Dumfries and Galloway Integration Joint Board

Annual Performance Report 2025/26

Draft Version
June 2026

For further information

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Introduction

Chief Officer Introduction

I am pleased to present the Annual Performance Report for 2025/26, reflecting on a year that has tested our health and social care system whilst also creating an important opportunity to shape a different future for the people of Dumfries and Galloway.

Across Scotland, health and social care services continue to face significant challenges. Rising demand, increasing complexity of need, workforce pressures and an unprecedented financial environment have combined to create conditions that require us to think differently about how we organise, commission and deliver support. Locally, we are operating within a level of financial challenge beyond anything previously experienced, requiring difficult decisions and a renewed focus on ensuring that every pound invested delivers the greatest possible benefit for our communities.

While these challenges are significant, they also provide a catalyst for change. Increasingly, the evidence tells us that the long-term sustainability of health and social care will not be achieved through incremental improvements alone. Instead, it requires a fundamental shift towards prevention, early intervention, self-management, community resilience and more integrated models of care delivered closer to people's homes and communities.

The introduction of sub-national planning across NHS Scotland during 2025 provides an important framework for achieving this. By working collaboratively with neighbouring Boards and regional partners, we can plan services at the appropriate population scale whilst preserving a strong focus on local needs, local accountability and place-based delivery. This approach creates opportunities to reduce duplication, improve access to specialist services and strengthen the sustainability of key services for the future.

At the same time, we are committed to strengthening our focus on place. The future of health and social care in Dumfries and Galloway will be shaped within our communities, harnessing the strengths of local people, communities, third sector organisations, independent providers and public sector partners. We know that improving outcomes depends on more than responding to illness and crisis; it depends on addressing the wider factors that influence health, wellbeing and independence.

This means investing more deliberately in prevention and early intervention. Supporting people to remain independent for longer, intervening earlier when needs emerge, tackling inequalities, promoting wellbeing and building community capacity are not only the right things to do for our population, they are essential if we are to create a sustainable health and social care system for future generations. Every opportunity to shift resources upstream and prevent avoidable escalation of need has the potential to improve lives and deliver better value from our collective investment.

The performance information presented within this report highlights both areas of progress and areas requiring further improvement. It demonstrates the dedication of our workforce and partners, whilst also reinforcing the urgency of continuing our transformation journey. Our challenge now is to move beyond managing pressures and towards redesigning services around what matters most to people: independence, wellbeing, connected communities and improved outcomes.

Throughout the year, I have continued to be inspired by the commitment, compassion and innovation demonstrated by colleagues across health, social care, the third sector, independent

providers and our communities. Despite the pressures faced, staff and partners have remained focused on delivering high-quality care and support for the people of Dumfries and Galloway.

I would like to extend my sincere thanks to all those who contribute to this shared endeavour. The achievements outlined within this report belong to our workforce, our partners and our communities. Together, we have an opportunity not simply to respond to today's challenges, but to create a more preventative, person-centred and sustainable system of care that will support the health and wellbeing of our population for years to come.

Gareth Marr
Chief Officer
Dumfries and Galloway Health and Social Care Partnership
Dumfries and Galloway Integration Joint Board

The legal bit

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) (here) set a legal framework for integrating health and social care in Scotland. This legislation says that each health board and council must delegate some of their functions to new integration authorities with additional health and social care services that may be delegated should health boards or local authorities choose to do so.

As required by the Act all integration authorities must have a strategic commissioning plan (the Plan). The IJB developed their Plan by consulting with and engaging a broad range of people including people who use health and social care services, Carers and people working in health and social care in statutory, third and independent sectors. It set out the case for change, priority areas of focus, challenges and opportunities and commitments. The Plan was reviewed by the IJB on 4 March 2025 and it was subsequently agreed to adopt the new Strategic Commissioning Plan 2025 - 2028. The Plan can be accessed on the Partnership's website: www.dghscp.co.uk.

Across Scotland, health and social care partnerships are responsible for delivering a range of nationally agreed outcomes. To ensure that performance is open and accountable, section 42 of the Act obliges partnerships to publish an Annual Performance Report (APR) that sets out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible.

Integration Authorities are required to publish their APR by the end of July each year.

Performance against our Strategic Commissioning Plan

The key strategy that underpins the Health and Social Care Partnership is the Strategic Commissioning Plan 2025-2028 (here)

The latest SCP was approved by the IJB in March 2025. The Public Bodies (Scotland) Act 2014 places a legislative requirement on integration authorities to review their strategic plan at least once every 3 years.

The SCP's Strategic Commissioning Intentions (SCIs) were reviewed at two sessions with the Strategic Planning Group in November 2024 and January 2025. They were updated to make them more intentional and ensure they align better with the National Health and Wellbeing outcomes.

The review concluded that the existing vision, purpose and Model of Care remained fit for purpose. The IJB agreed that there is now no need to review the SCP until the end of the relevant period in 2028.

Contribution of Activities and Expenditure

There is a continued shift towards prevention, community-based care and service transformation, but delivery is occurring in the context of major financial deficits, workforce pressures and rising demand. Additional NHS and Council funding has prevented an in-year financial deficit, but sustainable improvement in outcomes will depend on successfully implementing service redesign, strengthening community capacity and achieving recurrent savings over the next several years.

This section describes how service delivery and financial investment have contributed to outcomes:

Key service changes:

Service renewal and transformation agenda
The IJB recognised that existing models of care are under significant pressure from financial deficits, workforce shortages, increasing demand, delayed discharges and growing waiting lists. As a result, it has committed to a programme of service renewal, focusing on sustainable service redesign, stronger community-based support and transformation of care delivery.

Shift towards community-based care
The Strategic Commissioning Plan 2025–2028 reinforces a model that prioritises:

- Supporting people to remain independent at home.
- Delivering health and social care within local communities wherever possible.
- Increased use of reablement, technology and self-management approaches.
- Reducing reliance on hospital and residential care through earlier intervention and community supports.

Governance and delegation changes
During 2025/26 the Integration Scheme was revised, leading to:

- Changes to delegated health functions and budgets.
- Streamlining governance arrangements.
- Reduction of the committee structure from four committees to two, intended to support more efficient strategic planning, commissioning and financial oversight.

Financial recovery programmes
To address the scale of financial pressures:

- NHS services operated dedicated financial recovery workstreams focused on delivering savings and developing longer-term sustainability plans.

- Adult Social Care implemented savings and recovery plans, with most measures taking effect from September 2025.

Resource allocation:

Significant financial pressures
The IJB began 2025/26 with a projected financial gap of £25.4 million, arising from an overall projected deficit of £56.1 million before savings. A savings target of £30.7 million was established across NHS and Council delegated services.

Additional NHS funding support
The Scottish Government provided non-repayable deficit support funding to NHS Dumfries and Galloway, including:

- £17 million allocated to services delegated to the IJB.
- Total NHS delegated-service overspend at year end reduced to £13.2 million, covered through additional NHS financial support.

Local Authority support
Adult Social Care services reported a year-end overspend of £9.5 million, leading to a formal request to Dumfries and Galloway Council for additional funding support under the Integration Scheme.

Investment held in reserves
The IJB held £10.7 million of fully committed reserves at 31 March 2026. Much of this funding was linked to:

- Operational Improvement Plan (OIP) initiatives.
- Reform of healthcare delivery.
- Reducing waiting times.
- Shifting care from acute settings into community settings.

Future resource allocation priorities
Resources are increasingly being directed towards:

- Financial sustainability and recovery.
- Community-based services.
- Workforce sustainability.
- Reducing unscheduled care pressures.
- Supporting strategic transformation programmes.

Impact on outcomes:

Positive intentions and planned outcomes
The Strategic Commissioning Plan aims to improve outcomes by:

- Enabling people to access care at the right time.
- Supporting independence and living at home.
- Improving service user experience and dignity.
- Increasing resilience, self-management and use of technology.
- Delivering more care closer to home.

Ongoing pressures affecting outcomes
There are several challenges that continue to impact outcomes:

- Increased demand for unscheduled care.

- Rising numbers of people with complex health needs.
- Delayed discharge pressures due to limited social care capacity.
- Waiting lists and waiting times continuing to grow.
- Shortages in care-at-home provision and care home capacity.
- Recruitment and retention challenges across the workforce.

System-wide impacts

Delayed discharges and constrained community capacity continue to affect:

- Hospital flow.
- Emergency department performance.
- Patient experience.
- Recovery of elective care services.

Financial sustainability risks

Although the year-end position improved from the original forecast, recurring financial pressures remain significant:

- NHS delegated services carried forward a recurring deficit of approximately £9 million.
- Adult Social Care continues to require substantial recurring savings to achieve financial sustainability.
- These pressures create ongoing risks to service quality, transformation programmes and long-term outcome improvement.

Financial Performance 2025/26

The Integration Joint Board (IJB) achieved a balanced financial outturn in 2025/26, supported by significant one-off funding. This included £13.2m of non-repayable Scottish Government deficit support funding via NHS Dumfries and Galloway, alongside a £9.5m non-recurring contribution from Dumfries and Galloway Council in line with the Integration Scheme. Total expenditure across delegated services was £596m, comprising £468m for NHS services and £128m for Local Authority services. The financial position reflects continued system-wide pressures, mitigated in-year through a combination of funding support, cost controls, and savings programmes.

NHS delegated services reported a £13.2m overspend, an improvement on the £17m forecast earlier in the year. Key pressures included workforce challenges, high reliance on agency staffing, rising prescribing costs (with medicines contributing £8.1m to the overspend), and unmet savings targets. While £15.4m of savings were delivered, this fell short of the £18.3m target, resulting in a recurring deficit of £9m to be carried forward into 2026/27. Adult Social Care services recorded a £9.5m overspend, improved from the £12.5m opening position, but still reflecting strong demand growth, increasing complexity of care, and reliance on high-cost packages. Savings of £2.5m were achieved primarily through care package recycling, although delivery slowed in the final quarter as demand constrained further efficiencies.

Despite improvement from the start of the year, underlying demand and cost pressures continue to present significant financial risk, with a combined structural gap emerging for 2026/27. A financial recovery plan is in place to address these challenges. The IJB held £10.7m of fully committed reserves at year-end, largely linked to NHS operational improvement priorities, with most expected to return to non-delegated services in 2026/27 under updated integration arrangements.

A full report on the IJB Annual Accounts for the year ended 31 March 2026 is available here.

Contribution to National Health and Wellbeing Outcomes

The IJB has contributed to the National Health and Wellbeing Outcomes through the delivery of its Strategic Commissioning Plan. This assessment uses the most recent National Core Indicator (NCI) results (primarily 2025/26 or latest available year) to consider how well we are achieving the Scottish National Health and Wellbeing Outcomes. Analysis is based on performance against Scotland where available and performance trends over time (Appendix 1 – National Core Indicators).

This assessment of performance against the National Health and Wellbeing Outcomes was supported using artificial intelligence (AI) (Microsoft Co-Pilot). AI was used to analyse available performance information, identify key themes and trends, and assist in assessing progress against the outcomes. All findings, interpretations and conclusions have been reviewed and validated by officers to ensure accuracy, relevance and alignment with national priorities.

Summary of impact:

National Health and Wellbeing Outcome		RAG Assessment
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Amber - Green
2	People, including those with disabilities or long term 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.	Green
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Green
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Amber
5	Health and social care services contribute to reducing health inequalities.	Amber
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 well-being.	Red
7	People who use health and social care services are safe from harm.	Green
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.	Not Assessed
9	Resources are used effectively and efficiently in the provision of health and social care services.	Amber

Areas of strong performance

- Supporting independence at home.
- High levels of care at home for people with intensive needs.
- Positive GP experience.
- Lower premature mortality than Scotland.
- Lower readmission and falls rates.
- Strong Care Inspectorate grades.

Areas requiring improvement

- Support for unpaid carers.
- Delayed discharge.
- Emergency admissions and emergency bed use.
- Perceived impact of services on quality of life.
- Strengthening evidence of progress in reducing inequalities.

Overall Conclusion

The National Core Indicators suggest that the IJB continues to deliver a strong community-focused model of care, with particularly positive performance in independence, care at home, population health outcomes and service quality. However, increasing demand and system pressures are evident through high emergency hospital use, persistent delayed discharge challenges and declining outcomes for unpaid carers. Overall, the IJB is meeting most of the National Health and Wellbeing Outcomes, with the strongest evidence for Outcomes 2, 3 and 7, and the greatest improvement need relating to Outcomes 6 and 9.

Assessment of Outcomes

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer.

Strengths

- 92% of adults report being able to look after their health well or very well, above the Scottish average of 91%.
- Premature mortality rate remains lower than Scotland (409 per 100,000 compared with 426).
- Positive GP experience is significantly better than the national average (78% compared with 71%).
- Falls rate among people aged 65+ is substantially lower than Scotland (18.9 versus 22.2 per 1,000 population).

Challenges

- Emergency admission rates remain significantly higher than Scotland (13,157 compared with 11,470 per 100,000 adults).
- Emergency bed day rates are also considerably higher (135,202 compared with 108,988).

Assessment
Outcome 1 is being met reasonably well. Residents report high levels of self-management and positive access to primary care, and health outcomes such as premature mortality and falls compare favourably with Scotland. However, high levels of unplanned hospital use suggest opportunities to strengthen prevention and proactive support for people with long-term conditions.

RAG Assessment: Amber-Green

Outcome 2
People, including those with disabilities or long term 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.

Strengths

- 79% of people supported at home feel they are supported to live as independently as possible, above the Scottish average of 74%.
- 73% of adults, in 2024/25, with intensive care needs receive care at home compared with 65% nationally (2025/26 data awaiting national publication).
- 96.8% of people, in 2023/24, aged 65+ live in community settings, exceeding the national target of 96.4% (2024/25 data awaiting national publication).
- 88% of the last six months of life is spent at home or in a community setting, close to the Scottish average of 89%.

Challenges

- Delayed discharge remains a significant issue, with 1,105 days per 1,000 population aged 75 or older spent in hospital after being ready for discharge, considerably higher than Scotland (873).

Assessment
Outcome 2 is largely being achieved. Performance demonstrates a strong community-based model of care with high levels of independence and care at home. Delayed discharge pressures, however, indicate challenges in maintaining flow through the whole system.

RAG Assessment: Amber-Green

Outcome 3
People who use health and social care services have positive experiences of those services, and have their dignity respected.

Strengths

- 71% rate their care or support as excellent or good, close to the Scottish average of 72%.
- 69% feel they had a say in how their care was provided, above Scotland's 64%.
- GP experience remains notably positive at 78%, above Scotland’s 71%.

Challenges

- Satisfaction levels remain below pre-pandemic levels across several indicators.
- Perceived impact of services on quality of life has fallen from 84% in 2021/22 to 70% in 2025/26.

Assessment
Outcome 3 is being met. Service users generally report positive experiences, particularly regarding involvement in decision-making. Some deterioration in perceptions of quality-of-life impact indicates pressures on services and increasing expectations.

RAG Assessment: Green

Outcome 4
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Strengths

- 70% of people report services helped improve or maintain quality of life.
- Readmission rates remain consistently better than Scotland (96 compared with 104 per 1,000 admissions).
- Falls performance is significantly better than Scotland.

Challenges

- Quality of life indicator has reduced significantly from 84% to 70% since 2021/22.
- Performance is below Scotland (72%).

Assessment
Outcome 4 is partially achieved. Positive clinical outcomes and lower readmissions suggest effective support, but declining perception of quality-of-life improvements should be regarded as a priority area for improvement.

RAG Assessment: Amber

Outcome 5
Health and social care services contribute to reducing health inequalities

Strengths
- Premature mortality rate, in 2024/25, remains lower than Scotland (2025/26 data awaiting national publication).
- High levels of self-reported health management and positive GP experience suggest good access to core services.

Challenges
- The National Core Indicators do not provide sufficient direct measures of inequalities by deprivation, protected characteristic or geography.
- Continued high emergency admission activity may indicate unequal outcomes for some population groups.

Assessment
Evidence is mixed. Some population health indicators are favourable, but there is insufficient evidence within these indicators alone to demonstrate a systematic reduction in health inequalities.

RAG Assessment: Amber

Outcome 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 well-being.

Strengths
- Levels of support remain broadly consistent with historic performance.

Challenges
- Only 29% of carers report feeling supported to continue in their caring role.
- Performance is below the Scottish average of 32%.
- Performance has declined from 31% in 2021/22.

Assessment
Outcome 6 is not being fully achieved. Carer support is the weakest area within the NCI results. Less than one-third of carers feel sufficiently supported, indicating a clear need for further investment and improvement.

RAG Assessment: Red

Outcome 7
People using health and social care services are safe from harm

Strengths
- 75% of people supported at home report feeling safe, matching the Scottish average.
- Falls rates are significantly better than national performance.
- Readmission rates are consistently lower than Scotland, suggesting good discharge planning and care continuity.
- 83% of care services are graded good or better, matching Scotland.

Challenges
- Perceptions of safety have declined from 87% to 75% since 2021/22.

Assessment
Outcome 7 is being achieved. Safety outcomes remain strong overall, underpinned by good inspection results and low falls rates, although declining perceptions of safety should be monitored.

RAG Assessment: Green

Outcome 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.

- National Indicator A10 (staff recommending their workplace) is not currently available nationally and therefore no assessment can be made.
- Improvements in care inspection grades and sustained positive user experience suggest a workforce that continues to deliver quality care despite system pressures.

Assessment
There is insufficient direct evidence from the available National Core Indicators to provide a definitive assessment.

RAG Assessment: Not Assessed

Outcome 9
Resources are used effectively and efficiently in the provision of health and social care services

Strengths
- Lower readmission rates than Scotland suggest efficient management of care transitions.
- High proportions of people with intensive care needs are supported at home, reducing reliance on institutional care.
- Community-living indicators remain strong.

Challenges
- Emergency admissions remain substantially above Scotland.
- Emergency bed day rates are significantly higher than national averages.
- Delayed discharge performance remains significantly worse than Scotland, suggesting inefficiencies and capacity constraints across the system.

Assessment

Outcome 9 is partially achieved. The system demonstrates strengths in supporting people in community settings, but high levels of hospital utilisation and delayed discharge indicate ongoing challenges in achieving optimal efficiency.

RAG Assessment: Amber

How we are getting on: The symbols we use

Indicator numbers such as “A12”, “B3” or “C5” reference the Performance Handbook which contains information about why and how each indicator is measured. This is available on the Partnership’s website (www.dghscp.co.uk). Where the phrase “Additional Information” is used instead of a number, the figures are not standard measures, but extra information thought to be helpful.

For each indicator there is a Red, Amber or Green (RAG) status:

- Green – we are meeting or exceeding the target or number we compare against
- Amber – we are within 3% of meeting the target of number we compare against
- Red – We are more than 3% away from meeting the target or number we compare against

The direction is an assessment of how the results for an indicator have changed since the previous annual performance report:

- Up – statistical tests indicate the number has increased over time
- No change – statistical tests suggest there is no change over time
- Down – statistical tests indicate the number has decreased over time

The target is the standard set nationally that we compare against. For some indicators there is no national standard and we have set ourselves a target to compare against instead. For some indicators there is no target set nationally or locally.

IJB Directions

A key role of the IJB is to make decisions about how to use the integrated budget to best deliver the Model of Care set out in the Strategic Commissioning Plan (SCP). The IJB issues their instructions in the form of Directions.

There were 32 open IJB Directions at the end of March 2026:

IJB Directions progressing as planned	19
IJB Directions complete	8
IJB Directions at risk of slippage	3
IJB Directions not achieving planned outcomes	
IJB Directions superseded or not delivered	2

During this year, in accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), NHS D&G and Dumfries and Galloway Council, undertook a review of the Dumfries and Galloway Integration Scheme in response to changes proposed in relation to integration arrangements.

The IJB, at its meeting on 16th December 2025, discussed the outcome of the review and agreed the subsequent changes to the Dumfries and Galloway Integration Scheme. This revised Integration Scheme was submitted to Scottish Government for sign off.

As a result the IJB has taken the opportunity to review the current list of IJB Directions to ensure that they comply with the Statutory Guidance on Directions from the Health and Social Care Integration - Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities (January 2020).

A new suite of IJB Directions based on the functions and services detailed within the Dumfries and Galloway Integration Scheme, superseding the current Directions, are expected to be introduced with effect from 2026/27.

Localities in Dumfries and Galloway

The four localities in Dumfries and Galloway, as defined by the Health and Social Care Partnership, follow the traditional boundaries of Annandale and Eskdale, Stewartry, Nithsdale and Wigtownshire. The locality boundaries align with the four GP practice clusters and the eight Home Teams across the region. These structures support the local planning and delivery of community health and social care services.

The most significant change in service design and delivery during 2025/26 has been the development of Community Health and Social Care Hubs, with one established in each locality. This development is a result of the Right Care, Right Place programme, which worked with communities to consider the future use of four former cottage hospitals in Moffat, Newton Stewart, Kirkcudbright and Thornhill.

The hubs are designed to bring a wide range of services together in one accessible place, centred on the needs of local people. Their purpose is to improve wellbeing, support independence and strengthen the coordination of care within communities. A key theme emerging from the consultation process was the importance of strong connections to local communities, with people emphasising the value of accessing services within their own area.

Significant Decisions outwith Strategic Commissioning Plan

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service outside the context of the SCP. A process for making significant decisions is in place and includes consulting the IJB Strategic Planning Group and people who use, or may use, the service.

No Significant Decisions were made by the IJB in 2025/26.

Appendix 1:

National Core Indicators

The results for these indicators have been taken from official statistics publications. Some indicators have not been updated and published by official statistics provider since last year's IJB Annual Performance Report. Updates are expected in the summer of 2026.

Green: We are meeting or exceeding the target or number we compare against

Amber: We are within 3% of meeting the target or number we compare against

Red: We are more than 3% away from meeting the target or number we compare against

Indicator			2021/22	2022/23	2023/24	2024/25	2025/26
A1	Percentage of adults able to look after their health well or very well	Scotland	91%		91%		91%
		Dumfries and Galloway	92%		91%		92%
A2	Percentage of adults supported at home who agree that they are supported to live as independently as possible.	Scotland	79%		72%		74%
		Dumfries and Galloway	77%		73%		79%
A3	Percentage of adults supported at home who agree that they a had a say in how their help, care or support was provided.	Scotland	71%		60%		64%
		Dumfries and Galloway	75%		60%		69%
A4	Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated.	Scotland	66%		61%		65%
		Dumfries and Galloway	70%		61%		65%
A5	Percentage of adults receiving any care or support who rate it as excellent or good.	Scotland	75%		70%		72%
		Dumfries and Galloway	76%		69%		71%
A6	Percentage of people with positive experience of care at their GP practice.	Scotland	67%		69%		71%
		Dumfries and Galloway	75%		77%		78%
A7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	Scotland	78%		70%		72%
		Dumfries and Galloway	84%		69%		70%
A8	Percentage of carers who feel supported to continue in their caring role.	Scotland	30%		31%		32%
		Dumfries and Galloway	31%		29%		29%
A9	Percentage of adults supported at home who agree they felt safe.	Scotland	80%		73%		75%
		Dumfries and Galloway	87%		76%		75%

Indicator			2021/22	2022/23	2023/24	2024/25	2025*
A11	Premature mortality rate per 100,000 persons.	Scotland	463	441	440	426	TBC
		Dumfries and Galloway	452	434	403	409	TBC
A12	Emergency admission rate (per 100,000) - Adults	Scotland	11,777	11,327	11,764	11,333	11,470
		Dumfries and Galloway	12,823	12,334	12,987	13,258	13,157
A13	Emergency bed day rate (per 100,000 population) - Adults	Scotland	118,395	124,329	121,590	116,715	108,988
		Dumfries and Galloway	136,417	146,373	147,254	146,811	135,202
A14	Readmissions to hospital within 28 days (per 1,000 admissions)	Scotland	107	102	105	103	104
		Dumfries and Galloway	93	95	95	94	96
A15/ E5	Proportion of last 6 months of life spent at home or in community setting.	Scotland	90%	89%	89%	89%	89%
		Dumfries and Galloway	90%	88%	88%	88%	88%
A16	Falls rate per 1,000 population aged 65 and over.	Scotland	22.5	22.1	22.5	21.9	22.2
		Dumfries and Galloway	19.5	20.1	19.2	20.1	18.9
A17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	Scotland	76%	75%	77%	82%	83%
		Dumfries and Galloway	80%	77%	74%	82%	83%
A18	Percentage of adults with intensive care needs receiving care at home.	Scotland	65%	65%	65%	65%	TBC
		Dumfries and Galloway	72%	71%	72%	73%	TBC
A19	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population).	Scotland	750	883	842	899	873
		Dumfries and Galloway	790	1,305	1,230	1,174	1,105

TBC – (To be confirmed) Awaiting national publication from Public Health Scotland and National Records for Scotland, expected in summer 2026
* Provisional figures are shown for the calendar year 2025. Confirmed results are awaited from PHS, these are expected to be available in summer 2026

Please note the following indicators are not included while we wait for them to be developed nationally:
A10 – Percentage of staff who say they would recommend their workplace as a good place to work
A21 – Percentage of people admitted to hospital from home during the year, who are discharged to a care home
A22 – Percentage of people who are discharged from hospital within 72 hours of being ready
A23 – Expenditure on end of life care, cost in the last 6 months, per death

Indicator A20 (Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency) has been suspended by Public Health Scotland. Detailed Patient Level Costing System (PLICS) cost information is not available, and it is no longer considered appropriate to make use of proxy data because of the impact of the Covid-19 pandemic on activity and expenditure.

Ministerial Strategy Group Indicators

The results for these indicators have been taken from official statistics publications. Some indicators have not been updated and published by official statistics provider since last year's IJB Annual Performance Report. Updates are expected in the summer of 2026.

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Amber: We are within 3% of meeting the target or number we compare against

Red: We are more than 3% away from meeting the target or number we compare against

The target we are aiming to achieve is show in brackets

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
E1.1	The number of emergency admissions per month for people aged under 18 years	Time period (Month ending)	Mar 2022	Mar 2023	Mar 2024	Mar 2025	Dec 2025 *
		Dumfries and Galloway	238 (216)	236 (216)	269 (216)	210 (216)	227 (216)
E1.2	The number of emergency admissions per month for people aged 18 years and older	Time period (Month ending)	Mar 2022	Mar 2023	Mar 2024	Mar 2025	Dec 2025 *
		Dumfries and Galloway	1,259 (1,266)	1,271 (1,266)	1,213 (1,266)	1,181 (1,266)	1,299 (1,266)
E2.1	The number of unscheduled hospital bed days for **acute specialties** per month for people under 18 years	Time period (Month ending)	Mar 2022	Mar 2023	Mar 2024	Mar 2025	Dec 2025 *
		Dumfries and Galloway	379 (312)	355 (312)	371 (312)	318 (312)	220 (312)
E2.2	The number of unscheduled hospital bed days for **acute specialties** per month for people aged 18 years and older	Time period (Month ending)	Mar 2022	Mar 2023	Mar 2024	Mar 2025	Dec 2025 *
		Dumfries and Galloway	11,746 (10,706)	12,538 (10,706)	12,636 (10,706)	12,718 (10,706)	11,000 (10,706)
E2.3	The number of unscheduled hospital bed days for **mental health** per month for people aged under 18 years	Time period (Quarter ending)	Mar 2022	Mar 2023	Mar 2024	Mar 2025	Dec 2025 *
		Dumfries and Galloway	136 (166)	125 (166)	117 (166)	97 (166)	144 (166)
E2.4	The number of unscheduled hospital beds for **mental health** for people aged 18 years and older	Time period (Quarter ending)	Mar 2022	Mar 2023	Mar 2024	Mar 2025	Dec 2025 *
		Dumfries and Galloway	8,216 (6,559)	10,189 (6,559)	10,337 (6,559)	9,729 (6,559)	9,521 (6,559)
E3	The number of people attending the emergency department per month	Time period (Month ending)	Mar 2022	Mar 2023	Mar 2024	Mar 2025	Dec 2025 *
		Dumfries and Galloway	3,620 (3,953)	3,650 (3,953)	4,090 (3,953)	4,010 (3,953)	3,990 (3,953)

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
E4	The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older	Time period (Month ending)	Mar 2022	Mar 2023	Mar 2024	Mar 2025	Dec 2025 *
		Dumfries and Galloway	2,501 (1,019)	3,022 (1,019)	3,210 (1,019)	3,280 (1,019)	3,102 (1,019)
E5	The percentage of last 6 months of life spent in the community	Time period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries and Galloway	89.9% (88.8%)	88.4% (88.8%)	88.0% (88.8%)	87.5% (88.8%)	87.5% (88.8%)
E6	The percentage of the population aged 65 or older in community settings (supported or unsupported)	Time period	2020/21	2021/22	2022/23	2023/24	2024/25
		Dumfries and Galloway	96.9% (96.4%)	97.0% (96.4%)	96.8% (96.4%)	96.8% (96.4%)	TBC

* Provisional figures are shown for the most up to date time period available. Confirmed results are awaited from PHS, these are expected to be available in summer 2026
TBC – (To be confirmed) Awaiting national publication from Public Health Scotland, expected in summer 2026