges Associated with Poverty

The young mother experienced a range of challenges commonly associated with poverty and social disadvantage:

- Housing insecurity and limited options for independent accommodation.
- Financial pressures associated with pregnancy, early parenthood, and establishing a home
- Difficulties navigating employment rights during pregnancy.
- The emotional impact of living in shared family accommodation while seeking greater independence.

Challenges balancing parenting responsibilities with work and educational aspirations. These factors restricted choice and stability during a critical period of transition into parenthood.

Family Nurse Partnership Interventions

The Family Nurse provided practical, emotional, and advocacy-based support to address barriers and promote long-term resilience.

Employment and Advocacy

During pregnancy, concerns arose regarding maternity-related employment rights. Support was provided to access specialist employment advice, enabling the young mother to better understand and advocate for her rights. This helped build confidence and self-efficacy in dealing with future challenges.

Education and Future Aspirations

The young mother expressed a strong desire to pursue further education as a route to improved long-term opportunities. Through ongoing discussions and goal-setting, she was supported to explore higher education options, apply for university study, and secure appropriate funding. She successfully commenced degree-level study and continued her education while parenting and working part-time.

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Housing Stability

Recognising the importance of secure housing, the Family Nurse provided support with housing applications and references to assist the young mother in securing independent accommodation. This enabled her and her child to move into their own home and increase their stability.

Financial Support

Additional support was provided to access charitable funding to assist with essential household items required when establishing an independent tenancy. This helped reduce financial pressure and create a safe, functional home environment for the family.

Emotional Wellbeing and Community Connection

Throughout the programme, the Family Nurse worked with the young mother on confidence-building, time management, parenting skills, and long-term planning. Support was also provided to access local groups and community activities, helping to strengthen social connections and reduce isolation.

Outcomes

Despite facing multiple challenges linked to poverty and early parenthood, the young mother demonstrated significant strengths, including resilience, determination, and a commitment to improving her circumstances.

With support from the Family Nurse Partnership programme, she was able to:

- Secure stable independent housing.
- Continue higher education and progress through her degree studies.
- Maintain part-time employment.
- Develop confidence in advocating for herself and accessing available support.
- Create a safe and stable home environment for her child.

Build stronger connections with local services and community resources.

Learning and Impact

This case demonstrates that poverty extends beyond financial hardship and can affect housing, employment, educational opportunities, wellbeing, and future life chances. These structural barriers can limit independence and create additional pressures during early parenthood.

The Family Nurse Partnership played an important role in mitigating some of these impacts through advocacy, practical assistance, emotional support, and promotion of educational and employment opportunities. By strengthening confidence, increasing access to resources, and supporting long-term aspirations, the intervention contributed to improved stability and future prospects for both parent and child.

This example highlights how early, sustained support can help young families navigate the effects of poverty and build foundations for healthier and more secure futures.

Key Lessons Learned

This case highlights several important lessons for practitioners, services, and policy-makers working to address child poverty and support young families.

1. Early Intervention Can Prevent Escalation of Poverty

Providing support during pregnancy enabled practical issues relating to employment, housing, education, and finances to be addressed before they became more significant barriers. Early engagement created opportunities to improve stability during a critical period of transition to parenthood.

2. Poverty Is Multi-Dimensional

The challenges experienced were not limited to a lack of income. Housing insecurity, restricted access to opportunities, employment difficulties, emotional stress, and limited independence all contributed to the family's circumstances. This reinforces the importance of viewing poverty through a broader social determinant of health lens.

3. Advocacy Can Help Reduce Structural Barriers

Support to access specialist advice regarding employment rights enabled the young parent to challenge unfair practices and make informed decisions. This demonstrates the value of advocacy in helping individuals navigate systems that can otherwise reinforce disadvantage.

4. Education Can Be a Protective Factor

Supporting access to higher education and funding opportunities helped create a pathway towards longer-term financial security and improved life chances. Educational aspirations can provide an important route out of poverty when appropriate support is available.

5. Stable Housing Underpins Family Wellbeing

Access to suitable accommodation contributed significantly to the family's stability, independence, and wellbeing. The case highlights the importance of housing as a key determinant of health and an essential foundation for positive child development.

6. Small Financial Interventions Can Have Significant Impact

Targeted financial assistance for essential household items helped establish a safe and functional home environment. Relatively modest grants can have substantial benefits for families experiencing financial hardship.

7. Strengths-Based Approaches Promote Resilience

The young parent demonstrated determination, resourcefulness, and commitment despite multiple challenges. Recognising and building on these strengths helped increase confidence, self-efficacy, and long-term resilience.

8. Trusted Relationships Matter

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The sustained relationship between the Family Nurse and the young parent enabled personalised support that responded to changing needs over time. Trusting professional relationships can be a key factor in helping families access opportunities and overcome barriers.

9. Community Connections Can Reduce Isolation

Supporting engagement with local groups and services helped strengthen social networks and increase access to practical and emotional support. Community connectedness can be an important protective factor for young parents.

10. Coordinated Support Improves Outcomes

The positive outcomes achieved were the result of addressing multiple issues simultaneously, including employment, housing, education, finances, parenting, and wellbeing. This highlights the importance of holistic, person-centred approaches when supporting families experiencing poverty.

Implications for Practice

This case demonstrates that effective poverty mitigation requires more than financial support alone. Integrated, relationship-based interventions that combine advocacy, education, housing support, practical assistance, and emotional support can help reduce the impacts of poverty and improve outcomes for both parents and children. Supporting young parents to build confidence, access opportunities, and strengthen their own capabilities is central to breaking the cycle of disadvantage and promoting long-term family wellbeing.

DFN ProjectSEARCH Driving change for Disabled Young People

A young person with additional support needs was referred to employability services directly from school after leaving education without a positive destination. At the point of referral, school attendance had been low, and the individual faced multiple barriers to progression into employment.

With support from an employability key worker, the individual successfully applied for and secured a place on the DFN Project SEARCH East programme during the 2024/25 academic year. Through the programme, they transitioned into a fully immersive work placement within a local council service, benefiting from a structured and supported introduction to the workplace.

The individual received tailored support to develop workplace skills, build confidence, and understand the responsibilities associated with their role. This included working closely with workplace mentors, managers and programme staff to learn new tasks and adapt to a professional working environment. Support was delivered in a gradual and structured manner, enabling the individual to gain skills and independence while remaining fully integrated within the team.

Over the course of the placement, the individual demonstrated a strong commitment to learning, consistently embraced new opportunities, and developed specialist skills relevant to the service. Attendance and punctuality were exemplary throughout the programme, representing a significant positive change from previous educational experiences.

The individual's dedication, reliability and growing skill set contributed to the creation of employment opportunities within the host service. As a result, they secured paid employment in 2025/26 and have continued to work successfully within the same department.

This case demonstrates how personalised employability support, structured work-based learning, and strong partnership working between education, employability and employers can help young people with additional support needs make a successful transition into sustained employment.

Key Outcomes

- **Successful transition from education to employment:** The individual progressed from leaving school without a positive destination to securing sustained paid employment within a local authority service.
- **Improved engagement and attendance:** Attendance and punctuality were consistently high throughout the programme, demonstrating a significant improvement in engagement compared with earlier educational experiences.

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- Development of workplace skills and confidence: Through structured work-based learning and tailored support, the individual developed practical job skills, increased confidence, and greater independence in a professional environment.
- Enhanced employability and career prospects: The programme enabled the individual to gain specialist experience and demonstrate their capabilities in a real-world workplace setting, leading directly to employment opportunities.
- Sustained employment outcome: The individual secured paid employment at the conclusion of the internship and continues to work successfully within the same service.
- Reduction in barriers to employment: Personalised support, workplace mentoring and collaborative partnership working helped overcome barriers associated with additional support needs and limited previous engagement with education.
- Positive impact on wellbeing and social inclusion: Participation in meaningful work improved opportunities for independence, social connection, and active contribution within the local community.
- Demonstration of inclusive employment practice: The case highlights the value of supported employment pathways in enabling young people with additional support needs to access, sustain and thrive in employment.

This case study demonstrates the effectiveness of early intervention, intensive employability support and employer engagement in improving outcomes for young people with additional support needs. It illustrates how investment in supported employment programmes can contribute to increased economic participation, reduced inequalities, improved wellbeing and the achievement of sustainable employment outcomes for individuals who may otherwise face significant barriers to entering the workforce.

Family Nursing – Addressing financial hardship and social isolation for a family with no recourse to public funds

Background

Family Nursing staff occasionally support families who have limited entitlement to public services and face significant financial and social challenges. These circumstances can place families at increased risk of hardship, isolation, and poor wellbeing outcomes.

Situation

A family experienced a sudden loss of income following an unforeseen change in family circumstances. The household had previously relied on a single low-income wage, supplemented by access to food through the employed family member's workplace. Following the loss of this income and support, a parent and young child were left in a position of acute financial vulnerability with limited access to statutory assistance due to their immigration status.

Actions Taken

An emergency referral was made to social work services; however, no statutory financial support was available because of restrictions relating to access to public funds.

To help address immediate needs, Family Nursing staff worked with local third-sector organisations and community partners to secure essential items for the parent and child, including clothing, toiletries, books and toys. The family was also supported to engage with a local multicultural community organisation, which provided opportunities for social connection, practical assistance, and participation in community activities.

Further support was provided through voluntary sector agencies to facilitate communication between family members during a period of separation and to help alleviate anxiety and uncertainty.

Key Outcomes

- Reduced social isolation through improved community connections and peer/multicultural support networks.
- Increased access to community-based support services through strengthened links with voluntary and third-sector organisations.
- Access to practical assistance (including clothing, toiletries, books and toys) that helped mitigate the immediate effects of financial hardship.
- Maintenance of family communication during a period of separation and uncertainty.
- Development of sustainable links with local community and voluntary sector networks.

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- Improved emotional wellbeing through increased social support and connection with others experiencing similar circumstances.
- Improved outcomes for the child through access to age-appropriate resources, social opportunities and a more stable family environment.

This case demonstrates the important role of partnership working between NHS services, the third sector, and community organisations in supporting vulnerable families who have limited access to statutory financial assistance. Early intervention and strong local networks can help reduce hardship, improve wellbeing, and strengthen social connectedness for families facing challenging circumstances.

NHS Dumfries and Galloway



Meeting: NHS Board (Public)

Meeting date: 5 October 2026

Report Title: Staff Governance Committee Chair's Briefing

Responsible Executive/ Non-Executive: Suzanne Hamilton, Staff Governance Committee Chair

Report Author: Alison Warrick, Executive Assistant to Workforce Director

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 Staff Governance Committee is meeting its governance requirements as a delegated committee of the Board and provides an appropriate mechanism for reporting key updates, workforce and staff governance issues, risks, matters for escalation and minutes of Committee meetings.

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

- Service Sustainability
- Financial Sustainability
- Environmental Sustainability

Comment:

Not applicable

2 Report Summary

2.1 Situation

Staff Governance Committee is responsible for assuring the Board that effective arrangements are in place to deliver the Staff Governance Standards and to monitor people management strategies, workforce plans, partnership working and staff governance-related corporate risks. The Committee reviews, discusses, scrutinises and seeks assurance on these matters in line with the authority delegated by the Board.

This paper and Appendix 1 provide an update on the work of the Staff Governance Committee, including any workforce performance, staff governance risks or other matters that require escalation to the NHS Board.

2.2 Background

Staff Governance Committee has oversight of and monitors:

- Delivery against the Staff Governance Standards, including the plans, resources, structures and processes required to support effective implementation.
- People management strategies, implementation plans, work programmes and associated benefits realisation, aligned with the Board's strategic priorities and key performance indicators.
- Relevant developments in national policy, guidance and legislation, and their application through organisational workforce policies.
- The timely submission of staff governance information required for national monitoring arrangements.
- The effectiveness of partnership working between management and staff at all levels, supported through the Area Partnership Forum.
- Progress against the Committee's annual workplan and forward agenda matrix.
- Staff governance-related corporate risks, including challenge of the identified controls and mitigations and assurance that risks are being managed proportionately.
- The activity of the Remuneration Committee and Area Partnership Forum, which report to the Committee.
- Delivery of Best Value in accordance with the Board's annually approved Best Value Framework.
- Other relevant matters identified through the Committee's annual workplan.

2.3 Assessment

2.3.1 Quality/ Patient Care

The Staff Governance Standards support a workforce that is well informed, appropriately trained and developed, involved in decisions, treated fairly and consistently with dignity and respect, and provided with a continually improving and safe working environment.

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Effective staff governance contributes to the delivery of safe, effective and person-centred care. Any matters requiring specific assurance or escalation are detailed in Appendix 1.

2.3.2 Workforce

Workforce and staff governance are the principal focus of the Committee. This includes oversight of people management strategies and plans, staff experience and wellbeing, workforce policies, partnership working, national monitoring requirements and workforce-related performance indicators. Relevant assurances, concerns and actions are set out in Appendix 1.

2.3.3 Financial

The Committee considers whether appropriate resources are in place to support workforce plans and delivery of the Staff Governance Standards. There is no direct financial impact arising from this cover paper; any specific financial implications are identified in Appendix 1.

2.3.4 Risk Assessment/ Management

The Committee reviews corporate risks within its remit and seeks assurance from risk owners that controls and mitigations are proportionate and effective. It challenges whether planned actions are reducing the potential impact and, where possible, the level of risk. Any specific risks or matters requiring escalation are detailed in Appendix 1.

2.3.5 Risk Appetite

- Open

Comment:

The Staff Governance Committee oversees the delivery of the Staff Governance Standards, workforce strategies, partnership working and related corporate risks. An open risk appetite has therefore been assigned to this paper, recognising the need to support innovation and improvement while maintaining appropriate oversight of workforce, wellbeing and organisational risks.

2.3.6 Equality and Diversity, including health inequalities

Equality, diversity, dignity, respect, fair and consistent treatment are integral to the Staff Governance Standards and the Committee's remit. An impact assessment is not required for this cover paper; however, any proposals considered by the Committee that require assessment will be evaluated in accordance with relevant equality and diversity requirements.

2.3.7 Climate Emergency and Sustainability

The Committee considers workforce implications associated with organisational change and sustainability where these fall within its remit. There is no direct climate emergency or sustainability impact arising from this cover paper; any specific implications are identified in Appendix 1.

2.3.8 Consumer Duty

This report has no specific impact on the consumer duty.

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

The Committee's work is informed by partnership working between management and staff, including through the Area Partnership Forum. This paper is a direct report to the Board and has not been subject to separate consultation.

2.3.11 Route to the Meeting

This is a direct report to the NHS Board, however, the data within the report has been reviewed and discussed as part of the papers presented to the last Staff Governance Committee meeting.

2.4 Recommendation

This report is being presented for:

- **Assurance** – NHS Board is asked to take assurance from the detail within the Staff Governance Committee Chair's Briefing.

3 List of appendices

- **Appendix 1** – Staff Governance Committee Chair's Briefing

Committee Chair Report

Committee	Staff Governance Committee
Meeting Date	14 September 2026
Chair	Suzanne Hamilton
Report completed by (post)	Alison Warrick EA to Workforce Director
Quorate	Yes
Declarations of interest made	None

1. Chairs Key Findings

The Committee received detailed workforce, culture and wellbeing updates and noted a clear and recurring theme of significant system pressure affecting both service delivery and workforce capacity. Workforce data showed increasing sickness absence, particularly long-term absence associated with anxiety, stress and related conditions. Members considered a deep-dive analysis which confirmed that long-term absence accounts for the majority of lost working days and highlighted the impact of workload pressures, workforce demographics, and organisational challenges on staff wellbeing.

The Committee reviewed analysis of younger staff turnover, which identified higher leaver rates among staff under 30, with career progression, development opportunities and support identified as key factors influencing retention. Members agreed that further work is required to better understand retention drivers and strengthen workforce planning.

The Committee also considered emerging evidence from triangulation work linking operational pressures, workforce indicators, mandatory training, appraisal completion, risk management activity and quality governance measures. This provided valuable context and highlighted the need to interpret performance indicators alongside wider system pressures.

Advice

- The Board is invited to note the emerging workforce risks associated with rising sickness absence, workforce wellbeing pressures and the retention of younger staff.
- Targeted interventions should continue to focus on staff wellbeing, retention, workforce planning and organisational culture.
- The Committee noted positive progress with the Anti-Racism Plan, the Workforce Directorate Strategy and the use of triangulation and balanced scorecards to strengthen organisational performance.

Assurance

- Robust governance arrangements remain in place for workforce performance, Speak Up and whistleblowing, workforce risks, workforce sustainability and staff wellbeing.
- The revised workforce risk framework and control measures were approved, strengthening oversight of culture, workforce sustainability and wellbeing risks.
- Positive progress was reported on appraisal compliance, the Anti-Racism Plan, workforce strategy development and actions arising from the attendance deep dive.
- NHS Dumfries and Galloway remains fully compliant with Prevent Duty requirements, with training arrangements recognised as good practice.
- The Independent National Whistleblowing Officer provided positive feedback on the Board's Speak Up arrangements and annual reporting.

Alerts

- Continuing and escalating pressures across health and social care are affecting workforce wellbeing, sickness absence, training compliance, appraisal activity and management capacity.
- Sustained operational pressures present ongoing risks to workforce resilience and organisational performance.
- While mitigating actions are in place, these pressures require continued Board attention and monitoring through workforce, quality, performance and financial governance arrangements.

2. Assurance Summary

The Committee received assurance that robust governance arrangements remain in place for workforce performance, Speak Up and whistleblowing, workforce risks, workforce sustainability and staff wellbeing. The revised workforce risk framework and risk control measures were approved, providing strengthened oversight of culture, workforce sustainability and wellbeing risks.

Members also noted positive progress with appraisal compliance, implementation of the Anti-Racism Plan, development of workforce strategies, and action plans arising from the attendance deep dive.

The Board received external assurance that NHS Dumfries and Galloway remains fully compliant with Prevent Duty requirements, with training arrangements recognised as an area of good practice. The Committee further noted positive feedback from the Independent National Whistleblowing Officer regarding the Board's Speak Up arrangements and annual reporting

Table 1: Assurances taken from the Committee Papers aligned to the Committee Terms of Reference

Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
Ensure plans, resources and monitoring are in place for the development and operation of structures and processes which ensure that delivery against the Staff Governance Standards are being achieved	Significant	Area Partnership Forum Minutes of Area Partnership Forum are shared with Staff Governance Committee and there is an agenda item at each Committee for the Chair of Area Partnership Forum to make the Committee aware of any items requiring escalation. Staff Networks The Committee receives annual reports from each of the Staff Networks at its annual Reporting Day in April. iMatter Survey Results: The Committee is due to receive an annual report on iMatter at its December Committee. Appraisal statistics are reported to the Committee via the Annual Delivery Plan.
Ensure that people management strategies, related implementation plans, work programmes and associated benefits realisation are effectively monitored and evaluated in line with the Boards strategic priorities and Key Performance Indicators	Moderate	Workforce Profile and Performance Quarterly Reports: (KPIs)are presented to each Committee. Additionally at the Committee on the 14th of September reports were also presented on Young Persons Leaver Workforce Analysis, Whole/Part Time Analysis and Attendance Deep Dive Annual Delivery Plan: Quarterly reports are also presented to the Committee and include work on the Culture Plan, Behaviours Framework, Effective Managers Programme, Anti Racism Plan, Appraisal performance

Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
		Workforce Directorate Strategy: The Committee received an update on development of the strategy including strategic workforce planning, culture, leadership and wellbeing, digital, data and insight, productivity and improvement and collaboration and communication. Triangulation Feedback: The Committee reviewed a detailed analysis bringing together workforce indicators, operational performance, quality measures, governance data and organisational risks. Staff Health and Wellbeing: The Committee received a staff wellbeing update providing assurance on the monitoring and evaluation of wellbeing programmes aligned to the Board's strategic priorities and KPIs. Evidence was provided on the impact of the Staff Wellbeing Hub, Functional Fitness MOT, staff networks, occupational health support and the Financial Wellbeing Project. Monitoring included staff feedback, engagement and outcome measures. The Committee noted positive benefits from wellbeing initiatives and ongoing work to strengthen coordination, oversight and benefits realisation through a refreshed wellbeing framework and action plan.
Receive updates on developments in national policy guidance and legislation, and ensure that the application of such developments in relation to organisational workforce policies is undertaken in line with Board strategic priorities and Key Performance Indicators	Significant	Staff Governance Standards and Assurance Framework: The Agenda Matrix and Assurance Matrix are checked against national requirements and the Staff Governance Standards. Relevant reports are mapped against corporate risks, Staff Governance Standards and committee responsibilities to ensure compliance with national expectations and to support the annual Governance Assurance Statement.

Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
		Prevent Duty Assurance Assessment: The Committee received an updates on compliance with this duty and we have been assessed as fully compliant. National Workforce Update: The Committee received updates on the Business Systems Programme (incorporating Workforce, Finance, Payroll and Procurement), West of Scotland consortium arrangements, national negotiations regarding the Resident Doctor Contract and the forthcoming national Staff Governance Monitoring Framework requirements. Health and Care Staffing Requirements – The committee received feedback from the external review of the health and care staffing arrangements around training requirements, compliance expectations, workforce reporting, staffing methodologies and improvement actions arising from internal scrutiny. Workforce Strategy and Annual Delivery Plan: The Committee reviewed the developing Workforce Directorate Strategy, the ADP workforce objectives, Culture Plan development, Anti Racism Plan implementation, Effective Managers Programme, Appraisal performance and mandatory training performance.
Ensure arrangements and resources are in place for the timely submission of all staff governance information required for national monitoring arrangements;	Significant	The Staff Governance Committee reviewed and approved arrangements to support the timely submission of information required for national Staff Governance monitoring. Through the revised Agenda Matrix and Assurance Framework, reports were mapped against Staff Governance Standards, corporate risks and annual assurance requirements.

Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
		The Committee also noted forthcoming national monitoring requirements, agreed dedicated annual assurance sessions, and confirmed that the annual Staff Governance Monitoring Return would be considered for Committee sign-off prior to submission. These arrangements provided assurance that governance processes and resources were in place to support timely national reporting
Establish and monitor activity of an Area Partnership Forum that will have the responsibility for facilitating and monitoring the effectiveness of partnership working between management and staff at all levels in NHS Dumfries and Galloway		The Staff Governance Committee received assurance that arrangements were in place to support effective partnership working through the Area Partnership Forum. The Committee considered Area Partnership Forum reporting arrangements, received confirmation that there were no issues requiring escalation, and requested circulation of Area Partnership Forum minutes to support ongoing oversight. The Committee also noted joint Area Partnership Forum engagement activity relating to staff listening and speaking-up initiatives and considered evidence of active Staff Side involvement throughout workforce governance discussions. This provides evidence that partnership arrangements were operating and that the Committee was monitoring their effectiveness
Monitor and evaluate the progress of the Staff Governance Committee against the annual workplan	Significant	The Staff Governance Committee monitored and evaluated progress against its annual workplan through review of the Action Log, Agenda Matrix and Assurance Framework. The Committee considered whether planned reports and assurance activities remained aligned to its Terms of Reference, Staff Governance Standards, corporate workforce risks and annual assurance requirements. Revised reporting arrangements and dedicated annual assurance sessions were approved to support effective completion of the Committee's work programme and annual assurance statement.

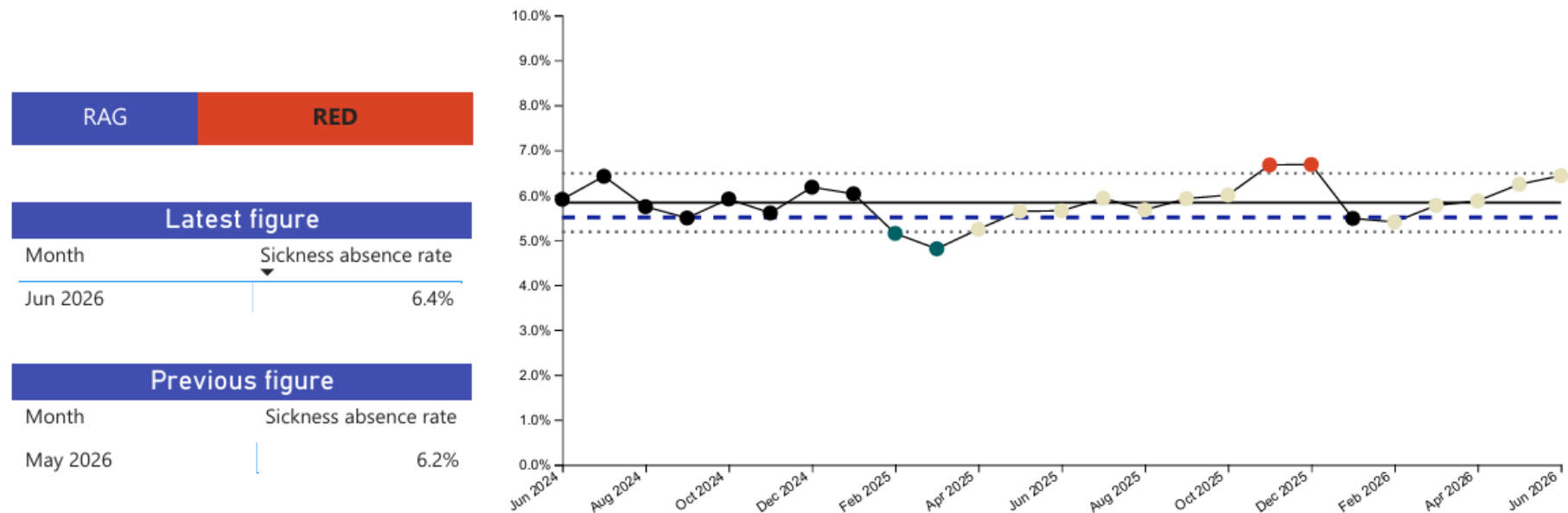
Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
Seek assurance from risk owners that the Staff Governance related corporate risks are being managed proportionally in line with the risk management processes and systems	Significant	The Committee sought and received assurance from corporate risk owners regarding the management of Staff Governance-related corporate risks. Through review of the Workforce Profile and Performance Report, Corporate Culture Risk, Staff Health and Wellbeing Plan, and Triangulation Analysis, the Committee scrutinised risk indicators, controls, mitigation actions and assurance ratings. The Committee also reviewed a revised Agenda and Assurance Matrix which mapped reports against corporate risks, Staff Governance Standards and governance requirements, providing assurance that workforce risks were being managed proportionately through established risk management processes and systems

3. Performance Summary

Presented here are a representative selection of Key Performance Indicators reviewed by the Staff Governance Committee.

WF01

Sickness absence rate: Percentage of hours lost to sickness absence amongst NHS Dumfries and Galloway employees
Comparison is the 5.5% local set target (Blue dashed line)



WF01.1

Sickness absence rate (Short Term): Percentage of hours lost to sickness absence amongst NHS Dumfries and Galloway employees
Comparison is the 2.3% local set target (Blue dashed line)

RAG

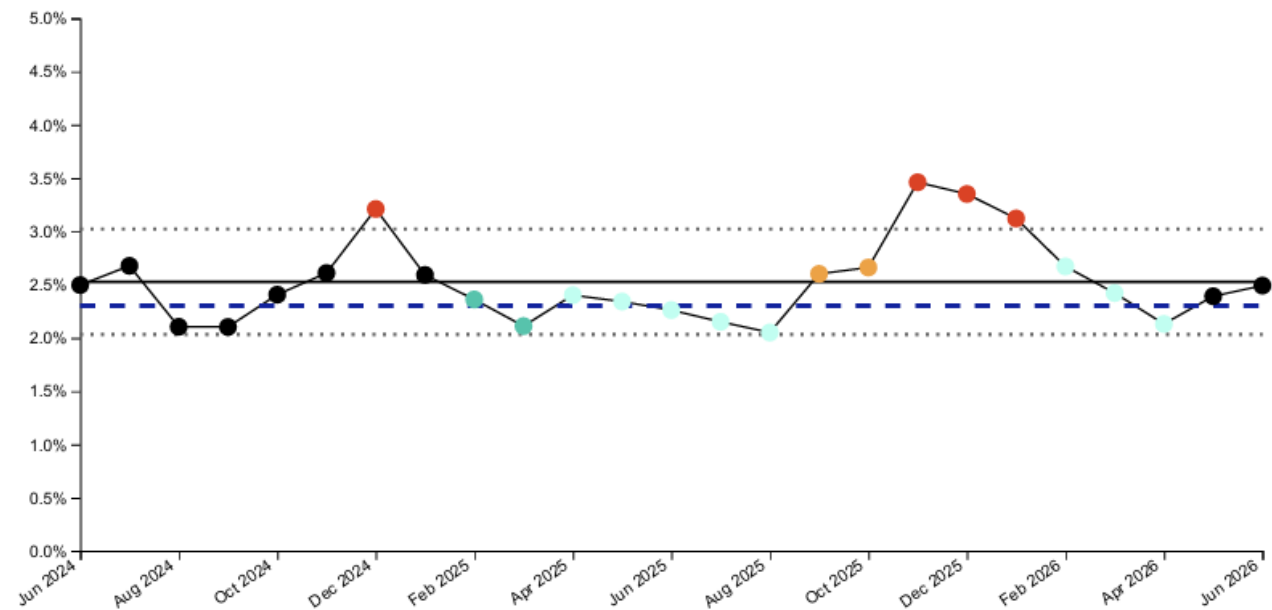
RED

Latest figure

Month	Short term sickness absence rate
Jun 2026	2.5%

Previous figure

Month	Short term sickness absence rate
May 2026	2.4%



WF01.2

Sickness absence rate (Long Term): Percentage of hours lost to sickness absence amongst NHS Dumfries and Galloway employees
Comparison is the 3.2% local set target (Blue dashed line)

RAG

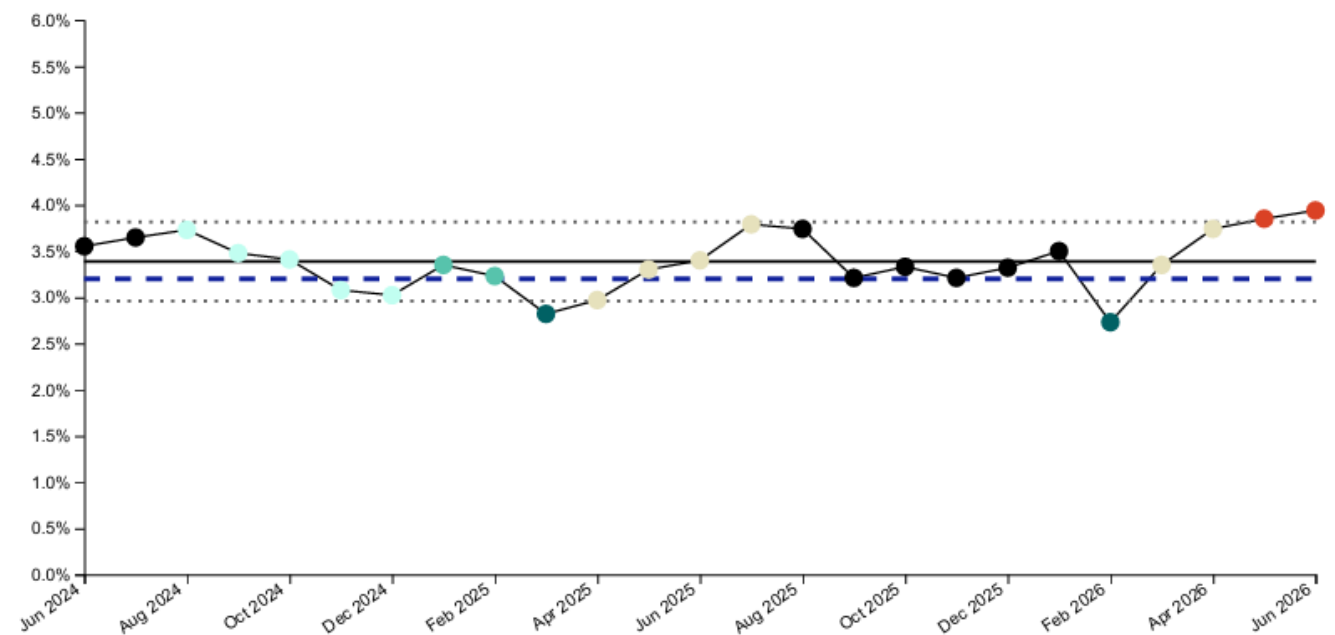
RED

Latest figure

Month	Long Term sickness absence rate
Jun 2026	3.9%

Previous figure

Month	Long Term sickness absence rate
May 2026	3.9%



WF02

Mandatory Training: Percentage of NHS Dumfries and Galloway employees who have all online mandatory training currently complete
Comparison for this KPI is the target (Blue dashed line)

RAG

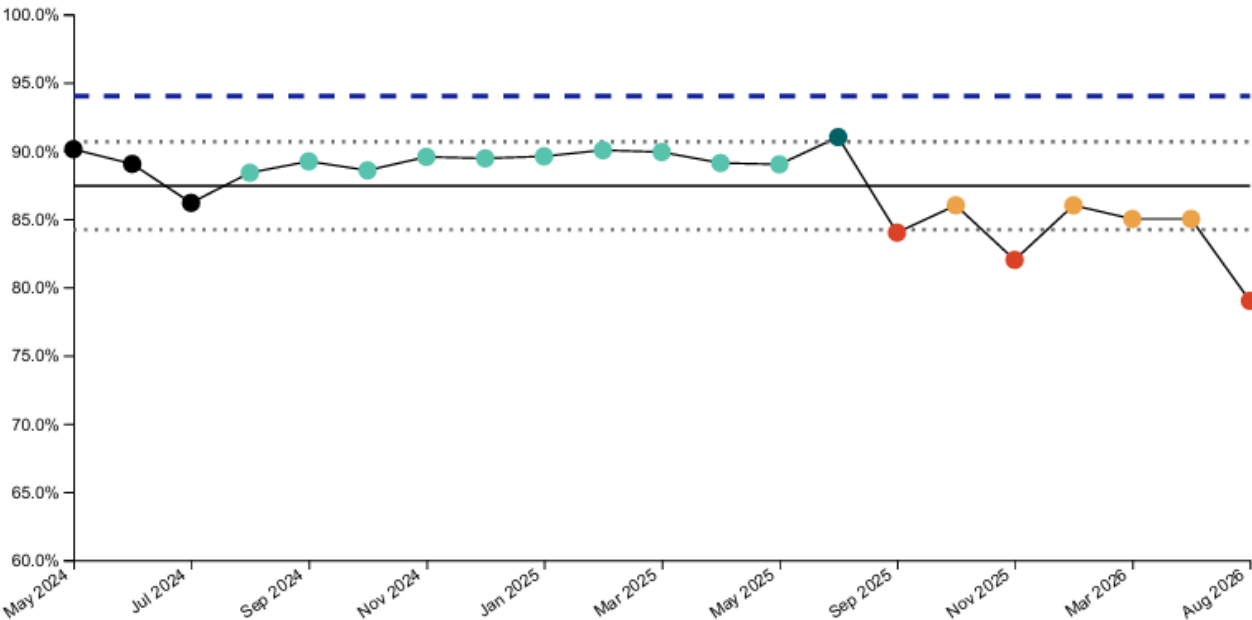
RED

Latest figure

Month	Overall compliance
Aug 2026	79.0%

Previous figure

Month	Overall compliance
May 2026	85.0%



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)
Comparison is the target (Blue dashed line)

RAG

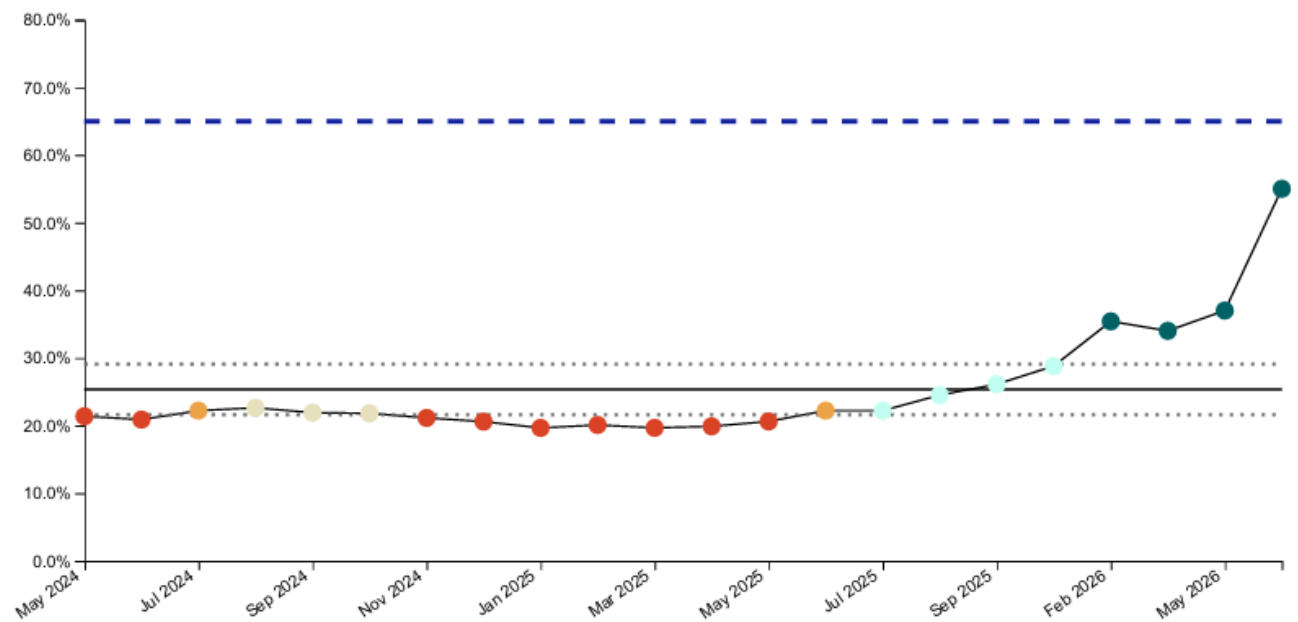
RED

Latest figure

Month	Appraisal completion rate
Aug 2026	55.0%

Previous figure

Month	Appraisal completion rate
May 2026	37.0%



NHS Dumfries and Galloway



Meeting: NHS Board (Public)
Meeting date: 5 October 2026
Title: Speak Up Annual Report
Responsible Executive/Non-Executive: Pamela Jamieson, Workforce Director
Report Author: Emma Murphy, Patient Feedback and Whistleblowing Manager

1 Purpose

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

This is presented to the Board for:

- Assurance

This report relates to a:

- 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. If you select an assurance level below Significant, please explain the actions being taken to achieve Significant assurance:

- Moderate

Comment:

This paper provides high level information on our performance against the National Whistleblowing Standards and related Speak Up activities. 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 is further work to do in relation to training and awareness raising across the wider organisation.

BOARD PUBLIC

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](#))

- Becoming a Great Place to Work where workforce-led change is the norm.

Comment:

Not applicable

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 both an annual performance report and quarterly report 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

BOARD PUBLIC

Indicator Nine	the number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
Indicator Ten	the number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

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

2.3 Assessment

Resource

Speak Up and whistleblowing concerns are managed operationally by the Patient Feedback and Whistleblowing Manager within Patient Services. Support and oversight is typically provided by the Medical Director as Whistleblowing Lead and the Non-Executive Whistleblowing Champion. Due to the Medical Director assuming the role on Interim Chief Executive earlier this year, the Whistleblowing Lead role is temporarily being undertaken by the Workforce Director.

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

Standards

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

There is still work to do in terms of awareness raising and training with staff (including independent contractors). Actions continue to be taken in that respect, with work ongoing.

Performance

The Board are required to produce and publish an Annual Report on whistleblowing, which is included in Appendix 1. There is also a requirement for quarterly performance reports, with the Q1 report attached at Appendix 2. Given the limited number of concerns received during the period, opportunities for data analysis are limited. Additionally, the strict requirements around confidentiality limit the information that can be shared as low numbers increase the risk of information being potentially identifiable.

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

- 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 Whistleblowing 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 of 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

The Speak Up annual report has been shared with the Whistleblowing Lead and Whistleblowing Champion prior to submission to committee. Both the annual report and quarterly report have been considered by Staff Governance Committee.

2.3.11 Route to the Meeting

The Speak Up annual report has been shared with the Whistleblowing Lead and Whistleblowing Champion prior to submission to committee. Both the annual report and quarterly report have been considered by Staff Governance Committee.

2.4 Recommendation

- **Assurance** – NHS Board are asked to take assurance from the detail within the Speak Up Annual Report 2025/26 and the Q1 report for 2026/27.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Speak Up Annual Report 2025/26
- Appendix No. 2, Speak Up Quarter One Report 2026/27



Speak Up Annual Report

2025-2026

Produced April 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](#).

Speak Up

Foreword

We know that staff voices are at the heart of quality and safety and their insights help to spot risks early, improve our service and create a place where we can work together to do what's right for our patients and each other. Yet we recognise that raising concerns is not always easy.

As a Board, we remain fully committed to fostering a culture where speaking up is safe and truly valued, and to make sure that our whistleblowing processes are fair, supportive, confidential and importantly, that we learn from the concerns that are raised.

During the year, we undertook our annual review of whistleblowing arrangements and responded to the Cabinet Secretary's request for an update on our progress. The Board has established a variety of mechanisms for staff to raise concerns and these options are regularly promoted through internal communications. There is a commitment to confidentiality and support for staff and clear evidence that investigations have led to actionable learning. During the year, Pamela Jamieson, Director of Workforce, undertook the role of Whistleblowing Lead on an acting basis while Dr Ken Donaldson fulfilled Interim Chief Executive responsibilities, ensuring continued oversight and leadership of the Board's whistleblowing arrangements.

Whilst we have made significant progress in recent years in building our speak up culture, we know that not all staff feel safe or confident to speak up. There is low uptake of training and still scope to improve awareness of speak up mechanisms and to reassure staff about the protections that are in place for them.

Speak Up

Foreword (cont...)

This annual report reflects NHS Dumfries and Galloway's continued commitment to creating a speak up culture and embedding the National Whistleblowing Standards (2021). In it we will share an overview of what is already in place, along with our plans for the year ahead as we continue to build on our culture and processes.

We have undertaken a great deal of work over the last 12 months to strengthen our approach but we know that there is more work to do. Our Whistleblowing Leads, Confidential Contacts, managers and staff-side colleagues continue to work together to promote awareness, build trust and support staff to raise their concerns.

Creating a culture where speaking up is welcomed, valued and acted upon remains a priority for the Board. We will continue to listen, learn and take action to ensure that in the future every member of staff feels safe to raise concerns in the interests of patients, colleagues and the services we provide.

On behalf of the Board, we would like to thank all those who have shown courage and taken the step to speak up during the year. Your voices are essential in helping us improve services, protect patients and colleagues, and build a healthier and safer workplace.



Dr Kenneth Donaldson
Whistleblowing Lead and
Medical Director



Suzanne Hamilton
Non-Executive
Whistleblowing
Champion



Pamela Jamieson
Interim Whistleblowing
Lead and
Workforce Director

Speak Up

Introduction

This report outlines Speak Up and whistleblowing activity for NHS Dumfries and Galloway (NHS D&G) from 1 April 2025 to 31 March 2026.

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. Whistleblowing is defined in the Public Services Reform (Scottish Public Services Ombudsman) Healthcare Whistleblowing Order 2020 as:

‘when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing’

Data is presented to reflect national indicators as determined by the Independent National Whistleblowing Officer (INWO) as part of those Standards. Full details of the Standards and associated indicators can be found at <https://inwo.spsso.org.uk/>.

Key notes:

- This report outlines activity for 2025-26.
- Time limits for whistleblowing concerns are based on working days, i.e. Monday to Friday
- There were three new whistleblowing case during the period.
- There were 19 Speak Up cases during the period.

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

Emma Murphy, Patient Feedback and Whistleblowing Manager

Speak Up

Encouraging Staff to Speak Up

Creating an environment where staff feel able to speak up is essential to improving patient safety, staff experience and organisational learning.

Most issues can be resolved informally through conversation with relevant colleagues, and we encourage staff to raise concerns with their Line Manager or the appropriate Clinical Lead in the first instance in line with our commitment to early resolution. We also have a number of established reporting processes and systems which allow staff to capture and report issues quickly and easily e.g. InPhase for logging incidents.

If staff don't feel able to raise issues via those routes, or if they feel that their concerns are not being addressed, they have several other options for support including HR, Occupational Health or their Trade Union/professional organisation. They can also reach out directly to a **Confidential Contact**, the **Whistleblowing Team** or the **Whistleblowing Champion** via phone, email or TEAMS. These options are continuously promoted via our leaflets, website and internal communications.



What We're Doing Well

We have a variety of options to assist staff in raising concerns and we promote these regularly through our internal communication routes. Our website has clear and detailed guidance on speaking up and is easily accessible.



Where We Can Improve

There is scope to improve awareness of our various speak up mechanisms, and to further reassure staff about the support and protections in place when they do raise concerns.



Speak Up

2025-26 At a Glance

Whistleblowing

There were **three whistleblowing cases** raised and investigated during the period 2025/26.



Speak Up Enquiries

We received **19 new Speak Up enquires** over 2025/26, which is an increase on the 15 received last year. Two Speak Up cases progressed to Whistleblowing.



Speak Up Week 2025

Speak Up Week ran from 29 September - 3 October 2025 with a full programme of events and communications dedicated to promoting the importance of speaking up, including an article in Staff News, promotion of the INWO webinars and various CPD sessions.



Awareness Raising

We continued to promote our Speak Up mechanisms via staff wide communications and engagement with specific stakeholder groups.



INWO Cases

We received one INWO decision in 2025/26 (originating from the previous year). The case was **Not Upheld**.



Speak Up

Key Performance Indicators (KPIs)

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

Learning

KPI 1 - A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns

NHS Dumfries and Galloway recognises that a culture where staff feel able to speak up is essential to improving patient safety, staff experience and the quality of care. We are committed to ensuring that concerns raised through the whistleblowing process are viewed as opportunities for learning and improvement.

Learning is captured through investigation findings, improvement actions and thematic review, and is shared through appropriate governance arrangements to inform service development and reduce the likelihood of similar issues occurring in the future. Where appropriate, this learning is triangulated with information from incidents, complaints and staff feedback to identify emerging themes, support organisational learning and strengthen assurance.

Sharing learning can be challenging due to the requirement to protect the confidentiality of the individuals involved in whistleblowing. The low number of cases also poses challenges in terms of confidentiality and learning. The learning shared below is therefore intentionally general to preserve anonymity.

Speak Up

Learning (Cont..)

Case One

A member of staff raised concerns about patient safety in a specific service. The concerns related to gaps in process, delays in the delivery of care and the management of a number of specific cases. The staff member also raised concerns relating to management and culture within the team.

We agreed with the staff member which concerns would be progressed under the Whistleblowing Standards and which related to HR matters. An investigation was then progressed accordingly. The investigation identified a number of areas of learning, some of which required immediate action. Those immediate actions were undertaken promptly, and an action plan has been developed to address the remaining recommendations. That action plan has Executive oversight and progress will be reported via appropriate governance routes.

Whilst the HR matters were addressed separately, the whistleblower was kept updated on actions in that respect (whilst maintaining confidentiality).



Speak Up

Learning (Cont..)

Case Two

A member of staff raised whistleblowing concerns about the failure to consistently follow compliance procedures for Locum Consultants before using a particular piece of specialist equipment. They also highlighted difficulties in escalating concerns and a lack of recognition of their professional role in ensuring compliance.

The Board investigated the concerns under the Whistleblowing Standards and identified that improvements had been made since the concerns were first raised, with further work required to strengthen awareness of roles, and arrangements for monitoring, reporting and escalation. The Whistleblower remained dissatisfied and progressed their concerns to the Independent National Whistleblowing Officer (INWO).

Although the INWO did not uphold the complaint, important learning was identified. The INWO concluded that the Board's investigation was impartial and thorough, and that improvements already implemented had reduced risk to patients and staff. However, they also identified that the Stage 2 response lacked sufficient detail about the improvement work underway, which they felt likely contributed to the whistleblower's perception that their concerns were not being taken seriously.

The INWO noted that the Board offered to meet with the whistleblower to explore a positive way forward regarding their ongoing concerns, which would have provided a valuable opportunity to explore any other areas where they felt improvements may be beneficial.

The learning from this case has been implemented to ensure response letters contain sufficient detail regarding improvement activity going forward.

Speak Up

Experience

KPI 2 - A statement to report the experiences of all those involved in the whistleblowing procedure

We are in regular contact with whistleblowers during the process and encourage feedback throughout. We received the following feedback (anonymised) from the whistleblower in relation to the case we closed this year:

'Thank you. I want to just say again, I really do appreciate the time taken by everyone involved to investigate my concerns so thoroughly. Also for the **support and reassurance** I have received during this process.

...my initial feeling reading this is **massive relief**...Most importantly for me, the **recommendations are really clear, positive** and I hope will mean **significant improvements** to both patients and staff. This is all I have ever wanted. I was terrified of the potential implications of doing this, but felt I had no choice so am really glad I did.'

We recognise that, given the relatively low number of cases, our current survey-based approach to capturing experience is no longer proportionate or effective. We are therefore exploring a revised model that places greater emphasis on qualitative feedback over the coming year. This will include gathering perspectives from all those involved in Speak Up and whistleblowing processes, not solely whistleblowers, to provide richer, more meaningful insights.

Whistleblowing

Awareness and Training

KPI 3 - a statement to report on levels of staff perceptions, awareness, and training

Training continues to be offered to staff via the three national TURAS modules:

- Whistleblowing : an overview
- Whistleblowing : for line managers
- Whistleblowing : for senior managers

Despite focussed promotion, uptake continues to be low, with only six delegates undertaking training in 2025/26. In addition to the training modules, we have promoted Speak Up and whistleblowing through a number of dedicated sessions including:

- An awareness raising session with independent contractors.
- An annual review of our approach to Speak Up.
- A session lead by the INWO with Human Resources (HR), Confidential Contacts and Staff Side representatives to explore the cross over between workforce processes and whistleblowing.

All of the above activities have received positive feedback, with attendees consistently reflecting how helpful they were to achieving a common understanding of whistleblowing, our processes and the support mechanisms in place.

We continue to work closely with key stakeholders across the organisation to consider how we can further enhance promotion and awareness raising.



Whistleblowing

Awareness and Training (Cont...)



iMatter is NHS Scotland's national staff experience survey. It helps NHS Boards understand how staff feel about their work, their teams and the support they receive. The survey provides valuable insight into organisational culture, including whether staff feel able to share ideas, raise concerns and be heard.

The 2026 iMatter survey included two national questions specifically relating to raising concerns. Within NHS Dumfries & Galloway:

- 76% of staff agreed that they feel confident they can safely raise concerns about issues in their workplace.
- 69% agreed that they are confident concerns raised will be followed up and responded to.

Other survey results also provide encouraging indicators of a positive speak up culture:

- 75% of staff agreed that their ideas and suggestions are listened to.
- 71% agreed that their ideas and suggestions are acted upon.
- 87% agreed that their direct line manager is approachable.
- 84% agreed that they have confidence and trust in their direct line manager.

Together, these findings suggest that many staff feel able to speak up, share ideas and raise concerns, supported by positive relationships with line managers and confidence that feedback will be heard and acted upon where appropriate. Whilst the results are encouraging, we will continue to strive towards further improvement to ensure that as many staff as possible have confidence in our processes.

Whistleblowing

Confidential Contacts

Confidential Contacts provide a safe, independent and confidential space for staff to discuss concerns, offering listening support, advice and signposting to help staff decide how best to raise issues. We have three Confidential Contacts within the Board:

Dr Greycy Bell, Deputy Medical Director

Martyn McAdam, Blood Science Services Manager

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

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

Governance

Robust governance arrangements are in place to ensure senior level oversight of Speak Up and Whistleblowing activity, including:

- Regular meetings between the Non-Executive Whistleblowing Champion, Whistleblowing Lead and Whistleblowing Manager to review activity, discuss emerging themes and provide assurance regarding compliance with the National Whistleblowing Standards.
- Quarterly reporting to Staff Governance Committee and NHS Board, providing oversight of activity, performance against standards, key themes and organisational learning.
- Escalation of significant patient safety, quality or care-related issues identified through Speak Up or Whistleblowing to Quality Safety Board and Healthcare Governance Committee to ensure appropriate scrutiny, action and organisational learning, while maintaining the confidentiality of those involved.

Whistleblowing

Case Performance

The following tables detail performance against quantitative indicators KP4-10.

KPI 4 - Total number of concerns received

2021/22	2022/23	2023/24	2024/25	2025/26
3	2	0	1	3

KPI 5 - concerns closed at each stage

	2021/22	2022/23	2023/24	2024/25	2025/26
Stage One	0 (0%)	1 (33%)	0 (0%)	0 (0%)	0 (0%)
Stage Two (Escalated)	0 (0%)	1 (33%)	0 (0%)	0 (0%)	0 (0%)
Stage Two (Direct)	2 (100%)	1 (33%)	0 (0%)	1 (100%)	2 (100%)

Note - One of the Stage Two concerns received during 2025/26 was resolved during the process and therefore did not require a formal response.

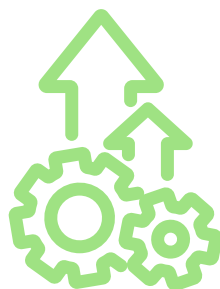
Whistleblowing

KPI 6 - percentage of cases upheld, partially upheld, and not upheld

	2021/22	2022/23	2023/24	2024/25	2025/26
Upheld	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)
Partially Upheld	1 (50%)	1 (50%)	0 (0%)	1 (100%)	0 (0%)
Not Upheld	1 (50%)	1 (50%)	0 (0%)	0 (0%)	1 (50%)

KPI 7 - Average time in working days for a response

	2021/22	2022/23	2023/24	2024/25	2025/26
Stage One	-	6	-	-	-
Stage Two	22	36	-	138	117



Whistleblowing

KPI 8 - Number and percentage of cases closed within set timescales

	2021/22	2022/23	2023/24	2024/25	2025/26
Stage One	-	0 (0%)	-	-	-
Stage Two	1 (50%)	1 (50%)	-	0 (0%)	0 (0%)

KPI 9 - Number and percentage of cases extended at Stage One

2021/22	2022/23	2023/24	2024/25	2025/26
-	0 (0%)	-	-	-

KPI 10 - Number and percentage of cases extended at Stage Two

2021/22	2022/23	2023/24	2024/25	2025/26
1 (50%)	1 (50%)	-	1 (100%)	2 (100%)

Whistleblowing

Priorities for Improvement

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

Increase the number of staff that have completed Whistleblowing training.

Increase the frequency of meetings with our Confidential Contacts for training, development and support.

Explore new ways to gather feedback on the Speak Up experience.

Undertake further work with independent contractors to support their approach to Whistleblowing and Speaking Up.

Key Points

- We received and investigated three complaints under the Standards during the period. Two of which were responded to during the period and one of which was resolved.
- We received 19 Speak Up enquiries where staff were offered tailored signposting and support. Two of those cases progressed to whistleblowing.
- We continued to promote and enhance our Speak Up arrangements, but there is further scope for improvement, including in relation to awareness raising and promotion.
- We remain committed to encouraging staff to Speak Up and ensuring we have robust and compassionate processes to manage any concerns that are raised.





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](#).

Speak Up

Introduction

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

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

Key notes:

- This report outlines activity for 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: 5 October 2026

Title: Performance and Resources Committee
Chair's Briefing

Responsible Executive/ Non-Executive: Garry Forsyth, Chair of Performance and Resources Committee

Report Author: Kelly Addiss, Corporate Governance Administrator

1 Purpose

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Government policy/ directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

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

- Significant

Comment:

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

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

- Service Sustainability
- Financial Sustainability
- Environmental Sustainability

Comment:

Not applicable.

2 Report Summary

2.1 Situation

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

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

2.2 Background

Performance and Resources Committee has oversight of and monitors:

- Revenue and Capital Plans.
- Plans to achieve financial balance, including development and delivery of the Boards savings plans through the Financial Recovery Programme.
- The Board's Tactical Priorities in relation to all priorities assigned to this committee to monitor and review.
- The delivery of Best Value, in line with the Board's annually approved Best Value Framework.
- Outcomes from Board investment decisions including allocation of resources into significant projects.
- Performance including in relation to Annual Operational Plans, Remobilisation Plans and targets as part of an agreed set of performance metrics; in addition, the Committee will lead on developing the Board's approach to performance management.
- Any remedial action plans required to achieve or rectify financial or operational performance.
- Financial governance, strategic and operational corporate risks and how they are being managed; Committee will review the Corporate Risk Register for those risks that are delegated to it on a regular basis.
- The progress of capital projects.
- The work to deliver Net Zero by 2040, including oversight of the Climate Emergency and Sustainability Programme Board which reports directly to Performance and Resources Committee.
- Effectiveness of systems that are in place for the delivery of procurement including all appropriate legislation and policies.
- Other relevant items as identified in the Committee's Forward Plan (agreed annually by the Committee).

2.3 Assessment

The Performance and Resources Committee met on 14 September 2026 and was quorate. The attached Appendix 1 details the items considered at the Committee and is presented to the NHS Board for awareness and assurance.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/ Management

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

2.3.5 Risk Appetite

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

- Open

Comment:

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

2.3.6 Equality and Diversity, including health inequalities

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

2.3.7 Climate Emergency and Sustainability

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

2.3.8 Consumer Duty

This report has no specific impact on the consumer duty.

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

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

2.3.11 Route to the Meeting

This is a direct report to the NHS Board.

2.4 Recommendation

This report is being presented for:

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

3 List of appendices

- **Appendix 1** – Performance and Resources Committee Chair Briefing

Committee Chair Report

Committee	Performance and Resources Committee
Meeting Date	14 September 2026
Chair	Garry Forsyth
Report completed by (post)	16 September 2026
Quorate	Yes
Declarations of interest made	None

1. Chairs Key Findings

Advice

- The Board is asked to note the connected pressures across urgent and unscheduled care, delayed discharge, social care capacity, workforce and finance.
- The Committee endorsed the strategic direction to establish an integrated Interface Hub aligned with the sub-national flow navigation model and stressed the importance of clear public communication.
- The Board is asked to approve the revised Committee Terms of Reference, subject to stronger wording requiring a nominated deputy when a named adviser cannot attend.
- Emerging themes were the need for whole-system working, sustained local influence within developing sub-national arrangements, and sufficient capacity to turn financial, digital and service-change plans into measurable benefits.

Assurance

- The Committee received significant assurance on delivery of the Annual Delivery Plan, with most actions on schedule or ahead, and on procurement compliance.
- The Committee approved publication of the Annual Procurement Report and noted that all regulated procurements in 2025/26 were compliant.
- Planned care performance remained strong: the Board was on track to remove waits over 52 weeks for first outpatient appointments by the end of September, while endoscopy performance compared well nationally.
- The Committee welcomed Community Appointment Days, which have improved access, reduced non-attendance and supported multidisciplinary care in community settings.
- Moderate assurance was received on overall performance, procurement objectives, estates statutory compliance and sub-national planning.
- Performance reporting was considered robust.
- Estates compliance scores had been affected by revised national assessments, with any issues continuing to be managed through established controls and improvement plans.

BOARD PUBLIC

- Procurement controls and payment performance were strong, although local spend remains below target.
- The Committee endorsed the creation of a Digital Delivery Group to strengthen prioritisation, accountability, risk oversight and benefits realisation.
- Further timescales for realising benefits from the patient-level costing system will return to a future meeting.

Alerts

- At month 4, the Board reported an £8.2 million overspend and forecast a £23 million year-end deficit.
- Recurring savings of £12.4 million had been identified against the £18.1 million target.
- Immediate Board attention is required to agree transformation plans, and address delayed discharge and social care constraints that are worsening operational and financial pressure.

2. Assurance Summary

This section will include a table listing the committee specific end of year assurance statements, and space for the committee chair and executive lead to note evidence seen to support those statements.

Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
1. BACKGROUND, MEMBERSHIP AND ADMINISTRATION		
The Performance and Resources Committee: • Will consist of five Non-Executive Members, one of whom will undertake the role of Chair of the Committee • The Chair and Vice-Chair of the Committee will be nominated by the Board Chair. The Vice-Chair will undertake the role of Chair for this Committee, in the absence of the Chair of the Committee. • The Chief Executive, Director of Finance and Chief Operating Officer will be in attendance or their nominated deputies. • All Directors or Non-Executive Members have an open invitation to attend this committee. • Will meet at least four times throughout any given year. • Will be quorate when there are present, and entitled to vote, a quorum of at least two Non-Executive members and one Executive Director.		

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Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
2. REPORTING ARRANGEMENTS		
Performance and Resources Committee meetings will be closed meetings, in accordance with the Board's Standing Orders. Minutes of the meeting will be presented for approval at the following Performance and Resources Committee meeting, prior to being reported to the Board's open session.		
The Chair of the Committee will provide a written report at each NHS Board meeting. Items for escalation will be included therein.		
Performance Committee will report on an annual basis on the assurances that are provided as part of the Governance Statement process for the Annual Report and Accounts, which is monitored through Audit and Risk Committee.		
3. ROLE – OVERVIEW AND GOVERNANCE		
The Performance and Resources Committee is responsible for the oversight of financial and operational performance and delivery against planned budgets. This means the Committee can review, discuss, assess, scrutinise and seek assurances on behalf of the Board in line with their delegated authority from the Board.		

BOARD PUBLIC

Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
The Committee will: Seek assurance of the effectiveness of its operation as a committee Assess its effectiveness on an annual basis.	Significant	<u>Performance and Resources Committee Terms of Reference</u> Performance and Resources Committee: Agreed they are content with the amendments that have been made to the Terms of Reference and to recommend approval for NHS Board following the amendment above being made. - Agreed with a Significant level of assurance.
4. ROLE – PERFORMANCE		
The Committee will have oversight of and monitor: - Performance including in relation to Annual Operational Plans, Remobilisation Plans and targets; in addition, the Committee will lead on developing the Board’s approach to performance management. - Financial governance, strategic and operational corporate risks and how they are being managed; Committee will review the Corporate Risk Register for those risks that are delegated to it on a regular basis. - The progress of capital projects. - The work to deliver Net Zero by 2040, including oversight of the Climate Emergency and Sustainability Programme Board.	Significant	<u>Update on Unscheduled Care</u> Performance and Resources Committee: Noted this update. Content to endorse the direction in terms of the strategic transformation direction to establish the Interface Hub and align into the Sub-National West Flow Navigation Centre structure. <u>Annual Delivery Plan 2026/27 Quarter One Update</u> Performance and Resources Committee: - Took Assurance on the progress being made to implement actions under NHS Dumfries and Galloway’s Annual Delivery Plan 2026/27. - Agreed with a Significant level of assurance.
	Moderate	<u>Performance and Resources Committee Summary Report</u> Performance and Resources Committee: - Took Assurance that the performance information reported in the Summary Performance Report accurately reflects service delivery and climate sustainability performance of NHS Dumfries and Galloway. - Agreed with a Moderate level of assurance.

BOARD PUBLIC

Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
	Moderate	<u>Statutory Compliance Audit and Risk Tool (SCART) Update</u> Performance and Resources Committee: - Took Assurance that work continues to refine and improve the Boards statutory compliance score across Estates related topic areas. - Agreed with a Moderate level of assurance.
5. ROLE – TACTICAL PRIORITIES ie. - Financial Recovery - Sustainability of Community Health and Social Care Model - Primary Care Transformation Programme - Define the model of Hospital Based Services in the medium to long term - Integrated Intellectual Disability Service - Digital Transformation - Net Zero		
The Committee will have oversight of and monitor:	Limited	<u>Financial Recovery Plan Update</u> Performance and Resources Committee: - Took Assurance of the oversight and monitoring of the financial plan and delivery of the financial sustainability plan. - Agreed with a Limited level of assurance.
- Revenue and Capital Plans. - The progress of capital projects. - Plans to achieve financial balance, including development and delivery of the Sustainability and Modernisation (SAM) Programme. - The Board's Tactical Priorities in relation to delivery of sustainable services models.	Moderate	<u>Procurement Key Performance Indicators Quarter One Report</u> Performance and Resources Committee: - Took Assurance of achievement of the targets set within the procurement strategy. - Agreed with a Moderate level of assurance.

BOARD PUBLIC

Assurance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
- The delivery of Best Value, in line with the Board's annually approved Best Value Framework. - Outcomes from Board investment decisions including allocation of resources into significant projects. - Any remedial action plans required to achieve or rectify financial performance. - Effectiveness of systems that are in place for the delivery of procurement including all appropriate legislation and policies.	Significant	<u>NHS Dumfries and Galloway Procurement Annual Report 2025/2026</u> Performance and Resources Committee: - Took Assurance from the report on Board compliance with procurement legislation and governance in its procurement activity throughout 2025/26. Approved the publication of the Procurement Annual Report for 2025/26. - Agreed with a Significant level of assurance.
	Limited	<u>Digital Strategy Update</u> Performance and Resources Committee: Endorsed the creation of the Digital Delivery Group within the next 90 days and delivering on the areas outlined within the Digital Strategy. - Agreed with a Limited level of assurance.
6. ROLE – OTHER		
The Committee will have oversight of and monitor: Other relevant items as identified in the Committee's Forward Plan (agreed annually by the Committee)	Moderate	<u>Sub-National Planning and Delivery Update</u> Performance and Resources Committee: Noted the Sub-National Planning and Delivery update. - Agreed with a Moderate level of assurance.

3. Performance Summary

Presented here are a representative selection of Key Performance Indicators reviewed by the Performance and Resources Committee.

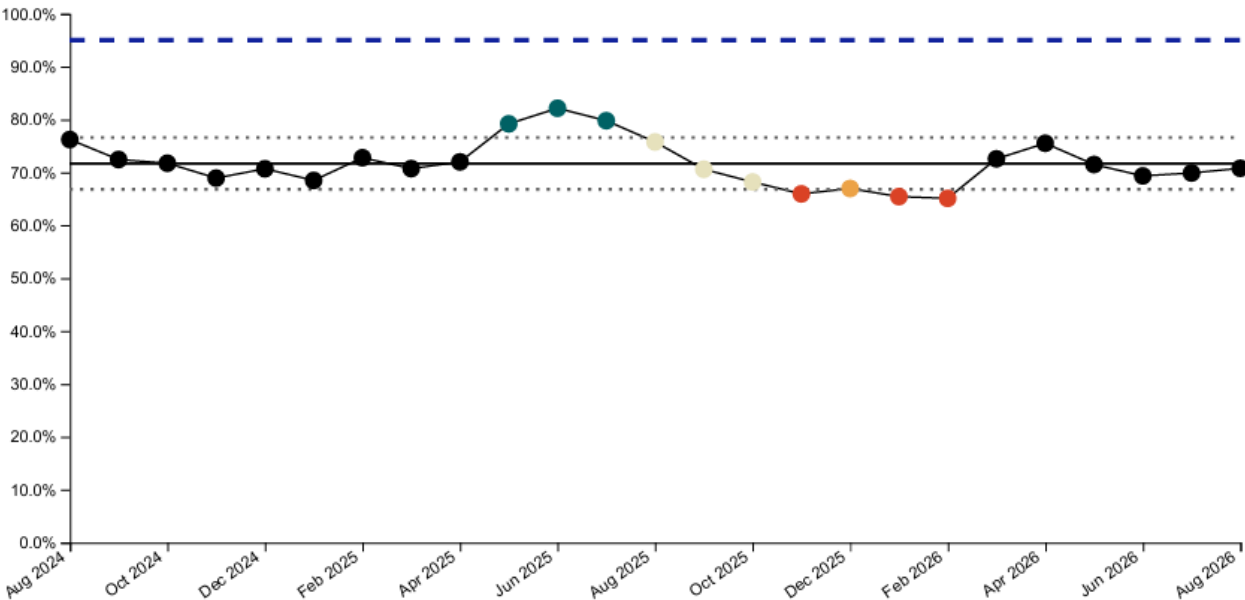
AD01

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
Comparison is the target (Blue dashed line)



Latest figure	
Month	4 hour wait compliance
Aug 2026	70.8%

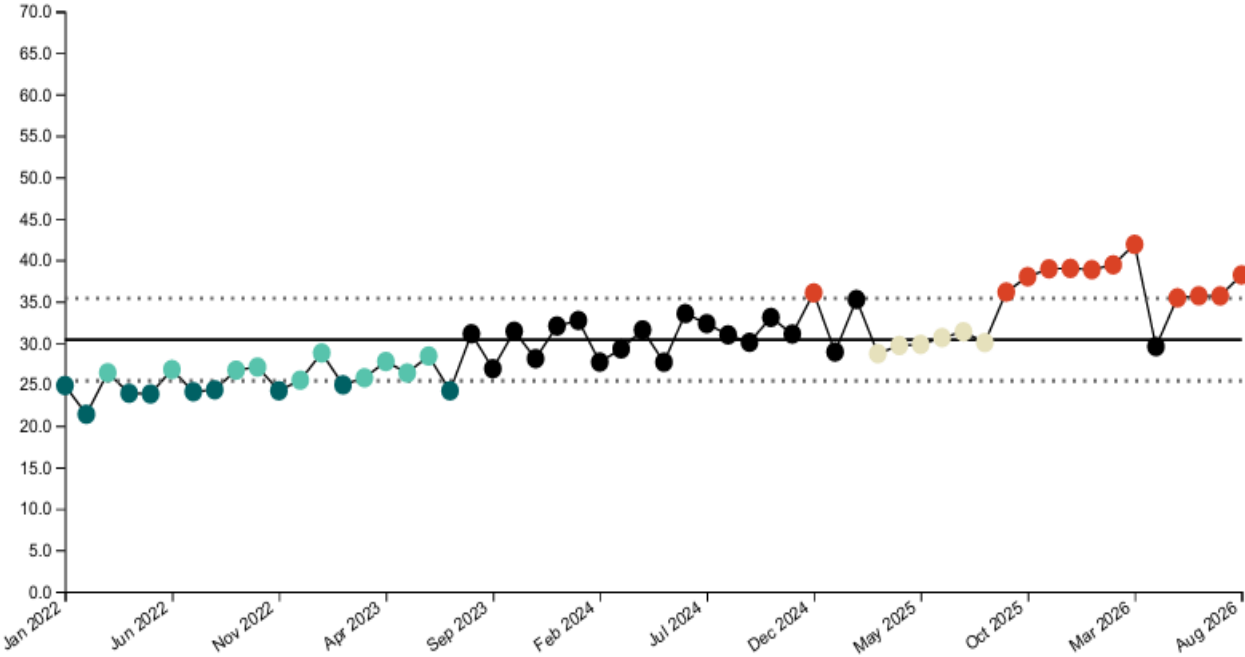
Previous figure	
Month	4 hour wait compliance
Jul 2026	69.9%



AD05

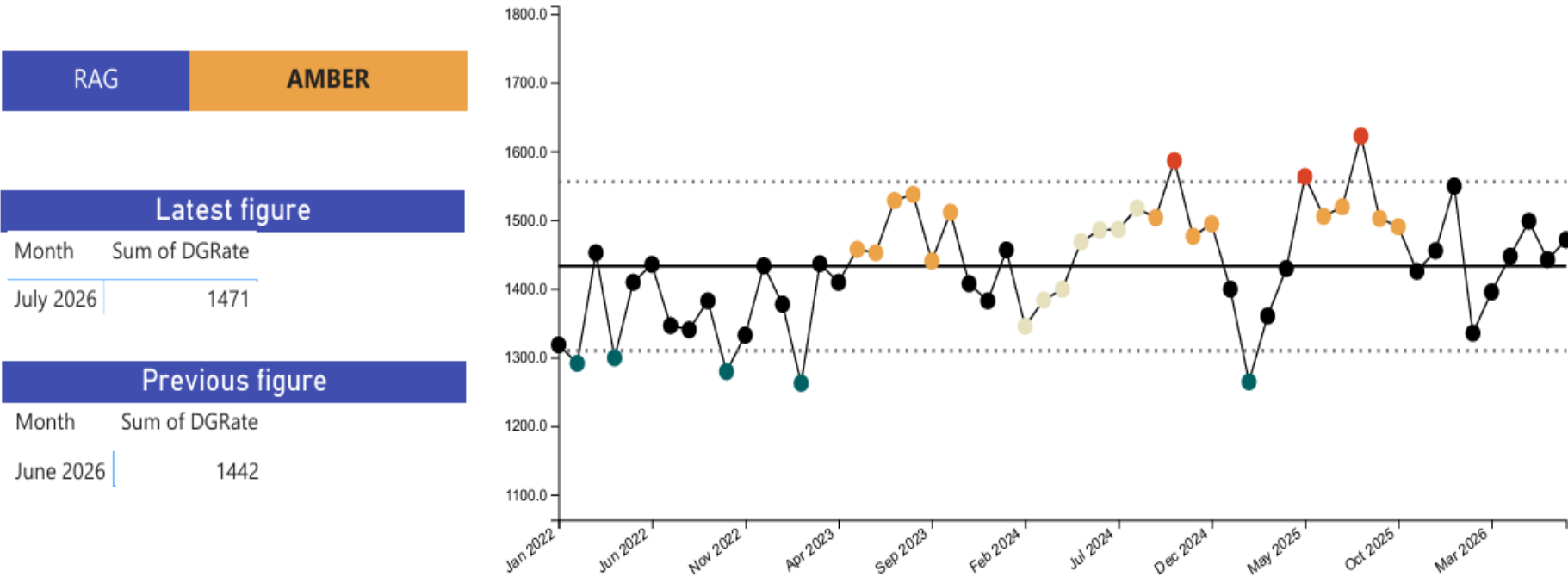
SAS Turnaround Times: Median turnaround time in minutes; the first week of the month

RAG		RED
Latest figure		
Month	Median turnaround time	
Aug 2026	00:38:12	
Previous figure		
Month	Median turnaround time	
Jul 2026	00:35:40	



NEW

Emergency Admissions: Number of adults (aged 16 and over) admitted to DGRI as an emergency



AD03a

Outpatient ongoing waits: waits over 52 weeks
(target is 0 - blue dashed line)

RAG

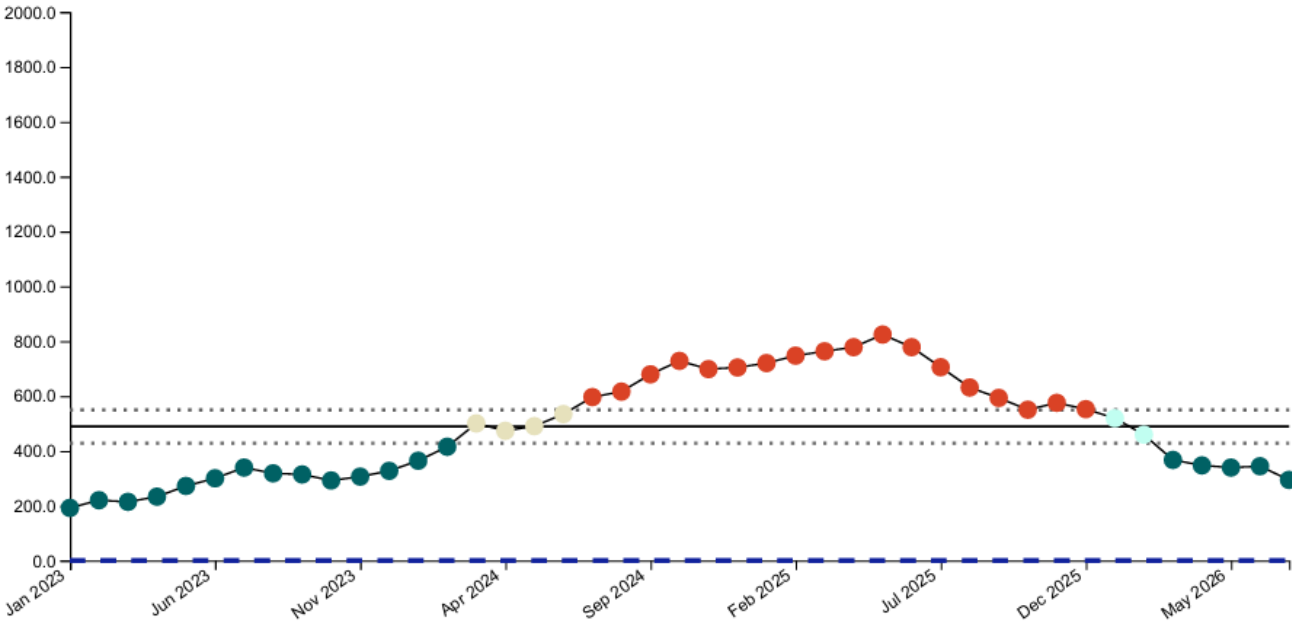
RED

Latest figure

Month	Number waiting
July 2026	294

Previous figure

Month	Number waiting
June 2026	344



AD04a

Inpatient/Daycase ongoing waits: waits over 52 weeks
(target is 0 - blue dashed line)

RAG

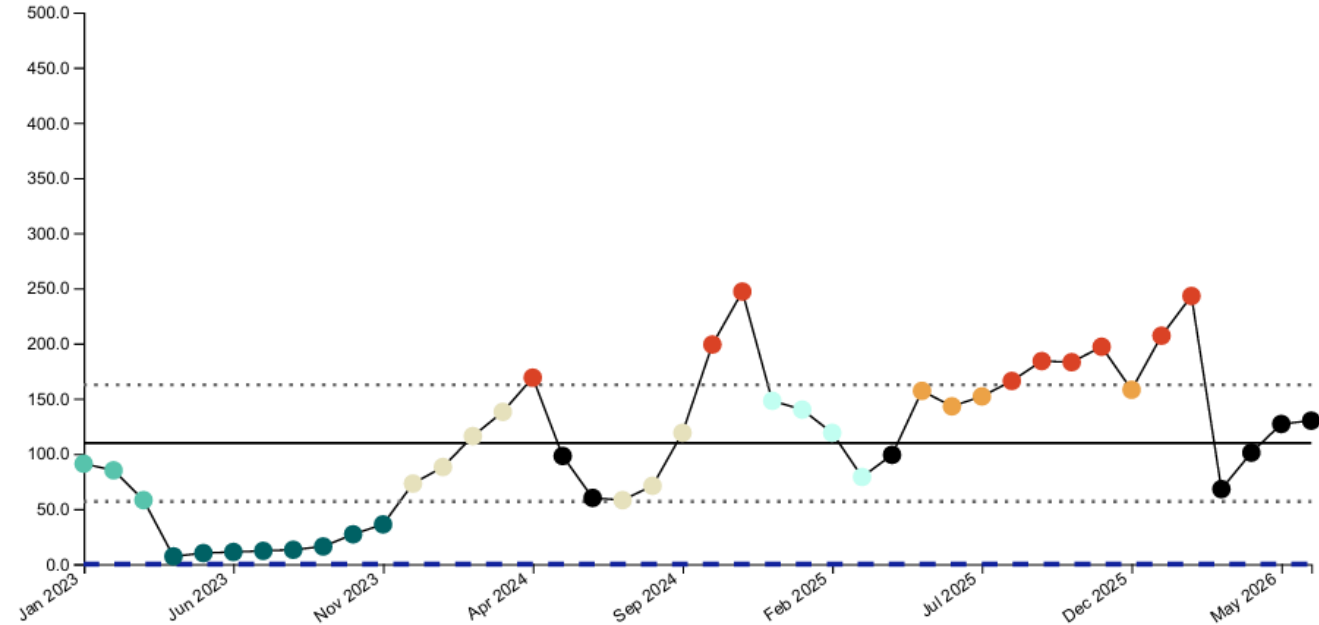
RED

Latest figure

Month	Number waiting
June 2026	130

Previous figure

Month	Number waiting
May 2026	127



Ca02

Cancer waiting time standard: Percentage of eligible patients who start their first cancer treatment within 62 days of an urgent referral with a suspicion of cancer
(target is 95% - blue dashed line)

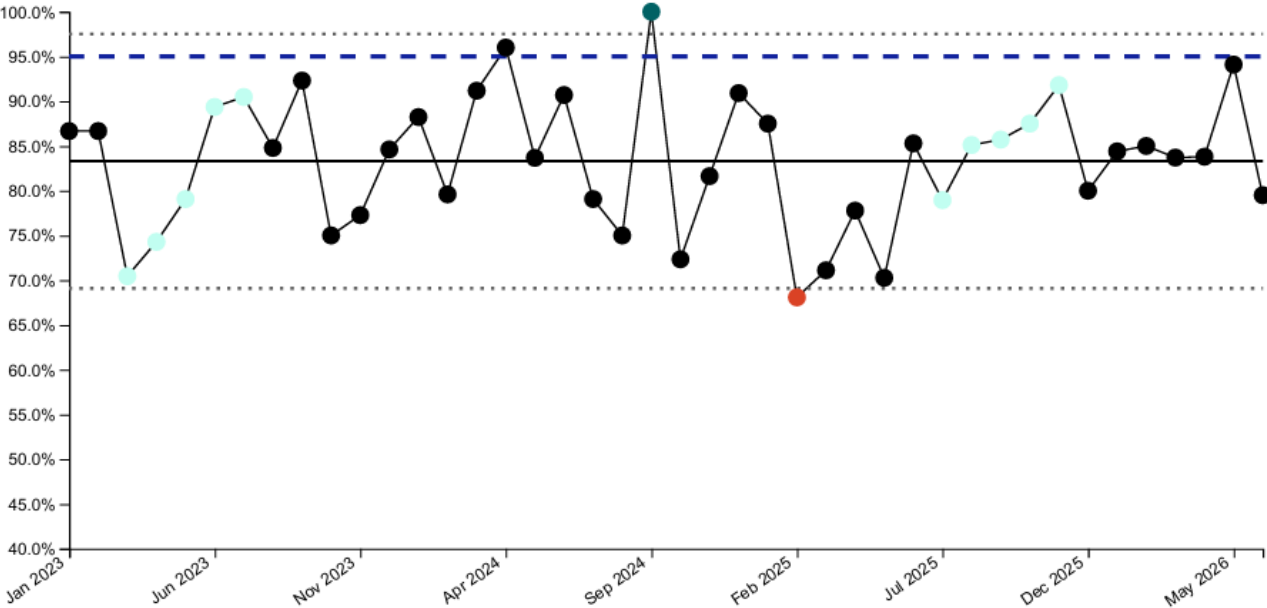


Latest figure

Month	Sum of DGRate
June 2026	79.50%

Previous figure

Month	Sum of DGRate
May 2026	94.10%



NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	5 October 2026
Title:	Financial Performance Update – End of July 2026 (Month 4)
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:

- 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. If you select an assurance level below Significant, please explain the actions being taken to achieve Significant assurance:

- 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.

BOARD PUBLIC

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

While progress continues in developing both the savings programme and long-term sustainability plan, the scale of the recurring deficit and ongoing reliance on Deficit Support Funding mean that 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 July 2026 (Month 4).

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.

A 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.

BOARD PUBLIC

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

2026/27 Plan	Delegated			Retained			Total		
	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)

BOARD PUBLIC

The Board is in Stage 3 of the NHS Scotland Support and Intervention Framework. The Board is working towards meeting the following de-escalation criteria which have been received from Scottish Government:

- Delivery of a breakeven position in 2026/27 after receiving a maximum of £23m Deficit Support Funding, and in 2027/28 after receiving a maximum of £18m Deficit Support Funding
- Delivery of 3% recurring savings in 2026/27 and 2027/28
- Presentation of a credible three-year financial plan from 2027/28 to 2029/30 that delivers an outturn within available funding
- Presentation of a credible savings plan for 2027/28 by Q3 or 2026/27
- Succession planning in key finance posts to improve the resilience of the finance team.
- Effective working with partners to create sustained reductions or effective mitigations against the cost pressures created by delayed discharges within the Board

2.3 Assessment

At Month 4, the Board is £0.6m adverse to the planned deficit trajectory, an improvement of £0.6m from Month 3. Delivery of the recurring savings target remains the principal financial risk, with some £12.4m of the required £18.1m recurring savings identified (representing 2.9%), and £1.9m delivered year-to-date. Work is progressing on the long-term financial sustainability plan, with Phase 1 nearing completion and implementation plans being developed.

Financial Performance Update (Month 4)

At the end of Month 4, the Board is reporting a year-to-date overspend of £8.2m. Based on a straight-line trajectory of the £23m planned deficit, the position at month 4 should have been no more than £7.6m. The Board is therefore overspent by £0.6m against the plan. This is an improvement of £0.6m against the position at month 3, which was £1.1m adverse to plan.

Appendix 1 provides the standard monthly reporting pack which contains further detail on the financial position, savings and capital expenditure.

Services delegated to the IJB are contributing £3.2m to the deficit position and the balance of £5m is for retained services.

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. £12.4m of recurring schemes have been identified against this target, leaving a gap of £5.7m to be identified.

£1.9m of savings have been delivered by the end of month 4, which is £4.1m behind plan year to date. This leaves a balance of £16.2m to be delivered across the remainder of the financial year.

BOARD PUBLIC

Savings delivery therefore remains the most significant risk to achievement of both the 2026/27 financial plan and the longer-term financial sustainability trajectory.

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 are or will be put in place, and a summary of these are outlined below:

- **Pay expenditure** controls including:
 - Vacancy Management
 - Agency spend
 - Bank spend
 - Locum spend
- **Non Pay expenditure** controls including:
 - Discretionary spend
 - Review of contracts
- **Budgetary controls** including:
 - Directorate reviews
 - Use of unallocated budgets

Financial Sustainability Plan

Progress on the development of the Financial Sustainability Plan was reported to the Board on 7th September 2026, with the detailed plan development underway. Next steps involve ensuring all enablers are in place, including a reshaped transformation team, data and digital enablers, and targeted specialist support for areas with capacity issues and/or a lack of in-house expertise.

Prompt Payment Performance

Payment performance to the end of Month 4 is shown below.

Table 2 Prompt Payment Performance

	Target	Achieved at M4	Achieved at M3	Trend
30 days target (volume)	95%	97.2%	97.4%	▼
30 days target (value)	95%	98.4%	98.4%	►
10 days target (volume)	90%	89.0%	88.8%	▲
10 days target (value)	90%	89.6%	92.2%	▼

Key:

▼ – reduction but within target
▲ – increase but under target
► – no change

▼ - reduction and under target
▲ – increase and above target

2.3.1 Quality/ Patient Care

The impact on quality/patient care as a result of the measures which are being put in place to address the financial position are a key responsibility of the Senior Leadership Team (SLT), and all Directors are required to ensure that decisions are made on an informed basis and consider the impact on quality and patient care.

2.3.2 Workforce

The impact on workforce as a result of the measures which are being put in place to address the financial position are a key responsibility of SLT, and all Directors are required to ensure that decisions are made on an informed basis and consider the impact on workforce.

2.3.3 Financial

The paper includes a range of updates on the work being undertaken on the financial recovery plan to support the level of assurance provided.

Even if the full £18.1m recurring savings target is achieved in 2026/27, the Board is forecast to enter 2027/28 with an underlying deficit of £24.9m. Any reliance on non-recurring savings measures will increase the underlying deficit carried forward into future years.

The cumulative brokerage position which is repayable when the Board returns to financial balance is £58.5m.

2.3.4 Risk Assessment/Management

The contents of this report are aligned to the following corporate risk:

- Corporate Risk 9: Failure of the Board to meet the requirement to deliver a break-even plan

The risk continues to be assessed at a grading of Very High given the scale of the recurring financial deficit and the requirement for Deficit Support Funding from Scottish Government.

Given the current position, the risk assessment is not anticipated to improve 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.

BOARD PUBLIC

- Impact of Agenda for Change agreements around Reduced Working Week and Band 5 to 6 regrading. NHS D&G 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.
- 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:

While we have no appetite for decisions or actions that might result in a deterioration in our financial position, the challenges facing the Board require the adoption of an open approach, empowering our teams to explore all potential options to achieve savings, and escalate plans and financial risks to SLT for consideration and support as per the governance structure.

2.3.6 Equality and Diversity, including health inequalities

The impact on equality and diversity, including health inequalities as a result of the measures which are being put in place to address the financial position are a key responsibility of SLT, and all Directors are required to ensure that decisions are made on an informed basis and consider the impact on equality and diversity, including health inequalities.

2.3.7 Climate Emergency and Sustainability

The impact on the climate and sustainability as a result of the measures which are being put in place to address the financial position are a key responsibility of SLT, and all Directors are required to ensure that decisions are made on an informed basis and consider the impact on climate and sustainability.

2.3.8 Consumer Duty

There are no relevant impacts identified.

2.3.9 Other impacts

There are no relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

Regular updates on progress against the financial plan are provided at NHS Board, Performance & Resources Committee, Audit & Risk Committee and Board Management Team throughout the year, as well as the following:

- Regular communication between the Director of Finance and the Chief Executive on the financial position
- Fortnightly updates to Directors at FRB slot during SLT meeting
- Regular internal communications between the Director of Finance and the senior finance team

BOARD PUBLIC

- Joint meetings of Finance Managers, General Managers, Chief Operating Officer and Interim Deputy Director of Finance
- Attendance at Finance Improvement Network, Finance Improvement Group, Corporate Finance Network, Technical Accounting Group, Regional Finance meetings, National Directors of Finance meetings, and Scotland West sub-national meetings.

No specific external consultation was carried out during the period.

2.3.11 Route to the Meeting

The M4 finance report has been discussed with the Chief Executive and shared with SLT.

2.4 Recommendation

Assurance

The Board is asked to:

- Note the updates included for oversight and monitoring of the financial plan and delivery of the financial sustainability plan

3 List of appendices

The following appendices are included with this report:

- **Appendix 1**, Financial performance update – Month 4

Building a Better Future Together:

2026/27 Financial Plan Update

Month 4 Update – To End of July 2026

Jane Redfern, Deputy Director of Finance

13th July 2026

PUBLIC

Report use: NHS Board, Scottish Government, Organisation Wide



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Capital Position at Month 4

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Executive Summary

- The Board approved the current financial plan at £23m deficit (£11m for IJB delegated services and £12m for Board retained services), with a break-even target, after receipt of £23m worth of Scottish Government Deficit Support Funding. Based on this plan, the recurring underlying deficit which would be carried forward into 2027/28 would be £24.9m.
- At Month 4 the YTD expenditure is £172m giving rise to a £8.2m overspend. Based on a straight-line trajectory of the £23m the variance at Month 4 should have been no greater than £7.6m. This is therefore £0.6m behind plan, but a £0.6m improvement on the position at M3 which was £1.2m adverse to plan.
- A significant ongoing risk in the plan delivery is the cost of the purchase of healthcare. The reduction in the overspend in this financial year is a key contributor to the improved financial performance, however this could deteriorate due to factors outside the control of the Board (e.g. the requirement to fund an expensive out of region mental health placement, or an increase in SLA variable costs)
- The Board approved a recurring savings target of £18.1m for the year. At month 4, the identified recurring savings schemes identified total £12.4m, which is 2.9% of recurring baseline. There is therefore a £5.7m gap to target remaining to identify.
- At Month 4 £5.6m of full year savings have been identified as delivered:
 - £5.2m of which is recurring
 - £0.4m of which are non-recurring
- At month 4, the total anticipated capital funding was £5.5m (£3.8m formula allocation and £1.6m for specific schemes). This will be updated for month following successful bids to the Invest to Save pot from Scottish Government, and an allocation for Galloway Community Hospital estate rationalisation (£4.5m in total).
- The draft programme is fully allocated and spend year to date is on plan.

2026/27 Financial Plan Overview

The NHS Board approved the final financial plan on 8th June 2026 which shows a projected £23m in year deficit (£11m for IJB delegated services and £12m for Board retained services). The plan was accepted by Scottish Government and The Board have a clear ambition to ensure that this shortfall is reduced further where possible during the year.

NHS Dumfries and Galloway	Delegated			Retained			Total		
2026/27 Approved Financial Plan	Rec £m	Non Rec £m	Total £m	Rec £m	Non Rec £m	Total £m	Rec £m	Non Rec £m	Total £m
2026/27 Opening Deficit	-11.0	0.0	-11.0	-23.7	0.0	-23.7	-34.6	0.0	-34.6
2026/27 Opening Deficit Set Aside Adjustment	-1.5	0.0	-1.5	1.5	0.0	1.5	0.0	0.0	0.0
2026/27 Uplift Planning Assumptions	-6.3	0.0	-6.3	-12.3	0.0	-12.3	-18.6	0.0	-18.6
Baseline Uplift SG Funding	3.3	0.0	3.3	5.7	0.0	5.7	9.0	0.0	9.0
Pay Award Anticipated Funding difference between 2% and 3.75%	1.4	0.0	1.4	3.1	0.0	3.1	4.5	0.0	4.5
New Medicine Fund Adjustment	0.0	0.0	0.0	0.0	7.4	7.4	0.0	7.4	7.4
Sustainability Payment (Non Rec £150m)	0.0	1.7	1.7	0.0	2.8	2.8	0.0	4.4	4.4
SG Planning Assumptions	-1.5	1.7	0.1	-3.5	10.2	6.7	-5.0	11.8	6.8
2026/27 Funding For External Decisions	0.0	0.0	0.0	-1.3	0.0	-1.3	-1.3	0.0	-1.3
2026/27 Funding for Internal Decisions	0.0	0.0	0.0	-2.0	0.0	-2.0	-2.0	0.0	-2.0
2026/27 Anticipated Directorate Cost Pressures	0.0	-4.5	-4.5	0.0	-5.5	-5.5	0.0	-10.0	-10.0
Local Financial Plan Assumptions	0.0	-4.5	-4.5	-3.3	-5.5	-8.8	-3.3	-10.0	-13.3
2026/27 Financial Plan Deficit (Before Savings)	-14.0	-2.8	-16.9	-29.0	4.7	-24.3	-43.0	1.8	-41.1
Savings Targets	5.8	0.0	5.8	12.3	0.0	12.3	18.1	0.0	18.1
2026/27 Financial Plan Deficit (Post Savings)	-8.2	-2.8	-11.1	-16.7	4.7	-12.0	-24.9	1.8	-23.0

There will be no brokerage arrangements in place for 2026/27 and the Board will be in receipt of Deficit Support Funding to a maximum of £23m. The Board will be required to formally declare an overspend if not able to contain expenditure within this cap.

The Board has previously received £58.5m of brokerage, which will require to be repaid when the Board returns to financial balance.

Financial Position at Month 4 Overview

- At the end of Month 4 the Board is reporting a year to date overspend of £8.2m against the overall £23m forecast.
- The board is anticipating Deficit Support Funding of £23m in 26/27 from Scottish Government. Year to date, this provides £7.6m of support funding, reducing the adverse variance to £0.6m. This is an improvement of £0.6m from the M3 position, when the Board was £1.2m adverse to plan.
- Services delegated to the IJB are creating £3.2m of the overspend and the balance of £5m is for Board retained services.
- A high-level summary of the Month 4 position is set out below with further directorate and subjective detail contained overleaf.

Forecast			2026/27	Month 4 (End of July 2026)				Change from Previous	
Approved Plan £000	YTD Plan £000	M4 Variance compared to YTD Plan £000		Annual Budget £000	Budget £000	Actual £000	Variance £000	Mth 3 Variance £000	Movement £000
(24,873)	(8,291)	0	Recurring Deficit	(24,873)	(8,291)	0	(8,291)	(6,218)	(2,073)
17,032	5,677	0	Non Recurring Adjustments	17,032	5,677	0	5,677	4,241	1,436
(7,841)	(2,614)	0	Centrally Held Deficit	(7,841)	(2,614)	0	(2,614)	(1,977)	(636)
(15,478)	(5,159)	(1,260)	Directorates	475,886	148,336	154,755	(6,419)	(5,430)	(989)
503	168	523	Central Services	7,825	286	(404)	691	503	188
(1,485)	(495)	660	External Services	51,884	17,758	17,593	165	(128)	293
1,426	475	(475)	Funding not Yet Distributed	22,750	(0)	0	(0)	(0)	(0)
(15,034)	(5,011)	(552)	Directorates Total	558,345	166,380	171,943	(5,563)	(5,055)	(508)
(22,875)	(7,625)	(552)	TOTAL	550,504	163,767	171,943	(8,177)	(7,032)	(1,145)

- The recurring deficit that the Board is carrying forward into 2026/27 is held centrally and is being offset by all non recurring funding sources identified within the financial plan. Year to date this accounts for £2.6m of the £8.1m overspend. Directorates, central services and external services account for the remaining £5.6m.

Executive Summary – Directorates

Key Messages:

- Total year to date overspend of £8.2m, before £7.6m Deficit Support Funding
- Board retained services account for £5m of the overspend and IJB delegated services account for £3.2m.
- The 2 biggest drivers of the deficit are:
 - The centrally held deficit position at £2.6m year to date, representing around 31% of the total in-month variance.
 - The acute directorate is carrying the largest operational pressure at £4.8m overspent representing around 60% of the total in-month variance. Unachieved savings, drugs and surgical sundries are the main drivers of the acute position.
 - Other adverse variances are: Community Health & Social Care £1m, Family & Support Services £0.3m, Finance & Infrastructure £0.6m and Externals £0.5m.
- There are several favourable variances which are supporting the year to date position: Primary Care Services £0.3m, Mental Health £0.3m, Board wide costs £0.6m and PFI Cresswell £0.6m

Executive Summary – Main Subjective

Key Messages:

Drivers of Variance (before Deficit Funding)

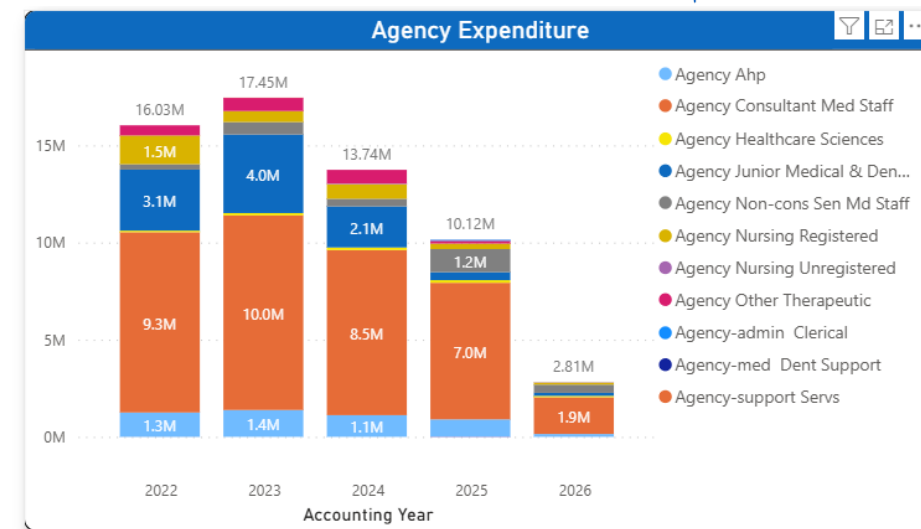
- Pay (£2.5m favourable)
 - Significant underspends in: Administrative & Clerical (£1.2m), Nursing & Midwifery (£0.5m), Allied Health Professionals (£0.5m) There are significant delays in recruitment in the first 4 months of the year and so this is impacting the spend in pays favourably.
- Non-Pay Pressures (£12.1m adverse)
 - Savings targets (fall within a non pay budget line) remain underachieved (£4.1m adverse variance).
 - Prescribing: £2m overspend, Drugs: £1.4m overspend, Surgical Sundries: £0.4m overspend, Purchase of Healthcare: £1.2m overspend.
- Income Performance (£1.4m favourable)
- Board continues to focus on key expenditure items such as Agency Spend, and Medicines, and has seen significant reductions, or mitigation of price increase/ use demands (see slides 8 and 9)

Key Costs Update – Agency Expenditure

For the 4 months to the end of July 2026 agency expenditure is £2.8m compared to £4m for the same period last year, with an overall reduction for the first 4 months of £1.2m. The primary shift continues to be within medical staffing.

Expenditure for the month of June is £0.8m which is an improvement on last financial year.

Spend in excess of £50k for the month of July 2026 within Medical staffing were: General Medicine (£127k), Emergency Care Centre (£107k), ENT (£58k) and Urology (£66k).



Accounting Year	2025												2026			
6AN - Level 6 Account Name	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
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	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	0.03M
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	0.10M
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	0.07M
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	0.02M
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	0.54M
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	0.02M
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	0.77M

Key Costs Update – Medicines

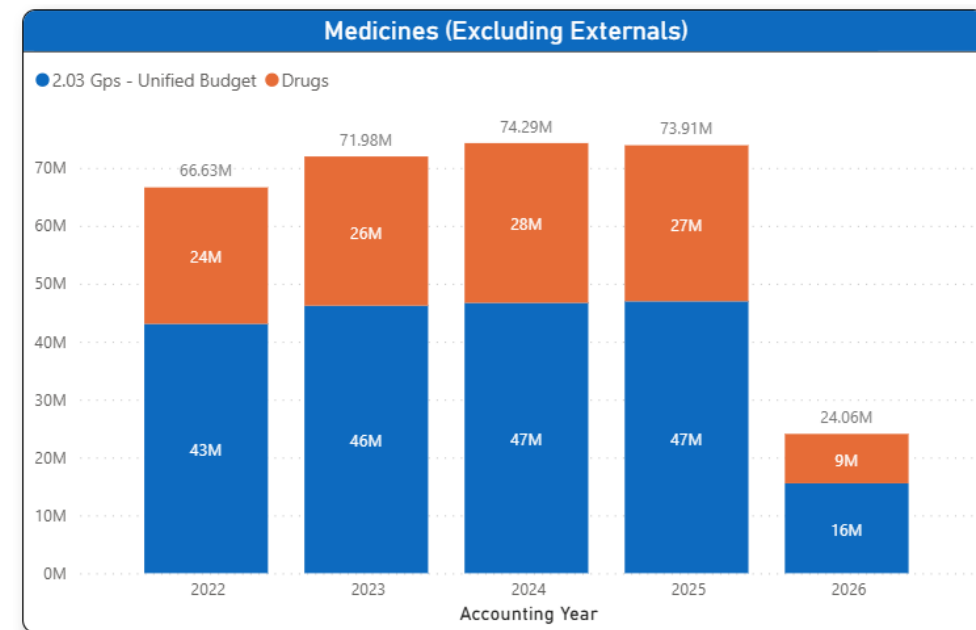
Expenditure on medicines both within primary and secondary care continues to be an area of significant pressure for the Board with annual expenditure in 2025/26 in excess of £73.9m.

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 4 months to the end of July 2026 medicines expenditure was £24.1m (25/26 £24.1m). 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 July drugs are contributing £3.4m to the overspend; £2m in primary care and £1.4m in secondary care.

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

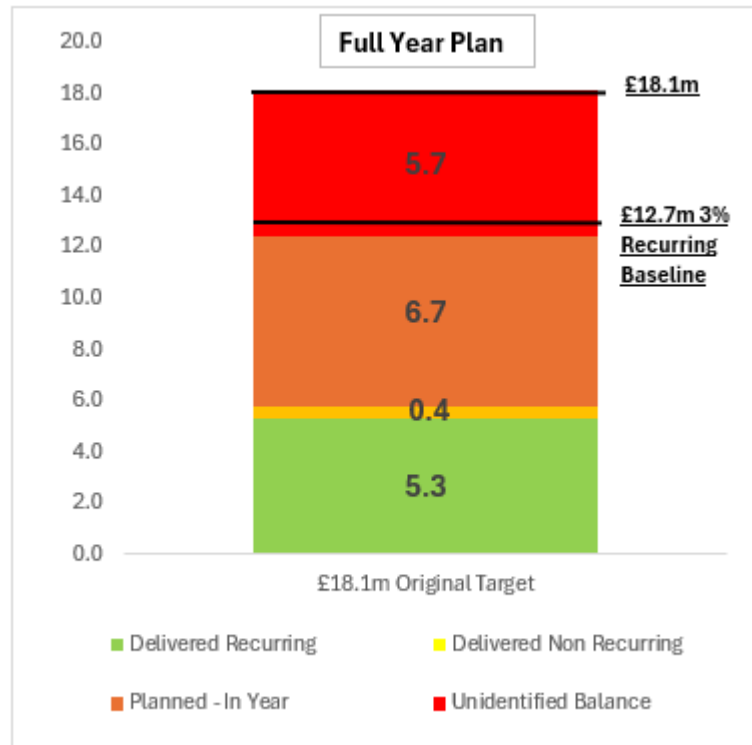


Accounting Year	2025												2026			
5AN - Level 5 Account Name	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
2.03 Gps - Unified Budget	-2.69M	10.84M	3.68M	3.72M	3.64M	3.84M	4.33M	3.67M	3.88M	3.88M	3.88M	4.28M	3.69M	4.08M	3.92M	3.83M
Drugs	2.24M	2.28M	1.89M	2.25M	2.21M	2.44M	2.05M	2.32M	2.15M	2.15M	2.00M	2.96M	2.03M	2.05M	2.09M	2.37M
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	6.20M

Financial Position at Month 4 Overview - Savings

At month 4, the identified recurring savings schemes identified total £12.4m. This is £5.7m short of the £18.1m target.

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.



At month 4, £5.7m of savings have been delivered - £5.3m recurring and £0.4m non-recurring.

Year to date the board has delivered £1.9m savings (£5.7m full year effect) meaning there is a £4.1m gap in the month 4 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

Financial Position at Month 4 Overview - Capital

An overview of the capital position at Month 4 is noted below.

We are anticipating allocations of £5.4m and a formula allocation of £3.8m. Medical equipment allocation of £0.96m and decarbonisation funding of £0.66m. The plan is now showing a small overcommitment however this is normal management of the capital plan to ensure where schemes experience slippage other programmes are already in delivery.

At this time there is expenditure of £0.834m against the draft capital programme and a full review of capital expenditure will be carried out at mid year review.

2026/27 Month 4 (End of July 2026)	Annual Budget £000	Budget YTD £000	Actual YTD £000	Variance YTD £000
Estates	3,344	581	581	0
Digital	1,323	(38)	(38)	0
Medcial Equipment	812	292	292	0
Total Plan	5,479	834	834	0
Formula	3,831			
NIB - Medcial Equipment	959			
Decarbonisation Funding SG	660			
Total Anticipated Funding	5,450			
Over Commitment	(28)			

NHS Dumfries and Galloway



Meeting:	NHS Board (Public)
Meeting date:	5 October 2026
Title:	Capital Plan 2026-27
Responsible Executive/Non-Executive:	Keith Dickinson, Director of Finance & Infrastructure
Report Author:	Jane Redfern, Interim Deputy Director of Finance

1 Purpose

This is presented to the Board for:

- Decision

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:

- Significant

Comment:

The paper presents the final capital plan for 2026-27 which is fully funded and effectively utilises the limited capital funds available to the Board.

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](#))

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

Comment:

The paper presents the final capital plan for 2026-27 which is aligned with funding available and includes a significant invest to save scheme which is part of the Board financial sustainability strategy.

2 Report summary

2.1 Situation

This report presents the final capital plan for 2026-27 and a breakdown of the funding sources.

2.2 Background

The Board is in receipt of an annual capital allocation from Scottish Government. For 2026-27 this remains at £3.8m, unchanged from 2025-26.

In addition, the Board has access to National Information Board funding, an allocation from the Decarbonisation Fund, and was successful in applying for more capital through the Scottish Government Invest to Save scheme.

2.3 Assessment

The proposed capital plan reflects the prioritisation of available funding across statutory requirements, asset replacement programmes, digital investment, service continuity and strategic priorities.

Given the continued constraint on capital funding, schemes have been subject to prioritisation to ensure investment is focused on maintaining safe and effective services, supporting infrastructure resilience, improving efficiency and delivering longer-term financial sustainability.

Table 1 below outline the planned capital expenditure across Digital, Data & Technology, Estates, and Equipment. Table 2 shows the breakdown of funding which will be utilised to deliver the plan.

Table 1 – Capital Expenditure Plan 2026-27

Priority Area	£m
Digital, Data and Technology	1.32
Estates	3.12
Galloway Community Campus Rationalisation	3.50
Equipment	1.01
Capital Plan Total	8.95

Table 2 – Capital Funding Sources

Funding Source	£m
Scottish Government Base Allocation	3.83
Scottish Government Invest to Save Allocation	3.50
National Information Board	0.96
Decarbonisation Fund	0.66
	8.95

BOARD PUBLIC

The plan as it currently stands does not take into account the significant levels of investment that will be required to deliver the organisational transformation which is being planned to create a financially sustainable organisation.

Decisions to redirect resources outlined in the current plan to respond to emerging pressures will be brought back to SLT for approval.

2.3.1 Quality/ Patient Care

The capital plan supports the delivery of safe and effective patient care through investment in the replacement and maintenance of essential equipment, estate infrastructure and digital systems. Prioritisation of schemes has taken account of clinical risk, service resilience and the need to maintain service quality.

The paper does not seek approval of individual service developments and therefore detailed patient care impacts are not presented.

2.3.2 Workforce

The capital plan includes investment in equipment, technology and infrastructure that will support staff in delivering services efficiently and safely. The proposed investments are intended to improve the working environment, enhance system reliability and reduce operational disruption.

No material adverse workforce impacts are anticipated as a result of this paper.

2.3.3 Financial

The capital plan is fully funded from approved capital allocations and specific funding streams available to the Board during 2026-27. Investment has been prioritised across estates, digital and equipment programmes to maximise value from the limited resources available.

The plan includes a significant Invest to Save scheme which is expected to generate recurring revenue savings in future years and forms part of the Board's financial sustainability strategy through rationalisation of part of the community campus and resultant reduction in running and lease costs. Capital funding has been targeted towards schemes that support asset resilience, operational efficiency and risk reduction.

A key risk is that unforeseen infrastructure or equipment failures may require reprioritisation of available funding during the year. This risk will be mitigated through regular monitoring of the capital programme and established governance arrangements.

2.3.4 Risk Assessment/Management

The principal risks associated with the capital plan relate to affordability, delivery timescales, procurement challenges and unforeseen asset failures that may emerge during the financial year.

These risks will be managed through the Board's Capital & Accommodation Group, with regular review of programme progress and prioritisation of resources where required. The Group will report quarterly to Senior Leadership Team meetings and produce an annual summary report of all activity.

2.3.5 Risk Appetite

- Cautious

Comment:

The capital plan reflects a cautious approach to risk. Investment has been prioritised towards essential asset replacement, statutory compliance, infrastructure resilience and strategic priorities. Opportunities to improve efficiency through Invest to Save funding have been pursued where there is a clear business case and identified benefit, while maintaining overall affordability and financial control.

2.3.6 Equality and Diversity, including health inequalities

An equality impact assessment has not been completed for this paper as it relates to the allocation of capital funding rather than a change to service delivery or policy.

2.3.7 Climate Emergency and Sustainability

The capital plan includes investment in estate infrastructure and decarbonisation initiatives that support the Board's sustainability objectives and contribute towards reducing carbon emissions. The utilisation of dedicated Decarbonisation Fund resources will help improve energy efficiency and support progress towards NHS Scotland climate targets.

2.3.8 Consumer Duty

This paper supports the effective allocation of capital resources to maintain infrastructure, equipment and digital services that underpin accessible, reliable and high-quality services for patients and communities. As the paper relates to approval of a capital investment programme, no direct adverse impacts on consumers have been identified.

2.3.9 Other impacts

The capital programme supports organisational resilience and enables continued collaboration across health and care services through investment in shared infrastructure, digital capability and operational assets. The programme also contributes to local economic activity through procurement and delivery of capital works where appropriate.

2.3.10 Communication, involvement, engagement and consultation

Development of the capital plan has involved engagement with service managers, Digital, Data and Technology, Estates and Finance colleagues.

No external engagement or consultation has been undertaken.

2.3.11 Route to the Meeting

The plan has been shared with Board Management Team prior to submission to the Board.

2.4 Recommendation

- **Decision** – The NHS Board is asked to approve the capital plan for 2026-27.

3 List of appendices

There are no appendices included with this report.

NHS Dumfries and Galloway



Meeting: NHS Board (Public)

Meeting date: 5 October 2026

Title: Annual Delivery Plan Quarter 1
Progress Report: Board Overview

Responsible Executive/Non-Executive: David Rowland, Director of Strategic Planning and Transformation

Report Author: George Noakes, Acting Performance and Intelligence Manager

1 Purpose

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

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operation Plan

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. If you select an assurance level below Significant, please explain the actions being taken to achieve Significant assurance:

- Significant

Comment:

The Annual Delivery Plan Progress Report (Board Overview) provides updates on the implementation of key transformation actions agreed by the Board. Building on the learning from the previous year and feedback from Board members, detailed review of each action is carried out by the Board's committees with this summary provided to Board. In this regard, this report offers significant assurance to the Board that processes are in place to monitor and report on the implementation progress of the Annual Delivery Plan.

BOARD PUBLIC

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.

2 Report summary

2.1 Situation

As part of monitoring the implementation of NHS Dumfries and Galloway's Annual Delivery Plan 2026/27, the Board Overview for quarter 1 is presented for assurance.

2.2 Background

In June 2026 the Board approved NHS Dumfries and Galloway's Annual Delivery Plan (ADP) 2026/27. The ADP brings together key actions for transformational change aligned with the Statement of Strategic Intent and the organisation's tactical priorities.

In total there are 27 actions for 2026/27. Each action is delegated to a Board assurance committee for detailed review.

The ADP Quarter 1 Progress Report: Board Overview (Appendix 1) provides a summary across all 27 actions and their status as of 30 June 2026. Reports were compiled during July 2026, with detailed updates being submitted to the first available respective committee meeting from 01 August 2026 onwards.

BOARD PUBLIC

Building on learning from the previous year, and in response to feedback from the Board, a new BRAG (Black, Red, Amber, Green) status tool has been introduced. Executive Sponsors and Senior Responsible Officers (SROs) are asked to assess their actions, using the evidence provided in their progress reports, in relation to two key factors: progress made to implement the action (did we do it?) and the impact the action is having on service delivery (did it work?). The grid illustrated in Figure 1 is used to guide their assessment.

Figure 1: Assess the BRAG status of Annual Delivery Plan Actions

Did we do it? (Progress)	Did it work? (Impact)		
	Service delivery is poorer	Service delivery has stayed the same	Service delivery has improved
Not started	BLACK	RED	AMBER
Behind schedule	RED	RED	AMBER
On schedule	RED	AMBER	GREEN
Ahead of schedule	AMBER	GREEN	GREEN
Completed	AMBER	GREEN	GREEN
Action suspended	GREY	GREY	GREY

2.3 Assessment

The Annual Delivery Plan 2026/27 Quarter 1 Progress Report: Board Overview is provided in Appendix 1.

Progress reports were submitted for all 27 actions. Of these:

- 10 actions are assessed as green, making good progress and making a positive impact
- 13 actions are assessed as amber, making progress but limited impact on services
- 2 actions are assessed as red, limited progress and limited impact
- 2 actions have been suspended.

Overall, good progress is being made across the organisation to implement these actions. 22 out of 27 actions report being “on schedule” or better. Additionally, almost all actions have clear milestones identified, have started monitoring key performance indicators, and identified qualitative intelligence sources to evidence their impact. However, at this early stage of the year, impact is limited and this is reflected in a number of actions being assessed as amber rather than green.

The actions assessed as red are:

- PH-02: Population Health Maturity Matrix – this action is scheduled to start during Quarter 2 (July to September 2026)
- UC-01: Hospital at Home – this action has been paused and is under review while discussions with Scottish Government are ongoing

The action DIG-03: Digital Near Me/Platform Evaluation has been suspended as it has been superseded by the national Digital Front Door project.

BOARD PUBLIC

The action “UC-03: Adults with Incapacity Flow Pathway” has been suspended as a result of non-allocation of funding.

Actions delegated to the Performance and Resources Committee were reviewed in detail at their meeting on 14 September 2026. Likewise, actions delegated to the Staff Governance Committee were reviewed at their meeting on the 14 September 2026.

Quarter 1 and quarter 2 progress for actions delegated to the Public Health Committee, Healthcare Governance Committee, and Audit and Risk Committee will be reviewed in detail at their upcoming meetings in October, November and December 2026.

2.3.1 Quality/ Patient Care

The ADP Quarter 1 Progress Report: Board Overview supports continued quality improvement through the active monitoring of key transformational projects.

2.3.2 Workforce

No impacts on workforce have been identified through this report.

2.3.3 Financial

The ADP Quarter 1 Progress Report: Board Overview supports the financial recovery strategy and achieving sustainable services through the active monitoring of key transformational projects.

2.3.4 Risk Assessment/Management

Risks are identified by the Executive Sponsor and SRO for each action. Project risks are managed using the appropriate existing protocols and systems depending on the context in which the action is being delivered. This report raises no new risks.

2.3.5 Risk Appetite

- None

Comment:

This report does not propose a change to the Board's risk appetite

2.3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this paper does not propose a change to service delivery, strategy or policy.

2.3.7 Climate Emergency and Sustainability

This report does not propose a change to service delivery, strategy or policy. Consequently, there are no direct environment or sustainability impacts from the production of this report.

2.3.8 Consumer Duty

An impact assessment has not been completed because this report does not propose a change to service delivery, strategy or policy.

2.3.9 Other impacts

There are no other impacts identified from the production of this report.

2.3.10 Communication, involvement, engagement and consultation

This report does not propose a change to service delivery, strategy or policy. Consequently, consultation and engagement has not been required as part of the production of this report.

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.

- Board Management Team (circulated electronically) – 28 August 2026
- Performance and Resources Committee – 14 September 2026
- Staff Governance Committee – 14 September 2026

2.4 Recommendation

Assurance

NHS Board is asked to take significant assurance on the progress being made to implement actions under NHS Dumfries and Galloway's Annual Delivery Plan 2026/27.

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1:** Annual Delivery Plan 2026/27 Quarter 1 Progress Report: Board Overview

Annual Delivery Plan 2026/27

Quarter 1 Progress Report: Board Overview

Compiled by: George Noakes (Acting Performance and Intelligence Manager)

Date: 3 September 2026

BOARD PUBLIC

The progress status and overall position of Annual Delivery Plan (ADP) 2026/27 actions on 30 June 2026

Ref	Title	Executive Sponsor	Assurance Committee	Quarter 1 (30 June 2026)	
				Progress status	Overall position
WF-01	Culture Plan, Behaviour Framework and Effective Managers Programme	Director of Workforce	Staff Governance	On schedule	Amber
WF-02	Staff Engagement, Listening and Psychological Safety	Director of Workforce	Staff Governance	On schedule	Amber
WF-03	Wellbeing, Attendance and Short-Term Absence Reduction	Director of Workforce	Staff Governance	On schedule	Amber
WF-04	Supplementary Staffing Controls and Corporate Bank	Director of Workforce	Performance and Resources	On schedule	Green
PH-01	Healthy Weight Programme	Director of Public Health	Public Health	On schedule	Green
PH-02	Population Health Maturity Matrix	Director of Public health	Public Health	Scheduled to start in Quarter 2	Red
PH-03	Preventative Spend Pilot	Director of Public Health	Public Health	On schedule	Green
FIN-01	Financial Recovery Plan Strategy: Phase 1 Development of Strategy	Director of Finance	Performance and Resources	On schedule	Amber
PC-01	Planned Care (including Cancer): Reduce Longest Waits	Chief Operating Officer	Performance and Resources	On schedule	Green
UC-01	Hospital at Home	Chief Operating Officer and Chief Officer	Performance and Resources	Under review	Red
UC-02	Discharge Without Delay	Chief Operating Officer and Chief Officer	Performance and Resources	On schedule	Green
UC-03	Adults with Incapacity (AWI) Flow Pathway	Chief Operating Officer and Chief Officer	Performance and Resources	Suspended	Grey
UC-04	Place Based Care	Chief Officer	Healthcare Governance	On schedule	Green
FR-01	Financial Recovery Implementation	Chief Operating Officer	Performance and Resources	On schedule	Amber
HSCP01	Mental Health Modernisation	Chief Officer	Healthcare Governance	Scheduled to start in Quarter 3	Amber
HSCP02	GMS Implementation Plan: Year 1	Chief Officer	Healthcare Governance	On schedule	Amber

BOARD PUBLIC

Ref	Title	Executive Sponsor	Assurance Committee	Quarter 1 (30 June 2026)	
				Progress status	Overall position
COR-01	Align Corporate Services with delivery of Financial Recovery Strategy and wider organisational priorities	Director of Strategic Planning and Transformation	Performance and Resources	On schedule	Amber
COR-02	Review and Refine the Professional Advisory Committee Arrangements	Director of Strategic Planning and Transformation	Healthcare Governance	On schedule	Amber
COR-03	Review and Refine Organisational Governance Arrangements	Director of Strategic Planning and Transformation	Audit and Risk	On schedule	Amber
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	Performance and Resources	On schedule	Amber
DIG-01	Digital Innovation Projects	Director of Digital	Performance and Resources	On schedule	Green, Green, Red
DIG-02	Digital Delivery Plan (Core Programme)	Director of Digital	Performance and Resources	On schedule	Green
DIG-03	Digital Near Me / Platform Evaluation	Director of Digital	Performance and Resources	Suspended	Grey
NMAHP-01	NMAHP Workforce Development and Strategic Partnership (UWS)	Director of Nursing, Director of AHP and Director of Midwifery	Staff Governance	On schedule	Amber
NMAHP-02	NMAHP Career Pathways and Workforce Transformation	Director of Nursing, Director of AHP and Director of Midwifery	Staff Governance	On schedule	Green
NMAHP-03	Quality Improvement, Learning and Patient Safety Capability	Director of Nursing, Director of AHP and Director of Midwifery	Healthcare Governance	On schedule	Amber
NMAHP-04	Professional Leadership, Governance and System Oversight	Director of Nursing, Director of AHP and Director of Midwifery	Healthcare Governance	On schedule	Green

NHS Dumfries and Galloway



Meeting: NHS Board (Public)

Meeting date: 5 October 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 Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:

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

- Financial Sustainability
- Other (please explain below)

Comment:

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

2 Report summary

2.1 Situation

The Audit and Risk Committee met on 27 July 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 on 27 July 2026. Key areas of assurance, discussion and escalation are summarised below.

Information Assurance Quarterly Update

Assurance Level: Limited

The Committee received the quarterly information assurance and cyber security update and noted progress across a number of areas, including cyber resilience activity and data protection processes.

The Committee agreed that continued oversight should be maintained through the appropriate governance arrangements.

Financial Governance Update

Assurance Level: Significant

The Committee received the Quarter 1 Financial Governance report and noted that financial governance training remained compliant, authorised signatory arrangements were stable, and no significant governance concerns had been identified.

Discussion focused on ensuring future reports clearly explain quarterly and annual comparisons and continue to support transparent interpretation of governance information.

Board Assurance Framework

Assurance Level: Significant

The Committee considered the draft Board Assurance Framework and welcomed the progress made in bringing together organisational objectives, risks, controls and sources of assurance.

BOARD PUBLIC

Members recognised the Framework as an important milestone in strengthening governance arrangements and noted that effective implementation and embedding across Board committees will be key to realising its benefits.

Strategic Risk Quarterly report

Assurance Level: Moderate

The Committee received the Strategic Risk Management update and noted continued work to strengthen organisational risk management arrangements, including the refresh of policy and strategy, development of the risk system and work to improve the effectiveness of controls.

Members acknowledged the positive direction of travel while recognising that risk management arrangements remain in development and require further embedding across services. The Committee requested clearer visibility of the risk improvement workplan, including prioritisation, progress, capacity constraints and resource implications.

Internal Audit Quarterly Progress Report

Assurance Level: Moderate

The Committee received the Internal Audit quarterly progress report and noted progress in delivering the audit plan following recruitment within the Internal Audit team. Three audits had been finalised during the period, each receiving Moderate Assurance.

Recurring themes included governance clarity, roles and accountability, data quality, consistent use of systems and the need to ensure audit recommendations are actively owned, implemented and evidenced.

The Committee also discussed long-standing audit actions and agreed that continued focus is required to support timely completion and ensure any remaining risks are appropriately monitored through established governance arrangements.

Limited Assurance Audit Updates

Assurance Level: Moderate

The Committee received updates on progress against recommendations from Limited Assurance audits.

Members noted that progress had been made across a number of areas, with some recommendations now embedded within routine business processes and others continuing to be progressed.

Fraud Quarterly update

Assurance Level: Moderate

The Committee received the quarterly Counter Fraud report and noted that no significant fraud matters required escalation at this time. Members recognised the importance of continued vigilance, monitoring of national intelligence and maintaining strong counter fraud controls.

BOARD PUBLIC

The Committee also noted progress in relation to counter fraud standards and the anticipated national counter fraud documentation, with any material updates to be shared with members as required.

Matters for Board Attention

The Committee requests that the Board note the following matters:

- **Information Governance and Cyber Security:**
The Committee received assurance on the organisation's ongoing programme of staff awareness, training and oversight. Progress will continue to be monitored through established governance arrangements.
- **Information Asset Register Compliance:**
Continued improvement is required to support statutory compliance and strengthen information governance assurance.
- **Risk Management and Delivery of Audit Recommendations:**
The Committee highlighted the importance of continued oversight of risk improvement activity and progress with audit recommendations.

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 with an audit, or governance, and/or risk aspect, are considered as part of Audit and Risk Committee discussions. Although this has been considered, there is no financial impact of this paper.

2.3.4 Risk Assessment/Management

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

2.3.5 Risk Appetite

- Minimal

Comment:

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

2.3.6 Equality and Diversity, including health inequalities

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

2.3.7 Climate Emergency and Sustainability

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

2.3.8 Consumer Duty

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

2.3.9 Other impacts

There are no other relevant impacts identified.

2.3.10 Communication, involvement, engagement and consultation

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

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:	5 October 2026
Title:	Corporate Governance Update
Responsible Executive/Non-Executive:	David Rowland, Director of Strategic Planning and Transformation
Report Author:	Laura Geddes, Corporate Governance Manager

1 Purpose

This is presented to the Board for:

- 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:

- 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:

- Governance Committee Terms of Reference Amendment
- Workshop Timetable
- Governance Committee Minute Matrix

2.3 Assessment

Governance Committee Terms of Reference

At its August 2026 meeting, the NHS Board approved the Public Health Committee Terms of Reference, with minor amendments to its role, function and objectives. A key amendment aligned the Committee's work with the sub-national planning activity being progressed across Scotland.

It has been felt that the change made to the Public Health Committee should be reflected within all of the governance committees, to allow assurance to be taken from the work. With this in mind, the following statements are being proposed for inclusion into the Role and Function and Objectives sections of each of the 4 remaining governance committee terms of references:

Audit and Risk Committee

Role and Function

- Assurance that effective governance, accountability and risk management arrangements are in place for NHS Dumfries and Galloway's participation in Sub-National Planning and Delivery structures, and that risks and opportunities arising from sub-national and national planning arrangements are appropriately identified, monitored and reported.

Objectives

- Receive updates on relevant matters related to sub-national and national planning.

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Healthcare Governance Committee

Role and Function

- Assurance that there is appropriate clinical input to Sub-National Planning and Delivery arrangements, and that opportunities arising from sub-national and national planning structures support the delivery of safe, effective and person-centred care, whilst reducing unwarranted variation and improving population health outcomes.

Objectives

- Receive updates on relevant matters related to sub-national and national planning.

Performance and Resources Committee

Role and Function

- Assurance that NHS Dumfries and Galloway are actively contributing to Sub-National Planning and Delivery arrangements and maximising opportunities arising from sub-national and national planning structures to improve service sustainability, capacity, performance and outcomes for the local population.

Objectives

- Receive updates on relevant matters related to sub-national and national planning.

Staff Governance Committee

Role and Function

- Assurance that workforce implications arising from sub-national and national planning arrangements are identified, managed and aligned to workforce strategies, enabling NHS Dumfries and Galloway to maximise opportunities for workforce sustainability, development and wellbeing.

Objectives

- Receive updates on relevant matters related to sub-national and national planning.

Workshop Timetable

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

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

- Development of a Financial Sustainability Plan Workshop – 31 August 2026
- Financial Sustainability and Transformation Workshop – 9 November 2026
- Public Health Committee Workshop (Population Health) – 23 November 2026
- Financial Sustainability and Transformation Workshop – 18 January 2027
- Financial Sustainability and Transformation Workshop – 15 March 2027

BOARD PUBLIC

Table 1 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 1: 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
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	Karen Harper / Laura Geddes
31 August 2026	Development of a Financial Sustainability Plan	Julie White / Directors
7 September 2026	Public Health Committee – Population Health workshop	Keith Dickinson
7 September 2026	Development of Financial Sustainability Strategy for Non-Executive Members	Keith Dickinson
26 October 2026	Development of Financial Sustainability Strategy for Board Members	Keith Dickinson
9 November 2026	Financial Sustainability and Transformation	Keith Dickinson
23 November 2026	Public Health Committee – Population Health workshop	Keith Dickinson
18 January 2027	Financial Sustainability and Transformation	Keith Dickinson
15 March 2027	Financial Sustainability and Transformation	Keith Dickinson

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 2** provides assurance to Board Members that the 2026/27 committee minutes have been presented to NHS Board, following their approval at committee level, since April 2026.

BOARD PUBLIC

Table 2: 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	5 October 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	5 October 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	5 October 2026
Public Health Committee	3 August 2026	
Public Health Committee	1 February 2027	
Staff Governance Committee	25 May 2026	5 October 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

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.
- the overview of Board workshops held and planned for 2026/27, including proposed future workshop topics.

Decision

NHS Board Members are asked to approve:

- the suggested wording for each of the governance committees in relation to the Sub-National Planning work and include the relevant paragraphs within the Role and Function and the Objectives sections of each of the relevant committee terms of references.

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1**, Healthcare Governance Committee minute – 20 April 2026
- **Appendix No 2**, Performance and Resources Committee minute – 25 May 2026
- **Appendix No 3**, Public Health Committee minute – 20 April 2026
- **Appendix No 4**, Staff Governance Committee minute – 1 June 2026

DUMFRIES AND GALLOWAY NHS BOARD**HEALTHCARE GOVERNANCE COMMITTEE**

Minute of the NHS Board Healthcare Governance Committee Meeting held on Monday 20 April 2026 at 9.30am to 12.30pm via Microsoft Teams

Present

Marsali Caig	MCa	Chair/ Non-Executive Board Member
Greg Black	GBI	Non-Executive Board Member
Kim Dams	KDa	Non-Executive Board Member
Gwilym Gibbons	GG	Non-Executive Board Member
Suzanne Hamilton	SH	Non-Executive Board Member
Andrew McFarlane	AM	Non-Executive Board Member
Mark Cook	MC	Non-Executive Board Member
Garry Forsyth	GF	Non-Executive Board Member
Victoria Keir	VK	Non-Executive Board Member

In Attendance

David Rowland	DR	Director of Strategic Planning and Transformation
Sudeep Chatterjee	SC	Director of Digital
Pamela Jamieson	PJ	Workforce Director
Lesley Paterson	LP	Deputy Nurse Director
Lorna Darrie	LDa	Director of Allied Health Professional
Valerie White	VW	Director of Public Health
Nicole Hamlet	NH	Chief Operating Officer
Kelly Addiss	KA	Corporate Business Support Administrator (Minute Secretary)

Apologies

Mark Kelly	MK	Executive Director of Nursing
Julie White	JW	Chief Executive
Gareth Marr	GM	Chief Officer – Health and Social Care

Patient Story – Carers Hub

Clark Adams (CAd), Carer Facilitator joined the meeting.

CAd presented a story from a Carer who provided unpaid care for a family member whilst continuing to work full time. By telling the Carers story in some detail, CAd reported how the Carer became exhausted emotionally and physically and fed back that they would have been lost without the Carers Hub with the Carer continuing to advocate for the Carers Hub.

MCa thanked CAd for sharing the story and asked that the thanks of the Committee be passed on to the carer for being willing to share their story and then opened up for questions.

BOARD PUBLIC

As the Carers Hub is situated within DGRI there was interest in understanding what the Carers Hub capacity looks like in the Community. CAd reported mainly only seeing people when in crisis or when the person requiring the care or the Carer comes into hospital. There are Carers visiting the Carers Hub at DGRI from the Community to talk to someone. CAd is hoping to expand the Carers Hub into the new Community Hubs and has had the go ahead to develop Carers support into the new Newton Stewart, Kirkcudbright, Moffat and Thornhill Health and Social Care Hubs.

MCa agreed to have an offline discussion with CAd to arrange for a longer discussion at a future Healthcare Governance Committee regarding support for Carers and the Carers Hub.

ACTION: MCa

LDa advised this area sits with the Delivering Change Work being undertaken by the Commissioning Team.

DR noted NHS Dumfries and Galloway is a Carers positive organisation whilst recognising there may be Carers who work for the NHS Board and highlighting how important it is to ensure these staff feel supported and feel able to have discussions with their Line Manager about support they need.

The Committee were grateful to CAd for sharing the Carers story and were encouraged that NHS Board's Carers Hub were able to offer support which has had such a positive impact.

ACTION:

- **MCa to discuss with CAd arranging a longer discussion at a future Healthcare Governance Committee regarding support for Carers and the Carers Hub.**

Clark Adams (CAd), Carer Facilitator left the meeting.

1. Apologies for Absence

Apologies for the meeting have been noted above.

2. Declarations of Interest

The Chair asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting. No declarations of interest were noted.

3. Minute of the meeting held on 19 January 2026

The Committee Chair requested an outstanding action from the Minutes be added to the action list for the Infection Prevention and Control mandatory training compliance data to be added into the Performance Management Framework that is being prepared for the Healthcare Governance Committee

ACTION: RD

BOARD PUBLIC

Following the addition of the above action to the Healthcare Governance Committee action list, the minute from the meeting on the 19 January 2026 was accepted as an accurate record.

ACTION:

- **Infection Prevention and Control mandatory training compliance data to be added into the Performance Management Framework that is being prepared for the Healthcare Governance Committee.**

4. Matters Arising

4.1 Review of Action List

LP took members through the Action List, highlighting key updates on the actions since the previous meeting.

- The balance of recognising the mitigations and building relationships with teams and staff with regards to patient safety, reliability of systems and processes and safe care has been included within the Healthcare Quality report being presented at today's the Healthcare Governance Committee. Action closed.
- MK clarified with Mental Health colleagues the figures within the Suicide Prevention work does not include instances of self-harm. Action closed.
- A specific section covering delayed discharges to be included in future Healthcare Quality Reports to Healthcare Governance Committee. Action to remain open.
- With regards to how many people from the region were affected in relation to the Infected Blood Inquiry a response was shared with the Committee. Action closed.
- An update on progress against actions within the Infected Blood Inquiry report has been added to the Healthcare Governance Committee agenda matrix for 1 February 2027. Action closed.
- An update with regards to patient care in unscheduled clinical areas and investment in quality will be provided at today's Healthcare Governance Committee meeting. Action closed.
- MK had enquired if there were any challenges around the new InPhase system within other Directorates of the NHS Board and fed back that there are a few issues, however noting these issues were not only relevant with NHS Dumfries and Galloway but also within other Health Boards. A member of the Team meets weekly with InPhase and NHS Scotland to look at options to resolve the issues. The Committee were made aware the reporting of Adverse Events within the InPhase system is going well. Action closed.

BOARD PUBLIC

- A paper was taken to the 9 February 2026 NHS Board following the publication of the Women's Rights Network Report – How safe are our Scottish Hospitals? noting the Healthcare Governance Committee sought assurance around the preventative measures and reactive measures in place within the NHS Board. Action closed.
- A discussion took place at the Board Management Team in relation to the Corporate Risk '*Failure to be able to staff the unit to national standards resulting in suboptimal care within the Neonatal Unit*' with this risk being transferred from the Corporate Level Risk Register to the Directorate Level Risk Register. Action closed.

4.2 Agenda Matrix 2026/2027

Healthcare Governance Committee Members noted the 2026/2027 agenda matrix.

5. Healthcare Governance Committee Terms of Reference

MCa presented the reviewed Healthcare Governance Committee Terms of Reference to Committee, noting there have been some minor changes made to the document, with the Terms of Reference being brought to today's meeting for review and agreement.

Noted below are some of the key points raised by Committee following this update:

- VW observed the Terms of Reference notes within the list of attendees the Chief Operating Officer/ Chief Officer however these are now 2 separate posts and proposed amending the Terms of Reference to reflect this. The Committee agreed to this amendment.

ACTION: KA

ACTION:

- **The Chief Operating Officer/ Chief Officer roles to be separated under the attendees within the Healthcare Governance Committee Terms of Reference.**

The paper presented a **Significant** level of assurance, which Committee Members accepted as it demonstrates the review of the Terms of Reference in line with the NHS Board's Standing Orders, Scheme of Delegation and Standing Financial Instructions, therefore, it promotes good governance practices.

Healthcare Governance Committee:

- **Confirmed** they are content with all the amendments that have been made to the Terms of Reference and following the separation of the Chief Operating Officer/ Chief Officer roles within the attendees list recommend approval for NHS Board.

6. Healthcare Governance Committee Assurance Statement 2025/26

MCa presented the Annual Healthcare Governance Committee Assurance Statement 2025/26 to Committee noting this was being presented for review and agreement.

Noted below are some of the key points raised by Committee following this update:

- MCo queried the moderate level assurance assigned to the Committee Assurance Statement asking what the reasons are for the assurance not being significant. MCa reflected the Committee would require a number of additional controls to be demonstrated such as more robust data that could be triangulated across various dimensions, and a greater confidence in the Adverse Events process and in particular closing the loop on any learning. MCa agreed to add further clarity to the Statement to explain the moderate level of assurance described.

ACTION: MCa

ACTION:

- **MCa to add wording to the 2025/26 Healthcare Governance Committee Assurance Statement to explain the rationale for the moderate assurance level.**

The paper presented a **Moderate** level of assurance, which Committee Members accepted as it demonstrates that the Healthcare Governance Committee has fulfilled its role in providing assurance to the NHS Board through the activities delegated to them and noted in their Terms of Reference.

Healthcare Governance Committee:

- Agreed for additional wording to be added to the 2025/26 Healthcare Governance Committee Assurance Statement clarifying the reason for moderate assurance and for the amended 2025/26 Healthcare Governance Committee Assurance Statement to be circulated virtually for agreement in order to submit as part of the NHS Board's Governance process.

7. Internal Audit Reports: Progress Updates

7.1 A-12-24 Interpretation and Translation Services

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

EM presented a verbal update on the progress against actions assigned within the Internal Audit Report A-12-24 Interpretation and Translation Services to Committee, noting the following key points as part of the update:

BOARD PUBLIC

- Internal Audit requested further information with regards to the open actions which the team provided and are awaiting confirmation from Internal Audit that they are content to close the actions based on the evidence provided.

Noted below are some of the key points raised by Committee following this update:

- MCA was thoughtful about who provides the Internal Audit updates to Committee meetings and suggested inviting the Chief Internal Auditor to ensure Internal Audit are content with the updates being provided to Committees. GB agreed that it would be helpful and appropriate for the Chief Internal Auditor to present the updates, with the relevant service lead being present to provide any further information. MCA will discuss out with today's meeting with other Committee Chairs to agree a common approach to Internal Audit updates at Committee meetings.

ACTION: MCA

ACTION:

- **MCA to discuss with other Committee Chairs the Internal Audit updates given at Committee meetings and who provides these to agree a common approach.**

Healthcare Governance Committee:

- **Noted** this update.

7.2 A-11-24 Patient Information

EM presented a verbal update on the progress against actions assigned within the Internal Audit Report A-11-24 Patient Information to Committee, noting the following key points as part of the update:

- Internal Audit requested further information with regards to the open actions which the team have provided and are awaiting confirmation from Internal Audit that they are content to close the actions based on the evidence provided.

Healthcare Governance Committee:

- **Noted** this update.

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

8. Internal Audit Reports: New Reports

There have been no new Final Internal Audit reports assigned to the Healthcare Governance Committee since the previous meeting held in January 2026.

9. Internal Audit Reports: Closed Since Last Meeting

The following Internal Audit Report has been closed since the last Healthcare Governance Committee meeting held in January 2026 following confirmation from Internal Audit that all recommendations have been closed:

- A-06-24: Infection Control

Committee:

- **Noted** this update.

10. Healthcare Quality Report

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

LP presented the Healthcare Quality report to Committee, noting the following key points as part of the update:

- there is improvement work underway regarding nutrition and hydration
- an increase in Adverse Events reporting has been seen across the Board, which is positive as the team are keen to promote Adverse Events reporting to ensure people feel safe to report and that learning is being taken
- the Public Protection Team are noting an increase in self-neglect and domestic abuse cases
- complaints are 25% up on this time last year and are up 34% in year
- now moving into the second phase of the InPhase system roll out
- the NHS Board has met the trajectory for Healthcare Associated Infection Clostridioides Difficile Infection and Healthcare Associated Infection Staphylococcus aureus bacteraemia Infection rates within the year
- the Patient Experience Team continue to provide early resolution pathways, to address patient concerns promptly.

Kenneth Donaldson (KDo), Medical Director and Interim Chief Executive Officer joined the meeting.

Noted below are some of the key points raised by Committee following this update:

- MCA requested the following items be added to the Healthcare Governance Committee agenda matrix at an appropriate time once the work is ready to be shared:
 - Pressure ulcer review
 - Scottish Patient Safety Programmes of work
 - Care Assurance (Food, Fluid and Nutrition work)
 - Backlog within the Patient Experience Team (this can be provided as part of an update on Patient Experience more generally)

ACTION: KA

BOARD PUBLIC

Nicole Hamlet (NH), Chief Operating Officer left the meeting.

- there was a reflection that the paper provides assurance of issues being managed with controls being put in place, however it does not provide further detail on what difference is being made as a result. Also, a query was raised as to whether the Committee's risk appetite is correct as the system is operating under significant pressure. LP replied that a lot of the detailed discussion in relation to these items take place at the Quality and Safety Board, noting the Healthcare Quality report will continue to develop and will include more detail and evidence about the impact in future versions
- a request was made for more information in relation to the development of guidance for Senior Managers on managing direct complaint contact, including out of hours. EM reported there has been an increase in complaints, increase in complexity of complaints received and also a bit of an increase in challenging behaviours. Therefore, EM is looking to draft guidance for Senior Managers advising if someone makes contact in relation to patient care to direct them to the Patient Experience Team; this guidance can be shared with Non-Executive Directors for interest when completed as part of future updates to this Committee

ACTION: EM

- LDa Chairs the NHS Board's Nutrition Hydration Steering Group and informed the meeting the group are doing a big piece of improvement work at the moment with volunteers and with Karen Hamilton (Excellence in Care Lead) in relation to food, fluid and nutrition and offered to bring an update paper back to a future Healthcare Governance Committee meeting

ACTION: LDa

Lorna Darrie (LDa), Director of Allied Health Professionals left the meeting.

- EM noted the increase in feedback however this was to be expected given how busy the system is and advising whilst there has been an increase in complaints there has also been an increase in compliments. There are no themes or trends being seen within the feedback being received. EM advised the Patient Experience Team resolves more than 50% of incoming feedback at the front-line whilst highlighting there is a lot of work that goes into the business-as-usual feedback to get to an early resolution.

ACTION:

- **The following items be added to the Healthcare Governance Committee agenda matrix at an appropriate time once the work is ready to be shared:**
 - Pressure ulcer review.
 - Scottish Patient Safety Programmes of work.
 - Care Assurance (Food, Fluid and Nutrition work).
 - Backlog within the Patient Experience Team.

ACTIONS:

- **EM to share Managing Direct Complaint Contact Guidance as part of update to this Committee once completed.**
- **LDa to provide an update on progress in relation to the NHS Board's Nutrition Hydration Steering Group food, fluid and nutrition improvement work as above.**

The paper presented a **Moderate** level of assurance, which Committee Members accepted as an accurate reflection of quality, safety and experience using the Vincent Framework.

Healthcare Governance Committee:

- Took **Assurance** of performance data and key performance indicators that indicate care remains safe with risks being proactively managed.

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

10.1 Infection and Prevention Control Update

A copy of the Infection Control Report which went to the Infection Control Committee in March 2026 was shared with Committee for assurance and was noted.

11. Research and Development Strategy

*Colleen Bowthorpe (CB), Research and Development Manager joined the meeting.
Lyn Durrant (LD), General Manager – Family and Support Services joined the meeting.*

CB presented a verbal update in relation to the Research and Development (R&D) Strategy to Committee, noting the following key points as part of the update:

- the Research and Development Strategy has been drafted and is going through the process for approval
- during 2025 the Research and Development Team set up 61 studies, with 24 studies currently under review
- the team have 25 studies they are actively recruiting to
- a Research Nurse is now in post
- received 183 potential studies last year, with the team submitting an interest in 13 of these studies and awaiting to hear if they can progress with them or not
- developing a Research and Development manual to include all the processes, Standing Operating Procedures and guidance to ensure this is available to staff first hand
- the team are busy promoting 'what is research', how can people get involved and also developing an educational programme.

BOARD PUBLIC

Noted below are some of the key points raised by Committee following this update:

- VW noted that historically, funding from research has gone into the Endowment Fund and queried if going forward this is the right place as it is income generation through for the NHS Board. LDu noted having had a helpful meeting with KDo as the NHS Board Lead for Research and Development, and discussed having a financial protocol in effect to say what income funding goes where
- it was noted that workforce engagement is key in driving the right research and development and the need to balance that with the capacity of the team. LDu reported CB, the Research Nurse and the Research and Development Clinical Lead have set up a Steering Group which has been creating newsletters for promotion purposes. This reflects the need to ensure the team are being realistic about what they can offer and by keeping staff regularly informed so that staff know what opportunities arise and when. CB advised the Research and Development Clinical Lead is working with teams to support them to undertake a lot of the research such as survey questionnaires with broader support for governance arrangements thereafter
- clarity was sought about how connected the NHS Board's Research and Development Team are to the existing Research and Development community within the region. In response CB advised CB is part of the Dunfermline Group which means working alongside other small NHS Boards to learn from them, share experience, share best practice advising the group meets regularly. CB is also in discussions with Glasgow and Edinburgh about how NHS Dumfries and Galloway can work closer with them. CB has also recently met with the University of West of Scotland
- a question was asked in relation to direct costs that are incurred in a clinical trial such as pharmacy time etc and whether these are reimbursed to the NHS Board. CB confirmed this was the case.
- MCa requested when the Final Research and Development Strategy is brought to the Healthcare Governance Committee the paper also includes detail on the operational arrangements as well as information on capacity and innovation

ACTION: CB

- KDo advised MK, KDo and LP met with the University of West of Scotland recently to discuss moving the NHS Board's Research and Development Team to university status.

ACTION:

- **The Final Research and Development Strategy to include more detail on the operational arrangements as well as information on capacity and innovation.**

Healthcare Governance Committee:

- **Noted** this update.

Colleen Bowthorpe (CB), Research and Development Manager left the meeting.

12. Children Receiving Care Out of Region

Item deferred to next meeting.

13. Internal Audit Reports: Progress Updates

13.1 A-03-24 Children's Ward Admissions

LDu presented an update on the progress against actions assigned within the Internal Audit Report A-03-24 *Children's Ward Admissions* to Committee, noting the following key points as part of the update:

- there is a new structure within the Directorate, with key performance indicators now coming up through Directorate Governance process
- further work is taking place around a number of other pathways within Children Ward
- the CAMHS review is complete.

Sudeep Chatterjee (SC), Director of Digital left the meeting.

Noted below are some of the key points raised by Committee following this update:

- With regards to the risk assessment tool, a question was asked if there is a nationally agreed one and LDu confirmed there are mental health tools that are nationally agreed, however there is a need for specific children's ward admission risk assessment and finding the right tool that is fit for those specific children who are admitted to the Children's Ward.

Healthcare Governance Committee:

- **Noted** this update and timescales for recommendations, noting that this Internal Audit still requires to be closed off.

Lyn Durrant (LDu), General Manager – Family and Support Services left the meeting.

14. GPs Shared and Combined Learning Update

Grecy Bell (GBe), Deputy Medical Director joined the meeting.

GBe delivered a presentation in relation to GPs Shared and Combined Learning to Committee, noting the following key points as part of the update:

- a number of GP Practices across the region are training practices, supporting medical students, GP Trainees and other Multi-disciplinary Team members in their development

BOARD PUBLIC

- GPs are Independent Contractors who undertake the responsibility of providing medical services as per the General Medical Services Contract in 2018
- Primary Care Services provide ongoing support to GP Practices and Practice Managers in various aspects
- the reporting of Adverse Events by GP Practices allows GPs to undertake discussions to understand and identify recurring themes and any areas of concern, areas for development, areas for shared learning or areas for improvement
- during the period of April 2025 to March 2026 GP Practices reported 98 Adverse Events incidents in InPhase
- actions taken from Adverse Events include maintaining open and direct communication with all parties involved, notifying and complying with Duty of Candour and providing clear and concise information to determine the appropriate outcome
- GBe and the Primary Care Manager assess any Significant Adverse Event Reviews commissioned by the Patient Safety Group and nominate investigators to take these forward.

Noted below are some of the key points raised by Committee following this update:

- MCA informed GBe of the dedicated session on Adverse Events being arranged for later in the year and suggested it would be useful for GBe to be part of this session
- VW noted this update was predominately in relation to Primary Care Medical Services and queried where updates on shared learning from Adverse Events from Dental and Pharmacy Services are considered. GBe committed to taking this request back to Primary Care Services to prepare an update about other Independent Contractors.

ACTION: GBe

ACTION:

- **GBe to provide an update on shared learning from Adverse Events from other Contractor Services at a future Healthcare Governance Committee. KA to add to Agenda matrix.**

Healthcare Governance Committee:

- **Noted** this update.
- Agreed with a **Significant** level of assurance.

Grecy Bell (GBe), Deputy Medical Director left the meeting.

Lorna Darrie (LDa), Director of Allied Health Professionals rejoined the meeting.

15. Patient Safety Update – Focus on Community Directorate

The following staff from the Community Directorate joined the meeting:

Stephanie Mottram (SM), General Manager

Peter Bryden (PB), Business and Quality Manager

Anne Allison (AA), Lead Nurse

Lynne Mann (LM), Lead Allied Health Professional

Gordon Loughran (GL), Lead Pharmacist

PB, AA and LM presented the Patient Safety Focus on the Community Directorate report to Committee, noting the following key points as part of the update:

- Annan Community Hospital has achieved Gold Standard in Level 3 Care Assurance, with all other Community Hospitals achieving Silver and are within a small margin of also achieving a Gold Standard
- over the last year have amalgamated the Community Treatment and Care (CTAC) service with the NHS Board's Vaccination Team as a test of change to create the Community Treatment and Vaccination (CTAV) service
- work is ongoing to create Community Hubs
- a new Falls Group has started within the Directorate.

Martyn McAdam (MMc), Non-Executive Board Member left the meeting.

Noted below are some of the key points raised by Committee following this update:

- A request was made for more detail about the Framework around Care, and also in relation to the CTAC test of change how long that test of change is. AA advised the Care Assurance process within hospital wards is very well established and over the last 18 months Care Assurance has widened to incorporate more of the multi-disciplinary teams. The Care Assurance is 3 levels; on a weekly basis teams will undertake audits/ checklists around different aspects of care for the patient. Every month to 6 weeks the Nurse Manager will undertake their version of Care Assurance and then annually there is a Level 3 Care Assurance whereby Specialists from different areas will complete a Care Assurance. With regards to the CTAV test of change AA acknowledged whilst this is a test of change the Directorate is hoping to take learning from this forward into other Community hubs across the region. LM explained that NHS Dumfries and Galloway are one of the only places within Scotland that have rolled out Care Assurance across its Allied Health Professional services beyond hospitals

Sudeep Chatterjee (SC), Director of Digital rejoined the meeting.

BOARD PUBLIC

- in relation to the new Falls Group LP asked if this is being replicated across other Directorates and if there is a Board wide Falls Improvement Group to share learning. LM replied the Falls Group is a system wide group. LDa informed the meeting of the intention to create a Long-Term Condition Steering Group by combining all the current Steering Groups looking at long term conditions to be efficient as possible and enable triangulation of all the different pieces of work being undertaken
- a question was asked with regards to the report noting that the work is underway to finish the Community Hubs in May/ June this year and if this means they will be fully functioning then. PB confirmed the physical works will be finished late May/ early June and the Community Hubs will be available from that point with PB already having received interest from different services to use the Community Hubs

Martyn McAdam (MMc), Non-Executive Board Member rejoined the meeting.

- MCA reflected that it would be useful to hear an update on the Community Pharmacy Clinical Strategy later in the year and also for the Committee to receive an update on Energy Limiting Conditions later in the year. MCA noted as this Committee is evolving how it uses key performance indicators and data from reports it would be helpful for the Community Directorate to share their quality key performance indicators once these have been agreed. These items to be added to the Healthcare Governance Committee agenda matrix for later in the year.

ACTIONS: KA and LP

ACTION:

- **An update on the Community Pharmacy Clinical Strategy and also an update on Energy Limiting Conditions to be added to the Healthcare Governance Committee agenda matrix for later in the year (KA).**
- **Relevant and appropriate Community Directorate Quality key performance indicators to be added to the HCG KPI list (LP).**

Healthcare Governance Committee:

- **Noted** this update.

The following staff from the Community Directorate left the meeting.

Stephanie Mottram (SM), General Manager

Peter Bryden (PB), Business and Quality Manager

Anne Allison (AA), Lead Nurse

Lynne Mann (LM), Lead Allied Health Professional

Gordon Loughran (GL), Lead Pharmacist

7.3 A-01-24 Adverse Events Management

Karen Harper (KH), Risk Manager – Risk Lead joined the meeting.

KH presented an update on the progress against actions assigned within the Internal Audit Report A-01-24 Adverse Events Management to Committee, noting the following key points as part of the update:

- there are 2 outstanding actions
- have developed a formal process for dissemination of learning summaries that come out from Significant Adverse Event Reviews
- there is an Actions App available within the InPhase system which the team are exploring the use of.

Noted below are some of the key points raised by Committee following this update:

- clarity was sought about whether if the Actions App was functioning within InPhase this would close the final action. KH noted this would close the action along with caveats that the team will be continually be having to refine the Action App and process.

Healthcare Governance Committee:

- **Noted** this update and timescales for recommendations.

16. Healthcare Governance Committee Corporate Risks Update

MCa and KH presented Healthcare Governance Committee Corporate Risks Update to Committee including presenting an overview of the InPhase Risk system at the meeting, noting the following key points as part of the presentation:

- MCa is keen to use controls that are within the Inphase system and how they are defined as preventative, early detective, late detective or corrective to inform the items on the Healthcare Governance Committee agenda for each meeting to obtain assurances.

The paper presented a **Moderate** level of assurance, which Committee Members accepted as an accurate reflection of the work is ongoing to reduce the likelihood and impact of these corporate risks.

Healthcare Governance Committee:

- **Agreed** that future agendas for Healthcare Governance Committee are structured in such a way that they consider examples in detail from each of the Control Descriptors for each delegated Corporate Risk.
- Took **Assurance** that the use of InPhase offers more rigour to the Committee in its scrutiny role, and that work continues to ensure each Corporate risk has an adequate control approach and which is an iterative process.

BOARD PUBLIC

Karen Harper (KH), Risk Manager – Risk Lead left the meeting.

Deep Dive into Risks:

17.1 Patient Care in Unscheduled Clinical Areas and Investment in Quality Nursing Establishments

*The following staff from the Acute and Diagnostics Directorate joined the meeting:
Lesley White (LW), Clinical Nurse Manager
Callum Ambridge (CAm), General Manager*

CAM and LW provided a verbal update in relation to Patient Care in Unscheduled Clinical Areas and Investment in Quality Nursing Establishments Update to Committee, noting the following key points as part of the update:

- where Patient Care in an Unscheduled Clinical Areas occurs, this is managed through the Site Escalation Plan
- this type of care predominately occurs within the Emergency Department and Acute Medical Unit with both these areas having a Standing Operating Procedure for escalations and risk assessment documents alongside this
- point in time decision making may decide this type of care is not right at that time due to the patient needs and staffing capacity. This involves discussions between the Site Managers, the Nurses in Charge, Emergency Department and Acute Medical Unit
- it currently is not possible to record how many patients have received care in unscheduled clinical areas.

Noted below are some of the key points raised by Committee following this update:

- Detail was sought on the improvements arising from the Fire Break Week. CAM replied there was additional resource put in for a brief period of time, Multi-Disciplinary Team working was really beneficial and linking up between the Interface Hub and the Multi-Disciplinary Team was really important. Also reinforcing Planned Date of Discharge, Criteria Led Discharge and Discharge Boards that are in areas. CAM offered to come back to a later Healthcare Governance Committee to provide more detail following more thorough exploration of the learning from Fire Break week

ACTION: CAm

- VW reflected it would be helpful to try and understand what the challenges are in being able to record when someone is receiving Patient Care in Unscheduled Clinical Areas as having this data feels important for a range of reasons
- a question was asked if there was any data on the reduction in the working week and whether this has had or could impact patient care in unscheduled clinical areas. LW responded as to not having felt the full impact as yet as it is too early since the reduction in working hours came in, however have plans in place to mitigate this risk.

ACTION:

- **CAM to provide more detail following the recent Fire Break week to a future Healthcare Governance Committee.**

Healthcare Governance Committee:

- **Noted** this update.

*The following staff from the Acute and Diagnostics Directorate left the meeting:
Lesley White (LW), Clinical Nurse Manager
Callum Ambridge (CAm), General Manager*

17.2 Value Based Health and Care/ Realistic Medicine Update

Ewan Bell (EB), Associate Medical Director joined the meeting.

EB provided a verbal update with regards to Value Based Health and Care/ Realistic Medicine Update to Committee, noting the following key points as part of the update:

- Submitted an end of year report to the Scottish Government Realistic Medicine Policy Team
- on the back of the annual report submission to the Scottish Government the team were able to secure funding for the 2026/27 financial year to support the Project Management Officer and Clinical Director
- the Deputy Chief Medical Officer visited DGRI in March and listened to presentations from right across the whole system. Following this the team received a letter from the Deputy Chief Medical Officer with very positive feedback
- the Deputy Chief Medical Officer sought more information on the TrEADS work, which is an escalation realistic medicine course that is unique to NHS Dumfries and Galloway, and the Deputy Chief Medical Officer is keen for other Health Boards to look at the work NHS Dumfries and Galloway are doing with regards to this.

Noted below are some of the key points raised by Committee following this update:

- MCA queried if there was an annual report on Value Based Health and Care. EB replied there was not an annual report at the moment however offered to produce an annual report and bring to the Healthcare Governance Committee Annual Report dedicated day

ACTION: EB

- KDo offered thanks to EB and the teams for all the work they have done within the realistic medicine space. KDo highlighted value based health and care is core to how we deliver in clinical services going forward.

ACTION:

- **Value Based Health and Care/ Realistic Medicine Annual Report to be added to the Healthcare Governance Committee agenda matrix for the dedicated Annual Report day.**

Healthcare Governance Committee:

- **Noted** this update.

17.3 Access to NHS Dental Services Update

Following the detail on this Risk provided in the papers for item 16, VW added the following key points as part of the update:

- Steering Dental Group took place last week, with feeling that the risk score could be reduced slightly as the situation is more stable whilst acknowledging more requires to be done
- there are number of mitigations in place including providing emergency care and a single course of treatment available for anyone unregistered being provided at:
 - Gardenhill Dental Centre which is open 5 days a week.
 - Galloway Dental Clinic at the Galloway Community Hospital which is open 2 days a week for the single course of treatment with emergency care available most days of the week
 - Dumfries Dental Centre through the Student Outreach Clinics.
- the Public Dental Service is operating well, the challenge is around Therapy Tutors to run the Therapy School with the team looking at working with University of Highlands and Islands and NHS Education for Scotland to create a sustainable teaching facility in the area.

Healthcare Governance Committee:

- **Noted** this update.

18. Reflection at the end of Committee and Agree Items for Escalation to NHS Board

MCa suggested the following items should be placed into the new triple A report for the next NHS Board:

- Further focus and assurance on the work of the Carers Hub and support for carers.
- Further focus and assurance on the following items at an appropriate time:
 - Pressure ulcer review
 - Scottish Patient Safety Programmes of work.
 - Care Assurance (Food, Fluid and Nutrition work)
 - Patient Experience Team capacity in context of increasing demand

BOARD PUBLIC

- Focus and assurance on Adverse Events at a dedicated session later in the year.
- Noting that the physical works for the new Community Hubs will be finished late May/ early June and the Community Hubs will be available from that point with a number of services noting an interest in using these facilities.
- Positive feedback from the Deputy Chief Medical Officer in relation to the Value Based Health and Care/ Realistic Medicine programme, including the Deputy Chief Medical Officer being keen for other Health Boards to look at the TrEADS training, which is a realistic medicine course and is unique to NHS Dumfries and Galloway.
- Positive but limited progress being made in relation to Access to NHS Dental Services.

19. Any Other Business

There were no AOB items.

Date and Time of Next Meeting

The next meeting of the Healthcare Governance Committee will be held on Monday 3 August 2026 at 9.30am to 12.30pm via Microsoft Teams.

DUMFRIES AND GALLOWAY NHS BOARD**Performance and Resources Committee**

Minutes of the Performance and Resources Committee meeting held on Monday 25 May 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
Andrew McFarlane	AMcF	Non-Executive Board Member
Marsali Caig	MCa	Non-Executive Board Member
Mark Cook	MCo	Non-Executive Board Member

In Attendance

Tim Bennett	TB	Interim Director of Finance
Keith Dickinson	KDi	Director of Finance
Nicole Hamlet	NH	Chief Operating Officer
Gareth Marr	GM	Chief Officer of the Integration Joint Board/ Health and Social Care Partnership
David Rowland	DR	Director of Strategic Planning and Transformation
Valerie White	VW	Director of Public Health
Kenneth Donaldson	KDo	Medical Director
Pamela Jamieson	PJ	Workforce Director
Laura Geddes	LG	Corporate Business Manager

Apologies

Sudeep Chatterjee	SC	Director of Digital
Suzanne Hamilton	SH	Non-Executive Board Member

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 9 March 2026

The minutes from the previous meeting held on 9 March 2026 were approved by Committee.

BOARD PUBLIC

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.

- An update on progress with regards to the implementation of the Patient Level Information and Costing System and how other Health Boards use this data across their organisation to be brought back to a future Performance and Resources Committee. Action to remain open.

Martyn McAdam (MMcA), Non-Executive Board Member joined the meeting.

4.2. Performance and Resources Committee Agenda Matrix 2026/27

Performance and Resources Committee noted the agenda matrix for the meetings held in 2026/27.

MCa advised following a discussion at the NHS Board's Risk Executive Group the *Corporate Risk ID 2940 – Patients may come to harm as a result of a delay in their discharge process or as a result of service capacity issues* has been removed from the Performance and Resources Committee remit and is now aligned to the Healthcare Governance Committee to oversee and manage.

5. Performance and Resources Committee Assurance Statement 2025/26

GF and NH presented the Performance and Resources Committee Assurance Statement 2025/26 to the Committee, highlighting the key points, including:

- The 2025/2026 Performance and Resources Committee Assurance Statement is presented with a moderate level of assurance of how the Committee has operated over the year. This is reflective of the ongoing financial and performance challenges that have been seen over the last 12-month period.

Performance and Resources Committee:

- **Approved** the Performance and Resources Committee Annual Report and Assurance Statement for 2025/26.
- Agreed with a **Moderate** level of assurance.

8. Update on Planned Care Performance

NH provided a verbal update on Planned Care Performance to the Committee, highlighting the key points, including:

- The NHS Board are still in discussions with the Scottish Government about what the trajectories and targets are for this year.

BOARD PUBLIC

- A letter was received from the Scottish Government advising NHS Dumfries and Galloway had to maintain the levels of activity in quarters one and 2 to the same as what was in quarter 4 of last year, with confirmation that the NHS Board have been able to maintain the activity levels whilst awaiting final funding confirmation.
- NHS Dumfries and Galloway have submitted trajectories to the Scottish Government for the current financial year to maintain the Scottish Government's target of no one waiting over 52 weeks for a new outpatient's appointment or for a day case/ inpatient.

Noted below are some of the key points raised by Committee following this update:

- It was reflected the main pressure 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 has been Orthopaedics with a question asked if there were any emerging pressures that would add to this? NH replied the main challenge is around demand noting the Board's outpatient waiting list has increased by around 30%. NH is working with GM and the team to look at what can be done around early intervention and prevention for example the Active Lives Pathway. NH remarked the challenges around Orthopaedics is not specific to Dumfries and Galloway and is Scotland wide.
- With regards to the Sub-National Planning and Delivery structure a query was raised if there are any risks or opportunities for NHS Dumfries and Galloway within this work? NH replied NH is part of the Sub-National West Structure to ensure that NHS Dumfries and Galloway do not lose out on any opportunities.

Performance and Resources Committee:

- **Noted** this update.

6. Annual Not for Profit Distribution (NPD) – Private Finance Initiative (PFI) Contract Monitoring Update

Janette Park (JP), Estates Manager joined the meeting.

JP presented the Annual Not for Profit Distribution (NPD) – Private Finance Initiative (PFI) Contract Monitoring Update to the Committee, highlighting the key points, including:

- Work is continuing with the life cycle handover and life cycle work of the Cresswell wing, and the NHS Board continues to liaise with NHS Scotland Assure's Property, Sustainability and Capital Planning Team and has completed the first stage of the Hand back Readiness Review (HRR).
- There was a requirement for a new substation with this now having been received and will be implemented in the coming weeks.

BOARD PUBLIC

- A hospital wide passive fire stopping survey is currently underway within DGRI which has been progressing well.
- Annually, High Wood Health procure an Independent Health and Safety Auditor, with the Board's Health and Safety Team and Estates Team also invited to participate in this audit. It was reported there was nothing of concern noted.

Noted below are some of the key points raised by Committee following this update:

- MCA asked to have a discussion out with today's meeting with JP with regards to future annual updates and to ensure that the Healthcare Governance Committee receives updates on quality and safety, with the Performance and Resources Committee receiving updates on finances and logistics.

Performance and Resources Committee:

- **Noted** the ongoing work in relation to both contracts – DGRI in its 9th year and the Cresswell PFI in its 24th year.
- Took **Assurance** that the contracts in place have a foundation on statutory compliance, compliance with all relevant legislation, policy to meet Board objectives.
- Agreed with a **Moderate** level of assurance.

7. Residencies Annual Report 2025/26

JP presented the 2025/2026 Residencies Annual Report to the Committee, highlighting the key points, including:

- A new Accommodation Policy came into effect on 1 April 2026.
- The team worked with a local Surveyors who gave an indication of what a reasonable rate is for accommodation which has now been applied across the Board.
- There is an Operational Group and a Steering Group, with KDo moving from the Operational Group to look after the main Steering Group going forward.

Noted below are some of the key points raised by Committee following this update:

- NH acknowledged the large amount of work undertaken by JP and the Estates Team in relation to the NHS Board's accommodation, whilst recognising there is still a long way to go. There are a number of key performance indicators being developed for residencies/ accommodation and these will be included in future reports to this Committee in terms of performance and assurance.

BOARD PUBLIC

Performance and Resources Committee:

- **Noted** the significant progress made in strengthening the management of the Board's residential accommodation over the reporting period. This includes the completion of key audit actions, the operational improvements now embedded, and the further work underway to enhance governance, quality, and compliance across the residential portfolio.
- Agreed with a **Moderate** level of assurance.

Janette Park (JP), Estates Manager left the meeting.

9. Update on Unscheduled Care Performance

Sue McDicken (SMcD), Project Manager – Unscheduled Care joined the meeting.

NH and SMcD presented an update on Unscheduled Care Performance to the Committee, highlighting the key points, including:

- The NHS Board are awaiting confirmation of funding for this financial year for the NHS Board's agreed performance trajectories from the Scottish Government.
- The Centre for Sustainable Delivery (CfSD) has undertaken an extensive discovery and system-wide engagement to better understand the core challenges and opportunities within unscheduled care across Scotland. This work has combined national policy evidence, local data analysis, frontline clinical engagement, and in-depth board visits to identify where meaningful improvements in patient flow and care quality can be achieved.
- From this work CfSD has identified 10 priority areas of focus for unscheduled care, structured into coherent 'Buckets' that Boards can use to diagnose issues, priorities actions and track improvements. A key enabler through that is timely local relevant data including benchmarking, leverage point analysis and new dashboard to support operational, tactical and strategic decision making.
- All Health Boards received an e-mail jointly from CfSD and Scottish Government at the end of March 2026 including a pack which set out the request for Board to develop and refine their unscheduled care plans for the coming year and which would reference the top 10 highest impact areas. This was completed and submitted ahead of the 1 May 2026 deadline.
- To support Health Boards to complete the planning template, CfSD held a planning webinar on 13 April 2026, with a number of key points as follows:
 - CfSD are looking at a whole system understanding of unscheduled care, with analysis covering the entire patient journey.
 - There should be strong alignment with national strategy, with findings aligning with the National Unscheduled Care Strategy.
 - Undertake extensive engagement and intelligence gathering.
 - Identified data as a core improvement tool, with CfSD developing a few dashboards and analytical resources to help the Board's team understand system variation and opportunities for impact.

BOARD PUBLIC

- The top 10 priority focus areas for unscheduled care are as follows:
 - Whole-System Governance, Clinical Leadership and Data Intelligence
 - Responsive Operational Management
 - Community Access to Urgent and Unscheduled Care
 - Flow Navigation Centres (FNCs)
 - Zero-Day Stay Pathways
 - Short-Stay Acute Pathways covering rapid assessment, investigation and observational medicine
 - Frailty Pathways
 - General Internal Medicine (GIM)
 - Hospital at Home
 - Virtual Wards
- The 'Buckets' will support Health Boards to identify accountable leadership, manage interdependencies between the workstreams and help phase delivery in a way that is realistic, coherent and aligned to the overall unscheduled care planning process.
- The local team will look to embed the CfSD dashboards into routine governance and performance, which has already been started via the local Unscheduled Care Steering Group.
- As part of CfSD's commission from the Scottish Government they will maintain active engagement with the local team and will support to maintain momentum to see sustained impact and progress.
- The local team will continue to participate fully in the national programme to ensure the voice of NHS Dumfries and Galloway is heard and can learn from others but also share learning and successes with others.

Noted below are some of the key points raised by Committee following this update:

- A question was asked if from this work the local team have been able to identify anything that suggests NHS Dumfries and Galloway are significantly out of some of the staffing configurations that have taken place, and which would be an opportunity to feed into the financial work being undertaken by Ernst and Young. SMcD replied the NHS Board are perhaps an outlier in terms of its Care of the Elderly Consultant complement compared to the rest of Scotland. TB advised there are a series of workshops being arranged with Ernst and Young with relevant colleagues to look at specific areas with one being this particular area.
- With regards to the 'Buckets' it was noted one of the key enablers is clinical governance, with a request for more detail on what this may mean for NHS Dumfries and Galloway. SMcD replied in terms of what might change, it is really about ensuring that any new or revised pathways or service changes that are made have clinical governance and assurance around it.

BOARD PUBLIC

- VW reflected it would be good to include in future presentations some of the pieces of work that have come up through Delivering the Change and maybe even asking the staff who have come up with the change idea and embedded the change if they would be keen to present to the Performance and Resources Committee. SMcD agreed this would be a great thing to do.

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

- The Committee Chair requested a staff story in relation to Delivering the Change be added to the Performance and Resources Committee agenda matrix for over the course of the next 12 months.

ACTION: KA

ACTION:

- **Staff story in relation to delivering the change to be added to the Performance and Resources Committee agenda matrix for over the course of the next 12 months.**

Performance and Resources Committee:

- **Noted** this update.

Sue McDicken (SMcD), Project Manager – Unscheduled Care left the meeting.

10. Performance and Resources Summary Report

GN presented the Performance and Resources Summary report to the Committee, highlighting the key points, including:

- The report includes 31 Key Performance Indicators which are the Performance and Resources Committee's areas of focus.
- The finance indicators are not yet included as awaiting the Financial Recovery Plan to identify what the areas of focus will be.
- Of the 31 Key Performance Indicators within the report 9 are meeting or exceeding the improvement targets, 9 show performance is below target or services are experiencing increases in demand and the remaining 13 are in line with the anticipated levels of activity post-pandemic.
- The 4-hour waiting time in the Emergency Department at DGRI significantly improved between February and the end of March.
- Other areas of significant improvement include the significant drop in the number of people waiting over 52 weeks for both outpatient appointments and for planned care treatment and procedures, and also the continued improved position within Psychological Therapies with waiting times significantly improving and also the waiting list also decreasing over the same period.

BOARD PUBLIC

Noted below are some of the key points raised by Committee following this update:

- GM noted the need to be clear that flow has a significant impact on the NHS Board's performance.
- A questions was asked with regards to the decrease in performance for the 12 Week First Outpatient Appointment target and if the specialities involved are known? NH replied that there has been significant growth and demand for outpatients with NH in discussions with colleagues from NHS Forth Valley to take learning from their outpatient activity redesign which has seen an improvement within their outpatient trajectories.

Performance and Resources Committee:

- Took **Assurance** that the performance information reported in the Summary Performance Report accurately reflects service delivery and climate sustainability performance of NHS Dumfries and Galloway.
- Agreed with a **Moderate** level of assurance.

11. Annual Delivery Plan 2025/26 Update

GN presented the Annual Delivery Plan 2025/26 Update to the Committee, highlighting the key points, including:

- The update includes information from last quarter of the 2025/26 year.
- Of the 72 actions that were initially agreed in the Annual Delivery Plan this time last year 6 were suspended due to national funding arrangements, 5 were suspended due to local financial resource or operational reasons, 17 were complete and 44 require consideration to be carried forward into the 2026/27 Annual Delivery Plan.
- The 2026/27 Annual Delivery Plan is currently in development and due to be taken to the June NHS Board and will have the actions aligned with the Board's Statement of Strategic Intent, National Policy Directions including those with the Sub-National focus and also aligned to the Integration Joint Board Directions that are currently relevant.

Noted below are some of the key points raised by Committee following this update:

- The Committee Chair acknowledged the huge amount of work that has gone into the 2025/26 Annual Delivery Plan whilst highlighting the need for a more refined scope going into this year's plan. DR was in agreement noting there is a clear steer about not over committing and being sensible with the actions within this year's Annual Delivery Plan.
- A question was asked if the Annual Delivery Plan captures the NHS Board's financial recovery plan. DR confirmed financial measures were asked for along with ensuring the actions are linked to the Financial Recovery Board's approved financial recovery plan.

BOARD PUBLIC

Performance and Resources Committee:

- Took **Assurance** of progress in delivering actions agreed in the Annual Delivery Plan 2025/26.
- **Agreed** to 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.

12. Performance and Resources Corporate Risks Update

NH presented an update regarding Performance and Resources Corporate Risks to the Committee, highlighting the key points, including:

- Discussions are to take place around how Committees manage the risks within the Committee structure and having a standardised approach.

Performance and Resources Committee:

- **Noted** this update.

13. Financial Recovery Plan Update

TB presented the Financial Recovery Plan Update to the Committee, highlighting the key points, including:

- NHS Dumfries and Galloway delivered an overspend of £22.6m as at month 12, which is a £1.4m improvement over the forecast from month 11.
- There will be more work undertaken within the coming months to look at in detail in terms of how financial forecasting is done within the organisation.
- Workstream one which was led by the Chief Operating Officer was tasked with driving delivery of the savings target and achieved just over £16m of savings during the year.
- The NHS Board are working closely with Ernst and Young (E&Y) to finalise the financial baseline to give a 3-year projection going forward as to what happens under various scenarios and to know how the deficit is likely to change over that 3-year period.
- The Finance Team are also working with E&Y on a number of workshops involving operational and clinical leads with the first workshop due to take place in early June 2026.

Noted below are some of the key points raised by Committee following this update:

- The Committee Chair acknowledged the savings achievement in 2025/26 and thanked all the staff who were involved in delivering this.
- It was reflected there was a financial variation projected in month 12, with assurance given to the Committee that work will be taken forward to improve on this for next year.

BOARD PUBLIC

Performance and Resources Committee:

- Took **Assurance** and noted the updates included for oversight and monitoring of the financial position and financial recovery plan.
- Agreed with a **Moderate** level of assurance.

14. Future of Financial Recovery Board

TB presented the Future of the Financial Recovery Board paper to the Committee, highlighting the key points, including:

- The Financial Recovery Board was created to ensure that the NHS Board are developing plans to get the NHS Board back to a sustainable financial position and to ensure that the financial position and financial performance expected is achieved. Also, once the NHS Board is back to financial balance that this is maintained over a period of time.

Noted below are some of the key points raised by Committee following this update:

- A comment was made on the paper and not seeing where the impact on quality and safety is considered and queried whether there is a need to revisit the risk appetite on quality and safety. TB agreed noting the Financial Recovery Board will need to ensure it has the right project governance structure that includes quality impact assessments of all the project plans, and any issues or concerns are escalated to the appropriate meeting.
- The Committee Chair observed during previous discussions following the NHS Board's escalation to the Scottish Government's Stage 3 of the NHS Scotland Support and Intervention Framework there was an understanding that Non-Executive Board Members could attend the Financial Recovery Board, however this paper details the Non-Executive Board Members involvement is purely through this Committee. TB referenced the financial workshops that have been and are continuing to be held along with the informal financial sessions held with the NHS Board, however acknowledged there is a need for a more formal ongoing basis by which Non-Executive Board Members can be assured of what is happening and committed to discussing with KDi about what this would look like.

ACTION: TB/ KDi

ACTION:

- **TB and KDi to discuss a more formal basis ongoing by which Non-Executive Board Members can be assured of what is happening with regards to the Financial Recovery Plan and the Financial Recovery Board.**

Performance and Resources Committee:

- **Noted** this update.
- Agreed with a **Moderate** level of assurance.

BOARD PUBLIC

15. Procurement Strategy Key Performance Indicators – 2025/26

Jane Redfern (JR), Interim Deputy Director of Finance joined the meeting.

JR presented the 2025/26 Procurement Strategy Key Performance Indicators to the Committee, highlighting the key points, including:

- The paper provides assurance around the processes for managing the Service Level Agreement the NHS Board has with the National Distribution Service for much of the NHS Board's procurement and supplies.
- The Procurement Team recently attended a local Suppliers event where the team are encouraging Suppliers in the area to work with the NHS Board and become suppliers.
- The 30-day payment performance target was met for the year, however the team are not meeting the 10 day payment performance target with work ongoing to understand the barriers to meeting this target.

Noted below are some of the key points raised by Committee following this update:

- VW reflected the team engaging with local traders is a key part of the NHS Board's Anchor Plan.
- A comment was made around the need to think about net zero the next time the Procurement Strategy Key Performance Indicators are agreed.
- MCa asked for clarity on the figures within *Target 5 – Number of local Regulated Procurements where the awarded supplier is committed to paying the real living wage*. JR agreed to find out clarification between the numbers in target 5 and feedback.

ACTION: JR

- An observation was made of the number of local suppliers and locally run regulator procurement having both gone up over the year and this being positive in terms of building the local infrastructure to support this and the importance of an Anchor Organisation.

ACTION:

- **JR to provide clarification with regards to the figures for the Procurement Strategy Target No. 5 – *Number of local Regulated Procurements where the awarded supplier is committed to paying the real living wage*.**

Performance and Resources Committee:

- Took **Assurance** of achievement of the targets set within the procurement strategy.
- Agreed with a **Moderate** level of assurance.

Jane Redfern (JR), Interim Deputy Director of Finance left the meeting.

BOARD PUBLIC

16. Integration Joint Board Directions Update

GM provided a verbal update with regards to the Integration Joint Board Directions to the Committee, highlighting the key points, including:

- There is work ongoing to rationalise the scheme of integration.
- The Integration Joint Board (IJB) will put funding against the directions, therefore if there is a change in how the IJB want to commission, they will have to detail where the funding will come from.
- A review of the service level metrics is underway to understand the impact on people and people in the community from the directions that were given.

Performance and Resources Committee:

- **Noted** this update.

17. 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

18. Internal Audit Reports: Progress Update

18.1 A-10-23 Mental Health Waiting Times

Justin Murray (JM), General Manager – Mental Health, Psychology, Intellectual Disability, Specialist Drug and Alcohol, and Prison Health Care services joined the meeting.

JM presented an update on progress against actions assigned within the Internal Audit Report A-10-23 Mental Health Waiting Times, highlighting the key points, including:

- The MORSE system is fully implemented within the Psychology Department, however other areas are only partially implemented.
- The Psychology Department are reporting well and have reduced their waiting times based on the reports that come out of MORSE.
- The Mental Health Directorate now have access to self-service data in PowerBI and also have dashboards within InPhase which can be used for risk management.
- Following a review of the Community Mental Health Team Operational Policy there was a discussion by the Mental Health Management Team around potentially recategorising the document as an Operational Guidance or Framework. JM to discuss with LG out with today's meeting to review the document development checklist to understand which narrative fits best with the overall document.

BOARD PUBLIC

- The Internal Audit Team have been reviewing the Mental Health Directorate's governance and performance structures and will provide a report by the end of June 2026 with some guidance and recommendations to implement.

Committee:

- **Noted** this update and timescales for recommendations.

Justin Murray (JM), General Manager – Mental Health, Psychology, Intellectual Disability, Specialist Drug and Alcohol, and Prison Health Care services left the meeting.

19. **Internal Audit Reports: New Reports**

There have been no new Final Internal Audit reports assigned to the Performance and Resources Committee since the previous meeting held in March 2026.

20. **Internal Audit Reports: Closed Since the Last Committee**

There have been no Internal Audit reports assigned to the Performance and Resources Committee that have been closed since the previous meeting in March 2026.

21. **Reflection at End of Committee and Agree Items for Escalation to NHS Board**

GF suggested the following items for escalation to the next NHS Board:

- A reflection of the work ongoing within unscheduled care including the local team continuing to participate fully in the national programme to ensure the voice of NHS Dumfries and Galloway is heard and can learn from others and also share learning and successes with others.
- There is work ongoing with regards to the redesign of outpatients including discussions with colleagues from NHS Forth Valley to take learning from their outpatient activity redesign which has seen an improvement within their outpatient trajectories
- The Procurement Key Performance Indicators and the 30 day payment performance target was met for the year, however the team are not meeting the 10 day payment performance with work ongoing to understand the barriers to meeting this target the 10-day payment performance.

The Procurement Team are attending local Suppliers event where the team are encouraging Suppliers in the area to work with the NHS Board and become suppliers.

BOARD PUBLIC

22. AOCB

There were no AOCB items.

23. Date and Time of Next Meeting

The next meeting of the Performance and Resources Committee will be held on Monday 14 September 2026 at 1.30pm to 4.30pm via Microsoft Teams.

DUMFRIES AND GALLOWAY NHS BOARD**Public Health Committee**

Minutes of the Dumfries and Galloway NHS Board Public Health Committee meeting held on Monday 20 April 2026 at 1.30pm to 4.30pm via Microsoft Teams

Present:

Gwilym Gibbons	GG	Chair/ Non-Executive Board Member
Garry Forsyth	GF	Non-Executive Board Member
Suzanne Hamilton	SH	Non-Executive Board Member
Andrew McFarlane	AMcF	Non-Executive Board Member
Mark Cook	MCo	Non-Executive Board Member
Kim Dams	KDa	Non-Executive Board Member
Greg Black	GB	Non-Executive Board Member
Marsali Caig	MCa	Non-Executive Board Member

In Attendance:

Valerie White	VW	Director of Public Health
Gareth Marr	GM	Chief Officer
Stephen Jack	SJ	Lifelong Learning Manager
David Rowland	DR	Director of Strategic Planning and Transformation
Kelly Addiss	KA	Corporate Business Support Administrator (Minute Secretary)

Apologies:

Tim Bennett	TB	Interim Director of Finance
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1. Apologies for Absence

Apologies for the meeting have been noted above.

2. Declarations of Interest

The Chair asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting. No declarations of interest were noted.

3. Minute from Previous Meeting – 19 January 2026

The minute from the last meeting held on 19 January 2026 was accepted as an accurate record.

BOARD PUBLIC

4. Matters Arising

4.1 Action List

VW presented the Actions List noting a number of actions were addressed via papers presented today.

- The Chair of the Public Health Committee escalated the issue and concern around the number of people smoking outside NHS Premises to the 9 February 2026 Public NHS Board meeting. Action closed.
- The Alcohol and Drugs Partnership Implementation Plan: Dumfries and Galloway Lived Experience Pathway was shared with Public Health Committee. Action closed.

Victoria Keir (VK), Non-Executive Board Member joined the meeting.

- An update on the Community Wealth Building Act including any implications for NHS Dumfries and Galloway is on the Public Health Committee agenda matrix for the 3 August 2026 meeting. Action closed.

Kenneth Donaldson (KDo), Medical Director/ Interim Chief Executive Officer joined the meeting.

4.2 Agenda Matrix 2026/2027

Public Health Committee Members noted the 2026/2027 agenda matrix.

VW highlighted a date has yet to be agreed for the Public Health Committee Workshop this year suggesting the Population Health Organisation maturity matrix could be one of the items for discussion at the Workshop and asking Committee Members to have a think about any items they would like to include at the Workshop and to feed these back to VW.

5. Public Health Committee Terms of Reference

VW presented the reviewed Public Health Committee Terms of Reference to the Committee, highlighting the key points, including:

- As the Chief Operating Officer and the Chief Officer are now separate posts these have been split on the list of attendees within the Terms of Reference.
- Updated the wording within the Terms of Reference in relation to the Public Health Committee having a level of oversight in relation to the expectations of the Population Health Organisation.

BOARD PUBLIC

Noted below are some of the key points raised by Committee following this update:

- MCo queried if there is likely to be any Scotland East or West influence that the Public Health Committee may need to take into account during the next 12 months? VW agreed this was a helpful point, noting the need to also look at other Committee's Terms of Reference to include generic wording in light of sub-national planning structures and offered to work with Laura Geddes – Corporate Governance Manager to add some standard wording within all Committee Terms of Reference.

ACTION: VW

- SJ suggested making reference to the Community Empowerment Act within the Terms of Reference. VW agreed to make the requested amendments to the Public Health Committee Terms of Reference and will arrange for the updated version to be circulated to Committee by e-mail for agreement.

ACTION: VW

Nicole Hamlet (NH), Chief Operating Officer joined the meeting.

ACTIONS:

- **VW to work with Laura Geddes to include generic wording to all NHS Board Governance Committee's Terms of Reference in light of sub-national planning structures.**
- **VW to make reference to the Community Empowerment Act within the Public Health Committee Terms of Reference and circulate the updated version including all changes to the Committee by e-mail for agreement.**

This paper was presented as providing a **Significant** level of assurance, which Committee accepted as it demonstrates the review of the Terms of Reference in line with the NHS Board's Standing Orders, Scheme of Delegation and Standing Financial Instructions, therefore, it promotes good governance practices.

Public Health Committee:

- **Confirmed** they are content for the changes noted above to be made within the Terms of Reference and for these to be circulated virtually for agreement prior to recommending approval for NHS Board.

6. Draft Public Health Committee Assurance Statement 2025/2026

VW presented the draft 2025/2026 Public Health Committee Assurance Statement to the Committee, highlighting the key points, including:

- The 2025/2026 Public Health Committee Assurance Statement is presented with a significant level of assurance of how the Committee has operated over the year.

BOARD PUBLIC

- Have seen an improvement on the scale rating within the responses received from the Annual Committee Members survey.

This paper was presented as providing a **Significant** level of assurance, which Committee accepted as it demonstrates that the Public Health Committee has fulfilled its role in providing assurance to the NHS Board through the activities delegated to them and noted in their Terms of Reference.

Public Health Committee:

- **Approved** the Committee Assurance Statement for 2025/26 for submission as part of the NHS Board's Governance process.

7. Corporate Risks Update

VW provided a verbal update with regards to the Public Health Corporate Risks to the Committee, highlighting the key points, including:

- At the previous Public Health Committee, the meeting was informed of a recommendation to merge the Population Health and Inequalities Corporate Risks as it was realised a lot of the controls were very similar. This work is now in progress, and an update will be brought to the August 2026 Public Health Committee once the statement of Strategic Intent and ADP actions are finalised.

Public Health Committee:

- **Noted** this update.

8. Vaccination Annual Report 2025/2026

Keith Allan (KAI), Consultant in Public health joined the meeting.

Carol Bell (CB), Community Treatment and Care Delivery Team Lead joined the meeting.

Gemma Stewart (GS), Immunisation Specialist Nurse joined the meeting.

KAI presented the Vaccination Annual Report 2025/2026 to the Committee, highlighting the following key points:

- Performing well against national averages and targets for all vaccinations.
- Delivered approximately 255,000 vaccinations across the region over the year.
- A lower uptake of winter vaccinations was seen amongst Health and Social Care staff with a national questionnaire being used to identify any barriers.
- The Vaccination Team have migrated into the Community Health and Social Care Directorate where delivery of routine vaccinations has been undertaken by the Community Treatment and Care (CTAC) service, with scheduling, clinical and public health support provided within the Public Health Directorate.

BOARD PUBLIC

- Flu vaccination continue to demonstrate inequalities in uptake both locally and nationally.
- The SIMD gradient for Respiratory Syncytial Virus (RSV) vaccination for people turning 75 years old is not as pronounced as other areas.
- There is widespread access to vaccination clinics across Dumfries and Galloway, also the team are targeting resources from Scottish Ambulance Services to pinpoint lower uptake areas and to put in additional support.
- NHS Dumfries and Galloway were the second top performing mainland NHS Board for flu vaccinations in adults during the 2025/26 winter period.
- Focus on increasing early uptake of Human Papilloma Virus (HPV) vaccination is ongoing and a National Cervical Cancer elimination plan is due for publication which will further increase focus on this area.

Pamela Jamieson (PJ), Workforce Director joined the meeting.

Noted below are some of the key points raised by Committee following this update:

- VW was grateful of the smooth transition of the Vaccination Team into the Community Directorate and noted the Vaccination Team have undertaken a lot of work in terms of preparation for the new IT system for the Child Health Surveillance Programme. VW reiterated vaccination is an important primary preventative measure and the need to ensure continued focus on maintaining and increasing uptake.
- A question was asked around the data in relation to older people and Care Home residents showing the flu and Covid vaccinations uptake being a little low and do we understand why? KAI noted having explored the Care Home data with Public Health Scotland it was determined that not all Dumfries and Galloway Care Homes have been picked up in the data, therefore would suggest local figures will show that the uptake is better. KAI also queried the uptake rate for immunosuppressed people with Public Health Scotland as following discussions with colleagues in other Health Boards KAI noted the data showed a low uptake rate across Health Boards for all programmes – this is likely due to complexity of assigning immuno-suppressed status but requires further looking into.
- In terms of the Human Papilloma Virus (HPV) vaccination a question was asked around do these happen in school or do people tend to go their GP Practice? GS confirmed the HPV vaccination is delivered at secondary schools and people remain eligible until the age of 25 years old, therefore if someone misses the vaccination at school they can be referred to the Vaccination Team.

BOARD PUBLIC

- It was observed within the report that the healthcare and social care workers category shows a low uptake with a question of do we understand the reason why and is there a way to target specific groups to understand what their concerns are around getting the vaccination? KAI replied some Boards have looked at this by job family and has asked for the Standing Operating Procedure of how to do this, however the data NHS Dumfries and Galloway have access to is national data. In terms of communication the Vaccination team continue to issue communications and providing assurance around the safety and efficacy of vaccinations through a range of methods including social media, through Managers and cascading to all staff whilst acknowledging not everyone has a computer or e-mail.
- DR highlighted the need to understand what the barriers to the Social Care staff engaging with flu vaccination in particular are. KAI confirmed this is part of the teams work plan for next winter's vaccination programmes.
- VW emphasised the Vaccination Team have worked exceptionally hard to communicate and to cater to all staff eligible for vaccinations including drop-in clinics at weekends and early clinics at Care Homes so Care Home staff can have the vaccine delivered at the same time as the residents.
- With regards to the low ethnicity uptake across Scotland a question was asked if there was any Scotland wide work planned in terms of how to increase the uptake. KAI replied there is a distinct piece of work going on at the moment and as part of this there is work to engage people from different backgrounds and ethnicities.

This paper was presented as providing a **Significant** level of assurance, which Committee accepted as an accurate reflection published statistics show that vaccination programmes in Dumfries and Galloway perform comparatively well against national averages and targets. NHS Dumfries and Galloway's uptake rates are generally very good however there is still variation in uptake between areas of relative deprivation and more affluent areas and in some groups. There is increasing resource pressure as vaccination programmes expand, and systems are updated.

Public Health Committee:

- Took **Assurance** of compliance with legislation, policy and Board objectives.

Keith Allan (KAI), Consultant in Public Health left the meeting.

Carol Bell (CB), Community Treatment and Care Delivery Team Lead left the meeting.

Gemma Stewart (GS), Immunisation Specialist Nurse left the meeting.

9. Breast Screening Programme Annual Report 2025/2026

Regina McDevitt (RMcD), Consultant in Public Health joined the meeting.

RMcD presented the 2025/2026 Breast Screening Programme Annual Report to the Committee, highlighting the following key points:

- There is a shortage across many of the Breast Screening Centres in Scotland with respect to Senior Clinical staff with a national solution required.
- The South-West Breast Screening Centre based in Irvine, Ayrshire is maintaining the screening round length at the 36-month target interval and is the only centre in Scotland doing this.
- RMcD noted that the usually national produced KPIs are delayed this year, but will provide these when available.
- The team are making good progress against its review of the Healthcare Improvement Scotland Standards with no key issues identified to date.
- The team have been contributing towards the Breast Screening Modernisation Programme Board report and its recommendations.
- An Equality Impact Assessment (EQIA) has been completed for the Breast Screening Programme and has been published on the NHS Dumfries and Galloway external website.
- Over the year have used some of the screening and inequalities funding received from the Scottish Government to support people who have screened positive and who have challenges either in cost, time or support to attend appointments at the South-West Breast Screening Centre, Irvine.
- Continuing with the inequalities programme of work engagement with Third Sector partners to deliver training to staff and volunteers in relation to all Screening Programmes.
- Due to clinical staffing challenges, there is a risk that women may face delays in assessment and treatment following a positive screening test. There is ongoing dialogue between the NHS Dumfries and Galloway Multi-Disciplinary Team and the South West Screening Centre Multi-Disciplinary Team to try to mitigate this risk.
- The Breast Screening Programme has proven to reduce mortality from breast cancer.
- When someone participates in the Breast Screening Programme they should receive their results within 2 weeks, with an improvement in this target having been seen over the year.
- The team have made improvements over the year with regards to the target of a screened person should receive their assessment appointment within 3 weeks.

BOARD PUBLIC

Noted below are some of the key points raised by Committee following this update:

- The improvements seen over the year were recognised with a question asked around how vulnerable are the improvements against targets? RMcD advised the screening to assessment time may be vulnerable due to the availability of Senior Clinical staff within Screening Centres, however acknowledging 2 new Consultants began at the end of last year with improvements expected as a result.
- A question was asked in relation to key performance indicators and when these are likely to be available? RMcD replied the aim is for the end of the calendar year and offered to come back to the Public Health Committee to provide a quick overview of the key performance indicators.

ACTION: RMcD

- In relation to waiting times issues, MCa sought assurance whether these delays have resulted in any Adverse Events? RMcD confirmed from a screening perspective there has been no Adverse Events in relation to the delays. MCa proposed taking this item to the Healthcare Governance Committee for further discussion.

ACTION: MCa

- GM asked as people need to travel to Irvine, do we have an idea of the screening uptake by socioeconomic and of people from more deprived areas. RMcD advised the team do monitor uptake by SIMD noting the data shows an 8-10% difference between uptake of Breast Screening between people from the most deprived and the least deprived areas, reflecting this is not dissimilar to the rest of Scotland.

ACTIONS:

- **An overview of the key performance indicators in relation to the Breast Screening Programme to be added to the Public Health Committee agenda matrix for the end of this calendar year.**
- **Adverse Events in relation to delays in the Breast Screening Programme to be taken to the Healthcare Governance Committee for further discussion.**

This paper was presented as providing a **Moderate** level of assurance, which Committee accepted as an accurate reflection of robust local and national governance systems in place to provide oversight for the programme. The National Breast Screening Programme has generally been well-delivered in Dumfries and Galloway over many years, with screening uptake rates and cancer detection rates generally exceeding the minimum national targets.

Public Health Committee:

- Took **Assurance** that the Breast Screening Programme delivered in Dumfries and Galloway complies with legislation, policy and Board objectives.

Regina McDevitt (RMcD), Consultant in Public Health left the meeting.

10. Regional Planning Update

VW and DR provided a verbal update in relation to Regional Planning to the Committee, highlighting the following key points:

- VW meets on a weekly basis with Directors of Public Health across the West of Scotland and feeds back and inputs into the Sub-National Regional Planning work.
- DR has joined the Rural and Island Workstream which is hosted by the East Sub-National Planning Delivery Committee. The Rural and Island Workstream is focussing on an assessment of all the rural and island joint strategic needs assessments to pull out key themes and feed those through into the planned care and unscheduled care and delivery groups. The Rural and Island Workstream are also developing an Equality Impact Assessment that can be used by the Planned Care and Unscheduled Care and Delivery Groups.
- Territorial Health Boards are still the relevant authorities for the planning and delivery of services within their area and will be required to undertake their one Impact Assessments of new delivery models.

Public Health Committee:

- **Noted** this update.

11. Place Based Community Services

GM presented a presentation in relation to Place Based Community Services to the Committee, highlighting the following key points:

- Place Based Community Services is about developing services that better serve the local populations.
- Looking to choose a Home's Team to consider how to develop resource around the community, how to engage with the community and to agree what does this look like.
- Aim for communities to be given resources and resilience to identify issues and implement solutions themselves.
- Alliance Commissioning process started this year with current Third Sector providers with the ambition of making each Home's Team area an Alliance.
- The Alliance principle is to make decisions on a 'best for people using services' basis and allows flexibility about how we deliver care.
- In a better position around early intervention and prevention to support people to live healthier lives, which will also support financial sustainability with earlier intervention meaning more people will be prevented from coming to harm and requiring NHS services.

BOARD PUBLIC

Noted below are some of the key points raised by Committee following this update:

- A query was raised around what would success look like, what would the impact measurables be in terms of the Alliance Commissioning arrangement? GM replied this is about doing something different in terms of early intervention and prevention at the place-based level to reach that group who are difficult to reach with Third Sector Dumfries and Galloway providing a lot of support.

Pamela Jamieson (PJ), Workforce Director left the meeting.

- A question was asked as to what are the plans to transition into delivering this work in a way that is tangible? GM advised the need to be clear this is a strategic plan that has been signed off by the Integration Joint Board and is therefore from the delegated budget.
- With regards to engaging with communities a question was asked how the team are going to do this and what resources are available to support recognising the additional skills set that will be required. GM replied that Third Sector Dumfries and Galloway have been commissioned to start looking at community engagement in different ways. There will also be technical support from a Healthcare Improvement Scotland colleague.
- A comment was made about the requirement to keep the discussions going on about the need to spend to save with regards to early intervention and prevention work.
- NH reflected on the need for Non-Executives Board Members and Executive Board Members to challenge themselves to measure different areas to gain further understanding of areas to focus on.
- VW noted in terms of all the governance systems looking at the range of preventions this is not only for the Public Health Committee to do and suggested meeting with MCa and GM out with today's meeting to discuss how the topic of prevention could be taken into other meetings.

ACTION: VW

ACTION:

- **VW to meet with MCa and GM to discuss how the topic of prevention could be taken into other meetings.**

Public Health Committee:

- **Noted** this update.

12. Community Local Outcomes Improvement Plan Update

SJ presented the Community Local Outcomes Improvement Plan update report to the Committee, highlighting the following key points:

- The Community Planning Partnership is meeting its statutory requirements through the development of the Local Outcomes Improvement Plan end of year report.
- There is a rotational Co-Chair arrangement between the Local Authority and NHS for the Community Planning Partnership Board.
- Developed workshop style meetings with a schedule until the end of December.
- Held a workshop last month to develop a new Poverty and Inequalities Strategy.
- A Scottish Government Place Director is in place which is connecting the Scottish Government with the Community Planning Partnership.
- The Participation and Engagement Working Group are keen to better align partner consultation/ engagement to reduce duplicate work.
- The new Community Transport Business Case which was developed through Third Sector, Dumfries and Galloway was endorsed in principle at the last Community Planning Partnership meeting.
- Meaningful progress has been made against the majority of actions within the Kirkconnel and Kelloholm Locality Plan.
- Planning to publish the Community Planning Partnership Local Outcomes Improvement Plan Annual Report in June 2026.

Noted below are some of the key points raised by Committee following this update:

- VW advised the Place Planning Partnership reports into the Community Planning Partnership and this will be a key connection for the work GM had presented on, noting Viv Gration – Deputy Head of Strategic Planning and Commissioning sits on this for Health and Social Care.

This paper was presented as providing a **Significant** level of assurance, which Committee accepted as it demonstrates that the Community Planning Partnership Board are considering key areas of focus which align to the Population Health Framework in relation to Place, Poverty and Inequality and Healthy Weight Environment.

Public Health Committee:

- **Noted** the update in relation to discussions at the recent Community Planning Partnership Board meetings held in October 2025, February and March 2026 and the planned future structure of meetings.
- Took **Assurance** that discussion relating to improving population health are embedded in Community Planning Partnership Board discussions.

13. Population Health Framework Priority 2 – Healthy Weight Environment

VW presented the Population Health Framework Priority 2 – Healthy Weight Environment paper to Committee, highlighting the following key points:

- Priority 2 of the Population Health Framework is a Healthy Weight Environment with the NHS taking a significant lead role in this within the Community Planning space.
- A Healthy Weight Environment workshop took place with the Community Planning Partnership in February 2026, this enabled discussion around evidence based action which could be undertaken to create the conditions that support good health. These were refined into an action plan which was signed off at the at the Community Planning Partnership Board in March 2026.

Marsali Caig (MC), Non-Executive Board Member left the meeting.

- VW noted there is a need to change the narrative around about healthy weight and the stigma that is associated with this as is a complex issue.

Noted below are some of the key points raised by Committee following this update:

- A question was asked if there was a timeframe for the action plan? VW replied the timeframe is likely to be over 2 years.
- DR reflected the need for a very outcome driven and highly measured approach with regards to the Healthy Weight Environment work and queried if the plan is precise enough, specific enough and targeted enough to make a difference. VW noted this is about creating conditions that support healthy weight and is not a specific targeted programme of work and so could not be measured in that way. VW further noted the actions in the plan are evidence based. A query was raised if a targeted programme like Childsmile was required to address this area for Children.
- VW agreed to bring an update back to the Committee later in the year.

ACTION: VW

ACTION:

- **An update on the Healthy Weight Environment Action Plan to be brought back to a future Public Health Committee.**

This paper was presented as providing a **Significant** level of assurance, which Committee accepted as an accurate reflection of the evidence of work agreed through the Community Planning structures to take forward evidence based actions to support the aim of creating a healthy weight environment.

Public Health Committee:

- Took **Assurance** that a system wide plan of action to support creation of a healthy weight environment has been agreed and that appropriate reporting arrangements into Community Planning Structures are in place.

14. NHS as a Population Health Organisation

VW presented the NHS as a Population Health Organisation report to the Committee, highlighting the following key points:

- Presentation was given at the recent NHS Board's Chief Executive and Chairs meeting.
- As part of NHS Dumfries and Galloway's Annual Delivery Plan with the Scottish Government agreement was for this year the NHS Board are to undertake a mapping exercise against the Population Health Organisation maturity matrix and to develop an action plan from this.
- The NHS Board is mapping against the Population Health Organisation matrix including the following 6 areas:
 - Prevention Focused Systems
 - Workforce Culture and Leadership
 - Accountability for Population Health Outcomes
 - Data and Intelligence
 - Service Delivery and Design
 - Optimise the Health of the Population
- There are 4 levels of maturity from the Population Health Organisation matrix structure as follows:
 - Emerging
 - Developing
 - Established
 - Leading
- There are 6 Developmental Areas identified within the Population Health Organisation matrix:
 - System
 - Community
 - Accountability
 - Learning
 - Equity
 - Resource
- The Population Health Organisation matrix is a work in progress and has not yet been finalised.
- NHS Boards may receive external facilitation support to aid NHS Boards going through the Population Health Organisation benchmarking process. VW asked those at today's meeting to think about how they would like to do this benchmarking exercise and feedback comments to VW.

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Noted below are some of the key points raised by Committee following this update:

- A question was asked if other public bodies were being asked to do this and if so, how does this relate to the whole system aspect to the Population Health Organisation? VW replied NHS Dumfries and Galloway are the only organisation required to do this work as it is within the NHS Board's Annual Delivery Plan, however suggested Local Authority colleagues may want to join in the discussions as a learning opportunity with VW suggesting SJ speak to colleagues. A comment was made noting it was a good suggestion to have a broader range of people involved, including an external facilitator to add an additional level of challenge.
- VW proposed the Public Health Committee Workshop this year take place in relation to this work and will provide an update for circulation prior to the next Committee in August of what that plan may be.

ACTION: VW

ACTION:

- **VW to circulate an update in relation to the Population Health Organisation work to the Public Health Committee in advance of the August 2026 meeting.**

This paper was presented as providing a **Significant** level of assurance, which Committee accepted as it demonstrates the development of the concept of the NHS as Population Health Organisation and its associated maturity matrix. It is a requirement of the Annual Delivery Plan that the NHS completes a self-assessment against the Population health maturity matrix and develops an action plan.

Public Health Committee:

- **Noted** the requirement to undertake a self-assessment against the Population Health Organisation Framework and to create an action plan.
- **Discussed** the Boards approach to the assessment.

Mark Cook (MCo), Non-Executive Board Member left the meeting.

15. Preventative Spend

VW presented an update on the Preventative Spend pilot to the Committee, highlighting the following key points:

- The Scottish Government are undertaking a project to try and classify the amount of preventative spend that happens across government departments with the aim of creating a shift towards preventative budgeting and integrating into that budget.

Sudeep Chatterjee (SC), Director of Digital left the meeting.

BOARD PUBLIC

- NHS Boards were asked if they wanted to become involved in the project with NHS Dumfries and Galloway joining one of the 9 pilot NHS Boards.
- VW and Ambreen Khan – Associate Director of Finance undertook work together to look at high level budgets to identify what would be considered preventative spend and submitted this information back to the Scottish Government.

Nicole Hamlet (NH), Chief Operating Officer left the meeting.

Noted below are some of the key points raised by Committee following this update:

- A question was asked was there a way to measure the opportunity spend rather than the preventative spend, for example can we measure the spend on hip replacements and how much of this can be saved through the fall's prevention work? VW noted this is a complex area with the Board having no health economists but agreed to see if this could be looked at through national work in this area.

Public Health Committee:

- **Noted** this presentation.

16. Horizon Scanning

No horizon scanning items were noted at the meeting.

17. Public Health Committee Performance Report for NHS Board

VW presented the Public Health Committee Performance report for NHS Board to the Committee, highlighting the following key points:

- Whilst life expectancy has increased slightly and on par with Scottish average, healthy life expectancy has gone down across Scotland and Dumfries and Galloway meaning people are living longer but in poorer health.

Kenneth Donaldson (KDo), Medical Director/ Interim Chief Executive Officer left the meeting.

Victoria Keir (VK), Non-Executive Board Member left the meeting.

Noted below are some of the key points raised by Committee following this update:

- A question was asked with regards to the level of assurance and were the Committee content with the Moderate level of assurance the report provides. DR reflected due to the length of today's agenda some of items did not have the time to allow for fuller detailed discussions and as such would agree with a moderate level of assurance.

BOARD PUBLIC

This paper was presented as providing a **Moderate** level of assurance, which Committee accepted as it demonstrates the report pulls together the progress against performance relating to the core business of the Committee.

Public Health Committee:

- **Discussed** and considered amendments/ additions to the summary performance report prior to reporting to NHS Board.

18. Internal Audit Reports: Progress Updates

18.1 A-02-25 Alcohol and Drug Partnership

VW provided an update on the progress against actions assigned within the Internal Audit Report A-02-25 Alcohol and Drug Partnership to Committee, noting the following key points as part of the update:

- There are 3 actions outstanding with Internal Audit confirming all other actions have been closed.

Public Health Committee:

- **Noted** this update and timescales for recommendations.

19. **Annual Delivery Plan Quarter 3 Population Health and Inequalities Update**

VW presented the Annual Delivery Plan Quarter 3 Population Health and Inequalities Update report to the Committee, highlighting the following key points:

- This update report has also been taken to the NHS Board's Performance and Resources Committee.
- Good progress has been made across all of the Annual Delivery Plan areas.

This paper was presented as providing a **Significant** level of assurance, which Committee accepted as an accurate reflection of progress in delivering the actions in NHS Dumfries and Galloway's Annual Delivery Plan (ADP) as agreed with the Scottish Government in relation to Delivery Area 7 – Population Health and Reducing Health Inequalities. Good progress has been made across all areas of agreed activity.

Public Health Committee:

- **Discussed** the key points arising from this update.
- Took **Assurance** that progress is being made in relation to delivery across this delivery area.

BOARD PUBLIC

20. Reflections at End of Committee and Agreed Items for Raising to NHS Board

- Data on life expectancy and healthy life expectancy to be escalated to NHS Board.

21. Any Other Business

There were no AOB items.

Date of Next Meeting

The next meeting of the Public Health Committee will be held on Monday 3 August 2026 at 1.30pm to 4.30pm via Microsoft Teams.

NHS Dumfries and Galloway

Staff Governance Committee



Minutes of the Dumfries and Galloway NHS Board Staff Governance Committee meeting held on Monday 1st June 2026 at 9.30 am to 12.30 pm via Microsoft Teams

Present

Suzanne Hamilton (Chair) (SH)	-	Non-Executive Board Member
Marsali Caig (MCa)	-	Non-Executive Board Member
Mark Cook (MCo)	-	Chair of NHS Board
Cher Dougan (CD)	-	Staff Side Representative
Garry Forsyth (GF)	-	Non-Executive Board Member (from 10am)
Gwilym Gibbons (GG)	-	Non-Executive Board Member
Evan Keir (EK)	-	Staff Side Representative
Vicky Keir (VK)	-	Employee Director

In Attendance

Pam Holligan (PH)	-	Head of Organisational Development and Learning (ODL)
Andy Howat (AH)	-	Health and Safety Manager
Pamela Jamieson (PJ)	-	Workforce Director
Leanne Keenan (LK)	-	Occupational Health
Mark Kelly (MK)	-	Nurse Director
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

Greg Black (GB)	-	Non-Executive Board Member
Kim Dams (KD)	-	Non-Executive Board Member
Keith Dickinson (KDi)	-	Director of Finance
Ken Donaldson (KD)	-	Interim Chief Executive and Medical Director
Andy McFarlane (AMcF)	-	Non-Executive Board Member
Fran Milne (FM)	-	Staff Side Representative
Julie White (JW)	-	Chief Executive

1. Apologies for Absence

Apologies were noted as above.

Members were advised that Garry Forsyth will be joining the meeting later.

The Committee was confirmed as quorate, with sufficient Executive, Non-Executive and Staff Side representation present to proceed with business

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2. Declarations of Interest

No declarations of interest were received.

3. Approval of the minute from meeting held on 9th March 2026.

The minute from the last meeting held on Monday 9th March 2026 was agreed as an accurate record.

4. Matters Arising/Action List/Agenda Matrix/Update on Appraisal Actions

a. Action List

The Workforce Director provided a detailed update on progress against the Action Log.

The Committee noted:

- Appraisal improvement actions are showing measurable progress, with a reported compliance level of 41%, representing the highest level achieved historically – action closed
- Time to lead – on the Agenda for today's meeting
- Staff not feeling listened to – this work has started and will remain on the action log
- Whistleblowing Systems Concerns – multi-disciplinary engagement has commenced to strengthen safe reporting mechanisms.
- Band 5 Review has been added to the workforce directorate risk register – closed
- Equality and Human Rights Mainstreaming Toolkit – VW is providing an update to the Committee today and this will be reported via Public Health Committee – closed
- Assurance Plan – this has been shared, plans are in place for two annual reporting days in August and November of this year which will move to April and November next year – closed.

b. Agenda Matrix 2026/27

Nothing to update

5. Staff Experience – Kerry Van Nuil – RCN Adult Nursing Award Nurse of the Year

The Committee received a detailed staff experience presentation following recognition of Kerry's award as RCN Adult Nurse of the Year. Committee congratulated Kerry in her achievement.

In her presentation Kerry outlined:

- The development of ward D7 following the move to the new hospital

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- Her journey from Discharge Manager to Senior Charge Nurse within an area which was new to her and acknowledgement of the network this allowed her to build prior to coming into the role
- Operational pressures including winter surge capacity and staffing constraints
- Staff were eager to progress their development to assist in implementation of working practices such as mentoring student nurses and e-rostering.
- Leadership approach focused on:
 - Establishing trust with staff
 - Building relationships over time
 - Empowering team members to contribute to solutions.

The Committee discussed several important workforce themes:

Leadership Approach:

- Leadership based on listening, inclusion and team empowerment was identified as a critical enabler of performance
- The absence of pre-existing, relationships within the team was described as beneficial in maintaining impartial and effective leadership

Appraisal and Staff Development:

- Achieving meaningful appraisal compliance required:
 - A multi-year improvement approach (approx. 3 years)
 - Transition from transactional models (Turas) to more personalised workbook-based engagements.

The Committee noted:

- Staff engagement improved significantly when appraisals focused on whole person wellbeing, not solely performance
- Written reflection tools enabled staff to express concerns not otherwise raised in conversations

Workforce Wellbeing:

Strong links identified between:

- Staff wellbeing
- Team performance
- Leadership awareness of individual circumstances

The importance of a work/life balance, recognising personal pressures and encouraging external support networks such as group activities was emphasised.

- Work life balance
- Recognising personal pressures
- Encouraging external support networks (eg group activities)

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Flexible Operational Approaches

- Appraisals delivered in a flexible, opportunistic manner rather than rigid scheduling were reported as more successful

Committee Members reflected that:

- The approach represented an exemplar model of leadership practice
- There is a need to scale and replicate this approach across services
- Organisational systems must support, rather than constrain, meaningful engagement.

10am – GF joined the meeting

6. Workforce Profile and Performance Report

MMcl joined the meeting

MMcl presented some of the key performance themes:

Sickness absence:

- Overall level increased marginally breaching the 5.5% target threshold resulting in an Amber RAG status
- Short term absence is demonstrating an improvement
- Long term absence shows a noticeable increase requiring further validation and investigation.

Appraisals and Training:

- Continued organisational challenge
- Positive trajectory noted in appraisal rates

Occupational Health Referrals

- Sustained upward trend which includes self-referrals
- Identified as requiring deeper analysis

Workforce Demographic Analysis

The Committee discussed emerging concerns that:

- Staff aged 35 and under are leaving at disproportionately higher rates which has potential impacts for workforce sustainability and future leadership pipeline

The Committee emphasised:

- The need to transition from performance reporting to intelligence led insight
- The importance of understanding underlying workforce behaviours
- Using data to inform strategic planning

Actions:

MMcl and PJ agreed to undertake further analysis of:

- **Sickness absence trends**
- **Younger workforce attrition**

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- **Development of enhanced intelligence reporting approach**

Committee:

- Took **Moderate Assurance** of provision of evidence against key metrics.

MMc left the meeting

7. Corporate Risk Update

PJ discussed the culture and wellbeing risks and whether it would be beneficial to merge the two risks.

Key discussion points:

- Risk of merging leading to loss of visibility of distinct issues
- Concern regarding aggregation masking divergence in risk trends.

The Committee agreed that the risks should remain separate however further work is required to clarify risk boundaries and strengthen risk descriptions

Workforce Sustainability Risk

The Committee agreed to reduce the risk likelihood from likely to possible based on the strengthened control measures and improved governance assurance.

Risks to remain under active review with ongoing monitoring required.

Action - PJ will update the risks and share with GF and bring this back to the September meeting.

Committee agreed that this item provided them with Significant Assurance.

8. Triangulation of Workforce Indicators

The Committee considered initial triangulation of workforce data on appraisal, training and sickness absence presented by PJ.

The key findings:

- Areas of operational pressure often showed:
 - Lower appraisal and training compliance
 - Higher sickness absence

However, relationships were not universally causal.

Discussion emphasised:

- Need to interpret data within local service context
- Importance of moving towards integrated, intelligence led workforce analysis
- Opportunities to incorporate:

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- Quality and safety data
- Workforce deployment
- Staff experience

Action - The Committee asked for continued development of the triangulated reporting and for further analysis to come back to the Committee - PJ

9. Culture Plan Update

PH presented an update across:

- Behaviours Framework implementation
- Effective Managers Programme
- Leadership development
- Communication and Engagement Strategy
- Development of a microsite for ODL

Members recognised the high volume of activity however raised concerns that evidence of measurable cultural impact remains limited with further evaluation mechanisms required.

Due to the limited evidence of outcomes members revised the assurance level to Moderate.

10. Anti Racism Plan

LF and KR joined the meeting

The Committee considered the Anti-Racism Plan and supporting research and noted:

- The Plan has been developed through co-production with the Ethnic Minority Network
- Evidence of:
 - Structural and interpersonal racism
 - Under reporting
 - Impact on staff wellbeing
- Importance of cultural intelligence across workforce
- The need to strengthen community engagement
- Long term nature of cultural change

The Plan was approved for publication with an agreed phased prioritisation of actions.

VW suggested linking with Kirsty Peden in the Council as she is leading a similar piece of work and suggested it may be worth sharing our learning.

The Committee will review this work on a bi-annual basis.

BOARD PUBLIC

The Plan and work undertaken has provided the Committee with **Significant** Assurance.

LF and KR left the meeting.

11. Speak Up

PJ presented this agenda item and highlighted the following:

- The annual report will be presented to a Staff Governance Committee session in August
- There have been 3 recent cases 2 of which have been concluded with 1 being upheld, the final one is nearing completion.
- A session was recently held with the National Whistleblowing Officer which was used to strengthen our approach to what makes a whistleblowing case
- Training compliance is extremely low with only 1% of managers throughout the organisation having completed the training and PJ will ascertain how this benchmarks against other Boards and look into how this can be increased.
- The governance processes are functioning effectively

It was agreed that the assurance for this would be divided into Moderate for the governance process but Limited due to the low uptake of managers completing training.

Action – PJ will ascertain how our 1% compliance for managers taking up whistleblowing training benchmarks with other Boards and will look into how this can be increased. This will be brought back to the September meeting.

12. Staff Governance Annual Assurance Statement

Given the level of detail provided the Committee were happy to approve the Staff Governance Annual Assurance Statement which provided them with a **Significant** level of assurance.

Remuneration Committee Annual Assurance Statement

The Committee were also happy to approve the Remuneration Committee Annual Assurance Statement which provided them with a **Significant** level of assurance.

13. Terms of Reference

The Committee asked for clarification around the high number of advisors who do not attend meetings.

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Action – PJ will get clarification on the membership and the Terms of Reference will be brought back to the next meeting for Approval.

14. Remuneration Committee

Committee Members noted the update from the Remuneration Committee which provided them with **Significant** assurance.

15. Health and Care Staffing Annual Report

The Committee noted this report which provided them with **Significant** assurance and noted the significant work that is undertaken to produce this report.

16. Ethnic Minority Staff Network – Annual Report

Committee members noted this report which provided them with Significant assurance and acknowledged the work of the Ethnic Minority Network and the work undertaken during and following the Employment Tribunal process.

MK left the meeting at 12:20

17. Discussion

The following will be highlighted to NHS Board:

- Progress and ongoing challenges with appraisal and training compliance
- Emerging risk around younger workforce retention
- Reduction in workforce sustainability risk rating
- Approval of Anti-Racism Plan
- Development of triangulated workforce intelligence

18. AOB

- VW presented an updated on the Inequalities Self-assessment Toolkit – the toolkit benchmarked well with an overall rating of developmental except for leadership section. It is proposed that work on this will progress via the Public Health Committee and Committee members were content with this approach.

19. Date of Next Meeting:

Monday 14th September 2026 at (9.30 am – 12.30 pm) via Microsoft Teams.

NHS Dumfries and Galloway



Meeting: NHS Board (Public)

Meeting date: 5 October 2026

Title: Introduction of Lived Experience Voting Members to Integration Joint Boards

Responsible Executive/Non-Executive: Gareth Marr, Chief Officer for Integration Joint Board

Report Author: Laura Geddes, Corporate Governance Manager
Vicky Freeman, Strategic Policy Lead

1 Purpose

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

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Emerging issue
- Government policy/directive
- Legal requirement

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. If you select an assurance level below Significant, please explain the actions being taken to achieve Significant assurance:

- Significant

Comment:

The level of assurance is assessed as significant as actions taken in response to the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 (the Order), ensures the NHS Board, Council and Integration Joint Board remain fully compliant with statutory requirements.

From the list below, please select which Strategic Outcome this paper relates to

- 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

From the 1 September 2026, service user representatives, unpaid Carer representatives and third sector representatives, collectively Lived Experience Representatives, became voting members of integration joint boards, placing them on a more equal footing with NHS Board and Local Authority members in decision-making processes. This change reflects longstanding recommendations arising from the 2021 Independent Review of Adult Social Care (the Feeley Review) and the Scottish Government's commitment to strengthening participation and co-production within integrated health and social care services.

The Board is asked to note this development and note adjustments made to the Dumfries and Galloway Integration Scheme (the Integration Scheme), to reflect the above change. The adjusted Integration Scheme, (Appendix 1), will be submitted to the Scottish Government for noting in accordance with the Scottish Government "Voting membership and integration schemes: guidance note - April 2026 "

2.2 Background

Integration joint boards were established under the Public Bodies (Joint Working) (Scotland) Act 2014 to oversee the planning, commissioning and delivery of integrated health and social care services. Their membership has traditionally comprised of voting representatives from NHS Boards and Local Authorities (the Parties), alongside non-voting clinical, professional, third sector, service user and carer representative advisory members.

This meant that, while representatives on the Integration Joint Board with lived experience could contribute to discussions, they were not able to vote on strategic and financial decisions affecting the services they use, deliver or support.

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The Feeley Review concluded that lived experience should be amplified "at every level" of decision-making and recommended extending voting rights to public partner representatives.

In response, the Scottish Parliament approved the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 ('the Order'), extending voting rights to Lived Experience Representatives.

2.3 Assessment

The introduction of voting rights for Lived Experience Representatives from 1 September 2026 represents a significant development in the governance of health and social care integration in Scotland. The change reflects an increasing emphasis on co-production, participation and shared decision-making, recognising the value of lived experience alongside professional expertise and organisational knowledge.

To support the effective participation of Lived Experience Representatives as voting members, the Order includes provision for proxy arrangements where appropriate. Additionally, plans are in place at a local level, to develop and implement a comprehensive programme of induction and training to further support Lived Experience Representatives with the knowledge and skills required to undertake their enhanced governance role effectively.

The implementation of these revised integration joint boards' voting arrangements also requires reviewing and updating governance frameworks, including Integration Schemes, Standing Orders and other associated governance documentation, to ensure compliance with the amended legislative provisions.

Accordingly, adjustments have been made to the Integration Scheme to reflect the introduction of Lived Experience Representatives as voting members on the Integration Joint Board) at the following sections:

- Page 1- definition of "the Parties"
- 1.18 (the Definitions Section) new "Lived Experience Representatives" definition
- 3.3 which lays out the requirement to appoint voting members from each of the following statutory groups:
 - ✓ third sector bodies carrying out activities related to health or social care in the area of the local authority;
 - ✓ service users residing in the area of the local authority; and
 - ✓ persons providing unpaid care in the area of the local authority
- 3.7 deleted
- 3.8 addition of Lived Experience Representatives

Adjustments to the Integration Scheme are in relation to Lived Experience Representatives only and no other adjustments to the Integration Scheme have been made.

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A full and comprehensive review of the Integration Scheme was completed in April 2026. As part of the agreed revisions of the Integration Scheme at the time of the review, the voting membership of the Integration Joint Board was amended, reducing the number of voting members nominated by each of the Parties from five voting members to four.

The addition of Lived Experience Representatives as voting members of the Integration Joint Board will alter the overall composition of the Integration Joint Board's voting membership and increase the total voting membership from eight voting members to eleven (Appendix 2).

2.3.1 Quality/ Patient Care

This change in voting membership of integration boards is intended to include the voices of people with direct experience of health and social care services and ensure that they are influential in the planning, commissioning, and delivery of local services.

2.3.2 Workforce

No impacts on workforce are identified.

2.3.3 Financial

No financial impacts are identified

2.3.4 Risk Assessment/Management

Integration boards have identified the development, training, and support needs for Lived Experience Representatives.

2.3.5 Risk Appetite

- Minimal

Comment:

Whilst, training, and support for Lived Experience Representatives are being established at this time, it is recognised that a 'bedding-in' period will be needed to allow the new arrangements to mature, enabling new voting members to develop confidence in their respective roles and responsibilities.

2.3.6 Equality and Diversity, including health inequalities

The introduction of Lived Experience Representatives as voting members of the Integration Joint Board, supports a range of statutory and strategic duties by strengthening lived experience participation, representation and inclusion within decision-making processes.

The Integration Scheme is fully equality impact assessed. No specific impact assessment has been undertaken regarding the introduction of Lived Experience Representatives as voting members of the Integration Joint Board as this is a legislated change.

2.3.7 Climate Emergency and Sustainability

No climate emergency and sustainability impacts are identified.

2.3.8 Consumer Duty

The introduction of Lived Experience Representatives as voting members of the Integration Joint Board supports statutory consumer duty strategic duties by strengthening participation, representation and inclusion within decision-making processes; particularly the Consumer Duty, which requires relevant public authorities to consider the impact of strategic decisions on consumers and the desirability of reducing consumer harm.

2.3.9 Other impacts

The introduction of Lived Experience Representatives as voting members of the Integration Joint Board is intended to improve multi-agency working by further strengthening the role of third sector.

2.3.10 Communication, involvement, engagement and consultation

The Scottish Government undertook a significant programme of consultation, engagement and co-design before introducing voting rights for Lived Experience Representatives.

2.3.11 Route to the Meeting

Board Management Team 23 September 2026.

2.4 Recommendation

NHS Board is asked to **note**:

- The development of Lived Experience Representatives as voting members of Integration Joint Boards from the 1 September 2026;
- Adjustments to the Integration Scheme to reflect the above change; and
- The change in the composition and number of voting members on the Integration Joint Board.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1** – The Dumfries and Galloway Integration Scheme with adjustments (tracked) to reflect the introduction of Lived Experience Representatives as voting members of the Integration Joint Board;
- **Appendix 2** – The voting membership of the Integration Joint Board



Dumfries and Galloway

Health and Social Care

Integration Scheme

(Body Corporate)

between

NHS Dumfries and Galloway

and

Dumfries and Galloway Council
(“The Parties”)

April 2026

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1. Introduction

Background

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (“**the Act**”) requires health boards and local authorities to work together to effectively integrate the governance, planning and resourcing of some adult social care and health services, by establishing an integration authority (i.e. either an integration joint board in a body corporate model of integration, or a lead agency model) to achieve nationally agreed health and wellbeing outcomes prescribed by the Scottish Ministers in terms of the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014, (“**the Regulations**”), made under section 5(1) of the Act.

The Parties to the Dumfries and Galloway Health and Social Care Integration Scheme

- 1.2. Dumfries and Galloway Council, the local authority for the administrative area of Dumfries and Galloway constituted by the Local Government etc. (Scotland) Act 1994 and having its principal offices at Council Headquarters, English Street, Dumfries, DG1 2DD (“**the Council**”); and
- 1.3. Dumfries and Galloway Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its principal offices at Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP (“**NHS Dumfries and Galloway**”).

(together, “**the Parties**”, each a “**Party**”).

The Model of Integration

- 1.4. Section 1(2) of the Act requires the Parties to jointly prepare an integration scheme for the area of the Council that integrates planning for, and delivery of, certain adult and social care services.
- 1.5. In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act shall be put in place for the delegation of functions by the Parties to a body corporate, established by order of the Scottish Ministers under section 9 of the Act.
- 1.6. The Parties have had regard to the integration planning principles and the Outcomes (as such term is defined in clause 1.18 below) in accordance with section 3(2) of the Act.

The Integration Scheme

- 1.7. The Original Integration Scheme (as such term is defined in clause 1.18 below), was agreed by the Parties, and came into effect on 3rd October 2015. This was superseded by the First Revised Integration Scheme (as such term is defined in clause 1.18 below), that came into effect on 26 August 2024. The Revised Integration Scheme shall be

superseded and no longer apply from the date that this Integration Scheme (as such term is defined in clause 1.18 below) shall be approved by the Scottish Ministers under section 9(2) of the Act.

1.8 This Integration Scheme: -

- 1.8.1 Describes the model of integration for health and social services in Dumfries and Galloway;
- 1.8.2 Details the functions delegated from the Parties to the Integration Joint Board (as such term is defined in clause 1.18 below); and
- 1.8.3 Lays out the governance and other arrangements that the Parties have in place to enable the Integration Joint Board to meet its responsibilities.

The Dumfries and Galloway Integration Joint Board

- 1.9 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it by the Parties and ensuring the delivery of Services (as such term is defined in clause 1.18 below), by having oversight of these pursuant to the Directions (as such term is defined in clause 1.18 below) that they have issued to either or both of the Parties.
- 1.10 Directions relating to functions delegated to the Integration Joint Board from the Parties are issued by the Integration Joint Board to either or both of the Parties.
- 1.11 The Parties implement the Directions received from the Integration Joint Board through the Partnership (as such term is defined in clause 1.18 below). Accountability of the Partnership for the implementation of Directions is directly back to the relevant Party and from the relevant Party back to the Integration Joint Board.

Working in Partnership

- 1.12 To achieve the above, the Integration Joint Board and the Parties shall routinely interact, communicate and work alongside each other. However, the Integration Joint Board is created as a corporate body and therefore retains its own distinct legal personality and the consequent autonomy to manage itself. Neither of the Parties have the right to independently sanction or veto decisions of the Integration Joint Board acting within its remit and within the Delegated Functions (as such term is defined in clause 1.18 below).
- 1.13 The third and independent sectors shall also have a key role, working with the Integration Joint Board at a strategic level, and with the Partnership at a tactical and operational level, ensuring the effective planning and delivery of health and social care and support.
- 1.14 There is an obligation on the Parties and the Integration Joint Board to engage and consult with individuals with lived experience, families, unpaid Carers and communities with regard to the provision of Services.

Supplementary Information

- 1.15 Once approved by Scottish Ministers, this Integration Scheme is full and final. Modifications shall not be made to the Integration Scheme without a further full process of engagement and review, carried out jointly between the Parties and subsequent further approval of any revised integration scheme by Scottish Ministers granting an order under section 9(2) of the Act.
- 1.16 For this reason, this Integration Scheme sets out the core information and requirements for the operation of the Integration Joint Board. This is supported by supplementary guidance documents (such as supporting materials and other informational documents) providing further detail with regard to its duties, responsibilities, workings and other arrangements.
- 1.17 Changes to the supplementary guidance documents shall be made, with the approval formally in writing by the Parties, and with the approval of the Integration Joint Board and/or Scottish Ministers as appropriate.

Definitions and Interpretation

- 1.18 In this Integration Scheme, the following terms shall have the following meanings:

“the Act” has the meaning given to it in clause 1.1;

“Allocations” means an amount of money delegated by the Parties to the Integration Joint Board to form the Integrated Budget;

“Annual Accounts” are the accounts of the Integration Joint Board for the previous twelve (12) month period;

“Annual Delivery Plan” means those plans requested by Scottish Government from integration joint boards against which performance can be measured;

“Annual Performance Report” means the annual performance report for the relevant reporting year that, under Section 42 of the Act, the Integration Joint Board has a statutory duty to prepare (as further described therein);

“Best Value” means the most advantageous balance of price, quality, service, performance, sustainability and other elements;

“Carer” means a person of any age who provides unpaid help and support to wife, husband, partner, son, daughter, parent, relative, friend or neighbour;

“Chief Officer” means the officer appointed by the Integration Joint Board who provides a single point of accountability for integrated health and social care services;

“Chief Finance Officer” means the chief finance officer of the Integration Joint Board;

“Clinical and Care Governance Framework” means Annex C of the Clinical and Care Governance Framework for Integrated Health and Social Care Services in Scotland;

“Complaints Protocol” means the official agreed procedure for addressing complaints that relate to health or social care services that are integrated, set out in clause 13;

“Community Planning Partnership” means those services in any local authority area that come together to take part in community planning;

“Core Suite of Integration Indicators” means those integration indicators that should be used in conjunction with the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014;

“Data Sharing Protocol” means the official agreed procedure for sharing data and information between different organisations set out in clause 12;

“Delegated Functions” means those functions set out in Part One, Annex One and Part Two, Annex Two;

“Direction” or **“Directions”** means the legal mechanism by which the Integration Joint Board directs the Council and/or NHS Dumfries and Galloway with regard to the operational delivery of Services related to functions that have been delegated to the Integration Joint Board by the Parties;

“DPA” means the Data Protection Act 2018;

“Dumfries and Galloway Local Outcomes Improvement Plan” is the means by which the Community Planning Partnership agrees its strategic priorities;

“Elected Members” means the members elected to Dumfries and Galloway Council to represent their local community’s interest and appointed to the Integration Joint Board from Dumfries and Galloway Council;

“First Revised Integration Scheme” means the integration scheme that came into effect on the 26th August 2024;

“Health and Social Care Leadership Group” means the team of operational and planning senior health and social care managers;

“Integrated Budget” means the budget agreed between the Parties agreeing their respective contributions to the Integration Joint Board;

“Integration Joint Board” means the Dumfries and Galloway Integration Authority;

“Integration Scheme” means this revised and updated Dumfries and Galloway Health and Social Care Integration Scheme 2026;

“ISA” means Information Sharing Agreement;

“Large Hospital Services” means services that are provided in exercise of

Integration Functions delegated by NHS Dumfries and Galloway to the Integration Joint Board which (a) are carried out in a hospital in the area of NHS Dumfries and Galloway and (b) are provided for the population of Dumfries and Galloway. Services provided in a community hospital shall not ordinarily fall within this definition;

“Lived Experience Representatives” means a voting member of an Integration Joint Board who is appointed to represent the views, interests, and experiences of people who access, receive, provide, or support health and social care services, drawing upon their own lived experience and engagement with the wider community as prescribed under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (**the Order**), as amended by the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025.

“Locality or Localities” means a locality of an area as set out in the Strategic Plan in pursuance of section 29(3)(a) of the Act;

“Locality Plans” means operational delivery plans for specific geographical areas;

“Ministerial Strategic Group for Health and Community Care” means the ministerially led group that provides high level national strategic direction and leadership for integration of health and social care;

“Ministerial Strategic Group for Health and Community Care Indicators” means those integration indicators identified by the Ministerial Strategic Group for Health and Community Care for Integration Authorities;

“National Performance Framework” means the guidance framework on the national health and wellbeing outcomes which apply to integrated health and social care in Scotland;

“National Standards” means the ‘National Standards for Community Engagement’ published by the Scottish Community Development Centre;

“Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Original Integration Scheme” has the meaning given to it in clause 1.7;

“Outcomes” means the nine (9) outcomes prescribed in the Regulations;

“Partnership” means the Dumfries and Galloway Health and Social Care Partnership, the organisation formed to integrate services provided by the NHS board and Council;

“Performance Management Framework” means the framework agreed between the Parties and the Integration Joint Board under clause 6.4 to measure performance management;

“Recovery Plan” means a plan detailing how an identified financial shortfall in the Integrated Budget will be addressed;

“Regulations” has the meaning given to it in clause 1.1;

“Resource Transfer and Virement” means an administrative transfer of funds from one budget to another or from part of a budget to another;

“Senior Professional Leads” means the Chief Social Work Officer of the Council, Medical Director and Executive Nurse Director of NHS Dumfries and Galloway;

“Services” means those services set out in Part 2 of Annex 1 and Part 2 of Annex 2 (as the context requires) relating to those functions delegated pursuant to Part 1 of Annex 1 and Part 1 of Annex 2 of this document as provided by NHS Dumfries and Galloway or the Council (as appropriate) and which are to be integrated. Part 2 of Annex 1 details the services relating to the functions delegated to the Integration Joint Board by NHS Dumfries and Galloway; and Annex 2, Part 2 details the services relating to the functions delegated to the Integration Joint Board by the Council;

“Set Aside Budget” means the amount required to be set aside by NHS Dumfries and Galloway under section 14(3) of the Act for use by the Integration Joint Board in respect of Large Hospital Services;

“Significant Decisions” means those decisions made by the Integration Joint Board as set out in section 36 of the Act;

“Social Work Service Plan” means the Dumfries and Galloway Social Work Service Business Plan;

“SPSO” means Scottish Public Services Ombudsman;

“Strategic Commissioning Intentions” means the seven statements made in the new Dumfries and Galloway Strategic Plan that set out the Integration Joint Board’s ambitions for improving Outcomes over the lifetime of the Strategic Plan as set out in clause 2.3;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act;

“Strategic Planning Group” means the group that the Integration Joint Board is required to establish in accordance with section 32 of the Act;

“Supplementary Guidance Documents” means supporting materials such as other informational documents; and

“UK GDPR” has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

- 1.19 A reference to legislation or a legislative provision is a reference to it as amended, extended or re-enacted from time to time.

2 Aims and Outcomes of the Integration Scheme

- 2.1 The main purpose of integrating health and social care is to improve the wellbeing of people supported by health and social care, their families and Carers, particularly those whose needs are complex and involve support from both health and social care at the same time.

National Health and Wellbeing Outcomes

- 2.2 The Integration Scheme is intended to achieve the Outcomes prescribed by the Scottish Ministers in the Regulations, namely:
- 2.2.1 People are able to look after and improve their own health and wellbeing and live in good health for longer;
 - 2.2.2 People, including those with disabilities or long term health conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;
 - 2.2.3 People who use health and social care services have positive experiences of those services, and have their dignity respected;
 - 2.2.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services;
 - 2.2.5 Health and social care services contribute to reducing health inequalities;
 - 2.2.6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing;
 - 2.2.7 People using health and social care services are safe from harm;
 - 2.2.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide; and
 - 2.2.9 Resources are used effectively and efficiently in the provision of health and social care services.

The Strategic Plan

- 2.3 The Integration Joint Board has a set of seven (7) Strategic Commissioning Intentions within its Strategic Plan. These are: -
- 2.3.1 People are supported to live independently at home and avoid crisis;
 - 2.3.2 Fewer people experience health and social care inequalities;
 - 2.3.3 People and communities are enabled to self manage and supported to be more resilient;
 - 2.3.4 People have access to the care and support they need;
 - 2.3.5 People's care and support is safe, effective and sustainable;
 - 2.3.6 People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to

achieve their potential; and

- 2.3.7 People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering Best Value.

3. Local Governance Arrangements

- 3.1. The Integration Joint Board is a body corporate and is autonomous and therefore has capacity to act on its own behalf and make decisions about the exercise of its functions and responsibilities as it sees fit.

Voting Membership of the Integration Joint Board

- 3.2 The arrangements for appointing the Parties' voting membership of the Integration Joint Board are that the Parties shall each appoint four (4) representatives. These must be Council Elected Members or NHS Board Non-Executive Directors. The voting Integration Joint Board members appointed by the Parties shall hold office for a period not exceeding three (3) years. At the end of a term of office determined, a voting member may be reappointed for a further term of office.
- 3.3 The Integration Joint Board shall appoint one voting Lived Experience Representative in respect of each of the following groups, in accordance with the Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014, as amended:
- 3.3.2 Third sector bodies carrying out activities related to health or social care in the Dumfries and Galloway area;
 - 3.3.3 People supported by health and social care residing in the Dumfries and Galloway area; and
 - 3.3.4 People providing unpaid care in the Dumfries and Galloway area.
- 3.4 No business shall be transacted at a meeting of the Integration Joint Board unless there are at least one half of the voting members present.
- 3.5 Integration Joint Board voting members appointed by the Parties shall cease to be members of the Integration Joint Board in the event that they (1) cease to be a non-executive Board member of NHS Dumfries and Galloway or, (2) where applicable, cease to be an appropriate person for the purposes of article 3(5) of the Order or (3) cease to be an Elected Member of the Council, or (4) where an appointee or the appointing Party wishes to terminate the appointment of that member. In such circumstances, the Party which nominated the appointee will appoint a new appointee in place of the person ceasing to be a member of the Integration Joint Board as soon as possible.

Chairs and Vice Chairs of the Integration Joint Board

- 3.6 The first Chair of the Original Integration Joint Board was an Integration Joint Board

member nominated by the Council. NHS Dumfries and Galloway nominated the Vice-Chair. Both held office for a period of two (2) years. At the end of the period of two (2) years, responsibility for appointing the Chair and Vice Chair transferred to the other Party and a new Chair and Vice Chair were appointed for a further period of two (2) years. Thereafter, responsibility for appointing the Chair and Vice Chair has alternated, and shall continue to alternate, between the Parties. The appointments of Chair and Vice Chair are made for a period of two (2) years.

Advisory Members of the Integration Joint Board

- 3.7 The Integration Joint Board must also include the following non-voting (advisory) members as specified in the Order: -
- 3.7.1 The Chief Officer of the Integration Joint Board;
 - 3.7.2 The Chief Social Work Officer of the Council;
 - 3.7.3 The Chief Finance Officer of the Integration Joint Board;
 - 3.7.4 A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Dumfries and Galloway;
 - 3.7.5 A registered nurse who is employed by NHS Dumfries and Galloway or by a person or body with which NHS Dumfries and Galloway has entered into a general medical services contract;
 - 3.7.6 A registered medical practitioner employed by NHS Dumfries and Galloway and not providing primary medical services; and
 - 3.7.7 Staff of the Parties engaged in the provision of Services provided under the Integration Scheme.
- 3.8 The Integration Joint Board may, from time to time, appoint additional non-voting (advisory) members as it considers necessary and expedient for the effective discharge of its functions as specified in the 2014 Order. Such members may not be an Elected Member of the Council, a non-executive director of NHS Dumfries and Galloway nor a Lived Experience Representative.

4. Delegation of Functions

Functions Delegated to the Integration Joint Board from NHS Dumfries and Galloway

- 4.1 The functions delegated by NHS Dumfries and Galloway to the Integration Joint Board are set out in Part 1 of Annex 1. The Services to which these functions relate, provided by NHS Dumfries and Galloway and which are to be integrated, are set out in Part 2 of Annex 1.
- 4.2 Each function listed in column A of Part 1 of Annex 1 is delegated from NHS

Dumfries and Galloway to the Integration Joint Board subject to the exceptions in column B.

Functions Delegated to the Integration Joint Board from the Council

- 4.3 The functions that are delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services relating to these functions, provided by the Council through the Partnership and as directed by the Integration Joint Board, are set out in Part 2 of Annex 2.
- 4.4 In exercising its functions, the Integration Joint Board must take into account the Parties' requirements to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Integration Scheme, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.

5 Local Operational Delivery Arrangements

Strategic Plan

- 5.1. The Act places a requirement on integration joint boards to create a Strategic Plan for the area for which it is established.
- 5.2. The Strategic Plan shall:
 - 5.2.1 Set out the arrangements for the Delegated Functions and the Services relating to them;
 - 5.2.2 Describe how these arrangements achieve or contribute to achieving the Outcomes; and
 - 5.2.3 Be reviewed at least every three (3) years at which time it is either retained or replaced. The period of the current Strategic Plan began on the first of April 2022 in accordance with section 37 (1) of the Act.
- 5.3. The Parties shall provide support to the Integration Joint Board for the purposes of preparing and reviewing its Strategic Plan.
- 5.4. The Parties shall continue to provide the Integration Joint Board with the necessary service performance, activity and financial data and the facilities and/or other resources that relate to the use of any Services, both within and out with Dumfries and Galloway, by people supported by health and social care, their families and Carers.
- 5.5. Each of the Parties shall advise the Integration Joint Board if they intend to change the service provision for those services relating to functions not delegated to the Integration Joint Board but that may have a resultant impact on the Strategic Plan.

Strategic Planning Group

- 5.6. The Integration Joint Board shall establish a Strategic Planning Group to support the strategic planning process in accordance with section 32 of the Act. The membership of the Strategic Planning Group should be as set out within section 32 of the Act. The Strategic Planning Group has a key role in:
- 5.6.1 Shaping and influencing the content of the Strategic Plan;
 - 5.6.2 Reviewing progress against the statutory outcomes for health and wellbeing and the associated performance indicators;
 - 5.6.3 Providing a view to the Integration Joint Board on the effectiveness of integration arrangements; and
 - 5.6.4 Providing a view to the Integration Joint Board on any Significant Decisions.

Operational Delivery Arrangements

- 5.7. Section 26 (1) of the Act states, that “Where an integration authority is an integration joint board, it must give a direction to a constituent authority to carry out each function delegated to the integration authority.”
- 5.8. The Integration Joint Board shall issue a Direction or set of Directions to either or both the Council and NHS Dumfries and Galloway in respect of every function that has been delegated to it. Each Direction shall include detailed information on the financial resources being made available for its implementation.
- 5.9. The Integration Joint Board shall have responsibility for the planning of Services that relate to the functions delegated to it. This shall be achieved through the Strategic Plan.
- 5.10. The Integration Joint Board is responsible for ensuring the Partnership provides assurance of delivery of Services in so far as the Directions it has issued to either or both of the Parties.
- 5.11. The Chief Officer is responsible for the operational management and delivery of the Services. Members of the Health and Social Care Leadership Group shall provide information, on a regular basis, to the Chief Officer on the operational delivery of Services.

Professional Leads and the Planning and Delivery of Services

- 5.12. The Senior Professional Leads, (or such other officers nominated by the relevant responsible Party), shall have a key role in the planning and delivery of Services relating to Delegated Functions.
- 5.13. These Senior Professional Leads shall liaise with each other and the Chief Officer to ensure that there is appropriate co-ordination and a high level of professional input into the design and delivery of Services.

Provision of corporate support services

- 5.14 In order for the Integration Joint Board to both prepare the Strategic Plan and ensure that the Delegated Functions are carried out effectively, the Parties agree that technical, professional and administrative resources will require to be provided by them to the Integration Joint Board.
- 5.15 There is agreement and commitment by the Parties to provide corporate support services to the Integration Joint Board. The arrangements for providing these support services shall be reviewed at the same time as the Integration Scheme is reviewed and appropriate models of service provision agreed. This process will involve senior representatives from the Parties and the Chief Officer.
- 5.16 The Parties shall provide the Integration Joint Board with the corporate support services that it requires to fully discharge its duties under the Act.

6. Performance Reporting and the Performance Management Framework

Role and Responsibilities of the Chief Officer in Relation to Performance

- 6.1 The Chief Officer reports to the Integration Joint Board on strategy, finance and performance in relation to the implementation of the Strategic Plan. The Chief Officer does this by providing regular performance reports on the Strategic Plan to the Integration Joint Board. This enables the Integration Joint Board to have oversight of performance and measure impact against planned outcomes, intentions and priorities. The Integration Joint Board can request additional reports.
- 6.2 The Chief Officer is responsible to the Parties for the operational management and delivery of Services through the operation of the Partnership.

Annual Performance Reports

- 6.3 The Integration Joint Board is required to prepare and publish a performance report for the reporting year setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the Services. The performance report must comply with the requirements of the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

Performance Management Framework

- 6.4 The Integration Joint Board and the Parties will agree the Performance Management Framework for performance management that includes:
- 6.4.1 Relevant national indicators;
 - 6.4.2 Wellbeing measures; and
 - 6.4.3 Outcomes indicators.
- 6.5 The members of the Integration Joint Board have a role to play in having strategic oversight and scrutiny of the performance by the Parties in complying with and

implementing Directions issued to them. It shall carry out these responsibilities through the receipt of regular performance and financial reporting from the Parties on the implementation of Directions and performance advice from the Chief Officer, Chief Finance Officer and other senior managers and Professional Leads.

- 6.6 The Performance Management Framework shall ensure that there are clear linkages between the Outcomes, the Dumfries and Galloway Local Outcomes Improvement Plan, Locality Plans and the Parties' delivery plans for Services.
- 6.7 The Performance Management Framework will be reviewed regularly to ensure the improvement measures that it contains continue to be up to date, relevant and reflect the outcomes, aims and intentions contained within the Strategic Plan.
- 6.8 A key element of the Performance Management Framework is to ensure continuous engagement with people with lived experience of care and support, Carers, local communities, staff and clinicians to inform the design of, and improvements to, Services that are integrated.
- 6.9 An integration authority must publish each Annual Performance Report before the expiry of the period of four (4) months beginning with the end of the reporting year; that is, no later than the end of July of the relevant year.
- 6.10 The Annual Performance Report must reflect the following:-
 - 6.10.1 Reporting on both the year which the report covers, and the five (5) preceding years, or for all previous reporting years, if this is less than five (5) years;
 - 6.10.2 Assessing performance in relation to the Outcomes;
 - 6.10.3 Financial Performance and Best Value;
 - 6.10.4 Reporting on Localities, the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of Services and the proportion of the Partnership's total budget that was spent in relation to each Locality;
 - 6.10.5 Inspection of Services;
 - 6.10.6 Any review of the Strategic Plan;
 - 6.10.7 Significant Decisions (as defined in the legislation);
 - 6.10.8 The Core Suite of Integration Indicators; and
 - 6.10.9 The Ministerial Strategic Group for Health and Community Care Indicators.
- 6.11 In addition to the Core Suite of Integration Indicators and the Ministerial Strategic Group for Health and Community Care Indicators, the Integration Joint Board has discretion to supplement additional performance indicators to reflect local priorities.

These shall have clear linkages to the Outcomes, the National Performance Framework and the Parties' delivery plans for Services.

- 6.12 The delivery of the Strategic Plan is monitored through:
 - 6.12.1 Longer term population outcomes;
 - 6.12.2 The view of the Strategic Planning Group on the effectiveness of integration arrangements;
 - 6.12.3 Assurances from NHS Dumfries and Galloway in relation to the operational delivery of health services;
 - 6.12.4 Assurances from the Council in relation to the operational delivery of adult social care; and
 - 6.12.5 Feedback from people who use and deliver health and social care.
- 6.13 The delivery of the Integrated Budget is observed through:
 - 6.13.1 Regular reporting in relation to the financial performance of the Partnership in respect of the Delegated Functions and associated budgets;
 - 6.13.2 Self assessment in relation to Best Value; and
 - 6.13.3 Scrutiny by external auditors.
- 6.14 The delivery of Directions is observed through regular reporting from the Parties on the progress of Directions in line with agreed monitoring arrangements through the Integration Joint Board Finance, Performance and Quality Committee.
- 6.15 Oversight of the operational delivery of the Delegated Functions is observed through regular reporting from the Parties on the progress of the Annual Delivery Plan and the Social Work Service Plan through the Integration Joint Board Finance, Performance and Quality Committee.

Local Performance Monitoring

- 6.16 The way in which health and social care is provided must be shaped by the people who deliver health and social care in Dumfries and Galloway and the people supported by health and social care and their Carers and families.
- 6.17 The Integration Joint Board will ensure that everyone is involved in the planning and design of Services. Regular communication between the Integration Joint Board and the people of Dumfries and Galloway will increase public trust and understanding and ensure the best use of available finance and other resources.

7. Clinical and Care Governance and Professional Oversight

Clinical and Care Governance Overview

- 7 . 1 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements in respect of their duties under the Act.
- 7 . 2 The Parties recognise that establishing and continuously reviewing their arrangements for clinical and care governance are fundamental to the Integration Joint Board delivering its ambitions.
- 7 . 3 The clinical and care governance arrangements described below provide the Integration Joint Board with the required assurance with regard to the quality and safety of Services delivered.
- 7 . 4 The Parties have regard to the principles of the Clinical and Care Governance Framework, including the focus on Localities, people supported by health and social care and Carer feedback.
- 7 . 5 The Act does not change the professional regulatory framework or established professional accountabilities currently in place. The Parties shall continue to ensure that explicit arrangements are made for professional supervisions, learning, support and continuous improvement for all staff;
 - 7.5.1 Professional responsibility and accountability for Nursing, Midwifery and Allied Health Professional practice is devolved to the Executive Nurse Director of NHS Dumfries and Galloway;
 - 7.5.2 Professional responsibility and accountability for social work practice is devolved to the Chief Social Work Officer of the Council;
 - 7.5.3 Professional responsibility and accountability for medical staff is devolved to the Medical Director of NHS Dumfries and Galloway; and
 - 7.5.4 Operational management responsibility and accountability for Delegated Functions rest with the Chief Officer.
- 7.6 Clinical and care governance assurance given to the Integration Joint Board in respect of the clinical and care governance of Services shall be achieved through regular reporting from the Parties to the Integration Joint Board via the mechanism of the relevant Integration Joint Board Committee and from that Committee back up to the Integration Joint Board.

The Clinical and Care Governance Framework

- 7.7 The key elements, processes and principles of the Clinical and Care Governance Framework will form the basis of clinical and care governance arrangements for the Integration Joint Board.

Commissioning and Procurement and Clinical and Care Governance

- 7.8 The Parties remain responsible, through commissioning and procurement arrangements, for the quality and safety of Services procured from the third and independent Sectors and ensuring that such Services are delivered in accordance with the Strategic Plan.
- 7.9 Region wide health and social care teams are responsible for embedding clinical and care governance and quality improvement practice across the Services that they manage and deliver.
- 7.10 Clinical and care governance oversight of Services is undertaken through:
- 7.10.1 NHS Dumfries and Galloway Health Care Governance Committee;
 - 7.10.2 Council Social Work Committee; and
 - 7.10.3 Integration Joint Board Audit, Risk and Governance Committee.
- 7.11 The above Committees bring together Elected Members, NHS Board executive and non executive directors, other senior managers, leaders and professional leadership of the Parties including the Chief Social Work Officer, the Executive Nurse Director of NHS Dumfries and Galloway and the Medical Director of NHS Dumfries and Galloway, providing an effective overview of the clinical and care governance agenda across the Services.
- 7.12 NHS Dumfries and Galloway's Healthcare Governance Committee and the Council's Social Work Services Committee provide assurance through regular reporting to the Integration Joint Board Audit, Risk and Governance Committee with regards to the quality and safety of Services being delivered via the Partnership.

Professional Leads Clinical and Care Governance Role and Responsibilities

- 7.13 The Medical Director of NHS Dumfries and Galloway and Executive Nurse Director of NHS Dumfries and Galloway have joint accountability for the clinical governance of all Services delivered by NHS Dumfries and Galloway, delegated and not delegated, as a responsibility/function delegated from the Chief Executive of NHS Dumfries and Galloway.

In addition, the Medical Director of NHS Dumfries and Galloway: -

- 7.13.1 Holds the delegated responsibility for information governance with regard to NHS Dumfries and Galloway services, and is also the Caldicott Guardian;
- 7.13.2 Is the Responsible Officer within the terms of the Medical Profession (Responsible Officers) Regulations 2010, including the statutory role in making recommendations about the revalidation of doctors with a prescribed connection to NHS Dumfries and Galloway; and
- 7.13.3 Is responsible for under-graduate and post-graduate education and

training and teaching of medical students and this continues to be discharged through the Director of Medical Education of NHS Dumfries and Galloway.

7.14 In addition, the Executive Nurse Director: -

7.14.1 Is responsible for all under-graduate and post-graduate nurse and midwifery education and evaluation of student nurse clinical placements for all NHS staff; and

7.14.2 Is responsible for revalidation of Nurses and Midwives by the Nursing and Midwifery Council and Allied Health Professionals by the Health and Care Professions Council.

7.15 The Chief Social Work Officer ensures that the Council Social Work Committee maintains an overview of the quality assurance of all social work services. The Chief Social Work Officer is held to account by the Council for the quality of social work practice and shall continue to report to the Council's Social Work Services Committee and Full Council when required. The Chief Social Work Officer's Annual Report on these matters is provided to the Council and to the Integration Joint Board.

7.16 The Chief Social Work Officer provides appropriate professional advice in relation to the Council's statutory social work duties and makes certain decisions regarding the Social Work (Scotland) Act 1968. The Chief Social Work Officer supports the Council and the Elected Members of the Council in ensuring that this statutory post not only enhances professional leadership and accountability but provides a key support and added value to the Council and its partners in delivering positive outcomes locally within the Integration Scheme.

7.17 The Chief Social Work Officer, the Executive Nurse Director of NHS Dumfries and Galloway and the Medical Director of NHS Dumfries and Galloway are non-voting (advisory) members of the Integration Joint Board, providing clinical and care governance and professional advice at that level. These professional leads also advise the Chief Officer in all matters pertaining to professional issues covered by the Clinical and Care Governance Framework.

7.18 Existing advisory committees are available for the provision of advice to the Integration Joint Board as required, for example, the Area Nursing and Midwifery Advisory Committee and the Area Medical Advisory Committee.

7.19 In addition to the professional roles, the Chief Officer has a key role in relation to clinical and care governance in ensuring a regular and robust reporting mechanism is in place and implemented.

8 Chief Officer

8.1 The Integration Joint Board must appoint a Chief Officer in accordance with section

10 of the Act. Before appointing a person as Chief Officer, the Integration Joint Board must consult with the Parties.

- 8.2 The Chief Officer has operational management and delivery responsibility for all Services and is accountable to the Parties for the operational delivery of these. This post is jointly managed by the Chief Executives of the Parties who shall have joint performance review meetings involving both Party's Chief Executives on a regular basis.
- 8.3 The Chief Officer reports to the Integration Joint Board on the delivery of the Strategic Plan and on the delivery of Directions issued by the Integration Joint Board to both or either of the Parties.
- 8.4 The Chief Officer is a member of the appropriate senior management teams of each of the Parties. This enables the Chief Officer to work with the senior management of both Parties to carry out the functions of the Integration Joint Board in accordance with the Strategic Plan.
- 8.5 The Chief Officer shall establish and maintain effective relationships with a broad range of key stakeholders across NHS Dumfries and Galloway, the Council, the third and independent sectors, people supported by health and social care, Carers, Scottish Government, trades unions and professional organisations.
- 8.6 In the event that the Chief Officer is absent on an unplanned basis, or otherwise unable to carry out their functions, at the request of the Integration Joint Board, a suitable interim replacement for the Chief Officer shall be nominated by the Parties and submitted to the Integration Joint Board for approval and appointment.

9 Workforce

- 9.1 Successful delivery of Services is dependent upon an engaged workforce. This is achieved through effective leadership, management, support, learning and development.
- 9.2 The following principles apply to staff delivering Services:
 - 9.2.1 The employment status of staff is not changed as a result of the Integration Scheme, i.e. staff of the Parties involved in delivering Services shall continue to be employed by their current employer and retain their current terms and conditions of employment and pension status;
 - 9.2.2 Any future changes that may be required within the staff employed by either or both of the Parties shall be agreed and promulgated following the engagement of those affected by any proposal in accordance with established policies and procedures; and
 - 9.2.3 Both Parties are committed to ensuring staff are equipped with the necessary knowledge, skills and values base to deliver high quality

Services across the communities they serve. A workforce plan, which shall include development and support for the workforce, shall be put in place by the Parties. The workforce plan shall be reviewed annually and the Integration Joint Board shall be invited to be party to this review.

- 9.3 Core human resources and learning and organisational development services are provided by the Parties to their staff from existing organisational resources and services.
- 9.4 Support in relation to cultural change, consultation and engagement, communication and structures and management is provided through existing corporate support services.
- 9.5 Joint appointments shall take account of the existing recruitment policies and practice that exist within the Parties. Joint positions can be hosted by either Party and operationally managed within a structure appropriate to the delivery of the Services.

10 Finance

Resources Overview

- 10.1 The Parties set out the following method of determining amounts to be paid by the Parties to the Integration Joint Board in respect of each of the Delegated Functions.
- 10.2 The Chief Officer and the Chief Finance Officer will develop a case for the Integrated Budget based on the Strategic Plan. The Parties shall review the proposal and associated assumptions as part of the annual budget setting process. taking into regard the following points:
 - 10.2.1 The case is evidenced, with full transparency demonstrating the following assumptions:
 - 10.2.1.1 Cost inflation;
 - 10.2.1.2 Activity Changes;
 - 10.2.1.3 Required Efficiency Savings;
 - 10.2.1.4 Performance against the Outcomes;
 - 10.2.1.5 Legal and statutory requirements;
 - 10.2.1.6 Transfers to/from the budget for hospital services; and
 - 10.2.1.7 Adjustments to address equity of resource allocation.
- 10.3 The Parties will evaluate the case for the Integrated Budget and will agree their respective contributions accordingly.
- 10.4 If the Strategic Plan sets out a change in hospital and community capacity, the resource consequences shall be determined through a bottom up process. This means taking a detailed look to estimate and assess actual costs based on:

- 10.4.1 Planned changes in activity and case mix due to interventions in the Strategic Plan;
 - 10.4.2 Projected activity and case mix changes due to changes in demography; and
 - 10.4.3 Analysis of the impact on the affected hospital and community care budgets, taking into account cost behaviour (i.e. fixed, semi fixed, and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources)
- 10.5 The Parties shall consider the following when reviewing the Strategic Plan:-
- 10.5.1 The Local Government Financial Settlement;
 - 10.5.2 The uplift applied to NHS Dumfries and Galloway funding from the Scottish Government;
 - 10.5.3 Efficiencies to be achieved; and
 - 10.5.4 Specific funding provided by the Scottish Government to either Party or the Integration Joint Board to support Delegated Functions or integration.
- 10.6 Allocations by the Parties shall be based on priority and need. The Parties shall make available financial information to the Integration Joint Board as may be required to inform financial planning.

Set Aside Budget for Large Hospital Services

- 10.7 In addition to the payments to the Integration Joint Board, NHS Dumfries and Galloway will identify a Set Aside Budget to be made available to the Integration Joint Board for Delegated Functions to be carried out in large hospitals. The Set Aside Budget will be based on an apportionment of the relevant NHS Dumfries and Galloway Board budgets.
- 10.8 The initial core baseline Set Aside Budget will be based on cost and activity in line with Scottish Government financial guidance and agreed in partnership by NHS Dumfries and Galloway Director of Finance and the Chief Finance Officer. Set Aside Budgets for future years will be based on the content of the Strategic Plan and any subsequent projected activity changes.

Schedule of Payments

- 10.9 The net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board, Resource Transfer and Virement between the Parties and the Integration Joint Board shall be transferred between the Parties on a six-monthly basis, with a final adjustment on closure of the Annual Accounts. The timetable and payment schedule shall be prepared in advance of the start of the financial year.

Integrated Budget In-Year Variations

- 10.10 Process for resolving budget variances in the Integrated Budget: -
Overspend

- 10.10.1 The Chief Officer is expected to deliver the Outcomes within the total amount of the Integrated Budget;
- 10.10.2 Where there is a forecast overspend against an element of the Integrated Budget, the Chief Officer, the Chief Finance Officer and the relevant finance officers of the Parties must agree a Recovery Plan setting out agreed corrective action to balance the overspend in the Integrated Budget. In any instance where a Recovery Plan cannot be agreed by the above officers, the dispute resolution process (as it is laid out in section 16 of this document) shall apply. The Recovery Plan shall be submitted to the Integration Joint Board for agreement; and
- 10.10.3 In addition, the Integration Joint Board may increase the payment to the affected body by either:
- a. Utilising an underspend on the other arm of the Integrated Budget to reduce the payment to that body; and/or
 - b. Utilising the balance on the general fund, if available, of the Integration Joint Board in line with the reserves policy;
- 10.10.4 If the Recovery Plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the Parties have the option to:
- a. Make additional one-off payments to the Integration Joint Board;
or
 - b. Provide additional resources to the Integration Joint Board which can then be recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to resolve this.
- 10.10.5 As a default position, should the Recovery Plan be unsuccessful, the Integration Joint Board may request that the payment from the Parties be adjusted to take account of any revised assumptions. It shall be incumbent on the Party who originally provided the resources for provision of a delegated Service to make the additional payment to cover the shortfall.

Underspend

- 10.10.6 Where there is a forecast underspend in an element of the operational Integrated Budget, the first priority for use of the forecast underspend shall be to offset any forecast overspend within the operational Integrated Budget. If a total underspend remains to be forecast, the Integration Joint Board should forecast the retention of the underspend, except where material errors in the assumptions are made in the method to determine the payment for the function. In these circumstances the payment for this element should be recalculated using the revised assumptions.

- 10.10.7 In the event of a forecast underspend the Integration Joint Board shall be required to decide whether this results in a re-payment to the relevant Party or whether any surplus funds shall contribute to the Integration Joint Board's general fund reserves.
- 10.10.8 The Chief Officer and the Chief Finance Officer shall have an agreed reserves policy for the Integration Joint Board which is reviewed annually.
- 10.10.9 In the event of a return of funds to the Parties, the split of the re-payment shall be based upon the Parties' proportionate share of the baseline payment to the Integration Joint Board, regardless of the operational budget in which the underspend has occurred.
- 10.10.10 It should be noted that, underspends in "ring fenced" allocations may not be available for alternative use and may need to be returned to Scottish Government.

Non Integrated Budgets

- 10.11 In the event of a projected in-year overspend elsewhere across the Parties' non-integrated budgets, they should contain the overspend within their respective non-integrated resources.
- 10.12 In exceptional circumstances, should they require the Integration Joint Board to contribute resources to offset the overspend, they must do this by amending their Allocations to the Integration Joint Board.
- 10.13 This provision should only be used in extremis and shall be subject to consultation with the Integration Joint Board. The Chief Officer shall determine the actions required to be taken to deliver the necessary savings to fund the reduction in Allocations. This should be approved by the Integration Joint Board. If necessary, either Party may increase its in year payment to the Integration Joint Board.

Chief Finance Officer and Managing Financial Performance

- 10.14 The Chief Finance Officer is appointed by the Integration Joint Board.
- 10.15 The Integration Joint Board shall receive financial management support from the Chief Finance Officer.
- 10.16 Financial advice and support shall also be provided to the Chief Officer by the Chief Finance Officer, supported by the finance staff of each Party which supports the operational budgets for Delegated Functions.
- 10.17 The Chief Finance Officer shall establish a process of regular in year reporting and forecasting to provide the Chief Officer with management accounts for both arms of

the operational budget and for the Integration Joint Board as a whole.

- 10.18 The Chief Finance Officer shall provide the Chief Officer with financial advice for the respective operational budgets.
- 10.19 Financial reports shall be produced by the Parties as part of the financial performance structure provided to the Integration Joint Board. Future content and frequency of reporting shall be agreed with the Integration Joint Board.
- 10.20 The financial reports shall set out information on actual expenditure and budget for the year to date and forecast outturn against budget together with explanations of significant variances and details of actions required. These financial reports also set out progress with achievement of any budgetary savings.
- 10.21 Services for processing transactions for Delegated Functions (e.g. payment of suppliers, payment of staff, raising invoices), shall be provided to the Integration Joint Board by the Parties. The Integration Joint Board should operate all financial transactions in line with the appropriate financial regulations of the Parties dependent upon the organisation the transaction applies.

Annual Accounts

- 10.22 The responsibility for preparing the Annual Accounts of the Integration Joint Board resides with the Chief Finance Officer, who is also responsible for agreeing a timetable for the preparation of the Annual Accounts in conjunction with the Director of Finance of NHS Dumfries and Galloway and the Chief Financial Officer of the Council. The Chief Finance Officer shall also be responsible for the financial planning input to the Strategic Plan.
- 10.23 Prior to 31 January in each year, the Chief Finance Officer will agree with the Chief Financial Officer of the Council and the Director of Finance of NHS Dumfries and Galloway, a procedure and timetable for the upcoming financial year end for reconciling payments and agreeing any balances.
- 10.24 The Parties will allocate a share of the corporate overhead costs (matched by a corresponding budget allocation) to the Integration Joint Board at the end of the financial year in order to comply with local authority accounting regulations.

Arrangements for Asset Management and Capital

- 10.25 The Integration Joint Board does not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. Each of the Parties shall continue to own any property and assets of that Party used by the Integration Joint Board and have access to appropriate sources of funding for capital expenditure.
- 10.26 The Chief Officer will advise of the needs of Services in respect of the overall capital investment considerations of the Parties and will consult with the Parties on how to make best use of existing resources.

11 Participation and Engagement

Principles

- 11.1 The Integration Joint Board and the Parties have established shared principles in relation to participation and engagement:
- 11.1.1 Inform, engage and respond to people and organisations as appropriate;
 - 11.1.2 Engagement and participation work must allow local people to influence how Services are designed and delivered;
 - 11.1.3 Help people to take responsibility and feel they have power;
 - 11.1.4 Recognise the importance of partnership and team working;
 - 11.1.5 Work in a way that involves everyone and is accessible;
 - 11.1.6 Make sure that participation and engagement is open and doesn't hide anything;
 - 11.1.7 Respect people's privacy, dignity and confidentiality;
 - 11.1.8 Use different methods of communicating so that as many people as possible can take part;
 - 11.1.9 Provide enough resources for the engagement activities;
 - 11.1.10 People from different organisations should work together; and
 - 11.1.11 Organisations should encourage their people to work together and share ideas and resources.

Consultation on the Original Integration Scheme

- 11.2 A joint consultation took place on the Original Integration Scheme in February - March 2015. The stakeholders consulted included:
- 11.2.1 Local communities/general public;
 - 11.2.2 Health professionals, including GPs;
 - 11.2.3 People supported by health and social care;
 - 11.2.4 Carers of people supported by health and social care;
 - 11.2.5 Commercial providers of health care;
 - 11.2.6 Non-commercial providers of health care;
 - 11.2.7 Council employees;
 - 11.2.8 NHS Dumfries and Galloway employees;
 - 11.2.9 Council Elected Members;
 - 11.2.10 NHS Dumfries and Galloway Board members;
 - 11.2.11 Social care professionals;
 - 11.2.12 Commercial providers of social care;

- 11.2.13 Non-commercial providers of social care;
- 11.2.14 Staff of NHS Dumfries and Galloway and the Council who are not health professionals or social care professionals;
- 11.2.15 Non-commercial providers of social housing;
- 11.2.16 Third sector bodies carrying out activities related to health or social care;
- 11.2.17 Trade Unions;
- 11.2.18 Dumfries and Galloway Community Planning Partnership;
- 11.2.19 Dumfries and Galloway Community Planning Stakeholders Group
Dumfries and Galloway Public Protection Committee;
- 11.2.20 Learning Disability Interest Groups;
- 11.2.21 Accessible Transport Forum;
- 11.2.22 Older People's Consultative Group;
- 11.2.23 Alzheimers Scotland;
- 11.2.24 Day Centres;
- 11.2.25 Dumfries and Galloway Over 50s Group;
- 11.2.26 Royal Voluntary Service;
- 11.2.27 The Food Train;
- 11.2.28 Dumfries and Galloway Carers Centre;
- 11.2.29 Capability Scotland;
- 11.2.30 Third Sector, Dumfries and Galloway (Interface);
- 11.2.31 Department of Work and Pensions;
- 11.2.32 Dumfries and Galloway Citizens Advice Service;
- 11.2.33 Further/Higher Education;
- 11.2.34 DG Voice;
- 11.2.35 Dumfries and Galloway Multicultural Association;
- 11.2.36 Dumfries and Galloway Inter Faith Group;
- 11.2.37 MPs, MSPs, MSYPs in Dumfries and Galloway;
- 11.2.38 Age Scotland;
- 11.2.39 Dumfries and Galloway LGBT Centre; and
- 11.2.40 User and Carer Involvement (UCI)

- 11.3 This Integration Scheme contains significant changes. The changes affect the list of health functions and the health services related to these functions that have been delegated from NHS Dumfries and Galloway to the Integration Joint Board from those delegated under the Original Integration Scheme and First Revised Integration Scheme as well as changes to the number of voting members of the Integration Joint Board. Therefore, further engagement and consultation specifically

relating to these changes was undertaken involving the groups as they are stated within The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014.

- 11.4 This Integration Scheme was fully impact assessed on the 22nd August 2025 and considered a wide range of issues particularly relevant to health and social care integration including equalities, human rights, health and health inequalities, economic and social sustainability and environment. The full Dumfries and Galloway Integration Scheme 2025 Equalities Impact Assessment is published and publicly available.

Consultation responses

- 11.5 All consultation responses received were submitted to the Parties and considered and taken into account by them prior to finalising and agreeing this Integration Scheme.

Integration Joint Board Participation and Engagement Strategy

- 11.6 The Integration Joint Board has an agreed Participation and Engagement Strategy in place in accordance with the National Standards.

12 Information Sharing and Data Handling

- 12.1 All information sharing and data handling arrangements relating to integrated services shall be in compliance with the DPA and the UK GDPR.
- 12.2 The Parties have agreed a supporting ISA in line with the Information Commissioner's Office guidance on a staged basis of disclosure. This is now supporting an integrated approach to sharing information through the issue of a single shared information portal.
- 12.3 The Parties shall each ensure that its staff working within the Partnership shall be bound by a duty of confidentiality and are required to comply and adhere to each Party's respective information governance and security policies and procedures of their employing organisations, including the requirements of the agreed ISA.
- 12.4 The Parties shall ensure that Information sharing arrangements, including any agreements, procedures and protocols in place between the Parties to enable the staff working within the Partnership to share such relevant information necessary are in place and such are reviewed annually or more frequently if required, by the Parties information governance leads.
- 12.5 The Parties shall ensure that Personal Data (as defined in the DPA) and Special Categories of Personal Data (as defined in the UK GDPR), is held in electronic and paper formats, and shall only be accessed by authorised staff who require to access for the purposes set out in the Act.
- 12.6 The Parties acknowledge that in order to provide fully integrated health and social

care services, it will be necessary to share Personal Data of the person or people being supported by health and/or social care with external agencies not party to this Integration. In these instances, the relevant Party shall obtain the explicit consent of the Data Subject (as defined in the DPA), or their lawfully recognised representative, unless an overriding statutory requirement or exemption exists. In order to comply with the DPA and the UK GDPR, the Parties shall ensure that Personal Data that it may process is handled fairly, lawfully and in a transparent manner.

- 12.7 In order to comply with the DPA and GDPR, the Parties will ensure that all Personal Data is processed in compliance with the data protection principles (as set out in the UK GDPR).

13 Complaints Protocol

- 13.1 This complaints protocol sets out how the Parties will work jointly to achieve a joint approach to addressing complaints from the people supported by health and social care, Carers and any other authorised representatives about any integrated health and social care service.
- 13.2 The Parties agree that the responsibility for addressing complaints from people supported by health and social care and/or Carers is delegated to the Party responsible for the delivery of the particular health or social care service being complained about. There will be an overview carried out by the Chief Officer and a commitment to joint working, wherever necessary, between the Council and NHS Dumfries and Galloway when addressing complaints about any Service.
- 13.3 This provision ensures that the existing separate statutory complaint handling arrangements put in place by the Parties for health and social work services will be followed.
- 13.4 These arrangements also apply where, in the event that a complainant may be dissatisfied with the Chief Social Work Officer's decision in relation to a complaint about social work services, the complainant has a legal right to access a third stage independent review by the SPSO.
- 13.5 Legislation provides for a complainant with a health care complaint to pursue any appeal directly with the SPSO, after the one-stage complaint procedure has been exhausted.
- 13.6 People supported by health and social care and Carers and others, authorised to act as their representatives, shall make complaints either to the Council or NHS Dumfries and Galloway by submitting an online complaint form, by telephoning the relevant department or attending in person or in writing.
- 13.7 In addition to above, in 2017, Scottish Government advised that all integration joint boards must have their own complaints handling procedure in place. This allows members of the public to express their dissatisfaction about the integration joint board's action or lack of action, or about the standards of services relating to

functions delegated to that integration joint board.

- 13.8 There are currently three (3) key established processes for a complaint about health and social care services to follow depending on the lead Party. It is the responsibility of the lead Party to comply with the relevant and appropriate procedure:
- Dumfries and Galloway Council Complaints Handling Procedure;
 - NHS Dumfries and Galloway Complaints Procedure; and
 - Dumfries and Galloway Integration Joint Board Complaints Handling Procedure.
- 13.9 The above procedures can be found on the internet or by contacting the relevant Party.
- 13.10 All external providers commissioned by the Parties to provide Services to the Integration Joint Board are required to have their own complaints procedure in place which shall be quality assured by the Parties. Where complaints are received that relate to a service provided by an external service provider, the lead Party shall refer the complainant to the external provider for resolution of their complaint. This may be done by either provision of contact details or by the lead Party passing the complaint on, depending on the approach preferred by the complainant.
- 13.11 Each Party has a clearly defined description of what constitutes a complaint contained within its complaints handling documentation, although for consistency, and since the SPSO exercises regulatory and scrutiny functions over health and social care, it is reasonable to adopt the SPSO's definition of a complaint, which is:
- 'an expression of dissatisfaction by one or more members of the public about the local authority's (or NHS) action or lack of action, or about the standard of service provided by or on behalf of the local authority (or NHS).'*
- 13.12 Should there be any data sharing requirements in relation to any complaint, the Data Sharing Protocol shall detail how this shall be managed.
- 13.13 All complaints shall be signed off as per the lead Party's procedure. The Chief Officer shall monitor the level and nature of complaints received.
- 13.14 Staff shall follow the complaints handling process of their employing Party. The employing Party shall take responsibility for the triage of the complaint and liaise with the other Party where required.
- 13.15 The current processes within the Parties for gathering feedback, from people supported by health and/or social care and Carers, families and public, how it has been used for making improvements and learning, and how it is reported, shall continue.
- 13.16 Existing performance information and lessons learned relating to complaints investigations shall be collected and reported to the Integration Joint Board in line with the Clinical and Care Governance and Professional Oversight arrangements

laid out in this Integration Scheme.

- 13.17 Performance information and lessons learned relating to complaints investigations shall be reported to the Integration Joint Board at its next meeting following reporting to the board of NHS Dumfries and Galloway or the Council's Audit and Risk Management Committee.
- 13.18 The above arrangements are monitored and evaluated annually.

14 Claims Handling, Liability and Indemnity

- 14.1 The Parties and the Integration Joint Board all recognise that they could receive a claim arising from or which relates to the work undertaken on the Directions of the Integration Joint Board.
- 14.2 The Parties agreed to ensure that any such claims are processed quickly and in a manner which is equitable between them.
- 14.3 So far as reasonably practicable, the normal common law and statutory rules relating to liability shall apply.
- 14.4 Each Party shall assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 14.5 Each Party shall assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.
- 14.6 In the event of any claim against the Integration Joint Board or in respect of which it is not clear which Party should assume responsibility then the Chief Officer (or their representative) shall liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

15 Risk Management

- 15.1 A risk management strategy for the Integration Joint Board was developed and approved by the Integration Joint Board by 31 December 2015.

The Integration Joint Board Audit, Risk and Governance Committee

- 15.2 The Integration Joint Board Audit, Risk and Governance Committee consists of voting and non-voting (advisory) members of the Integration Joint Board.
- 15.3 The Integration Joint Board Audit, Risk and Governance Committee
 - 15.3.1 Ensures that the risk management strategy is regularly reviewed and updated;
 - 15.3.2 Advises and seeks approval from the Integration Joint Board

regarding any changes to the risk management strategy, including the level of risk appetite;

- 15.3.3 Considers and maintains an overview of the effectiveness of the risk management process;
- 15.3.4 Assesses and prioritises risks relating to the delivery of Services, particularly any likely to affect the Integration Joint Board's delivery of the Strategic Plan;
- 15.3.5 Ensures that significant risks are being adequately and appropriately managed; and
- 15.3.6 Monitors the implementation of improvement action plans.

The risk management strategy

15.4 The Integration Joint Board risk management strategy sets out:-

- 15.4.1 The responsibilities of the Chief Officer, risk owners, and the Parties in relation to risk;
- 15.4.2 The processes for mitigating risks;
- 15.4.3 Arrangements for managing significant risks. Progress on agreed actions in relation to these are reviewed every quarter by the Integration Joint Board Audit, Risk and Governance Committee; and
- 15.4.4 The agreed reporting standard that enables significant risks identified by the Parties and the Integration Joint Board to be compared between the Parties and the Integration Joint Board. Significant risks shall be reviewed either annually or every six (6) months by the Integration Joint Board Audit, Risk and Governance Committee.

- 15.5 Information on risks is effectively communicated between the Integration Joint Board Audit, Risk and Governance Committee and the Integration Joint Board through the use of a shared system to record and monitor any action being taken.
- 15.6 Amendments to the risk register shall be subject to scrutiny by the Integration Joint Board Audit, Risk and Governance Committee.
- 15.7 The Parties shall provide appropriate resources to ensure that the risk management of the Integration Joint Board is delivered to a high standard.

16 Dispute resolution mechanism

- 16.1 Where either of the Parties fails to agree with the other on any issue related to this Integration Scheme, they shall follow the process as set out below:
 - 16.1.1 The Chief Executives of the Parties shall meet to resolve the issue;
 - 16.1.2 If unresolved, the Parties shall each prepare a written note of their position on the issue and exchange it with the other within twenty one (21) calendar days of the meeting held in accordance with clause

16.1.1;

- 16.1.3 In the event that the issue remains unresolved, representatives of the Parties shall proceed to mediation with a view to resolving the issue;
- 16.1.4 A representative of each of the Parties shall meet with a view to appointing a suitable independent person to act as mediator. If agreement cannot be reached a referral shall be made to the President of the Law Society of Scotland inviting the President to appoint a person to act as mediator. The mediation process shall commence within twenty eight (28) calendar days of the meeting held in accordance with clause 16.1.3; and
- 16.1.5 Where the issue remains unresolved after following the processes outlined above, and if mediation does not allow an agreement to be reached within six (6) months from the date of its commencement, or any other such time as the Parties may agree, either Party may notify Scottish Ministers that agreement cannot be reached.

Annex 1

Part 1

Functions delegated by NHS Dumfries and Galloway to the Integration Joint Board

Column A

Column B

The National Health Service (Scotland) Act 1978

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978

Except functions conferred by or by virtue of –

Section 2(7) (Health Boards);

Section 2CB (functions of Health Boards outside Scotland)

Section 9 (local consultative committees);

Section 17A (NHS contracts);

Section 17C (personal medical or dental services)

Section 17I (use of accommodation);

Section 17J (Health Boards' power to enter into general medical services contracts);

Section 28A (remuneration for Part II services);

Section 38 (care of mothers and young children);

Section 38A (breastfeeding);

Section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);

Section 48 (residential and practice accommodation)

Section 55 (hospital accommodation on part payment)

Section 57
(accommodation and
services for private
patients)

Section 64 (permission for
use of facilities in private
practice)

Section 75A (remission
and repayment of charges
and payment of travelling
expenses);

Section 75B
(reimbursement of the cost
of services provided in
another EEA state);

Column A
Enactment conferring functions

Column B
Limitations

Section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

Section 79 (purchase of land and moveable property);

Section 82 (use and administration of certain endowments and other property held by Health Boards);

Section 83 (power of Health Boards and local health councils to hold property on trust);

Section 84A (power to raise money, etc., by appeals, collections, etc);

Section 86 (accounts of Health Boards and the Agency);

Section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

Section 98 (charges in respect of non- residents); and

Paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by-

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001;

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;

The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

Column A
Enactment conferring functions

Column B
Limitations

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018;

The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;

The National Health Service (General Dental Services) (Scotland) Regulations 2010; and

The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7
(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003

Except functions conferred by –

Section 22 (approved medical practitioners);

Section 34 (inquiries under Section 33: cooperation);

Section 38 (duties on hospital managers: examination, notification etc.);

Section 46 (hospital managers' duties: notification);

Column A
Enactment conferring functions

Column B
Limitations

Section 124 (transfer to other hospital);

Section 228 (request for assessment of needs: duty on local authorities and Health Boards)

Section 230 (appointment of patient's responsible medical officer);

Section 260 (provision of information to patient);

Section 264 (detention in conditions of excessive security: state hospitals);

Section 267 (order under section 264 or 265; recall);

Section 281 (correspondence of certain persons detained in hospital);

and functions covered by-

The Mental Health (Safety and Security) (Scotland) Regulations 2005;

The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and

The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23
(other agencies etc. to help in
exercise of functions under the Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by –
Section 31 (public functions: duties to provide information on certain

Column A
Enactment conferring function

Column B
Limitation

expenditure etc.); and

Section 32 (public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by the Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012

Part 2

Services relating to functions delegated by NHS Dumfries and Galloway to the Integration Joint Board

The following services relating to NHS Dumfries and Galloway functions delegated pursuant to Part 1 of Annex 1 apply to adults over the age of 18

- Accident and emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine—
 - general medicine;
 - geriatric medicine;
 - rehabilitation medicine;
 - respiratory medicine; and
 - psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Inpatient hospital services provided by General Medical Practitioners.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- District nursing services.
- Services provided outwith a hospital in relation to an addiction or dependence on any substance.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- The public dental service.
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.
- General dental services provided under arrangements made in pursuance of section 25 of the National Health Service (Scotland) Act 1978.
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.
- Services providing primary medical services to patients during the out-of-hours period.

- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
 - Kidney dialysis services provided outwith a hospital.
 - Services provided by health professionals that aim to promote public health.

Annex 2

Part 1

Functions delegated by the Council to the Integration Joint Board

Column A

Enactment conferring function

Column B

Limitation

National Assistance Act 1948

Section 48

(duty of Councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958

Section 3

(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(local authorities for the administration of the Act)

So far as it is exercisable in relation to another integration function.

Section 4

(provisions relating to performance of functions by local authorities)

So far as it is exercisable in relation to another integration function.

Section 8

(research)

So far as it is exercisable in relation to another integration function.

Section 10

(financial and other assistance to voluntary organisations etc. for social work)

So far as it is exercisable in relation to another integration function.

Section 12

(general social welfare services of local authorities)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 12A

(duty of local authorities to assess needs)

So far as it is exercisable in relation to another integration function.

Column A**Enactment conferring function**

Section 12AZA
(assessments under section 12A
– assistance)

Section 13
(power of local authorities to
assist persons in need in disposal
of produce of their work)

Section 13ZA
(provision of services to
incapable adults)

Section 13A
(residential accommodation with
nursing)

Section 13B
(provision of care or aftercare)

Section 14
(home help and laundry facilities)

Section 29
(power of local authority to defray
expenses of parent, etc., visiting
persons or attending funerals)

Section 59
(provision of residential and other
establishments by local
authorities and maximum period
for repayment of sums borrowed
for such provision)

Column B**Limitation**

So far as it is exercisable in relation to
another integration function.

So far as it is exercisable in relation to
another integration function.

So far as it is exercisable in relation to
another integration function.

The Local Government and Planning (Scotland) Act 1982

Section 24 (1) (The provision of gardening assistance for the disabled and the elderly)

Column A**Enactment conferring function****Column B****Limitation****Disabled Persons (Services, Consultation and Representation) Act 1986**

Section 2
(rights of authorized representatives
of disabled persons)

Section 3
(assessment by local authorities of
needs of disabled persons)

Section 7
(persons discharged from hospital)

In respect of the assessment of need for any
services provided under functions contained in
welfare enactments within the meaning of section
16 and which are integration functions.

Section 8
(duty of local authority to take into
account abilities of Carer)

In respect of the assessment of need for any
services provided under functions contained in
welfare enactments (within the meaning set out in
section 16 of that Act) which are integration
functions.

The Adults with Incapacity (Scotland) Act 2000

Section 10
(functions of local authorities)

Section 12
(investigations)

Section 37
(residents whose affairs may be
managed)

Only in relation to residents of establishments
which are managed under integration functions.

Section 39
(matters which may be managed)

Only in relation to residents of establishments
which are managed under integration functions.

Section 41
(duties and functions of managers of
authorised establishment)

Only in relation to residents of establishments
which are managed under integration functions.

Section 42
(authorisation of named manager to
withdraw from resident's account)

Only in relation to residents of establishments
which are managed under integration functions.

Section 43
(statement of resident's affairs)

Only in relation to residents of establishments
which are managed under integration functions.

Column A
Enactment conferring function

Column B
Limitation

Section 44
(resident ceasing to be resident of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Section 45
(appeal, revocation etc)

Only in relation to residents of establishments which are managed under integration functions.

The Housing (Scotland) Act 2001

Section 92
(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Community Care and Health (Scotland) Act 2002

Section 5
(local authority arrangements for residential accommodation outwith Scotland)

Section 14
(payments by local authorities towards expenditure by NHS bodies on prescribed functions)

The Mental Health (Care and Treatment) (Scotland) Act 2003

Section 17
(duties of Scottish Ministers, local authorities and others as respects Commission)

Section 25
(care and support services etc.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26
(services designed to promote well-being and social development)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27
(assistance with travel)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 33
(duty to inquire)

Section 34
(inquiries under section 33: Cooperation)

Column A
Enactment conferring function

Column B
Limitation

Section 228
(request for assessment of needs
duty on local authorities and Health
Boards)

Section 259
(advocacy)

The Housing (Scotland) Act 2006

Section 7(1)(b)
(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Section 4
(council's duty to make inquiries)

Section 5
(co-operation)

Section 6
(duty to consider importance of
providing advocacy and other
services)

Section 11
(assessment Orders)

Section 14
(removal orders)

Section 18
(protection of moved persons
property)

Section 22
(right to apply for a banning order)

Section 40
(urgent cases)

Section 42
(Adult Protection Committees)

Section 43
(Membership)

Column A
Enactment conferring function

Column B
Limitation

Social Care (Self-directed Support) (Scotland) Act 2013

Section 5
(choice of options: adults)

Section 6
(choice of options under section 5:
assistances)

Section 7
(choice of options: adult Carers)

Section 9
(provision of information about self-
directed support)

Section 11
(local authority functions)

Section 12
(eligibility for direct payment
review)

Section 13
(further choice of options on
material change of circumstances)

Only in relation to a choice under section 5 or 7
of the Social Care (Self-directed Support)
(Scotland) Act 2013

Section 16
(misuse of direct payment
recovery)

Section 19
(promotion of options for self-
directed support)

The Carers (Scotland) Act 2016

Section 6
(duty to prepare adult Carer support plan)

Section 21
(duty to set local eligibility criteria)

Column A
Enactment conferring function

Column B
Limitation

Section 24
(duty to provide support)

Section 25
(provision of support to Carers:
breaks from caring)

Section 31
(duty to prepare local Carer strategy)

Section 34
(information and advice services for
Carers)

Section 35
(short break services statements)

Functions conferred by virtue of enactments, prescribed for the purposes of section 1(7) of
the Public Bodies Joint Working (Scotland) Act 2014

The Community Care and Health (Scotland) Act 2002

Section 4
The functions conferred by Regulation
2 of the Community Care (Additional
Payments) (Scotland) Regulations 2002

Part 2

Services provided by the Council which are to be integrated

- Social work services for adults and older people;
- Services and support for adults with physical disabilities and learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;
- Aspects of housing support, including aids and adaptations;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

IJB Voting Membership

Voting Members:

Kim Dams (Chair)	- NHS Voting Member
Ian Carruthers (Vice Chair)	- Local Authority Voting Member
Greg Black	- NHS Voting Member
Linda Dorward	- Local Authority Voting Member
Andy McFarlane	- Local Authority Voting Member
Gwilym Gibbons	- NHS Voting Member
Maureen Johnstone	- Local Authority Voting Member
Vicky Keir	- NHS Voting Member

Voting Members:

Service User	- Lived Experience Representative
Carer	- Lived Experience Representative
Third Sector	- Lived Experience Representative

Substitute Voting Members:

VACANT	- NHS Substitute Voting Member
Richard Brodie	- Local Authority Substitute Voting Member
Andy Ferguson	- Local Authority Substitute Voting Member
Gail MacGregor	- Local Authority Substitute Voting Member
Keith Walters	- Local Authority Substitute Voting Member
VACANT	- Lived Experience Representative
VACANT	- Lived Experience Representative
VACANT	- Lived Experience Representative