



# **NHS Greater Glasgow and Clyde**

## **Annual Report and Consolidated Accounts**

### **For the Year Ended 31 March 2025**

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

	Page
<b>Performance Report</b>	
• Overview and Chief Executive's Statement	3
• Performance Analysis	12
<b>Accountability Report</b>	
• Corporate Governance Report	35
• Statement of Health Board Members' Responsibilities	37
• Statement of the Accountable Officer's Responsibilities	38
• Remuneration and Staff Report	52
• Parliamentary Accountability Report	68
<b>Independent Auditor's Report</b>	69
<b>Financial Statements</b>	
• Consolidated Statement of Comprehensive Net Expenditure	74
• Consolidated Statement of Financial Position	75
• Consolidated Statement of Cashflows	76
• Consolidated Statement of Changes in Taxpayers' Equity	77
• Notes to the Accounts	78
<b>Direction by the Scottish Ministers</b>	141

*The image shown on the front cover is the Greenock Health and Care Centre.*

NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Performance Report

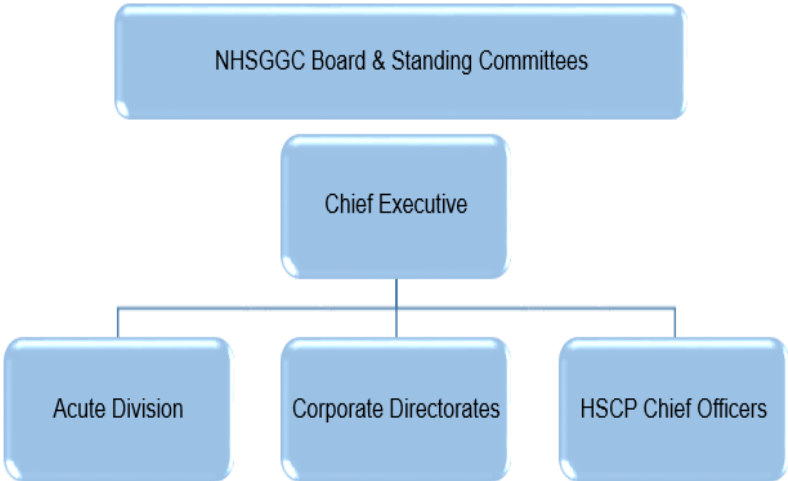
1. Overview

This overview aims to provide readers with sufficient information to understand NHS Greater Glasgow and Clyde (NHSGGC), its purpose, the key risks to the achievement of its objectives and how it has performed during the year. Should readers wish to find further information beyond that provided in the annual report and accounts, NHSGGC routinely publishes a wide range of information on its services and activities on the website which can be found here: [nhsggc.scot](https://nhsggc.scot)<sup>1</sup>

Greater Glasgow Health Board (“the Board”) was established on 1 April 1974, under the National Health Service (Scotland) Act 1972, with responsibility for providing health care services for the residents of Greater Glasgow. On 1 April 2006, the area covered by the Board was enlarged to include the Clyde area of the former Argyll and Clyde Health Board and now serves a population of approximately 1.3 million.

NHSGGC has a statutory duty to plan, commission, and deliver healthcare for the residents of the local authority areas of Glasgow City, Inverclyde, Renfrewshire, East Dunbartonshire, East Renfrewshire and West Dunbartonshire. The Board also provides a wide range of specialist services for people from across Scotland. In delivering this, NHSGGC works with the Scottish Government, our six Integration Joint Board (IJBs) partners, community planning partnerships, other NHS bodies, and other organisations in the public sector such as local authorities, Police Scotland, and the Scottish Fire and Rescue service. This partnership approach supports the implementation and delivery of the strategies and plans of NHSGGC, our six IJB partners, and the Scottish Government.

NHSGGC’s structure comprises an Acute Division, Corporate Directorates and a shared interest with local authority partners in six Health and Social Care Partnerships (HSCPs), which are overseen by IJBs. The HSCPs are joint organisations responsible for managing jointly provided services. The IJBs carry a statutory duty to strategically plan and commission a range of services, which are outlined in each IJB’s Integration Scheme agreed between the Board and respective local authorities. Further information on the arrangements with the IJBs is provided later in this report. An overview of the Board’s structure is shown below.



# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

These accounts consolidate the accounts of our six IJB partners in accordance with Accounting Standard IFRS 11 'Joint Arrangements'. The IJBs also produce their own annual accounts and annual performance reports. The Greater Glasgow Health Board Endowment Funds (known operationally as the Greater Glasgow and Clyde Healthcare Charity) are also consolidated within the Board's group financial statements in accordance with IFRS 10 'Consolidated Financial Statements'. Key information about the Charity can be found on the NHSGGC website and from the [Office of the Scottish Charity Regulator](#)<sup>2</sup> (OSCR).

The overall purpose of the Board is to protect and improve population health and wellbeing whilst providing safe, accessible, affordable, integrated, person-centred and high-quality health services. To realise this overall purpose, the Board has developed a suite of values (based on those of NHS Scotland), aims and corporate objectives. In addition, Annual Operating Priorities are created in line with the Corporate Objectives and the Annual Delivery Plan (ADP) which is submitted to the Scottish Government.

NHSGGC works to the 4 NHS Scotland key values:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

With these values at the forefront, the Board aims to improve health and individual care, whilst also reducing the cost of delivering healthcare. It is important that in doing so, the Board also creates a great place to work for all staff.

The Board's four corporate aims which each align to a set of corporate objectives are:



The corporate objectives underpinning each aim are available at the website linked above.

### Operational Priorities During the Year

The key operational priorities identified in our ADP for 2024-25, aligned to the ten areas of recovery known as 'Recovery Drivers' in accordance with Scottish Government guidance, are set out below.

<sup>1</sup>NHSGGC website - <https://www.nhsggc.scot/>

<sup>2</sup>OSCR website - <https://www.oscr.org.uk/about-charities/search-the-register/charity-details?number=SC005895>

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Recovery Driver	Operational Priorities
1. Improved access to primary and community care to enable earlier intervention and care to be delivered in the community.	<ul style="list-style-type: none"> <li>Focus on core primary care services via launch of the Primary Care Strategy 2024-29 and commencing delivery of its implementation programme.</li> <li>Review of delivery models for Community Treatment and Care services, GP Out of Hours and cardiovascular disease interventions.</li> </ul>
2. Urgent and Unscheduled Care – Provide the right care, in the right place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.	<ul style="list-style-type: none"> <li>Increasing awareness and usage of all alternatives to emergency departments among our patient populations.</li> <li>Further maximisation of the Flow Navigation Centre and increased scheduling of appointments to minor injury units, with an aim to further extend this availability to GP practices.</li> <li>Enhanced frailty pathways across our HSCPs.</li> <li>Driving internal and external awareness of Hospital at Home and Interface Care, extending access to these services, and maximising admissions avoidance.</li> </ul>
3. Improve the delivery of mental health support and services.	<ul style="list-style-type: none"> <li>Deliver the national standard of 90% of people starting treatment for psychological therapies and CAMHS.</li> <li>CAMHS to develop and deliver the national specifications for Neurodevelopmental services and eating disorders.</li> <li>Progress recommendations from the Independent Forensic Mental Health Review.</li> </ul>
4. Recovering and improving the delivery of planned care.	<ul style="list-style-type: none"> <li>Outpatients – regular programme of three stage validation of waiting lists and implementation of an NHSGGC Access Policy that maximises use of available resources while remaining patient centred in delivery.</li> <li>Inpatient/daycase – focus on theatre efficiency, re-examining productive opportunities in key specialties, building on the elective surgical hub model thus increasing elective capacity away from main hospital sites, and identifying where further use of technology could optimise all aspects of the patient's journey.</li> </ul>
5. Delivering the National Cancer Action Plan (2023-26).	<ul style="list-style-type: none"> <li>Renew equipment per rolling replacement plan.</li> <li>Develop the diagnostic workforce to support growth in demand, and expand rapid access to key diagnostic tests to ensure long-term sustainable capacity.</li> <li>Continue to implement a suite of improvement actions with a strategic focus on high volume and challenged patient pathways.</li> </ul>
6. Enhance planning and delivery of the approach to health inequalities and improved population health.	<ul style="list-style-type: none"> <li>Further develop our understanding of the health needs of BME populations within NHSGGC.</li> <li>Reduce barriers to participation in cancer screening programmes with a focus on people with Learning Disabilities.</li> </ul>



# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

	<ul style="list-style-type: none"> <li>• Reduce barriers to participation in vaccination programmes for children and adults.</li> <li>• Improve access to drug and alcohol services across NHSGGC.</li> <li>• Establish the Safer Drug Consumption Facility in Glasgow City centre and develop an evaluation framework</li> </ul>
7. Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.	<ul style="list-style-type: none"> <li>• Continue to implement our redesigned model of antenatal and postnatal care to support greater levels of continuity of care.</li> <li>• Improve the completion rates of the 13-15 month, 27-30 months and 4-5 years assessments.</li> <li>• Promote consistent management and referral of women experiencing abnormal bleeding.</li> </ul>
8. Implementation of the Workforce Strategy.	<ul style="list-style-type: none"> <li>• Continue reduction in nursing and medical agency spend.</li> <li>• Reduce sickness absence levels across the organisation.</li> <li>• Implement and deliver the key elements of the Staff Health Strategy.</li> <li>• Maintain budget planning focus within vacancy management process.</li> </ul>
9. Optimise use of digital and data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.	<ul style="list-style-type: none"> <li>• Optimisation of the board's use and management of Microsoft Office 365, and continued implementation of workforce digital skills and literacy programme.</li> <li>• Implement a digital first programme for virtual appointments with significant increase in virtual clinics including video and advice.</li> <li>• Commence transition to new GP system.</li> <li>• Roll out Patient Hub for electronic appointment notification.</li> <li>• Implement further cyber security controls to improve cyber security posture.</li> <li>• Scale up COPD remote management model, which aims to reduce bed days, emergency department attendances and unscheduled admissions.</li> </ul>
10. Climate emergency and environment.	<ul style="list-style-type: none"> <li>• Progress decarbonisation software installation for increased monitoring of efficiency.</li> <li>• Achieve Scottish Government non-clinical waste recycling target of 70% by 2025.</li> <li>• Develop and Produce Decarbonisation Plans for large acute sites and deliver the carbon reduction target for 2024-25.</li> </ul>

Further information relating to our delivery plan and how it aligns to our corporate objectives can be found on the [NHSGGC website](#)<sup>3</sup>.

<sup>3</sup>Annual Delivery Plan 2024-25 - <https://www.nhsggc.scot/downloads/nhsggc-board-meeting-documents-25-june-2024/>

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### The Strategic Context and The GGC Way Forward Framework

During the year we have engaged with our key stakeholders and continued to listen to the views of our staff and have developed a new strategic improvement plan to transform unscheduled and planned care supported by Scottish Government. 'The GGC Way Forward Framework' is a structured approach to drive whole-system reform, improve patient outcomes, and enhance staff and patient experience across acute services. The GGC Way Forward will sit alongside Reform 25: Transforming Together focusing on strategy and continuous improvement, clinical strategy, social care, and wider system improvement and going forward become an integrated programme.



The strategic improvement plan and Reform 25 have evolved from our previous long-term clinical strategy Moving Forward Together (MFT), and will feed into our annual delivery plans, corporate objectives and operational priorities to deliver Better Care, Better Health, a Better Workplace and Better Value.

The continued development of our clinical transformation strategy remains a priority going forward. Our strategy is based on the following key principles:

- Promotion of healthy living supporting people to maximise their own health
- Providing person-centred care, at the right time, in the right place
- Moving more care towards delivery in the community
- Centralising specialist care, where there is evidence to support this
- Allowing practitioners to work to the top of their licence
- Providing joined up care through better team working
- Removing unnecessary barriers between primary and secondary care
- Maximising the potential benefits from eHealth and technologies
- Delivering our plan through the efficient use of available resources

Our vision remains to provide a holistic approach to healthcare focused on integration across primary, community, specialist and acute care, supported by the right infrastructure. Looking to the future, the Board's 2025-26 Delivery Plan reflects the NHS Scotland Delivery Plan Guidance published in December 2024 and Scotland's Programme of Reform for Health and Social Care, aligned with the focused policy priorities set out by the Scottish Government in January 2025. The GGC Way Forward Framework is expected to transform the delivery of care. Key to this will be the expansion of our planned care capacity, exploiting

## NHS Greater Glasgow and Clyde

### Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

digital innovations, and optimising our use of resources to focus on efficiency and reduce non-value added service elements.

Underpinning the GCC Way Forward Framework is a range of supporting strategies which will help us to deliver our vision. These include:

- **The Healthcare Quality Strategy 2024-29** - sets out a five-year vision of healthcare excellence aligned to the Board's strategic objectives, the GGC Way Forward and the Annual Delivery Plan. This was approved by the Board in June 2024 and an annual report of progress will be presented to the Clinical and Care Governance Committee.
- **Digital Strategy 2023-28** - seeks to enable a range of transformation opportunities through digital technologies to meet Board objectives and adapt to the changing digital landscape. The Digital Strategy is supported by a three-year Digital Delivery Plan which sets out key programmes and projects aligned to the Board's ADP and operational priorities. An annual report on progress is presented to the Board.
- **Workforce Strategy 2021-25** – recognises and seeks to address the workforce challenges faced by all health boards nationally by being the employer of choice and supporting our staff through their work life cycle. The strategy identifies four pillars in its action plan being Health and Wellbeing, Learning, Leaders, and Recruitment and Retention. Progress against the plan is monitored through the Board's Staff Governance Committee. An updated workforce strategy has been developed for 2025-30, based on the same strategic pillars, and will be presented to the Board in June 2025.

#### Partnership Working

We partner with each of the six local authorities within the Board's area in the delivery of strategic planning and service provision arrangements for Health and Social Care Services; the partnerships operate as HSCPs. These are governed by IJBs with membership drawn equally from Non-executive Members of the Board and Councillors from the respective Local Authorities.

The Board, local authorities, and HSCPs work in partnership together. All HSCPs continue to prioritise hospital discharge activity, with a focus on anticipatory planning and early discharge. Early assessment and engagement with patients and their families ensures that the next stage of care is in place prior to patients being fit for discharge whenever possible. By supporting people to be discharged promptly, bed days lost to delayed discharge are minimised.

In addition to the above, our partner HSCPs have more dedicated priorities as follows:

- early intervention and prevention of admission to hospital to better support people in the community;
- improving hospital discharge and better supporting people to transfer from acute care to community supports;
- improving the primary / secondary care interface jointly with acute to better manage patient care in the most appropriate setting; and
- Public Protection through ensuring that people, particularly the most vulnerable, are kept safe from harm, and that risks to individuals or groups are identified and managed appropriately.



## **NHS Greater Glasgow and Clyde**

### **Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

---

HSCPs work with Primary Care services to encourage people to attend the correct service for meeting their needs through campaigns promoting clear patient pathways such as “Right Care, Right Place” along with details of local services. The Primary Care Improvement Plan has been developed and is currently being implemented to provide further opportunities to deliver new ways of working and strengthen the contribution of other health and care professionals in supporting frequent Accident and Emergency attendees.

All HSCPs and acute hospitals in NHSGGC review enhanced care pathways to avoid admissions and reduce lengths of stay. HSCPs work with care homes and Primary Care to reduce avoidable admissions from care and residential homes. Where residents do require admission a consistent approach to transferring resident information, medication and personal belongings is applied.

Through more effective use of the palliative care pathway and local resources, the HSCPs work in collaboration with local hospices to strengthen support to people in the community, minimising hospital admission, accelerating discharge and providing effective community support.

The remainder of this performance report summarises information about NHS Greater Glasgow and Clyde, its key issues, and how it has performed during 2024-25.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Chief Executive's Statement

During the past year NHSGGC, along with the rest of the public sector, has faced significant challenges both financially and with regards to demand on services. The organisation has responded proactively and embraced opportunities in terms of service redesign. The GGC Way Forward and Reform 25 Transforming Together will be key strategically to our improvement going forward. As a Board we are enormously grateful to our staff, students, new appointees, redeployed staff and the many volunteers for their efforts.

However, a growing, ageing population with complex healthcare needs compounds demand pressures, meanwhile other external factors such as inflation and volatility in the drugs market place a significant financial pressure on the health board. These issues are systemic and mean that our key partners, including the HSCPs and local authorities, face difficult decisions of their own.

The Board's resource allocation is not sufficient to meet our spending commitments in the medium and long-term, and this places an obligation on the Board to make substantial savings to meet the Scottish Government's breakeven requirement. Reform and transformation are now more critical as although the Board has a good track record of breaking even, it becomes ever more difficult to achieve savings on a recurring basis. The Scottish Government have committed to additional funding on a non-recurring basis in 2025-26 for planned and unscheduled care which is welcomed but underlines the need for reform going forward. We also note the challenges around the age of our estate and the physical condition of our current buildings may continue to deteriorate as a result of limitations on capital funding for backlog maintenance.

During 2024-25 the Board has continued to work with the Scottish Government to direct resources to tackling the longest waits alongside continuing to treat the most urgent cases. Delayed discharges, accessing cancer services following urgent referral, and A&E waiting times are still areas of focus where further work is required to bring performance within target.

Despite this, the Board made steady progress during the year against the targets set out in the Annual Delivery Plan (ADP), specifically with regards to waiting times for Child and Adolescent Mental Health Services (CAMHS), alcohol and drugs services waiting times, and new outpatient care.

The recovery within Treatment Time Guarantee (TTG) has been a slower process due to the increased pressure on the urgent profile of patients and demand which has resulted in the clearance of longer wait patients being impacted. However, the ADP target is for 64,359 TTG patients to be seen by the end of the financial year, with performance exceeding target as at March 2025 by 3,574 patients.

Further information on performance against non-financial targets is given elsewhere in this Performance Report on Page 11.

## NHS Greater Glasgow and Clyde

### Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

#### Key issues and risks which could impact NHSGGC in delivering its objectives

Most health boards and public sector bodies continue to experience similar key issues and risks. For NHSGGC, these remain largely unchanged from the prior year and include a growth in demand for services, financial sustainability and requirement to achieve savings, ageing infrastructure and workforce challenges.

The full Corporate Risk Register (CRR) is reported to the Board twice per year. Management have implemented a range of control measures to mitigate the effects of each of these risks, and proactively review additional actions which will strengthen controls and further reduce the consequences. Set out below are the highest risk rated areas (per the CRR presented to the Corporate Management Team (CMT) in April 2025) that the Board faces.

Corporate Aims	Target Score	Risk Title	Current Score
Better Health	10 High	Breakdown of failsafe mechanisms for Public Health Screening	10 High
Better Care	12 High	In Patient / Day Case Treatment Time Guarantee - Scheduled care waiting time targets	15 High
	12 High	Outpatients – Scheduled care waiting time targets	15 High
	6 Medium	Cyber threats	12 High
	15 High	Public inquiries, police investigations, fatal accident inquiries and other reviews / inspections	20 Very High
	12 High	Unscheduled care waiting time targets	20 Very High
	12 High	Pandemic response	12 High
	9 Medium	Impact of Delayed Discharges on NHS GGC system flow	20 Very High
Better Value	20 Very High	Financial sustainability – revenue	20 Very High
	12 High	Capital funding sustainability	20 Very High
	9 Medium	Ageing Infrastructure	20 Very High
	9 Medium	Climate change and sustainability	20 Very High
	9 Medium	Regulatory body compliance	16 High
Better Workplace	9 Medium	Management of staff absence	16 High
	4 Medium	Mandatory staff training and development	12 High

Source: NHSGGC Corporate Risk Register

We continue to provide evidence to the Public Inquiry, manage our financial risks and invest on a risk basis in our ageing infrastructure. Issues around delayed discharges persist, and performance continues to fall below target, meaning that the Board must continue to work closely with our IJBs to facilitate prompt discharge from hospital and care delivered at home or in the community.

A new corporate risk has been included this year on climate change and sustainability as the Board recognise the challenges of decarbonising and adapting our activities to be more sustainable whilst managing increasing demands for our services and limited financial resources.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Looking ahead, if NHSGGC is to achieve and sustain the level of performance expected of us, significant transformational change will be required. The increasingly challenging financial landscape across the health system makes this imperative, as we balance service delivery with significant cost pressures and savings requirements.

Further information on the health board's risk management arrangements is provided in the governance statement.

## 2. Performance Analysis

### Performance Against Key Non-Financial Targets

NHSGGC performance is regularly monitored and reported in line with the Board's Assurance Information Framework (AIF) which continues to evolve in line with the implementation of the Blueprint for Good Governance, a best practice guide issued by the Scottish Government for healthcare governance.

Despite the continued pressures and challenges faced during the year, NHSGGC made steady progress in reaching 10 of the key service priority milestones agreed with the Scottish Government and outlined in our 2024-25 ADP. The focus of recovery and remobilisation during 2024-25 remained on the delivery of these agreed key service priority milestones rather than the previously reported waiting times and access targets. A total of 10 of the 25 measures contained within the ADP or identified as a key priority either met or exceeded the March 2025 planned position with a further 6 measures marginally below the target. A summary of performance against target is provided below. Performance is RAG rated whereby Red denotes underperformance where the variance from target is greater than 5%, Amber denotes underperformance against target within 5%, and Green denotes performance having been met.

Measure	2024-25 Actual	March 2025 Target	Status	Target Met	Movement Since 2024
Alcohol and drugs waiting times - % of referrals starting treatment <3 weeks from referral	95.0%	90.0%	Green	✓	⬆️
Unscheduled care: A&E 4 hour waits (monthly average position Apr - Mar 2025)	69.1%	70.0%	Amber	x	⬇️
Unscheduled care: A&E attendances	3.97% increase	2% reduction	Red	x	⬇️
Delayed discharges: number of acute delayed discharges (monthly average position Apr - Mar 25)	304	258	Red	x	⬇️
Delayed discharges: number of acute bed days lost to delayed discharges	10,600	7,889	Red	x	⬇️
Delayed discharges: number of mental health delayed discharges (monthly average position Apr - Mar 25)	88	58	Red	x	⬇️
Delayed discharges: number of mental health bed days lost to delayed discharges	2,311	1,857	Red	x	⬇️
GP OOH: % of scheduled shifts open	100.0%	90.0%	Green	✓	⬆️
Number of patients on the new outpatient waiting list	160,023	157,991	Amber	x	⬇️
Number of new outpatients waiting >78 weeks	0	0	Green	✓	⬆️
Number of new outpatients waiting >52 weeks	5,485	3,548	Red	x	⬇️
New outpatient activity	292,237	273,456	Green	✓	⬆️
Number of patients on the TTG waiting list	50,452	49,522	Amber	x	⬇️
Number of TTG patients waiting >104 weeks	3,437	2,369	Red	x	⬇️
Number of TTG patients waiting >78 weeks	8,021	8,224	Green	✓	⬇️
Number of TTG patients waiting >52 weeks	16,282	15,417	Red	x	⬇️
TTG inpatient / daycase activity	68,053	64,359	Green	✓	⬆️
Access to cancer services treatment time - % of patients starting treatment within 31 days of decision to treat	96.2%	95.0%	Green	✓	⬆️
Access to cancer services - % of patients starting first cancer treatment within 62 days of urgent referral	68.3%	80.0%	Red	x	⬆️
Diagnostics: endoscopy waiting list	7,546	10,600	Green	✓	⬆️
Diagnostics: endoscopy activity	31,609	32,950	Amber	x	⬆️
Access to psychological therapies - % eligible referrals starting treatment <18 weeks of referral	86.4%	90.0%	Amber	x	⬇️
Access to CAMHS - % eligible referrals starting treatment <18 weeks of referral	99.1%	90.0%	Green	✓	⬆️
MSK physiotherapy waiting times - % of patients seen <4 weeks	39.0%	41.0%	Amber	x	⬇️
Podiatry waiting times - % of patients seen <4 weeks	93.0%	90.0%	Green	✓	⬆️

This performance analysis includes some further detail on how the Board has performed during the year. Further information on specific targets can be found in the [April 2025 Board performance report](#) (all data shown has subsequently been updated since the Board

NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

meeting to represent the latest position at the time of this report. Some data may be subject to further changes following validation).

Accident and Emergency 4-hour Waiting Times Standard																																			
Aligned Corporate Objective: BETTER CARE																																			
Target: 95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment.																																			
<p>The performance in relation to unscheduled care remained challenging during 2024-25 due to a combination of winter demand alongside the pressures faced across our health and social care system. As noted below our performance exceeded the national position but was marginally below our ADP target, primarily due to the number of patients delayed in their discharge, which decreases patient flow through our health and social care system and impacts on our A&amp;E performance.</p> <p>NHSGGC achieved a monthly average compliance of 69.1% against the standard of 95% (2023-24: 69.2%) and our ADP trajectory of 70%. This is below the latest national published position of 70.6% for March 2025.</p> <table><tr><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr><tr><td>70.5 %</td><td>73.1 %</td><td>68.9 %</td><td>70.1 %</td><td>72.5 %</td><td>72.9 %</td><td>68.0 %</td><td>66.1 %</td><td>62.7 %</td><td>67.4 %</td><td>67.5 %</td><td>69.9 %</td></tr></table> <p>Key actions to improve the A&amp;E waiting time position include:</p> <ul style="list-style-type: none"><li>• Additional investment in unscheduled care to make improvement through the GGC Way Forward Framework.</li><li>• The promotion of the ‘Right Care, Right Place’ campaign for urgent and unscheduled care, where we actively promote our Flow Navigation Centre and other alternatives to unscheduled care alongside our strong public messaging campaign around the importance of the vaccination programme for both flu and Covid-19 vaccination boosters.</li><li>• Our minor injuries and illness redirection programme has been refreshed with a revised Service Operating Procedure (SOP). All adult Emergency Departments (EDs) have seen a sustained increase in performance, of particular note is over 85% of patients in QEUH and 60% in GRI were redirected off-site to the right care at the right time, increasing capacity and reducing bed occupancy.</li><li>• Discrete targeted public messaging to different groups and work with key influencer groups to help inform the public on how to appropriately use services, and the promotion of the redirection policy through messaging throughout the year. There are also plans to enhance public awareness of Pharmacy First Plus through integration into the overall Primary Care Communication Strategy. This approach will utilise a suite of channels including social media, press and some community outreach.</li></ul>												Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	70.5 %	73.1 %	68.9 %	70.1 %	72.5 %	72.9 %	68.0 %	66.1 %	62.7 %	67.4 %	67.5 %	69.9 %
Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar																								
70.5 %	73.1 %	68.9 %	70.1 %	72.5 %	72.9 %	68.0 %	66.1 %	62.7 %	67.4 %	67.5 %	69.9 %																								

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Number of Acute Delayed Discharges

#### Aligned Corporate Objective: BETTER VALUE

**Target: Our ADP outlines a target of no more than 258 and 58 delays each month for acute and mental health patients respectively.**

A delayed discharge occurs when a hospital patient is deemed clinically fit for discharge but continues to occupy a hospital bed. Delayed discharge performance is an IJB responsibility and variation exists across the six HSCP footprints, however, has been reported here to contextualise other performance data.

The number of people who remain in hospital who are medically fit for discharge has increased significantly from approximately 100 patients at any one time pre-pandemic to over 300 in 2024-25. This is impacting significantly on hospital capacity and on the flow of patients through our hospitals from the front door. As seen from the tables below, the monthly average acute delayed discharges reported during 2024-25 was 304 which is above the monthly target of 258 (2023-24: 297). Meanwhile, the monthly average mental health delayed discharges reported during 2024-25 was 88 (2023-24: 78) again above the monthly target of 58.

### Acute Delayed Discharges

Acute Delayed Discharges	2023-24 Mthly Aver	2024-25 Mthly Aver	Monthly Target	Variance from Monthly Target	% Variance from Target
West Dunbartonshire HSCP	34	29	27	2	8%
East Dunbartonshire HSCP	20	23	18	5	26%
East Renfrewshire HSCP	12	11	11	0	-2%
Glasgow City HSCP	147	164	125	39	31%
Inverclyde HSCP	16	8	15	-7	-49%
Renfrewshire HSCP	9	10	9	1	11%
<b>HSCP Total Acute Delays</b>	<b>239</b>	<b>244</b>	<b>206</b>	<b>38</b>	<b>18%</b>
<b>Other Local Authorities Acute</b>	<b>58</b>	<b>60</b>	<b>52</b>	<b>8</b>	<b>15%</b>
<b>NHSGGC Total Acute Delays</b>	<b>297</b>	<b>304</b>	<b>258</b>	<b>46</b>	<b>18%</b>

### Mental Health Delayed Discharges

Mental Health Delayed Discharges	2023-24 Mthly Aver	2024-25 Mthly Aver	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	4	4	2	2	100%
East Dunbartonshire HSCP	2	6	0	6	-
East Renfrewshire HSCP	0	2	0	2	-
Glasgow City HSCP	59	62	51	11	22%
Inverclyde HSCP	1	0	0	0	-
Renfrewshire HSCP	5	4	2	2	117%
<b>HSCP Total Mental Health Delays</b>	<b>72</b>	<b>78</b>	<b>55</b>	<b>23</b>	<b>42%</b>
<b>Other Local Authorities Mental</b>	<b>6</b>	<b>10</b>	<b>3</b>	<b>7</b>	<b>228%</b>
<b>NHSGGC Total Mental Health</b>	<b>78</b>	<b>88</b>	<b>58</b>	<b>30</b>	<b>51%</b>

Reducing the number of people delayed in their discharge remains a priority for HSCP colleagues, Local Authorities and the Scottish Government. There are number of challenges contributing to the volume of delays including workforce and recruitment issues, Adults with Incapacity (AWI) patients, care home capacity and “care at home”



NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

suitability and capacity. Throughout 2024-25, rigour continued to be applied to ongoing monitoring and mitigation of delays across each of the HSCPs in partnership with Acute Services.

Key actions, as part of the 2025-26 Delayed Discharge Reset Programme will include:

- Refreshing our Discharge Without Delay (DwD) programme to support improvement. This includes creating DwD Ward Champions, implementing the new Service Operating Procedure (SOP) to Planned Date of Discharge (PDD) setting, initially at the Royal Alexandra Hospital (RAH), to strengthen cross pathway working and support a multi-disciplinary approach to discharge planning, continuing to promote our DwD programme through sector Unscheduled Care teams to maximise patient flow and support a reduction in length of stay including via Proactive Delay Huddles and long stay reviews.
- Undertaking a whole system approach to supporting the timely discharge of people who have been delayed > 200 days. This will include exploring opportunities to assess patients care needs in more homely settings, where appropriate, to allow them to be transferred out of hospital.

Additionally, in an effort to reduce the total number of delays across Scotland to the national pre-pandemic levels, a ‘rate cap’ approach has been developed requiring all HSCPs to reduce delayed discharges to a maximum of 34.6 delays per 100,000 resident adults in any areas. Overall, a total of 42.6 delayed discharges per 100,000 adult population were reported in March 2025, with three of the six HSCPs meeting the target. In driving improvement, the Collaborative Response and Assurance Group, co-chaired by the Cabinet Secretary and COSLA Health and Social Care spokesperson continue to meet weekly with all HSCP Chief Officers.

Access to Cancer Services Treatment Time

Aligned Corporate Objective: BETTER CARE

**There are two specific cancer waiting times’ standards:**  
**95% of patients should wait no more than 31 days from decision to treat to first cancer treatment**  
**95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment (national target – ADP target 80% by March 2025)**

Performance on cancer services waiting times during 2024-25 can be summarised as follows:

- 96.2% (2023-24: 95.1%) of eligible cancer patients were treated within 31 days of decision to treat, surpassing the target of 95%.
- The percentage of cancer patients starting their first cancer treatment within 62 days of an urgent referral with a suspicion of cancer remained challenging, with NHSGGC achieving 68.3% (2023-24: 66.6%) compliance at March 2025. At the quarter ending December 2024, the latest national published position, NHSGGC’s performance was below the national position of 73.5%.

NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

The management of cancer patients and vital cancer services remained a clinical priority during 2024-25. Despite this, key cancer types are challenged on the waits for first assessment and diagnostic tests due to the sustained increase in Urgent Suspicion of Cancer (USOC) referrals (prior to vetting onto the 62 day pathway) compared to pre-pandemic levels (76,925 referrals in 2024-25 compared with 43,629 in 2019-20). However, the conversion rate has not changed in line with the increase in demand, presenting a challenge for clinicians to accurately vet USOC referrals and ensure appropriate patients are given timely access to diagnostics tests. The focus remains on addressing long waiting patients over 100 days and targeted work on agreeing treatment dates for all patients in this category remains.

A package of improvement actions continued to be implemented with a strategic focus on high volume and challenging patient pathways. Each pathway is being subject to review through the Cancer Management Group to minimise the steps in the pathway and redesign where possible. For instance, a common waiting list is now in place for Trans Urethral Resection of Bladder Tumour (TURBT) and additional sessions have been run which has seen a reduction in the waiting time from a high of eight weeks in January 2025 to five weeks in March 2025.

Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies

Aligned Corporate Objective: BETTER HEALTH

Target: At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment

Performance on CAMHS and Psychological Therapies waiting times during 2024-25 can be summarised as follows:

- Across the CAMHS service, 99.1% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, exceeding the 2024-25 ADP and national target by 9.1%. Performance for the latest quarterly published position (December 2024) was 99.6%, significantly above the national position of 90.6%.
- Across Psychological Therapies, 86.4% of patients were seen <18 weeks of referral (2023-24: 91.2%) which is 3.6% below the national target of 90%. Performance for the latest quarterly published position (December 2024) was 87.1%, above the national position of 80.4%.

In Mental Health Services, there has been a continued focus on improving waiting times for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies during 2024-25 with some positive results particularly against a backdrop of increasing demand for these services. In terms of CAMHS a number of performance improvements have been made with additional investment in staffing from Scottish Government funding allowing service development, combined with improvement in pathways.

Other key mental health developments include progressing the development of a Regional CAMHS Intensive Psychiatric Unit for adolescents and reassignment of beds in

NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

the national child inpatient unit for children under 12 years with learning disabilities together with the development and implementation of a Neurodevelopmental pathway.

The reduction in compliance with target within Psychological Therapies is in part due to the ongoing focus on reducing the longest waiting patients and prioritising starting Psychological Therapies (PT) with patients waiting >18 weeks. For example, the number of patients seen who had been waiting >18 weeks (increased from 98 patients in March 2024 to 156 patients in March 2025). This focus has resulted in a reduction in compliance with the PT target.

Treatment Time Guarantee (TTG)
Aligned Corporate Objective: BETTER CARE
Target: For inpatients and daycase patients our ADP outlines planned reduction targets of less than 15,417 patients waiting >52 weeks, less than 8,224 patients waiting >78 weeks, and less than 2,369 patients waiting >104 weeks.
<p>Performance against the inpatient / daycase waiting times target during 2024-25 can be summarised as follows:</p> <ul style="list-style-type: none"><li>As at March 2025, there were 3,437 TTG patients waiting &gt;104 weeks (2023-24: 2,566), missing the planned reduction target of no more than 2,369 TTG patients waiting in this timeband.</li><li>As at March 2025, there were 8,021 TTG patients waiting &gt;78 weeks (2023-24: 6,713) which was within the ADP target of no more than 8,224 TTG patients waiting in this timeband.</li><li>As at March 2025, there were 16,282 TTG patients waiting &gt;52 weeks (2023-24: 14,328), missing the ADP target of no more than 15,417 TTG patients waiting in this timeband.</li></ul> <p>Despite the ongoing focus on reducing the length of waiting times and the number of inpatient / daycase patients waiting, the main issues that continued to have an impact on our ability to reduce the inpatient / daycase waiting times during 2024-25 were as follows:</p> <ul style="list-style-type: none"><li>Outpatient activity exceeding the 2024-25 ADP planned position by 7% has contributed to the rise in the inpatient / daycase waiting list with the conversion of patients from outpatient to inpatient / daycase.</li><li>Almost 1 in 3 patients on the inpatient / daycase list are waiting for adult orthopaedic surgery.</li><li>There has been a notable increase in orthopaedic trauma that has limited the capacity for elective orthopaedic delivery.</li><li>Available theatre capacity remains prioritised for urgent and cancer care.</li><li>Sustaining sufficient planned care bed capacity.</li></ul>

NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Action continues to be in place to minimise the risks to delivery and help further reduce the number of long waiting patients including:

- Trauma and Orthopaedics had 492 patients waiting >104 weeks at the end of March 2025. Theatre teams are being asked to deliver improvement in Orthopaedic elective session delivery and the focus continues on the delivery of four joint lists.
- The expansion of Orthopaedic elective activity via surgical hubs at Gartnavel General Hospital (GGH) and Inverclyde Royal Hospital (IRH) is being progressed with recruitment focussed on theatre nursing staff. Locum support for knee and upper limb operative care remains in place targeting longest waiting patients in North and Clyde sectors.
- Management of Orthopaedic patients through Forth Valley National Treatment Centre is in the final stages of delivery and 150 patients were treated by end of March 2025.
- Theatre workforce development including the recruitment of 12 Operating Department Practitioners (ODPs) in 2024-25 with a further cohort of up to 23 ODPs starting training in 2025-26. An assistant perioperative practitioner role is in place across most sectors with nine staff in training, five of which are due to complete training in June 2025. The theatre establishment position and vacancy rate has significantly improved following the 2024 New Outpatient/Outpatient Department intakes.

Outpatient Activity

Aligned Corporate Objective: BETTER CARE

**Target: The Annual Delivery Plan focuses on Scottish Government led targets around planned care waiting times reduction targets for new outpatients waiting >104 weeks, >78 weeks and >52 weeks.**

Performance against outpatient waiting times during 2024-25 can be summarised as follows:

- Since August 2022, the position has been maintained where there have been no patients waiting >104 weeks for a new outpatient appointment.
- As at March 2025, there were a total of 5,485 new outpatients waiting >52 weeks (2023-24: 6,046), representing an improvement on the prior year position but missing the ADP target of no more than 3,548 new patients waiting >52 weeks for a new outpatient appointment.
- As at March 2025, there were no new outpatients waiting >78 weeks (2023-24: 6) achieving the ADP target of no new outpatients waiting >78 weeks for a first new appointment.
- A total of 292,237 new outpatients were seen between April 2024 and March 2025, exceeding the planned activity target by 7%.

NHSGGC’s share of all outpatients across NHS Scotland for each performance target is shown below:

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Target	NHSGGC Performance	% share of NHS Scotland Outpatients
Outpatients waiting >52 weeks	5,485	8.9%
Outpatients waiting >78 weeks	0	0.0%
Outpatients waiting >104 weeks	0	0.0%

In ensuring the risks to delivery were mitigated, NHSGGC continued with the implementation of a number of actions during the year to improve new outpatient waiting list numbers and further reduce long waiting patients. This included:

- the establishment of additional locum support and a spinal cross specialty group led by the Chief of Medicine for the South Sector to optimise patient pathways within Trauma and Orthopaedics
- Within Ophthalmology, a model for virtual care is currently being tested as a pilot through weekend diagnostic hub approach for 32 patients per day through supported additional funding.
- Additional recruitment within Neurosurgery, with all new consultant capacity being directed to patients with the longest waits.
- Insourcing and locum cover continues to support general Gynaecology outpatient management and additional funding has also been allocated to support Waiting List Initiative (WLI) activity.

The Board monitors its performance against a range of quality and performance measures and submits performance information to the Scottish Government and other bodies throughout the year. Up to date information on health matters and performance benchmarking can be found via the Public Health Scotland website:

<https://www.publichealthscotland.scot/>

Both the Scottish Government and the Scottish Parliament also routinely produce publications, some of which relate to healthcare improvement and performance. This information is accessible at the following websites:

<https://www.gov.scot/publications/>

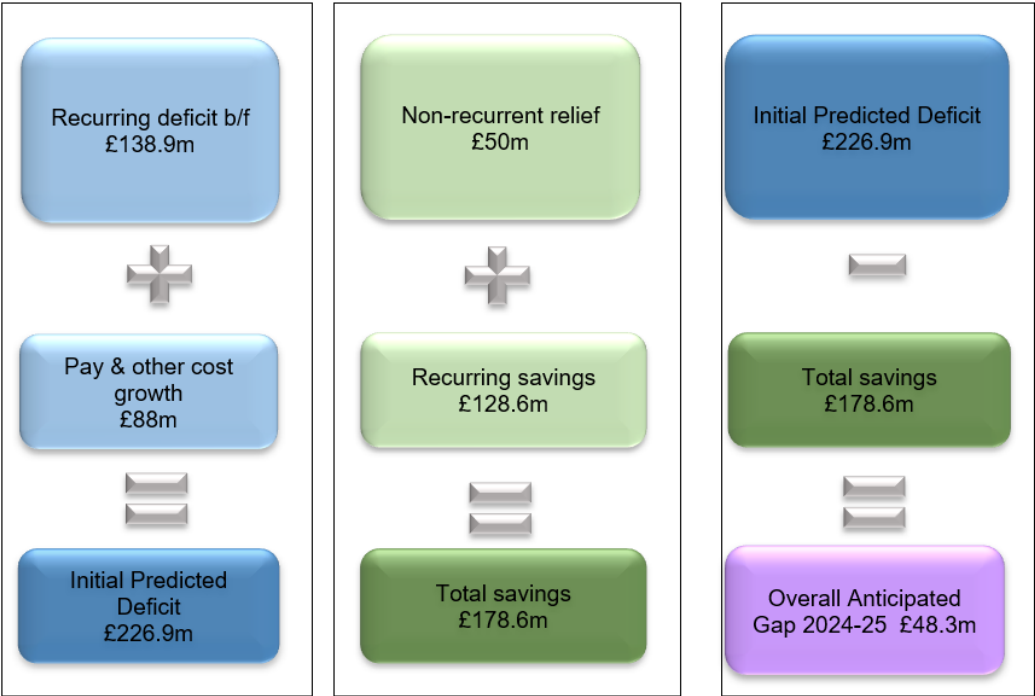
<https://digitalpublications.parliament.scot/ResearchBriefings>

## Financial Performance

### 2024-25 Financial Plan

The high level 2024-25 Financial Plan, approved by the NHS Board in April 2024, predicted a financial challenge of £226.9m as analysed in the diagram below. This included a recurring deficit brought forward of £138.9m plus cost growth which were partially offset by non-recurrent support and recurring savings leaving a residual overall gap of £48.3m for 2024-25. The focus for 2024-25 was to bring down the recurring deficit by continuing the work of the Sustainability and Value Programme (SVP) and deal with cost pressures.

**NHS Greater Glasgow and Clyde**  
**Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**



From a financial perspective 2024-25 has again been a challenging year. The Board incurred additional costs including nursing agency, creating additional capacity, junior doctor pressures, delayed discharges, and increased non-pay costs. However, progress has been made in dealing with a number of the pressures faced by the Board, with all agency spend reduced by 54.1% as compared to 2023-24 and removal of all premium rate nursing agency spend. Despite the scale of the financial challenge, through the continued success of the Sustainability and Value Programme, increased financial grip and managing the capital allocation to ensure an optimal outturn in line with the agreed capital plan and capital resource limit, the Board was able to report a small surplus of £2.3m at 31 March 2025.

All of the HSCPs have reported a breakeven out-turn on the health budget as at 31 March 2025, however this is a result of financial recovery plans being in place for three of the HSCP's, with financial support of approximately £1.0m being provided to East Renfrewshire HSCP and significant use of reserves for all HSCP's. Significant pressures have been seen in prescribing, mental health and learning disability inpatient units.

Financial Outturn 2024-25

The Scottish Government Health requires NHS Boards to meet three key financial targets:

- Revenue Resource Limit (RRL) – a resource budget for ongoing operations;
- Capital Resource Limit (CRL) – a resource budget for net capital investment; and
- Cash Requirement – a financing requirement to fund the cash consequences of the ongoing operations and net capital investment.

Further details on non-core elements of expenditure, typically comprising items of a technical accounting nature, can be found in the Summary of Resource Outturn.

Boards are expected to contain their net expenditure within these limits and to report on any variation from the limits as set. NHSGGC has the primary objective to break-even each year. Considerable work has been undertaken throughout the year to eliminate the



# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

forecast deficit, particularly around achievement of savings, containing costs (known and emerging) and maximisation of non-recurring sources. The Board worked closely with Scottish Government throughout the year to identify potential funding sources to close the forecast in-year gap. The Board's performance against these financial targets is as follows:

	Limit as set by SGHSCD £000	Actual Outturn £000	Surplus £000
Core Revenue Resource Limit	3,494,546	3,492,245	2,301
Non-core Revenue Resource Limit	140,419	140,419	0
<b>Total Revenue Resource Limit</b>	<b>3,634,965</b>	<b>3,632,664</b>	<b>2,301</b>
Core Capital Resource Limit	74,612	74,603	9
Non-core Capital Resource Limit	1,724	1,724	0
<b>Total Capital Resource Limit</b>	<b>76,336</b>	<b>76,327</b>	<b>9</b>
Cash Requirement	3,790,230	3,790,230	0

The following table shows what the Board's financial position would have been if no surplus had been brought forward from the previous year. It should also be noted that Boards are permitted only to carry forward a surplus on core activities to the following financial year. Further details on non-core elements of expenditure, typically comprising items of a technical accounting nature, can be found in the Summary of Resource Outturn.

### Memorandum of in-year outturn

Core Revenue Resource Variance Surplus in 2024-25

Financial flexibility: funding provided by Scottish Government

**Underlying Surplus against Core Revenue Resource Limit**

Percentage Surplus against RRL

£000
2,301
(0)
<b>2,301</b>
<b>0%</b>

### Development and Delivery of Financial Savings

The Board's Sustainability and Value Programme (S&V Programme) is aligned with the Scottish Government National Programme of financial sustainability. Our focus is on delivering financial sustainability for NHSGGC and supporting the national requirement for a minimum of 3% recurring savings. These savings are delivered within the programme's wider objectives of:

- Delivering better value and best quality care
- Being environmentally and socially sustainable
- Making effective use of resources
- Optimising capacity within available resources

**NHS Greater Glasgow and Clyde**  
**Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

The 2025-26 Sustainability and Value Programme is progressing, and a number of initiatives have been identified and are underway with the key objective being the reduction of the underlying recurring deficit. Sustainability and Value projects range in scope and scale but all aim to capture the benefits of the significant service changes that have been embedded in the last few years. This structure will enable key areas of work to be undertaken and accelerated across the organisation to maximise our ability to achieve our targets and seeks to encompass wider areas of work and transformation to maximise the savings opportunities.

The linkages between the Sustainability and Value Programme, ‘The GGC Way Forward’, Scotland’s Programme of Reform for Health and Social Care and the other areas of strategic work will be developed so that these strategies can be informed by the Sustainability and Value Programme and the overall financial position and constraints.

This approach continues to build upon and evolve the well-established sustainability and value methodology and programme management that has been made as agile as possible to focus on the delivery of savings. It is supported by a robust governance structure and is integral to the overall Board Strategy.

The overall financial gap for 2024-25 was £226.9m and on an in-year basis (recurring and non-recurring), the full £226.9m of savings were achieved. On a full year effect, £55.6m of recurring savings were achieved which equated to 43% of the £128.6m target, and was achieved in 2024-25 across a variety of areas such as prescribing switches and efficiencies (£8.3m), service redesign (£14.3m) procurement and non-pay savings (£14.8m), additional income streams (£8.6m), energy efficiency schemes and infrastructure savings (£2.1m), a review of vacancies (£2.0m) and other smaller schemes (£5.5m).

As we move forward into 2025-26, the initial Financial Plan indicates a financial challenge of £217.8m, which is comprised of:

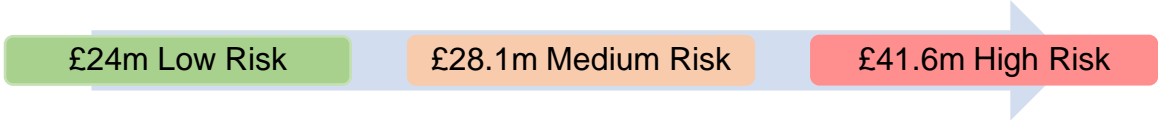
2025-26 Financial Gap	
Recurring deficit brought forward	£162.8m
New cost pressures	£55.0m
	<b>£217.8m</b>
Bridged by:	
Sustainability Payment	£55.1m
Savings – recurring	£93.7m
Savings – non-recurring	£69.0m
	<b>£217.8m</b>

The Scottish Government has provided £250m of sustainability funding across all NHS Scotland Territorial Boards in 2025-26 on a non-recurring basis. The Board’s share of this is £55.1m which is assisting NHSGGC to get to a breakeven position.

**NHS Greater Glasgow and Clyde**  
**Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

The delivery of £93.7m in recurring savings target for 2025-26 will be a challenge. The S&V Programme aims to achieve savings from a combination of our well-established processes and further organisation wide targeted initiatives for example back to balance, infrastructure, service reviews, corporate reviews, non-pay and procurement, income and prescribing. The Annual Delivery Plan was submitted in March 2025 along with the 3-year plan.

Based on current and historic performance in this area, the recurring savings of £93.7m has been analysed as:



The £69m of non-recurring savings are considered low risk. Progress against delivery of savings is monitored monthly. Success is measured by the level of recurring savings achieved against the target and achieving overall balance for the year. Through our various strategies we manage and deploy our resources to ensure we can continue to provide excellent levels of care and continue to innovate, invest and perform. To achieve this the Board is continuing with its sustainability and value approach outlined earlier.

The forecast outturn for 2025-26 is a break even position. Given the number of priorities that the board is facing with unscheduled care, planned care and the underlying financial challenge, it will be extremely challenging to achieve this. The Board continues to engage with the Scottish Government to ensure sufficient financial resources are available to deliver services in a safe and sustainable manner.

Future Indicative Financial Planning

All NHS Scotland Boards were asked to submit initial financial plans covering the financial years 2025-26 to 2027-28 to Scottish Government by 17th March 2025. The Scottish Government recognises the pressures that NHS Boards are currently operating under, together with the high level of operational demand and volatility that remains in the system. This context makes longer term planning difficult; however, the Board approved a medium term, 3-year financial plan on 29th April 2025 highlighting a balanced position for 2025-26 and an anticipated deficit in 2026-27 of £42.6m and £0.2m for 2027-28.

The 2025-26 position includes £93.7m of recurring savings, £69.0m of non-recurring relief, and a one-off sustainability payment of £55.1m from the Scottish Government.

	Initial Financial Gap		Sustainability Payment		Recurring Savings		Non-recurring relief		Forecast Deficit
2025-26	£217.8m		£55.1m		£93.7m		£69.0m		£0.0m
2026-27	£160.5m		£0.0m		£97.9m		£20.0m		£42.6m
2027-28	£104.4m		£0.0m		£20.0m		£5.0m		£0.2m

Capital Investment

Total capital resources available to the Board for investment in 2024-25 amounted to £82.4m (2023-24: £109.4m):

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

Total SGHSCD Capital Resource Limit	£ 74.6m
Other Capital Funding Sources	£ 1.3m
Total Revenue Funding	£ 6.3m
SGHSCD Non-Core Capital	£ 0.2m
<b>Total Infrastructure Funding 2024-25</b>	<b>£ 82.4m</b>

To best manage the Board's overall revenue and capital outturn, and to ensure that expenditure has been correctly classified within the Accounts, a transfer of £4.8m from capital to revenue was progressed in the year. In addition to the above a further £1.5m of revenue budget was provided in lieu of capital expenditure incurred, enabling the Board to remain within the key core Capital Resource Limit (CRL) target of £74.6m.

Key areas of capital investment during 2024-25 included the completion of the Glasgow North East Health Centre facility (£5.1m), ongoing works towards completion of a new Health Centre in Bishopton (£2.6m) and commencement of works on a new Radionuclide Dispensary (RND) at Gartnavel Hospital (£4.5m). The dispensary controls the supply of radioactive materials to other Scottish Health Boards and is the largest NHS Radio-pharmacy in the UK.

The Board also made an investment commitment of £6.8m to the outright purchase of The Larkfield Unit at Inverclyde Royal Hospital from the current Private Finance Initiative (PFI) provider. The unit is a modern facility and hosts the Older People and Stroke Service (OPSS) and has five wards which includes a Day Hospital, outpatient clinics and allied health practitioner services.

In addition to the above there has been a total of £15.3m of further building improvement works invested in our properties, including; works to the atrium and the manifold system at QEUH, complete refurbishment of Ward 68 at the Institute of Neurological Sciences, the completion of the Roof Terrace Garden at the Royal Hospital for Children and major upgrades to the Air Handling System at Inverclyde Royal Hospital.

In order to address carbon reduction targets and tackle rising energy costs, a number of hospital sites introduced modern Building Energy Management systems and installed energy efficient LED lights (£2.1m). Other areas of capital expenditure include eHealth IT infrastructure investment (£4.9m), Medical Equipment (£25.9m), Radiotherapy Equipment (£7m), Facilities Equipment (£0.9m) and leased asset additions (£3.0m).

### Going Concern

These accounts have been prepared on a going concern basis, in accordance with the definition as set out within Government's Financial Reporting Manual issued by the HM Treasury and the Manual for the Annual Report and Accounts of NHS Boards, which outlines the interpretation of IAS1 'Presentation of Financial Statements' as 'anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents'. In carrying out its assessment, the Board have considered the current year financial outturn, 2025-26 to 2027-28 indicative financial planning, and required achievement of savings which are detailed elsewhere in this financial performance review.

Our considerations cover the period through to 30 June 2026, being 12 months beyond the date of authorisation of these financial statements. Taking into account these

NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

considerations and the governance structures in place both within the Board and through the NHS Scotland assurance process, the Board have a reasonable expectation that it will have adequate resources to continue in operational existence for the foreseeable future. Cashflow is closely monitored throughout the year and is reported to Scottish Government on a monthly basis. In the event that the Board anticipates exceeding its maximum cash allocation this would be formally discussed in advance with Scottish Government and corrective action taken where required. The chart below shows the cashflow forecast up to 30 June 2026.



Payment Policy

The Scottish Government is committed to supporting business during the current economic situation by paying bills more quickly. The intention is to achieve payment of all undisputed invoices, where possible, within 10 working days, across all public bodies.

The target has been communicated to all non-departmental public bodies, who are working towards the accelerated payment target of 10 working days. The payment statistics (calculated by reference to invoice receipt date and relating only to non-NHS suppliers) were as follows:

	2024-25	2023-24
Average period of credit taken	47 days	36 days
Percentage of invoices by volume paid within 30 days	94%	95%
Percentage of invoices by value paid within 30 days	98%	97%
Percentage of invoices by volume paid within 10 days	77%	86%
Percentage of invoices by value paid within 10 days	89%	91%

Creditor days have increased on the prior year due to a continued targeted exercise over aged invoices on the Board’s invoice register, thus increasing the average period of credit taken. During 2024-25, the Board has proactively engaged with suppliers to further utilise the Scottish Government’s electronic invoicing solution and implemented automation techniques to reduce the volume of manual processes. This will continue going forward into 2025-26.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

### Social Matters

#### Our Services

NHSGGC's vision and mission are social matters, and all aspects of NHSGGC's activities have a bearing on social matters.

NHSGGC are active partners within the Glasgow City Economic Region, and our role as an anchor institution to support Community Wealth Building is embedded within Local Government Economic Development strategies and an integral part of social and economic recovery planning at city and regional level.

NHSGGC is fully committed to the prevention of bribery and corruption, and the Bribery Act 2010 is reflected within the Standing Financial Instructions and the Code of Conduct for staff. A standard clause is included in Board contracts drawing the attention of suppliers to corrupt gifts and payments and the criminal nature of such offences under the legislation.

We seek feedback in a variety of ways and encourage people to share their views on their care and experience of our services. The NHSGGC website has a dedicated page offering staff and service users a number of ways to share feedback, from one-off surveys, to longer term participation in networks. The [NHS Scotland Complaints Handling Procedure](#)<sup>4</sup> and further guidance on how to make a complaint is also available on the website.

#### Equality, Diversity and Human Rights

NHSGGC's work on equality and human rights aims to ensure that we provide equitable and fair services and address barriers where we identify them. It demonstrates adherence to the legislative requirements of the Equality Act 2010 and associated Public Sector Equality Duty, as well as our commitment to the intrinsic values underpinning this, both as a service provider and an employer.

The Board continues to demonstrate its commitment to addressing equality issues and meeting the needs of our whole population. We do this through delivering on our equality outcomes, supporting mainstream services to meet the needs of our whole population. The full Equalities Outcomes document including the activities planned against these outcomes can be accessed on the ['A Fairer NHSGGC'](#) section of our website.

In line with legislative requirements for biannual reporting, our last formal monitoring report on the final period of the 2022-24 scheme was published in April 2024. The Board then moved into an interim year in 2024-25 to tie in with a revised 4-year reporting schedule that commenced in April 2025 and brings NHSGGC into line with other public sector bodies in Scotland.

#### Employment

Achieving our ambition of 'Growing our Great Community' depends on our ability to attract and nurture the most talented and service focused individuals from around the world. Our main workstreams during the year have included:

<sup>4</sup>NHS Scotland Complaints Handling Procedure - <https://www.nhsggc.scot/contact-us/complaints/>



## NHS Greater Glasgow and Clyde

### Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

- **Staff networks** – active promotion of staff networks continue.
- **Widening access** – we offer a variety of employment pathways including modern apprenticeships, graduate recruitment and work experience placements. We also support qualified healthcare professionals not currently employed in a healthcare setting to return to a career in the NHS, and actively participate in the Armed Forces Talent Programme, an NHS Scotland-wide recruitment initiative for the armed forces community.
- **Schools engagement** – NHSGGC has a schools engagement programme to promote NHSGGC as an employer of choice by raising awareness of the broad range of jobs, apprenticeships and careers, and pathways into these.
- **Volunteering** – NHSGGC's Volunteering Service co-ordinates hundreds of volunteers who work with us to make the patient experience as good as it can be. We are very grateful to each and every one of them, who dedicate their time to support a range of services across NHSGGC. Some of our volunteers have confirmed that their volunteering experience provided them with further employment or educational opportunities.

Further information on the work undertaken by the [Employability Team](#) is available on the NHSGGC website.

#### Sustainability and Environmental Reporting

The Climate Change (Scotland) Act 2009 originally set out measures adopted by the Scottish Government to reduce emissions in Scotland by at least 80% by 2050. The Climate Change (Emissions Reductions Targets) (Scotland) Act 2019 amended this longer-term target to net-zero by 2045, five years in advance of the rest of the UK. While the Scottish Government announced in April 2024 that it would stand down its annual and interim targets for cutting greenhouse gas emissions, the long-term target to reach net zero by 2045 remains in place.

In 2020 'The Climate Change (Scotland) Amendment' order came into force to reflect this and now requires NHS Boards to report on their progress in delivering their emissions reduction targets. Further information on the Scottish Government's approach can be found in the Climate Change Plan 2018-2032 while national reports can be found at the following resource: <https://sustainableScotlandNetwork.org/reports>

The Scottish Government's Climate and Sustainability objectives are a core activity within the Board's Delivery Plan. Climate change and sustainability is one of the ten recovery drivers within the guidance which is updated annually based on the previous year's progress. These corporate objectives are woven throughout the [NHSGGC Climate Change and Sustainability Strategy 2023-28](#)<sup>5</sup>. Our Sustainability Strategy breaks down the long-term 2038 (net zero heat greenhouse gas emissions) and 2040 (overall net zero greenhouse gas emissions) national targets into a five-year blocks of strategic activity that will facilitate the internal target setting within this period. The statutory framework which sets out our net zero targets is 'A Policy for NHS Scotland on the Climate Emergency and Sustainable Development – DL38'.

The Board has considered its 'comply or explain' obligation and reporting requirements under the Task Force on Climate-related Financial Disclosures (TCFD), and can confirm that these disclosures have been prepared in accordance with IFRS S1 'General Requirements for Disclosure of Sustainability-related Financial Information' and IFRS S2 'Climate-related disclosures' as far as they apply to the NHS and wider public sector.

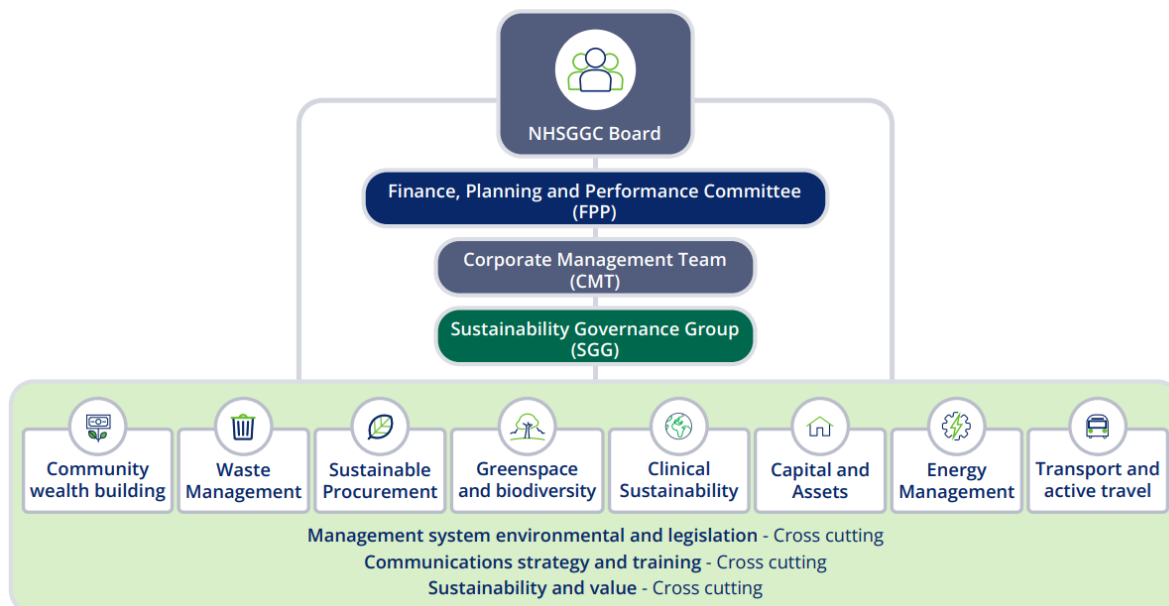
# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

These disclosures will continue to evolve over time as sustainability further embeds in the Board's operations. All reported emissions relate to the NHS Greater Glasgow and Clyde group entity.

### Leadership and Governance

NHSGGC has established a robust cross organisational governance structure to deliver the ambitions of the national policy. NHSGGC has utilised the UN Sustainable Development Goals as the framework by which to deliver this system wide change, ensuring a "just transition" whilst continuing to deliver first class health care services. Progress is overseen by the Board's Sustainability Governance Group (SGG), which is chaired by the Executive Sustainability Champion. SGG reports into the Corporate Management Team (CMT), as well as the Financial Planning and Performance (FPP) Committee, and then on to the NHSGGC Board on annual performance. A summary of the governance structure is shown below.



NHSGGC has designated the following key Climate Change and Sustainability Strategy leadership roles:

- **Board Non-Executive Sustainability Champion and Chair of the Audit and Risk Committee** - Provides Board level oversight and scrutiny of operational and strategic performance and Board Reporting. This position also attends National Forums with other Board Non-Executive Champions.
- **Executive Sustainability Champion** - Executive Director with overall strategic responsibility for the NHSGGC Climate Change and Sustainability Strategy implementation and delivery inclusive of annual objectives and disclosures. This position also attends National Forums with other Executive Champions.

Performance against climate change and sustainability targets is not factored into Executive remuneration. As set out in the Remuneration Report later in this annual report, pay arrangements for the Board's senior management team are subject to national arrangements and are set in line with SGHSCD guidance.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Strategy and Annual Planning

The Board's Climate Change and Sustainability Strategy was launched in September 2023 and is aligned to our corporate objectives as follows:

<div style="background-color: #002060; color: white; padding: 5px; text-align: center;"><b>Better Care</b></div> <div style="background-color: #e6f2ff; padding: 10px; margin-top: 5px;">  <p>Delivering Sustainable Care to patients by utilising new technologies and processes that reduce our footprint that improves patient outcomes and staff experience.</p> </div>	<div style="background-color: #006d4c; color: white; padding: 5px; text-align: center;"><b>Better Value</b></div> <div style="background-color: #e6f2ff; padding: 10px; margin-top: 5px;">  <p>This transformational change is part of our wider approach to financial sustainability of the organisation. Financial sustainability is crucial to our approach; however, we will ensure that it is approached in a balanced way.</p> </div>
<div style="background-color: #6a3d9a; color: white; padding: 5px; text-align: center;"><b>Better Health</b></div> <div style="background-color: #e6e6ff; padding: 10px; margin-top: 5px;">  <p>Working with our communities and stakeholders in our capacity as an anchor organisation in the region to effect positive societal change through education and economic activity to improve health outcomes.</p> </div>	<div style="background-color: #a50020; color: white; padding: 5px; text-align: center;"><b>Better Workplace</b></div> <div style="background-color: #ffe6e6; padding: 10px; margin-top: 5px;">  <p>Improving the workplace of our staff through not only enhancing the greenspace and biodiversity of our estate but ensuring staff are empowered and enabled in making sustainable changes.</p> </div>

The objectives outlined within the strategy are shown below. A report on progress made against these objectives is presented annually to the Board.

NHSGGC's Sustainability Objectives
Embed sustainability into decision-making across all sectors of the organisation, as a business-as-usual function.
Undertake improved monitoring and evaluation on key operational metrics, and deliver enhanced reporting on our activities and progress against the targets contained within the strategy.
Develop and deliver a change management programme to net-zero greenhouse gas emissions for heat by 2038 and overall net-zero greenhouse gas by 2040, in line with national aims.
Engage and support staff to embrace sustainability in everything they do through enhanced training, communication and resources.
Undertake adaptation, both in our physical assets and our supply chain and procurement processes, to make the organisation more resilient to the ongoing effects of climate change.
Embrace a circular economy approach to procurement, including enhanced reuse where possible, and designing out waste and pollution.
Improve biodiversity and natural capital across the NHSGGC outdoor estate and incorporate nature within our buildings where possible.

Sustainability is also embedded in the Board's Annual Delivery Plan as being one of the ten national 'recovery drivers' explained earlier in this report.

<sup>5</sup>Sustainability Strategy 2023-28 - <https://www.nhsggc.scot/downloads/climate-change-and-sustainability-strategy-2023-2028/>

**NHS Greater Glasgow and Clyde**  
**Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

---

Risk Management

NHSGGC works with several key organisations, such as the Scottish Government, NHS Assure and Climate Ready Clyde to identify the magnitude of the impacts that climate change is likely to have on our assets and services. The Board’s Risk Management Policy describes the process for risk identification and management, further information on which can be found in the governance statement within this report. The Board has concluded that, at present, climate change does not pose a material risk to the delivery of our services.

However, NHSGGC is dedicated to preparing for the impacts of climate change and increasing the resilience of our healthcare assets and services through short, medium and long term Business Continuity Planning. Our approach, as outlined in the Board’s Sustainability Strategy, emphasises a comprehensive, proactive framework to address climate-related challenges and ensure the sustainability and effectiveness of our healthcare infrastructure.

The Board’s Estates and Facilities directorate is responsible for managing identified risks at an operational level in line with the Board’s overarching risk management arrangements. In 2024-25, a corporate risk was created to acknowledge the wider risk of non-compliance with our 2038 and 2040 statutory net zero targets. The current financial landscape across the healthcare system balanced against the service transformation required and capital works required to maintain our estate makes the transition to net zero within statutory timescales extremely challenging. The elevation of climate change to the corporate risk register helps to increase the profile of sustainability within the organisation and ensures the risk is subject to scrutiny by the Corporate Management Team, and Audit and Risk Committee.

Metrics and Targets

NHSGGC’s statutory targets outlined in DL(2021)38 ‘A Policy for NHS Scotland on the Climate Emergency and Sustainable Development’ require a just transition to net zero by 2040 and by 2038 for heating our buildings. The Board monitors its progress towards these targets using data taken from its annual submission to Scottish Government. For the purposes of reporting scoped emissions, 2014-15 is utilised as the Boards baseline year in accordance with Sustainable Scotland Network (SSN) reporting requirements. Emissions data is validated by the Sustainability team within the Estates and Facilities directorate.

An explanation of emissions scoping is provided below.

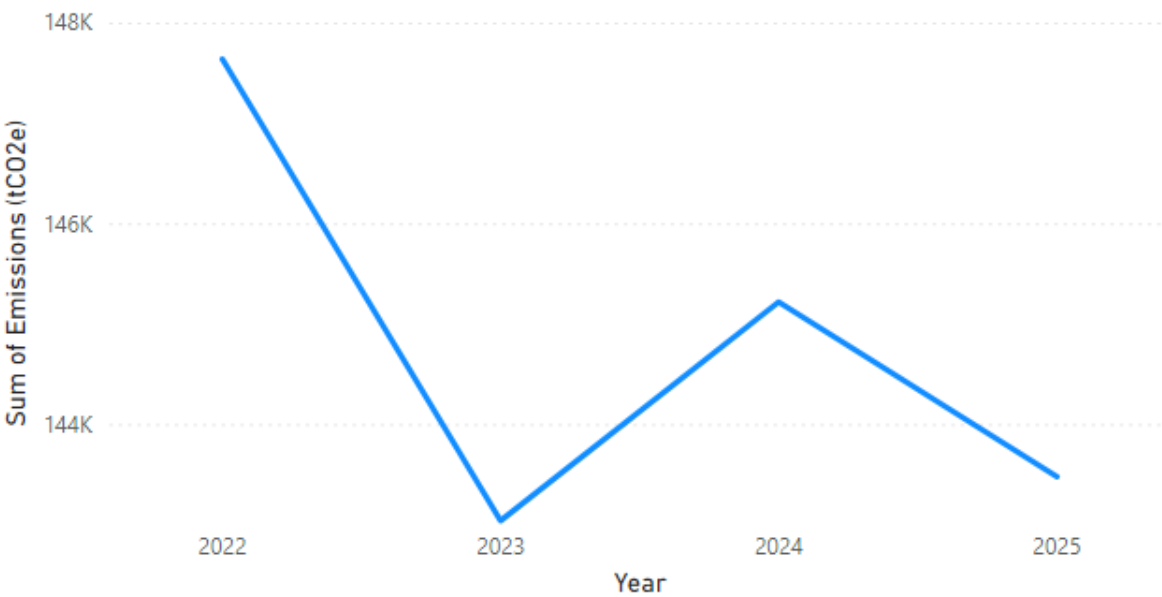
<b>Scope 1</b>	Covers direct emissions from our owned and controlled operations
<b>Scope 2</b>	Are indirect emissions from the purchase of energy and subsequent greenhouse gas emissions
<b>Scope 3</b>	Covers all indirect emissions in our upstream and downstream activities such as waste and supply chain.

The Board’s total carbon emissions for 2024-25 were 143,000 tonnes of CO<sub>2</sub> compared to 145,000 tonnes in 2023-24, equating to a 1.4% decrease. As we move into 2025/26 and beyond, we will look to develop a suite of internal emissions targets which will allow the Board to gauge progress towards the statutory 2038 and 2040 targets.

NHS Greater Glasgow and Clyde

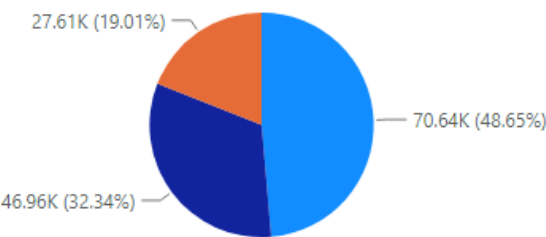
Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Sum of Total Scoped Emissions (tCO<sub>2</sub>e) by Year

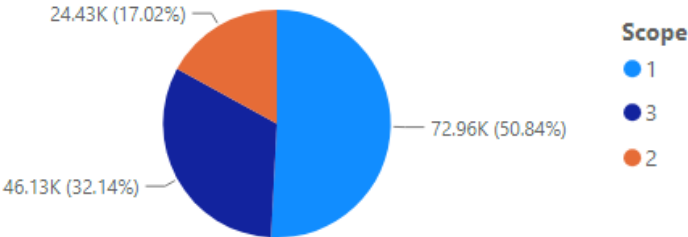


A comparison of scoped emissions is shown below between financial years 2023-24 and 2024-25. This shows that there has been a 5.4% reduction in emissions across Scope 2 and 3 with a small increase within Scope 1 emissions.

Scoped Emissions (tCO<sub>2</sub>E) – 2023-24



Scoped Emissions (tCO<sub>2</sub>E) – 2024-25



By having robust monitoring arrangements in place, the Board ensures it is able to develop its operational priorities and target service efficiencies where they will have the greatest impact.

A total of 17 actions relating to sustainability were identified in 2024-25. As at 31 March, 14 of these actions were either complete or on schedule, with 3 actions remaining incomplete. Good progress during the year included:



NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

- Green Theatres – the action to turn off Heating Ventilation Air Conditioning (HVAC) systems in out of hours periods was progressed, with savings of £272k achieved and a reduction of 254 tonnes of CO2.
- Transport – the actions to install decarbonisation software to provide reports on fleet emissions management, and install an electric vehicle managed service to monitor data on key financial and non-financial metrics were both achieved.
- Energy Management – The action to produce an Energy Performance Certificate (EPC) and a digital energy model for the QEUH Campus was completed, and all other major hospital sites now have EPCs completed.
- Greenspace and Biodiversity - £250k of charity funding was committed against greenspace projects during 2024-25 and similar funding is expected in 2025-26.

Outstanding actions related to:

- Transport – plans to introduce additional electric shuttle buses to the fleet are currently being procured.
- Green Theatres – target to achieve 15% clinical waste reduction against baseline year (2021-22) was not achieved in-year, with actual performance at 31 March 2025 showing a 0.2% increase against baseline year figures.
- Waste Recycling – 25% of domestic waste was recycled in 2024-25 against the Scottish Government non-clinical waste recycling target of reaching 70% by 2025. However, a new national waste recycling contract was implemented in January 2025 which is anticipated to positively influence performance in this area.

Looking Forward into 2025-26

NHSGGC recognises the competing priorities and fiscal pressures upon all Health Boards and are looking to address this through a systems wide change that in the medium to long term will be financially, socially and environmentally equitable for the organisation. We know that carbon reduction and sustainability initiatives across our services brings additional potential for significant benefits to our organisation around improving health and clinical efficiency.

Looking forward, the Board will continue its work to deliver against the Sustainability Strategy. Our key deliverables for the next financial year form part of the 2024-25 to 2026-27 Delivery Plan and are summarised below.

Key Deliverables in 2025/26	
Objective	How We Measure Success
<b>Sustainable Transport and Active Travel:</b> <ul style="list-style-type: none"><li>• Review electric vehicle fleet and install EV managed service to monitor data</li><li>• Progress decarbonisation software installation for increased monitoring of efficiency</li></ul>	The <b>Sustainable Transport and Active Travel Group</b> oversees the management of NHSGGC owned vehicles, and the promotion of active and sustainable public and / or private transport options for staff, patients and visitors. As part of their remit, the group continues to work towards SG targets for net zero.



# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

<ul style="list-style-type: none"> <li>Promote public transport networks and usage across the GGC area</li> <li>Promote Cycle to Work scheme</li> </ul>	
<b>Waste Management:</b> <ul style="list-style-type: none"> <li>Achieve and improve SG non-clinical waste recycling target of 70% by 2025</li> <li>Implement new General Waste and Recycling Contract</li> </ul>	<p>The <b>Waste Management Group</b> oversees all projects related to waste minimisation, increasing efficiency, and the enactment of circular economy principles, across all waste streams. The two main objectives are; the implementation of Dry Mixed Recycling (DMR), and the enhancement of clinical waste segregation to maximise recycling and minimise clinical waste disposal. The 70% waste recycling target was not met as at the end of 2024-25 and this work continues into 2025-26.</p>
<b>Clinical Sustainability:</b> <ul style="list-style-type: none"> <li>Board and system wide approach to implementing actions from the National Green Theatres (NGT) Programme.</li> </ul>	<p>The <b>Clinical Sustainability Group</b> oversees delivery of the National Green Theatres Programme and its 'bundles' that are released from the Centre for Sustainable Development (CfSD). The actions held within are designed to ensure significant financial and carbon savings are made. These actions include turning off Heating, Ventilation and Air Conditioning (HVAC) and Anaesthetic Gas Scavenging Systems (AGSS) during out-of-hours period.</p>
<b>Energy Management:</b> <ul style="list-style-type: none"> <li>Produce Decarbonisation Plans for large acute sites</li> <li>Identify opportunities for renewable power generation at major sites</li> <li>Progress installation of renewable technologies to reduce carbon emissions</li> <li>Deliver on carbon reduction target for 2025-26</li> </ul>	<p>The <b>Energy Management Group</b> collaborates with Capital Planning and Estates to set policy, benchmarks, and targets, helping to deliver savings, and develop large multi-stakeholder capital schemes for heat and power decarbonisation, such as district heating. The Group supports the Sustainability and Value (S&amp;V) net zero initiatives providing both carbon and financial savings. Additional schemes around renewables (predominately Photovoltaics (PVs) have also been initiated.</p>
<b>Greenspace and Biodiversity:</b> <ul style="list-style-type: none"> <li>Undertake mapping exercise of greenspace resource to identify opportunities to expand provision and maximising beneficial use</li> <li>Allocate endowment funding to fund appropriate greenspace and biodiversity projects</li> </ul>	<p>The <b>Greenspace and Biodiversity Group</b> oversees initiatives designed to support and contribute to enhanced biodiversity, climate change adaptation / mitigation and a reduction in air and noise pollution, in line with the Climate Change and Sustainability Strategy, SG climate change targets, and the Scottish Biodiversity Strategy.</p>
<b>Environmental Management System (EMS):</b> <ul style="list-style-type: none"> <li>Establish Environmental Policy and objectives to effectively</li> </ul>	<p>An <b>Environmental Management System (EMS)</b> is being implemented within the scope of the Estates and Facilities Directorate, as part of a broader compliance-based, integrated management system</p>

**NHS Greater Glasgow and Clyde**  
**Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

manage environmental risk and legislative requirements through centralised and controlled documentation of organisational and governance arrangements	approach. Studies have been carried out to map the activity of the Estates and Facilities Directorate against both the ISO14001 (Environmental) and ISO9001 (Quality) standards. A methodology has been introduced to identify significant environmental/organisational risks, which will be recorded as part of the Management System.
---	---

Going beyond our key operational priorities, the Board recognises that meeting our statutory targets means embedding sustainability across everything we do. Good communication and staff engagement will help to create a culture of sustainability and raise the profile of climate change across the organisation, and additional training and internal communications will be delivered in 2025-26 to help us achieve this.

**The Way Forward**


In terms of overall performance, 2024-25 was another challenging year for NHSGGC but good progress has been made in key areas. The significant financial and demand pressures on the Board have undoubtedly presented immense challenges, and I must take this opportunity to praise the hard work and dedication of all staff.

Balancing the requirements of our ADP within our financial envelope will need significant effort and focus to ensure we continue to offer high quality and safe care to our patients. The GGC Way Forward and Reform 25 Transforming Together will be key strategically to our improvement going forward. Wide-ranging transformation of services across the system is critical given the disparity between our operational requirements and resources allocated.

The management group continue to focus on key priorities and challenges for the health board:

- Managing workforce capacity and absence rates at key points during the year.
- Staff mental health and wellbeing continues to be a top priority.
- Unscheduled Care performance was significantly challenged in the year across the country, with our Emergency Department sites seeing attendances increase.
- Our hospitals remained extremely busy and reducing delayed discharges remained a key priority for the HSCPs and the Board.
- Development of a three year transformation plan to support the re-engineering of care pathways to ensure that every person receives the right care, in the right place, at the right time.
- Working in close partnership to develop and support transformational work aligned to Health and Social Care Reform set out by the Scottish Government.

Signed by:



25/6/2025

277F454F36864A7...

**Jann Gardner**  
**Chief Executive and Accountable Officer**

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Accountability Report

### Corporate Governance Report

### 1. Directors' Report

#### Date of Issue

The Accountable Officer authorised these financial statements for issue on 24<sup>th</sup> June 2025.

#### Appointment of Auditors

The Public Finance and Accountability (Scotland) Act 2000 places personal responsibility on the Auditor General for Scotland to decide who is to undertake the audit of each health body in Scotland. The Auditor General appointed Ernst & Young LLP to undertake the audit of NHSGGC. The general duties of the auditors of health bodies, including their statutory duties, are set out in the Code of Audit Practice issued by Audit Scotland and approved by the Auditor General.

#### Remuneration for Non-Audit Work

Details of any remuneration paid to auditors in respect of any non-audit work carried out on behalf of the Board is disclosed in Note 3. No such remuneration has been paid in 2024-25.

#### Disclosure of Information to Auditors

The directors who held office at the date of approval of this Directors' Report confirm that, so far as they are each aware, there is no relevant audit information of which the Board's auditors are unaware; and each director has taken all the steps that he / she ought reasonably to have taken as a director to make himself / herself aware of any relevant audit information and to establish that the Board's auditors are aware of that information.

#### Board Membership

Under the terms of the Scottish Health Plan, the Health Board is a board of governance whose membership will be conditioned by the functions of the Board. Members of Health Boards are selected on the basis of their position or the particular expertise which enables them to contribute to the decision-making process at a strategic level.

The Health Board has collective responsibility for the performance of the local NHS system as a whole, and reflects the partnership approach, which is essential to improving health and health care.

All Board Members are also Trustees of the charitable funds that the Board holds. The Trustees govern the charitable funds distinctly from the Board's exchequer funds. Greater Glasgow Health Board Endowment Funds (operationally known as Greater Glasgow and Clyde Healthcare Charity) is a charity registered with the Office of the Scottish Charity Regulator under number SC005895. The Board is required to consolidate the financial statements of the Endowment Funds within the Board's Annual Accounts. Note 21 details how these consolidated Financial Statements have been prepared.

The members of the Board who served during the year to 31 March 2025 and up to the date of approval of these accounts were as follows:

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Non-Executive Members

Name	Position
Dr L Thomson KC	Chair
Rev J Matthews OBE (until 30 June 2024)	Vice Chair
Mr I Ritchie (until 30 June 2024)	Vice Chair
Mr D Gould	Vice Chair
Mr B Auld (from 1 July 2024)	Non-Executive Member
Ms M Ashraf	Non-Executive Member
Ms E Cairns (from 1 July 2024)	Non-Executive Member
Cllr J Cameron	Non-Executive Member
Ms PA Cameron-Burns	Non-Executive Member
Mr M Cawley (from 1 July 2024)	Non-Executive Member
Ms C Cooney (from 1 July 2024)	Non-Executive Member
Mr A Cowan (until 30 June 2024)	Non-Executive Member
Cllr C Cunningham	Non-Executive Member
Ms J Forbes (until 30 June 2024)	Non-Executive Member
Ms D Foy	Non-Executive Member
Mr G Haddock OBE	Non-Executive Member
Ms M Kerr	Non-Executive Member
Ms L McDonald (from 1 July 2024)	Non-Executive Member
Ms A Monaghan (until 30 June 2024)	Non-Executive Member
Cllr M McCluskey (until 30 April 2024)	Non-Executive Member
Cllr C McDiarmid	Non-Executive Member
Cllr M McGinty	Non-Executive Member
Prof I McInnes CBE	Non-Executive Member
Dr R Metcalfe	Non-Executive Member
Ms K Miles	Non-Executive Member
Cllr R Moran (from 28 July 2024)	Non-Executive Member
Cllr K Pragnell	Non-Executive Member
Dr L Rousselet	Non-Executive Member
Dr P Ryan	Non-Executive Member
Mr F Shennan (until 31 May 2024)	Non-Executive Member
Ms R Sweeney (until 30 June 2024)	Non-Executive Member
Mr C Vincent	Non-Executive Member
Ms M Wailes	Non-Executive Member

### Executive Members

Ms J Grant (until 31 January 2025)	Chief Executive
Prof J Gardner (from 1 February 2025)	Chief Executive
Mr W Edwards (from 1 May 2025)	Deputy Chief Executive
Dr J Armstrong (until 19 November 2024)	Medical Director
Dr S Davidson (from 8 October 2024)	Medical Director
Dr E Crighton	Director of Public Health
Professor A Wallace	Nurse Director
Mr C Neil	Director of Finance

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

The Board members' responsibilities in relation to these financial statements are set out in the Statement of Health Board Members' Responsibilities in Respect of the Accounts below.

### Statement of Health Board Members' Responsibilities

Under the National Health Service (Scotland) Act 1978, the Health Board is required to prepare accounts in accordance with the directions of Scottish Ministers which require that those accounts give a true and fair view of the state of affairs of the Health Board as at 31 March 2025 and of its operating costs for the year then ended. In preparing these accounts the Directors are required to:

- apply on a consistent basis the accounting policies and standards approved for NHS Scotland by Scottish Ministers;
- make judgments and estimates on a reasonable basis;
- state where applicable accounting standards as set out in the Governments' Financial Reporting Manual have not been followed where the effect of the departure is material; and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the Board will continue to operate.

The Health Board members are responsible for ensuring that proper accounting records are maintained which disclose with reasonable accuracy at any time the financial position of the Board and enable them to ensure that the accounts comply with the National Health Service (Scotland) Act 1978 and the requirements of the Scottish Ministers. They are also responsible for safeguarding the assets of the Board and hence taking reasonable steps for the prevention of fraud and other irregularities.

The NHS Board members confirm they have discharged the above responsibilities during the financial year and in preparing the accounts.

### Board Members' and Senior Managers' Interests

Details of any interests of Board members, senior managers and other senior staff in contracts or potential contractors with the Board as required by IAS 24 Related Party Disclosures are disclosed in Note 19. Senior management is defined as those individuals having authority or responsibility for directing or controlling the major activities of the Board. This includes the Executive Directors of the Board.

A register of interests, which includes details of company directorships or other significant interests held by Board members that may conflict with their management responsibilities, is available by contacting the Director of Corporate Services and Governance, Board Headquarters, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH. [Board member profiles](#) can be found on the Board's website.

### Directors' Third Party Indemnity Provision

Individual members of the Board or the Board as a group are covered by the Board's Clinical Negligence and other Risks Indemnity Scheme in respect of potential claims against them.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

### Public Services Reform (Scotland) Act 2010

Sections 31 and 32 of the Public Services Reform (Scotland) Act 2010 impose duties on the Scottish Government and listed public bodies to publish information on expenditure and certain other matters as soon as is reasonably practicable after the end of each financial year. The required information is published on the [Annual Disclosures](#) section of the Board's website.

### Events After the End of the Reporting Period

The Board has no significant post balance sheet events to report.

### Statement of the Accountable Officer's Responsibilities

Under Section 15 of the Public Finance and Accountability (Scotland) Act 2000, the Principal Accountable Officer (PAO) of the Scottish Government has appointed me as Accountable Officer of Greater Glasgow and Clyde Health Board.

This designation carries with it, responsibility for:

- the propriety and regularity of financial transactions under my control;
- the economical, efficient and effective use of resources placed at the Board's disposal; and
- safeguarding the assets of the Board.

In preparing the Accounts I am required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- observe the accounts direction issued by the Scottish Ministers including the relevant accounting and disclosure requirements and apply suitable accounting policies on a consistent basis;
- make judgments and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the Government's Financial Reporting Manual have been followed and disclose and explain any material departures; and
- prepare the accounts on a going concern basis.

I confirm that the Annual Report and Accounts as a whole are fair, balanced and reasonable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

I am responsible for ensuring proper records are maintained and that the Accounts are prepared under the principles and in the format directed by Scottish Ministers. To the best of my knowledge and belief, I have properly discharged my responsibilities as Accountable Officer as intimated in the Departmental Accountable Officer's letter to me of 1 April 2017.



# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### 2. Governance Statement

#### Scope of Responsibility

As Accountable Officer, I am responsible for maintaining an adequate and effective system of internal control that supports compliance with the organisation's policies and promotes achievement of the organisation's aims and objectives, including those set by Scottish Ministers. Also, I am responsible for safeguarding the public funds and assets assigned to NHSGGC. This governance statement includes any relevant disclosure in respect of entities consolidated into these financial statements, being the six Integration Joint Boards (IJBs) and the Greater Glasgow Health Board Endowment Funds.

#### Purpose of Internal Control

The system of internal control is based on an on-going process designed to identify, prioritise and manage the principal risks facing the organisation. The system aims to evaluate the nature and extent of risks, and manage risks efficiently, effectively and economically.

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve the organisation's aims and objectives. As such, it can only provide reasonable and not absolute assurance. The process within the organisation accords with guidance from Scottish Ministers in the Scottish Public Finance Manual (SPFM) and supplementary NHS guidance and has been in place for the financial year and up to the date of approval of the annual report and accounts.

#### Governance Framework

Under the terms of the Scottish Health Plan, the Board is a board of governance. Its purpose is to ensure the efficient, effective and accountable governance of the local NHS system and to provide strategic leadership and direction for the system as a whole, focusing on agreed outcomes.

Board members are appointed by Scottish Ministers and are selected on the basis of their stakeholder position or the particular expertise which enables them to contribute to the decision-making process at a strategic level. At 31 March 2025, the Board comprised the Chair, twenty-six Non-Executive and five Executive Board members. Included in the Non-Executive membership are three Stakeholder Members, the Employee Director, the Area Clinical Forum Chair, a University representative, and six Council Members nominated by their respective councils. The Board has been further strengthened with the appointment of a Deputy Chief Executive in May 2025 and plans to appoint two new Non-Executive Board Members in late Summer 2025.

The Board and its Standing Committees have clearly defined and documented roles and responsibilities, and the purpose of each committee is set out below. The Non-Executive members of the Standing Committees have the opportunity to scrutinise and seek assurance from the Board's executive management. Further information on the composition of the Board, its induction process and Code of Conduct for its members is available as a web resource here: <https://live.nhsggc.scot/about-us/nhs-board/>

The implementation of the NHS Scotland Blueprint for Good Governance 2nd Edition ('the Blueprint') has continued to receive significant focus over the year. The Board has received regular updates against the Active Governance Programme during 2024-25. In

**NHS Greater Glasgow and Clyde**  
**Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

---

November 2023, the Board completed the national Self-Assessment against the 2<sup>nd</sup> Edition of the Blueprint with two development days in February and March 2024 to develop the Blueprint Action Plan which was approved at the April 2024 Board meeting. The Blueprint Action Plan is monitored regularly through Board seminars and updates to the Board.

In line with the Blueprint, the Board has an integrated approach to governance across clinical areas, performance management, staff, and involving and engaging people in its services and developments. These are defined through the standing committees outlined below. These committees are charged with assessing performance of the Board and regularly receive relevant performance data for each of their respective areas as per the Assurance Information Framework. The Board itself receives a detailed Performance Report at each meeting, which outlines performance over a period of time, with actions to improve where relevant presented by the responsible Director. On an annual basis, the Board undertakes a review of corporate governance arrangements to ensure that they are fit for purpose, with the most recent review being held at the May Board seminar.

In 2024-25, the Board had the following standing committees to support it, and which are directly accountable to it:

- Acute Services Committee (ASC);
- Audit and Risk Committee (ARC);
- Clinical and Care Governance Committee (CCGC);
- Finance, Planning and Performance Committee (FPPC);
- Population Health and Wellbeing Committee (PHWC); and
- Staff Governance Committee (SGC) (including the Remuneration Sub-committee).

The main governance and assurance committees of the Board are listed below, and their principal function are summarised. In April 2025, the Board agreed that the Acute Services Committee will be stood down with its remit subsumed across the Financial, Planning and Performance Committee, the Clinical and Care Governance Committee, and Staff Governance Committee. The Board also approved the establishment of a People Committee. This will be a standing committee of the Board, meeting quarterly, and will oversee organisational culture and equality, diversity and inclusion. The first meeting of the People Committee took place in May 2025.

Committee	Principal Functions	Frequency of Meetings in 2024-25
Acute Services Committee	To seek and provide assurance to the Board on the quality function of acute services delivered to patients, patient safety and governance arrangements, progress against delivery of corporate objectives, and staff and patient focused public involvement.	Six
Audit and Risk Committee	To seek and provide assurance to the Accountable Officer and the Board on the effectiveness of systems of corporate governance, internal control, and risk management.	Five

## NHS Greater Glasgow and Clyde

### Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Clinical and Care Governance Committee	To seek and provide assurance to the Board that clinical care and services, including those provided in partnership with other organisations, are of an appropriate quality, to ensure clinical and care governance arrangements are effective, in improving and monitoring the quality of clinical care, and to provide assurance that NHSGGC is meeting its statutory and mandatory obligations relating to the NHS Duty of Quality.	Four
Finance, Planning and Performance Committee	To seek and provide assurance to the Board that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use and management of all financial resources and capital projects. This Committee also includes oversight of the healthcare services delegated to the six Integrated Joint Boards (IJBs).	Seven
Population Health and Wellbeing Committee	To promote public health, oversee population health activities and to develop a long-term vision and strategy for public health.	Four
Staff Governance Committee	To seek and provide assurance to the Board on adherence to all aspects of the Scottish Government's Staff Governance Standard and on the development and delivery of national and local workforce strategies.	Four
Remuneration Committee (a sub-committee of Staff Governance)	To consider and agree performance objectives and performance appraisals for staff in the Executive cohort, to oversee performance arrangements for designated senior managers, and to direct the appointment process for the Chief Executive and executive members of the Board.	Three

In the latter part of 2024-25, a number of changes took place to strengthen the governance structure against of back drop of an increasingly complex environment, which were subsequently approved by the Board in April 2025.

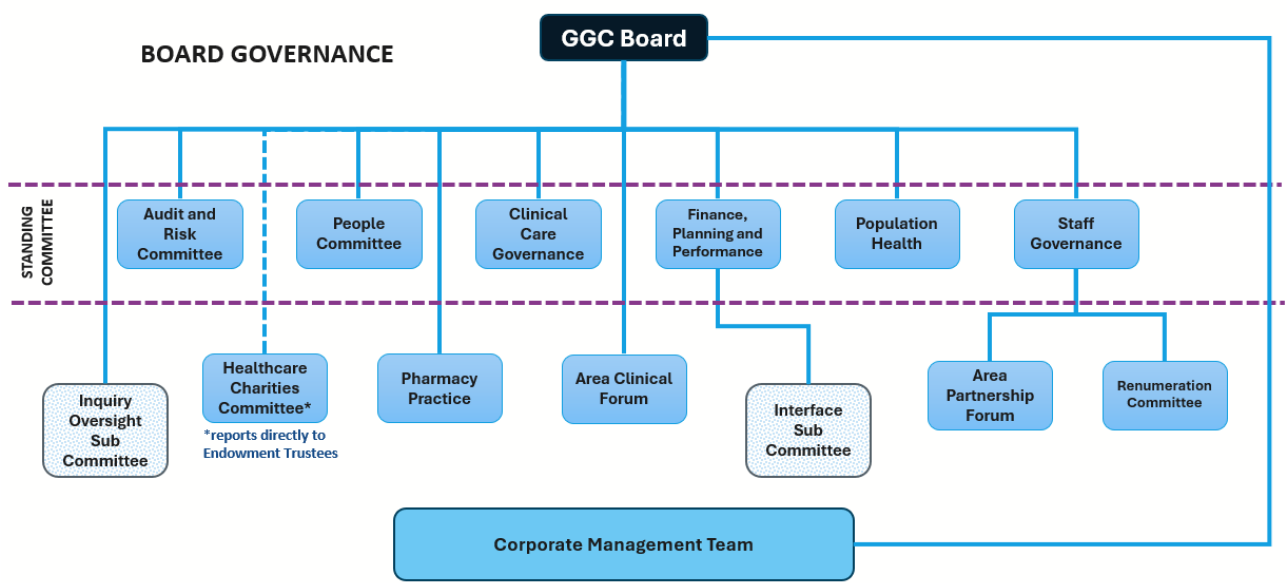
It is critical to ensure agile governance, grip and control over significant additional investment supporting the Board's transformation ambition and recognising the change in increased collaboration accountability and governance at a national level. In addition, and uniquely to NHSGGC, the Board is managing the participation in four public inquiries, two criminal investigations, Healthcare Improvement Scotland (HIS) inspections and an unprecedented number of Fatal Accident Inquiries, as well as the significant legal claim against the parties involved in the design and construction of the Queen Elizabeth University Hospital and the Royal Hospital for Children.

For this reason, an Inquiries Oversight Sub Committee has been established reporting directly to the Board considering inquiries, investigations and legal and regulatory issues. The new People Committee, referenced earlier, has been established leading on culture, equalities, diversity and inclusion. An Interface Sub-Committee, a sub-committee of FP&P,

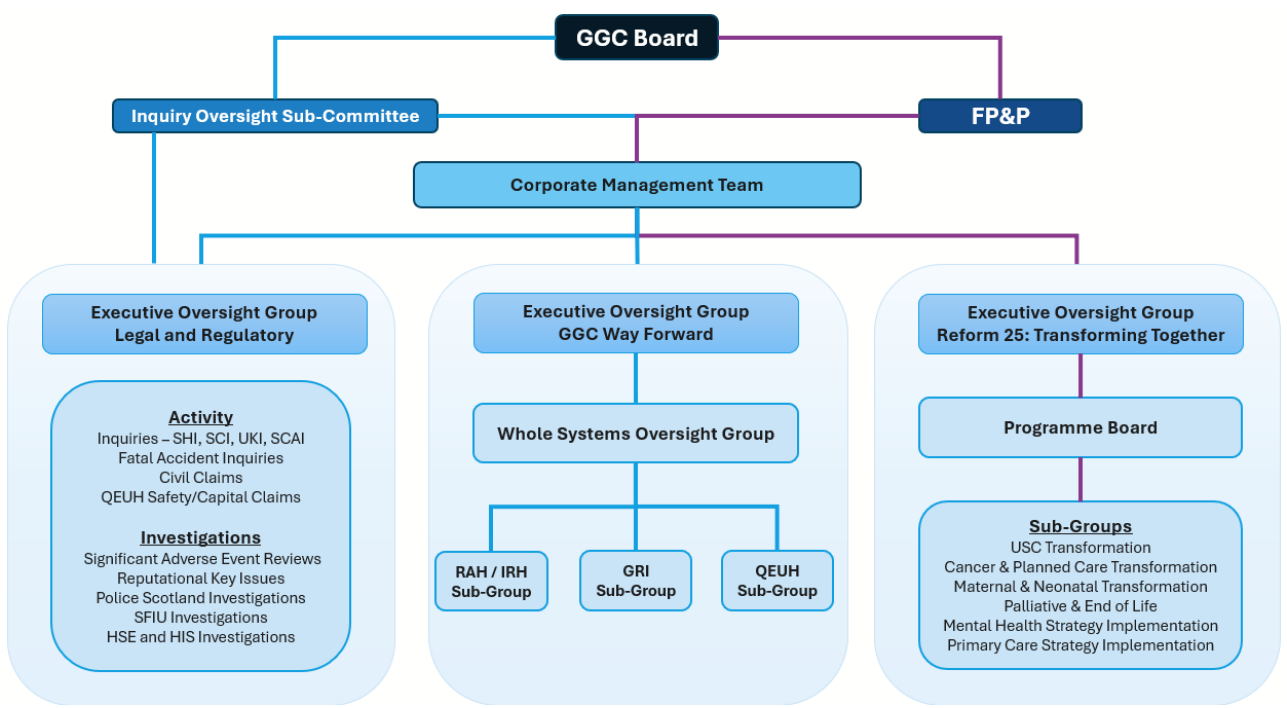
NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

is also being established to support the detailed activity and scrutiny required around the transformation agenda.



There are three Executive Oversight Groups at a management level supporting this approach. The weekly Directors meeting has also been refocussed.



Other Governance Arrangements

As part of the Board’s annual review of governance arrangements, the Board has kept under review the terms of reference for its committees, its Standing Financial Instructions,

## **NHS Greater Glasgow and Clyde**

### **Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

---

Scheme of Delegation, Standing Orders and Code of Conduct. This information is presented to the Board each June per the Board's Operating Requirements.

All main committees of the Board are required to prepare and submit an Annual Report to the Audit and Risk Committee, providing confirmation that they have delivered their functions in line with their approved terms of reference, and stating the levels of assurance that they can provide on the effectiveness of internal controls, risk mitigation plans or the achievement of objectives. Certificates of Assurance are also provided to the Accountable Officer (the Chief Executive) by their direct reports on an annual basis which inform the disclosures in this governance statement.

In addition to the Code of Conduct for Members, the Board has in place a Business Code of Conduct for Staff, an updated version of which was presented to the Board in June 2024. There is also in place a well-established complaints system, whereby members of the public can make a formal complaint to the Board regarding care or treatment provided by or through the NHS, or how services in their local area are organised if this has affected care or treatment.

All of the Board's Executive Directors undertake a review of their development needs as part of the annual performance management and development process. This is overseen by the Remuneration Committee. A leadership development framework is in place to offer a range of development activities to meet needs identified, with additional support from the Human Resources department when required. Access to external and national programmes in line with their development plans and career objectives is also available. The Chief Executive is accountable to the Board through the Chair of the Board.

Non-Executive Board Members undergo a thorough induction process when they join the organisation, with the establishment of a 'buddy' system for newly appointed members. Opportunities for development also exist, at a national level, for some specific Non-Executive roles such as Aspiring Chairs and Area Clinical Forum Chairs. Internal policies are created in line with the Board's Policy Development Framework, which ensures that there is a consistent and clear approach to policy development, consultation, approval, dissemination/ communication, access to documents and review, and that NHSGGC complies with relevant legislation, governance, audit and controls assurance requirements. All policies, strategies or procedures are reviewed every three years as a minimum, or sooner if there is a specific legislative or service requirement or change in guidance, law or practice.

All Health Boards in Scotland are required to abide by the national Whistleblowing Standards which were implemented in April 2021, as published by the Independent National Whistleblowing Officer. NHSGGC has utilised the 'Speak Up!' Campaign to encourage people to come forward. A resource pack for line managers has also been launched, along with additional supportive resources such as 'Speak Up!' Ambassadors, Confidential Contact resources and training, and is supported by the Non-Executive Whistleblowing Champion.

#### **Review of Adequacy and Effectiveness**

As Accountable Officer, I am responsible for reviewing the effectiveness of the system of internal control. My review is informed by:

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

- the Executive Directors and managers within the organisation who have responsibility for developing, implementing and maintaining internal controls across their areas;
- the work of the internal auditors, who submit regular reports to the organisation's ARC. Reports include the auditors' independent and objective opinion on the adequacy and effectiveness of the organisation's systems of internal control together with recommendations for improvement;
- the work of the external auditors, including their independent and objective opinion on the audit of the annual report and accounts, and their review of key financial systems and controls;
- Reviewing any reports received from relevant inspection bodies;
- My receipt of formal Certificates of Assurance from each executive director, informed by reviews of their systems of internal control, as required by the Scottish Public Finance Manual (SPFM);
- Annual reports prepared by each of the Board's governance committees;
- The thorough and comprehensive approach to risk management, reviewed and agreed by the Board;
- The depth and range of items discussed by governance committees and other groups such as the weekly Directors meeting and regular meetings with HSCP Chief Officers in support of the Board and its agreed strategies and corporate objectives;
- Extensive regular reporting to the Board and its committees against a range of quality and performance measures in line with our Assurance Information Framework, based on validated and reliable data; and
- The National Service Audit Reports which report on the effectiveness of the following systems of internal control managed on the Board's behalf:
  - National Single Instance Financial Ledger Services (NHS Ayrshire and Arran)
  - National IT Services (NHS National Services Scotland)
  - Practitioner and Counter Fraud Services (NHS National Services Scotland)
  - Payroll Services (NHS National Services Scotland)

### Integration Joint Boards (IJBs)

The planning and commissioning of a range of health services are delegated by the Board and local authorities to IJBs. Services delegated to the IJBs are included within an Integration Scheme agreed between the Board and relevant local authority. Having received delegated budgets to cover these services, the IJBs develop integrated strategic commissioning plans and then ensure the delivery of those plans by issuing formal directions to the Health Board to provide the relevant health services. Further detail on the Board's approach to setting the strategic direction and the integrated planning of health and social care is provided within the Performance Report, elsewhere in these Annual Accounts.

The strategic planning of the delegated services is the primary role of each IJB, which will then issue formal and binding directions to either or both of the Board and the relevant local authority. These directions will detail the actions the IJB considers necessary to deliver its strategic plan. The Board's Financial, Planning and Performance Committee has responsibility for receiving, scrutinising, and endorsing each IJB's strategic plan, ensuring alignment with the Board's overall strategic ambitions.



## **NHS Greater Glasgow and Clyde**

### **Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

---

Many non-executive board members also serve as voting members on one or more of the IJBs. This usually entails also serving on at least one IJB committee. Each Board agenda includes a standing item for the Board's IJB Lead Voting Members to highlight relevant IJB issues.

The Chief Officer of each of the six IJBs reports directly to the NHSGGC Chief Executive. The Chief Executive maintains responsibility for all aspects of governance relating to health services across Greater Glasgow and Clyde.

Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires an Integration Scheme established between a local authority and a health board to be reviewed on a five-year cycle. All six of the pan-Glasgow integration schemes were reviewed during 2024-25 with a view to bringing greater strategic alignment, revised financial governance and reporting arrangements, and enhanced information governance and data sharing protocols. The integration schemes are now pending final approval.

#### **Information Governance**

The Information Governance Team continues to work with all services to ensure the Board meets its obligations under the UK General Data Protection Regulation (UKGDPR), the Data Protection Act 2018 and the Public Records (Scotland) Act 2011.

The Information Governance Steering Group (IGSG) meets quarterly to monitor Information Governance (IG) and Information Security (IS) compliance by reviewing regular reports on subject access requests, data breaches, data protection impact assessments, security compliance, information assets, training and associated risk management. The IGSG reports into the Corporate Management Team and minutes of the IGSG together with an annual report are considered by the Audit and Risk Committee.

The Board continues to engage constructively with the Scottish Information Commissioner following its decision in June 2024 to escalate the organisation into Level 3 Intervention as a consequence of its performance in responding to Freedom of Information (FOI) requests. A resultant action plan, implemented from July 2024, has improved performance significantly and to the satisfaction of the regulator. The Audit and Risk Committee now receives FOI performance updates on a quarterly basis as opposed to annually, and the Board will continue to engage with the Scottish Information Commissioner to work towards de-escalation.

#### **Personal Data Related Incidents**

All reported incidents are reviewed and investigated where appropriate by the Board's Information Governance Team, with advice provided to improve procedures where necessary, and all reported incidents are included in quarterly reports to the Information Governance Steering Group.

The Data Protection Officer (DPO) for the Board reported four confidentiality breaches to the Information Commissioner's Office (ICO); two breaches related to inappropriate access or inappropriate disclosure of patient information, one related to a cyber-attack and one related to missing GP records. In addition the ICO received twelve complaints from members of the public; five related to dissatisfaction on how the Board had processed their personal data, four related to concerns that information was missing from their file, one related to a request to be removed from a clinical trial, one related to concerns that a

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

recording was shared inappropriately and one related to a potential data breach. The DPO responded to all complaints and no action was taken against the Board.

### Risk Management

NHSGGC has a robust framework, based on ISO 31000, for the management of risk. The framework is proactive in identifying and understanding risk and builds upon existing good practice. The Board's Risk Management Strategy and Risk Register Policy and Guidance document was approved in December 2022, with the next review due in December 2025. These collectively detail how relevant risks are identified, evaluated, and escalated within NHSGGC.

A Board Risk Appetite Statement was developed during the year through engagement with Board Members and will be rolled out as part of the refreshed Risk Policy and Strategy in 2025-26. In addition, all corporate risks were reviewed as part of a 'deep dive' process which reviewed all aspects of risk, including causes, controls, scoring and mitigating actions. Significant engagement has been achieved as part of this process and has been supported by additional training provided by the Board's Chief Risk Officer.

Executive directors and other senior managers are responsible for managing risk. As the Accountable Officer, the Chief Executive is required to ensure that risks are identified, that their significance is assessed, and that appropriate remedial action is taken to reduce risk exposure or eliminate it where possible.

The following principles underpin our approach to risk management in NHSGGC:

- A consistent and standard approach to risk management;
- Integral to strategic and service planning and informs performance review;
- Involvement of clinicians and key stakeholders to support effective prioritisation and to inform decision-making;
- Comprehensive and systematically integrated into all processes;
- Responsibility for management, escalation, monitoring, and communication of key risks is clearly defined;
- Risk is managed at the operational level closest to the risk supported by clear escalation processes;
- All types of risks are considered including NHSGGC's strategic risks, and
- Provides assurance that effective systems are in place to manage risks.

The Corporate Risk Register (CRR) is managed and updated via the Corporate Management Team on a rolling monthly cycle. Each risk on the CRR is assigned to a Standing Committee and reviewed at each meeting. The full CRR is approved at each Audit and Risk Committee and twice a year by the Board.

The Audit and Risk Committee received the latest Risk Management Annual Report at its June 2025 meeting, providing assurance that there are effective systems in place to manage risk across NHSGGC, noting objectives delivered in 2024-25 and plans for the coming year.

The Board's current risk profile is shown within the Performance Report, elsewhere in these annual accounts, by reference to each of the corporate risks and their grading. The

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

Board's CRR is made publicly available at regular intervals via the publication on the website of [Board meeting papers](#).

### Material Governance Matters 2024-25

#### Queen Elizabeth University Hospital (QEUEH) and Royal Hospital for Children (RHC)

There remains a significant amount of activity within the Board supporting and responding to the Scottish Hospitals Inquiry ('the Inquiry') into QEUEH, RHC and the Children and Young Peoples Hospital in Edinburgh which was launched in August 2020. A number of hearings have been held since commencing in September 2021. Further hearings are scheduled throughout 2025, with closing submissions from November to January 2026. Further information regarding the inquiry such as hearing dates and inquiry documents can be found here: [www.hospitalsinquiry.scot](http://www.hospitalsinquiry.scot)

In September 2021 Police Scotland announced an investigation, "Operation Quadric", into four deaths at the QEUEH campus and there has been intermittent on-site meetings since December 2021. The deaths are being examined under the Health and Safety at Work Act 1974 and corporate homicide in terms of the Corporate Manslaughter and Homicide Act 2007 for alleged health and safety offences. NHSGGC received a letter from the Deputy Crown Agent in November 2023 indicating that the organisation was being considered a suspect in the investigation, formalising the process. NHSGGC has from the outset cooperated with the investigation and continues to do so. Regular meetings continue between Senior Counsel to NHSGGC, the Procurator Fiscal and Crown Counsel.

The Board has now received 30 intimations of claim in respect of the QEUEH and RHC. There is close working between the Programme Management Office and Central Legal Office on the related themes, however, at this stage all cases remain sisted.

In addition, there continues to be significant work associated with the legal proceedings raised for losses and damages incurred in respect of the construction of the QEUEH and RHC in relation to a number of technical issues identified. These proceedings have been raised against the main contractor for the hospital project, Multiplex Construction Europe Limited, BPY Holdings LP, and the Health Board's advisors Currie and Brown UK Ltd and Capita Property and Infrastructure Ltd. Proceedings regarding the chilled water system, atrium linings and external wall systems have also been raised against Multiplex Construction Europe Limited and BPY Holdings LP.

A dedicated Programme Management Office is in place to manage the significant activity related. Robust governance arrangements are well established to oversee all the activity in respect of the QEUEH and RHC with an Executive Oversight Board, chaired by the Chief Executive with regular meetings throughout the year, supported by an Executive Working Group which considers notable detail in terms of documentation and submissions to relevant parties.

#### UK Blood Inquiry (UKBI)

The UK Blood Inquiry was announced by the UK Government in July 2017 to investigate the use of contaminated blood and blood products across the UK in the 1970s and 1980s. NHSGGC has been responding to the UKBI for a number of years and the final report and recommendations of the UK Infected Blood Inquiry was published on 20 May 2024. Given all Territorial Boards were grouped as a single Core Participant, a national communication

## NHS Greater Glasgow and Clyde

### Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

approach was developed to underline our shared commitment to supporting those who came to harm and ensuring lessons are learned. In addition, the NHSGGC Director of Public Health will be working with a Scottish Government Oversight Group to coordinate and oversee the implementation of the recommendations. All staff involved have been supported, most of whom are no longer working in NHSGGC. Further information on the inquiry, including its reports, are available on the inquiry website here:

<https://www.infectedbloodinquiry.org.uk/>

The UK Government has confirmed it will pay comprehensive compensation to those who have been infected and a full response to the Inquiry's 2024 report was published in May 2025. The UK Government have established the Infected Blood Compensation Authority (IBCA) which will deliver compensation to victims on a UK-wide basis, in close collaboration with the devolved governments. Payments have begun to be made, with £11.8 billion committed in the October 2024 UK budget for the compensation scheme. In May 2025, the UK Government reported that nearly £100 million had been paid in compensation and £1.2 billion in interim payments.

#### Skye House

Skye House provides inpatient treatment for young people with conditions such as severe depression, eating disorders, psychosis and obsessive-compulsive disorders. In February 2025, a BBC investigation identified a number of issues regarding concerns over patient welfare and staff conduct. A full internal quality of care review at Skye House was launched and NHSGGC have asked for an external independent review of the unit to be carried out. Pending the outcome of the independent review, a number of improvements to patient care have been made in the meantime, including additional recruitment and training is up to date on safe-holds.

We work closely with patients and families to monitor feedback and support continuous improvement and person-centred care through initiatives like our weekly community group meeting with young people and staff, our dedicated weekly young people's forum, and at minimum, weekly feedback with families to discuss care provision. Patient care plans are delivered in partnership to encourage shared decision making at all levels.

#### Healthcare Improvement Scotland (HIS) Review

HIS published a review of NHSGGC's Emergency Departments (EDs) in March 2025 which identified significant challenges around staffing, facilities, patient flow, culture, communication, and incident reporting. The review found that there has been a breakdown in relationships between and within ED staff groups at the QEUH and between ED staff and senior leadership and management in NHSGGC which is impeding potential solutions. It was also acknowledged that the wider urgent and unscheduled care system is under significant pressure and national, strategic intervention is required to reform services.

The review makes 41 recommendations, the majority of which are for NHSGGC and others are wider reflections for Scotland. The recommendations for NHSGGC largely fall into four areas:

- Establishing a whole-system response and strengthening whole system models of care to reduce crowding and improve safety within emergency departments.

## NHS Greater Glasgow and Clyde

### Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

- Improving clinical and care governance processes, including systems for learning about safety so staff feel confident about raising concerns and resulting actions taken.
- Addressing low staff morale and concerns around wellbeing to strive towards a more positive culture.
- Improving relationships, leadership and team working at the QEUH.

NHSGGC have acknowledged the findings of the report and committed to implementing improvements. This will be driven through 'The GGC Way Forward' which will support the improvement agenda on a whole-systems approach. New governance arrangements to support and oversee the programme were agreed by the Board in April 2025 as described earlier in this governance statement.

#### Procurement Irregularities

Procurement irregularities within one department were brought to the Board's attention in August 2024 alleging corrupt practices between members of staff and board suppliers. The matter was referred to Counter Fraud Services (CFS) and investigations are ongoing. Regular meetings take place between CFS and the Director of Finance to update on proceedings. The financial loss to the board is still uncertain, however, it is not material at this stage to these financial statements. The Board's internal auditors have been engaged to carry out a review of our internal controls in this area to identify if any improvements can be made during 2025-26.

#### East Dunbartonshire Integration Joint Board

East Dunbartonshire Council implemented a new financial system, Oracle Fusion, during 2023-24 which has taken longer than planned to implement and has delayed financial reporting to the IJB and onwards to NHSGGC. The financial performance provided for 2023-24 and 2024-25 therefore remains unaudited. Regular meetings take place between the IJB's Chief Financial Officer and the Board's finance senior management team to discuss the financial position and forecasted outturn, which helps enable us to obtain reasonable assurance over the figures reported to the board for consolidation.

#### **Annual Service Audit Reports**

The Board's Audit and Risk Committee received the 2024-25 service audit reports on 30th May 2025. The Committee accepted those reports as a source of significant assurance that, overall, there were adequate and effective systems of control relating to the National Single Instance Financial Ledger, Payroll Services, Practitioner and Counter Fraud Services and the National IT Services contract.

The Service Audit for Payments to Primary Care Contractors (Practitioner and Counter Fraud Services) highlighted one exception which has been resolved and overall provided an unqualified opinion.

The Service Audit for NSS Digital and Security (DaS) and Atos highlighted a qualified opinion with regard to exceptions identified during the audit in relation to logical access to applications. This was an audit qualification and NSS have provided additional assurance on the operation of IT controls during the period and does not present a risk to the Board.

NHS Ayrshire and Arran provide an annual Service Audit in respect of their management










# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

of the National Single Instance (NSI) financial ledger service on behalf of all NHS Boards. We have received the Service Audit report for 2024-25 and no issues have been identified and an overall unqualified opinion has been received.

### Audit and Compliance

The Board's internal auditors, Azets, carried out 487.5 days of internal audit work within their 2024-25 plan. The programme comprised completing 9 standard audit reviews and 1 further consultancy style review. The table below provides a summary of the audit reports completed. There were no grade 4 recommendations raised (very high-risk exposure) and no control objectives assessed as "Critical" where there was a fundamental absence or failure of key controls.

Review	Overall audit rating	Control objective assessment	No. of issues per grading				
			4	3	2	1	Advisory
A.2 Strategic and Operational Planning	Minor improvement required		-	1	7	-	-
B.2 Sustainability and Value Programme	Substantial improvement required		-	2	1	1	-
C.3 Discharge Planning – Hospital Discharges	Substantial improvement required		-	2	3	-	-
C.4 Waiting List Management – Mental health	Minor improvement required		-	1	4	-	-
C.6 Medicines Governance	Substantial improvement required		-	3	12	1	1
D.3 Staff Training and Development	Substantial improvement required		-	4	2	1	-
D.4 Succession Planning	N/A – Consultancy style						
E.3 Cyber Security	Minor improvement required		-	-	2	-	-
E.4 eHealth Project and Programme Management	Minor improvement required		-	-	5	-	-
F.1 Property Transaction Monitoring	Effective		-	-	-	-	-



# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

Internal Audit monitored the completion of actions agreed within audit reports, reporting progress on a quarterly basis to the Audit and Risk Committee. As at 31 March 2025, there were no high or very-high risk actions outstanding, and Internal Audit were content with the progress made in-year in this regard.

It is the opinion of the Chief Internal Auditor that: NHS Greater Glasgow and Clyde has a framework of governance, risk management and controls that provides reasonable assurance regarding the effective and efficient achievement of objectives.

Ernst and Young (EY) were appointed as the Board's external auditor in 2022-23 for a period of five years in accordance with the Audit Scotland Framework Agreement for the external audit of public bodies in Scotland. Financial year 2024-25 is therefore the third year of EY's appointment.

Progress against recommendations made by external audit is reported to the Audit and Risk Committee, and senior management continue to engage with the Board's appointed auditor to progress reported actions. Audit Scotland publish the external auditor's reporting here: <https://audit.scot/publications/search>

### Disclosures

The control systems outlined above have been in place for the year under review and up to the date of the approval of these accounts. No other significant control weaknesses or issues have arisen, in the expected standards for good governance, risk management and control.

### Key actions relating to governance for 2025-26

Governance work to be undertaken in the next financial year includes:

- Continuation of the Active Governance Programme work, including the ongoing development of the Assurance Framework and Information Assurance System to ensure Board members have clarity on the Board's strategic aims, objectives, performance, and outcomes.
- The ADP for 2025-26 was submitted in March 2025 alongside the medium-term plan to reflect the current position and key strategic actions for the Board.
- Ongoing governance arrangements will remain in place around the public inquiry and legal claim but will be regularly reviewed and amended if required as each area develops and evolves.
- Appointment of two new Non-Executive Board Members, followed with a robust and comprehensive induction process.
- Continuation of the significant work being undertaken to strengthen Board governance, in particular the Inquiries Oversight Sub Committee, new People Committee, and Interface Sub Committee to support the transformation agenda.
- Development of a business case for a proposed replacement for Datix, the current risk management and incident reporting system in place at NHSGGC.
- Continued development and rollout of mandatory fraud awareness training, led by the Board's Fraud Liaison Officer and communicated to staff.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

### **REMUNERATION REPORT AND STAFF REPORT**

#### **REMUNERATION REPORT**

Remuneration is agreed through the Remuneration Committee and its main role is to ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health and Social Care Directorate (SGHSCD).

Whilst pay arrangements for NHS staff are determined under national arrangements, the pay arrangements for the Board's senior managers whose posts are part of the Executive and Senior Management cohorts are subject to SGHSCD guidance. The Remuneration Committee, in accordance with SGHSCD guidance, determined and reviewed the pay arrangements for the Board's Executive and Senior Management cohorts.

The Directors' Remuneration report, which is shown on the following pages, details Board Members' and Senior Employees' remuneration, in bandings of £5,000. These bandings include any backdated salary payments made, and Board contributions made in respect of national insurance and pension.

As at 31 March 2025 (31 March 2024), the salaries of executive board members were as follows.

The information below is audited:

- J Grant (Chief Executive) £175,999 (£197,858) – resigned 31/01/2025;
- J Gardner (Chief Executive) £174,664 – appointed 01/02/2025;
- Dr J Armstrong (Medical Director) £143,892 (£204,469) – resigned 19/11/2024;
- Dr S Davidson (Medical Director) £225,761 – appointed 07/10/2024;
- Dr E Crighton (Director of Public Health) £197,623 (£193,171);
- A Wallace (Nurse Director) £144,253 (£135,983);
- C Neil (Director of Finance) £141,854 (£132,761).

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### BOARD MEMBERS AND SENIOR EMPLOYEES REMUNERATION - CURRENT YEAR (AUDITED INFORMATION)

	Taxable Salary (Bands of £5,000)	Pension Benefits £'000	Total Remuneration (bands of £5,000)
<b>Remuneration Table</b>			
<b>Executive Members</b>			
Chief Executive : J Grant (left 31/01/25)	175 - 180	-	175 - 180
Director of Public Health : E Crighton	195 - 200	178	375 - 380
Medical Director : J Armstrong (left 19/11/24)	140 - 145	110	250 - 255
Nurse Director - Angela Wallace	140 - 145	98	240 - 245
Director of Finance: C Neil	140 - 145	110	250 - 255
Chief Executive : J Gardner (from 01/02/25)	30 - 35	171	200 - 205
Medical Director : S Davidson (from 07/10/24)	115 - 120	342	460 - 465
<b>Non-Executive Members</b>			
PA Cameron-Burns * (Note 2)	70 - 75	233	300 - 305
M Ashraf	20 - 25	-	20 - 25
B Auld (from 01/07/24)	5 - 10		5 - 10
E Cairns (from 01/07/24)	5 - 10		5 - 10
M Cawley (from 01/07/24)	5 - 10		5 - 10
C Cooney (from 01/07/24)	5 - 10		5 - 10
J Cameron	10 - 15	-	10 - 15
A Cowan (left 30/06/24)	0 - 5	-	0 - 5
C Cunningham	10 - 15	-	10 - 15
J Forbes (left 30/06/24)	0 - 5	-	0 - 5
D Foy	10 - 15	-	10 - 15
D Gould	20 - 25	-	20 - 25
G Haddock	10 - 15	-	10 - 15
M Kerr	20 - 25	-	20 - 25
J Matthews (left 30/06/24)	5 - 10		5 - 10
M McCluskey (left 30/04/24)	0 - 5	-	0 - 5
C Mcdiarmid	10 - 15	-	10 - 15
M McGinty	10 - 15	-	10 - 15
I Mcinnes	10 - 15	-	10 - 15
L McDonald (from 01/07/24)	10 - 15	-	10 - 15
R Metcalfe * (Note 3)	140 - 145	66	205 - 210
K Miles	20 - 25	-	20 - 25
A Monaghan (left 30/06/24)	0 - 5	-	0 - 5
R Moran (from 22/07/24)	5 - 10		5 - 10
K Pragnell	10 - 15	-	10 - 15
I Ritchie (left 30/06/24)	5 - 10		5 - 10

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### BOARD MEMBERS AND SENIOR EMPLOYEES REMUNERATION - CURRENT YEAR (AUDITED INFORMATION)

	Taxable Salary (Bands of £5,000)	Pension Benefits £'000	Total Remuneration (bands of £5,000)
<b>Remuneration Table</b>			
L Rousselet	10 - 15	-	10 - 15
P Ryan	25 - 30	-	25 - 30
F Shennan (left 31/05/24)	0 - 5	-	0 - 5
R Sweeney (left 30/06/24)	0 - 5	-	0 - 5
K Turner (from 01/07/24)	5 - 10		5 - 10
L Thomson	70 - 75	-	70 - 75
C Vincent	25 - 30	-	25 - 30
M Wailes	20 - 25	-	20 - 25

### Other Senior Employees

W Edwards	145 - 150	83	230 - 235
-----------	-----------	----	-----------

#### Note:

1. Pension Benefits - In accordance with the Financial Reporting Manual (FReM) and the Companies Act, this calculation aims to bring public bodies in line with other industries in disclosing an assessed cumulative pension benefit for a standard 20 year period, which is the estimated life span following retirement. The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

2. PA Cameron Burns (Employee Director) - this post is full time and the salary shown relates to the substantive post held and non-executive allowance. Salary includes £41k in respect of other NHS GGC employment duties.

3. R Metcalfe (Consultant) - this post is full time and the salary shown relates to the substantive post held and non-executive allowance. Salary includes £131k in respect of other NHS GGC employment duties.

4. The Annualised Salary for the Chief Executive (J Grant - left 31/01/25) would be £210k - £215k.

5. The Annualised Salary for the Chief Executive (J Gardner - from 01/02/25) would be £195k - £200k.

6. The Annualised Salary for the Medical Director (J Armstrong - left 19/11/24) would be £225k - £230k.

7. The Annualised Salary for the Medical Director (S Davidson - from 07/10/24) would be £235k - £240k. The value disclosed represents the cumulative pension benefit over 20 years which is impacted by the in year appointment of S Davidson to the position of medical director.

8. The Annualised Salary for Non-Executive Members would be £10k - £15k for those without additional committee responsibility. For those with additional responsibilities would be up to a maximum of £25k - £30k.

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### BOARD MEMBERS AND SENIOR EMPLOYEES REMUNERATION - CURRENT YEAR (AUDITED INFORMATION)

Pension Values Table	Total accrued pension at age 60 at 31 March 2025 (bands of £5,000)	Real increase in pension at age 60 (Bands of £2,500)	Total accrued lump sum at age 60 at 31 March (bands of £5,000)	Real increase in lump sum at age 60 at 31 March 2025 (bands of £2,500)	Cash Equivalent Transfer Value (CETV) at 31 March 2025 £'000	Cash Equivalent Transfer Value (CETV) at 31 March 2024 £'000	Real increase in CETV in year £'000
<b>Remuneration of:</b>							
<b>Executive Members</b>							
Chief Executive : J Grant (left 31/01/25)	-	-	-	-	-	-	-
Director of Public Health : E Crighton	75 - 80	7.5 - 10	190 - 195	15 - 17.5	1,830	1,602	228
Medical Director : J Armstrong (left 19/11/24)	80 - 85	5 - 7.5	205 - 210	7.5 - 10	1,945	1,791	154
Nurse Director - Angela Wallace	60 - 65	5 - 7.5	160 - 165	7.5 - 10	1,528	1,414	114
Director of Finance: C Neil	65 - 70	5 - 7.5	170 - 175	7.5 - 10	1,502	1,362	140
Chief Executive : J Gardner (from 01/02/25)	55 - 60	7.5 - 10	145 - 150	12.5 - 15	1,347	1,291	56
Medical Director : S Davidson (from 07/10/24)	70 - 75	15 - 17.5	200 - 205	37.5 - 40	1,693	1,318	375
<b>Non-Executive Members</b>							
PA Cameron-Burns	15 - 20	10 - 12.5	40 - 45	25 - 27.5	429	168	261
R Metcalfe	25 - 30	2.5 - 5	60 - 65	2.5 - 5	486	423	63
<b>Other Senior Employees</b>							
W Edwards	45 - 50	2.5 - 5	120 - 125	5 - 7.5	981	888	93
					<b>11,741</b>	<b>10,257</b>	<b>1,484</b>

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Note:

1. CETV figures are notional calculations based on actuarial tables.

Prior Year CETV values have been adjusted due to factors provided by the Government's Actuary Department to the following:-

	£'000		£'000
Director of Public Health : E Crichton	1,576	to	1,602
Medical Director : J Armstrong	1,761	to	1,791
Nurse Director : A Wallace	1,390	to	1,414
Employee Director : PA Cameron-Burns	165	to	168
Director of Finance : C Neil	1,339	to	1,362
Deputy Chief Executive : W Edwards	871	to	888
Consultant : R Metcalfe	416	to	423
	<b>7,518</b>		<b>7,648</b>

2. The Former Chief Executive J Grant is not a member of the pension scheme.

3. The CETV disclosed for the Chief Executive as at 31 March 2024 is in fact the final CETV from her previous NHS employer as at 31 January 2025.

4. Accrued pension benefits included in this table for any individual affected by the Public Service Pensions Remedy have been calculated based on their inclusion in the legacy scheme for the period between 1 April 2015 and 31 March 2022, following the McCloud judgment. The Public Service Pensions Remedy applies to individuals that were members, or eligible to be members, of a public service pension scheme on 31 March 2012 and were members of a public service pension scheme between 1 April 2015 and 31 March 2022. The basis for the calculation reflects the legal position that impacted members have been rolled back into the relevant legacy scheme for the remedy period and that this will apply unless the member actively exercises their entitlement on retirement to decide instead to receive benefits calculated under the terms of the Alpha scheme for the period from 1 April 2015 to 31 March 2022.

5. There is no disclosure in the Pension Values Table (above) for those who are not a member of the pension scheme.



# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### BOARD MEMBERS AND SENIOR EMPLOYEES REMUNERATION - PRIOR YEAR (AUDITED INFORMATION)

	Taxable Salary (Bands of £5,000)	Pension Benefits £'000	Total Remuneration (bands of £5,000)
<b>Remuneration Table</b>			
<b>Executive Members</b>			
Chief Executive : J Grant	195 - 200	-	195 - 200
Director of Public Health : E Crichton	190 - 195	63	255 - 260
Medical Director : J Armstrong	200 - 205	33	235 - 240
Nurse Director - Angela Wallace	135 - 140	13	145 - 150
Director of Finance: C Neil	130 - 135	45	175 - 180

### Non-Executive Members

PA Cameron-Burns (Employee Director)	45 - 50	11	55 - 60
J Brown (left 30/11/2023) * Note 3	30 - 35	-	30 - 35
L Thomson (from 01/12/2023)	15 - 20	-	15 - 20
M Ashraf	5 - 10	-	5 - 10
J Cameron	5 - 10	-	5 - 10
S Carr (left 31/08/2023)	5 - 10	-	5 - 10
A Cowan	15 - 20	-	15 - 20
C Cunningham	5 - 10	-	5 - 10
J Forbes	15 - 20	-	15 - 20
D Foy	5 - 10	-	5 - 10
D Gould	5 - 10	-	5 - 10
G Haddock (from 01/05/2023)	5 - 10	-	5 - 10
M Kerr	15 - 20	-	15 - 20
J Matthews	25 - 30	-	25 - 30
M Mccluskey	5 - 10	-	5 - 10
C Mcdiarmid	5 - 10	-	5 - 10
M McGinty	5 - 10	-	5 - 10
I Mcinnes	5 - 10	-	5 - 10
R Metcalfe (from 01/09/2023)	125 - 130	14	135 - 140
K Miles	15 - 20	-	15 - 20
A Monaghan	15 - 20	-	15 - 20
K Pragnell	5 - 10	-	5 - 10
I Ritchie	25 - 30	-	25 - 30
L Rousselet	5 - 10	-	5 - 10
P Ryan	15 - 20	-	15 - 20
F Shennan	5 - 10	-	5 - 10
R Sweeney	15 - 20	-	15 - 20
C Vincent	15 - 20	-	15 - 20
M Wailes	15 - 20	-	15 - 20

NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

BOARD MEMBERS AND SENIOR EMPLOYEES REMUNERATION - PRIOR YEAR (AUDITED INFORMATION)

	Taxable Salary (Bands of £5,000)	Pension Benefits £'000	Total Remuneration (bands of £5,000)
Other Senior Employees			
Chief Operating Officer, Acute Division : W Edwards	135 - 140	14	150 - 155

\* The Employee Director post is full time and the salary shown relates to the substantive post held and non-executive allowance.

\* R Metcalfe Non-Executive Member is a Consultant in Sexual Health & HIV Medicine. The salary shown relates to the substantive (Consultant) post held and non-executive allowance.

**Note:**

1. There were no Performance Related Bonus or Benefit in Kind payments in the year.

2. The Chief Executive is not a member of the pension scheme.

3. The Chair - J Brown (left 30/11/2023) was paid £33k in the year for his role as Board Chair, he also did additional work in the year for Scottish Government.

4. The Chair - L Thomson (from 01/12/2023) - (Annualised Salary would be £55k - £60k).

5. Non-Executive Member - R Metcalfe (from 01/09/2023), salary disclosed above is the annual salary

6. The Annualised Salary for Non-Executive Members would be £5k - £10k for those without additional committee responsibility.

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## BOARD MEMBERS AND SENIOR EMPLOYEES REMUNERATION - PRIOR YEAR (AUDITED INFORMATION)

	Total accrued pension at age 60 at 31 March 2024 (bands of £5,000)	Real increase in pension at age 60 (Bands of £2,500)	Total accrued lump sum at age 60 at 31 March 2024 (bands of £5,000)	Real increase in lump sum at age 60 at 31 March 2024 (bands of £2,500)	Cash Equivalent Transfer Value (CETV) at 31 March 2024 £'000	Cash Equivalent Transfer Value (CETV) at 31 March 2023 £'000	Real increase in CETV in year £'000
<b>Pension Values Table</b>							
<b>Executive Members</b>							
Chief Executive : J Grant	-	-	-	-	-	-	-
Director of Public Health : E Crighton	65 - 70	5 - 7.5	170 - 175	2.5 - 5	1,576	1,460	116
Medical Director : J Armstrong	70 - 75	2.5 - 5	190 - 195	(2.5) - (5.0)	1,761	1,691	70
Nurse Director - Angela Wallace	55 - 60	0 - 2.5	150 - 155	(2.5) - (5.0)	1,390	1,371	19
Director of Finance: C Neil	55 - 60	2.5 - 5	160 - 165	0 - 2.5	1,339	1,270	69
<b>Non-Executive Members</b>							
PA Cameron-Burns (Employee Director)	5 - 10	0 - 2.5	15 - 20	(0) - (2.5)	165	153	12
R Metcalfe (from 01/09/2023)	20 - 25	0 - 2.5	55 - 60	(0) - (2.5)	416	397	19
<b>Other Senior Employees</b>							
Chief Operating Officer, Acute Division : W Edwards	40 - 45	0 - 2.5	115 - 120	(2.5) - (5.0)	871	844	27
					<b>7,518</b>	<b>7,186</b>	<b>332</b>

\* The Employee Director post is full time and the salary shown relates to the substantive post held and non-executive allowance.

\* R Metcalfe Non-Executive Member is a Consultant in Sexual Health & HIV Medicine. The salary shown relates to the substantive (Consultant) post held and non-executive allowance.

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

**Note:**

1. CETV figures are notional calculations based on actuarial tables.  
Prior Year CETV values have been adjusted due to factors provided by the Government's Actuary Department to the following:-

	£'000		£'000
Director of Public Health : E Crighton	1,368	to	1,460
Medical Director : J Armstrong	1,584	to	1,691
Nurse Director : A Wallace	1,285	to	1,371
Employee Director : PA Cameron-Burns	143	to	153
Director of Finance : C Neil	1,190	to	1,270
Chief Operating Officer, Acute Division : W Edwards	791	to	844
	<b>6,361</b>		<b>6,789</b>

2. The Chief Executive is not a member of the pension scheme.
3. There is no disclosure in the Pension Values Table (above) for those who are not a member of the pension scheme.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Fair Pay Disclosure (Audited Information)

	2024-25	2023-24	% change
Range of Staff Remuneration (£'000)	24 – 455	23 - 446	1.86
Highest earning Directors total remuneration (£'000)	225 - 230	200 - 205	12.35
Median Salary	2024-25	2023-24	% change
Median (Total Pay & Benefits) 50% percentile	£42,600	£40,992	3.92
Median (Salary only) 50% percentile	£42,600	£40,992	3.92
<b>Ratio of salary in comparison to Median salary</b>	<b>5.34</b>	<b>4.94</b>	<b>8.10</b>
25% percentile (Total Pay & benefits)	£33,838	£32,148	5.26
25% percentile (Salary only)	£33,838	£32,148	5.26
<b>Ratio on the 25th percentile</b>	<b>6.72</b>	<b>6.30</b>	<b>6.67</b>
75% percentile (Total Pay & benefits )	£55,169	£53,332	3.44
75% percentile (Salary only)	£55,169	£53,332	3.44
<b>Ratio on the 75th percentile</b>	<b>4.12</b>	<b>3.80</b>	<b>8.42</b>

The table above shows the ratio and the percentage change of the highest paid director to the median, 25<sup>th</sup> percentile, and 75<sup>th</sup> percentile in the workforce. The percentage change of the highest paid director shows an increase of 12.4% in comparison to an average increase of 3.9% for the rest of the workforce.

The percentage change across years within each percentile reflects a combination of pay increases and changes to the profile of the workforce. These changes can occur where long serving employees (who would be at the higher end of the pay scale) leave and new employees start at the lower end of the pay scale.

The banded remuneration of the highest paid director in NHS Greater Glasgow and Clyde Health Board in the financial year was £225,761 (2023-24: £204,469). This was 5.3 times (2023-24: 4.9) the median remuneration of the workforce which was £42,600 (2023-24: £40,992).

The highest paid director in 2024-25 was the Medical Director of the Health Board. The earnings figures provided above for the highest earning Director includes total salary, non-consolidated performance related pay and any benefits in kind where appropriate. The earnings for the Medical Director are for the full year including from his previous role.

In 2024-25, 93 (2023-24: 108) employees received remuneration in excess of the highest paid director and whole time equivalent remuneration in this category ranged from £225,761 to £455,157 (2023-24: £204,469 to £446,407).

NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

STAFF REPORT (AUDITED INFORMATION)

Other Employees whose remuneration fell within the following ranges:

	2025 Number	2024 Number
<b>Clinicians</b>		
£ 70,001 to £ 80,000	708	620
£ 80,001 to £ 90,000	494	448
£ 90,001 to £100,000	326	274
£100,001 to £110,000	228	221
£110,001 to £120,000	202	206
£120,001 to £130,000	194	218
£130,001 to £140,000	181	211
£140,001 to £150,000	194	187
£150,001 to £160,000	173	177
£160,001 to £170,000	167	163
£170,001 to £180,000	146	114
£180,001 to £190,000	121	93
£190,001 to £200,000	110	65
£200,001 and over	245	108
<b>Other</b>		
£ 70,001 to £ 80,000	299	224
£ 80,001 to £ 90,000	155	130
£ 90,001 to £100,000	62	68
£100,001 to £110,000	50	26
£110,001 to £120,000	23	12
£120,001 to £130,000	4	2
£130,001 to £140,000	1	4
£140,001 to £150,000	3	1
£150,001 to £160,000	1	-
£160,001 to £170,000	1	-
£190,001 to £200,000	-	1



# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Staff Numbers and Expenditure (Audited Information)

<b>Executive Board Members £'000</b>	<b>Non Executive Members<sup>1</sup> £'000</b>	<b>Permanent Staff £'000</b>	<b>Inward Secondees £'000</b>	<b>Other Staff £'000</b>	<b>Outward Secondees £'000</b>	<b>2025 £'000</b>	<b>2024 £'000</b>
--	--	----------------------------------	-----------------------------------	------------------------------	------------------------------------	-----------------------	-----------------------

#### **Staff Costs**

Salaries and Wages	1,050	942	1,972,925			(484)	1,974,433	1,835,871
Social Security Costs	105	80	221,672			(53)	221,804	206,646
NHS scheme employers' costs	141	83	381,449			(91)	381,582	330,430
Other employers' pension costs								
Inward Secondees				17,679			17,679	17,324
Agency Staff					22,632		22,632	49,326
Compensation for loss of office								48
Pensions to former board members								
<b>TOTAL</b>	<b>1,296</b>	<b>1,105</b>	<b>2,576,046</b>	<b>17,679</b>	<b>22,632</b>	<b>(628)</b>	<b>2,618,130</b>	<b>2,439,645</b>

#### **Staff Numbers Whole Time Equivalent (WTE)**

	<b>5</b>	<b>27</b>	<b>35,861</b>	<b>416</b>	<b>270</b>	<b>(8)</b>	<b>36,572</b>	<b>36,891</b>
Included in the total staff numbers above were disabled staff of :							462	421

<sup>1</sup> The figures included in this column are for both Non-Executive Members and Senior Employees as disclosed within the Remuneration Table. The staff cost in this column includes the substantive post cost as well as Non-Executive remuneration where applicable. The WTE in this column relates to headcount.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Reconciliation to Income and Expenditure (Audited Information)

	£'000
Total employee expenditure as above	2,618,130
Add: employee income included in Note 4	628
Total employee expenditure disclosed in note 3	2,618,758

### a) Staff Composition – an analysis of the number of persons of each sex who were directors and employees (Not Audited)

	2025 Headcount				2024 Headcount			
	Male	Female	Prefer not to say	Total	Male	Female	Prefer not to say	Total
Executive Directors	2	3	-	5	1	4	-	5
Non-Executive Directors and Employee Director	12	15	-	27	11	16	-	27
Senior Employees	1,940	2,146	-	4,085	1,790	1,790	-	3,580
Other	8,552	34,227	-	42,779	8,536	34,569	-	43,105
<b>Total</b>	<b>10,506</b>	<b>36,391</b>	<b>-</b>	<b>46,897</b>	<b>10,338</b>	<b>36,379</b>	<b>-</b>	<b>46,717</b>

#### Note:

- The table above includes employees who have a substantive and bank post. The Staff Numbers and Costs table on the previous page shows the WTE figure.
- Senior Employees are defined as all those earning in excess of £70k for the purpose of this disclosure.

### b) Sickness Absence Data (Not Audited)

		2025	2024
Sickness Rate	Absence	7.50%	7.13%

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

---

### c) Employment of Staff with Disabilities

NHS Greater Glasgow and Clyde is strongly committed to equal opportunities as an employer to ensure that the talents and resources of employees are utilised to their full extent and that all applicants or employees are treated fairly and equally.

Policies specifically relating to employment of individuals with disabilities are set out within the following:

- NHS Greater Glasgow and Clyde Recruitment Process Guidance
- NHS Greater Glasgow and Clyde Workforce Change Policy and Procedure
- NHS Greater Glasgow and Clyde Equality, Diversity and Human Rights Policy

The Board is a registered Disability Confident Employer and also has a very active Staff Disability Forum who provide stakeholder advice in the development of guidance and policy implementation.

### d) Other Matters

NHS Greater Glasgow and Clyde fully adheres to the Scottish Government Staff Governance Standards which includes staff being well informed, appropriately trained, involved in decisions which affect them, being treated fairly and consistently and provided with a safe working environment. NHS Greater Glasgow and Clyde applies all nationally agreed workforce policies, including the new Once for Scotland Policy programme which are in line with UK and European employment legislation.

NHS Greater Glasgow and Clyde also works with appropriate statutory bodies that provide external scrutiny including the Health and Safety Executive. The Board has a developed Culture Framework and Career Development / Succession Planning Framework. All staff pays are determined by UK pay negotiations, augmented by specific NHS Scotland terms and conditions.

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

e) Exit Packages - Current Year (Audited Information)

There were no exit packages in 2024-25.

Prior Year

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000			
£10,000 - £25,000			
£25,000 - £50,000		1	1
£50,000 - £100,000			
£100,000- £150,000			
£150,000- £200,000			
£200,000- £250,000			
>£250,000			
Total number of exit packages by type	-	1	1

Total resource cost (£000)	48
----------------------------	----

# NHS Greater Glasgow and Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### f) Facility Time Publication Requirements

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The regulations place a legislative requirement on relevant public sector employers to collate and publish, on an annual basis, a range of data on the amount and cost of facility time within their organisation. The data is required to be published on a website maintained by or on behalf of the employer before 31st July each year. We intend to publish this data on the NHSGGC website.

#### Union officials

Number of employees who were relevant union officials during the relevant period	FTE employee number
180	35.80

#### Percentage of time spent on facility time

Percentage of Time	Number of representatives
0%	-
1 - 50%	157
51% - 99%	15
100%	8

#### Percentage of pay bill spent on facility time

Total cost of facility time	£1,929,215
Total paybill	£2,618,130,000
Percentage of the total paybill spent on facility time calculated as : (total cost of facility time /total paybill) x 100	0.07%

#### Paid trade union activities

Time spent on paid TU activities as a percentage of total paid facility time. Hours calculated as (total hours spent on TU activities by TU representatives during the relevant period / total paid facility time hours) x 100	100%
---	------

NHS Greater Glasgow and Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

3. PARLIAMENTARY ACCOUNTABILITY REPORT

The Parliamentary Accountability report collates the key Parliamentary accountability documents into the annual report and accounts. Guidance on the content of the Parliamentary Accountability Report, while not fully applicable to entities financed by the Scottish Parliament, is set out at paragraph 6.5.53 of the FReM. The SPFM sets out the minimum mandatory accountability disclosures required to be included within the annual report namely losses and special payments; fees and charges; and remote contingent liabilities. The FReM also requests Boards provide detail relating to the regularity of expenditure and long-term expenditure trends. See further detail here: [UK Financial Reporting Manual 2024-25](#)

Losses and Special Payments

The write-off of the following losses and special payments has been approved by the board:

	2024-25		2023-24	
	Number of Cases	£'000	Number of Cases	£'000
Losses	320	12,510	254	11,437

The Board was required to pay out £6.1m in respect of 14 claims individually greater than £300,000 settled under the CNORIS scheme (2023-24: £4.1m, 7 claims). Part payment had been made in relation to these settled cases and the value disclosed here is the total award. Further detail on the scheme can be found in Note 1 (accounting policies) of the annual accounts. The Board is also required to provide for CNORIS claims notified to it and which will be settled at a future date; details of these provisions can be found in Note 12.

Fees and Charges

The Board had no commercial trading activity during 2024-25 where the full annual cost exceeded £1 million (2023-24: nil).

Remote Contingent Liabilities

Any contingent liabilities that meet the disclosure requirements of IAS37 Provisions and Contingent Liabilities are included in Note 13 to the financial statements.

Jann Gardner

Signed by:



25/6/2025

277F454F36864A7...

Chief Executive & Accountable Officer





# **Independent auditor's report to the members of NHS Greater Glasgow and Clyde and the Auditor General for Scotland and the Scottish Parliament**

## **Reporting on the audit of the financial statements**

### **Opinion on financial statements**

We have audited the financial statements in the annual report and accounts of NHS Greater Glasgow and Clyde and its group for the year ended 31 March 2025 under the National Health Service (Scotland) Act 1978. The financial statements comprise the Consolidated Statement of Comprehensive Net Expenditure, Consolidated Statement of Financial Position, the Consolidated Statement of Cash Flows, the Consolidated Statement of Changes in Taxpayers' Equity and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Government Financial Reporting Manual (the 2024/25 FReM).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of the affairs of the board and its group as at 31 March 2025 and of the net expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2024/25 FReM; and
- have been prepared in accordance with the requirements of the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

### **Basis for opinion**

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Auditor General for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Auditor General on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the board and its group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern basis of accounting**

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the



ability of the board and its group to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the current or future financial sustainability of the board and its group. However, we report on the board's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

## **Risks of material misstatement**

We report in our separate Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

## **Responsibilities of the Accountable Officer for the financial statements**

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accountable Officer, the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ability of the board and its group to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the board's operations.

## **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the health sector to identify that the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers are significant in the context of the board;
- inquiring of the Accountable Officer, Director of Finance and Director of Corporate Services and Governance as to other laws or regulations that may be expected to have a fundamental effect on the operations of the board;



- inquiring of the Accountable Officer, Director of Finance and Director of Corporate Services and Governance concerning the board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur;
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations; and
- performing procedures in respect of alleged procurement irregularities including assessing the potential impact on the financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Reporting on regularity of expenditure and income**

### **Opinion on regularity**

In our opinion in all material respects the expenditure and income in the financial statements were incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers.

### **Responsibilities for regularity**

The Accountable Officer is responsible for ensuring the regularity of expenditure and income. In addition to our responsibilities in respect of irregularities explained in the audit of the financial statements section of our report, we are responsible for expressing an opinion on the regularity of expenditure and income in accordance with the Public Finance and Accountability (Scotland) Act 2000.



---

## Reporting on other requirements

### **Opinion prescribed by the Auditor General for Scotland on the audited parts of the Remuneration and Staff Report**

We have audited the parts of the Remuneration and Staff Report described as audited. In our opinion, the audited parts of the Remuneration and Staff Report have been properly prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

### **Other information**

The Accountable Officer is responsible for the other information in the annual report and accounts. The other information comprises the Performance Report and the Accountability Report excluding the audited parts of the Remuneration and Staff Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Performance Report and Governance Statement to the extent explicitly stated in the following opinions prescribed by the Auditor General for Scotland.

### **Opinions prescribed by the Auditor General for Scotland on the Performance Report and Governance Statement**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers; and
- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.



---

### **Matters on which we are required to report by exception**

We are required by the Auditor General for Scotland to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited parts of the Remuneration and Staff Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

### **Conclusions on wider scope responsibilities**

In addition to our responsibilities for the annual report and accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice are set out in our Annual Audit Report.

### **Use of our report**

This report is made solely to the parties to whom it is addressed in accordance with the Public Finance and Accountability (Scotland) Act 2000 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Signed by:

30/6/2025

A handwritten signature in black ink, appearing to read 'Stephen Reid', is enclosed within a blue rounded rectangular box.

9579FF3D61BD4E4...

Stephen Reid (for and on behalf of Ernst & Young LLP),  
1 More London Place,  
London,  
SE1 2AF

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Consolidated Statement of Comprehensive Net Expenditure

	Note	2025 £'000	2024 £'000
Staff Costs	3a	<b>2,618,758</b>	2,440,488
Other operating expenditure	3b		
Independent Primary Care Services		<b>513,398</b>	474,523
Drugs and medical supplies		<b>841,537</b>	799,498
Other health care expenditure		<b>3,088,151</b>	2,963,361
Gross expenditure for the year		<b>7,061,844</b>	6,677,870
Less: operating income	4	<b>(3,202,088)</b>	(3,072,222)
Joint Ventures accounted for on an equity basis		<b>4,109</b>	19,204
<b>Net expenditure for the year</b>		<b>3,863,865</b>	3,624,852
		2025 £'000	2024 £'000
<b>OTHER COMPREHENSIVE NET EXPENDITURE/(INCOME)</b>			
Net gain on revaluation of property, plant and equipment		<b>(33,173)</b>	(109,112)
Net gain on revaluation of investments		<b>(489)</b>	(2,683)
Other comprehensive income		<b>(33,662)</b>	(111,795)
<b>Comprehensive net expenditure</b>		<b>3,830,203</b>	3,513,057

**NHS Greater Glasgow & Clyde**

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

**Consolidated Statement of Financial Position**

Consolidated 2024 £'000	Board 2024 £'000		Note	Consolidated 2025 £'000	Board 2025 £'000
<b>NON CURRENT ASSETS</b>					
2,572,127	2,572,127	Property, plant and equipment	6c	<b>2,568,018</b>	<b>2,568,018</b>
29,187	29,187	Right of Use assets	15a	<b>25,534</b>	<b>25,534</b>
		Financial assets:			
105,611	2,389	Available for sale financial assets	9	<b>106,808</b>	<b>2,539</b>
77,091	-	Investment in joint ventures	21b	<b>72,982</b>	<b>-</b>
140,932	140,932	Trade and other receivables	8	<b>165,651</b>	<b>165,651</b>
<b>2,924,948</b>	<b>2,744,635</b>	<b>Total non current assets</b>		<b>2,938,993</b>	<b>2,761,742</b>
<b>CURRENT ASSETS</b>					
29,331	29,331	Inventories	7	<b>36,323</b>	<b>36,323</b>
		Financial assets:			
258,093	257,778	Trade and other receivables	8	<b>258,366</b>	<b>258,450</b>
5,178	1,809	Cash and cash equivalents	10	<b>3,832</b>	<b>1,862</b>
2,856	2,856	Assets classified as held for sale	6b	<b>2,298</b>	<b>2,298</b>
<b>295,458</b>	<b>291,774</b>	<b>Total current assets</b>		<b>300,819</b>	<b>298,933</b>
<b>3,220,406</b>	<b>3,036,409</b>	<b>Total assets</b>		<b>3,239,812</b>	<b>3,060,675</b>
<b>CURRENT LIABILITIES</b>					
(150,607)	(150,607)	Provisions	12a	<b>(150,887)</b>	<b>(150,887)</b>
		Financial liabilities:			
(543,335)	(542,542)	Trade and other payables	11	<b>(551,037)</b>	<b>(548,481)</b>
<b>(693,942)</b>	<b>(693,149)</b>	<b>Total current liabilities</b>		<b>(701,924)</b>	<b>(699,368)</b>
<b>(398,484)</b>	<b>(401,375)</b>	<b>Net current liabilities</b>		<b>(401,105)</b>	<b>(400,435)</b>
<b>2,526,464</b>	<b>2,343,260</b>	<b>Total assets less current liabilities</b>		<b>2,537,888</b>	<b>2,361,307</b>
<b>NON CURRENT LIABILITIES</b>					
(309,522)	(309,522)	Provisions	12a	<b>(342,183)</b>	<b>(342,183)</b>
		Financial liabilities:			
(411,457)	(411,457)	Trade and other payables	11	<b>(428,579)</b>	<b>(428,579)</b>
<b>(720,979)</b>	<b>(720,979)</b>	<b>Total non current liabilities</b>		<b>(770,762)</b>	<b>(770,762)</b>
<b>1,805,485</b>	<b>1,622,281</b>	<b>Assets less liabilities</b>		<b>1,767,126</b>	<b>1,590,545</b>
<b>TAXPAYERS' EQUITY</b>					
934,025	934,025	General Fund		<b>892,693</b>	<b>892,693</b>
688,256	688,256	Revaluation Reserve		<b>697,852</b>	<b>697,852</b>
77,091	-	Other reserves - joint ventures		<b>72,982</b>	<b>-</b>
106,113	-	Funds held on Trust		<b>103,599</b>	<b>-</b>
<b>1,805,485</b>	<b>1,622,281</b>	<b>Total taxpayers' equity</b>		<b>1,767,126</b>	<b>1,590,545</b>

Adopted by the Board on 24 June 2025

Colin Neil  
Director of Finance

DocuSigned by: 25/6/2025

*Colin Neil*

779B25B1512F464...

J Gardner  
Chief Executive

Signed by: 25/6/2025

*J Gardner*

277F454F36864A7...

The Notes to the Accounts, numbered 1 to 21, form an integral part of these Accounts.



# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Consolidated Statement of Cashflows

	Note	2025 £'000	2024 £'000
<b>NET OPERATING CASHFLOW</b>			
Net expenditure	SoCTE	<b>(3,863,865)</b>	(3,624,852)
Adjustments for non cash transactions	2b	<b>119,604</b>	124,239
Interest payable	2b	<b>23,698</b>	21,337
Investment Income		<b>(3,389)</b>	(3,286)
Movements in working capital	2b	<b>38,507</b>	(67,179)
Totals	21c	<b>(3,685,445)</b>	(3,549,741)
<b>INVESTING ACTIVITIES</b>			
Purchase of property, plant and equipment		<b>(64,750)</b>	(114,876)
Investment Additions	9	<b>(11,480)</b>	(9,694)
Proceeds of disposal of property, plant and equipment		<b>106</b>	628
Receipts from sale of investments		<b>11,688</b>	6,188
Interest received		<b>3,389</b>	3,286
Net cash outflow from Investing Activities	21c	<b>(61,047)</b>	(114,468)
<b>FINANCING</b>			
Funding	SoCTE	<b>3,790,176</b>	3,685,181
Movement in general fund working capital	SoCTE	<b>54</b>	(84)
Cash drawn down		<b>3,790,230</b>	3,685,097
Capital element of payments in respect of finance leases and on balance sheet PFI Contracts	16	<b>(20,254)</b>	(4,475)
Provisions - Unwinding of discount	2b	<b>(306)</b>	1,120
Interest element of finance leases and on balance sheet PFI Contracts	2b	<b>(23,392)</b>	(22,457)
Net cash inflow from financing	21c	<b>3,746,278</b>	3,659,285
<b>Decrease in cash in year</b>		<b>(214)</b>	(4,924)
Net cash at 1 April		<b>13,735</b>	18,659
<b>Net cash at 31 March</b>		<b>13,521</b>	13,735

#### Note:

The net cash balances above differ from those disclosed in Note 10 to these accounts due to the treatment of investment cash within endowments. This balance is included within Available For Sale Financial Assets in the balance sheet, and for current year was £9,689k (prior year £8,557k).

## NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Consolidated Statement of Changes In Taxpayers' Equity

	Note	General Fund £'000	Revaluation Reserve £'000	Other Reserves - Joint Ventures £'000	Funds Held on Trust £'000	Total Reserves £'000
<b>Balance at 31 March 2024</b>		<b>934,025</b>	<b>688,256</b>	<b>77,091</b>	<b>106,113</b>	<b>1,805,485</b>
<b>Changes in taxpayers' equity for 2024-25</b>						
Net gain on revaluation / indexation of property, plant and equipment	6a	-	33,173	-	-	33,173
Net gain on revaluation of investments	9	-	-	-	489	489
Impairment of property, plant and equipment	6	-	(2,080)	-	-	(2,080)
Revaluation and impairments taken to operating costs	2b	-	3,748	-	-	3,748
Transfers between reserves		25,245	(25,245)	-	-	-
Net operating cost for the year		(3,856,753)	-	(4,109)	(3,003)	(3,863,865)
<b>Total recognised income and expense for 2024-25</b>		<b>(3,831,508)</b>	<b>9,596</b>	<b>(4,109)</b>	<b>(2,514)</b>	<b>(3,828,535)</b>
<b>Funding:</b>						
Drawn down	CFS	3,790,230	-	-	-	3,790,230
Movement in General Fund creditor	CFS	(54)	-	-	-	(54)
<b>Balance at 31 March 2025</b>	SOFP	<b>892,693</b>	<b>697,852</b>	<b>72,982</b>	<b>103,599</b>	<b>1,767,126</b>
	Note	General Fund £'000	Revaluation Reserve £'000	Other Reserves - Joint Ventures £'000	Funds Held on Trust £'000	Total Reserves £'000
<b>Balance at 31 March 2023</b>		<b>909,435</b>	<b>602,607</b>	<b>96,295</b>	<b>104,463</b>	<b>1,712,800</b>
<b>Changes in taxpayers' equity for 2023-24</b>						
Net gain on revaluation / indexation of property, plant and equipment	6a	-	109,112	-	-	109,112
Net loss on revaluation of investments	9	-	-	-	2,683	2,683
Revaluation and impairments taken to operating costs		-	(3,568)	-	-	(3,568)
Transfers between reserves		19,895	(19,895)	-	-	-
IFRS 16 PFI Liability Remeasurement		(75,871)	-	-	-	(75,871)
Net operating cost for the year		(3,604,615)	-	(19,204)	(1,033)	(3,624,852)
<b>Total recognised income and expense for 2023-24</b>		<b>(3,660,591)</b>	<b>85,649</b>	<b>(19,204)</b>	<b>1,650</b>	<b>(3,592,496)</b>
<b>Funding:</b>						
Drawn down	CFS	3,685,097	-	-	-	3,685,097
Movement in General Fund creditor	CFS	84	-	-	-	84
<b>Balance at 31 March 2024</b>	SOFP	<b>934,025</b>	<b>688,256</b>	<b>77,091</b>	<b>106,113</b>	<b>1,805,485</b>

**NHS Greater Glasgow and Clyde  
Annual Report and Consolidated Accounts for the Year Ended 31 March 2025  
Notes to the Accounts**

---

## **1. ACCOUNTING POLICIES**

### **1) Authority**

In accordance with the accounts direction issued by Scottish Ministers under section 19(4) of the Public Finance and Accountability (Scotland) Act 2000 appended, these Accounts have been prepared in accordance with the Government Financial Reporting Manual (FReM) issued by HM Treasury, which follows International Financial Reporting Standards (IFRS) as adopted by the United Kingdom, Interpretations issued by the IFRS Interpretations Committee (IFRIC) and the Companies Act 2006, to the extent that they are meaningful and appropriate to the public sector. They have been applied consistently in dealing with items considered material in relation to the accounts.

The preparation of financial statements in conformity with IFRS requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in section 27 below.

#### **a) Standards, amendments and interpretations effective in current year**

There are no new standards, amendments or interpretations effective in the year 2024-2025.

#### **b) Standards, amendments and interpretations early adopted this year**

There are no new standards, amendments or interpretations effective in the year 2024-2025.

#### **c) Standards, amendments and interpretation issued but not adopted this year**

The table below summarises recent standards, amendments and interpretations issued but not adopted in the 2024-25 financial year.

<b>Standard</b>	<b>Current status</b>
IFRS 14 Regulatory Deferral Accounts	Effective for accounting periods starting on or after 1 January 2016. Not applicable to NHS Scotland bodies.
IFRS 17 Insurance Contracts	Effective for accounting periods beginning on or after 1 January 2023. However this Standard is not yet adopted by the FReM. Expected adoption by the FReM from April 2025.
IFRS 18 Presentation and disclosure in financial statements	Effective for accounting periods starting on or after 1 January 2027, this standard has not yet been endorsed by the UK Endorsement Board (UKEB) or adopted by HM Treasury.
IFRS 19 Subsidiaries without public accountability disclosures	Effective for accounting periods starting on or after 1 January 2027, this standard has not yet been endorsed by the UKEB or adopted by HM Treasury.

# **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

## **2) Basis of Consolidation**

### Consolidation:

In accordance with IFRS 10 – Consolidated Financial Statements, the Financial Statements consolidate the NHSGGC Endowment Fund.

NHS Endowment Funds were established by the NHS (Scotland) Act 1978. The legal framework under which charities operate in Scotland is the Charities and Trustee Investment (Scotland) Act 2005. Under the 1978 Act Endowment Trustees are also members of the NHS Board. The Board members (who are also Trustees) are appointed by Scottish Ministers.

The NHSGGC Endowment Fund is a charity registered with the Office of the Scottish Charity Regulator (OSCR) and is required to prepare and submit audited financial statements to OSCR on an annual basis.

The basis of consolidation is merger accounting. Any intra group transactions or balances between the Board and the Endowment Fund have been eliminated on consolidation.

The integration of health and social care services under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and associated secondary legislation impacts on Health Board disclosure requirements in the annual accounts.

In line with statutory guidance issued by the Integrated Resources Advisory Group (IRAG) IJBs are deemed to be joint ventures. In accordance with IFRS 11 Joint Arrangements, the primary financial statements have been amended for the additional disclosure required to accurately reflect the Board's interest in IJBs using the equity method of accounting. The Board has disclosed its interest in six Integration Joint Boards (IJBs); East Dunbartonshire, West Dunbartonshire, Glasgow City, Inverclyde, East Renfrewshire and Renfrewshire.

Note 21 to the Annual Accounts details how these consolidated financial statements have been prepared.

## **3) Going Concern**

These accounts have been prepared on a going concern basis, in accordance with the definition as set out within Government's Financial Reporting Manual issued by the HM Treasury and the Manual for the Annual Report and Accounts of NHS Boards, which outlines the interpretation of IAS1 'Presentation of Financial Statements' as 'anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents'. Pages 24 to 25 of the accounts set out the key considerations taken into account as part of that assessment which include a review of the 2025-26 financial position as well as the 2025-26 to 2027-28 financial plans and forecasts. Our considerations cover the period through to 30 June 2026, being 12 months beyond the date of authorisation of these financial statements. Taking into account these considerations and the governance structures in place both within the Board and through the NHS Scotland assurance process, the Board have a reasonable expectation that the Board will have adequate resources to continue in operational existence for the foreseeable future.

## **4) Accounting Convention**

The Accounts are prepared on a historical cost basis, as modified by the revaluation of property, plant and equipment, intangible assets, inventories and financial assets and liabilities (including derivative instruments) at fair value as determined by the relevant accounting standards and the FReM.

## **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

### **5) Funding**

Most of the expenditure of the Board as Commissioner is met from funds advanced by the Scottish Government within an approved revenue resource limit (RRL). Cash drawn down to fund expenditure within this approved RRL is credited to the general fund.

All other income receivable by the Board that is not classed as funding is recognised in the year in which it is receivable.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Non-discretionary funding out with the RRL is allocated to match actual expenditure incurred for the provision of specific Family Health Services (comprised of General Pharmaceutical Services, General Medical Services, General Dental Services and General Ophthalmic Services) as designated by the Scottish Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the RRL in the Statement of Resource Outturn.

Funding for the acquisition of capital assets received from the Scottish Government is credited to the general fund when cash is drawn down.

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in the SOCNE except where it results in the creation of a non-current asset such as property, plant and equipment.

#### **NHSGGC Endowment Funds:**

All incoming resources are recognised when the Endowment Fund has received its entitlement to the resources, it is certain that the resources will be received and the monetary value of the incoming resources can be measured with sufficient reliability.

Donations and legacies are credited to revenue on a receivable basis. Legacies are accounted for on receipt of correspondence from the personal representative indicating that payment of the legacy will be made.

All expenditure including grants is accounted for on an accruals basis and is only incurred where this will further the charitable objects of the NHSGGC Endowment Funds.

Expenditure is recognised when there is a legal or constructive obligation committing the fund to the expenditure.

### **6) Property, plant and equipment**

The treatment of capital assets in the accounts (capitalisation, valuation, depreciation, particulars concerning donated assets) is in accordance with the NHS Capital Accounting Manual.

Title to properties included in the accounts is held by Scottish Ministers.

#### **6.1) Recognition**

Property, Plant and Equipment is capitalised where: it is held for use in delivering services or for administrative purposes; it is probable that future economic benefits

## **NHS Greater Glasgow and Clyde**

### **Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

#### **Notes to the Accounts**

---

will flow to, or service potential be provided to, the Board; it is expected to be used for more than one financial year; and the cost of the item can be measured reliably.

All assets falling into the following categories are capitalised:

- Property, plant and equipment assets which are capable of being used for a period which could exceed one year, and have a cost equal to or greater than £5,000.
- In cases where a new hospital would face an exceptional write off of items of equipment costing individually less than £5,000, the Board has the option to capitalise initial revenue equipment costs with a standard life of 10 years.
- Assets of lesser value may be capitalised where they form part of a group of similar assets purchased at approximately the same time and cost over £20,000 in total, or where they are part of the initial costs of equipping a new development and total over £20,000.

### **6.2) Measurement**

#### Valuation:

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Thereafter, valuations of all land and building assets are reassessed by valuers under a 5-year programme of professional valuations and are adjusted in intervening years to take account of movements in prices since the latest valuation. The valuations are carried out in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual (Red Book) insofar as these terms are consistent with the agreed requirements of the Scottish Government.

In general, operational assets which are in use delivering front line services or back-office functions are valued at current market value in existing use. However, to meet the underlying objectives established by the Scottish Government the following accepted variations of the RICS Appraisal and Valuation Manual are adopted:

- Specialised operational assets are valued on a replacement cost basis for a modern equivalent asset.
- Non-specialised equipment, installations and fittings are valued at fair value, using the most appropriate valuation methodology available. A depreciated historical cost basis is considered an appropriate proxy for fair value in respect of assets which have short useful lives or low values (or both).

All assets that are not held for their service potential (i.e. investment properties and assets held for sale), including operational assets which are surplus to requirements where there are no restrictions on disposal which would prevent access to the market, are measured subsequently at fair value as follows:

- Specialised NHS Land, buildings, equipment, installations and fittings are stated at depreciated replacement cost, as a proxy for fair value as agreed by the District Valuer.
- Non-specialised land and buildings, such as offices, are stated at fair value.

## **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

Surplus assets with restrictions on their disposal, are valued at current value in existing use. Assets have been assessed as surplus where there is no clear plan to bring the asset back into future use as an operational asset.

Assets under construction are valued at current cost. No depreciation should be charged or indexation applied to assets under construction. These are subject to impairment review.

### Subsequent expenditure:

Subsequent expenditure is capitalised into an asset's carrying value when it is probable the future economic benefits associated with the item will flow to the Board and the cost can be measured reliably. Where subsequent expenditure does not meet these criteria the expenditure is charged to the SOCNE. If part of an asset is replaced, then the part it replaces is de-recognised, regardless of whether or not it has been depreciated separately.

### Revaluations and Impairment:

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in the SOCNE, in which case they are recognised as income. Movements on revaluation are considered for individual assets rather than groups or land/buildings together. Gains and losses on revaluation are reported in the SOCNE.

Permanent decreases in asset values and impairments arising from a reduction in service potential or consumption of economic benefit are charged to the SOCNE. Any related balance on the revaluation reserve is transferred to the General Fund.

Temporary decreases in asset values or impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to the SOCNE.

### **6.3) Depreciation**

Items of Property, Plant and Equipment are depreciated to their estimated residual value over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Depreciation is charged on each main class of tangible asset as follows:-

- Freehold land is considered to have an infinite life and is not depreciated.
- Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Board, respectively.
- Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification.
- Buildings, installations and fittings are depreciated on current value over the estimated remaining life of the asset, as advised by the appointed valuer. They are assessed in the context of the maximum useful lives for building elements.
- Equipment is depreciated over the estimated life of the asset.
- Leased property, plant and equipment is depreciated over the shorter of the lease term and estimated useful life unless there is reasonable certainty the Board will obtain ownership of the asset by the end of the lease term, in which case it is depreciated over its estimated useful life.



## NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts

---

Depreciation is charged on a straight line basis.

The following asset lives have been used:

Asset Category	Asset Lives
Medical Equipment	5 – 15 years
Engineering Equipment	5 - 15 years
Catering Equipment	5 - 15 years
Vehicles	7 years
Information Technology	5 – 10 years
Other Office Equipment	5 years
Furniture & Fittings	10 years
Buildings - Structure	1 – 90 years
Buildings – External Works	1 – 90 years

### 7) Non-current assets held for sale

Non-current assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### 8) Donated Assets

Non-current assets that are donated or purchased using donated funds are included in the Statement of Financial Position initially at fair value. Donated assets are revalued, depreciated/amortised and subject to impairment in the same way as other non-current assets in accordance with the NHS Capital Accounting Manual.

## **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

### **9) Sale of Property, plant and equipment, intangible assets and non-current assets held for sale**

Disposal of non-current assets is accounted for as a reduction to the value of assets equal to the net book value of the assets disposed. When set against any sales proceeds, the resulting gain or loss on disposal will be recorded in the SOCNE.

Non-current assets held for sale will include assets transferred from other categories and will reflect any resultant changes in valuation.

### **10) Leases**

#### Scope and classification:

Leases are contracts, or parts of a contract that convey the right to use an asset in exchange for consideration. The FReM expands the scope of IFRS 16 to include arrangements with nil consideration. The standard is also applied to accommodation sharing arrangements with other government departments.

Contracts or parts of contract that are leases in substance are determined by evaluating whether they convey the right to control the use of an identified asset, as represented by rights both to obtain substantially all the economic benefits from that asset and to direct its use.

The following are excluded:

- Contracts for low-value items, defined as items costing less than £5,000 when new, provided they are not highly dependent on or integrated with other items; and
- Contracts with a term shorter than twelve months (comprising the non-cancellable period plus any extension options that are reasonably certain to be exercised and any termination options that are reasonably certain not to be exercised).

#### Initial recognition:

At the commencement of a lease (or the IFRS 16 transition date, if later), a right-of-use asset and a lease liability are recognised. The lease liability is measured at the present value of the payments for the remaining lease term (as defined above), net of irrecoverable value added tax, discounted either by the rate implicit in the lease, or, where this cannot be determined, the rate advised by HM Treasury for that calendar year. The liability includes payments that are fixed or in-substance fixed, excluding, for example, changes arising from future rent reviews or changes in an index. The right-of-use asset is measured at the value of the liability, adjusted for any payments made or amounts accrued before the commencement date; lease incentives received; incremental costs of obtaining the lease; and any disposal costs at the end of the lease. However, for peppercorn or nil consideration leases, the asset is measured at its existing use value.

#### Subsequent measurement:

The asset is subsequently measured using the fair value model. The cost model is considered to be a reasonable proxy except for leases of land and property without regular rent reviews. For these leases, the asset is carried at a revalued amount. In these financial statements, right-of-use assets held under index-linked leases have been adjusted for changes in the relevant index, while assets held under peppercorn or nil consideration have been valued using market prices or rentals for equivalent land and properties. The liability is adjusted for the accrual of interest, repayments, and reassessments and modifications. These are measured by re-discounting the revised cash flows.

## **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

### Lease expenditure:

Expenditure includes interest, straight-line depreciation, any asset impairments and changes in variable lease payments not included in the measurement of the liability during the period in which the triggering event occurred. Lease payments are debited against the liability. Rental payments for leases of low-value items or shorter than twelve months are expensed.

### Estimates and judgements

The Board determines the amounts to be recognised as the right-of-use asset and lease liability for embedded leases based on the stand-alone price of the lease and non-lease component or components. This determination reflects prices for leases of the underlying asset, where these are observable; otherwise, it maximises the use of other observable data, including the fair values of similar assets, or prices of contracts for similar non-lease components. In some circumstances, where stand-alone prices are not readily observable, the entire contracts are treated as a lease as a practical expedient. The FReM requires right-of-use assets held under “peppercorn” leases to be measured at existing use value.

### **11) Impairment of non-financial assets**

Assets that are subject to depreciation and amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. Where an asset is not held for the purpose of generating cash flows, value in use is assumed to equal the cost of replacing the service potential provided by the asset, unless there has been a reduction in service potential. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash-generating units). Non-financial assets that suffer an impairment are reviewed for possible reversal of the impairment.

Impairment losses charged to the SOCNE are deducted from future operating costs to the extent that they are identified as being reversed in subsequent revaluations.

### **12) General Fund Receivables and Payables**

Where the Health Board has a positive net cash book balance at the year end, a corresponding creditor is created and the general fund debited with the same amount to indicate that this cash is repayable to the SGHSCD. Where the Health Board has a net overdrawn cash position at the year end, a corresponding debtor is created and the general fund credited with the same amount to indicate that additional cash is to be drawn down from the SGHSCD.

### **13) Inventories**

Inventories are valued at the lower of cost and net realisable value. Taking into account the high turnover of NHS inventories, the use of average purchase price is deemed to represent current cost. Pharmacy stock is valued on a first in first out (FIFO) basis. Work in progress is valued at the cost of the direct materials plus the conversion costs and other costs incurred to bring the goods up to their present location, condition and degree of completion.

### **14) Losses and Special Payments**

Operating expenditure includes certain losses which would have been made good through insurance cover had NHS Scotland not been bearing its own risks. Had the

## **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

NHS provided insurance cover, the insurance premiums would have been included as normal revenue expenditure.

### **15) Employee Benefits**

#### Short-term Employee Benefits:

Salaries, wages and employment-related payments are recognised in the year in which the service is received from employees. The cost of annual leave and flexible working time entitlement earned but not taken by employees at the end of the year is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following year.

#### Pension Costs:

The Board participates in the NHS Superannuation Scheme (Scotland). This scheme is an unfunded statutory pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay as specified in the regulations. The Board is unable to identify its share of the underlying notional assets and liabilities of the scheme on a consistent and reasonable basis and therefore accounts for the scheme as if it were a defined contribution scheme, as required by IAS 19 'Employee Benefits'. As a result, the amount charged to the SOCNE represents the Board's employer contributions payable to the scheme in respect of the year. The contributions deducted from employees are reflected in the gross salaries charged and are similarly remitted to the Exchequer. The pension cost is assessed every four years by the Government Actuary and this valuation determines the rate of contributions required. The most recent actuarial valuation is published by the Scottish Public Pensions Agency and is available on their website.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the SOCNE at the time the Board commits itself to the retirement, regardless of the method of payment.

### **16) Clinical and Medical Negligence Costs**

Employing health bodies in Scotland are responsible for meeting medical negligence costs up to a threshold per claim. Costs above this threshold are reimbursed to Boards from a central fund held as part of the CNORIS scheme by the Scottish Government.

The Board provides for all claims notified to the NHS Central Legal Office according to the value of the claim and the probability of settlement.

Claims assessed as 'Category 3' are deemed most likely and provided for in full, those in 'Category 2' as 50% of the claim and those in 'Category 1' as nil. The balance of the value of claims not provided for is disclosed as a contingent liability. This procedure is intended to estimate the amount considered to be the liability in respect of any claims outstanding and which will be recoverable from the CNORIS in the event of payment by an individual health body. The corresponding recovery in respect of amounts provided for is recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.

The Board also provides for its liability from participating in the scheme. The Participation in CNORIS provision recognises the Board's respective share of the total liability of NHSScotland as advised by the Scottish Government and based on information prepared by NHS Boards and the Central Legal Office. The movement in

## **NHS Greater Glasgow and Clyde**

### **Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

#### **Notes to the Accounts**

---

the provisions between financial years is matched by a corresponding adjustment in AME provision and is classified as non-core expenditure.

#### **17) Related Party Transactions**

Material related party in year transactions and year-end balances are disclosed in the note 19 in line with the requirements of IAS 24. Transactions with other NHS bodies for the commissioning of health care are summarised in Note 3.

#### **18) Value Added Tax**

Most of the activities of the Board are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

#### **19) PFI Schemes/HUB/NPD Schemes**

Transactions financed as revenue transactions through the Private Finance Initiative or alternative initiatives such as HUB or the Non Profit Distributing Model (NPD) are accounted for in accordance with the HM Treasury application of IFRIC 12, *Service Concession Arrangements*, outlined in the FReM.

Schemes which do not fall within the application of IFRIC 12 are deemed to be off-Statement of Financial Position. Where the Board has contributed assets, a prepayment for their fair value is recognised and amortised over the life of the PFI contract by charge to the SOCNE.

Where, at the end of the PFI contract, a property reverts to the Board, the difference between the expected fair value of the residual on reversion and any agreed payment on reversion is built up on the Statement of Financial Position over the life of the contract by capitalising part of the unitary charge each year.

Transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-balance sheet' by the Board. The underlying assets are recognised as Property, Plant and Equipment and Intangible Assets at their fair value. An equivalent liability is recognised in accordance with IFRS 16. Where it is not possible to separate the finance element from the service element of unitary payment streams this has been estimated from information provided by the operator and the fair values of the underlying assets. Assets are subsequently revalued in accordance with the treatment specified for their applicable asset categories.

The total unitary payment is then divided into three: the service charge element, repayment of the capital element of the contract obligation and the interest expense on it (using the interest rate implicit in the contract).

The service charge and the finance cost interest element are charged in the Statement of Comprehensive Net Expenditure.

An IFRS 16 approach requires the liability to be remeasured if there is a change in future lease payments resulting from a change in an index/rate used to determine those payments. The liability does not include estimated future indexation linked increases.

#### **20) Provisions**

The Board provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value

## **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

of money is significant, the estimated cash flows are discounted using the discount rate prescribed by HM Treasury.

### **21) Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Board's control) are not recognised as assets but are disclosed in note 13 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 13, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

### **22) Corresponding Amounts**

Corresponding amounts are shown for the primary statements and notes to the financial statements. Where the corresponding amounts are not directly comparable with the amount to be shown in respect of the current financial year, IAS 1 'Presentation of Financial Statements', requires that they should be adjusted and the basis for adjustment disclosed in a note to the financial statements.

### **23) Financial Instruments**

#### **Financial Assets**

##### Business model:

The Board's business model refers to how it manages its financial assets in order to generate cash flows and is determined at a level which reflects how groups of financial assets are managed to achieve a business objective, rather than assessment of individual instruments.

##### Classification:

When the Board first recognises a financial asset, it classifies it based on its business model for managing the asset and the asset's contractual flow characteristics. The Board classifies its financial assets in the following categories: at fair value through profit or loss, amortised cost, and fair value through other comprehensive income. The default basis for financial assets is to be held at fair value through profit or loss, although alternative treatment may be designated where receivables are held to collect principal and interest and/or for sale.

#### **(a) Financial assets at fair value through profit or loss**

This is the default basis for financial assets.

#### **(b) Financial assets held at amortised cost**

A financial asset may be held at amortised cost where both of the following conditions are met:

## **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

- i. the financial asset is held within a business model where the objective is to collect contractual cash flows; and
- ii. the contractual terms of the financial asset give rise to cash flows that are solely payments of principal and related interest.

### **(c) Financial assets at fair value through other comprehensive income**

A financial asset may be held at fair value through other comprehensive income where both of the following conditions are met:

- i. the financial asset is held within a business model where the objective is to collect contractual cash flows *and* sell the asset; and
- ii. the contractual terms of the financial asset give rise to cash flows that are solely payments of principal and related interest.

### **Impairment of financial assets:**

Provisions for impairment of financial assets are made on the basis of expected credit losses. The Board recognises a loss allowance for expected credit losses on financial assets and this is recognised in other comprehensive income, rather than reducing the carrying amount of the asset in the Statement of Financial Position.

Lifetime expected credit losses are recognised and applied to financial assets by the Board where there has been a significant increase in credit risk since the asset's initial recognition. Where the Board does not hold reasonable and supportable information to measure lifetime expected credit losses on an individual instrument basis, the losses are recognised on a collective basis which considers comprehensive credit risk information.

### **Recognition and measurement:**

Financial assets are recognised when the Board becomes party to the contractual provisions of the financial instrument.

Financial assets are derecognised when the rights to receive cash flows from the asset have expired or have been transferred and the Board has transferred substantially all risks and rewards of ownership.

### **(a) Financial assets at fair value through profit or loss**

Financial assets carried at fair value through profit or loss are initially recognised at fair value, and transaction costs are expensed in the SOCNE.

Financial assets carried at fair value through profit or loss are subsequently measured at fair value. Gains or losses arising from changes in the fair value are presented in the SOCNE.

### **(b) Financial assets held at amortised cost**

Loans and receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method. This is calculated by applying the effective interest rate to the gross carrying amount of the asset.

### **(c) Financial assets held at fair value through other comprehensive income**



# **NHS Greater Glasgow and Clyde**

## **Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

### **Notes to the Accounts**

---

#### **Financial Liabilities**

##### Classification:

The Board classifies its financial liabilities in the following categories: at fair value through profit or loss, and amortised cost. The Board classifies all financial liabilities as measured at amortised cost, unless:

- i. these are measured at fair value on a portfolio basis in accordance with a documented risk management or investment strategy;
- ii. they contain embedded derivatives; and/or
- iii. it eliminates or reduces 'accounting mismatch' that would otherwise arise from measurement or recognition on an amortised costs basis.

##### **(a) Financial liabilities at fair value through profit or loss**

Financial liabilities at fair value through profit or loss comprise derivatives. Liabilities in this category are classified as current liabilities. The NHS Board does not trade in derivatives and does not apply hedge accounting.

##### **(b) Financial liabilities held at amortised cost**

Financial liabilities held at amortised cost are disclosed in current liabilities, except for maturities greater than 12 months after the Statement of Financial Position date. These are classified as non-current liabilities. The NHS Board's financial liabilities held at amortised cost comprise trade and other payables in the Statement of Financial Position.

##### Recognition and measurement:

Financial liabilities are recognised when the NHS Board becomes party to the contractual provisions of the financial instrument.

A financial liability is removed from the Statement of Financial Position when it is extinguished, that is when the obligation is discharged, cancelled or expired.

##### **(a) Financial liabilities at fair value through profit or loss**

Financial liabilities carried at fair value through profit or loss are initially recognised at fair value, and transaction costs are expensed in the income statement.

Financial liabilities carried at fair value through profit or loss are subsequently measured at fair value. Gains or losses arising from changes in the fair value are presented in the SOCNE.

##### **(b) Amortised costs**

Financial liabilities held at amortised cost are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method.

#### **24) Segmental reporting**

Operating segments are reported in a manner consistent with the internal reporting requirements of the Board. The Chief Executive Officer and the executive team are responsible for allocating resources and assessing performance of the operating segments.

Operating segments are unlikely to directly relate to the analysis of expenditure shown in Note 3.

#### **25) Cash and cash equivalents**

Cash and cash equivalents includes cash in hand, deposits held at call with banks, cash balances held with the Government Banking Service, balances held in commercial banks and other short-term highly liquid investments with original

## **NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts for the Year Ended 31 March 2025 Notes to the Accounts**

---

maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the Statement of Financial Position.

### **26) Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Board has no beneficial interest in them. However, they are disclosed in Note 20 to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

### **27) Key sources of judgement and estimation uncertainty**

The Board makes subjective and complex judgements in applying its accounting policies and relies on a range of estimation techniques and assumptions concerning uncertain future events. It is recognised that sources of estimation uncertainty are likely to vary from year to year and the resulting accounting estimates will, by definition, seldom equal the related actual results. As such, key judgements and estimates are continually reviewed, based on historical experience and other factors, including changes to past assumptions and expectations of future events that are believed to be reasonable under the circumstances.

The key judgements exercised in the application of the Board's accounting policies which have the most significant effect on the carrying amounts in the financial statements are summarised below:

- **Accruals** – The Board has placed significant reliance on estimation and judgement based on best available evidence to quantify amounts accrued in the accounts.
- **Provisions - Pensions and Similar Obligations.** The Board has provided for estimated costs relating to pensions and similar obligations and reliance has been placed on details provided by the Scottish Public Pensions Agency in order to quantify the amounts provided.
- **Provisions - Clinical and Medical Negligence claims.** The Board has provided for estimated costs relating to clinical and medical negligence and reliance has been placed on details provided by the NHS Scotland Central Legal Office in order to quantify amounts provided.
- **Structured Settlements** – the majority of claims settled under the CNORIS framework are done so as one-off settlements to the claimant. However, in a small number of cases, claims may also be paid under a Periodic Payment Order (PPO), also known as a structured settlement, whereby an annual payment is made to an individual for the remainder of their life. The future liability to the Board therefore depends on the remaining life of each individual. Given the nature of the underlying conditions impacting these individuals, there is significant estimation uncertainty, and minor changes in life expectancies applied may have a material effect on the remaining liability to the Board. The Board bases its life expectancy for these cases on information supplied by the Central Legal Office in relation to each individual case. The average impact of an individual life expectancy increasing by 5 years would be £5.1 million and the impact of a reduction would be £5.9 million.
- **Non-current Assets** – Valuation of land and buildings.

The Board commissioned a valuation of land and buildings as part of its 5 year rolling program as at 31 March 2025.

The valuation report has been used to inform the measurement of assets in these financial statements.

**NHS Greater Glasgow and Clyde**  
**Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**  
**Notes to the Accounts**

---

**28) Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. Revenue in respect of goods/services provided is recognised when performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the financial yearend, the Board recognises income relating to performance obligations satisfied in that year. Where the Board's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised.

Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is recognised as a contract liability. Contract receivable balances are recognised when consideration has not been received.

Material income recognised under IFRS15 is from other health Boards, related to the treatment of patients in those territories by the Board.

From 1st April 2023, income is recognised in line with IFRS 15 under revised agreements with other Health Boards, where the Board is providing ongoing and continuous access to services to other Boards. This income is paid and recognised as a fixed amount on a monthly basis. The income is recognised on a straight line basis over the year due to access being in place continually throughout the year without variation or any cap on services that may subsequently be provided as a result of that access. The price under IFRS 15 is therefore the contract value for this access to each Board.

There are a set number of health care services which are "exclusions" from this agreement, due to them being higher cost or lower frequency services, for which payments are made through invoice on completion of these services. The performance obligation is met when these patients have been treated and income is recognised in line with the date of treatment and price agreed. The price is based on actual costs or prescribed costings agreed with the other Boards.

Under these new arrangements there will be a nil contract asset or liability going forward.

Patients transferred prior to 1st April 2023, continue to fall under the agreements with Boards in place in the prior year. Income related to those agreements has been held as a contract liability and is to be released as performance obligations are met, this being that patients transferred to the Board are treated. The price is based on prescribed costings agreed with the other Boards for each patient and procedure.

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

2025

£'000

### 2a. SUMMARY OF CORE REVENUE RESOURCE OUTTURN

<b>Net expenditure</b>	<b>3,863,865</b>
Total Non Core Expenditure (see below)	(140,419)
FHS Non Discretionary Allocation	(224,089)
Endowment Net Operating Costs	(3,003)
Joint Ventures accounted for on an equity basis	(4,109)
<b>Totals</b>	<b>3,492,245</b>
Core Revenue Resource Limit	3,494,546
<b>Saving against Core Revenue Resource Limit</b>	<b>2,301</b>

### SUMMARY OF NON CORE REVENUE RESOURCE OUTTURN

Depreciation/Amortisation	98,792
Annually Managed Expenditure - Impairments	3,747
Annually Managed Expenditure - Creation of Provisions	12,590
Annually Managed Expenditure - Depreciation of Donated Assets	1,332
Additional SGHSCD non-core funding	5,053
Donated Asset Income	(1,496)
PFI Depreciation	8,785
PFI Remeasurement Loss	4,988
Right of Use (RoU) Asset Depreciation	6,187
Right of Use (RoU) Peppercorn Leases Depreciation	441
<b>Total Non Core Expenditure</b>	<b>140,419</b>
Non Core Revenue Resource Limit	140,419
<b>Saving against Non Core Revenue Resource Limit</b>	<b>-</b>

<b>SUMMARY RESOURCE OUTTURN</b>	<b>Resource £'000</b>	<b>Expenditure £'000</b>	<b>Saving £'000</b>
Core	3,494,546	3,492,245	2,301
Non Core	140,419	140,419	-
<b>Total</b>	<b>3,634,965</b>	<b>3,632,664</b>	<b>2,301</b>

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 2b. NOTES TO THE CASHFLOW STATEMENT

#### Consolidated adjustments for non-cash transactions

	Note	2025 £'000	2024 £'000
<b>Expenditure Not Paid In Cash</b>			
Depreciation	6a	107,577	101,979
Depreciation of donated assets	6a	1,332	1,423
Depreciation of Right of Use (RoU) Assets	15b	6,628	5,410
PFI Remeasurement Loss		10,005	(0)
Net revaluation on PPE charged to SoCNE		3,748	(3,568)
Funding Of Donated Assets	6a	(1,496)	(616)
(Profit) / loss on disposal of property, plant and equipment		(12,353)	176
GP Loans fair value adjustment	9	54	229
Associates and joint ventures accounted for on an equity basis	SoCNE	4,109	19,204
Other non-cash transactions		-	2
<b>Total expenditure not paid in cash</b>	<b>CFS</b>	<b>119,604</b>	<b>124,239</b>

#### Interest payable recognised in operating expenditure

##### Interest payable

PFI lease charges allocated in the year		22,781	22,049
Lease interest		611	408
Provisions - Unwinding of discount		306	(1,120)
<b>Total</b>	<b>CFS</b>	<b>23,698</b>	<b>21,337</b>

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

#### 2b. NOTES TO THE CASHFLOW STATEMENT (cont)

Consolidated movements in working capital	Note	Opening Balances £'000	Closing Balances £'000	Net Movement	
				2025 £'000	2024 £'000
<b>INVENTORIES</b>					
Balance Sheet		29,331	36,323		
<b>Net Increase</b>				<b>(6,992)</b>	<b>(2,212)</b>
<b>TRADE AND OTHER RECEIVABLES</b>					
Due within one year	8	258,093	258,366		
Due after more than one year	8	140,932	165,651		
Less: Property, Plant & Equipment (Capital) included in above		(162)	(13,680)		
		398,863	410,337		
<b>Net increase</b>				<b>(11,474)</b>	<b>(7,656)</b>
<b>TRADE AND OTHER PAYABLES</b>					
Due within one year	11	543,335	551,037		
Due after more than one year	11	411,457	428,579		
Less: Property, Plant & Equipment (Capital) included in above	12	(19,433)	(27,583)		
Less: General Fund Creditor included in above	11	(1,808)	(1,862)		
Less: Lease and PFI Creditors included in above	11	(398,979)	(391,567)		
		534,572	558,604		
<b>Net decrease / (increase)</b>				<b>24,032</b>	<b>(75,900)</b>
<b>PROVISIONS</b>					
Statement of Financial Position		460,129	493,070		
<b>Net increase</b>				<b>32,941</b>	<b>18,589</b>
<b>Net movement increase / (decrease)</b>				<b>38,507</b>	<b>(67,179)</b>

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 3. OPERATING EXPENSES

#### 3a. Employee expenditure

	2025	2024
	£'000	£'000
Medical and Dental	671,799	610,278
Nursing	1,088,183	1,024,092
Other Staff	858,776	806,118
<b>Total</b>	<b>2,618,758</b>	<b>2,440,488</b>

#### 3b. Other operating expenditure

	2025	2024
	£'000	£'000
<b>Independent Primary Care Services:</b>		
General Medical Services	253,162	232,730
Pharmaceutical Services	87,405	87,191
General Dental Services	140,228	123,590
General Ophthalmic Services	32,603	31,012
<b>Total</b>	<b>513,398</b>	<b>474,523</b>

#### Drugs and medical supplies:

Prescribed drugs Primary Care	284,224	277,794
Prescribed drugs Secondary Care	361,323	328,804
PPE and testing kits	-	2,908
Medical Supplies	195,990	189,992
<b>Total</b>	<b>841,537</b>	<b>799,498</b>

#### Other health care expenditure

Contribution to Integration Joint Boards	2,104,527	2,011,904
Goods and services from other NHSScotland bodies	51,554	52,454
Goods and services from other UK NHS bodies	1,851	1,931
Goods and services from private providers	20,458	18,845
Goods and services from voluntary organisations	23,430	22,263
Resource Transfer	279,109	278,318
Loss on disposal of assets	539	204
Other operating expenses	594,276	561,674
External Auditor's remuneration - statutory audit fee	936	687
Endowment Fund expenditure	11,471	15,081
<b>Total</b>	<b>3,088,151</b>	<b>2,963,361</b>

#### Total Other Operating Expenditure

<b>4,443,086</b>	<b>4,237,382</b>
------------------	------------------

#### Notes:

1. The contribution to integration joint boards (IJB) includes a transfer of underspends on delegated health care services to the relevant partner local authorities to be held in reserves by the IJBs.

2. Higher value items within Other Operating Expenses included:

Depreciation	108,908	103,405
Professional Fees & Charges	53,815	41,977
Equipment	67,773	55,215
PFI	52,720	69,632
Rates	35,045	31,936
Heating, Fuel & Power	64,747	60,163
Impairment/Pensions/Negligence Provision	44,438	47,677

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

#### 4a. OPERATING INCOME

	2025 £'000	2024 £'000
Income from Scottish Government	199	2,117
Income from other NHS Scotland bodies	875,967	829,489
Income from NHS non-Scottish bodies	4,823	3,961
Income from private patients	322	234
Income for services commissioned by Integration Joint Boards	2,104,527	2,011,904
Patient charges for primary care	20,291	15,422
Donations	1,496	616
Profit on disposal of assets	12,895	28
Contributions in respect of clinical and medical negligence claims	24,183	42,130
Non NHS:		
Overseas patients (non-reciprocal)	1,775	1,612
Endowment Fund Income	8,468	14,048
Other	147,142	150,661
<b>Total</b>	<b>3,202,088</b>	<b>3,072,222</b>

#### Notes:

1. Higher value items within Other Operating Income included:

Healthcare to other organisations inc Local Authorities and other Govn depts	50,485	65,786
Road Traffic Act	6,780	6,443
Rent of Premises Income	4,524	3,898
Dining Room Income	4,318	3,782
Laboratory Income	7,374	4,568

#### 4b. Additional information on contract revenue (IFRS 15) recognised in the period

	2025 £'000	2024 £'000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	11,906	27,074
Revenue recognised in the reporting period under the new service level agreement arrangements	390,000	366,654

#### 4c. Transaction price allocated to remaining performance obligations

	2025 £'000	2024 £'000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	12,262	24,168

The Board has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Board recognises revenue directly corresponding to work done to date is not disclosed.



# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 5. SEGMENTAL INFORMATION

	ACUTE	NHS COMMUNITY PARTNERSHIPS	CORPORATE	UNALLOCATED	FUNDS HELD ON TRUST	IJBs	2025
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Net operating cost	1,410,668	1,637,620	808,465	-	3,003	4,109	<b>3,863,865</b>
Total assets	-	-	-	3,060,675	106,155	72,982	<b>3,239,812</b>
Total liabilities	-	-	-	1,470,130	2,556	-	<b>1,472,686</b>
Total segment revenue	828,867	108,702	151,524	-	8,468	2,104,527	<b>3,202,088</b>
Impairment losses recognised in SoCNE	-	-	-	-	-	-	-
Depreciation and amortisation	26	5	115,505	-	-	-	<b>115,536</b>
Non-current assets held for sale	-	-	-	2,298	-	-	<b>2,298</b>
Additions to non-current assets (other than financial instruments and deferred tax assets) (i.e. capital expenditure)	-	-	-	76,327	-	-	<b>76,327</b>

### PRIOR YEAR

	ACUTE	NHS COMMUNITY PARTNERSHIPS	CORPORATE	UNALLOCATED	FUNDS HELD ON TRUST	IJBs	2024
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Net operating cost	1,306,318	1,558,161	740,136	-	1,033	19,204	<b>3,624,852</b>
Total assets	-	-	-	3,036,409	106,906	77,091	<b>3,220,406</b>
Total liabilities	-	-	-	1,414,128	793	-	<b>1,414,921</b>
Total segment revenue	768,228	113,964	164,078	-	-	2,011,904	<b>3,058,174</b>
Depreciation and amortisation	25	5	107,703	-	-	-	<b>107,733</b>
Non-current assets held for sale	-	-	-	2,856	-	-	<b>2,856</b>
Additions to non-current assets (other than financial instruments and deferred tax assets) (i.e. capital expenditure)	-	-	-	103,558	-	-	<b>103,558</b>

#### Note:

1. Items included as "unallocated" above are not allocated to operating divisions as part of the Board's management reporting.
2. Revenue from contracts with customers is included within the Acute segment.

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 6a. PROPERTY, PLANT AND EQUIPMENT - CONSOLIDATED AND BOARD

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant & Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets Under Construction £'000	Total £'000
<b>Cost or valuation</b>								
At 1 April 2024	90,282	2,370,111	1,580	261,661	34,198	15,436	95,262	2,868,530
Additions - purchased	-	-	-	23,995	-	-	48,905	72,900
Additions - donated	-	-	-	-	-	-	1,496	1,496
Completions	-	88,272	2	12,016	2,100	1,639	(104,029)	-
Transfers to non-current assets held for sale	(150)	-	-	-	-	-	-	(150)
Revaluations	470	(30,014)	-	-	-	-	-	(29,544)
Impairment charges	(500)	(2,040)	-	-	-	-	-	(2,540)
Disposals - purchased	-	39	-	(2,847)	(4,347)	-	-	(7,155)
Disposals - donated	-	-	-	(544)	-	-	-	(544)
<b>At 31 March 2025</b>	<b>90,102</b>	<b>2,426,368</b>	<b>1,582</b>	<b>294,281</b>	<b>31,951</b>	<b>17,075</b>	<b>41,634</b>	<b>2,902,993</b>
<b>Depreciation</b>								
At 1 April 2024	-	162,433	363	107,033	13,717	12,857	-	296,403
Provided during the year - purchased	-	75,598	189	25,553	5,713	524	-	107,577
Provided during the year - donated	-	260	-	1,072	-	-	-	1,332
Revaluations	-	(62,717)	-	-	-	-	-	(62,717)
Impairment charges	-	(460)	-	-	-	-	-	(460)
Disposals - purchased	-	39	-	(2,308)	(4,347)	-	-	(6,616)
Disposals - donated	-	-	-	(544)	-	-	-	(544)
<b>At 31 March 2025</b>	<b>-</b>	<b>175,153</b>	<b>552</b>	<b>130,806</b>	<b>15,083</b>	<b>13,381</b>	<b>-</b>	<b>334,975</b>
<b>Net book value at 1 April 2024</b>	<b>90,282</b>	<b>2,207,678</b>	<b>1,217</b>	<b>154,628</b>	<b>20,481</b>	<b>2,579</b>	<b>95,262</b>	<b>2,572,127</b>
<b>Net book value at 31 March 2025</b>	<b>90,102</b>	<b>2,251,215</b>	<b>1,030</b>	<b>163,475</b>	<b>16,868</b>	<b>3,694</b>	<b>41,634</b>	<b>2,568,018</b>
<b>Open Market Value of Land in Land and Dwellings Included Above</b>	<b>2,298</b>							
<b>Asset financing:</b>								
Owned - purchased	88,624	1,880,571	1,030	159,779	16,868	3,694	39,915	2,190,481
Owned - donated	1,478	10,072	-	3,696	-	-	1,719	16,965
On-balance sheet PFI contracts	-	360,572	-	-	-	-	-	360,572
<b>Net book value at 31 March 2025</b>	<b>90,102</b>	<b>2,251,215</b>	<b>1,030</b>	<b>163,475</b>	<b>16,868</b>	<b>3,694</b>	<b>41,634</b>	<b>2,568,018</b>

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 6a. PROPERTY, PLANT AND EQUIPMENT - CONSOLIDATED AND BOARD PRIOR YEAR

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant & Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets Under Construction £'000	Total £'000
<b>Cost or valuation</b>								
At 1 April 2023	89,866	2,280,264	893	414,410	148,271	16,429	90,421	3,040,554
Additions - purchased	-	-	443	25,827	3,366	-	63,366	93,002
Additions - donated	-	-	-	198	-	-	418	616
Completions	-	31,155	827	25,130	1,799	32	(58,943)	-
Revaluations	416	76,565	-	-	-	-	-	76,981
Disposals - purchased	-	(17,873)	(556)	(198,674)	(119,202)	(1,025)	-	(337,330)
Disposals - donated	-	-	(27)	(5,230)	(36)	-	-	(5,293)
<b>At 31 March 2024</b>	<b>90,282</b>	<b>2,370,111</b>	<b>1,580</b>	<b>261,661</b>	<b>34,198</b>	<b>15,436</b>	<b>95,262</b>	<b>2,868,530</b>
<b>Depreciation</b>								
At 1 April 2023	-	139,853	861	285,148	128,207	13,455	-	567,524
Provided during the year - purchased	-	72,167	84	24,553	4,748	427	-	101,979
Provided during the year - donated	-	248	-	1,175	-	-	-	1,423
Revaluations	-	(32,131)	-	-	-	-	-	(32,131)
Disposals - purchased	-	(17,704)	(555)	(198,613)	(119,202)	(1,025)	-	(337,099)
Disposals - donated	-	-	(27)	(5,230)	(36)	-	-	(5,293)
<b>At 31 March 2024</b>	<b>-</b>	<b>162,433</b>	<b>363</b>	<b>107,033</b>	<b>13,717</b>	<b>12,857</b>	<b>-</b>	<b>296,403</b>
<b>Net book value at 1 April 2023</b>	<b>89,866</b>	<b>2,140,411</b>	<b>32</b>	<b>129,262</b>	<b>20,064</b>	<b>2,974</b>	<b>90,421</b>	<b>2,473,030</b>
<b>Net book value at 31 March 2024</b>	<b>90,282</b>	<b>2,207,678</b>	<b>1,217</b>	<b>154,628</b>	<b>20,481</b>	<b>2,579</b>	<b>95,262</b>	<b>2,572,127</b>
<b>Open Market Value of Land in Land and Dwellings Included Above</b>	<b>2,856</b>							
<b>Asset financing:</b>								
Owned - purchased	88,804	1,792,117	1,217	150,111	20,481	2,579	94,788	2,150,097
Owned - donated	1,478	9,768	-	4,517	-	-	474	16,237
On-balance sheet PFI contracts	-	405,793	-	-	-	-	-	405,793
<b>Net book value at 31 March 2024</b>	<b>90,282</b>	<b>2,207,678</b>	<b>1,217</b>	<b>154,628</b>	<b>20,481</b>	<b>2,579</b>	<b>95,262</b>	<b>2,572,127</b>

NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Notes to the Accounts

---

6b. ASSETS HELD FOR SALE

The Board's Property Committee has approved the following to be presented as held for sale; Lennox Castle Hospital, Cathcart Centre & Hardgate Clinic (Goldenhill Clinic).

ASSETS HELD FOR SALE - CONSOLIDATED AND BOARD

	Property, Plant & Equipment	Total
	£'000	£'000
At 1 April 2024	2,856	2,856
Transfers from property, plant and equipment	150	150
Disposals of non-current assets held for sale	(708)	(708)
At 31 March 2025	2,298	2,298

ASSETS HELD FOR SALE - CONSOLIDATED AND BOARD PRIOR YEAR

	Property, Plant & Equipment	Total
	£'000	£'000
At 1 April 2023	3,444	3,444
Disposals of non-current assets held for sale	(588)	(588)
At 31 March 2024	2,856	2,856

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 6c. PROPERTY, PLANT AND EQUIPMENT DISCLOSURES

Consolidated 2024 £'000	Board 2024 £'000		Consolidated 2025 £'000	Board 2025 £'000
		<b>Net book value of property, plant and equipment at 31 March</b>		
2,555,890	2,555,890	Purchased	2,551,053	2,551,053
16,237	16,237	Donated	16,965	16,965
<b>2,572,127</b>	<b>2,572,127</b>	<b>Total</b>	<b>2,568,018</b>	<b>2,568,018</b>
2,856	2,856	Net book value related to land valued at open market value at 31 March	2,298	2,298
		<b>Total value of assets held under:</b>		
405,793	405,793	PFI and PPP Contracts	360,572	360,572
<b>405,793</b>	<b>405,793</b>	<b>Total</b>	<b>360,572</b>	<b>360,572</b>
		<b>Total depreciation charged in respect of assets held under:</b>		
8,346	8,346	PFI and PPP contracts	8,785	8,785
<b>8,346</b>	<b>8,346</b>	<b>Total</b>	<b>8,785</b>	<b>8,785</b>

#### Note:

All land and 20% of buildings were revalued by an independent valuer (The Valuation Office Agency) as at 31/03/2025 on the basis of fair value (market value or depreciated replacement costs where appropriate).

The values were computed in accordance with the Royal Institute of Chartered Surveyors Statement of Asset Valuation Practice and Guidance notes, subject to the special accounting practices of the NHS.

The net impact was an increase of £36.494m (2023-24: an increase of £109.112m) which was credited to the revaluation reserve. Impairment of £2.080m (2023-24 £0m) was charged to the Statement of Comprehensive Net Expenditure and Summary of Resource Outturn

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 6d. ANALYSIS OF CAPITAL EXPENDITURE

	Note	2025 £'000	2024 £'000
<b>Expenditure</b>			
Acquisition of property, plant and equipment	6a	72,900	93,002
Donated asset additions	6a	1,496	616
GP Loans advances		228	739
Right of Use (RoU) Additions		2,974	9,949
<b>Gross Capital Expenditure</b>		<b>77,598</b>	104,306
<b>Income</b>			
Net book value of disposal of property, plant and equipment	6a	539	231
Value of disposal of non-current assets held for sale	6b	708	588
Right of Use Disposals	15a	-	60
HUB - repayment of investment		24	(131)
<b>Capital Income</b>		<b>1,271</b>	748
<b>Net Capital Expenditure</b>		<b>76,327</b>	103,558

### Summary of Capital Resource Outturn

Core Capital Expenditure included above	74,603	102,203
Core Capital Resource Limit	74,612	102,210
<b>Saving against Core Capital Resource Limit</b>	<b>9</b>	7
Non Core Capital Expenditure included above	1,724	1,355
Non Core Capital Resource Limit	1,724	1,355
<b>Saving against Non Core Capital Resource Limit</b>	<b>-</b>	-
Total Capital Expenditure	76,327	103,558
Total Capital Resource Limit	76,336	103,565
<b>Saving against Total Capital Resource Limit</b>	<b>9</b>	7

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 7. INVENTORIES

Consolidated 2024 £'000	Board 2024 £'000		Consolidated 2025 £'000	Board 2025 £'000
29,331	29,331	Raw materials and consumables	36,323	36,323
29,331	29,331	<b>Total Inventories</b>	36,323	36,323

### 8. TRADE AND OTHER RECEIVABLES

Consolidated 2024 £'000	Board 2024 £'000		Consolidated 2025 £'000	Board 2025 £'000
		<b>Receivables due within one year</b>		
		<b>NHSScotland</b>		
766	766	Scottish Government	360	360
70,348	70,348	Boards	64,649	64,649
71,114	71,114	<b>Total NHSScotland Receivables</b>	65,009	65,009
1,990	1,990	NHS non-Scottish bodies	2,184	2,184
5,608	5,608	VAT recoverable	3,458	3,458
31,350	31,350	Prepayments	32,198	32,198
36,645	36,645	Accrued income	27,225	27,225
16,197	15,882	Other receivables	31,596	31,680
88,611	88,611	Reimbursement of provisions	89,005	89,005
6,578	6,578	Other public sector bodies	7,691	7,691
258,093	257,778	<b>Total Receivables due within one year</b>	258,366	258,450
		<b>Receivables due after more than one year</b>		
45	45	Other receivables	28	28
140,887	140,887	Reimbursement of provisions	165,623	165,623
140,932	140,932	<b>Total Receivables due after more than one year</b>	165,651	165,651
399,025	398,710	<b>TOTAL RECEIVABLES</b>	424,017	424,101
9,919	9,919	The total receivables figure above includes a provision for impairments of :	9,882	9,882

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

#### 8. TRADE AND OTHER RECEIVABLES (cont)

Consolidated 2024 £'000	Board 2024 £'000		Consolidated 2025 £'000	Board 2025 £'000
		Movements on the provision for impairment of receivables are as follows:		
7,820	7,820	At 1 April	9,919	9,919
5,722	5,722	Provision for impairment	5,235	5,235
(152)	(152)	Receivables written off during the year as uncollectable	(368)	(368)
(3,471)	(3,471)	Unused amounts reversed	(4,904)	(4,904)
9,919	9,919	At 31 March	9,882	9,882

As of 31 March 2025, receivables with a carrying value of £9.9m (2023-24: £9.9m) were impaired and provided for. The ageing of these receivables is as follows:

£'000	£'000		£'000	£'000
110	110	3 to 6 months past due	237	237
9,809	9,809	Over 6 months past due	9,645	9,645
9,919	9,919		9,882	9,882

The receivables assessed as individually impaired were mainly English, Welsh and Irish NHS Trusts/ Health Authorities, CCGs and other Health Bodies, overseas patients, research companies and private individuals and it was assessed that not all of the receivable balance may be recovered.

Receivables that are less than three months past their due date are not considered impaired. As at 31 March 2025, receivables with a carrying value of £11.7million (2023-24: £11.4million) were past their due date but not impaired. The ageing of receivables which are past due but not impaired is as follows:

£'000	£'000		£'000	£'000
9,903	9,903	Up to 3 months past due	10,818	10,818
1,550	1,550	3 to 6 months past due	859	859
11,453	11,453		11,677	11,677

The receivables assessed as past due but not impaired were mainly NHS Scotland Health Boards, Local Authorities and Universities and there is no history of default from these customers recently.

Concentration of credit risk is limited due to customer base being large and unrelated/government bodies. Due to this, management believes that there is no future credit risk provision required in excess of the normal provision for doubtful receivables.

The credit quality of receivables that are neither past due nor impaired is assessed by reference to external credit ratings where available. Where no external credit rating is available, historical information about counterparty default rates is used.



# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

Receivables that are neither past due nor impaired are shown by their credit risk below:

£'000	£'000	Counterparties with external credit ratings	£'000	£'000
377,653	377,338	Existing customers with no defaults in the past	402,458	402,542
377,653	377,338	Total neither past due or impaired	402,458	402,542

The maximum exposure to credit risk is the fair value of each class of receivable. The NHS Board does not hold any collateral as security.

£'000	£'000	The carrying amount of receivables are denominated in the following currencies:	£'000	£'000
399,025	398,710	Pounds	424,017	424,101
399,025	398,710		424,017	424,101

All non-current receivables are due within 47 years (2023-24: 48 years) from the balance sheet date.

The carrying amount of short term receivables approximates their fair value.

The fair value of long term other receivables is £28k (2023-24 £45k).

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 9. INVESTMENTS

Consolidated 2024 £'000	Board 2024 £'000		Consolidated 2025 £'000	Board 2025 £'000
105,611	2,389	Other	106,808	2,539
<b>105,611</b>	<b>2,389</b>	<b>Total</b>	<b>106,808</b>	<b>2,539</b>
100,881	1,748	At 1 April	105,611	2,389
8,955	-	Additions	11,252	-
739	739	GP Loans advances	228	228
(7,418)	131	Disposals	(10,718)	(24)
(229)	(229)	GP Loans Fair Value Adjustment	(54)	(54)
2,683	-	Revaluation surplus transferred to equity	489	-
<b>105,611</b>	<b>2,389</b>	<b>At 31 March</b>	<b>106,808</b>	<b>2,539</b>
105,611	2,389	Non-current	106,808	2,539
<b>105,611</b>	<b>2,389</b>	<b>At 31 March</b>	<b>106,808</b>	<b>2,539</b>

#### Note:

GP Sustainability Loan advances in the year amounted to £228k and there was also a fair value adjustment to these loans of £54k due to discounting. The consolidated investment also includes endowment invested funds £104.3M of which £84.1M relates to restricted funds.

NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Notes to the Accounts

---

10. CASH AND CASH EQUIVALENTS	At 31 March 2025 £'000	At 1 April 2024 £'000
Government Banking Service	168	632
Commercial banks and cash in hand	1,694	1,177
Endowment cash	1,970	3,369
Total Cash - SOFP/CFS	3,832	5,178

**Note:**  
Cash at bank is with major UK banks, regulated by UK authorities. The credit risk associated with cash at bank is considered to be low.

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 11. TRADE AND OTHER PAYABLES

Consolidated 2024 £'000	Board 2024 £'000		Consolidated 2025 £'000	Board 2025 £'000
<b>Payables due within one year</b>				
<b>NHSScotland</b>				
29	29	Scottish Government	155	155
16,198	16,198	Boards	12,367	12,367
16,227	16,227	<b>Total NHSScotland Payables</b>	12,522	12,522
1,394	1,394	NHS Non-Scottish bodies	1,200	1,200
1,808	1,808	Amounts payable to General Fund	1,862	1,862
50,412	50,412	FHS practitioners	47,801	47,801
32,973	32,973	Trade payables	39,330	39,330
202,857	202,857	Accruals	197,197	197,197
3,226	3,226	Deferred income	12,803	12,803
157	157	Payments received on account	111	111
4,669	4,669	Net obligations under leases	4,579	4,579
15,129	15,129	Net obligations under PPP / PFI Contracts	16,542	16,542
52,504	52,504	Income tax and social security	55,628	55,628
41,283	41,283	Superannuation	46,546	46,546
72,353	72,353	Holiday pay accrual	73,905	73,905
15,495	15,495	Other public sector bodies	18,716	18,716
8,680	7,887	Other payables	10,033	7,477
24,168	24,168	Contract Liability	12,262	12,262
543,335	542,542	<b>Total Payables due within one year</b>	551,037	548,481
<b>Payables due after more than one year</b>				
4,012	4,012	Net obligations under leases due within 2 years	3,318	3,318
11,555	11,555	Net obligations under leases due after 2 years but within 5 years	9,854	9,854
4,941	4,941	Net obligations under leases due after 5 years	5,870	5,870
16,105	16,105	Net obligations under PPP / PFI contracts due within 2 years	16,122	16,122
48,406	48,406	Net obligations under PPP / PFI contracts due after 2 years but within 5 years	51,170	51,170
294,162	294,162	Net obligations under PPP / PFI contracts due after 5 years	284,112	284,112
-	-	Accruals	27,463	27,463
1,570	1,570	Deferred income	1,418	1,418
30,706	30,706	Other payables	29,252	29,252
411,457	411,457	<b>Other payables</b>	428,579	428,579
954,792	953,999	<b>TOTAL PAYABLES</b>	979,616	977,060

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 11. TRADE AND OTHER PAYABLES (cont)

Consolidated 2024 £'000	Board 2024 £'000		Consolidated 2025 £'000	Board 2025 £'000
<b>Borrowings included above comprise:</b>				
25,177	25,177	Leases	23,621	23,621
373,802	373,802	PFI contracts	367,946	367,946
<u>398,979</u>	<u>398,979</u>		<u>391,567</u>	<u>391,567</u>
<b>The carrying amount and fair value of the non-current borrowings are as follows</b>				
<b>Carrying amount</b>				
20,508	20,508	Leases	19,042	19,042
358,673	358,673	PFI contracts	351,404	351,404
<u>379,181</u>	<u>379,181</u>		<u>370,446</u>	<u>370,446</u>
<b>Fair value</b>				
20,508	20,508	Leases	19,042	19,042
358,673	358,673	PFI contracts	351,404	351,404
<u>379,181</u>	<u>379,181</u>		<u>370,446</u>	<u>370,446</u>
<b>The carrying amount of short term payables approximates their fair value.</b>				
<b>The carrying amount of payables are denominated in:</b>				
954,792	953,999	Pounds	979,616	977,060
<u>954,792</u>	<u>953,999</u>		<u>979,616</u>	<u>977,060</u>

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 12a. PROVISIONS - CONSOLIDATED AND BOARD

	Pensions and similar obligations £'000	Clinical & Medical Legal Claims against NHS Board £'000	Participation in CNORIS £'000	Other £'000	Total at 31 March 2025 £'000	Total at 31 March 2024 £'000
At 1 April 2024	25,934	197,685	233,739	2,771	<b>460,129</b>	441,540
Arising during the year	3,246	47,323	27,924	9,378	<b>87,871</b>	67,977
Utilised during the year	(3,289)	(3,074)	(19,034)	(630)	<b>(26,027)</b>	(20,285)
Unwinding of discount	306	-	-	-	<b>306</b>	(1,120)
Reversed unutilised	(1,127)	(27,275)	-	(807)	<b>(29,209)</b>	(27,983)
<b>Totals</b>	<b>25,070</b>	<b>214,659</b>	<b>242,629</b>	<b>10,712</b>	<b>493,070</b>	460,129

The amounts shown above in relation to Clinical & Medical Legal Claims against the Board are stated gross and the amount of any expected reimbursements are separately disclosed as receivables in note 9.

### Analysis of expected timing of discounted flows to 31 March 2025

	Pensions and similar obligations £'000	Clinical & Medical Legal Claims against NHS Board £'000	Participation in CNORIS £'000	Other £'000	Total at 31 March 2025 £'000	Total at 31 March 2024 £'000
Payable in one year	2,844	76,944	60,657	10,442	<b>150,887</b>	150,607
Payable between 2 - 5 years	10,459	137,715	147,518	270	<b>295,962</b>	264,014
Payable between 6 - 10 years	7,377	-	12,617	-	<b>19,994</b>	19,859
Thereafter	4,390	-	21,837	-	<b>26,227</b>	25,649
<b>Totals</b>	<b>25,070</b>	<b>214,659</b>	<b>242,629</b>	<b>10,712</b>	<b>493,070</b>	460,129

### Pensions and similar obligations

The Board meets the additional costs of benefits beyond the normal National Health Service Superannuation Scheme for Scotland benefits in respect of employees who retire early by paying the required amounts annually to the National Health Service Superannuation Scheme for Scotland over the period between early departure and normal retirement date. The Board provides for this in full when the early retirement programme becomes binding by establishing a provision for the estimated payments discounted by the Treasury discount rate of 2.40% in real terms. The Board expects expenditure to be charged to this provision for a period of up to 45 years.

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

---

#### 12a. PROVISIONS - CONSOLIDATED AND BOARD (Continued)

##### Clinical & Medical Legal Claims against the Board

The Board holds a provision to meet costs of all outstanding and potential clinical and medical negligence claims. All legal claims notified to the Board are processed by the Scottish NHS Central Legal Office who will decide upon risk liability and likely outcome of each case. The provision contains sums for settlement awards, legal expenses and third party costs. Clinical and medical negligence cases lodged can be extremely complex. It is expected that expenditure will be charged to this provision for a period of up to 5 years. The amounts disclosed are stated gross and the amount of any expected reimbursements are shown separately as debtors in the notes to the accounts.

##### Participation in CNORIS

The Board holds a provision for Participation in the CNORIS scheme which recognises that CNORIS is a shared risk scheme for NHS Scotland bodies. This provision recognises the liability for future payments that it is probable that the Board will incur based on their share of the overall CNORIS scheme liability for NHS Scotland.

##### Other (non-endowment)

The Board retains provisions in respect of other long term liabilities including all non medical claims notified through the Scottish NHS Central Legal Office. It is expected that these provisions may take up to 5 years to be fully utilised. Additionally as part of the pay settlement for Agenda for Change staff in 2023-24, it was agreed to conduct a review of Band 5 Nursing Roles for AfC staff. A job evaluation process, specifically for Band 5 nurses, has been developed and applications are processed through a bespoke digital portal. The Board created a provision in respect of these claims and expects that provision to be utilised within 1 year.

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 12b. CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)

2024 £'000		2025 £'000
200,456	Provision recognising individual claims against the NHS Board as at 31 March	223,026
(229,498)	Associated CNORIS receivable at 31 March	(254,628)
233,739	Provision recognising the NHS Board's liability from participating in the scheme at 31 March	242,629
<b>204,697</b>	<b>Net Total Provision relating to CNORIS at 31 March</b>	<b>211,027</b>

The Clinical Negligence and Other Risks Scheme (CNORIS) has been in operation since 2000. Participation in the scheme is mandatory for all NHS boards in Scotland. The scheme allows for risk pooling of legal claims in relation to clinical negligence and other risks and works in a similar manner to an insurance scheme. CNORIS has an agreed threshold of £25k and any claims with a value less than this are met directly from within boards' own budgets. Participants e.g. NHS boards contribute to the CNORIS pool each financial year at a pre-agreed contribution rate based on the risks associated with their individual NHS board. If a claim is settled the board will be reimbursed by the scheme for the value of the settlement, less a £25k "excess" fee. The scheme allows for the risk associated with any large or late in the financial year legal claims to be managed and reduces the level of volatility that individual boards are exposed to.

When a legal claim is made against an individual board, the board will assess whether a provision or contingent liability for that legal claim is required. If a provision is required then the board will also create an associated receivable recognising reimbursement from the scheme if the legal claim settles. The provision and associated receivable are shown in the first two lines above. The receivable has been netted off against the provision to reflect reimbursement from the scheme.

As a result of participation in the scheme, boards should also recognise that they will be required to make contributions to the scheme in future years. Therefore a second provision that recognises the Board's share of the total CNORIS liability of NHSScotland has been made and this is reflected in third line above.

Therefore there are two related but distinct provisions required as a result of participation in the scheme. Both of these provisions as well as the associated receivable have been shown in the note above to aid the reader's understanding of CNORIS.

Further information on the scheme can be found at: <http://www.clo.scot.nhs.uk/our-services/cnoris.aspx>



# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

#### 13. CONTINGENT LIABILITIES/ASSETS

##### CONTINGENT LIABILITIES

The following contingent liabilities have not been provided for in the Accounts:

<b>(i) Negligence Claims</b>	<b>Clinical &amp; Medical Negligence £'000</b>	<b>Employer's Liability £'000</b>	<b>Total £'000</b>
At 1 April 2024	122,493	1,889	<b>124,382</b>
Increase in value of claims	4,385	5,110	<b>9,495</b>
New claims arising during the year	66,702	1,218	<b>67,920</b>
Crystallised liabilities	(207)	(98)	<b>(305)</b>
Expired	(39,548)	(1,185)	<b>(40,733)</b>
<b>At 31 March 2025</b>	<b>153,825</b>	<b>6,934</b>	<b>160,759</b>

##### (ii) Waste Electronic and Electrical Equipment Regulations

The Waste Electronic and Electrical Equipment Regulations 2006 came into force on 1 July 2007. Where waste arises from assets obtained prior to 13 August 2005 the Board will be responsible for the cost of collection, treatment recovery and environmentally sound disposal after 1 July 2007. If however a direct replacement is purchased then the cost of disposal will fall directly on the supplier. The Board's current accounting policy is to incur such costs as they fall due. It is not possible to quantify the potential additional costs that the Board might be exposed to in respect of disposal of equipment purchased prior to 13 August 2005 as there is no reliable disposal cost per item of equipment and it is unknown what items will be directly replaced.

##### (iii) QEUH Legal Costs

The QEUH public enquiry and legal proceedings raised by NHSGGC against the main contractors for losses and damages incurred in relation to a number of technical construction issues will inevitably lead to the Board incurring substantial legal and professional advisor costs over the next two to three years. Some costs have already been incurred and paid for to date. It is not possible to quantify final costs at this stage. Funding for all costs incurred is being provided by the Scottish Government.

##### (iv) Review of Band 5-6 Nursing Posts 2023-24 Pay Award

The 2023-24 Pay Award for Agenda for Change Staff included three elements of reforms, one of which was the review of Band 5-6 nursing posts. An accrual and provision have been included in the annual accounts based on the individual's stage in the job evaluation process but there remains uncertainty over final costs relating to those who have not yet started the process. It is anticipated that final costs will be funded in full by Scottish Government.

**NHS Greater Glasgow & Clyde**

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 13. CONTINGENT LIABILITIES/ASSETS

## CONTINGENT ASSETS

The following contingent assets have not been provided for in the Accounts:

Reimbursement of Contingent Liability re Negligence Claims (from CNORIS scheme) as follows:

	2025	2024
	£'000	£'000
Clinical & Medical Negligence	151,423	120,198
Employer's Liability	5,993	1,065
<b>Total</b>	<b>157,416</b>	<b>121,263</b>

NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Notes to the Accounts

---

14. COMMITMENTS

Capital Commitments

The Board has the following Capital Commitments which have not been provided for in the accounts

	2025	2024
	£'000	£'000
<strong>Contracted</strong>		
Acute Services	33,209	8,767
Primary Care	4,837	9,835
Radiotherapy Equipment Replacement	-	7,154
<strong>Total</strong>	<strong>38,046</strong>	<strong>25,756</strong>
<strong>Authorised but not Contracted</strong>		
Acute Services	16,811	41,010
Radiotherapy Equipment Replacement	437	-
Primary Care Projects	4,825	2,338
<strong>Total</strong>	<strong>22,073</strong>	<strong>43,348</strong>

**NHS Greater Glasgow & Clyde**

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

**Notes to the Accounts****15a. RIGHT OF USE ASSETS (RoU) - CONSOLIDATED AND BOARD**

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant & Machinery £'000	Total £'000
<b>Cost or valuation</b>					
At 1 April 2024	1,428	26,381	3,202	7,180	38,191
Additions (include new dilapidation provisions)	-	2,556	418	-	2,974
Disposals	-	-	-	-	-
<b>At 31 March 2025</b>	<b>1,428</b>	<b>28,937</b>	<b>3,620</b>	<b>7,180</b>	<b>41,165</b>
<b>Depreciation</b>					
At 1 April 2024	64	6,741	1,117	1,082	9,004
Provided during the year - (include new dilapidation provisions)	31	3,057	1,141	1,957	6,186
Provided during the year - peppercorn leases	-	441	-	-	441
Disposals	-	-	-	-	-
<b>At 31 March 2025</b>	<b>95</b>	<b>10,239</b>	<b>2,258</b>	<b>3,039</b>	<b>15,631</b>
<b>Net book value at 1 April 2024</b>	<b>1,364</b>	<b>19,640</b>	<b>2,085</b>	<b>6,098</b>	<b>29,187</b>
<b>Net book value at 31 March 2025</b>	<b>1,333</b>	<b>18,698</b>	<b>1,362</b>	<b>4,141</b>	<b>25,534</b>

**15a. RIGHT OF USE ASSETS (RoU) - CONSOLIDATED AND BOARD PRIOR YEAR**

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant & Machinery £'000	Total £'000
<b>Cost or valuation</b>					
At 1 April 2023	1,422	25,415	1,500	-	28,337
Additions - (including new dilapidation provisions)	6	1,061	1,702	7,180	9,949
Disposals	-	(95)	-	-	(95)
<b>At 31 March 2024</b>	<b>1,428</b>	<b>26,381</b>	<b>3,202</b>	<b>7,180</b>	<b>38,191</b>
<b>Depreciation</b>					
At 1 April 2023	32	3,329	267	-	3,628
Provided during the year - (include new dilapidation provisions)	32	3,004	850	1,082	4,968
Provided during the year - peppercorn leases	-	443	-	-	443
Disposals	-	(35)	-	-	(35)
<b>At 31 March 2024</b>	<b>64</b>	<b>6,741</b>	<b>1,117</b>	<b>1,082</b>	<b>9,004</b>
<b>Net book value at 1 April 2023</b>	<b>1,390</b>	<b>22,086</b>	<b>1,233</b>	<b>-</b>	<b>24,709</b>
<b>Net book value at 31 March 2024</b>	<b>1,364</b>	<b>19,640</b>	<b>2,085</b>	<b>6,098</b>	<b>29,187</b>

**NHS Greater Glasgow & Clyde**

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

**Notes to the Accounts****15b. LEASE LIABILITIES - CONSOLIDATED AND BOARD**

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant & Machinery £'000	Total £'000
<b>Amounts falling due:</b>					
Not later than one year	33	3,189	903	454	4,579
Later than one year, not later than 2 years	33	2,453	362	470	3,318
Later than two year, not later than five years	98	5,997	136	3,623	9,854
Later than five years	1,186	2,715	9	1,960	5,870
<b>Balance at 31 March 2025</b>	<b>1,350</b>	<b>14,354</b>	<b>1,410</b>	<b>6,507</b>	<b>23,621</b>
Current	33	3,189	903	454	4,579
Non Current	1,317	11,165	507	6,053	19,042
	<b>1,350</b>	<b>14,354</b>	<b>1,410</b>	<b>6,507</b>	<b>23,621</b>

**15b. LEASE LIABILITIES - CONSOLIDATED AND BOARD PRIOR YEAR**

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant & Machinery £'000	Total £'000
<b>Amounts falling due:</b>					
Not later than one year	39	3,167	1,025	438	4,669
Later than one year, not later than 2 years	33	2,734	791	454	4,012
Later than two year, not later than five years	98	5,151	253	6,053	11,555
Later than five years	1,206	3,695	40	-	4,941
<b>Balance at 31 March 2024</b>	<b>1,376</b>	<b>14,747</b>	<b>2,109</b>	<b>6,945</b>	<b>25,177</b>
Current	39	3,167	1,025	438	4,669
Non Current	1,337	11,580	1,084	6,507	20,508
	<b>1,376</b>	<b>14,747</b>	<b>2,109</b>	<b>6,945</b>	<b>25,177</b>

**Amounts recognised in the Statement of Comprehensive Net Expenditure**

	2024-25 Consolidated £'000	Board £'000
Depreciation	6,628	6,628
Interest Expense	611	611
Non Recoverable VAT on lease payments	699	699
<b>Total</b>	<b>7,938</b>	<b>7,938</b>

**Amounts recognised in the Statement of Cash Flows**

	2024-25 Consolidated £'000	Board £'000
Interest Expense	611	611
Repayments of Principal of leases	5,119	5,119
<b>Total</b>	<b>5,730</b>	<b>5,730</b>

**Amounts recognised in the Statement of Comprehensive Net Expenditure - PRIOR YEAR**

	2023-24 Consolidated £'000	Board £'000
Depreciation	5,410	5,410
Interest Expense	408	408
Non Recoverable VAT on lease payments	889	889
<b>Total</b>	<b>6,707</b>	<b>6,707</b>

**Amounts recognised in the Statement of Cash Flows - PRIOR YEAR**

	2023-24 Consolidated £'000	Board £'000
Interest Expense	408	408
Repayments of Principal of leases	4,446	4,446
<b>Total</b>	<b>4,854</b>	<b>4,854</b>

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

---

#### 16. COMMITMENTS UNDER PFI/HUB CONTRACTS - On balance Sheet

##### The Board has the following PFI/HUB contracts.

1. Larkfield Unit - Day Hospital Elderly Care Facility. PFI contract commenced with Quayle Munro Ltd on 1 November 2000 for a period of 25 years. Estimated capital value at commencement £10.3M.
2. Southern General Hospital - Elderly Bed Facility (210 Beds). PFI contract commenced with Carillion Private Finance on 1 April 2001 for a period of 27 years. Serco Limited replaced Carillion on 1 August 2018. Estimated capital value at commencement £11.1M.
3. Gartnavel Royal Hospital - Mental Health Facility (117 Beds). PFI contract commenced with Robertson Capital Projects Ltd on 4 October 2007 for a period of 30 years. Estimated capital value at commencement £17.1M.
4. Stobhill Rowanbank Clinic - Mental Health Secure Care Centre (74 Beds). PFI contract commenced with Quayle Munro Ltd on 1 May 2007 for a period of 35 years. Estimated capital value at commencement £16.8M.
5. Stobhill Hospital - Ambulatory Care and Diagnostic Treatment Centre. PFI contract commenced with Glasgow Healthcare Facilities Ltd on 1 April 2009 for a period of 30 years. Estimated capital value at commencement £78.7M.
6. Victoria Hospital - Ambulatory Care and Diagnostic Treatment Centre. PFI contract commenced with Glasgow Healthcare Facilities Ltd on 1 April 2009 for a period of 30 years. Estimated capital value at commencement £99.3M.
7. Stobhill Hospital - Ambulatory Care and Diagnostic Treatment Centre 60 Bed extension. PFI contract commenced with Glasgow Healthcare Facilities Ltd on 1 March 2011 for a period of 29 years. Estimated capital value at commencement £15.8M.
8. Eastwood Health and Care Centre. HUB contract commenced with HUB West Scotland Project Co. on 3 June 2016 for a period of 25 years. Estimated capital value at commencement £9.1M.
9. Maryhill Health and Care Centre. HUB contract commenced with HUB West Scotland Project Co. on 15 July 2016 for a period of 25 years. Estimated capital value at commencement £12.4M.
10. Inverclyde Orchardview. HUB contract commenced with HUB West Scotland Project Co. on 17 July 2017 for a period of 25 years. Estimated capital value at commencement £8.4M.

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

---

#### 16. COMMITMENTS UNDER PFI/HUB CONTRACTS - On balance Sheet

11. Gorbals Health and Care Centre. HUB contract commenced with HUB West Scotland Project Co. on 6 November 2018 for a period of 25 years. Estimated capital value at commencement £13.6M.
12. Woodside Health and Care Centre. HUB contract commenced with HUB West Scotland Project Co. on 15 May 2019 for a period of 25 years. Estimated capital value at commencement £18.1M.
13. Appin Ward (Stobhill Mental Health Facility). HUB contract commenced with HUB West Scotland Project Co. on 28 August 2020 for a period of 25 years. Estimated capital value at commencement £5.3M.
14. Elgin Ward (Stobhill Mental Health Facility). HUB contract commenced with HUB West Scotland Project Co. on 28 August 2020 for a period of 25 years. Estimated capital value at commencement £5.3M.
15. Greenock Health and Care Centre. HUB contract commenced with HUB West Scotland Project Co. on 18 March 2021 for a period of 25 years. Estimated capital value at commencement £20.8M.
16. Clydebank Health and Care Centre. HUB contract commenced with HUB West Scotland Project Co. on 3 December 2021 for a period of 23 years and 7 months. Estimated capital value at commencement £20.4M.

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 16. COMMITMENTS UNDER PFI/HUB CONTRACTS - On balance Sheet (cont)

Under IFRIC 12 the asset is treated as an asset of the Board and included in the Board's accounts as a non current asset. The liability to pay for the property is in substance a lease obligation. Contractual payments therefore comprise two elements; imputed lease charges and service charges. The imputed lease obligation is as follows:

Gross Minimum Lease Payments	Larkfield	SGH Eld Bed	Gart Royal	Stb Rwbmk	Stb ACAD	Vic ACAD	ACAD 60 Bed Ext	Eastwood	Maryhill
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 year	1,486	1,658	2,304	2,173	8,800	11,125	1,833	893	1,254
Due within 1 to 2 years	-	1,658	2,304	2,173	8,800	11,125	1,833	893	1,254
Due within 2 to 5 years	-	1,658	6,913	6,519	26,401	33,374	5,499	2,678	3,764
Due after 5 years	-	-	18,434	28,250	88,004	111,247	18,330	10,712	15,054
<b>Total</b>	<b>1,486</b>	<b>4,974</b>	<b>29,955</b>	<b>39,115</b>	<b>132,005</b>	<b>166,871</b>	<b>27,495</b>	<b>15,176</b>	<b>21,326</b>

Less Interest Element	Larkfield	SGH Eld Bed	Gart Royal	Stb Rwbmk	Stb ACAD	Vic ACAD	ACAD 60 Bed Ext	Eastwood	Maryhill
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 year	(128)	(307)	(1,279)	(1,416)	(5,171)	(6,536)	(1,256)	(569)	(871)
Due within 1 to 2 years	-	(211)	(1,213)	(1,370)	(4,950)	(6,258)	(1,210)	(550)	(843)
Due within 2 to 5 years	-	(109)	(3,200)	(3,809)	(13,388)	(16,921)	(3,313)	(1,517)	(2,343)
Due after 5 years	-	-	(4,364)	(9,050)	(23,486)	(29,682)	(6,036)	(3,293)	(5,207)
<b>Total</b>	<b>(128)</b>	<b>(627)</b>	<b>(10,056)</b>	<b>(15,645)</b>	<b>(46,995)</b>	<b>(59,397)</b>	<b>(11,815)</b>	<b>(5,929)</b>	<b>(9,264)</b>

Present value of minimum lease payments	Larkfield	SGH Eld Bed	Gart Royal	Stb Rwbmk	Stb ACAD	Vic ACAD	ACAD 60 Bed Ext	Eastwood	Maryhill
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 year	1,358	1,351	1,025	757	3,629	4,589	577	324	383
Due within 1 to 2 years	-	1,447	1,091	803	3,850	4,867	623	343	411
Due within 2 to 5 years	-	1,549	3,713	2,710	13,013	16,453	2,186	1,161	1,421
Due after 5 years	-	-	14,070	19,200	64,518	81,565	12,294	7,419	9,847
<b>Total</b>	<b>1,358</b>	<b>4,347</b>	<b>19,899</b>	<b>23,470</b>	<b>85,010</b>	<b>107,474</b>	<b>15,680</b>	<b>9,247</b>	<b>12,062</b>



# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 16. COMMITMENTS UNDER PFI/HUB CONTRACTS - On balance Sheet (cont)

Under IFRIC 12 the asset is treated as an asset of the Board and included in the Board's accounts as a non current asset. The liability to pay for the property is in substance a lease obligation. Contractual payments therefore comprise two elements; imputed lease charges and service charges. The imputed lease obligation is as follows:

<b>Gross Minimum Lease Payments</b>	<b>Inverclyde</b>	<b>Gorbals</b>	<b>Woodside</b>	<b>Appin Ward</b>	<b>Elgin Ward</b>	<b>Greenock HC</b>	<b>Clydebank HC</b>	<b>2025 Totals</b>	<b>2024 Totals</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Rentals due within 1 year	753	1,196	1,396	428	428	1,735	1,472	<b>38,934</b>	37,978
Due within 1 to 2 years	753	1,196	1,396	428	428	1,735	1,472	<b>37,448</b>	37,978
Due within 2 to 5 years	2,258	3,586	4,190	1,283	1,283	5,206	4,417	<b>109,029</b>	107,927
Due after 5 years	9,786	16,736	20,949	6,841	6,841	27,765	23,560	<b>402,509</b>	427,769
<b>Total</b>	<b>13,550</b>	<b>22,714</b>	<b>27,931</b>	<b>8,980</b>	<b>8,980</b>	<b>36,441</b>	<b>30,921</b>	<b>587,920</b>	611,652

<b>Less Interest Element</b>	<b>Inverclyde</b>	<b>Gorbals</b>	<b>Woodside</b>	<b>Appin Ward</b>	<b>Elgin Ward</b>	<b>Greenock HC</b>	<b>Clydebank HC</b>	<b>Totals</b>	<b>Totals</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Rentals due within 1 year	(498)	(811)	(855)	(296)	(296)	(1,224)	(879)	<b>(22,392)</b>	(22,849)
Due within 1 to 2 years	(482)	(787)	(829)	(288)	(288)	(1,194)	(853)	<b>(21,326)</b>	(21,873)
Due within 2 to 5 years	(1,341)	(2,205)	(2,316)	(814)	(814)	(3,378)	(2,391)	<b>(57,859)</b>	(59,521)
Due after 5 years	(3,199)	(5,730)	(6,305)	(2,449)	(2,449)	(10,218)	(6,929)	<b>(118,397)</b>	(133,607)
<b>Total</b>	<b>(5,520)</b>	<b>(9,533)</b>	<b>(10,305)</b>	<b>(3,847)</b>	<b>(3,847)</b>	<b>(16,014)</b>	<b>(11,052)</b>	<b>(219,974)</b>	(237,850)

<b>Present value of minimum lease payments</b>	<b>Inverclyde</b>	<b>Gorbals</b>	<b>Woodside</b>	<b>Appin Ward</b>	<b>Elgin Ward</b>	<b>Greenock HC</b>	<b>Clydebank HC</b>	<b>Totals</b>	<b>Totals</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Rentals due within 1 year	255	385	541	132	132	511	593	<b>16,542</b>	15,129
Due within 1 to 2 years	271	409	567	140	140	541	619	<b>16,122</b>	16,105
Due within 2 to 5 years	917	1,381	1,874	469	469	1,828	2,026	<b>51,170</b>	48,406
Due after 5 years	6,587	11,006	14,644	4,392	4,392	17,547	16,631	<b>284,112</b>	294,162
<b>Total</b>	<b>8,030</b>	<b>13,181</b>	<b>17,626</b>	<b>5,133</b>	<b>5,133</b>	<b>20,427</b>	<b>19,869</b>	<b>367,946</b>	373,802

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 16. COMMITMENTS UNDER PFI/HUB CONTRACTS - On balance Sheet (cont)

Service elements due in future periods	Larkfield	SGH Eld Bed	Gart Royal	Stb Rwbk	Stb ACAD	Vic ACAD	ACAD 60 Bed Ext	Eastwood	Maryhill
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 year	245	393	1,042	879	2,142	2,707	419	120	91
Due within 1 to 2 years	-	406	1,071	908	2,210	2,793	433	123	94
Due within 2 to 5 years	-	419	3,389	2,908	7,064	8,928	1,390	393	299
Due after 5 years	-	-	10,479	16,456	29,005	36,658	5,783	1,971	1,487
<b>Total</b>	<b>245</b>	<b>1,218</b>	<b>15,981</b>	<b>21,151</b>	<b>40,421</b>	<b>51,086</b>	<b>8,025</b>	<b>2,607</b>	<b>1,971</b>
<b>Total commitments</b>	<b>1,603</b>	<b>5,565</b>	<b>35,880</b>	<b>44,621</b>	<b>125,431</b>	<b>158,560</b>	<b>23,705</b>	<b>11,854</b>	<b>14,033</b>

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 16. COMMITMENTS UNDER PFI/HUB CONTRACTS - On balance Sheet (cont)

Service elements due in future periods	Inverclyde	Gorbals	Woodside	Appin Ward	Elgin Ward	Greenock HC	Clydebank HC	Totals	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 year	54	94	110	33	33	134	131	8,627	8,537
Due within 1 to 2 years	56	97	114	34	34	138	136	8,647	9,053
Due within 2 to 5 years	176	312	364	111	111	443	436	26,743	29,302
Due after 5 years	966	1,948	2,460	836	836	3,284	3,263	115,432	192,237
<b>Total</b>	<b>1,252</b>	<b>2,451</b>	<b>3,048</b>	<b>1,014</b>	<b>1,014</b>	<b>3,999</b>	<b>3,966</b>	<b>159,449</b>	239,129
<b>Total commitments</b>	<b>9,282</b>	<b>15,632</b>	<b>20,674</b>	<b>6,147</b>	<b>6,147</b>	<b>24,426</b>	<b>23,835</b>	<b>527,395</b>	612,931

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 16. COMMITMENTS UNDER PFI/HUB CONTRACTS - On balance Sheet (cont)

	2025	2024
	£'000	£'000
Interest charges	22,781	22,049
Service charges	8,362	8,055
Principal repayment	15,135	13,341
Other charges	17,476	36,089
<b>Total</b>	<b>63,754</b>	<b>79,534</b>
	2025	2024
	£'000	£'000
<b>PFI Liability Reconciliation</b>		
Balance as at 1 April	373,802	284,346
Restatement of Liability as at 1 April 23	-	76,051
Lease Payments	(38,145)	(35,390)
Interest	22,781	22,049
Restatement of Liability as at 31 March	9,508	26,746
<b>As at 31 March</b>	<b>367,946</b>	<b>373,802</b>

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

---

#### 17. PENSION COSTS

(a) The Board participates in the NHS Pension Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a four-yearly funding valuation undertaken by the scheme actuary. The valuation carried out as at 31 March 2016 confirmed that an increase in the employer contribution rate from 14.9% to 20.9% was required from 1 April 2019 to 31 March 2023. The UK Government since confirmed that these employer rates would remain in place until 31 March 2024. In addition, member pension contributions over the period to 30 September 2023 have been paid within a range of 5.2% to 14.7% and have been anticipated to deliver a yield of 9.6%.

The valuation carried out as at 31 March 2020 confirmed that an increase in the employer contribution rate from 20.9% to 22.5% will be required from 1 April 2024 to 31 March 2027. In addition, member pension contributions since 1 October 2023 have been paid within a range of 5.7% to 13.7% and have been anticipated to deliver a yield of 9.8%.

(b) The Board has no liability for other employers obligations to the multi-employer scheme.

(c) As the scheme is unfunded there can be no deficit or surplus to distribute on the wind-up of the scheme or withdrawal from the scheme.

(d) (i) The scheme is an unfunded multi-employer defined benefit scheme.

(ii) It is accepted that the scheme can be treated for accounting purposes as a defined contribution scheme in circumstances where the Board is unable to identify its share of the underlying assets and liabilities of the scheme.

(iii) The employer contribution rate for the period from 1 April 2024 is 22.5% of pensionable pay. The employee rate applied is variable and is anticipated to provide a yield of 9.8% of pensionable pay.

(iv) While a valuation was carried out as at 31 March 2016, work on the cost cap valuation was suspended by the UK Government following the decision by the Court of Appeal (McCloud (Judiciary scheme)/Sargeant (Firefighters' Scheme) cases) that the transitional protections provided as part of the 2015 reforms unlawfully discriminated on the grounds of age. Following consultation and an announcement in February 2021 on proposals to remedy the discrimination, the UK Government confirmed that the cost control element of the 2016 valuations could be completed. The UK Government has also asked the Government Actuary to review whether, and to what extent, the cost control mechanism is meeting its original objectives. The 2020 actuarial valuations will take the report's findings into account. The interim report is complete (restricted) and is currently being finalised with a consultation. Alongside these announcements, the UK Government confirmed that current employer contribution rates would stay in force until 1 April 2024.

(v) The Board's level of participation in the scheme is 20.9% based on the proportion of employer contributions paid in 2023-24.

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

---

#### The new NHS Pension Scheme (Scotland) 2015

From 1 April 2015 the NHS Pension Scheme (Scotland) 2015 was introduced. This scheme is a Career Average Re-valued Earnings (CARE) scheme. Members will accrue 1/54 of their pay as pension for each year they are a member of the scheme. The accrued pension is re-valued each year at an above inflation rate to maintain its buying power. This is currently 1.5% above increases to the Consumer Prices Index (CPI). This continues until the member leaves the scheme or retires. In 2024-25 members paid tiered contribution rates ranging from 5.7% to 13.7% of pensionable earnings. The normal pension age (NPA) is the same as the State Pension age. Members can take their benefits earlier but there will be a deduction for early payment.

#### The existing NHS Superannuation Scheme (Scotland)

This scheme closed to new joiners on 31 March 2015 but any benefits earned in either NHS 1995 or NHS 2008 sections are protected and will be paid at the section's normal pension age using final pensionable pay when members leave or retire. Some members who were close to retirement when the NHS 2015 scheme launched will continue to earn benefits in their current section. This may affect members who were paying into the scheme on 1 April 2012 and were within 10 years of their normal retirement age. Some members who were close to retirement but did not qualify for full protection will remain in their current section beyond 1 April 2015 and join the 2015 scheme at a later date.

All other members automatically joined the NHS 2015 scheme on 1 April 2015.

Further information is available on the Scottish Public Pensions Agency (SPPA) web site at <https://pensions.gov.scot/nhs>.

#### National Employment Savings Trust (NEST)

The Pensions Act 2008 and 2011 Automatic Enrolment regulations required all employers to enrol workers meeting certain criteria into a pension scheme and pay contributions toward their retirement. For those staff not entitled to join the NHS Superannuation Scheme (Scotland), the Board utilised an alternative pension scheme called NEST to fulfil its Automatic Enrolment obligations.

NEST is a defined contribution pension scheme established by law to support the introduction of Auto Enrolment. Contributions are taken from qualifying earnings, which are currently from £6,240 up to £50,270, but will be reviewed every year by the government. The initial employee contribution is 1% of qualifying earnings, with an employer contribution of 1%. This will increase in stages to meet levels set by government.

Date	Employee Contribution	Employer Contribution	Total Contribution
1st March 2013	1%	1%	2%
1st October 2018	3%	2%	5%
1st October 2019	5%	3%	8%

NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Notes to the Accounts

---

Pension members can chose to let NEST manage their retirement fund or can take control themselves and alter contribution levels and switch between different funds. If pension members leave the Board they can continue to pay into NEST.

NEST Pension members can take money out of NEST at any time from age 55. If suffering from serious ill health or incapable of working due to illness members can request to take money out of NEST early. They can take the entire retirement fund as cash, use it to buy a retirement income or a combination. Additionally members can transfer their NEST retirement fund to another scheme.

NEST is run by NEST Corporation, a trustee body which is a non-departmental public body operating at arm’s length from government and is accountable to Parliament through the Department for Work and Pensions.

Further information is available on the Scottish Public Pensions Agency (SPPA) web site at [www.sppa.gov.uk](http://www.sppa.gov.uk)

	2025	2024
	£'000	£'000
Pension cost charge for the year	381,582	330,430
Provisions / liabilities / prepayments included in the Statement of Financial Position	25,070	25,934

128

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 18. FINANCIAL INSTRUMENTS

#### 18. (a) FINANCIAL INSTRUMENTS BY CATEGORY

##### Financial Assets

##### CONSOLIDATED

			Assets at Fair Value through Profit and Loss	Total at 31 March 2025	Total at 31 March 2024
	Note	Loans and Receivables £'000	£'000	£'000	£'000
Investments	9	-	106,808	<b>106,808</b>	105,611
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable.	8	68,724	-	<b>68,724</b>	61,455
Cash and cash equivalents	10	3,832	-	<b>3,832</b>	5,178
<b>Totals</b>		<b>72,556</b>	<b>106,808</b>	<b>179,364</b>	172,244

##### BOARD

			Assets at Fair Value through Profit and Loss	Total at 31 March 2025	Total at 31 March 2024
	Note	Loans and Receivables £'000	£'000	£'000	£'000
Investments	9	-	2,539	<b>2,539</b>	2,389
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable.	8	68,808	-	<b>68,808</b>	61,140
Cash and cash equivalents	10	1,862	-	<b>1,862</b>	1,809
<b>Totals</b>		<b>70,670</b>	<b>2,539</b>	<b>73,209</b>	65,338



# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 18. FINANCIAL INSTRUMENTS

#### Financial Liabilities

#### CONSOLIDATED

	Note	Liabilities at at Fair Value through Profit and Loss £'000	Financial Liabilites at Amortised Cost £'000	Total at 31 March 2025 £'000	Total at 31 March 2024 £'000
Lease liabilities	11	-	23,621	<b>23,621</b>	25,177
PFI Liabilities	11	-	367,946	<b>367,946</b>	373,802
Trade and other payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	11	-	446,870	<b>446,870</b>	416,835
<b>Totals</b>		<b>-</b>	<b>838,437</b>	<b>838,437</b>	815,814

#### BOARD

	Note	Liabilities at at Fair Value through Profit and Loss £'000	Financial Liabilites at Amortised Cost £'000	Total at 31 March 2025 £'000	Total at 31 March 2024 £'000
Lease liabilities	11	-	23,621	<b>23,621</b>	25,177
PFI Liabilities	11	-	367,946	<b>367,946</b>	373,802
Trade and other payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	11	-	444,314	<b>444,314</b>	416,042
<b>Totals</b>		<b>-</b>	<b>835,881</b>	<b>835,881</b>	815,021

# **NHS Greater Glasgow & Clyde**

## **Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

### **Notes to the Accounts**

---

#### **18. FINANCIAL INSTRUMENTS**

##### **18. (b) FINANCIAL RISK FACTORS**

###### **Exposure to Risk**

The Board's activities expose it to a variety of financial risks:

Credit risk - the possibility that other parties might fail to pay amounts due.

Liquidity risk - the possibility that the Board might not have funds available to meet its commitments to make payments.

Market risk - the possibility that financial loss might arise as a result of changes in such measures as interest rates, stock market movements or foreign exchange rates.

Because of the largely non-trading nature of its activities and the way in which government departments are financed, the Board is not exposed to the degree of financial risk faced by business entities.

The Board is not exposed to foreign currency risk. The consolidated group does have some exposure to foreign investments.

###### **a) Credit Risk**

Credit risk arises from cash and cash equivalents, deposits with banks and other institutions, as well as credit exposures to customers, including outstanding receivables and committed transactions.

For banks and other institutions, only independently rated parties with an minimum rating of 'A' are accepted.

Customers are assessed, taking into account their financial position, past experience and other factors, with individual credit limits being set in accordance with internal ratings in accordance with parameters set by the Board.

The utilisation of credit limits is regularly monitored.

No credit limits were exceeded during the reporting period and no losses are expected from non-performance by any counterparties in relation to deposits.

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

#### 18. FINANCIAL INSTRUMENTS

##### **b) Liquidity Risk**

The Scottish Parliament makes provision for the use of resources by the Board for revenue and capital purposes in a Budget Act for each financial year. Resources and accruing resources may be used only for the purposes specified and up to the amounts specified in the Budget Act. The Act also specifies an overall cash authorisation to operate for the financial year. The Board is not therefore exposed to significant liquidity risks.

The table below analyses the financial liabilities into relevant maturity groupings based on the remaining period at the balance sheet to contractual maturity date. The amounts disclosed in the table are the contractual undiscounted cash flows. Balances due within 12 months equal their carrying balances as the impact of discounting is not significant.

	<b>Less than 1 Year £'000</b>	<b>Between 1 and 2 Years £'000</b>	<b>Between 2 and 5 Years £'000</b>	<b>Over 5 Years £'000</b>
<b>AS AT 31 MARCH 2025</b>				
PFI/HUB Liabilities	16,542	16,122	51,170	284,112
Finance lease liabilities	4,579	3,318	9,854	5,870
Trade and other payables excluding statutory liabilities	390,155	29,327	5,377	22,010
<b>Totals</b>	<b>411,276</b>	<b>48,767</b>	<b>66,401</b>	<b>311,992</b>
	<b>Less than 1 Year £'000</b>	<b>Between 1 and 2 Years £'000</b>	<b>Between 2 and 5 Years £'000</b>	<b>Over 5 Years £'000</b>
<b>At 31 March 2024</b>				
PFI/HUB Liabilities	15,129	16,105	48,406	294,162
Finance lease liabilities	4,669	4,012	11,555	4,941
Trade and other payables excluding statutory liabilities	386,129	1,865	5,356	23,485
<b>Totals</b>	<b>405,927</b>	<b>21,982</b>	<b>65,317</b>	<b>322,588</b>

# **NHS Greater Glasgow & Clyde**

## **Annual Report and Consolidated Accounts for the Year Ended 31 March 2025**

### **Notes to the Accounts**

---

#### **18. FINANCIAL INSTRUMENTS**

##### **c) Market Risk**

The Board has no powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities and are not held to manage the risks facing the Board in undertaking its activities.

##### **i) Cash flow and fair value interest rate risk**

The Board has no significant interest bearing assets or liabilities and as such income and expenditure cash flows are substantially independent of changes in market interest rates.

##### **ii) Foreign Currency Risk**

The Board is not exposed to foreign currency risk. The consolidated group does have some exposure to foreign investments.

#### **18. (d) FAIR VALUE ESTIMATION**

The carrying value less impairment provision of trade receivables and payables are assumed to approximate their fair value.

The fair value of financial liabilities for disclosure purposes is estimated by discounting the future contractual cash flows at the current HM Treasury interest rate that is available for similar financial instruments.

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

#### 19. RELATED PARTY TRANSACTIONS

The Board had various material transactions with other government departments and other central government bodies. Most of these transactions have been with HM Revenue and Customs and the Scottish Government.

The Board also had the following Related Party Transactions during the year:-

Related Party	Details of Related Party Transaction	Details of Related Party
Accord Hospice	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £3,381,723 - Expenditure £1,555,358. - Debtor £791,586 - Creditor £339,405.	Mr C Neil, Executive Director, was also a Trustee of Accord Hospice.
Courtyard Pantry	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £0 - Expenditure £4,000 - Debtor £0 - Creditor £0.	Ms D Foy, Non-Executive Director, was also a Director of the Courtyard Pantry.
East Dunbartonshire Council	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £1,307,583 - Expenditure £23,945,880 - Debtor £469,993 - Creditor £39,995.	Councillor C McDairmaid, Non-Executive Director was also an elected member of East Dunbartonshire Council.
East Renfrewshire Council	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £1,071,466 - Expenditure £14,175,328 - Debtor £461,972 - Creditor £83,165.	Councillor K Pragnell, Non-Executive Director, was also an elected member of East Renfrewshire Council.
East Renfrewshire Culture & Leisure Trust	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £0 - Expenditure £60,037 - Debtor £0 - Creditor £40,040.	Councillor K Pragnell, Non-Executive Director, was also a Trustee of East Renfrewshire Culture & Leisure Trust
Glasgow City Council	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £22,781,075 - Expenditure £195,630,625 - Debtor £1,787,958 - Creditor £364,916.	Councillor C Cunningham, Non-Executive Directors, was also an elected member of Glasgow City Council.
Health and Social Care Alliance Scotland	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £0 - Expenditure £3,027,369 - Debtor £0 - Creditor £0.	Ms C Cooney, Non-Executive Director, was also an Associate Director of the Health and Social Care Alliance Scotland.
Inverclyde Council	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £1,930,200 - Expenditure £20,787,288 - Debtor £364,066 - Creditor £4,189.	Councillor M McCluskey (left 30/04/2024) and Councillor R Moran, Non-Executive Directors, were also elected members of Inverclyde Council.

# NHS Greater Glasgow & Clyde

## Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

### Notes to the Accounts

Related Party	Details of Related Party Transaction	Details of Related Party
Royal Environmental Health Institute of Scotland (REHIS)	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £0 - Expenditure £4,050 - Debtor £0 - Creditor £55.	Mr B Auld, Non-Executive Director, was also a Trustee and Council Member of the REHIS.
NHS Education for Scotland	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £167,102,122 - Expenditure £31,595,484 - Debtor £1,812,230 - Creditor £34,374.	G Haddock OBE, Non-Executive Director, was also Chair of Endoscopy Programme Board of NHS Education for Scotland and Dr L Rousselet, Non-Executive Director, was also an Optometry Programme Director for NHS Education for Scotland.
NHS Lanarkshire	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £301,754,358 - Expenditure £12,787,541 - Debtor £8,895,234 - Creditor - £1,424,338.	Ms L McDonald, Non-Executive Director, was also a Non-Executive Board Member of NHS Lanarkshire.
Public Health Scotland	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £1,528,052 - Expenditure £214,074 - Debtor £21,647 - Creditor £27,567.	Councillor J Cameron, Non-Executive Director was also a Non-Executive Director of Public Health Scotland.
Renfrewshire Council	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £2,327,722 - Expenditure £45,318,764 - Debtor £95,493 - Creditor £89,945.	Councillor J Cameron Non-Executive Director, was also an elected member of Renfrewshire Council.
Scottish Canals	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £0 - Expenditure £3,796 - Debtor £0 - Creditor £16,733	Ms M Wailes, Non-Executive director, was also a Board Member of Scottish Canals and Mr B Auld, Non-Executive Director held a management position at Scottish Canals.
Scottish Qualifications Authority	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £0 - Expenditure £5,162 - Debtor £0 - Creditor £621	Ms M Wailes Non-Executive director, was also a Board member and Chair of the Audit & Risk Committee of the SQA.
University of Glasgow	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £9,448,495 - Expenditure £18,521,350 - Debtor £1,483,221 - Creditor £3,294,234	Prof I McInnes, Non-Executive Director, was also Head of College of Medical, Veterinary and Life Sciences and thus in charge of Medical School of University of Glasgow.
West Dunbartonshire Council	NHS Greater Glasgow and Clyde had the following transactions and balances in 2024-25 - Income £1,895,451 - Expenditure £21,448,380 - Debtor £1,612,748 - Creditor £14,000	Councillor M McGinty, Non-Executive Director was also an elected member of West Dunbartonshire Council.

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

Related Party	Details of Related Party Transaction	Details of Related Party
NHS Greater Glasgow and Clyde Healthcare Charity	NHS Greater Glasgow and Clyde Healthcare Charity had total fund balances of £103,599,000 in 2024-25 and a year end creditor balance due to the Board of £316,000.	NHS Greater Glasgow and Clyde Healthcare Charity (formerly known as NHS Greater Glasgow and Clyde Endowment Funds) is managed by Trustees who are the members of the Board.
East Dunbartonshire Integration Joint Board	NHS Greater Glasgow and Clyde had the following transactions in 2024-25 - Income £208,016,000 - Expenditure £208,016,000	Ms E Cairns, Non-Executive Director, was also a Vice-Chair of East Dunbartonshire Integration Joint Board, Ms L McDonald and Mr C Vincent, Non-Executive Directors, were also members of East Dunbartonshire Integration Joint Board.
East Renfrewshire Integration Joint Board	NHS Greater Glasgow and Clyde had the following transactions in 2024-25 - Income £132,086,000 - Expenditure £132,086,000	Councillor K Pragnell was also Chair of the East Renfrewshire Joint Integration Joint Board. Mr M Cawley, Ms C Cooney, Ms D Foy, and Ms M Ashraf, Non-Executive Directors, were also members of East Renfrewshire Integration Joint Board.
Glasgow City Integration Joint Board	NHS Greater Glasgow and Clyde had the following transactions in 2024-25 - Income £1,186,748,000 - Expenditure £1,186,748,000	Dr P Ryan and Councillor C Cunningham, Non-Executive Directors, were also the Chair and Vice-Chair respectively of the Glasgow City Integration Joint Board. Mr A Cowan (left 30/06/2024), Mr F Sheenan (left 31/05/2024), Ms R Sweeney (left 30/06/2024), Mr J Matthews OBE (left 30/06/2024), Mr G Haddock OBE, Mr D Gould, Ms K Miles, Mr B Auld and Mr C Vincent, Non-Executive Directors, were also members of Glasgow City Integration Joint Board. Dr E Crichton, Executive Director, was also a member of the Glasgow City Integration Joint Board.
Inverclyde Integration Joint Board	NHS Greater Glasgow and Clyde had the following transactions in 2024-25 - Income £148,457,000 - Expenditure £148,457,000	Mr D Gould, Non-Executive Director, was also Chair of the Inverclyde Integration Joint Board. Ms R Metcalfe, Dr P Ryan, and Ms K Turner, Non-Executive Directors, were also members of Inverclyde Integration Joint Board.
Renfrewshire Integration Joint Board	NHS Greater Glasgow and Clyde had the following transactions in 2024-25 - Income £262,686,000 - Expenditure £262,686,000	Ms M Kerr, Non-Executive Director was also Vice Chair of the Renfrewshire Integration Joint Board. Councillor J Cameron, Ms C Cooney, Ms K Turner, Non-Executive Directors, were also members of Renfrewshire Integration Joint Board. Mr C Neil, Executive Director, was also a member of the Renfrewshire Integration Joint Board.
West Dunbartonshire Integration Joint Board	NHS Greater Glasgow and Clyde had the following transactions in 2024-25 - Income £165,882,000 - Expenditure £165,882,000	Ms R Sweeney (left 30/06/2024), Non-Executive Director was also a Vice Chair of West Dunbartonshire Integration Joint Board. Ms M Wailes, Ms L McDonald, Ms E Cairns, and Councillor M McGinty, Non-Executive Directors, were also members of West Dunbartonshire Integration Joint Board.

NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

Notes to the Accounts

---

20. THIRD PARTY ASSETS

	At 1 April 2024 £'000	Gross Inflows £'000	Gross Outflows £'000	At 31 March 2025 £'000
Monetary amounts such as bank balances and monies on deposit	2,570	2,621	(2,657)	2,535
<b>Total Third Party Assets</b>	<b>2,570</b>	<b>2,621</b>	<b>(2,657)</b>	<b>2,535</b>

Third Party Assets managed by the Board consist of balances on Patients' Private Funds Accounts.

**Note:**  
The statutory audit of the Patients' Private Funds Accounts is yet to be completed however the above figures have been subject to review as part of the Group financial statements.



# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 21. (a) CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

	Board 2025 £'000	Endowment 2025 £'000	Intra Group adjustment 2025 £'000	E Dunb IJB 2025 £'000	W Dunb IJB 2025 £'000	E Ren IJB 2025 £'000	Ren IJB 2025 £'000	Glasgow City IJB 2025 £'000	Inverclyde IJB 2025 £'000	Group 2025 £'000	Group 2024 £'000
<b>Total income and expenditure</b>											
Employee expenditure	2,618,758	-	-	-	-	-	-	-	-	2,618,758	2,440,488
Other operating expenditure											
Independent Primary Care Services	513,398	-	-	-	-	-	-	-	-	513,398	474,523
Drugs and medical supplies	841,537	-	-	-	-	-	-	-	-	841,537	799,498
Other health care expenditure	3,076,680	14,118	(2,647)	-	-	-	-	-	-	3,088,151	2,963,361
<b>Totals</b>	<b>7,050,373</b>	<b>14,118</b>	<b>(2,647)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,061,844</b>	6,677,870
Less: operating income	(3,193,620)	(11,115)	2,647	-	-	-	-	-	-	(3,202,088)	(3,072,222)
Joint Ventures accounted for on an equity basis	-	-	-	114	112	(666)	959	2,526	1,064	4,109	19,204
<b>Net Expenditure</b>	<b>3,856,753</b>	<b>3,003</b>	<b>-</b>	<b>114</b>	<b>112</b>	<b>(666)</b>	<b>959</b>	<b>2,526</b>	<b>1,064</b>	<b>3,863,865</b>	3,624,852

#### Note:

1. Other health care expenditure and operating income - £2,647k. Represents income and expenditure transferred to/from Endowments in 2024-25. These are eliminated on consolidation as they would otherwise be double counted and include an amount of R&D income transferred to Endowments of £4,573k and an amount transferred from Endowments to the Board of £1,926k to fund various endowment projects.
2. Realised gains from endowment investments of £1,061k have been recognised in the Endowment operating income line.
3. Joint Ventures accounted for on an equity basis discloses the Board's share of any current year surplus or deficit for each Integration Joint Board.

**NHS Greater Glasgow & Clyde**

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

**Notes to the Accounts****21. (b) CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

	Board 2025 £'000	Endowment 2025 £'000	Intra Group adjustment 2025 £'000	E Dunb IJB 2025 £'000	W Dunb IJB 2025 £'000	E Ren IJB 2025 £'000	Ren IJB 2025 £'000	Glasgow City IJB 2025 £'000	Inverclyde IJB 2025 £'000	Group 2025 £'000	Group 2024 £'000
<b>Non-current assets:</b>											
Property, plant and equipment	2,568,018	-	-	-	-	-	-	-	-	2,568,018	2,572,127
Right of Use assets	25,534	-	-	-	-	-	-	-	-	25,534	29,187
Financial assets:											
Available for sale financial assets	2,539	104,269	-	-	-	-	-	-	-	106,808	105,611
Investment in joint ventures	-	-	-	10,599	9,206	1,598	12,079	30,921	8,579	72,982	77,091
Trade and other receivables	165,651	-	-	-	-	-	-	-	-	165,651	140,932
<b>Total non-current assets</b>	<b>2,761,742</b>	<b>104,269</b>	<b>-</b>	<b>10,599</b>	<b>9,206</b>	<b>1,598</b>	<b>12,079</b>	<b>30,921</b>	<b>8,579</b>	<b>2,938,993</b>	<b>2,924,948</b>
<b>Current Assets:</b>											
Inventories	36,323	-	-	-	-	-	-	-	-	36,323	29,331
Financial assets:											
Trade and other receivables	258,450	232	(316)	-	-	-	-	-	-	258,366	258,093
Cash and cash equivalents	1,862	1,970	-	-	-	-	-	-	-	3,832	5,178
Assets classified as held for sale	2,298	-	-	-	-	-	-	-	-	2,298	2,856
<b>Total current assets</b>	<b>298,933</b>	<b>2,202</b>	<b>(316)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>300,819</b>	<b>295,458</b>
<b>Total assets</b>	<b>3,060,675</b>	<b>106,471</b>	<b>(316)</b>	<b>10,599</b>	<b>9,206</b>	<b>1,598</b>	<b>12,079</b>	<b>30,921</b>	<b>8,579</b>	<b>3,239,812</b>	<b>3,220,406</b>
<b>Current liabilities:</b>											
Provisions	(150,887)	-	-	-	-	-	-	-	-	(150,887)	(150,607)
Financial liabilities:											
Trade and other payables	(548,481)	(2,872)	316	-	-	-	-	-	-	(551,037)	(543,335)
<b>Total current liabilities</b>	<b>(699,368)</b>	<b>(2,872)</b>	<b>316</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(701,924)</b>	<b>(693,942)</b>
<b>Non-current assets plus/less net current assets/liabilities</b>	<b>2,361,307</b>	<b>103,599</b>	<b>-</b>	<b>10,599</b>	<b>9,206</b>	<b>1,598</b>	<b>12,079</b>	<b>30,921</b>	<b>8,579</b>	<b>2,537,888</b>	<b>2,526,464</b>
<b>Non-current liabilities</b>											
Provisions	(342,183)	-	-	-	-	-	-	-	-	(342,183)	(309,522)
Financial liabilities:											
Trade and other payables	(428,579)	-	-	-	-	-	-	-	-	(428,579)	(411,457)
Liabilities in associates and joint ventures	-	-	-	-	-	-	-	-	-	-	-
<b>Total non-current liabilities</b>	<b>(770,762)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(770,762)</b>	<b>(720,979)</b>
<b>Assets less liabilities</b>	<b>1,590,545</b>	<b>103,599</b>	<b>-</b>	<b>10,599</b>	<b>9,206</b>	<b>1,598</b>	<b>12,079</b>	<b>30,921</b>	<b>8,579</b>	<b>1,767,126</b>	<b>1,805,485</b>
<b>TAXPAYERS' EQUITY</b>											
General fund	892,693	-	-	-	-	-	-	-	-	892,693	934,025
Revaluation reserve	697,852	-	-	-	-	-	-	-	-	697,852	688,256
Other reserves - joint venture	-	-	-	10,599	9,206	1,598	12,079	30,921	8,579	72,982	77,091
Funds Held on Trust	-	103,599	-	-	-	-	-	-	-	103,599	106,113
	<b>1,590,545</b>	<b>103,599</b>	<b>-</b>	<b>10,599</b>	<b>9,206</b>	<b>1,598</b>	<b>12,079</b>	<b>30,921</b>	<b>8,579</b>	<b>1,767,126</b>	<b>1,805,485</b>

**Note:**

The intra group adjustments above included in receivables/payables relate to amounts owed by the Board to Endowments as at the financial year end.

# NHS Greater Glasgow & Clyde

Annual Report and Consolidated Accounts for the Year Ended 31 March 2025

## Notes to the Accounts

### 21. (c) CONSOLIDATED STATEMENT OF CASHFLOWS

Group 2024 £'000		Board 2025 £'000	Endowment 2025 £'000	E Dunb IJB 2025 £'002	W Dunb IJB 2025 £'003	E Ren IJB 2025 £'004	Ren IJB 2025 £'005	Glasgow City IJB 2025 £'006	Inverclyde IJB 2025 £'007	Group 2025 £'000
<b>NET OPERATING CASHFLOW</b>										
(3,624,852)	Net operating cost	(3,856,753)	(3,003)	(114)	(112)	666	(959)	(2,526)	(1,064)	(3,863,865)
124,239	Adjustments for non cash transactions	115,495	-	114	112	(666)	959	2,526	1,064	119,604
21,337	Interest payable	23,698	-	-	-	-	-	-	-	23,698
(3,286)	Investment Income	-	(3,389)	-	-	-	-	-	-	(3,389)
(67,179)	Net movement on working capital	36,207	2,300	-	-	-	-	-	-	38,507
<b>(3,549,741)</b>	<b>Net cash outflow from operating activities</b>	<b>(3,681,353)</b>	<b>(4,092)</b>	-	-	-	-	-	-	<b>(3,685,445)</b>
<b>INVESTING ACTIVITIES</b>										
(114,876)	Purchase of property, plant and equipment	(64,750)	-	-	-	-	-	-	-	(64,750)
(9,694)	Investment Additions	(228)	(11,252)	-	-	-	-	-	-	(11,480)
628	Proceeds of disposal of property, plant and equipment	106	-	-	-	-	-	-	-	106
6,188	Receipts from sale of investments	-	11,688	-	-	-	-	-	-	11,688
3,286	Interest received	-	3,389	-	-	-	-	-	-	3,389
<b>(114,468)</b>	<b>Net cash outflow from Investing Activities</b>	<b>(64,872)</b>	<b>3,825</b>	-	-	-	-	-	-	<b>(61,047)</b>
<b>FINANCING</b>										
3,685,181	Funding	3,790,176	-	-	-	-	-	-	-	3,790,176
(84)	Movement in general fund working capital	54	-	-	-	-	-	-	-	54
3,685,097	Cash drawn down	3,790,230	-	-	-	-	-	-	-	3,790,230
(4,475)	Capital element of payments in respect of finance leases and on balance sheet PFI Contracts	(20,254)	-	-	-	-	-	-	-	(20,254)
1,120	Interest paid	(306)	-	-	-	-	-	-	-	(306)
(22,457)	Interest element of leases and on-balance sheet PFI / PPP and Hub contracts	(23,392)	-	-	-	-	-	-	-	(23,392)
<b>3,659,285</b>	<b>Net cash inflow from financing</b>	<b>3,746,278</b>	-	-	-	-	-	-	-	<b>3,746,278</b>
<b>(4,924)</b>	<b>Increase in cash in year</b>	<b>53</b>	<b>(267)</b>	-	-	-	-	-	-	<b>(214)</b>
18,659	Net cash at 1 April	1,809	11,926	-	-	-	-	-	-	13,735
<b>13,735</b>	<b>Net cash at 31 March</b>	<b>1,862</b>	<b>11,659</b>	-	-	-	-	-	-	<b>13,521</b>

## DIRECTIONS BY THE SCOTTISH MINISTERS

The Scottish Ministers, in exercise of their functions under section 86(1) and (3) of the National Health Service (Scotland) Act 1978, in relation to the functions of Health Boards in that section which apply to NHS Greater Glasgow & Clyde by virtue of that Act, and all other powers enabling them to do so, hereby DIRECT that:

1. NHS Greater Glasgow & Clyde must prepare a statement of accounts for each financial year in accordance with the accounting principles and disclosure requirements set out in the edition of the Government Financial Reporting Manual which is applicable for the financial year for which the statement of accounts is prepared.
2. In preparing a statement of accounts in accordance with paragraph 1, NHS Greater Glasgow & Clyde must use the NHS Greater Glasgow & Clyde Annual Accounts template which is applicable for the financial year for which the statement of accounts is prepared.
3. In preparing a statement of accounts in accordance with paragraph 1, NHS Greater Glasgow & Clyde must adhere to any supplementary accounting requirements set out in the following documents which are applicable for the financial year for which the statement of accounts is prepared –
  - (a) The NHS Scotland Capital Accounting Manual,
  - (b) The Manual for the Annual Report and Accounts of NHS Boards and for Scottish Financial Returns, and
  - (c) The Scottish Public Finance Manual.
4. A statement of accounts prepared by NHS Greater Glasgow & Clyde in accordance with paragraphs 1, 2 and 3, must give a true and fair view of the income and expenditure and cash flows for that financial year, and of the state of affairs as at the end of the financial year.
5. NHS Greater Glasgow & Clyde must attach these directions as an appendix to the statement of accounts which it prepares for each financial year.
6. In these Directions –

“financial year” has the same meaning as that given by Schedule 1 of the Interpretation Act 1978,

“Government Financial Reporting Manual” means the technical accounting guide for the preparation of financial statements issued by HM Treasury,

“Manual for the Annual Report and Accounts of NHS Boards and for Scottish Financial Returns” means the guidance on preparing annual accounts issued to Health Boards by the Scottish Ministers,

“NHS Act 1978” means the National Health Service (Scotland) Act 1978 (c. 29),

“NHS Scotland Capital Accounting Manual” means the guidance on the application of accounting standards and practice to capital accounting transactions in the NHS issued by the Scottish Ministers,

NHS Greater Glasgow & Clyde is a Health Board established under section 2(1) of the National Health Service (Scotland) Act 1978

“NHS Greater Glasgow & Clyde Annual Accounts template” means the Excel spreadsheet issued to NHS Greater Glasgow & Clyde by the Scottish Ministers as a template for their statement of accounts, and

“Scottish Public Finance Manual” means the guidance on proper handling and reporting of public funds issued by the Scottish Ministers.

7. Any expressions or definitions, where relevant and unless otherwise specified, take the meaning which they have in section 108 of the NHS Act 1978.
8. This Direction will come into force on the day after the day on which it is signed.
9. This Direction will remain in force until such time that it is varied, amended or revoked by a further Direction of the Scottish Ministers under section 86 of the NHS Act 1978.

A handwritten signature in black ink, appearing to be 'R. McC...' with a long, sweeping underline.

Signed by the authority of the Scottish Ministers

Dated 22 March 2022