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NHS Greater Glasgow and Clyde Annual Report and Consolidated Accounts

For year ended 31 March 2026

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Performance Report

Introduction

The Performance Report, as part of the Annual Report and Accounts, is designed to provide information on NHS Greater Glasgow and Clyde. In particular, it sets out the organisation's main objectives, strategies, and principal risks, as detailed in the Governance Statement Risk Assessment section.

This section provides detailed information on NHS Greater Glasgow and Clyde's purpose, including the key risks and highlights of the Health Board's key performance indicators during the year.

Chief Executive's Statement

As Chief Executive of NHS Greater Glasgow and Clyde, I am pleased to present the Annual Report and Accounts for the year ended 31 March 2026, marking my first full year in the role.

I would like to begin by expressing my sincere thanks to all staff across NHS Greater Glasgow and Clyde. Their dedication, professionalism and compassion continue to underpin everything we do, and I remain immensely proud of the care and support provided every day to patients and communities.

During the year, NHS Greater Glasgow and Clyde has maintained a clear focus on improving access, performance, and patient experience, whilst continuing to respond to sustained demand and significant operational and financial pressures. This has been a year of tangible progress, supported by the launch of Transforming Together – GGC Way Forward, which sets a clear strategic direction for service reform, improved access, and long-term sustainability.

We are seeing measurable improvements across a number of priority areas. Outpatient waiting lists have reduced, long waits have fallen, and performance across planned care has strengthened considerably. Under the Treatment Time Guarantee, NHS Greater Glasgow and Clyde has achieved a significant reduction in long waits by the end of March 2026, demonstrating the impact of sustained focus and targeted action.

Demand for urgent and unscheduled care remains high and continues to present a significant challenge for our system. Whilst performance has not yet reached the standard we aspire to, the actions taken through system-wide reset initiatives, improved patient flow processes and the development of enhanced front-door pathways are stabilizing services and improving patient journeys.

A key enabler of this progress has been the establishment of the Interface Division, providing a more coordinated approach to urgent and unscheduled care and supporting the principle of ensuring patients receive the right care, in the right place, first time. This has also supported the continued development of our Virtual Hospital, which is now caring for hundreds of patients at home each month and will continue to expand. This represents an important shift in how we deliver care, improving both access and patient experience.

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Alongside these developments, investment in community-based infrastructure, including the Parkhead Hub, is improving access to integrated services and strengthening our ability to deliver care closer to home.

Notwithstanding this progress, we are clear about the scale of the challenges ahead. Demand for services continues to grow, financial pressures remain significant, and further improvement is required across key areas of performance. We also recognise the importance of responding fully to the findings of the Scottish Hospitals Inquiry and the need to continue to strengthen public confidence in our services.

Improving safety, listening to patients and staff, and embedding a culture of openness, learning and continuous improvement remain central to our approach. This is being supported through strengthened governance arrangements, including the establishment of the Safety and Public Confidence Oversight Group and a wider programme of improvement activity.

Looking ahead to 2026-27, we do so with a clear understanding of the challenges we face, but with confidence in our strategic direction and in the commitment and expertise of our staff. The progress achieved this year demonstrates that, by working together, we can improve performance, transform services, and build a more sustainable NHS Greater Glasgow and Clyde for the future.



Professor Jann Gardner BSc (Hons) MSc MBA

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Overview of NHS Greater Glasgow and Clyde

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 its website[1].

Greater Glasgow Health 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 Greater Glasgow Health Board was enlarged to include the Clyde area of the former Argyll and Clyde Health Board.

NHSGGC: Structure and Activities

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. NHSGGC also provides a wide range of specialist services for people from across Scotland.

NHSGGC works with the Scottish Government, its six Integration Joint Boards (IJBs), community planning partnerships, and other NHS bodies. In addition, NHSGGC works with partner organisations in the public sector such as local authorities, Police Scotland, and the Scottish Fire and Rescue Service. This inclusive approach supports the implementation and delivery of the strategies and plans of NHSGGC, IJB partners, and the Scottish Government.

NHSGGC is responsible for the protection and improvement of the health of the resident population, and the delivery of high quality, patient-focused services. As well as setting strategic direction, setting annual and longer-term objectives, and monitoring performance against these, NHSGGC ensures there are high standards of corporate governance and effective financial stewardship.

NHSGGC's structure comprises an Acute Division, Interface Division, Corporate Directorates, and a shared interest with local authority partners in six Health and Social Care Partnerships (HSCPs). An overview of NHSGGC's structure is set out in Diagram 1.

[1] NHSGGC website - https://www.nhsggc.scot/

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Diagram 1 – Structure of NHSGGC



Acute Division

The Acute Division provides hospital-led services. NHSGGC has nine main hospital sites and 35 hospitals. These include five maternity units, five emergency departments, three minor injury units and the Glasgow Dental Hospital. The five major acute hospitals are as follows:

- Queen Elizabeth University Hospital (QEUH)
- Glasgow Royal Infirmary (GRI)
- Royal Alexandra Hospital (RAH)
- Inverclyde Royal Hospital
- Vale of Leven Hospital.

The other four main hospitals provide specialist treatment and ambulatory care. These four hospitals are as follows:

- New Victoria Hospital
- Stobhill Hospital
- Gartnavel General Hospital
- West Glasgow Ambulatory Care Hospital

In addition, NHSGGC provides specialist dental care through Glasgow Dental Hospital, in the city centre.

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Interface Division

The Interface Division was established at the beginning of 2025-26. The objectives of the Interface Division are to provide clinically safe and well-governed alternatives to hospital-based care and emergency department admissions, with the overarching aim of improving unscheduled care performance, alleviating pressures on primary care and acute services, and enhancing the patient journey.

Corporate Directorates

The delivery of front-line and patient centred care is supported by NHSGGC's corporate service functions. These include financial services, human resources, procurement, digital services, and estates and facilities.

Health and Social Care Partnerships

There are six Health and Social Care Partnerships (HSCPs) which deliver services across NHSGGC. The HSCPs are joint organisations responsible for managing jointly provided services and are overseen by IJBs. 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 NHSGGC and the respective local authority. Further information on the arrangements with the IJBs is provided later in this report.

The HSCPs manage a wide range of local health and social care services delivered in health centres, clinics, schools, and homes. The six HSCPs are as follows:

- East Dunbartonshire Health and Social Care Partnership
- East Renfrewshire Health and Social Care Partnership
- Glasgow City Health and Social Care Partnership
- Inverclyde Health and Social Care Partnership
- Renfrewshire Health and Social Care Partnership
- West Dunbartonshire Health and Social Care Partnership

Independent Contractors

In addition, GPs, opticians, dentists, and pharmacists are also contracted to provide a full range of primary care services.

Consolidated Information

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.

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The Greater Glasgow Health Board Endowment Funds (known operationally as the Greater Glasgow and Clyde Healthcare Charity) are also consolidated within the NHSGGC's group financial statements in accordance with IFRS 10 'Consolidated Financial Statements'. Key information about the Charity can be found on the NHSGGC website[2] and from the Office of the Scottish Charity Regulator[3] (OSCR).

[2] Greater Glasgow and Clyde Healthcare Charity - https://www.nhsggc.scot/about-us/greater-glasgow-and-clyde-healthcare-charity/

[3] OSCR website - https://www.oscr.org.uk/about-charities/search-the-register/charity-details?number=SC005895

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Purpose, Vision, Objectives and Values

Transforming Health and Care in NHS Greater Glasgow and Clyde: Progress in 2025-26

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

NHSGGC has four corporate aims which its corporate objectives are aligned with. These are Better Health, Better Care, Better Value and Better Workplace (Diagram 2). The corporate objectives underpinning each of these aims are available on NHSGGC's website[4].

Diagram 2 – NHSGGC's Corporate Objectives



Operational Priorities During the Year

NHSGGC's Annual Delivery Plan 2025-26 was approved in June 2025 by the Financial Planning and Performance Committee. The Delivery Plan was developed within the context of renewal and reform. The Plan is aligned to Scotland's Programme of Reform for Health and Social Care and takes cognisance of the need to deliver significant transformational change and improvement at pace and scale.

The Delivery Plan sets out both NHSGGC's priorities for 2025-26. It also sets out the vision to transform how the Health Board will deliver care over the next three years to evolve its services and optimise its resources.

[4] NHSGGC Aims and Objectives - Aims and Objectives - NHSGGC

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NHSGGC's vision is to provide a holistic approach to healthcare focused on integration across primary, community, specialist, and acute care, supported by the right infrastructure. The Health Board's 2025-26 Delivery Plan reflects the NHS Scotland Delivery Plan Guidance, Scotland's Programme of Reform for Health and Social Care and is, aligned with the focused policy priorities set out by the Scottish Government in January 2025.

NHSGGC set out six key planning priorities in its Delivery Plan. These six priorities were designed to align seamlessly with the Health Board's key objectives of improving access, harnessing digital innovation, shifting the balance of care, and improving population health. The six key planning priorities are set out below with details of the key deliverables identified under each priority.

1. Improving population health and reducing health inequalities

- Improving population health by continuing work to reduce barriers to vaccine uptake, implementing smoking cessation improvement plans, and delivering effective adult weight management services.
- Reducing risks to health by developing arrangements for the Sexual Health and Blood Borne Virus (SHBBV) action plan and supporting alcohol and drug recovery plans.
- Reducing inequalities by delivering a programme of targeted cancer screening awareness and engagement campaigns, developing a system wide Palliative Care and End of Life Care vision, and focusing on transport and digital alternatives to reduce the impact of affordability and accessibility on attendance for healthcare.

2. Implementing NHSGGC's primary care strategy and improving community care

- Developing NHSGGC's first primary care workforce strategy to support a more sustainable, skilled, and sufficiently staffed workforce.
- Mitigating health inequalities by developing the GGC Healthy Living Hub to enable selfcare for people with long term conditions and/or waiting for planned care.
- Providing urgent medical care when local GP services are closed through the GP Out of Hours Service. In addition to providing this vital care, NHSGGC uses the intelligence gathered through this service to review and continually improve patient pathways.
- Enhancing oral health through schools participating in the Childsmile programme.
- Conducting a comprehensive oral health needs assessment in 2025/26 to identify gaps, inform planning, and support targeted service improvement initiatives.
- Safely discharging a minimum of 750 patients through its Community Glaucoma Service NHSGGC, with plans to continue increasing the number of patients with glaucoma managed in their local communities.

3. Transforming urgent care

- Managing urgent conditions with rapid diagnosis, clinical review, and treatment through NHSGGC's specialist Rapid Assessment and Care units. This can minimize, or remove, the need for full emergency department admissions.

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- Implementing a digital platform to support remote monitoring and management of patients. This includes developing the 'Consultant Connect' tool to make it the preferred digital method to support professional to professional pathways.

- Revising assessment processes and working arrangements with care providers to reduce waiting times for social work assessments and care home placements.

- Increasing promotion of Power of Attorney to support reduction in the number of adults with incapacity delayed and improve rates of pre-noon and weekend discharge through a reset of approaches to discharge planning.

- Introducing a new 'virtual hospital' to support more patients at home and improve their care. This approach enables more patients to receive medical support from the comfort of their own homes. It also helps to reduce admissions and shorten hospital stays where appropriate, which will allow for more capacity and flow through NHSGGC hospitals for those with the most urgent need, and for those who require in-person care.

4. Implementing NHSGGC's mental health strategy

- Ensuring people are entering at the right level of intensity of treatment and with the ability to move through different levels of care.

- Concluding options appraisal work on the provision of community services and implementing actions that will positively improve the balance of care.

- Delivering national standards relating to CAMHS and psychological therapies treatment times.

- Operationalising the regional Child and Adolescent Intensive Psychiatric Unit (IPCU) to provide flexible inpatient psychiatric services for children aged 5-11 years.

5. Improving access to treatment – Planned care, diagnostics, and cancer

- Increasing capacity across outpatient specialties to achieve a reduction in maximum waiting times and progress achievement of 52-week maximum wait by March 2026.

- Increasing operative capacity for key inpatient / day patient specialties with appropriate recurring resource and progress achievement of 52-week maximum wait by March 2026.

- Building on the elective surgical hub model to maximise ambulatory care hospitals to direct further elective capacity away from the main hospital sites.

- Increasing Diagnostic Capacity to optimise capacity for PET- CT scanning through current facilities.

- Delivering a service model that achieves reduced resilience on mobile units and considering plans to extend AI application following an assessment of outcomes from the research study.

- Continually improving cancer service waiting times through continued collaboration with NHS Lanarkshire to improve urology pathways. Continue to implement Scotland's Optimal Lung Cancer Diagnostic Pathway and implement Scotland's Optimal Lung Cancer Diagnostic Pathway. Complete the pilot project focused on head and neck, prostate, pancreatic and bowel cancer clinical pathways to look specifically at cancer prehabilitation.

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6. Improving women and children's health

- Reviewing EQIAs with a focus on gender inequality to ensure the needs of women and girls are considered within any proposed service change or development.
- Implementing the best start neonatal model with revised guidance, staffing and systems to support changes in the care model across neonatal and maternity services.
- Continuing to work with the Scottish Government to support the delivery of the National Audiology review.

Further information relating to the Delivery Plan and its alignment to NHSGGC's corporate objectives can be found on the NHSGGC website[5].

The Strategic Context and The GGC Way Forward Framework

Following comprehensive engagement with key stakeholders, including NHSGGC's staff, the Health Board developed a new strategic improvement plan to transform unscheduled and planned care supported by Scottish Government. The plan was approved by the Board in April 2025 and is known as 'The GGC Way Forward Framework'.

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 Framework focuses on strategy and continuous improvement, clinical strategy, social care, and wider system improvement and going forward become an integrated programme. The Framework sits alongside existing ambitious transformation programmes within NHSGGC, such as Reform 25: Transforming Together (Diagram 3).

Diagram 3 – Linkage of Strategic Transformation Documentation



Transforming Together is a major improvement programme launched in 2025. It is an ambitious

[5] 2025-26 Delivery Plan - https://www.nhsggc.scot/downloads/annual-delivery-plan-2025-2026/

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programme which aims to deliver sustainable, high-performing health and social care systems that can meet the demands and needs of NHSGGC's population.

The GGC Way Forward Framework and Reform 25 Transforming Together evolved from NHSGGC's previous long-term clinical strategy Moving Forward Together (MFT). These feed into the organisation's delivery plans and operational priorities to deliver NHSGGC's four cooperate objectives – Better Care, Better Health, a Better Workplace and Better Value.

The GGC Way Forward Framework is designed to transform the delivery of care. Key to this will be the expansion of NHSGGC's planned care capacity, exploiting digital innovations, and optimising the use of its 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 NHSGGC to deliver its vision. Details of these strategies are set out in the following paragraphs.

The Healthcare Quality Strategy 2024-29

This Strategy sets out a five-year vision of healthcare excellence aligned to the NHSGGC's overall strategic objectives, the GGC Way Forward and the Delivery Plan. The Healthcare Quality Strategy was approved by NHSGGC's Board in June 2024. An annual report on progress against the Healthcare Quality Strategy is presented to the Clinical and Care Governance Committee.

Digital Strategy 2023-28

The Digital Strategy enables a range of transformation opportunities through digital technologies to meet NHSGGC's 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 NHSGGC's overall operational priorities. An annual report on progress is presented to the Board.

Workforce Strategy 2025-30

NHSGGC's Workforce Strategy sets out the commitment to be an employer of choice and to support staff through their work life cycle. The Workforce Strategy was developed with consideration given to the workforce challenges faced by all health boards nationally and seeks to ensure these challenges are addressed within NHSGGC. The Workforce Strategy identifies four pillars in its action plan. These are Safety, Health and Wellbeing, Culture and Leadership, Learning and Careers, and Recruitment and Retention. Progress against the Workforce Strategy is monitored through NHSGGC's Staff Governance Committee, with an annual update on progress also provided to the Board.

In addition to what is being reported in the annual report and accounts, NHSGGC publishes a range of strategic documents. These are published on NHSGGC's website where readers may find further information[6].

[6] Strategies, Frameworks and Plans - https://www.nhsggc.scot/strategies-frameworks-plans/

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Partnership Working

NHSGGC partners with each of the six local authorities 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 NHSGGC and councillors from the respective local authorities.

NHSGGC, local authorities, and HSCPs work in partnership. 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, NHSGGC's partner HSCPs have dedicated priorities. These priorities are 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.

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.

NHSGGC's Primary Care Improvement Plan is designed to shape primary care alongside community care services. The Primary Care Improvement Plan will deliver new ways of working and strengthen the contribution of other health and care professionals in supporting frequent Accident and Emergency attendees. The Plan enables shared leadership and closer cooperation and collaboration between HSCP services and GPs as well as with a host of other important stakeholders in its planning and implementation of primary care delivery.

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 colleagues to reduce avoidable admissions from care and residential homes. Where residents do require admission, a consistent and effective approach to transferring residents is applied.

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

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Principal Risks

NHSGGC has a well-established risk management system, as described in the Risk Assessment section of the Governance Statement. An updated Risk Management Policy was published in 2025, alongside a revised Risk Appetite Statement. Corporate risks which may impact on the delivery of the Organisation's objectives are reviewed regularly. The full Corporate Risk Register (CRR) is reported to every meeting of the Board. It is also reported quarterly to the Audit and Risk Committee (ARC) and reported monthly to the Corporate Management Team (CMT).

As at April 2026 there were 17 risks identified within the Corporate Risk Register. Each risk is required to be considered monthly by the risk owner. Work is ongoing to ensure that risks on the Corporate Risk Register are aligned to the Corporate Objectives.

Management has implemented a range of control measures to mitigate the effects of each of these risks and proactively reviews additional actions which will strengthen controls and further reduce the consequences. The principal risk rated areas faced by NHSGGC as at April 2026 – those with an assigned risk rating of High or Very High – have been set out under each of the organisation's four corporate objectives (Diagram 4).

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Diagram 4 – NHSGGC Corporate Risk Register as at April 2026

Corporate Aims	Risk Title	Target Score	Current Score
Better Health	Breakdown of failsafe mechanisms for National Population Screening Programmes	10 High	10 High
Better Care	In Patient / Day Case Treatment Time Guarantee - Scheduled care waiting time targets	5 Medium	15 High
	Outpatients – Scheduled care waiting time targets	5 Medium	15 High
	Cyber threats	5 Medium	15 High
	Public inquiries, police investigations, fatal accident inquiries and other reviews / inspections	16 High	16 High
	Unscheduled care waiting time targets	10 High	20 Very High
	Pandemic response	15 High	15 High
	Impact of Delayed Discharges on NHSGGC system flow	6 Medium	20 Very High
Better Value	Financial sustainability – revenue (in-year)	8 Medium	12 High
	Financial sustainability – revenue (medium to long-term)	12 High	16 High
	Capital funding sustainability (medium to long-term)	9 Medium	12 High
	Ageing Infrastructure	9 Medium	20 Very High
	Climate change and sustainability	12 High	20 Very High
	Regulatory body compliance	3 Low	15 High
Better Workplace	Management of staff absence	3 Low	12 High
	Positive, engaging and diverse culture	5 Medium	15 High
	Reduced Working Week	4 Medium	12 High

Source: NHSGGC Corporate Risk Register

Throughout 2025-26 NHSGGC has used its risk management arrangements to prioritise resources, manage its financial sustainability and invest in its infrastructure and equipment. NHSGGC reports to the Board and its sub-committees on target scores as well as current risk scores. This is to help inform and prioritise Members' discussions and decision making on the current risks and the actions in place to mitigate them. Further information on the NHSGGC's risk management arrangements is provided in the governance statement.

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Performance Against Key Non-Financial Targets

Performance Context

NHSGGC monitors its performance against a range of quality and performance measures and regularly submits performance reports to the Board, its standing committees, and sub-committees. In addition, information is submitted to the Scottish Government and other bodies throughout the year, as required.

NHSGGC's performance is regularly monitored and reported in line with the Integrated Performance and Quality Reporting (IPQR). The IPQR is a new framework established during 2025-26 following approval by the Health Board in December 2025. It retains all core Assurance Information Framework performance measures, and brings together operational, financial, clinical, care and corporate governance measures into one easily accessible report.

The introduction of the IPQR marks a significant step forward in strengthening NHSGGC's approach to assurance, governance, and continuous improvement. The IPQR is produced monthly and is considered at each meeting of the Finance, Planning and Performance, Clinical and Care Governance, and Population, Health, and Wellbeing committees. NHSGGC Board considers the most recently available IPQR at each bi-monthly meeting

This robust corporate performance framework enables a tiered approach to performance management split between the NHSGGC Board, standing committees of the Board and operational performance reviews

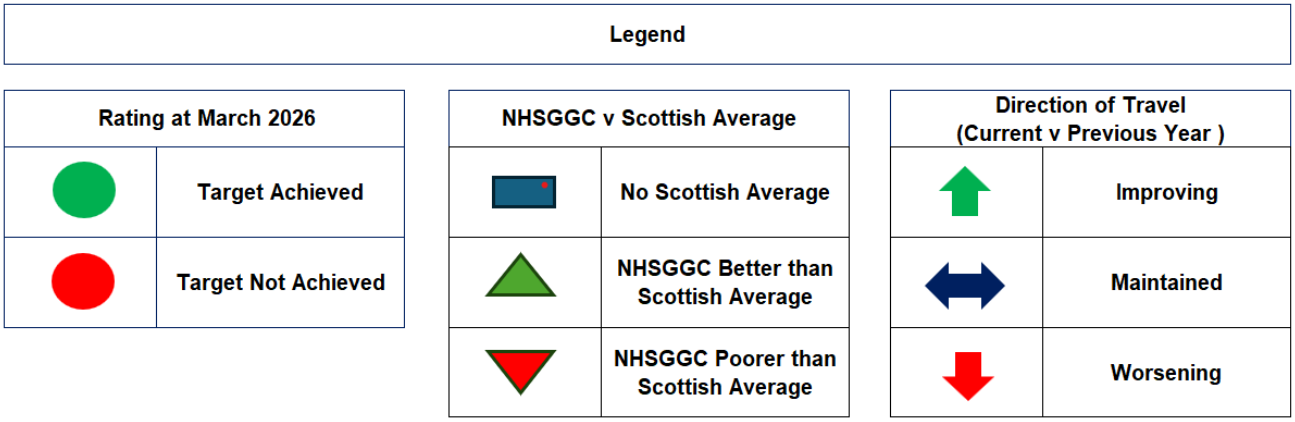
Performance Overview

As at March 2026 the IPQR reported on 44 Key Performance Indicators (KPIs). Progress against each of the KPIs is through bespoke charts and associated narrative commentary.

The following sections of this part of the performance report provide details on NHSGGC's performance during 2025-26 relating to both national standards and local KPIs. The legend below describes the agreed indicators within the following performance charts (Diagram 5).

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Diagram 5 – Legend for Performance Charts



NHSGGC has chosen to report its performance in key areas against the Scottish average. This approach enables the reader to compare NHSGGC's performance against the national position, giving context to the data shown. In some instances, it also shows that NHSGGC's performance exceeds the national average position but that performance did not meet the national target. For example, the waiting times for diagnostics.

NHSGGC made steady progress in several core areas, while a number of persistent structural pressures remain across the system. Across key performance indicators as at the end of March 2026, 22 indicators (50%) are in line with or ahead of agreed trajectories. For another 9 indicators (20%) performance has not met trajectory but is within a tolerable range. The remaining 13 indicators (30%) do not meet trajectory and are outside of tolerable range.

In particular, strong performance has been achieved within planned care, notably within diagnostics and outpatient waits as a result of concerted efforts in these areas. For example, internal waiting list initiatives continue to be deployed to maximise service utilization and protect priority pathways, and MRI capacity was bolstered through two additional mobile units operating from October 2025 to March 2026. NHSGGC acknowledges that while performance in some areas, such as within unscheduled care, has fallen short of local and national trajectory, in the majority of indicators the organisation outperforms the NHS Scotland average.

Details of NHSGGC's performance against key measures are detailed within this section of the report. Where appropriate, performance data has been grouped into key areas of service delivery to demonstrate progress and whether targets have been met (Diagram 6).

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Diagram 6 – 2025/26 Performance Acute Planned Indicators

ACUTE	Local or National Target	2025-26 Actual	Rating at March 2026	NHSGGC v Scottish Average	Direction of Travel (Current v Previous Year)
Diagnostics < 6 week wait	National: 100%	58.9% at March 2026 (Scottish average 54.3% at March 2026)			
New Outpatients < 12 weeks	National: 95%	48.7% (Scottish average 50.6% at March 2026)			
New Outpatients >78 Weeks RTT	National: 0	Year End=0			
New Outpatients >104 Weeks RTT	National: 0	Year End=0			
TTG < 12 weeks	National: 100%	37.3% (Scottish average 40.3%)			
TTG > 104 weeks	National: 0	Year End=812			

Further information on specific targets can be found on NHSGGC website[7].

Addressing planned care pressures remains a key priority for NHSGGC and work continued throughout 2025-26 to deliver improved outcomes for patients. This section of the performance report sets out further detail on how NHSGGC has performed during the year.

Accident and Emergency 4-hour Waiting Times Standard

Target: 95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment.

This target is aligned to the NHSGGC's corporate objective Better Care.

The performance in relation to unscheduled care remained challenging during 2025-26. This was due to a combination of winter demand alongside the pressures faced across the health and social care system. As noted below, NHSGGC's performance exceeded the national position but was below the ADP target, primarily due to the number of patients delayed in their discharge, which decreases patient flow through the health and social care system and impacts on A&E performance.

NHSGGC achieved a monthly average compliance of 69.4% against the standard of 95% (2024-25: 69.1%) and a delivery plan trajectory of 85% (Table 1). NHSGG's performance was slightly above the national average of 68.4% in 2025/2026.

Table 1 – Monthly Compliance Against 4-Hour Waiting Standard

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
72.5%	72.9%	70.4%	70.5%	70.6%	68.3%	66.1%	66.5%	69.5%	67.2%	69.9%	68.4%

[7] April 2026 Performance Report – https://www.nhsggc.scot/downloads/nhsggc-board-meeting-documents-30-april-2026/

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A total of 419,972 A&E attendances (including MIU attendances) were reported during the period April 2025 to March 2026. This is above trajectory by 11,848 (2.9%).

NHSGGC has identified key actions to improve the A&E waiting time position. The organisation will continue delivery of the Interface & Urgent Care Programme with a strong focus on improving patient flow, reducing avoidable delayed discharges, strengthening emergency departments' performance, and enhancing safety and experience for patients and staff. NHSGGC will also continue to further scale up Flow Navigation Centre Plus (FNC+) and Virtual Hospital pathways.

In addition, HSCPs will progress expanded Power of Attorney engagement activity and support for grant applications and also benefit from short-term increases in social work and care at home capacity. Hospital at Home will continue to expand across HSCPs, and e-Triage installation will progress at RAH, IRH and GRI. Once established, e-Triage is expected to improve time to triage and overall emergency department flow.

NHSGGC monitors performance against unscheduled care. This is across a range of measures, including the four-hour emergency access standard and delayed discharges (Diagram 7).

Diagram 7 – 2025/26 Performance Unscheduled Care Indicators

Unscheduled Care	Local or National Target	2025-26 Actual	Rating at March 2026	NHSGGC v Scottish Average	Direction of Travel (Current v Previous Year)
4-Hour Performance Target (95% within 4 hours)	National: 95%	69.4% (Scottish average 68.4%)			
Delayed Discharge- Rate of Patients in Delay (total)	National: 34.6 (per 100,000)	43.7 (March 2026 Scottish position 43.3)			
Delayed Discharge- Rate of Patients in Delay (East Dunbartonshire)	National: 34.6 (per 100,000)	30.8 (March 2026 Scottish position 43.3)			
Delayed Discharge- Rate of Patients in Delay (East Renfrewshire)	National: 34.6 (per 100,000)	29.3 (March 2026 Scottish position 43.3)			
Delayed Discharge- Rate of Patients in Delay (Glasgow City)	National: 34.6 (per 100,000)	43 (March 2026 Scottish position 43.3)			
Delayed Discharge- Rate of Patients in Delay (Inverclyde)	National: 34.6 (per 100,000)	19.2 (March 2026 Scottish position 43.3)			
Delayed Discharge- Rate of Patients in Delay (Renfrewshire)	National: 34.6 (per 100,000)	8.2 (March 2026 Scottish position 43.3)			
Delayed Discharge- Rate of Patients in Delay (West Dunbartonshire)	National: 34.6 (per 100,000)	70.3 (March 2026 Scottish position 43.3)			

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Number of Acute Delayed Discharges

Target: No more than 258 and 58 delays each month for acute and mental health patients, respectively.

This target is aligned to the NHSGGC's corporate objective Better Care.

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, this has been reported here to contextualise other performance data.

The number of people who remain in acute and mental health hospitals who are medically fit for discharge has increased significantly from approximately 100 patient's pre-pandemic to over 380 in 2025-26. This is impacting significantly on hospital capacity and on the flow of patients through our hospitals from the front door. The average monthly acute delayed discharges reported during 2025-26 was 328 which is above the monthly target of 258 (2024-25: 304). The monthly average mental health delayed discharges reported during 2025-26 was 88 (2024-25: 88). Again, this is above the monthly target of 58.

Acute Delayed Discharges

In total, 10,011 bed days were lost to acute delays in March 2026, above target by 27% or 2,122 bed days. Overall, 118,845 bed days were lost to acute delays in the full year 2025/26. This was 6.94% higher than in 2024/25 (111,132). As at March 2026, there were 306 patients in delay in acute beds.

Mental Health Delayed Discharges

In total, 2,910 bed days were lost to Mental Health delays in March 2026, above target by 57% or 1,053 bed days. Overall, 32,251 bed days were lost to Mental Health delays in the full year 2025/26. This figure is marginally lower (0.15%) than in 2024/25 (32,300). As at March 2026, there were 102 patients in delay in mental health beds.

Reducing the number of people delayed in their discharge remains a priority for HSCP colleagues, local authorities, and the Scottish Government. There are a 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" suitability and capacity. Throughout 2025-26, rigour continued to be applied to ongoing monitoring and mitigation of delays across each of the HSCPs in partnership with Acute Services.

NHSGGC has identified key actions to reduce delayed discharges. These include the continued implementation of the Unscheduled Care Operational Improvement Plan (OIP), led by the Director of Whole System Flow, to reduce delayed discharges. The actions also include the continued expansion of the Home First Response Service, with QEUH operating overtime seven days a week, while recruitment and rota planning progressed. Integrated Discharge Teams (IDTs) were also re□established across main sites to identify barriers, support pre□noon discharging, and improve communication with HSCPs.

Alongside ongoing work with the six HSCPs in NHSGGC, work with non-NHSGGC partnerships has intensified. In particular working with Argyle and Bute HSCP and both Lanarkshire HSCPs,

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the areas which represent the highest numbers of non-GGC delays.

Access to Cancer Services Treatment Time

Target: 95% of patients should wait no more than 31 days from decision to treat to first cancer treatment

Target: 95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment (national target). Local target is 78% by March 2026.

Both targets are aligned to the NHSGGC's corporate objective Better Care.

In 2025-26 95.3% (2024/25: 96.2%) of eligible cancer patients were treated within 31 days of decision to treat, as at March 2026. Average performance throughout 2025-26 was 95.4% (2024/25: 94.8%). Whilst performance from the previous year as at the end of March has reduced the March 2026 position and average performance are ahead of the target of 95%.

Against the second target, 76.7% (2024/25: 68.3%) of cancer patients started their first cancer treatment within 62 days of an urgent referral with a suspicion of cancer in March 2026. Average performance throughout 2025/26 was 69.8% (2024/25: 65.7%). While performance against the 62-day standard remains below the national target, there has been a significant improvement on 2024-25 performance (Diagram 8).

Diagram 8 – Summary Performance Chart for Cancer Care Indicators

Cancer Care	Local or National Target	2025-26 Actual	Rating at March 2026	NHSGGC v Scottish Average	Direction of Travel (Current v Previous Year)
Cancer Performance 31 Days	National: 95%	95.4% (Scottish average 95.3% to December 2025)			
Cancer Performance 62 Days	National: 95%	69.8% (Scottish average 71.1% to December 2025)			

The management of cancer patients and vital cancer services remained a clinical priority during 2025-26. This can be seen with NHSGGC's performance against the first target, being ahead of the 95% target. The second target remained challenging, with NHSGGC achieving 76.7% compliance at March 2026. This is 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. For example, there were over 78,000 referrals in 2025-26 compared with 43,629 in 2019-20. The conversion rate has, however, 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.

A package of improvement actions continued to be implemented during 2025-26 with a strategic focus on high volume and challenging patient pathways. Each pathway was subject to review through the Cancer Management Group to minimise the steps in the pathway and redesign where possible. For instance, in urology, NHSGGC has accelerated diagnoses and reduced the backlog of undiagnosed patients. This has been achieved by continued outsourcing of transperineal biopsy, supporting significant improvements in biopsy waiting times, from six weeks to around two weeks, with a trajectory towards one week.

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Head and Neck outpatient waits have reduced considerably from 42 days to a stable position of 19 days. The Clinical Specialty Improvement Group continues to focus on diagnostic pathway delays, particularly the impact of long waits for first ENT outpatient appointments. Progress through the Diagnostic Hub model is ongoing and two Clinical Nurse Specialists are in post.

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

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

Target is aligned to NHSGGC's corporate objective Better Health.

Performance on CAMHS and Psychological Therapies waiting times during 2025-26 can be summarised as follows:

- Across the CAMHS service, an average of 99.8% of eligible patients referred to CAMHS started treatment less than 18 weeks from date of referral (2024/25: 98.2%), exceeding the national target of 90% by 9.8%.

- Across Psychological Therapies, 84.9% of patients were seen within 18 weeks of referral (2024-25: 88.5%) which is 5.1% below the national target of 90%.

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 2025-26. Across CAMHS, the number of patients seen has increased on the previous year, with the high compliance rate demonstrating sufficient resilience within the service to manage increased volumes (Diagram 9).

Diagram 9 – Summary Performance Chart for Mental Health Indicators

Mental Health	Local or National Target	2025-26 Actual	Rating at March 2026	NHSGGC v Scottish Average	Direction of Travel (Current v Previous Year)
CAMHS Patients starting treatment < 18 weeks	National: 90%	99.8% (Scottish average 91.1% to December 2025)			
Psychological Therapies	National: 90%	84.9% (Scottish average 80.4% to December 2025)			

The reduction in compliance with target within Psychological Therapies is in part explained by activity levels having increased compared to the previous year. The combination of sustained demand and overall capacity constraints has limited performance improvement, while throughput is being maintained.

NHSGGC formed a Performance and Quality Improvement Subgroup and tasked it with improving performance against the waiting time standard. The Subgroup has established that performance has been hampered by two key factors. These are as follows:

- Staffing vacancies which have a lasting impact on performance for several months after a post is filled. In teams where vacancies have now been filled, improvements are visible and

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fewer patients are now waiting beyond the 18-week standard.

- A variation in how different teams manage referrals - further analysis will examine how different referral management models affect waiting times, with the aim of giving recommendations for consistent or improved practice.

A review panel will now examine all current and newly emerging long-wait cases to identify system-level barriers and opportunities for improvement, specifically within the context of waits over 52 weeks.

Treatment Time Guarantee (TTG)

Target: For inpatients and day case patients planned reduction targets of less than 7,150 patients waiting >52 weeks

Target is aligned to NHSGGC's corporate objective Better Care

Significant improvement has been made in this area with a clear focus on reducing patients waiting more than 52 weeks. Performance against the inpatient / day case waiting times target as at 31 March 2026 can be summarised as follows:

- 812 TTG patients waiting more than 104 weeks (2024-25: 3,437).
- 2,737 TTG patients waiting more than 78 weeks (2024-25: 8,021).
- 7,140 TTG patients waiting more than 52 weeks (2024-25: 16,282).

The overall TTG waiting list continued to improve in March 2026, reducing to 43,731, down from earlier 2025 peaks and lower than in the previous year. Waits of more than 52 weeks have fallen sharply, now standing at 7,140. This is a notable reduction (c.56%) compared with the early-year position of over 16,000. The reduction reflects targeted recovery actions and improved inpatient/day-case activity across high-volume specialties.

Action continues to be in place to minimise the risks to delivery and help further reduce the number of patients waiting for long periods of time. For example, an expansion in the number of all-day sessions, including weekends, and new contracts have been agreed with the private sector for delivery of additional capacity to further support reducing long waits. Arrangements have been made to continue insourcing teams into the first quarter of 2026/27 to support continued reduction in long waits.

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New Outpatient Activity

Target: No patients waiting >52 weeks for a new outpatient appointment by 31 March 2026

Target is aligned to NHSGGC's corporate objective Better Care

NHSGGC achieved this target during 2025-26. As at March 2026, there were effectively no new outpatients waiting more than 52 weeks (2024-25: 5,485). Whilst there were a small number of patients waiting these were patients who had an appointment but did not attend, cancelled or were unavailable. Performance against outpatient waiting times during 2025-26 can be summarised as follows:

- As at March 2026, there were no new outpatients waiting more than 78 weeks (2024-25: 0) achieving the target of no new outpatients waiting more than 78 weeks for a first new appointment.

- A total of 303,000 new outpatients were seen between April 2025 and March 2026, exceeding the planned activity target by 1.3%.

NHSGGC's strong performance against this target can be shown though its share of all outpatients across NHS Scotland for each performance target (Table 2).

Table 2 – NHSGGC Outpatients as a Share of NHS Scotland as at 31 March 2026

Target	NHSGGC Performance	% Share of NHS Scotland Outpatients
Outpatients waiting >52 weeks	33	0.8%
Outpatients waiting >78 weeks	0	0.0%
Outpatients waiting >104 weeks	0	0.0%

Over the longer term, monthly referrals have remained within a relatively narrow 35,000-40,000 range. New outpatient referrals in March 2026 were 37,302, consistent with figures over the last year indicating stable demand for outpatient services.

New Outpatient activity in March 2026 totalled 27,000 in line with recent months. The outpatient waiting list continued its downward trajectory, falling to 140,586, a sustained improvement from earlier peaks in 2025.

NHSGGC 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. Additional 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 on the following websites:

https://www.gov.scot/publications/
https://digitalpublications.parliament.scot/ResearchBriefings

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Performance Against Key Financial Targets

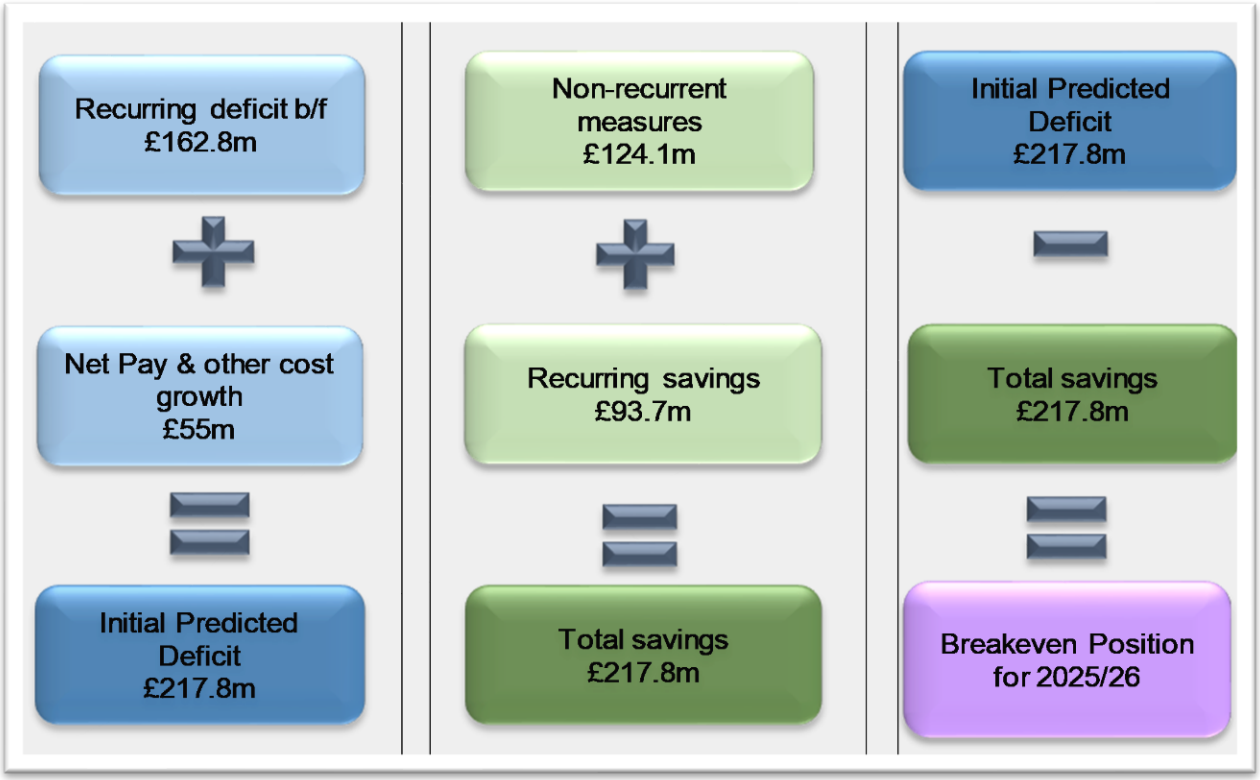
Under IFRS 10, NHSGGC must consolidate, in full, the financial results of the Healthcare Charity (Scottish Charity SC005895) within the main NHSGGC accounts.

The basis of this consolidation is explained in Note 1 (Accounting Policies) and is determined by the extent of control that the NHSGGC can effectively exercise over the charity. All Trustees of the Healthcare Charity are members of the NHSGGC Board. NHSGGC, therefore, has majority control and, using the principles stipulated by IFRS 10, must consolidate, in full, the financial results of the Charity with the main NHSGGC accounts.

2025-26 Financial Plan

The high level 2025-26 Financial Plan, approved by NHSGGC in April 2025, predicted a financial challenge of £217.8m. This included a recurring deficit brought forward of £162.8m plus cost growth. This deficit was offset by non-recurrent support and recurring savings leaving a forecast breakeven position for 2025-26. The focus for 2025-26 was to bring down the recurring deficit by continuing the work of the Sustainability and Value Programme (SVP) and mitigating existing cost pressures (Diagram 10).

Diagram 10 – NHSGGC 2025-26 Financial Plan and Savings Required



From a financial perspective, 2025-26 was a challenging year. NHSGGC incurred additional costs including creating additional capacity, resident doctor pressures, delayed discharges, and

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increased non-pay costs. Progress has, however, continued to be made in dealing with a number of the pressures faced by NHSGGC. For example, total agency spend reduced by a further 20% following significant reductions in 2024-25.

Despite the scale of the financial challenge, NHSGGC was able to report a final surplus of £2.5m at 31 March 2026. This was achieved through the continued impact 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.

All of the HSCPs have reported a breakeven out-turn on the health budget as at 31 March 2026. This was achieved through financial support of approximately £0.9m being provided to East Renfrewshire HSCP and use of reserves. Significant pressures have been seen in mental health and learning disability inpatient units, however improvements in expenditure trends have been noted across Primary Care prescribing.

Performance Against Statutory Financial Targets

The three annual financial targets set for each NHS Scotland board by SGHSCD are as follows:

- A Revenue Resource Limit
- A Capital Resource Limit and
- A Cash requirement.

The Revenue and Capital Resource Limits are further analysed into core and non-core. Non-core represents items of expenditure that are of a technical accounting nature, details of which can be found on the Statement of Resource Outturn.

The results of the Healthcare Charity although consolidated within the main NHSGGC accounts for group accounting purposes, do not form part of the statutory financial target set for NHS Scotland boards by the Scottish Government's Health and Social Care Directorate (SGHSCD). These results are therefore not taken into account when considering the in-year financial performance.

Boards are expected to contain their net expenditure within these limits and to report on any variation from the limits set. NHSGGC has the primary objective to break even each year.

Considerable work was undertaken throughout the year to eliminate the forecast deficit, particularly around achievement of savings, containing costs (known and emerging) and to deliver non-recurring sources. NHSGGC worked closely with Scottish Government throughout the year to identify potential funding sources to close the forecast in-year gap.

For 2025-26, NHSGGC met all three financial targets set by Scottish Government (Diagram 11).

Diagram 11 – NHSGGC 2025-26 Financial Performance

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Finance	Local or National Target	2025-26 Actual	Rating at March 2026	NHSGGC v Scottish Average	Direction of Travel (Current v Previous Year)
Core Revenue Resource Limit (RRL)	Break Even	Break Even			
Non Core Revenue Resource Limit (RRL)	Break Even	Break Even			
Capital Resurce Limit	Break Even	Break Even			
East Dunbartonshire IJB	Break Even	Break Even			
East Renfrewshire IJB	Break Even	Break Even			
Glasgow City IJB	Break Even	Break Even			
Inverclyde IJB	Break Even	Break Even			
Renfrewshire IJB	Break Even	Break Even			
West Dunbartonshire IJB	Break Even	Break Even			

Further details on NHSGGC's performance against the Scottish Government's financial targets is set out in Table 3.

Table 3 – 2025-26 NHSGGC Financial Outturn

	Limit as set by SGHSCD £000	Actual Outturn £000	Surplus £000
Core Revenue Resource Limit	3,735,315	3,732,765	2,550
Non-Core Revenue Resource Limit	164,146	164,146	0
Total Revenue Resource Limit	**3,899,461**	**3,896,911**	**2,550**
Core Capital Resource Limit	89,462	89,462	0
Non-core Capital Resource Limit	3,810	3,810	0
Total Capital Resource Limit	**93,272**	**93,272**	**0**
Cash Requirement	4,094,022	4,094,022	0

It should be noted that health 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. Table 4 shows what NHSGGC's financial position would have been if no surplus had been brought forward from the previous year.

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Table 4 – Memorandum of In-Year Outturn

	£000
Core Revenue Resource Variance Surplus in 2025-26	2,550
Financial flexibility: funding provided by Scottish Government	(0)
Underlying Surplus against Core Revenue Resource Limit	**2,550**
Percentage Surplus against RRL	**0%**

Development and Delivery of Financial Savings

The development and delivery of financial savings is led by NHSGGC's Sustainability and Value (S&V) Programme. The 2026-27 S&V Programme is progressing and building from previous years. A number of initiatives have been identified and are underway with the key objective being the reduction of the underlying recurring deficit. S&V 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 enables key areas of work to be undertaken and accelerated across the organisation to maximise NHSGGC's ability to achieve its targets and seeks to encompass wider areas of work and transformation to maximise the savings opportunities.

The linkages between the S&V Programme, 'The GGC Way Forward,' Scotland's Programme of Reform for Health and Social Care, the GGC Blueprint and other areas of strategic work continue to be refined. This ensures that these strategies can be determined by the S&V Programme and NHSGGC's overall financial position and constraints.

NHSGGC's 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 strategy of NHSGGC.

The financial gap for 2025-26 was £217.8m and on an in-year basis (recurring and non-recurring), the full £217.8m of savings were achieved. On a full year effect, £30.8m of recurring savings were achieved, which equated to 32.8% of the £93.7m target and was achieved in 2025-26 across a variety of areas. These included prescribing switches and efficiencies (£4.3m), workforce/service redesign (£1.9m), procurement and non-pay savings (£4.9m), additional income streams (£4.1m) and energy efficiency schemes and infrastructure savings (£15.6m). Given the level of recurring savings in 2025-26 a revised approach to the overall management of NHSGGC's S&V Programme will be introduced in 2026-27.

As NHSGGC's move forward into 2026-27, the initial financial plan indicates a financial challenge of £194.7m (Table 5).

Table 5 – Financial Gap 2026-27

	£m
Recurring deficit brought forward	£178.6m

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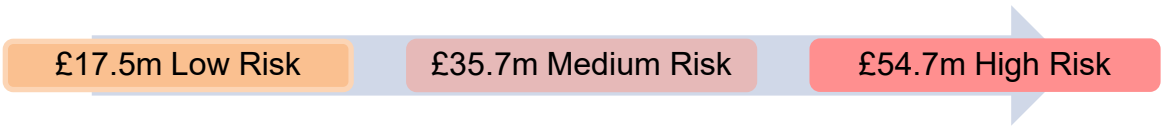
NRAC baseline adjustment	£30.0m
Net additional cost pressures	£18.6m
Non-recurring sustainability funding	(£32.5m)
	£194.7m

Bridged by:	
Planned recurring savings	£107.9m
Non-recurring measures	£86.8m
	£194.7m

The Scottish Government has provided £150.0m of sustainability funding across all NHS Scotland territorial boards in 2026-27 on a non-recurring basis. NHSGGC's share of this is £32.5m, which will assist the organisation in the achievement of a breakeven position.

The delivery of £107.9m in recurring savings target for 2026-27 will be a significant challenge. The S&V Programme aims to achieve savings from a combination of 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. NHSGGC has assessed the recurring savings of £107.9m based on current and historic performance in this area (Diagram 12).

Diagram 12 – Risk Assessment of Planned £107.9m Recurring Savings



As outlined above, a revised approach to the overall management of NHSGGC's S&V Programme will be introduced in 2026-27. 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 various strategies NHSGGC manages its resources to ensure it can continue to provide excellent levels of care and continue to innovate, invest and perform. To achieve this the organisation is continuing with its sustainability and value approach.

The forecast outturn for 2026-27 is a breakeven position. Given the number of priorities that NHSGGC is facing with unscheduled care, planned care, and the underlying financial challenge, it will be extremely challenging to achieve this. NHSGGC 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 Scottish NHS boards were asked to submit initial three-year financial plans covering the financial years 2026-27 to 2028-29 to Scottish Government by 16 March 2026. The Scottish Government recognises the pressures that NHS boards are currently operating under, together

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with the high level of operational demand and volatility that remains in the system. This context makes longer term planning difficult; however, NHSGGC approved a medium term, three-year financial plan on 30 April 2026. The Financial Plan approved sets out a balanced position for 2026-27 and an anticipated deficit in 2027-28 of £59.9m and £56.6m for 2027-28 (Table 6).

Table 6 – Summary of Three-Year Financial Plan

Year	Initial Financial Gap (£m)	Recurring Savings (£m)	Non-Recurring Measures (£m)	Forecast Deficit (£m)
2026-27	(194.7)	107.9	86.8	0.0
2027-28	(158.4)	55.3	43.2	(59.9)
2028-29	(144.1)	50.7	36.8	(56.6)

Capital Investment

Total capital resources available to NHSGGC for investment in 2025-26 amounted to £98.9m (2024-25: £82.4m) (Table 7).

Table 7 – NHSGGC 2025-26 Infrastructure Funding

Funding	£m
Total SGHSCD Capital Resource Limit	£89.6m
Other Capital Funding Sources	£0.4m
Total Revenue Funding	£6.6m
SGHSCD Non-Core Capital	£2.3m
Total	**£98.9m**

To best manage NHSGGC's overall revenue and capital outturn, and to ensure that expenditure has been correctly classified within the accounts, a transfer of £4.4m from capital to revenue was progressed in the year. In addition, a further £2.2m of revenue budget was utilised in lieu of capital expenditure, enabling NHSGGC to remain within its key core Capital Resource Limit (CRL) target of £85.8m.

Key areas of capital investment during 2025-26 included the completion of phase three of the Glasgow North-East Health Centre facility (£2.0m) and completion of the new Bishopton Health Centre (£1.6m). NHSGGC also invested £1.0m in new treatment rooms at premises within Bishopbriggs Shopping Centre to provide easier access to local healthcare facilities in that area.

Works are also drawing towards completion on the new Radionuclide Dispensary (RND) at Gartnavel Hospital (£12.7m). This is a critical service that controls the supply of radioactive materials to other Scottish health boards and will be the largest NHS Radio-pharmacy in the UK.

In addition to the above there has been a total of £22.2m in building improvement works invested in NHSGGC properties. This has included works to the atrium, manifold and fire door systems at

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QEUH, the refurbishment of Wards 67 & 68 at the Institute of Neurological Sciences along with works to Ward J North at IRH and at Leverndale Ward 3A. Major building improvement works at RAH Maternity are continuing whilst works were also completed to upgrade the Air Handling System at Inverclyde Royal Hospital. Initial works on a lift and boiler replacement program at GRI commenced along with other improvements to plant and buildings across the NHSGGC estate.

In order to address carbon reduction targets and tackle rising energy costs, a number of hospital sites introduced modern energy management systems and installed energy efficient LED lights (£1.3m). Other areas of capital expenditure include eHealth IT infrastructure investment (£7.7m), medical equipment (£34.1m), radiotherapy equipment (£1.4m), facilities equipment (£2.2m), and leased asset additions (£3.7m).

Going Concern

These accounts have been prepared on a going concern basis. This is 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'.

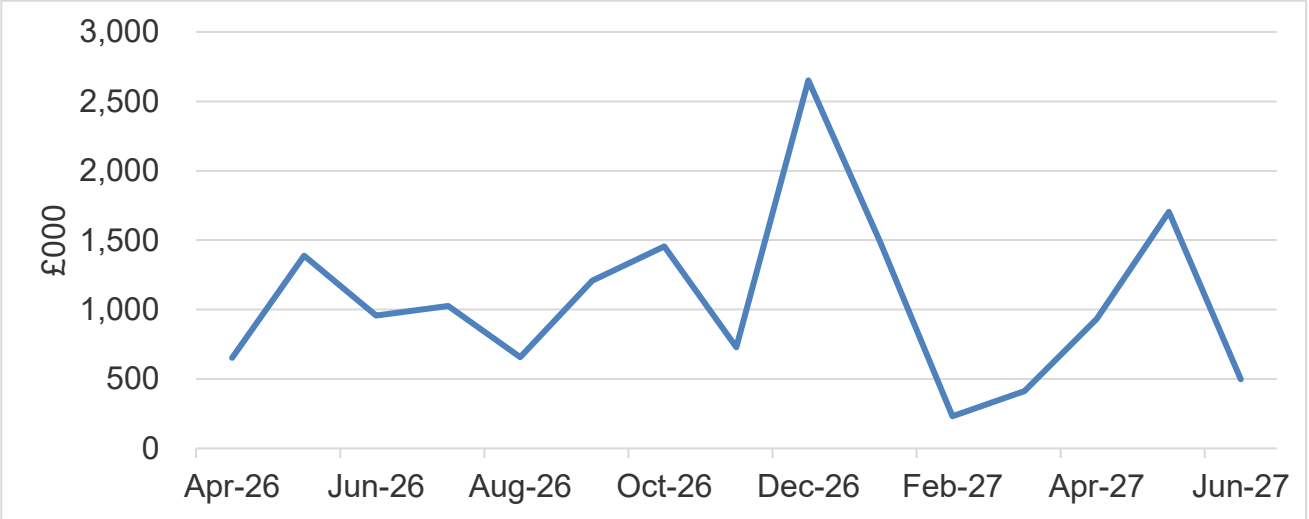
In carrying out its assessment, NHSGGC has considered the current year financial outturn, indicative financial planning over a three-year period, and required achievement of savings. NHSGGC's considerations cover the period through to 30 June 2027, being 12 months beyond the date of authorisation of these financial statements.

Taking into account these considerations and the governance structures in place both within NHSGGC and through the NHS Scotland assurance process, NHSGGC has 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 NHSGGC were to anticipate 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 2027 (Diagram 13).

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Diagram 13 – Projected Cashflow to June 2027



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) are set out below (Table 8).

Table 8 – Payment Statistics for Non-NHS Suppliers

	2025-26	2024-25
Average period of credit taken	**35.6 days**	47.2 days
Percentage of invoices by volume paid within 30 days	**92%**	94%
Percentage of invoices by value paid within 30 days	**96%**	98%
Percentage of invoices by volume paid within 10 days	**76%**	77%
Percentage of invoices by value paid within 10 days	**88%**	89%

Creditor days have decreased on the prior year as a result of targeted efforts to reduce aged invoices. During 2025-26, NHSGGC 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 2026-27.

Social Matters

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

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NHSGGC is an active partner within the Glasgow City Economic Region, and its 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. The Bribery Act 2010 is reflected within the Standing Financial Instructions and the Code of Conduct for staff. A standard clause is included in NHSGGC contracts drawing the attention of suppliers to corrupt gifts and payments and the criminal nature of such offences under the legislation.

NHSGGC seeks feedback in a variety of ways and encourages 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[8] 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 the organisation provides equitable and fair services to all and addresses any barriers where they are identified. NHSGGC has published 'A Fairer NHS Greater Glasgow and Clyde 2025-29' to explain how it will address inequalities. The document sets out specific equality outcomes and mainstreaming actions to benefit all staff and patient groups. NHSGGC's work demonstrates adherence to the legislative requirements of the Equality Act 2010 and associated Public Sector Equality Duty, as well as the organisation's commitment to the intrinsic values underpinning this, both as a service provider and an employer.

NHSGGC continues to demonstrate its commitment to addressing equality issues and meeting the needs of our whole population. It does this through delivering on its equality outcomes, supporting mainstream services to meet the needs of our whole population. NHSGGC's 'A Fairer NHS Greater Glasgow and Clyde 2025-29' can be accessed on the 'A Fairer NHSGGC[9]' section of our website.

A Fairer NHS Greater Glasgow and Clyde provides updates on mainstreaming equalities across our four corporate objectives. The document states that NHSGGC will work proactively to create the conditions where people feel cared for, are treated with dignity and respect and are truly valued - in both their care and in their workplace. The report also includes a number of specific equality outcomes. These outcomes are designed to make a positive difference for patient groups who are facing particular barriers to accessing fair and equitable care.

[8] NHS Scotland Complaints Handling Procedure - https://www.nhsggc.scot/contact-us/complaints/

[9] Equalities Outcome Reporting - https://www.nhsggc.scot/your-health/equalities-in-health/meeting-the-requirements-of-equality-legislation/a-fairer-nhsggc/

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Employment

Achieving NHSGGC's ambition of 'Growing our Great Community' depends on the Organisation's ability to attract and nurture the most talented and service focused individuals from around the world. The main workstreams during the year have included staff networks, widening access programmes, school engagement, and volunteering.

Staff networks

NHSGGC's active promotion of its staff networks continues. Membership and engagement across the BME Network, Staff Disability Forum and LGBTQ+ Staff Forum continued to grow this year, supported by targeted communications and visibility through organisational channels.

Widening access

NHSGGC offers a variety of employment pathways including modern apprenticeships, graduate recruitment, and work experience placements. The organisation also supports qualified healthcare professionals not currently employed in a healthcare setting to return to a career in the NHS. NHSGGC also actively participates 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 that promotes the Health Board as an employer of choice. It also uses the programme to raise awareness of the broad range of jobs, apprenticeships, and careers available across the Organisation and pathways into these.

Volunteering

NHSGGC's Volunteering Service co-ordinates hundreds of volunteers who work with the organisation to make the patients' experience as good as it can be. NHSGGC is very grateful to each and every volunteer who dedicates their time to support a range of services across the Health Board. Some of the 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[10] is available on the NHSGGC website.

[10] Workforce Employability Service - https://www.nhsggc.scot/staff-recruitment/recruitment/employability-and-young-people/

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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[11].

The Scottish Government's Climate and Sustainability objectives are a core activity within the NHSGGC's Delivery Plan. These corporate objectives are woven throughout the NHSGGC Climate Change and Sustainability Strategy 2023-28[12]. The statutory framework which sets out our net zero targets is 'A Policy for NHS Scotland on the Climate Emergency and Sustainable Development – DL38'.

NHSGGC's 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 five-year blocks of strategic activity that will facilitate the internal target setting within this period. All reported emissions relate to the NHS Greater Glasgow and Clyde group entity.

NHSGGC has considered its 'comply or explain' obligation and reporting requirements under the Task Force on Climate-related Financial Disclosures (TCFD). NHSGGC 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. These disclosures will continue to evolve over time as sustainability further embeds within NHSGGC's operations.

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 Sustainability Governance Group (SGG), which is chaired by the Executive Sustainability Champion. The SGG

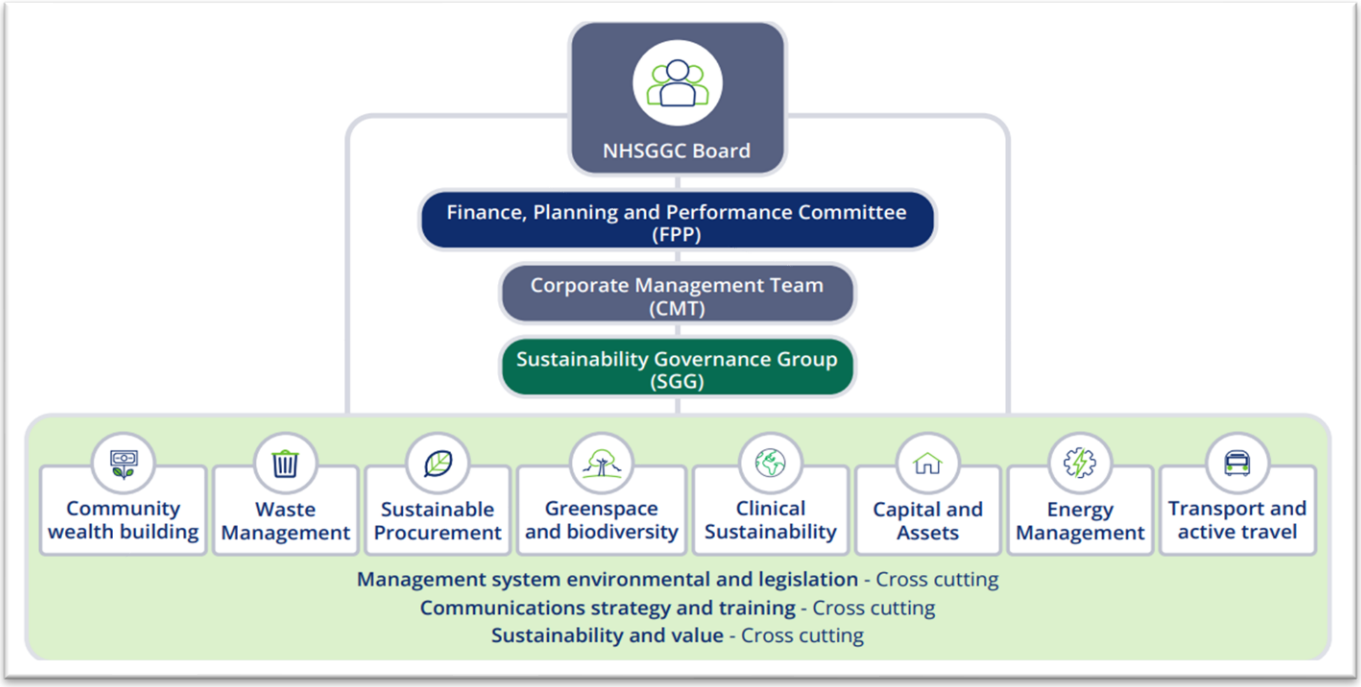
[11] Sustainable Scotland Network (SSN) - https://sustainablescotlandnetwork.org/reports-by-organisation/

[12] NHSGGC Sustainability Strategy 2023-28 - https://www.nhsggc.scot/downloads/climate-change-and-sustainability-strategy-2023-2028/

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provides strategic oversight, ensures alignment with national policy, drives delivery of the Sustainability Strategy, and promotes system-wide improvement to meet legal and internal targets. It reports into the 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 set out below (Diagram 14).

Diagram 14 – NHSGGC Sustainability Governance Structures



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

- **Board Non-Executive Sustainability Champion** – Provides strategic level oversight and scrutiny of operational and strategic performance and board level reporting. This position also attends National Forums with non-executive champions from other health board.

- **Executive Sustainability Champion** – This is the executive director with overall strategic responsibility for the NHSGGC Climate Change and Sustainability Strategy implementation and delivery inclusive of annual objectives and disclosures. The Executive Sustainability Champion is the Director of Estates and Facilities.

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 NHSGGC's senior management team are subject to national arrangements and are set in line with SGHSCD guidance.

Strategy and Annual Planning

The Climate Change and Sustainability Strategy was launched in September 2023 and is aligned to NHSGGC's corporate objectives. This alignment is detailed in Diagram 15.

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Diagram 15 – Alignment of Sustainability Strategy to NHSGGC Corporate Objectives



NHSGGC's sustainability objectives as outlined within the Sustainability Strategy are set out in the following bullet points. A report on progress made against these objectives is presented annually to the Board.

- 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

Delivery plans for each area have been produced during 2025-26 to drive progress and improve accountability. Monthly meetings are held between the Head of Sustainability and priority area leads to discuss due actions, challenges, and risks to delivery.

Key Performance Indicators aligned to priority areas have also been established in 2025-26. These are being used to develop measurable targets enabling NHSGGC to measure and demonstrate progress quantitatively. The targets and measures will continue to be developed and refined to reflect changes in priorities and / or changes in sustainability targets.

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Climate and Sustainability Risk Management

Climate change exacerbates existing health risks and introduces new challenges, ranging from the spread of infectious diseases to the intensification of heatwaves and extreme weather events that can impact on the health of the population, healthcare assets, and services. NHSGGC will play a pivotal role in safeguarding the health of communities by developing climate-resilient health systems capable of responding to these evolving threats.

A new Risk Management Policy was published in 2025, alongside a revised Risk Appetite Statement. This prompted a review and update of the corporate risk relating to sustainability and climate change, as well as a review of all outstanding risk actions. NHSGGC'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. While a corporate risk exists for climate change and sustainability to enhance the profile of climate change corporately. For the purposes of financial reporting, NHSGGC has concluded that climate change does not pose a material risk to the delivery of our services in the short to medium term.

NHSGGC's Estates and Facilities Directorate is responsible for managing identified climate and sustainability risks at an operational level in line with NHSGGC's overarching risk management arrangements. The current financial landscape pressures, service transformation, and capital works required makes the transition to net zero within statutory timescales extremely challenging for all health boards. Whilst NHSGGC has concluded that climate change does not pose a material short-term risk to services it is still important that this is an issue to be addressed. NHSGGC therefore elevated climate change to its corporate risk register in 2024-25. This has proved effective in increasing the profile of sustainability within the organisation and ensures the risk and mitigating actions are subject to regular scrutiny by the CMT and the Audit and Risk Committee.

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 planning. NHSGGC's approach, as outlined in the Sustainability Strategy, emphasises a comprehensive, proactive framework to address climate-related challenges and ensure the sustainability and effectiveness of its healthcare infrastructure.

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 its buildings. NHSGGC monitors its progress towards these targets using data taken from its annual submission to Scottish Government. Emissions data is validated by the Sustainability Team within the Estates and Facilities Directorate. All reported emissions data is publicly available on the Sustainable Scotland Network (SSN) website here[13]. An explanation of emissions scoping is provided below (Diagram 16).

Diagram 16 – Emission Scopes

[13] Sustainable Scotland Network – NHSGGC Annual Submissions - https://sustainablescotlandnetwork.org/organisation-report/nhs-greater-glasgow-and-clyde/

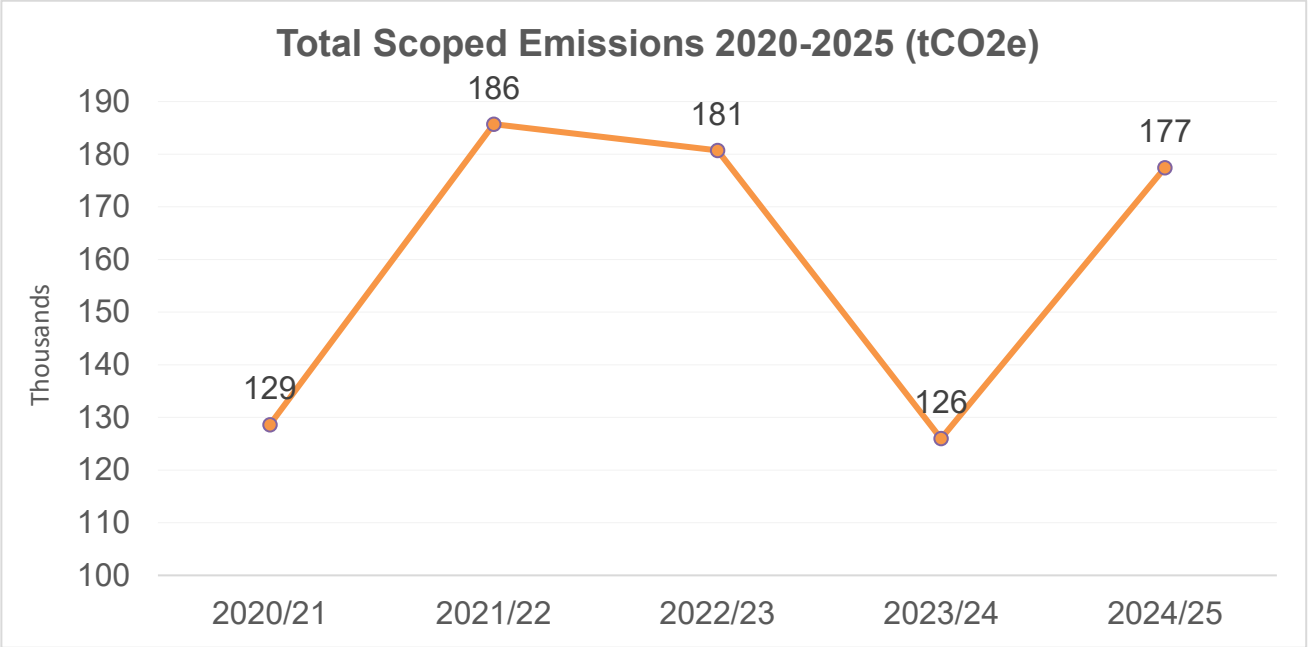
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NHSGGC's total carbon emissions for 2024-25 were 177,000 tonnes of CO2 compared to 126,000 tonnes in 2023-24. This increase can be attributed to the fact that staff travel (usually included within Scope 3 emissions) was excluded from the 2023-24 return in anticipation of a new staff travel survey, with the updated data reflected in the 2024-25 submission. Staff homeworking data was also included in the 2024-25 return for the first time. The total emissions trend from the previous five financial years is shown below (Diagram 17). The annual return to SSN is due in November each year, therefore the reportable emissions data runs one year in arrears, resulting in the most recent validated data being for 2024-25.

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Diagram 17 – Total Scope Emissions 2020-25

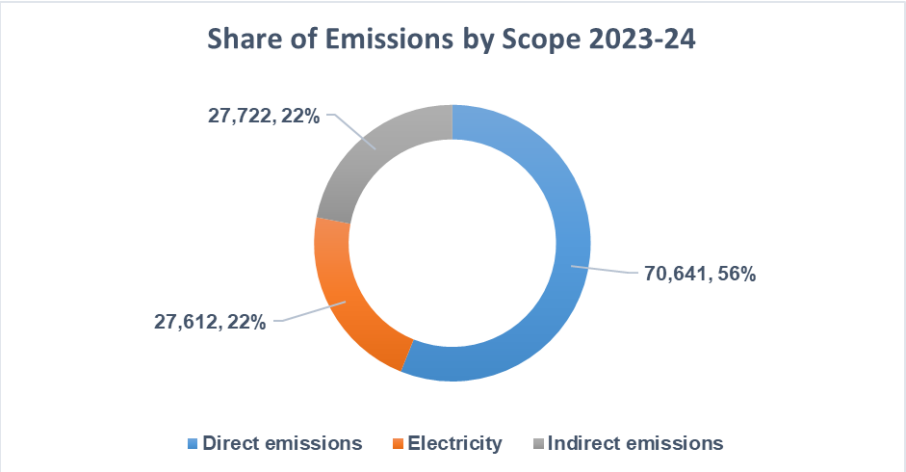


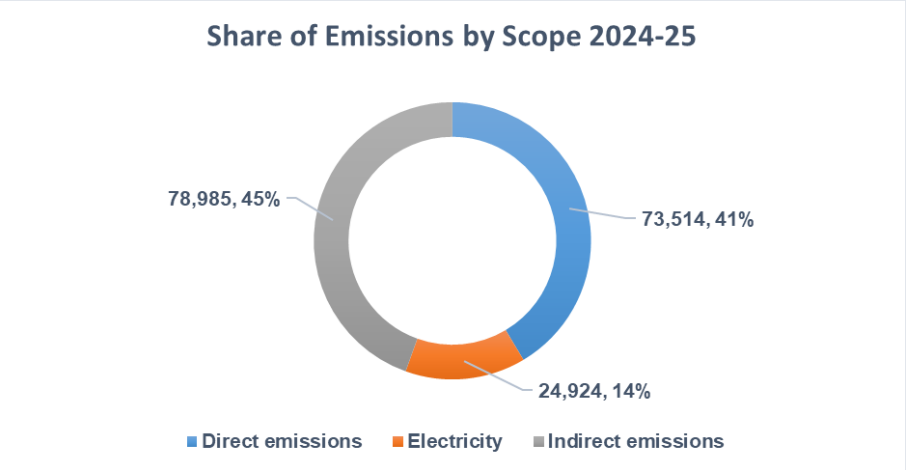
The reported emissions for financial year 2024-25 differ from the figure reported in the 2024-25 annual report and accounts due to that data still being subject to validation. Therefore, NHSGGC elects to report emissions one year in arrears as described above to ensure reported emissions are validated and traceable to externally reported figures on the SSN website.

A comparison of scoped emissions between financial years 2023-24 and 2024-25 is set out in the following graphs (Diagram 18). As described above, the increase between each financial year is due to Scope 3 data being excluded from the prior year return.

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Diagram 18 – Scope Emissions (tCO_2E) 2023-24 and 2024-25





Sustainability KPIs were identified in 2025-26. These metrics are used to focus efforts across multi-disciplinary teams, promote evidence-based decision making. This approach ensures NHSGGC's metrics are aligned to the sustainability strategy, improve accountability, support communication and importantly transparently track progress and performance. These targets are still nascent and will develop over time.

A total of 13 actions relating to sustainability were identified as key deliverables in the 2025-26 Delivery Plan. As at 31 March, five of these actions were completed and eight were marked as either delayed or not actionable in the current year.

Good progress during the year included:

- Green Theatres – The Green Theatres Programme (GTP) is a rolling programme containing 19 projects. Specific progress was made in the Heating Ventilation Air Conditioning (HVAC) project relating to turning off systems in out-of-hour periods which was completed in March. The HVAC project alone has generated estimated annual recurring savings of £80k and a reduction of 100 tonnes of carbon.

- Promoting Public Transport – The action to promote public transport networks and usage across the GGC area, for example the Cycle to Work Scheme, was achieved through a rolling programme of events delivered by the green travel team.

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- Environmental Management – An environmental management system (EMS) was created, and its implementation has progressed across 2025-26. Processes, documentation, and compliance all fall under the EMS and are subject to continual review and improvement.

- Greenspace and Biodiversity – Full block grant funding of £250k used to deliver a wide range of greenspace and biodiversity projects during 2025-26.

There were also areas where further work and development is required. These include the following examples:

- Transport: Three actions to grow the electric vehicle fleet and progress alternative fuel objectives for existing fossil fuel diesel vehicles remain outstanding. There are 373 vehicles across the fleet of which 99 (27%) are electric. The procurement of new vehicles with wide ranging telematics will be included in the new fleet strategy due in 2026-27.

- Energy: The action to produce decarbonisation plans for large acute sites remains outstanding. The scope has been reduced to one site, but this has not been delivered in 2025-26 due to costs exceeding original budget.

- Waste Recycling: 25% of domestic waste was recycled in 2025-26 against the Scottish Government non-clinical waste recycling target of reaching 70% by 2025.

Looking Forward into 2026-27

In terms of overall performance, 2025-26 was another challenging year for NHSGGC but good progress has been made in key areas. The significant financial and demand pressures on the organisation have undoubtedly presented immense challenges. The Chief Executive has recognised this and takes every opportunity to praise the hard work and dedication of all staff and volunteers.

NHSGGC recognises the competing priorities and fiscal pressures upon all health boards and are looking to address this through a system-wide change that in the medium-to-date term will be financially, socially, and environmentally equitable for the organisation. Carbon reduction and sustainability initiatives across services will bring additional potential for significant benefits to the organisation around improving health and clinical efficiency.

Looking forward, NHSGGC will continue its work to deliver against the Sustainability Strategy and the key deliverables as outlined in its Delivery Plan. How NHSGGC will measure success against each of the strategic themes is summarised below.

Sustainable Travel and Active Travel

The Sustainable Transport and Active Travel Group 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 its remit, the Group continues to work towards Scottish Government targets for net zero.

Waste Management

The Waste Management Group oversees all projects related to waste minimisation, increasing

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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 2025-26 and this work continues into 2026-27.

Clinical Sustainability

The Clinical Sustainability Group 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.

Energy Management

The Energy Management Group 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 S&V Programme net zero initiatives providing both carbon and financial savings.

Greenspace and Biodiversity

The Greenspace and Biodiversity Group oversee 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.

Environmental Management System (EMS)

An Environmental Management System (EMS) is being implemented within the scope of the Estates and Facilities Directorate, as part of a broader compliance-based, integrated management system 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 its key operational priorities, NHSGGC recognises that meeting its statutory targets means embedding sustainability across everything it does. Good communication and staff engagement will help to create a culture of sustainability and raise the profile of climate change across the organisation.

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The Way Forward

Balancing the requirements of NHSGGC's Delivery Plan within its financial envelope will need significant effort and focus to ensure NHSGGC continues to offer high quality and safe care to its patients. The GGC Way Forward and Reform 25 Transforming Together are strategically key to NHSGGC improvement going forward. Wide-ranging transformation of services across the system is critical given the disparity between our operational requirements and resources allocated. This will also be linked to national developments and any strategic changes to the health service in Scotland that may take place following the recent Holyrood elections.

The management group continues to focus on key priorities and challenges for the health board. These are as follows:

- Managing workforce capacity and absence rates at key points during the year.
- The mental health and wellbeing of staff continue 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.
- NHSGGC's hospitals remained extremely busy and reducing delayed discharges remain a key priority for the HSCPs and the Health Board.
- Implementation of our 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.

Approval of the Performance Report

The Accountable Officer authorised the Performance Report for issue on

Signed by:



26/6/2026

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Professor Jann Gardner

Chief Executive and Accountable Officer

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Accountability Report

The purpose of the section of the Annual Report is to meet the key accountability requirements and contains three sections:

- Corporate Governance Report
- Remuneration and Staff Report
- Parliamentary Accountability Report

Corporate Governance Report

Directors Report

The Directors present their report and the audited financial statement for the year ended 31 March 2026.

Date of Issue

The Accountable Officer authorised these financial statements for issue on 25 June 2026.

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 NHSGGC is disclosed in Note 3. No such remuneration has been paid in 2025-26.

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 which NHSGGC's auditors are unaware of. Each director has taken all the steps that they ought reasonably to have taken as a director to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

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Board Membership

Under the terms of the Scottish Health Plan, NHSGGC is a board of governance whose membership will be conditioned by the functions of the Health 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.

NHSGGC 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 NHSGGC holds. The Trustees govern charitable funds distinctly from the NHSGGC's exchequer funds. The Healthcare Charity is a charity registered with the Office of the Scottish Charity Regulator (SC005895). NHSGGC is required to consolidate the financial statements of the Healthcare Charity within the Health 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 2026 and up to the date of approval of these accounts are set out in tables 9 and 10.

Table 9 – Non-Executive Members

Name	Position
Dr L Thomson KC	Chair
Mr D Gould	Vice Chair
Mr B Auld	Non-Executive Member
Ms M Ashraf	Non-Executive Member
Ms E Cairns	Non-Executive Member
Cllr J Cameron	Non-Executive Member
Ms PA Cameron-Burns	Non-Executive Member
Mr M Cawley	Non-Executive Member
Ms C Cooney	Non-Executive Member
Cllr C Cunningham	Non-Executive Member
Mr G D'Alessio (from 18 August 2025)	Non-Executive Member
Ms D Foy	Non-Executive Member
Mr G Haddock OBE	Non-Executive Member
Ms M Kerr	Non-Executive Member

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Name	Position
Mr J Kinlochan (from 25 August 2025)	Non-Executive Member
Ms L McDonald	Non-Executive Member
Cllr C McDiarmid (until 27 March 2026)	Non-Executive Member
Dr M McElroy (from 1 July 2025)	Non-Executive Member
Cllr M McGinty	Non-Executive Member
Prof I McInnes CBE (until 31 March 2026)	Non-Executive Member
Dr R Metcalfe	Non-Executive Member
Ms K Miles	Non-Executive Member
Cllr R Moran	Non-Executive Member
Cllr K Pragnell	Non-Executive Member
Dr L Rousselet (until 30 June 2025)	Non-Executive Member
Dr P Ryan	Non-Executive Member
Ms K Turner	Non-Executive Member
Mr C Vincent	Non-Executive Member
Ms M Wailes	Non-Executive Member

Table 10 – Executive Members

Name	Position
Prof J Gardner	Chief Executive
Mr. W Edwards (from 1 May 2025 until 19 April 2026)	Deputy Chief Executive
Dr S Davidson	Medical Director
Dr E Crighton (until 11 February 2026)	Director of Public Health
Dr John O'Dowd (from 12 February 2026)	Interim Director of Public Health
Professor A Wallace	Nurse Director
Mr. C Neil (until 9 November 2025)	Director of Finance
Mr. M Breen (from 6 October 2025)	Director of Finance

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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 2026 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 NHSGGC will continue to operate.

Board members are responsible for ensuring that proper accounting records are maintained which disclose with reasonable accuracy at any time the financial position of NHSGGC 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 NHSGGC and hence taking reasonable steps for the prevention of fraud and other irregularities.

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 NHSGGC as required by IAS 24 Related Party Disclosures are disclosed in Note 24. Senior management is defined as those individuals having authority or responsibility for directing or controlling the major activities of the NHSGGC. 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[14] can be found on NHSGGC's website.

Directors' Third-Party Indemnity Provision

Individual members of the Board or the Board as a group are covered by the NHSGGC's Clinical

[14] NHSGGC Board Members - https://www.nhsggc.scot/about-us/nhs-board/meet-the-board/

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Negligence and other Risks Indemnity Scheme in respect of potential claims against them.

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[15] section of the Health Board's website.

Events After the End of the Reporting Period

NHSGGC 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 the Chief Executive 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 NHSGGC's disposal
- safeguarding the assets of the Health Board.

In preparing the accounts, NHSGGC is required to comply with the requirements of the Government Financial Reporting Manual. In particular the organisation is required 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
- prepare the accounts on a going concern basis.

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 to determine that it is fair, balanced, and understandable.

[15] Public Service Reform (Scotland) Act 2010 Disclosures - https://www.nhsggc.scot/about-us/nhs-board/finances-publications-reports/annual-disclosures/

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The Chief Executive is 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 their knowledge and belief, the Chief Executive has confirmed that she has properly discharged her responsibilities as Accountable Officer as indicated in the Departmental Accountable Officer's letter dated 1 April 2017.

Governance Statement

Scope of Responsibility

NHSGGC is 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. NHSGGC is also 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 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 Blueprint for Good Governance in NHS Scotland, the role of Board members is to provide governance by setting the direction for the organisation and overseeing the delivery of services. NHSGGC's 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. As of 31 March 2026, the Board comprised the Chair, with twenty-five non-executive and five executive board members. Included in the non-executive membership were three stakeholder members, the Employee Director, the Area Clinical Forum Chair, a university representative, and five council members nominated by their respective

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councils.

There were changes to board members during 2025-26. This included the appointment of two new non-executive board members in late Summer 2025. The university representative finished their appointment on 31 March 2026 and one of the council members vacated their position on 27 March 2026. Therefore, replacement appointments will be sought in 2026-27.

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 NHSGGC'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 (NHSGGC Board - NHSGGC[16]).

The implementation of the NHS Scotland Blueprint for Good Governance 2nd Edition (the Blueprint') has been used to support the continuous improvement of the Board's governance arrangements. In November 2023, NHSGGC completed the national Self-Assessment against 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 Board has received regular updates against the Active Governance Programme during 2025-26, with a Board seminar held in May 2025 focused on governance resulting in a Board development action plan which summarised actions agreed at the seminar. The development action plan was then presented to the Board in August 2025.

In line with the Blueprint, NHSGGC 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 of the Board. These committees are charged with assessing performance of NHSGGC and regularly receive relevant performance data for each of their respective areas as per the IPQR. The Board itself receives a detailed Performance Report at each meeting with actions to improve also presented by the director responsible, where relevant. 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 2025-26, the Board had the following standing committees to support it, and which are directly accountable to it:

- Audit and Risk Committee (ARC)
- Clinical and Care Governance Committee (CCGC)
- Finance, Planning and Performance Committee (FPPC)
- Population Health and Wellbeing Committee (PHWC)
- People Committee (PC)

[16] NHSGGC Board Information - https://live.nhsggc.scot/about-us/nhs-board/

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- Staff Governance Committee (SGC) (including the Remuneration Sub-committee).

The main governance and assurance committees of NHSGGC are listed below, and their principal functions are summarised. In April 2025, the Board agreed that the former Acute Services Committee would 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 Health Board also approved the establishment of a People Committee - a standing committee of the Board, meeting quarterly, and overseeing organisational culture and equality, diversity, and inclusion. NHSGGC subsequently merged the PC and SGC into the People and Staff Governance Committee which met for the first time on 7 May 2026.

A summary of each committee, its principal functions and how often it meets each year is set out in the following paragraphs of this report.

Audit and Risk Committee

The principal functions of the Audit and Risk Committee are to seek and provide assurance to the Accountable Officer and the Health Board on the effectiveness of systems of corporate governance, internal control, and risk management. The Committee meets five times a year.

Clinical and Care Governance Committee

To seek and provide assurance 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. The Committee meets four times a year.

Finance, Planning and Performance Committee

To seek and provide assurance to NHSGGC 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 IJBs. All board members are included in the membership of Finance, Planning and Performance Committee as from December 2025. The Committee meets seven times a year.

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. The Committee meets four times a year.

People Committee

To shape the culture of the organisation in line with NHSGGC's core values and principles of Listening, Learning, Transforming Together and those of realistic medicine. The Committee meets four times a year.

Staff Governance Committee

To seek and provide assurance to NHSGGC 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. The Committee meets four times a year.

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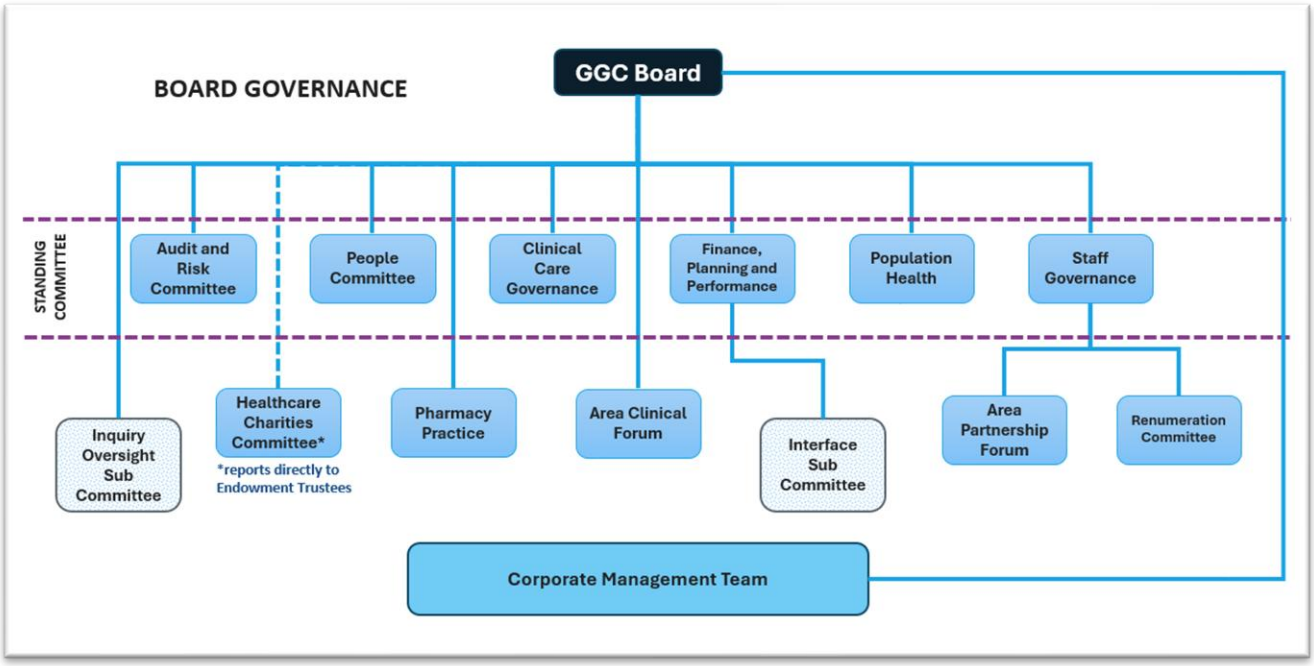
Remuneration Committee (a sub-committee of Staff Governance)

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. The Committee meets three times a year.

NHSGGC is participating in four public inquiries, two criminal investigations, Healthcare Improvement Scotland (HIS) inspections and a number of Fatal Accident Inquiries, as well as significant legal claims against 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 was established, reporting directly to NHSGGC Board considering inquiries, investigations, and legal and regulatory issues. An Interface Sub-Committee, a sub-committee of FP&P, was also established to support the detailed activity and scrutiny required around the transformation agenda (Diagram 19). No meetings of the Interface Sub-Committee were convened in 2025-26.

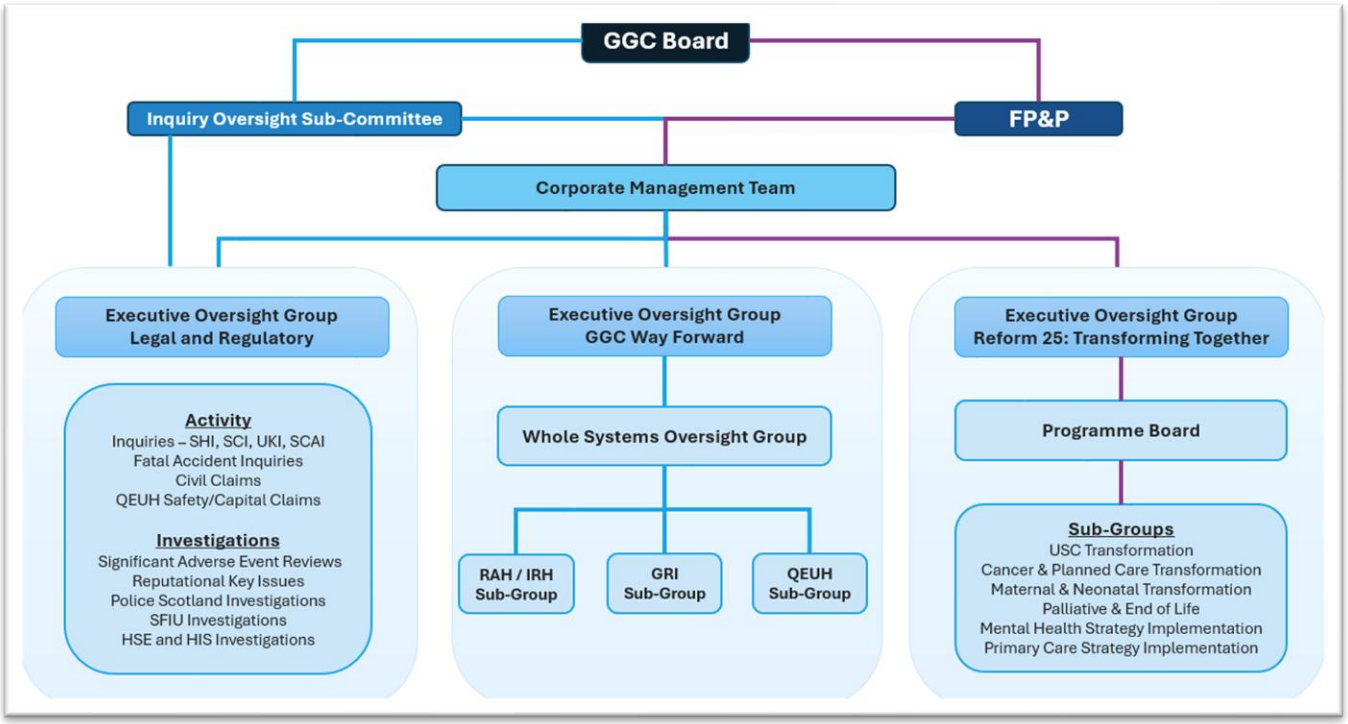
Diagram 19 – NHSGGC Board, Committees and Sub-Committees



There are three executive oversight groups at a management level supporting this approach. The structure and approach to the weekly directors' meetings have also been refocused (Diagram 20).

Diagram 20 – Executive Oversight Groups

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Other Governance Arrangements

As part of NHSGGC's annual review of governance arrangements, the Health Board has kept under review the terms of reference for its committees, its Standing Financial Instructions, Scheme of Delegation, Standing Orders and Code of Conduct for board members. This information is presented to the Board each June in line with NHSGGC's Operating Requirements.

All main committees of the Board are required to prepare and submit an Annual Report to the Audit and Risk Committee. These reports confirm 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, NHSGGC has in place a Standard of Business Conduct for Staff which was incorporated into NHSGGC's governance framework in 2024. There is also in place a well-established complaints system, whereby members of the public can make a formal complaint to the Health 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 NHSGGC'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 NHSGGC through the Chair of the Board.

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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.

A Policy Development Framework is in place 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, the Chief Executive is responsible for reviewing the effectiveness of the system of internal control. This review is informed by:

- The executive directors and managers within NHSGGC 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
- 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 Health Board's governance committees
- The thorough and comprehensive approach to risk management, reviewed and agreed by the Health 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 Health Board and its agreed strategies and corporate objectives
- Extensive regular reporting to the Board and its committees against a range of quality and

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performance measures in line with NHSGGC's IPQR, based on validated and reliable data

- The National Service Audit Reports which report on the effectiveness of the following systems of internal control managed on NHSGGC's behalf. These are as follows:
    - 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 NHSGGC and local authorities to IJBs. Services delegated to the IJBs are included within an Integration Scheme agreed between NHSGGC and the 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 details on NHSGGC's approach to setting the strategic direction and the integrated planning of health and social care are 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 NHSGGC and the relevant local authority. These directions will detail the actions the IJB considers necessary to deliver its strategic plan. NHSGGC's Financial, Planning and Performance Committee has responsibility for receiving, scrutinising, and endorsing each IJB's strategic plan, ensuring alignment with the organisation's overall strategic ambitions.

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 are currently under review, with a view to bringing greater strategic alignment, revised financial governance and reporting arrangements, and enhanced information governance and data sharing protocols. Once finalised, the updated Integration Schemes will be submitted for ministerial approval.

Information Governance

The Information Governance Team continues to work with all services to ensure NHSGGC

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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 and information security compliance. It does this 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 provides quarterly reports to the CMT and to the ARC detailing the business of the Group. An annual report is also presented for assurance to both CMT and ARC.

The Scottish Information Commissioner decided 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. In December 2025, NHSGGC was de-escalated from Level 3 Intervention, having demonstrated significant and consistent improvement in its compliance with Freedom of Information legislation during 2025-26. The Audit and Risk Committee continue to receive FOI performance updates on a quarterly basis for assurance.

Personal Data Related Incidents

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

The Data Protection Officer (DPO) for NHSGGC reported five confidentiality breaches to the Information Commissioner's Office (ICO). Four breaches related to inappropriate access or inappropriate disclosure of patient information, and one related to clinical information not saved due to a system issue. In addition, the ICO received ten complaints from members of the public. Two related to dissatisfaction with how NHSGGC had processed their personal data, four related to concerns that information was missing from their file, two related to a delay in responding to requests, one related to concerns that an objection to processing was not upheld and one related to a data breach. The DPO responded to all complaints and no action was taken against the Health Board.

Risk Management

NHSGGC has a robust framework for the management of risk which is based on ISO 31000. The framework is proactive in identifying and understanding risk and builds upon existing good practice. NHSGGC's Risk Management Strategy 2025-28 was approved by the Health Board in October 2025 alongside the Risk Register Policy and supplementary guidance document. These collectively detail how relevant risks are identified, evaluated, and escalated within NHSGGC. The rollout of the refreshed strategy and policy was supported by a comprehensive communications exercise led by the Chief Risk Officer (CRO). These included videos covering risk management material, Q&A information, and attendance at directorate meetings to support staff.

The Risk Champions Group met monthly throughout 2025-26 to co-ordinate and implement the Risk Management Work Plan, ensure consistency of approach of the Risk Management Strategy

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and act as a forum for sharing common risks and best practice across directorates. Training has been delivered to the directorate Risk Champions by the CRO during the year.

An internal audit of NHSGGC's risk management arrangements was carried out during 2025-26. The report reflected the stability in the CRO role in the previous two years, and a focus on the strategic risks in the Corporate Risk Registers (CRR). The report also noted some actions to be taken forward, some of which had already been identified or were in progress before commencement of the audit.

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 NHSGGC's approach to risk management:

- 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
- To provide assurance to NHSGGC and CMT that effective systems are in place to manage risks.

The CRR is reviewed monthly by CMT 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 ARC and twice per year by the Board. A summary of the risks rated High and Very High, presented at the April CMT, are set out in the Performance Report.

ARC received the latest Risk Management Annual Report at its meeting on 4 June 2026. The report provides assurance that there are effective systems in place to manage risk across NHSGGC, noting objectives delivered in 2025-26 and plans for the coming year.

NHSGGC's 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 CRR is made publicly available at regular intervals via the publication of Board papers on the website[17].

[17] Board Papers - https://www.nhsggc.scot/about-us/nhs-board/board-meetings-papers-reports/minutes-agendas/

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2025-26 Material Governance Matters

Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC)

The Scottish Hospitals Inquiry ('the Inquiry') into QEUH, RHC and the Royal Hospital for Children and Young in Edinburgh was launched in August 2020. Closing submissions concluded in January 2026 and the final report from the Inquiry is expected by the end of 2026. Further information regarding the Inquiry such as hearing dates and inquiry documents can be found here: www.hospitalsinquiry.scot .

In September 2021 Police Scotland announced an investigation, "Operation Quadric", into four deaths at the QEUH campus. Regular meetings continue to take place in respect of the criminal case, involving external solicitors instructed on behalf of NHSGGC, Senior Counsel for NHSGGC, the Crown Office and Procurator Fiscal Service and Crown Counsel.

Legal proceedings remain ongoing regarding claims for losses and damages incurred in respect of the construction of the QEUH and RHC. These proceedings have been raised by NHSGGC against the main contractor for the hospital project, relevant contractors, and some of the advisors.

Robust governance arrangements are well established to oversee all the activity in respect of the QEUH 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. In addition, further governance arrangements have been put in place by the establishment of a Safety and Public Confidence Oversight Group.

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. The final report and recommendations from UKBI were published in May 2024. NHSGGC's Director of Public Health is 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.

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. In March 2026, the UK Government reported that compensation payments in excess of £2 billion have been made. The Chair of the Inquiry wrote to the Minister of the Cabinet Office and formally closed the Inquiry on 31 March 2026. Further information on the inquiry, including its reports, is available on the inquiry website (https://www.infectedbloodinquiry.org.uk/).

Skye House

Skye House provides inpatient treatment for young people with conditions such as severe depression, eating disorders, psychosis, and obsessive-compulsive disorders. The service is operated by a multi-disciplinary team. Following national media coverage of issues raised by former patients, an internal Quality of Care Review was launched. In addition, NHSGGC commissioned an external independent review of the unit by the Royal College of Psychiatrists

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Invited Review Service. Skye House was also subject to inspections by Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission (MWC) in August 2025. The results of these reviews were published in January and February 2026.

The inspections and external review identified areas requiring improvement as well as some areas of good practice. Progress against actions identified from the reviews is tracked and updates against the improvement journey are provided to CMT for scrutiny. HIS and the Mental Welfare Commission will review the inspection action plan in June 2026.

Healthcare Improvement Scotland (HIS) Emergency Departments Review

HIS published a review of NHSGGC's Emergency Departments (EDs) in March 2025. The review acknowledged that the wider urgent and unscheduled care system is under significant pressure and national, strategic intervention is required to reform services. The review made 41 recommendations, 31 of which were for NHSGGC and 10 are wider reflections for Scotland.

NHSGGC 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. NHSGGC brought new governance arrangements into place in April 2025. These arrangements provide strategic guidance and support to the programme were agreed by the Health Board in April 2025, including an oversight group where progress against the report's recommendations is scrutinised.

HIS Maternity Unit Review

On 4 June 2026, Healthcare Improvement Scotland published its unannounced inspection report on Maternity Services – Safe Delivery of Care at the Queen Elizabeth University Hospital, identifying areas of good practice alongside a number of recommendations and requirements. The findings resulted in formal escalation to Level 1 in line with Health Improvement Scotland and Scottish Government Operating Framework. NHSGGC has accepted the findings and is progressing all required actions through established governance and assurance processes.

Fatal Accident Inquiries (FAIs)

Two FAI determinations were made during 2025-26 relating to the deaths of two infants at the RHC in 2016 and an infant death at the RHC in 2017. The recommendations included within the determinations have been fully acknowledged by NHSGGC and progress against these was presented to the Board in October 2025. In addition to the above FAIs for which determinations were made during the year, NHSGGC is currently involved in eight Discretionary FAIs and 10 Mandatory FAIs.

The enhanced governance arrangements described earlier in this governance statement highlight NHSGGC's commitment to oversight and management of areas of internal and external scrutiny.

Procurement Irregularities

Procurement irregularities within one department were brought to the Health 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 remain ongoing. Regular meetings take place between CFS and the Director of Finance to update on proceedings. The financial loss to NHSGGC is still uncertain, however, evidence demonstrates

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that it is not deemed material to these financial statements. NHSGGC's internal auditors carried out a review of the internal controls in this area to identify any required improvement, and the resulting action plan has been approved by the Audit and Risk Committee.

East Dunbartonshire Integration Joint Board

East Dunbartonshire Council implemented a new financial system, Oracle Fusion, during 2023-24 which took longer than planned to implement and delayed financial reporting to the IJB and onwards to NHSGGC. The audit for East Dunbartonshire IJB's 2024-25 financial statements is not yet complete, therefore information provided remains subject to audit. Regular meetings take place between each IJB's Chief Financial Officer and NHSGGC's finance senior management team to discuss the financial position and forecasted outturn. These meetings have enabled NHSGGC to obtain reasonable assurance over the figures reported to the Health Board for consolidation.

Annual Service Audit Reports

The Audit and Risk Committee received the three 2025-26 service audit reports on 4 June 2026. 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 Practitioner Services ISAE3402 Type II Service Audit Report covers controls for payments to primary care contractors (practitioner and counter fraud services). There was an unqualified audit opinion for this service audit. The audit report confirmed the suitability of the description and design of the controls in place and concluded that these controls were operating effectively during 2025-26.

There was, however, a qualified audit opinion for the IT Services ISAE 3402 Type II Service Audit. The report considered controls carried out by NSS Digital and Security and Atos. The report confirmed the suitability of the description and design of the controls in place and concluded that these controls were operating effectively, with the exception of the controls relating to logical access to applications, operating systems, and databases. 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 NHSGGC.

NHS Ayrshire and Arran provide an annual Service Audit in respect of their management of the National Single Instance (NSI) financial ledger service on behalf of all NHS boards. We have received the ISAE 3402 Type 2 - Assurance Report on Internal Controls over National Single Instance Financial Ledger Services report for 2025-26. No issues have been identified, and an overall unqualified opinion has been received.

Audit and Compliance

NHSGGC's internal auditors, Azets, carried out 567 days of internal audit work within their 2025-26 plan, completing a total of 13 standard audit reviews and one consultancy style review during the year. No control objectives were assessed as "Critical" where there was a fundamental absence or failure of key controls. In addition, there were no grade 4 recommendations raised

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(very high-risk exposure).

The audits undertaken, the audit gradings and the recommendations per audit are set out in the table below (Table 11).

Table 11 – Summary of Internal Audit Reports 2025-26

Internal Audit Report	Report Grade	Number of Recommendations per Grading				
		4	3	2	1	Advisory
Risk Management	Substantial Improvement Required	0	6	8	1	1
Whistleblowing	Substantial Improvement Required	0	6	11	0	1
Environmental Sustainability	Substantial Improvement Required	0	3	4	0	0
Communications Strategy	Minor Improvement Required	0	1	6	0	0
Procurement	Substantial Improvement Required	0	3	14	0	0
Significant Adverse Events	Substantial Improvement Required	0	9	18	2	0
Discharge Planning - DWD	Substantial Improvement Required	0	5	14	0	0
Waiting List Management – Clinical Urgent and Long Wait	Substantial Improvement Required	0	3	11	3	0
Musculoskeletal Physiotherapy	Minor Improvement Required	0	2	11	2	0
Workforce Planning	Minor Improvement Required	0	0	6	2	0
Freedom of Information	Minor Improvement Required	0	2	6	4	0
Information Governance	Minor Improvement Required	0	2	7	0	0
Property Transaction Monitoring	Effective	0	0	2	1	0

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 2026, there were no high or very-high risk actions outstanding, and Internal Audit were content with the progress made in-year in this regard.

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It is the opinion of the Chief Internal Auditor that:

"NHS GGC 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) was appointed as NHSGGC'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 2025-26 is therefore the fourth year of EY's appointment.

Progress against recommendations made by external audit is reported to the Audit and Risk Committee, and senior management continues to engage with the Health Board's appointed auditor to progress reported actions. Audit Scotland publish the external auditor's reporting here: https://audit.scot/publications/search[18].

Key actions relating to governance for 2026-27

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

- Continuation of the Active Governance Programme work, including the ongoing development of the IPQR to ensure board members have clarity on the NHSGGC's strategic aims, objectives, performance, and outcomes.
- The Delivery Plan for 2026-27 will be submitted to reflect the current position and key strategic actions for NHSGGC.
- Ongoing governance arrangements will remain in place around the legal claim relating to the QEUH campus but will be regularly reviewed and amended if required as each area develops and evolves. NHSGGC will consider the final report from the Scottish Hospitals Inquiry and take appropriate actions as required.
- Continuation of the significant work being undertaken 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 of counter fraud training including a communications exercise following fraud awareness training becoming mandatory for all staff in March 2026.

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.

[18] Audit Scotland website - https://audit.scot/publications/search

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Remuneration and Staff Report

Remuneration Report

Remuneration of board members and Senior Employees is determined in line with directions issued by the Scottish Government.

Remuneration Committee-Role and Purpose

The remuneration of the Executive Team is central to the NHSGGC's ability to recruit and retain the calibre of team capable of delivering the substantial strategic agenda and responsibilities placed upon them by the Scottish Government.

Accountability for the efficient and effective use of public monies is paramount within the public sector. Therefore, any decision on remuneration issues must be fully supportable in public.

The Remuneration Committee, as a standing Committee to the Board (which also works alongside or incorporating functions of the Staff Governance Committee), is responsible for overseeing changes to the pay, terms and conditions of the Executive team and relevant senior managers in the above context and taking into account Scottish Government direction and guidance and standards of good corporate governance.

Remuneration Committee-Membership

The Remuneration Committee membership comprises of the Chair of NHSGGC Board, at least three non-executive members of the NHSGGC Board, one of whom shall act as Chair, and the Employee Director. The Director of Human Resources is the lead executive officer to the Committee and arranges for such other officers to attend as required by the business of the committee. The Chief Executive is also in attendance.

The Committee is quorate when there are three non-executive board members present. When the Chair of the Committee is unavailable, one other Non-Executive Director will be appointed to chair the meeting

The Remuneration Committee will seek specialist guidance and advice as appropriate.

Remuneration Committee-Conduct of Business

The Remuneration Committee meets at least twice a year, and the conduct of business will be in accordance with NHSGGC's Standing Orders. In accordance with the principles of good corporate governance, members of the Committee should declare and record if they have an interest in any agenda item and then withdraw while the item is being discussed.

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Performance Appraisal

Performance appraisals for executive directors and senior managers are carried out in line with the guidance from the Scottish Government.

All staff covered under the Agenda for Change require an up-to-date Personal Development Plan and an annual appraisal in line with Turas's appraisal. Turas is the national electronic platform for recording summaries of annual personal development planning, objectives, and review discussions.

All medical staff require an annual appraisal which is reported through the Scottish Online Appraisal Resource (SOAR) which is a system which supports the appraisal process for doctors working in Scotland.

Board Members and Senior Employees Remuneration

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 Health 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 Health 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 NHSGGC's executive and senior management cohorts.

Reports on senior employees' remuneration detail board members' and senior employees' remuneration, in bandings of £5,000 (Tables 13 to 16). These bandings include any backdated salary payments made, and NHSGGC contributions made in respect of national insurance and pension.

The salaries of executive board members as at 31 March 2026 are set out in the following bullet points, with the figures as at 31 March 2025 shown in brackets. The information shown in these bullet points has been audited.

- J Gardner £199,843 (£174,664)
- Dr E Crighton £177,480 (£197,623) – resigned 11/02/2026
- Dr S Davidson £235,542 (£225,761)
- A Wallace £153,392 (£144,253)
- C Neil £91,762 (£141,854) – resigned 09/11/2025
- M Breen £80,831 (£nil) – appointed 06/10/2025
- Dr J O'Dowd £144,174 (£nil) – appointed 12/02/2026

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- W Edwards £163,134 (£145,529) – appointed Deputy Chief Executive 01/05/2025

Details of the remuneration for executive and non-executive members for 2025-26 are set out in the tables below (Tables 12 and 13). Comparative information for 2024-25 is also detailed below for information (Tables 14 and 15). The 'total earnings in year' column show the remuneration relating to actual earnings in 2025-26.

Performance Appraisal

Performance appraisals for executive directors and senior managers are carried out in line with the guidance from the Scottish Government.

All staff covered under the Agenda for Change require an up-to-date Personal Development Plan and an annual appraisal in line with Turas's appraisal. Turas is the national electronic platform for recording summaries of annual personal development planning, objectives, and review discussions.

All medical staff require an annual appraisal which is reported through the Scottish Online Appraisal Resource (SOAR) which is a system which supports the appraisal process for doctors working in Scotland.

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Table 12 – Remuneration of the Year ended 31 March 2026 (Table Subject to Audit)

2025-26	Total Salary and Enhancement (Bands of £5,000)	Benefits in Kind to nearest £100	Total Earnings in Year (Bands of £5,000)	Pension Benefits *1 £'000	Total Remuneration (Bands of £5,000)
Executive Members					
Chief Executive: Prof J Gardner	195-200	0	195-200	177	375-380
Director of Public Health: E Crighton (left 11/02/26) *2	175-180	0	175-180	49	225-230
Medical Director: S Davidson	235-240	0	235-240	320	550-555
Nurse Director: A Wallace	150-155	0	150-155	75	230-235
Director of Finance: C Neil (left 09/11/25) *3	90-95	0	90-95	60	155-160
Director of Finance: M Breen (from 06/10/25) *4	80-85	0	80-85	43	125-130
Interim Director of Public Health: J O'Dowd (from 12/02/26) *5	140-145	0	140-145	78	220-225
Deputy Chief Executive: W Edwards (from 01/05/25)	160-165	24	165-170	124	290-295
Non-Executive Members *6					
Non-Executive Director: PA Cameron-Burns (Employee Director) *7	75-80	0	75-80	0	75-80
Non-Executive Director: M Ashraf	25-30	0	25-30	0	25-30
Non-Executive Director: B Auld	15-20	0	15-20	0	15-20
Non-Executive Director: E Cairns	15-20	0	15-20	0	15-20
Non-Executive Director: M Cawley	15-20	0	15-20	0	15-20
Non-Executive Director: C Cooney	25-30	0	25-30	0	25-30
Non-Executive Director: J Cameron	10-15	0	10-15	0	10-15
Non-Executive Director: C Cunningham	10-15	0	10-15	0	10-15

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2025-26	Total Salary and Enhancement (Bands of £5,000)	Benefits in Kind to nearest £100	Total Earnings in Year (Bands of £5,000)	Pension Benefits *1 £'000	Total Remuneration (Bands of £5,000)
Non-Executive Director: G Dalessio (from 18/08/25) *8	10-15	0	10-15	0	10-15
Non-Executive Director: D Foy	15-20	0	15-20	0	15-20
Non-Executive Director: D Gould	35-40	0	35-40	0	35-40
Non-Executive Director: G Haddock	15-20	0	15-20	0	15-20
Non-Executive Director: M Kerr	25-30	0	25-30	0	25-30
Non-Executive Director: J Kinlochan (from 25/08/25) *9	10-15	0	10-15	0	10-15
Non-Executive Director: C McDiarmid (left 27/03/26) *10	10-15	0	10-15	0	10-15
Non-Executive Director: M McGinty	10-15	0	10-15	0	10-15
Non-Executive Director: I McInnes (left 31/03/26) *11	10-15	0	10-15	0	10-15
Non-Executive Director: L McDonald	20-25	0	20-25	0	20-25
Non-Executive Director: M McElroy (Consultant from 01/07/25) *12	160-165	0	160-165	74	235-240
Non-Executive Director: R Metcalfe (Consultant) *13	150-155	0	150-155	30	185-190
Non-Executive Director: K Miles	25-30	0	25-30	0	25-30
Non-Executive Director: R Moran	10-15	0	10-15	0	10-15
Non-Executive Director: K Pragnell	10-15	0	10-15	0	10-15
Non-Executive Director: L Rousselet (left 30/06/25) *14	5-10	0	5-10	0	5-10
Non-Executive Director: P Ryan	25-30	0	25-30	0	25-30
Non-Executive Director: K Turner	15-20	0	15-20	0	15-20
Non-Executive Director: L Thomson	90-95	0	90-95	0	90-95

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2025-26	Total Salary and Enhancement (Bands of £5,000)	Benefits in Kind to nearest £100	Total Earnings in Year (Bands of £5,000)	Pension Benefits *1 £'000	Total Remuneration (Bands of £5,000)
Non-Executive Director: C Vincent	25-30	0	25-30	0	25-30
Non-Executive Director: M Wailes	25-30	0	25-30	0	25-30

Notes:

*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. Executive Director E Crighton (Left 11/02/26) – Annualised Salary would be £205k – £210k

*3. Executive Director C Neil (Left 09/11/25) – Annualised Salary would be £150k – £155k

*4. Executive Director M Breen (From 06/10/25) – Annualised Salary would be £155k - £160k

*5. Executive Director J O'Dowd (From 12/02/26) – Annualised Salary would be £255k - £260k

*6. The Annualised Salary for Non-Executive Directors would be £10k – £15k for those without additional committee responsibility.

*7. Non-Executive PA Cameron – This post is full time and the salary shown relates to the substantive post held and non-executive allowance. Salary includes £25k in respect of other NHS GGC employment duties. The pension benefit for this individual was a negative and therefore we have shown the benefit as nil value.

*8. Non-Executive G Dalessio (From 18/08/25) – Annualised Salary would be £15k - £20k

*9. Non-Executive J Kinlochan (From 25/08/25) – Annualised Salary would be £20k - £25k

*10. Non-Executive C McDiarmid (Left 27/03/26) – Annualised Salary would be £10k - £15k

*11. Non-Executive I McInnes (Left 31/03/26) – Annualised Salary would be £10k - £15k

*12. Non-Executive M McElroy (Consultant From 01/07/25) – Annualised Salary would be £215k - £220k. This post is full time and the salary shown relates to the substantive post held and non-executive allowance. Salary includes £147k in respect of other NHS GGC employment duties from 01/07/25)

*13. Non-Executive Director: R Metcalfe (Consultant) – This post is full time and the salary shown relates to the substantive post held and non-executive allowance. Salary includes £134k in respect of other NHS GGC employment duties)

*14. Non-Executive – L Rousselet (Left 30/06/25) – Annualised Salary would be £5k – £10k

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Table 13 – Pension Values for the Year ended 31 March 2026 (Table Subject to Audit)

2025-26	Total Accrued Pension at Pension Age at 31/03/26 (Bands of £5,000)	Total Accrued Lump Sum at Pension Age at 31/03/26 (Bands of £5,000)	Real increase in Pension at Pension Age (Bands of £2,500)	Real increase in Lump Sum at Pension Age (Bands of £2,500)	Cash Equivalent Transfer Value (CETV) at 31/03/26 (£000) *1	Cash Equivalent Transfer Value (CETV) at 31/03/25 (£000)	Real increase in Cash Equivalent Transfer Value (CETV) in Year (£000)
Executive Members							
Chief Executive: Prof J Gardner	70-75	170-175	7.5-10	12.5-15	1,610	1,347	**263**
Director of Public Health: E Crighton (left 11/02/26)	80-85	200-205	2.5-5	(0-2.5)	1,959	1,830	**129**
Medical Director: S Davidson	90-95	240-245	15-17.5	32.5-35	2,123	1,693	**430**
Nurse Director: A Wallace	65-70	170-175	2.5-5	2.5-5	1,676	1,528	**147**
Director of Finance: C Neil (left 09/11/25)	70-75	180-185	2.5-5	2.5-5	1,647	1,501	**146**
Director of Finance: M Breen (from 06/10/25)	5-10	0	2.5-5	2.5-5	142	91	**51**
Interim Director of Public Health: J O'Dowd (from 12/02/26)	80-85	205-210	2.5-5	2.5-5	1,802	1,644	**158**
Deputy Chief Executive: W Edwards	55-60	135-140	5-7.5	10-12.5	1,148	978	**170**
Non-Executive Members							
Non-Executive Director: PA Cameron-Burns (Employee Director)	10-15	25-30	(5-7.5)	(20-22.5)	297	429	**(132)**
Non-Executive Director: M Ashraf	0	0	0	0	0	0	**0**

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2025-26	Total Accrued Pension at Pension Age at 31/03/26 (Bands of £5,000)	Total Accrued Lump Sum at Pension Age at 31/03/26 (Bands of £5,000)	Real increase in Pension at Pension Age (Bands of £2,500)	Real increase in Lump Sum at Pension Age (Bands of £2,500)	Cash Equivalent Transfer Value (CETV) at 31/03/26 (£000) *1	Cash Equivalent Transfer Value (CETV) at 31/03/25 (£000)	Real increase in Cash Equivalent Transfer Value (CETV) in Year (£000)
Non-Executive Director: B Auld	0	0	0	0	0	0	**0**
Non-Executive Director: E Cairns	0	0	0	0	0	0	**0**
Non-Executive Director: M Cawley	0	0	0	0	0	0	**0**
Non-Executive Director: C Cooney	0	0	0	0	0	0	**0**
Non-Executive Director: J Cameron *3	0	0	0	0	0	0	**0**
Non-Executive Director: C Cunningham	0	0	0	0	0	0	**0**
Non-Executive Director: G Dalessio (from 18/08/25)	0	0	0	0	0	0	**0**
Non-Executive Director: D Foy	0	0	0	0	0	0	**0**
Non-Executive Director: D Gould	0	0	0	0	0	0	**0**
Non-Executive Director: G Haddock	0	0	0	0	0	0	**0**
Non-Executive Director: M Kerr	0	0	0	0	0	0	**0**
Non-Executive Director: J Kinlochan (from 25/08/25)	0	0	0	0	0	0	**0**
Non-Executive Director: C McDiarmid (left 27/03/26)	0	0	0	0	0	0	**0**
Non-Executive Director: M McGinty	0	0	0	0	0	0	**0**

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2025-26	Total Accrued Pension at Pension Age at 31/03/26 (Bands of £5,000)	Total Accrued Lump Sum at Pension Age at 31/03/26 (Bands of £5,000)	Real increase in Pension at Pension Age (Bands of £2,500)	Real increase in Lump Sum at Pension Age (Bands of £2,500)	Cash Equivalent Transfer Value (CETV) at 31/03/26 (£000) *1	Cash Equivalent Transfer Value (CETV) at 31/03/25 (£000)	Real increase in Cash Equivalent Transfer Value (CETV) in Year (£000)
Non-Executive Director: I McInnes (left 31/03/26)	0	0	0	0	0	0	**0**
Non-Executive Director: L McDonald	0	0	0	0	0	0	**0**
Non-Executive Director: M McElroy (Consultant from 01/07/25) *4	60-65	140-145	2.5-5	2.5-5	1,227	1,094	**133**
Non-Executive Director: R Metcalfe (Consultant) *5	30-35	60-65	2-2.5	(0-2.5)	537	486	**51**
Non-Executive Director: K Miles	0	0	0	0	0	0	**0**
Non-Executive Director: R Moran	0	0	0	0	0	0	**0**
Non- Executive Director: K Pragnell	0	0	0	0	0	0	**0**
Non-Executive Director: L Rousselet (left 30/06/25)	0	0	0	0	0	0	**0**
Non-Executive Director: P Ryan	0	0	0	0	0	0	**0**
Non-Executive Director: K Turner	0	0	0	0	0	0	**0**
Non-Executive Director: L Thomson	0	0	0	0	0	0	**0**
Non-Executive Director: C Vincent	0	0	0	0	0	0	**0**
Non-Executive Director: M Wailes	0	0	0	0	0	0	**0**
Total					**14,168**	**12,621**	**1,547**

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Notes:

*1. 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 judgement. 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 NHS Scotland Scheme for the period from 1 April 2015 to 31 March 2022.

*2. CETV figures are notional calculations based on actuarial tables. Prior year CETV values were adjusted due to factors provided by the Government's actuarial department to the following:

	£'000		**£'000**
Chief Executive: J Gardner	0	to	1,347
Director of Public Health: E Crighton	1,576	to	1,830
Medical Director: S Davidson	0	to	1,693
Nurse Director: A Wallace	1,761	to	1,528
Employee Director: PA Cameron-Burns	165	to	429
Director of Finance - C Neil	1,339	to	1,501
Chief Operating Officer - W Edwards	871	to	978
Consultant - R Metcalfe	416	to	486
	6,128		**9,792**

*3 Non-Executive Director: 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 £25k in respect of other NHS GGC employment duties)

*4 Non-Executive Director: M McElroy (Consultant From 01/07/25) – this post is full time and the salary shown relates to the substantive post held and non-executive allowance. Salary includes £147k in respect of other NHS GGC employment duties from 01/07/25)

*5 Non-Executive Director: R Metcalfe (Consultant) – this post is full time and the salary shown relates to the substantive post held and non-executive allowance. Salary includes £134k in respect of other NHS GGC employment duties)

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Table 14 – Remuneration of the Year ended 31 March 2025 (Table Subject to Audit)

2024-25	Total Salary and Enhancement (Bands of £5,000)	Total Earnings in Year (Bands of £5,000)	Pension Benefits *1 £'000	Total Remuneration (Bands of £5,000)
Executive Members				
Chief Executive: J Grant (left 31/01/25) *2	175-180	175-180	0	175-180
Director of Public Health: E Crighton	195-200	195-200	178	375-380
Medical Director: J Armstrong (left 19/11/24) *3	140-145	140-145	110	250-255
Nurse Director: A Wallace	140-145	140-145	98	240-245
Director of Finance: C Neil	140-145	140-145	110	250-255
Chief Executive: J Gardner (from 01/02/25) *4	30-35	30-35	171	200-205
Medical Director: S Davidson (from 07/10/24) *5	115-120	115-120	342	460-465
Non-Executive Members *6				
Non-Executive Director: PA Cameron-Burns *7	70-75	70-75	233	300-305
Non-Executive Director: M Ashraf	20-25	20-25	0	20-25
Non-Executive Director: B Auld (from 01/07/24)	5-10	5-10	0	5-10
Non-Executive Director: E Cairns (from 01/07/24)	5-10	5-10	0	5-10
Non-Executive Director: M Cawley (from 01/07/24)	5-10	5-10	0	5-10
Non-Executive Director: C Cooney (from 01/07/24)	5-10	5-10	0	5-10
Non-Executive Director: J Cameron	10-15	10-15	0	10-15
Non-Executive Director: A Cowan (left 30/06/24)	0-5	0-5	0	0-5
Non-Executive Director: C Cunningham	10-15	10-15	0	10-15

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2024-25	Total Salary and Enhancement (Bands of £5,000)	Total Earnings in Year (Bands of £5,000)	Pension Benefits *1 £'000	Total Remuneration (Bands of £5,000)
Non-Executive Director: J Forbes (left 30/06/24)	0-5	0-5	0	0-5
Non-Executive Director: D Foy	10-15	10-15	0	10-15
Non-Executive Director: D Gould	20-25	20-25	0	20-25
Non-Executive Director: G Haddock	10-15	10-15	0	10-15
Non-Executive Director: M Kerr	20-25	20-25	0	20-25
Non-Executive Director: J Matthews (left 30/06/24)	5-10	5-10	0	5-10
Non-Executive Director: M McCluskey (left 30/04/24)	0-5	0-5	0	0-5
Non-Executive Director: C McDiarmid	10-15	10-15	0	10-15
Non-Executive Director: M McGinty	10-15	10-15	0	10-15
Non-Executive Director: I McInnes	10-15	10-15	0	10-15
Non-Executive Director: L McDonald	10-15	10-15	0	10-15
Non-Executive Director: R Metcalfe *8	140-145	140-145	66	205-210
Non-Executive Director: K Miles	20-25	20-25	0	20-25
Non-Executive Director: A Monaghan (left 30/06/24)	0-5	0-5	0	0-5
Non-Executive Director: R Moran (from 22/07/24)	5-10	5-10	0	5-10
Non-Executive Director: K Pragnell	10-15	10-15	0	10-15
Non-Executive Director: I Ritchie (left 30/06/24)	5-10	5-10	0	5-10
Non-Executive Director: L Rousselet	10-15	10-15	0	10-15
Non-Executive Director: P Ryan	25-30	25-30	0	25-30
Non-Executive Director: F Shennan (left 31/05/24)	0-5	0-5	0	0-5
Non-Executive Director: R Sweeney (left 30/06/24)	0-5	0-5	0	0-5

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2024-25	Total Salary and Enhancement (Bands of £5,000)	Total Earnings in Year (Bands of £5,000)	Pension Benefits *1 £'000	Total Remuneration (Bands of £5,000)
Non-Executive Director: K Turner (from 01/07/24)	5-10	5-10	0	5-10
Non-Executive Director: L Thomson	70-75	70-75	0	70-75
Non-Executive Director: C Vincent	25-30	25-30	0	25-30
Non-Executive Director: M Wailes	20-25	20-25	0	20-25
Other Senior Employees				
Chief Operating Officer: W Edwards	145-150	145-150	83	230-235

Notes:

*1. Penson 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 decrease due to a transfer of pension rights.

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

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

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

*5. 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.

*6. 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.

*7. 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.

*8. R Metcalfe (Consultant) – This post is full time and the salary shown relates to the substantive post held and nonexecutive allowance. Salary includes £131k in respect of other NHS GGC employment duties.

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Table 15 – Pension Values for the Year ended 31 March 2025 (Table Subject to Audit)

2024/25	Total Accrued Pension at Pension Age at 31/03/25 (Bands of £5,000)	Total Accrued Lump Sum at Pension Age at 31/03/25 (Bands of £5,000)	Real increase in Pension at Pension Age (Bands of £2,500)	Real increase in Lump Sum at Pension Age (Bands of £2,500)	Cash Equivalent Transfer Value (CETV) at 31/03/25 (£000)	Cash Equivalent Transfer Value (CETV) at 31/03/24 (£000)	Real increase in Cash Equivalent Transfer Value (CETV) in Year (£000)
Executive Members							
Chief Executive: Prof J Grant (left 31/1/25)	0	0	0	0	0	0	0
Director of Public Health: E Crighton	75-80	190-195	7.5-10	15-17.5	1,830	1,602	228
Medical Director: J Armstrong (left 19/11/24)	80-85	205-210	5-7.5	7.5-10	1,945	1,791	154
Nurse Director: A Wallace	60-65	160-165	5-7.5	7.5-10	1,528	1,414	114
Director of Finance: C Neil	65-70	170-175	5-7.5	7.5-10	1,502	1,362	140
Chief Executive: J Gardner (from 01/02/25)	55-60	145-150	7.5-10	12.5-15	1,347	1,291	56
Medical Director: S Davidson (from 07/10/24)	70-75	200-205	15-17.5	37.5-40	1,693	1,318	375
Non-Executive Members							
P A Cameron-Burns	15-20	40-45	10-12.5	25-27.5	429	168	261
R Metcalfe	25-30	60-65	2.5-5	2.5-5	486	423	63
Other Senior Employees							

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2024/25	Total Accrued Pension at Pension Age at 31/03/25 (Bands of £5,000)	Total Accrued Lump Sum at Pension Age at 31/03/25 (Bands of £5,000)	Real increase in Pension at Pension Age (Bands of £2,500)	Real increase in Lump Sum at Pension Age (Bands of £2,500)	Cash Equivalent Transfer Value (CETV) at 31/03/25 (£000)	Cash Equivalent Transfer Value (CETV) at 31/03/24 (£000)	Real increase in Cash Equivalent Transfer Value (CETV) in Year (£000)
Chief Operating Officer: W Edwards	45-50	120-125	2.5-5	5-7.5	981	888	93
TOTAL					**11,741**	**10,257**	**1,484**

Notes:

*1. CETV figures are notional calculations based on actuarial tables. Prior year CETV values were adjusted due to factors provided by the Government's actuarial department to the following:/

	£'000		£'000
Director of Public Health: E Crighton	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
Chief Operating Officer - W Edwards	871	to	888
Consultant - R Metcalfe	416	to	423
	7,518		7,648

*2. The Former Chief Executive J Grant was 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

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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 judgement. 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.

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Staff Report

Number of Senior Staff by Band

The definition of senior staff under FReM defines that senior employees are individuals that influence the decisions of the entity, within the Accounts this has been defined as the executive and non-executive members of the Health Board.

This information is contained within the remuneration report.

Fair Pay Disclosure

In addition to the information contained in the Remuneration Report and the subsequent notes to the Accounts, NHSGGC is required to make the additional disclosure detailed below in line with the Hutton guidance relating to fair pay. The highest earning director is the Medical Director. The Table below includes the full employer's costs (Table 15).

Table 15 – Full Employer's Costs (Table Subject to Audit)

2025-26	£000s	2024-25	£000s	% Change
Range of staff Remuneration	26-405	Range of staff Remuneration	24-455	(12.06)%
Highest earning Director's Total Remuneration	235-240	Highest earning Director's Total Remuneration	225-230	4.40%
Median (Total pay and benefits)	45	Median (Total pay and benefits)	43	6.13%
Median (Salary only)	45	Median (Salary only)	43	6.13%
Ratio	5.25	Ratio	5.34	(1.69)%
25th Percentile (Total pay and benefits)	36	25th Percentile (Total pay and benefits)	34	5.28%
25th Percentile (Salary Only)	36	25th Percentile (Salary Only)	34	5.28%
Ratio	6.67	Ratio	6.72	(0.74)%
75th Percentile (Total pay and benefits)	58	75th Percentile (Total pay and benefits)	55	6.03%
75th Percentile (Salary Only)	58	75th Percentile (Salary Only)	55	6.03%
Ratio	4.06	Ratio	4.12	(1.46)%

Table 15 shows the ratio and the percentage change of the highest paid director to the median, 25th percentile, and 75th percentile in the workforce. The percentage change of the highest paid

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director shows an increase of 4.4% in comparison to an average increase of 6.1% 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 £235,000 - £240,000 (2024-25: £225,000 - £230,000). Based on the mid-point for median ratio calculation, of £237,500 this was 4.4 times (2024-25: 9.0) the median remuneration of the workforce, which was £45,212 (2024-25: £42,600).

The highest paid director in 2025-26 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. In 2024-25, 79 (2024-25: 101) employees received remuneration in excess of the highest paid director and whole-time equivalent remuneration in this category ranged from £237,500 to £404,830 (2024-25: £225,765 to £445,157).

Higher Paid Employees Remuneration

The following number of employees who received remuneration are set out across ranges of pay int the tables below (Tables 16 and 17). Please note the tables exclude board members and the figures show are exclusive of pension contributions.

Table 16 – Highest Paid Clinicians

From	To	2025-2026	2024-2025
£90,001	£100,000	378	326
£100,001	£110,000	316	228
£110,001	£120,000	217	202
£120,001	£130,000	189	194
£130,001	£140,000	173	181
£140,001	£150,000	191	194
£150,001	£160,000	200	173
£160,001	£170,000	166	167
£170,001	£180,000	150	146
£180,001	£190,000	143	121
£190,001	£200,000	111	110
£200,001	And above	343	245

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Table 17 – Highest Paid Employees (Non-Clinicians)

Others From		2025-2026	2024-2025
£90,001	£100,000	96	62
£100,001	£110,000	59	50
£110,001	£120,000	24	23
£120,001	£130,000	17	4
£130,001	£140,000	2	1
£140,001	£150,000	2	3
£150,001	£160,000	1	1
£160,001	£170,000	1	1
£170,001	£180,000	0	0
£180,001	£190,000	0	0
£190,001	£200,000	1	0
£200,001	And above	0	0

The number of clinical staff earning over £200,000 primarily relates to discretionary points and distinction awards. It also includes some additional payments in relation to Extra Programmed Activities (EPAs) and On Call payments. The numbers above are exclusive of the Executive Directors of the Health Board who are disclosed separately within the Remuneration Report.

Additional information on staff expenditure and staffing numbers is set out in Tables 18 and 19.

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Table 18 – Staff Expenditure (Table Subject to Audit)

2025-26	Executive Board Members	Non-Executive Members	Permanent Staff	Inward Secondees	Other Staff	Outward Secondees	Total 2025-26	Total 2024-25
Salaries and Wages	1,707	1,142	2,070,897	0	0	(553)	2,073,193	1,974,433
Social Security Costs	181	129	284,660	0	0	(75)	284,895	221,804
NHS Scheme Employers' Costs	280	70	407,809	0	0	(107)	408,052	381,582
Inward Secondees	0	0	0	17,711	0	0	17,711	17,679
Agency Staff	0	0	0	0	18,164	0	18,164	22,632
Compensation for loss of office	0	0	9	0	0	0	9	0
Total	**2,168**	**1,341**	**2,763,375**	**17,711**	**18,164**	**(735)**	**2,802,024**	**2,618,130**

Table 19 – Staff Numbers (Whole Time Equivalents) (Table Subject to Audit)

2025-26	Executive Board Members	Non-Executive Members	Permanent Staff	Inward Secondees	Other Staff	Outward Secondees	Total 2025-26	Total 2024-25
Whole Time Equivalent (WTEs)	7	27*	35,635	344	199	(2)	36,210	36,572
Included in the total staff numbers above were disabled staff of:							536	462

* The WTEs figure shown in this column relates to headcount.

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Reconciliation to Income and Expenditure

In the table below NHSGGC has set out a reconciliation between the staff expenditure figure shown in Table 18 to the total employee expenditure disclosed within note 3 of the annual accounts (Table 20).

Table 20 – Reconciliation to Total Employee Expenditure (Note 3)

	£'000
Total Employee Expenditure	2,802,024
Add: employee income included in Note 4	735
Total Employee Expenditure disclosed in Note 3	2,802,759

Staff Composition

The table below includes the breakdown of the number of people of each gender who were directors and employees of NHSGGC as at 31 March 2026 (Table 21).

Table 21 – Composition of NHSGGC Staff

Staff Composition	2026			2025		
Category	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Executive Directors	4	3	7	2	3	5
Non-Executive Directors and Employee Director	10	17	27	12	15	27
Senior Employees	2,088	2,377	4,465	1,940	2,146	4,086
Other	8,387	34,180	42,567	8,552	34,227	42,779
Total Headcount	**10,489**	**36,577**	**47,066**	**10,506**	**36,391**	**46,897**

The "Manual for Accounts" requires that the number of Senior Employees in NHSGGC be disclosed in this analysis. NHSGGC has therefore defined the "Higher Paid Employees Remuneration" to represent this. Senior Employees for 2025-26 as per the "Manual for Accounts" now includes all staff earning over £90,000 who are not Executive Directors of the Health Board.

Sickness Absence

The annual sickness absence rate for 2025-26 was 7.52% (7.50% for 2024-25).

Staff Policies

NHSGGC 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. The Organisation applies all nationally agreed workforce policies, including the new Once for Scotland Policy

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programme which are in line with UK and European employment legislation.

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

Staff Policies relating specifically to staff with a disability

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 as follows:

- 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

NHSGGC 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.

Staff Wellbeing and Support

Staff care and wellbeing remains a key priority for NHSGGC. The Health Board is committed to providing easily accessible support services and resources aligned to deliver the Staff Governance Standard and ensuring all staff are afforded a safe and healthy working environment.

NHSGGC offers comprehensive staff wellbeing support, including confidential counseling, mental health resources, and occupational health services. The Organisation's key resources include a dedicated staff wellbeing hub, emotional wellbeing resources, occupational health peer support, and, for 2026, a focus on work-life balance and stress management.

A summary of the wide-ranging available staff care, and wellbeing resources can be found at: Staff Support and Wellbeing - NHSGGC.

Exit Packages

During 2025-26, NHSGGC agreed three exit packages for staff. Details of the packages and the value are set out below. The comparative information for 2024-25 has also been included for information (Table 22).

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Table 22 – Exit Packages Agreed (Table Subject to Audit)

2025-26 Exit package Cost Band	Number of Compulsory Redundancies	Number of Other Departures Agreed	Total Number of Exit Packages by Cost Band
< £10,000	0	3	3
£10,001 - £25,000	0	0	0
Total Number Exit Packages by Type	**0**	**3**	**3**
Total Resource Cost (£'000)	**0**	**10**	**10**

2024-25 - Exit package Cost Band	Number of Compulsory Redundancies	Number of Other Departures Agreed	Total Number of Exit Packages by Cost Band
< £10,000	0	0	0
Total Number Exit Packages by Type	**0**	**0**	**0**
Total Resource Cost (£'000)	**0**	**0**	**0**

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PARLIAMENTARY ACCOUNTABILITY REPORT

The Parliamentary Accountability Report collates the key Parliamentary Accountability documents into the Annual Report and Accounts.

Losses and Special Payments

During 2025-26 NHSGGC made payments totalling £12.174m across 301 cases (Table 23).

Table 23 – Losses and Special Payments in 2025-26 and 2024-25

	2025-26		2024-25	
	Number of Cases	£'000	Number of Cases	£'000
Losses	**301**	**12,174**	**320**	**12,510**

NHSGGC was required to pay out £5.0m in respect of 11 claims individually greater than £300,000 settled under the CNORIS scheme (2024-25: £6.1m, 14 claims). Part payment had been made in relation to these settled cases and the value disclosed here is the total award. Further details on the scheme can be found in Note 1 (accounting policies) of the annual accounts.

NHSGGC 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

NHSGGC had no commercial trading activity during 2025-26 where the full annual cost exceeded £1 million (2024-25: 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.

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APPROVAL OF ACCOUNTABILITY REPORT

The Accountable Officer authorised the Performance Report for issue on

Signed by:



26/6/2026

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Professor J Gardner BSc (Hons) MSc MBA

Chief Executive and Accountable Officer

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INDEPENDENT AUDITOR'S REPORT

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 2026 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 2025/26 Government Financial Reporting Manual (the 2025/26 FReM).

In our opinion the accompanying financial statements:

- give a true and fair of the state of affairs of the board and its group as at 31 March 2026 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 2025/26 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.

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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 Health Board;

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- inquiring of the Accountable Officer and Executive Director of Finance & Deputy Chief Executive as to other laws or regulations that may be expected to have a fundamental effect on the operations of the Health Board;

- inquiring of the Accountable Officer and Executive Director of Finance & Deputy Chief Executive 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; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

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. 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.

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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

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- we have not received all the information and explanations we require for our audit.

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:



29/6/2026

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Stephen Reid (for and on behalf of Ernst & Young LLP),

1 More London Place,

London,

SE1 2AF

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FINANCIAL STATEMENTS

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE (SOCNE)

For the Year Ended 31 March 2026

	Note	2026	2025
		£'000	£'000
Staff Costs	3a	**2,802,759**	2,618,758
Other Operating Expenditure:			
Independent Primary Care Services	3b	**549,611**	513,398
Drugs and Medical Supplies	3b	**857,673**	841,537
Other Health Care Expenditure	3b	**3,379,503**	3,088,151
Net Expenditure for the Year		**7,589,546**	7,061,844
Less: Operating Income	4	**(3,444,111)**	(3,202,088)
Joint Ventures accounted for on an equity basis		**(29,084)**	4,109
Net Expenditure for the Year		**4,116,351**	3,863,865

OTHER COMPREHENSIVE NET EXPENDITURE

	Note	2026	2025
		£'000	£'000
Net (Gain)/Loss on revaluation of Property, Plant and Equipment	6a	**(17,918)**	(33,173)
Net (Gain)/Loss on revaluation of Investments	9	**(5,178)**	(489)
Other Comprehensive (Income) / Expenditure		**(23,096)**	(33,662)
Comprehensive Net Expenditure		**4,093,255**	3,830,203

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

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CONSOLIDATED STATEMENT OF FINANCIAL POSITION

	Note	2026 Consolidated	2026 Board	2025 Consolidated	2025 Board
		£'000	£'000	£'000	£'000
Non-Current Assets					
Property, Plant and Equipment	6c	**2,563,250**	**2,563,250**	2,568,018	2,568,018
Right of Use assets	15a	**23,487**	**23,487**	25,534	25,534
Financial Assets:					
Available for sale financial assets	9	**112,287**	**2,861**	106,808	2,539
Investments in joint ventures	21b	**102,066**	**0**	72,982	0
Trade and other Receivables	8	**218,146**	**218,146**	165,651	165,651
Total Non-Current Assets		**3,019,236**	**2,807,744**	**2,938,993**	**2,761,742**
Current Assets					
Inventories	7	**35,530**	**35,530**	36,323	36,323
Financial Assets:					
- Trade and other Receivables	8	**281,704**	**282,611**	258,366	258,450
- Cash and cash equivalents	10	**4,233**	**2,115**	3,832	1,862
Assets classified as held for sale	6b	**2,541**	**2,541**	2,298	2,298
Total Current Assets		**324,008**	**322,797**	**300,819**	**298,933**
Total Assets		**3,343,244**	**3,130,541**	**3,239,812**	**3,060,675**
Current Liabilities					
Provisions	12a	**(180,241)**	**(180,241)**	(150,887)	(150,887)
Financial Liabilities:					
- Trade and Other Payables	11	**(562,374)**	**(559,697)**	(551,037)	(548,481)
Total Current Liabilities		**(742,615)**	**(739,938)**	**(701,924)**	**(699,368)**
Net Current Liabilities		**2,600,629**	**2,390,603**	**2,537,888**	**2,361,307**
Non-Current Liabilities					
Provisions	12a	**(411,295)**	**(411,295)**	(342,183)	(342,183)
Financial Liabilities:					
- Trade and Other Payables	11	**(422,767)**	**(422,767)**	(428,579)	(428,579)
Total Non-Current Liabilities		**(834,062)**	**(834,062)**	**(770,762)**	**(770,762)**
Assets Less Liabilities		**1,766,567**	**1,556,541**	**1,767,126**	**1,590,545**
Taxpayers' Equity					
General Fund	SoCTE	**866,099**	**866,099**	892,693	892,693
Revaluation Reserve	SoCTE	**690,442**	**690,442**	697,852	697,852
Other Reserves – Joint Ventures	SoCTE	**102,066**	**0**	72,982	0
Funds Held on Trust	SoCTE	**107,960**	**0**	103,599	0
Total Taxpayers' Equity	**SoCTE**	**1,766,567**	**1,556,541**	**1,767,126**	**1,590,545**

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

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The financial statements were approved by the Board on
and signed on their behalf by

Signed by:

Michael Breen 26/6/2026

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Michael Breen BAcc CPFA

Executive Director of Finance

Signed by:

Gardner 26/6/2026

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Professor Jann Gardner BSc (Hons) MSc MBA

Chief Executive and Accountable Officer

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CONSOLIDATED STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2026

	Note	2026 £'000	2025 £'000
Cash Flows from Operating Activities			
Net Expenditure	SoCTE	**(4,116,351)**	(3,863,865)
Adjustments for Non-Cash Transactions	2(b)	**92,084**	119,604
Add back: Interest Payable recognised in Net Operating Expenditure	2(b)	**22,568**	23,698
Deduct: Interest receivable recognised in Net Operating Expenditure	4	**0**	0
Investment income		**(3,237)**	(3,389)
Movement in Working Capital	2b	**31,045**	38,507
Net Cash Flows from Operating Activities		**(3,973,891)**	(3,685,445)
Cash Flows from Investing Activities			
Purchase of Property, Plant and Equipment		**(85,367)**	(64,750)
Investment additions	9	**(14,206)**	(11,480)
Proceeds of Disposal of Property, Plant and Equipment	6a	**8,431**	106
Receipts from sale of investments		**11,701**	11,688
Interest received		**3,237**	3,389
Net Cash Outflow from Investing Activities		**(76,204)**	(61,047)
Cash Flows from Financing Activities			
Funding		**4,093,769**	3,790,176
Movement in General Fund Working Capital	SoCTE	**253**	54
Cash Drawn down	**SoCTE**	**4,094,022**	3,790,230
Capital element of payments in respect of leases and on-balance sheet PFI and HUB contracts	15	**(23,009)**	(20,254)
IFRS 16 - cash lease payment		**0**	0
Interest paid	2b	**449**	(306)
Interest element of leases and on-balance sheet PFI / PPP and Hub contracts	2b	**(23,017)**	(23,392)
Net Cash Flow from Financing Activities		**4,048,445**	3,746,278
Net Increase/(Decrease) in Cash and Cash equivalents in the period	10	**(1,650)**	(214)
Cash and Cash equivalents at the beginning of the period		**13,521**	13,735
Cash and Cash Equivalents at the end of the period		**11,871**	**13,521**

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 £7,638k (prior year £9,689k).
The Notes to the Accounts, numbered 1 to 21 form an integral part of these Accounts.

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CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2026

	Note	General Fund	Revaluation Reserve	Other Reserves -Joint Ventures	Funds Held on Trust	Total Reserves
		£'000	£'000	£'000	£'000	£'000
Balance at 31 March 2025		892,693	697,852	72,982	103,599	1,767,126
Changes in Taxpayers' Equity for 2025-26						
Net Gain/(Loss) on Revaluation/Indexation of Property, Plant and Equipment	6a	0	17,918	0	0	17,918
Net Gain/(Loss) on Revaluation of Investments	9	0	0	0	5,178	5,178
Impairments of Property, Plant and Equipment		0	(52)	0	0	(52)
Revaluation & Impairments taken to Operating Costs	2b	0	(1,044)	0	0	(1,044)
Transfers between Reserves		24,232	(24,232)	0	0	0
Other Non Cash Costs		23	0	0	0	23
Net Operating Cost for Year	CFS	(4,144,618)	0	29,084	(817)	(4,116,351)
Total Recognised Income and Expense for 2025-26		**(4,120,363)**	**(7,410)**	**29,084**	**4,361**	**(4,094,328)**
Funding:						
Drawn Down	CFS	4,094,022	0	0	0	4,094,022
Movement in General Fund (Creditor)/Debtor	CFS	(253)	0	0	0	(253)
Balance at 31 March 2026	SOFP	**866,099**	**690,442**	**102,066**	**107,960**	**1,766,567**

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STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE PRIOR YEAR

	Note	General Fund	Revaluation Reserve	Other Reserves -Joint Ventures	Funds Held on Trust	Total Reserves
		£000s	£000s	£000s	£000s	£000s
Balance at 31 March 2024		934,025	688,256	77,091	106,113	1,805,485
Changes in Taxpayers' Equity for 2024-25						
Net Gain/(Loss) on Revaluation/Indexation of Property, Plant and Equipment	6a	0	33,173	0	0	33,173
Net Gain/(Loss) on Revaluation of Investments	9	0	0	0	489	489
Impairments of Property, Plant and Equipment		0	(2,080)	0	0	(2,080)
Revaluation & Impairments taken to Operating Costs	2b	0	3,748	0	0	3,748
Transfers between Reserves		25,245	(25,245)	0	0	0
Net Operating Cost for Year	CFS	(3,856,753)	0	(4,109)	(3,003)	(3,863,865)
Total Recognised Income and Expense for 2024-25		**(3,831,508)**	**9,596**	**(4,109)**	**(2,514)**	**(3,828,535)**
Funding:						
Drawn Down	CFS	3,790,230	0	0	0	3,790,230
Movement in General Fund (Creditor)/Debtor	CFS	(54)	0	0	0	**(54)**
Balance at 31 March 2025	SOFP	**892,693**	**697,852**	**72,982**	**103,599**	**1,767,126**

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

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NOTES TO THE ACCOUNTS

Note 1: Accounting Policies

Section 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 2025-26

IFRS 17 Insurance Contracts has been included within the FreM for 2025-26. There was no material impact on the financial statements.

(b) Standards, amendments and interpretations early adopted in 2025-26

There are no new standards, amendments or interpretations early adopted in the 2025-26 financial year.

(c) Standards, amendments and interpretations issued but not adopted in 2025-26

The table below summarises recent standards, amendments and interpretations issued but not adopted in the 2025-26 financial year.

Standard	Current status
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.

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Section 2: Basis of 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 Health 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. NHSGGC 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.

Section 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 2026-27 financial position as well as the 2026-27 to 2028-29 financial plans and forecasts. Our considerations cover the period through to 30 June 2027, 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 Health Board and through the NHS Scotland assurance process, the Board has a reasonable expectation that NHSGGC will have adequate resources to continue in operational existence for the foreseeable future.

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Section 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.

Section 5: Funding

Most of the expenditure of the Health 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 Health 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 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.

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

Section 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 will flow to, or service potential be provided to, the Health 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:

1) 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.

2) In cases where a new hospital would face an exceptional write off of items of equipment costing individually less than £5,000, the Health Board has the option to capitalise initial revenue equipment costs with a standard life of 10 years.

3) 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

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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.

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 also 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 Health 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 operational capacity 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 arising from a change in market price 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.

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

1) Freehold land is considered to have an infinite life and is not depreciated.

2) Assets in the course of construction and residual interests in off-balance sheet PFI contract assets are not depreciated until the asset is brought into use or reverts to the Health Board, respectively.

3) Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification.

4) 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.

5) Equipment is depreciated over the estimated life of the asset.

6) Leased property, plant and equipment is depreciated over the shorter of the lease term and estimated useful life unless there is reasonable certainty the Health 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.

Depreciation is charged on a straight-line basis. The following asset lives have been used for the period:

Asset Category/Component	Useful Life
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

Section 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.

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- 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.

Section 8: Donated Assets

Non-current assets that are donated or purchased using donated funds are included in the Statement of Financial Position initially at the 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.

Section 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.

Section 10: Leasing

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

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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.

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 Health 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

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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.

Section 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 operational capacity provided by the asset, unless there has been a reduction in operational capacity. 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.

Section 12: General Fund Receivables and Payables

Where the Health Board has a positive net cashbook 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 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.

Section 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.

Section 14: Losses and Special Payments

Operating expenditure includes certain losses which would have been made good through insurance cover had the NHS not been bearing its own risks. Had the NHS provided insurance cover, the insurance premiums would have been included as normal revenue expenditure.

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Section 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 Health 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 Health 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 Health 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 Health Board commits itself to the retirement, regardless of the method of payment.

Section 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 Health 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.

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The Health Board also provides for its liability from participating in the scheme. The Participation in CNORIS provision recognises the Health 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 the provisions between financial years is matched by a corresponding adjustment in AME provision and is classified as non-core expenditure.

Section 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.

Section 18: Value Added Tax

Most of the activities of the Health 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.

Section 19: PFI/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 Health 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 Health 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 Health 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).

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The service charge and the finance cost interest element are charged in the SOCNE.

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.

Section 20: Provisions

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

Section 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 Health 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.

Section 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 the adjustment disclosed in a note to the financial statements.

Section 23: Financial Instruments

Financial Assets

Business model

The Health 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.

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Classification

When the Health 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 Health 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:

- the financial asset is held within a business model where the objective is to collect contractual cash flows; and
- 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:

- the financial asset is held within a business model where the objective is to collect contractual cash flows *and* sell the asset; and
- 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 Health 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 Health Board where there has been a significant increase in credit risk since the asset's initial recognition. Where the Health 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 Health Board becomes party to the contractual provisions of the financial instrument.

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Financial assets are derecognised when the rights to receive cash flows from the asset have expired or have been transferred and the Health 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

Financial Liabilities

Classification

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

1. these are measured at fair value on a portfolio basis in accordance with a documented risk management or investment strategy.

2. they contain embedded derivatives; and/or

3. 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 Health 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 Health 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 Health Board becomes party to the contractual provisions of the financial instrument.

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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.

Section 24: Segmental Reporting

Operating segments are reported in a manner consistent with the internal reporting requirements of the Health 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.

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

Section 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 Health 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.

Section 27: Key Sources of Judgement and Estimation Uncertainty

The Health 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

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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 Health Board's accounting policies which have the most significant effect on the carrying amounts in the financial statements are summarised below:

- Accruals – The Health 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 Health 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 Health 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 Health 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 Health 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 £5.3 million and the impact of a reduction would be £6.4 million.

- Non-current Assets – Valuation of land and buildings.

The Health Board commissioned a valuation of land and buildings as part of its 5-year rolling program as at 31 March 2026.

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

Section 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 Health Board recognises income relating to performance obligations satisfied in that year. Where the Health Board's entitlement to consideration for those goods

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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 Health Board.

From 1st April 2023, income is recognised in line with IFRS 15 under revised agreements with other Health Boards, where the Health 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 Health Board are treated. The price is based on prescribed costings agreed with the other Boards for each patient and procedure.

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Note 2A: Summary of Revenue Resource Outturn

SUMMARY OF CORE REVENUE RESOURCE OUTTURN

	2026 £'000
Net Expenditure	**4,116,351**
Total Non-Core Expenditure (see below)	(164,146)
Family Health Services non-discretionary allocation	(247,707)
Endowment Net Expenditure	(817)
Joint ventures accounted for on an equity basis.	29,084
Total Core Expenditure	**3,732,765**
Core Revenue Resource Limit	3,735,315
Saving (Excess) against Core Revenue Resource Limit	**2,550**

SUMMARY OF NON-CORE REVENUE RESOURCE OUTTURN

	2026 £'000
Capital Grants to / (from) other bodies	220
Depreciation/Amortisation	100,983
Annually Managed Expenditure- Impairments	(900)
Annually Managed Expenditure- Creation of Provisions	38,796
Annually Managed Expenditure- Depreciation of Donated assets	1,114
Additional Scottish Government Non-Core Funding	9,947
Donated Assets Income	(3,320)
PFI Depreciation	9,364
PFI Remeasurement (Gain)/Loss	2,140
Right of Use (RoU) Asset Depreciation	5,438
Annually Managed Expenditure - Right of Use (RoU) Peppercorn Leases Depreciation	364
Total Non-Core Expenditure	**164,146**
Non-Core Revenue Resource Limit	164,146
Saving / (Excess) against Non-Core Revenue Resource Limit	**0**

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SUMMARY OF RESOURCE OUTTURN

	Resource £'000	Expenditure £'000	Saving £'000
Core	3,735,315	3,732,765	**2,550**
Non-Core	164,146	164,146	**0**
Total	**3,899,461**	**3,896,911**	**2,550**

Note 2B: Notes to the Cashflow Statement

Consolidated Adjustment for Non-Cash Transactions (Expenditure not paid in cash)

	Note	2026 £'000	2025 £'000
Depreciation	6a	**110,331**	107,577
Depreciation of Donated Assets	6a	**1,114**	1,332
Depreciation of Right of Use (ROU) assets	15b	**5,802**	6,628
PFI Remeasurement (Gain) / Loss		**7,921**	10,005
Net revaluation on PPE charged to SOCNE		**(1,096)**	3,748
Loss on re-measurement of non-current assets held for sale	6b	**52**	0
Funding of Donated Assets	6a	**(3,320)**	(1,496)
Loss / (profit) on disposal of property, plant and equipment		**222**	(12,353)
GP Loans Fair Value Adjustment	9	**142**	54
Associates and joint ventures accounted for on an equity basis	SOCNE	**(29,084)**	4,109
Total Expenditure Not Paid in Cash	**CFS**	**92,084**	119,604

Interest Payable Recognised in Operating Expenditure

	Note	2026 £'000	2025 £'000
PFI lease charges allocated in the year	16	**22,392**	22,781
Lease interest	15b	**625**	611
Provisions - Unwinding of discount		**(449)**	306
Net interest payable	**CFS**	**22,568**	23,698

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Consolidated Movements in Working Capital

	Opening Balances £'000	Closing Balances £'000	**2026 Net Movement £'000**	2025 Net Movement £'000
Inventories				
Statement of Financial Position	**36,323**	35,530		
Net Decrease/(Increase)			**793**	(6,992)
Trade and Other Receivables				
Due within one year	**258,366**	281,704		
Due after more than one year	**165,651**	218,146		
Less: Property, plant and equipment (capital) included in above	**(13,680)**	(5,505)		
Total Trade and Other Receivables	**410,337**	494,345		
Net Decrease/(Increase)			**(84,008)**	(11,474)
Trade and Other Payables				
Due within one year	**551,037**	562,374		
Due after more than one year	**428,579**	422,767		
Less: Property, Plant & Equipment (capital) included in above	**(27,583)**	(28,402)		
Less: General Fund Creditor included in above	**(1,862)**	(2,115)		
Less: Lease Creditors included in the above	**(391,567)**	(380,226)		
Total Trade and Other Payables	**558,604**	574,398		
Net (Decrease)/Increase			**15,794**	24,032
Provisions				
Statement of Financial Position	**493,070**	591,536		
Net (Decrease)/Increase			**98,466**	32,941
Net Movement (Decrease)/Increase			**31,045**	38,507

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Other General Fund non-cash costs shown on the face of SoCTE

	2026 £'000	2025 £'000
Transfers	23	0
Total other non-cash costs	**23**	**0**

Note 3: Operating Expenses

3a STAFF COSTS

	2026 Consolidated £'000	2025 Consolidated £'000
Medical and Dental	716,440	671,799
Nursing	1,154,744	1,088,183
Other staff	931,575	858,776
Total Staff Costs	**2,802,759**	**2,618,758**

Further detail and analysis of employee costs can be found in the Remuneration and Staff report, forming part of the Accountability Report.

3b OTHER OPERATING EXPENSES

	2026 Consolidated £'000	2025 Consolidated £'000
General Medical Services	270,314	253,162
Pharmaceutical Services	93,636	87,405
General Dental Services	149,979	140,228
General Ophthalmic Services	35,682	32,603
Total Independent Primary Care Services	**549,611**	**513,398**
Prescribed drugs, primary care	277,010	284,224
Prescribed drugs, secondary care	375,089	361,323
Medical Supplies	205,574	195,990
Total Drugs and Medical Supplies	**857,673**	**841,537**
Contribution to Integration Joint Boards	2,255,396	2,104,527
Goods and services from other NHS Scotland Bodies	56,043	51,554
Goods and services from other NHS Bodies	3,134	1,851
Goods and services from private providers	35,035	20,458
Goods and services from voluntary organisations	25,032	23,430
Resource Transfer	288,637	279,109

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	2026 Consolidated £'000	2025 Consolidated £'000
Loss on disposal of assets	222	539
Other operating expenses	704,933	594,276
External Audit Remuneration – statutory audit fee	850	936
Endowment Fund Expenditure	10,221	11,471
Total Other Health Care Expenditure	**3,379,503**	**3,088,151**
Total Other Operating Expenditure	**4,786,787**	**4,443,086**

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 expenditure included:

	2026 £'000	2025 £'000
Depreciation	**111,461**	**108,908**
Professional fees and charges	**51,779**	**53,815**
Equipment	**75,514**	**67,773**
PFI	**50,099**	**52,720**
Rates	**35,594**	**35,045**
Heating, fuel and power	**52,927**	**64,747**
Impairment / pensions / negligence provision	**106,850**	**44,438**

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Note 4A: Operating Income

	2026 Consolidated £'000	2025 Consolidated £'000
Income from Scottish Government	442	199
Income from other NHS Scotland Bodies	941,041	875,967
Income from other non-NHS Scotland Bodies	5,861	4,823
Income from private patients	407	322
Income for services commissioned by Integration Joint Board	2,255,396	2,104,527
Patient charges for primary care	21,822	20,291
Donations	3,321	1,496
Profit on disposal of assets	0	12,895
Contributions in respect of CNORIS	75,071	24,183
Non-NHS		
Overseas patients (non-reciprocal)	2,232	1,775
Endowment fund income	9,404	8,468
Other	129,114	147,142
Total Operating Income	**3,444,111**	**3,202,088**

Notes:

1. Higher value items within other operating income are set out in the table below.

	2026 £'000	2025 £'000
Healthcare to other organisations including local authorities and other government departments	**56,568**	50,485
Road Traffic Act	**6,319**	6,780
Rent of premises income	**4,264**	4,524
Dining room income	**4,755**	4,318
Laboratory income	**7,415**	7,374

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Note 4B: Additional income on contract revenue (IFRS15) recognised in the period

	2026	2025
	£'000	£'000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	**12,248**	11,906
Revenue recognised in the reporting period under the new service level agreement arrangements	**419,131**	390,000

Note 4C: Transaction price allocated to remaining performance obligations

	2026	2025
	£'000	£'000
Revenue from existing contracts allocated to remaining performance obligations expected to be recognised within one year	**15**	12,262

The Health 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 Health Board recognises revenue directly corresponding to work done to date is not disclosed.

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Note 5: Segmental Information

2025-26	2026 Acute £'000	2026 NHS Community Partnerships £'000	2026 Corporate £'000	2026 Unallocated £'000	2026 Funds held on Trust £'000	2026 IJBs £'000	2026 Total £'000
Net operating cost	1,515,569	1,770,011	859,038	0	817	(29,084)	**4,116,351**
Total assets	0	0	0	3,130,541	110,637	102,066	**3,343,244**
Total liabilities	0	0	0	1,574,000	2,677	0	**1,576,677**
Total segment revenue	886,694	104,126	188,491	0	9,404	2,255,396	**3,444,111**
Impairment losses recognised in SoCNE	0	0	0	(1,044)	0	0	**(1,044)**
Depreciation and amortization	27	5	117,231	0	0	0	**117,263**
Non-current assets held for sale	0	0	0	2,541	0	0	**2,541**
Additions to non-current assets (other than financial instruments and deferred tax assets)	0	0	0	93,272	0	0	**93,272**

2024-25 (Prior Year)	2025 Acute £'000	2025 NHS Community Partnerships £'000	2025 Corporate £'000	2025 Unallocated £'000	2025 Funds held on Trust £'000	2025 IJBs £'000	2025 Total £'000
Net operating cost	1,410,668	1,637,620	808,465	0	3,003	4,109	**3,863,865**
Total assets	0	0	0	3,060,675	106,155	72,982	**3,239,812**
Total liabilities	0	0	0	1,470,130	2,556	0	**1,472,686**
Total segment revenue	828,867	108,702	151,524	0	8,468	2,104,527	**3,202,088**
Impairment losses recognised in SoCNE	0	0	0	0	0	0	**0**
Depreciation and amortization	26	5	115,505	0	0	0	**115,536**
Non-current assets held for sale	0	0	0	2,298	0	0	**2,298**
Additions to non-current assets (other than financial instruments and deferred tax assets)	0	0	0	76,327	0	0	**76,327**

Note:

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

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Note 6A: Property, Plant and Equipment (Consolidated and Board)

2025-26	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total £'000
Cost or Valuation at 1 April 2025	90,102	2,426,368	1,582	294,281	31,951	17,075	41,634	**2,902,993**
Additions Purchased	0	0	0	6,429	0	0	79,757	**86,186**
Additions Donated	0	0	0	0	0	0	3,320	**3,320**
Completions	0	40,885	416	29,523	4,393	181	(75,398)	**0**
Transfers (to)/ from non-current assets held for sale	(120)	(325)	0	0	0	0	0	**(445)**
Revaluation	2,288	(123,576)	0	0	0	0	0	**(121,288)**
Impairment Charges	0	0	0	0	0	0	0	**0**
Disposals Purchased	0	0	0	(47,965)	(2,845)	(6)	0	**(50,816)**
Disposals Donated	0	0	0	(3,815)	0	0	0	**(3,815)**
At 31 March 2026	**92,270**	**2,343,352**	**1,998**	**278,453**	**33,499**	**17,250**	**49,313**	**2,816,135**
Depreciation at 1 April 2025	**0**	**175,153**	**552**	**130,806**	**15,083**	**13,381**	**0**	**334,975**
Provided during the Year Purchased	0	78,793	238	25,017	5,640	643	0	**110,331**
Provided during the Year-Donated	0	225	0	889	0	0	0	**1,114**
Transfers between Asset Categories	0	0	0	0	0	0	0	**0**
Revaluation	0	(139,206)	0	0	0	0	0	**(139,206)**
Impairment Charges	0	0	0	0	0	0	0	**0**
Disposals Purchased	0	0	0	(47,670)	(2,845)	(6)	0	**(50,521)**
Disposals Donated	0	0	0	(3,808)	0	0	0	**(3,808)**
At 31 March 2026	**0**	**114,965**	**790**	**105,234**	**17,878**	**14,018**	**0**	**252,885**

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2025-26	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total £'000
NBV At 1 April 2025	90,102	2,251,215	1,030	163,475	16,868	3,694	41,634	2,568,018
NBV At 31 March 2026	**92,270**	**2,228,387**	**1,208**	**173,219**	**15,621**	**3,232**	**49,313**	**2,563,250**
Open Market value of Land included above	5,347							
2025-26 Asset Financing:								
Owned Purchased	89,667	1,866,226	1,208	169,090	15,621	3,232	46,674	**2,191,718**
Donated	2,603	11,173	0	4,129	0	0	2,639	**20,544**
On-Balance Sheet PFI Contracts	0	350,988	0	0	0	0	0	**350,988**
Net Book Value at 31 March 2026	**92,270**	**2,228,387**	**1,208**	**173,219**	**15,621**	**3,232**	**49,313**	**2,563,250**

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Note 6A: Property, Plant and Equipment (Consolidated and Board Prior Year

2024-25	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total £'000
Cost or Valuation at 1 April 2024	90,282	2,370,111	1,580	261,661	34,198	15,436	95,262	**2,868,530**
Additions Purchased	0	0	0	23,995	0	0	48,905	**72,900**
Additions Donated	0	0	0	0	0	0	1,496	**1,496**
Completions	0	88,272	2	12,016	2,100	1,639	(104,029)	**0**
Transfers (to)/ from non-current assets held for sale	(150)	0	0	0	0	0	0	**(150)**
Revaluation	470	(30,014)	0	0	0	0	0	**(29,544)**
Impairment Charges	(500)	(2,040)	0	0	0	0	0	**(2,540)**
Disposals Purchased	0	39	0	(2,847)	(4,347)	0	0	**(7,155)**
Disposals Donated	0	0	0	(544)	0	0	0	**(544)**
At 31 March 2025	**90,102**	**2,426,368**	**1,582**	**294,281**	**31,951**	**17,075**	**41,634**	**2,902,993**
Depreciation at 1 April 2024	**0**	**162,433**	**363**	**107,033**	**13,717**	**12,857**	**0**	**296,403**
Provided during the Year Purchased	0	75,598	189	25,553	5,713	524	0	**107,577**
Provided during the Year Donated	0	260	0	1,072	0	0	0	**1,332**
Transfers between Asset Categories	0	0	0	0	0	0	0	**0**
Revaluation	0	(62,717)	0	0	0	0	0	**(62,717)**
Impairment Charges	0	(460)	0	0	0	0	0	**(460)**
Disposals Purchased	0	39	0	(2,308)	(4,347)	0	0	**(6,616)**
Disposals Donated	0	0	0	(544)	0	0	0	**(544)**
At 31 March 2025	**0**	**175,153**	**552**	**130,806**	**15,083**	**13,381**	**0**	**334,975**

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2024-25	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Transport Equipment £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total £'000
NBV At 1 April 2024	90,282	2,207,678	1,217	154,628	20,481	2,579	95,262	2,572,127
NBV At 31 March 2025	**90,102**	**2,251,215**	**1,030**	**163,475**	**16,868**	**3,694**	**41,634**	**2,568,018**
Open Market value of Land included above	2,298							
2024-25 Asset Financing:								
Owned Purchased	88,624	1,880,571	1,030	159,779	16,868	3,694	39,915	**2,190,481**
Donated	1,478	10,072	0	3,696	0	0	1,719	**16,965**
On-Balance Sheet PFI Contracts	0	360,572	0	0	0	0	0	**360,572**
Net Book Value at 31 March 2025	**90,102**	**2,251,215**	**1,030**	**163,475**	**16,868**	**3,694**	**41,634**	**2,568,018**

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Note 6B: Assets Held for Sale-Consolidated and Board

The Health Board's Property Committee has approved the following to be presented as held for sale; Lennox Castle Hospital, Cathcart Centre, Netherton Clinic, Dumbarton Cottage, Woodilee Cottage and Stoneyetts.

6b. ASSETS HELD FOR SALE – CONSOLIDATED AND BOARD

	Note	Property, Plant & Equipment	Total
		£'000	£'000
At 1 April 2025		2,298	**2,298**
Transfers (to)/ from property, plant and equipment		445	**445**
Gain or losses recognised on re-measurement of non-current assets held for sale		(52)	**(52)**
Disposals of non-current assets held for sale		(150)	**(150)**
At 31 March 2026	SOFP	**2,541**	**2,541**

6b. ASSETS HELD FOR SALE – CONSOLIDATED AND BOARD PRIOR YEAR

	Note	Property, Plant & Equipment	Total
		£'000	£'000
At 1 April 2024		2,856	**2,856**
Transfers (to)/ from property, plant and equipment		150	**150**
Gain or losses recognised on re-measurement of non-current assets held for sale		0	**0**
Disposals of non-current assets held for sale		(708)	**(708)**
At 31 March 2025	SOFP	**2,298**	**2,298**

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Note 6C: Property, Plant and Equipment Disclosures – CONSOLIDATED AND BOARD

	2026	2025
	£'000	£'000
Net book value of property, plant and equipment at 31 March		
Purchased	2,542,706	2,551,053
Donated	20,544	16,965
Total	**2,563,250**	**2,568,018**
Net book value related to land valued at open market value at 31 March	5,347	2,298
Total value of assets held under:		
PFI and PPP Contracts	350,988	360,572
Total depreciation charged in respect of assets held under:		
PFI and PPP Contracts	9,364	8,785

All land and 20% of buildings were revalued by an independent valuer (The Valuation Office Agency) as at 31/03/2026 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 £17.918m (2024-25: an increase of £36.494m) which was credited to the revaluation reserve. Impairment of (£0.9m) (2024-25 £2.080m) was charged to the Statement of Comprehensive Net Expenditure and Summary of Resource Outturn.

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Note 6D: Analysis of Capital Expenditure

	Note	2026 Board £'000	2026 Consolidated £'000	2025 Board £'000	2025 Consolidated £'000
Expenditure					
Acquisition of property, plant and equipment	6a	86,186	86,186	72,900	72,900
Donated asset additions	6a	3,320	3,320	1,496	1,496
GP Loans advances	9	490	490	228	228
Right of Use (RoU) Additions	15a	3,754	3,754	2,974	2,974
Gross Capital Expenditure		**93,750**	**93,750**	**77,598**	**77,598**
Income					
Net book value of disposal of property, plant and equipment	6a	295	295	539	539
Net book value of disposal of donated assets	6b	7	7	0	0
Value of disposal of non-current assets held for sale	6b	150	150	708	708
HUB – Repayment of investment		26	26	24	24
Capital Income		**478**	**478**	**1,271**	**1,271**
Net Capital Expenditure		**93,272**	**93,272**	**76,327**	**76,327**

SUMMARY OF CAPITAL RESOURCE OUTTURN

	2026 Board £'000	2026 Consolidated £'000	2025 Board £'000	2025 Consolidated £'000
Core capital expenditure included above	89,462	89,462	74,603	74,603
Core capital resource limit	89,462	89,462	74,612	74,612
Savings/ (excess) against Core Capital Resource Limit	**0**	**0**	**9**	**9**
Non core capital expenditure included above (including Financial Transactions)	3,810	3,810	1,724	1,724
Non core Capital Resource Limit (including Financial Transactions)	3,810	3,810	1,724	1,724
Savings/ (excess) against Non Core Capital Resource Limit	**0**	**0**	**0**	**0**
Total Capital Expenditure	93,272	93,272	76,327	76,327
Total Capital Resource Limit	93,272	93,272	76,336	76,336
Savings/ (excess) against Total Capital Resource Limit	**0**	**0**	**9**	**9**

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Note 7: Inventories

The figures shown are for the Consolidated and Board.

	2026 £'000	2025 £'000
Raw Materials and Consumables	35,530	36,323
Total Inventories	**35,530**	**36,323**

Note 8: Trade and Other Receivables

Total Receivables Due within One Year

	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Scottish Government	1,326	1,326	360	360
NHS Scotland Boards	88,455	88,455	64,649	64,649
Total NHS Scotland Receivables	**89,781**	**89,781**	**65,009**	**65,009**
NHS Non-Scottish Bodies	3,223	3,223	2,184	2,184
VAT Recoverable	3,959	3,959	3,458	3,458
Prepayments	22,492	22,492	32,198	32,198
Accrued Income	22,495	22,495	27,225	27,225
Other Receivables	27,365	28,272	31,596	31,680
Reimbursement of Provisions	101,032	101,032	89,005	89,005
Other Public Sector Bodies	11,357	11,357	7,691	7,691
Total Other Receivables	**191,923**	**192,830**	**193,357**	**193,441**
Total Receivables within One Year	**281,704**	**282,611**	**258,366**	**258,450**

Total Receivables Due after more than One Year

	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Other Receivables	13	13	28	28
Reimbursement of Provisions	218,133	218,133	165,623	162,623
Total Receivables Due after more than One Year	**218,146**	**218,146**	**165,651**	**165,651**
Total Receivables	**499,850**	**500,757**	**424,017**	**424,101**
The Total Receivables figure above includes a provision for impairments of:	**13,029**	**13,029**	**9,882**	**9,882**

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Note 8: Trade and Other Receivables (cont)

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	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
NHS Scotland	88,455	88,455	69,577	69,577
Central Government bodies	5,286	5,286	3,721	3,721
Whole of Government bodies	5,199	5,199	4,857	4,857
Balances with NHS bodies in England and Wales	3,223	3,223	2,184	2,184
Balances with bodies external to Government	397,687	398,594	343,678	343,762
Total	**499,850**	**500,757**	**424,017**	**424,101**

Movements on the Provision for Impairment of Receivables are as follows:

	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
At 1 April Provision for Impairment	9,882	9,882	9,919	9,919
Provision for impairment	5,967	5,967	5,235	5,235
Receivables written of during the year	(203)	(203)	(368)	(368)
Unused amounts reversed	(2,617)	(2,617)	(4,904)	(4,904)
At 31 March Provision for Impairment	**13,029**	**13,029**	**9,882**	**9,882**

As at 31 March 2026, receivables with a carrying value of £13.0 million (2024-25: £9.9 million) were impaired and provided for. The ageing of these receivables is as follows:

	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
3-6 months due	0	0	237	237
Over 6 months due	13,029	13,029	9,645	9,645
Total	**13,029**	**13,029**	**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 2026, receivables with a carrying value of £11.8 million (2024-25: £11.7 million) were past their due date but not impaired. The ageing of receivables which are past due but not impaired is as follows:

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	2026 £'000	2025 £'000
Up to 3 months past due	10,232	10,818
3 to 6 months past due	1,547	859
Over 6 months past due	0	0
Total	**11,779**	**11,677**

The receivables assessed as past due but not impaired are primarily NHS Scotland health boards, local authorities and universities. There is no recent history of default from these customer groups.

Concentration of credit risk is limited due to customer base being large and unrelated / government bodies. Due to this, management believe 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.

Receivables that are neither past due nor impaired are shown by their credit risk in the following table.

Counterparties with External Credit Ratings

	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Existing customers with no defaults in the past	475,042	475,949	402,458	402,542
Total Neither past due or Impaired	**475,042**	**475,949**	**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.

The carrying amount of receivable are denominated in the following:

	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Pounds	499,850	500,757	424,017	424,101
	499,850	**500,757**	**424,017**	**424,101**

All non-current receivables are due within 46 years (2024-25: 47 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 £0.013 million (2024-25: £0.028 million).

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Note 9: Investments

	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Government Securities	0	0	0	0
Other	112,287	2,861	106,808	2,539
Balance at 31 March	**112,287**	**2,861**	**106,808**	**2,539**

	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
At 1 April	106,808	2,539	105,611	2,389
Additions	13,716	0	11,252	0
GP Loans Advances	490	490	228	228
Disposals	(13,763)	(26)	(10,718)	(24)
GP Loans Fair Value Adjustment	(142)	(142)	(54)	(54)
Revaluation surplus / (deficit) transferred to equity	5,178	0	489	0
Balance at 31 March	**112,287**	**2,861**	**106,808**	**2,539**
Current	0	0	0	0
Non-current	112,287	2,861	106,808	2,539
Balance at 31 March	**112,287**	**2,861**	**106,808**	**2,539**

GP Sustainability Loan advances in the year amounted to £0.490 million and there was also a fair value adjustment to these loans of £0.142 million due to discounting. The consolidated investment also includes endowment invested funds £109.4 million of which £84.4 million relates to restricted funds.

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Note 10: Cash and Cash Equivalents

	2026 Consolidated £'000	2025 Consolidated £'000
Balance at 1 April	3,832	5,178
Net Change in Cash and Cash Equivalent Balances	401	(1,346)
Balance at 31 March	**4,233**	**3,832**
The following balances at 31 March were held at:		
Government Banking Service	222	168
Commercial Banks and Cash in Hand	1,893	1,694
Endowment Cash	2,118	1,970
Balance at 31 March	**4,233**	**3,832**

Cash at bank is held with major UK banks. The credit risk associated with cash at bank is low.

Note 11: Trade and Other Payables

Payables due within One Year

	Note	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Scottish Government		584	584	155	155
NHS Scotland Boards		17,156	17,156	12,367	12,367
Total NHS Scotland Payables		**17,740**	**17,740**	**12,522**	**12,522**
NHS Non-Scottish Bodies		1,844	1,844	1,200	1,200
General Fund Payable		2,115	2,115	1,862	1,862
FHS Practitioners		49,780	49,780	47,801	47,801
Trade Payables		8,267	8,267	39,330	39,330
Accruals		179,638	179,638	197,197	197,197
Deferred Income		3,421	3,421	12,803	12,803
Payments received on account		129	129	111	111
Net obligations under Leases	15b	6,223	6,223	4,579	4,579
Net obligations under PFI/HUB Contracts	16	16,513	16,513	16,542	16,542
Income Tax and Social Security		68,499	68,499	55,628	55,628
Superannuation		50,997	50,997	46,546	46,546
Holiday Pay Accrual		65,470	65,470	73,905	73,905
Other Public Sector bodies		64,153	64,153	18,716	18,716

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	Note	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Other Payables		27,570	24,893	10,033	7,477
Contract Liability		15	15	12,262	12,262
Total Other Payables		**544,634**	**541,957**	**538,515**	**535,959**
Total Payables due within One Year		**562,374**	**559,697**	**551,037**	**548,481**

Payables due after more than One Year

	Note	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Net obligations under leases due within 2 years	15b	6,613	6,613	3,318	3,318
Net obligations under leases due after 2 years but within 5 years	15b	7,534	7,534	9,854	9,854
Net obligations under leases due after 5 years	15b	1,166	1,166	5,870	5,870
Net obligations under PFI/HUB contracts due within 2 years	16	17,534	17,534	16,122	16,122
Net obligations under PFI/HUB contracts due after 2 years but within 5 years	16	53,785	53,785	51,170	51,170
Net obligations under PFI/HUB contracts due after 5 years	16	270,858	270,858	284,112	284,112
Accruals		33,806	33,806	27,463	27,463
Deferred Income		1,266	1,266	1,418	1,418
Other Payables		30,205	30,205	29,252	29,252
Total Payables due beyond One Year		**422,767**	**422,767**	**428,579**	**428,579**
Total Payables		**985,141**	**982,464**	**979,616**	**977,060**

WGA Classification

	Note	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
NHS Scotland		17,156	17,156	12,367	12,367
Central Government bodies		68,528	68,528	55,679	55,679
Whole of Government bodies		1,744	1,744	606	606
Balances with NHS bodies in England and Wales		1,808	1,808	1,200	1,200
Balances with bodies external to Government		895,905	893,228	909,764	907,208
Total		**985,141**	**982,464**	**979,616**	**977,060**

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Borrowings included above comprise of:

	Note	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Leases	15	21,536	21,536	23,621	23,621
PFI Contracts	16	358,690	358,690	367,946	367,946
Total		**380,226**	**380,226**	**391,567**	**391,567**

The carrying amount and fair value of the non-current borrowings are as follows:

	Note	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Leases	15	15,313	15,313	19,042	19,042
PFI Contracts	16	342,177	342,177	351,404	351,404
Total		**357,490**	**357,490**	**370,446**	**370,446**

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

The carrying amount and fair value of the non-current borrowings are as follows:

	Note	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Leases		15,313	15,313	19,042	19,042
PFI Contracts		342,177	342,177	351,404	351,404
Total		**357,490**	**357,490**	**370,446**	**370,446**

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

The carrying amount of payables are denominated in the following currencies:

	Note	2026 Consolidated £'000	2026 Board £'000	2025 Consolidated £'000	2025 Board £'000
Pounds		985,141	982,464	979,616	977,060
Total		**985,141**	**982,464**	**979,616**	**977,060**

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Note 12A: Provisions for Year ended 31 March 2026

	Pensions & Similar Obligations	Clinical & Medical	Participation in CNORIS	Other	Total
	£'000	£'000	£'000	£'000	£'000
As at 1 April 2025	**25,070**	**214,659**	**242,629**	**10,712**	**493,070**
Arising during the Year	1,537	94,750	31,192	13,418	140,897
Utilised during the Year	(2,404)	(6,447)	(4,921)	(1,084)	(14,856)
Unwinding	(449)	0	0	0	(449)
Reversed Unutilised	(974)	(24,370)	0	(1,782)	(27,126)
At 31 March 2026	**22,780**	**278,592**	**268,900**	**21,264**	**591,536**

Analysis of expected timing of discounted flows to 31 March 2026

	Pensions & Similar Obligations	Clinical & Medical	Participation in CNORIS	Other	Total
	£'000	£'000	£'000	£'000	£'000
Payable within One Year	2,701	94,494	67,225	15,821	180,241
Payable in 2-5 Years	9,754	184,098	163,491	5,443	362,786
Payable between 6-10 Years	6,607	0	13,983	0	20,590
Thereafter	3,718	0	24,201	0	27,919
At 31 March 2026	**22,780**	**278,592**	**268,900**	**21,264**	**591,536**

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

Provisions for Prior Year

	Pensions & Similar Obligations	Clinical & Medical	Participation in CNORIS	Other	Total
	£'000	£'000	£'000	£'000	£'000
As at 1 April 2024	25,934	197,685	233,739	2,771	460,129
Arising during the Year	3,246	47,323	27,924	9,378	87,871
Utilised during the Year	(3,289)	(3,074)	(19,034)	(630)	(26,027)
Unwinding	306	0	0	0	306
Reversed Unutilised	(1,127)	(27,275)	0	(807)	(29,209)
At 31 March 2025	**25,070**	**214,659**	**242,629**	**10,712**	**493,070**

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Analysis of expected timing of discounted flows to 31 March 2025

	Pensions & Similar Obligations	Clinical & Medical	Participation in CNORIS	Other	Total
	£'000	£'000	£'000	£'000	£'000
Payable within One Year	2,844	76,944	60,657	10,442	150,887
Payable in 2-5 Years	10,459	137,715	147,518	270	295,962
Payable between 6-10 Years	7,377	0	12,617	0	19,994
Thereafter	4,390	0	21,837	0	26,227
At 31 March 2025	**25,070**	**214,659**	**242,629**	**10,712**	**493,070**

Pensions and Similar Obligations

The Health 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 Health 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 2.95% in real terms. The Health Board expects expenditure to be charged to this provision for a period of up to 44 years.

Clinical & Medical Legal Claims against NHS Board

The Health Board holds a provision to meet costs of all outstanding and potential clinical and medical negligence claims. All legal claims notified to the Health 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 Health 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 Health Board will incur based on their share of the overall CNORIS scheme liability for NHS Scotland.

Other (Non-Endowment)

The Health 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 Health Board created a provision in respect of these claims and expects that provision to be utilised within 1 year.

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Note 12B: Clinical Negligence and Other Risks Indemnity Scheme

	2026 £'000	2025 £'000
Provision recognising individual claims against the Board as at 31 March	287,862	223,026
Associated CNORIS receivable at 31 March	(319,165)	(254,628)
Provision recognising the Board's liability from participating in the scheme as at 31 March	268,900	242,629
Net Total Provision relating to CNORIS at 31 March	**237,597**	**211,027**

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 NHS 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 Health 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 Health Board, the Health Board will assess whether a provision or contingent liability for that legal claim is required. If a provision is required, then the Health 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, NHS 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 Health Board's share of the total CNORIS liability of NHS Scotland 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.

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Note 13: Contingent Liabilities / Assets

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

	Clinical & Medical Negligence	Employers Liability	Third Party Liability	Total
	£'000	£'000	£'000	£'000
At 1 April 2025	**153,832**	**6,861**	**66**	**160,759**
Increase in value of claims	4,414	370	18	4,802
New claims arising during the year	29,723	1,567	108	31,398
Crystallised liabilities	(573)	(130)	(3)	(706)
Expired	(37,108)	(482)	(31)	(37,621)
At 31 March 2026	**150,288**	**8,186**	**158**	**158,632**

Contingent liabilities have been estimated based on information provided by the Central Legal Office regarding negligence claims against the Health Board. All claims classed as category 1 along with 50% of the value of category 2 claims have been included in contingent liabilities.

(i) 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 Health 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 Health 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 Health 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.

(ii) 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 Health 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.

(iii) 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. Costs to date have been met by Scottish Government. Discussions are ongoing with Scottish Government on the anticipated total costs of the pay award and future funding.

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Contingent Assets

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

Re-imbursement of Contingent Liability re Negligence Claims (from CNORIS scheme) as follows:

	2026 £'000	2025 £'000
Clinical and Medical Compensation payments	147,858	151,423
Employer's Liability	6,678	5,993
Third Party Liability	25	0
Total Contingent Liabilities	**154,561**	**157,416**

Note 14: Commitments

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

	2026 £'000	2025 £'000
Contracted		
Property	13,156	27,602
Plant	7,278	7,680
Equipment	5,634	2,764
Total Contracted Commitments	**26,068**	**38,046**
Authorised but not Contracted		
Property	25,055	14,934
Plant	5,035	2,257
Equipment	10,015	4,882
Total Non-Contracted Commitments	**40,105**	**22,073**

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Note 15A: Leased Assets

The right of use assets Consolidated and Health Board are detailed below:

Cost or Valuation

	2026 Land (including under buildings)	2026 Buildings (excluding dwellings)	2026 Transport & Equipment	2026 Plant & Machinery	Total
	£'000	£'000	£'000	£'000	£'000
At 1 April 2025	1,428	28,937	3,620	7,180	**41,165**
Additions during the Year	0	2,137	1,617	0	**3,754**
Revaluations	0	0	0	0	**0**
Disposals	0	0	0	0	**0**
At 31 March 2026	**1,428**	**31,074**	**5,237**	**7,180**	**44,919**

Depreciation

	2026 Land (including under buildings)	2026 Buildings (excluding dwellings)	2026 Transport & Equipment	2026 Plant & Machinery	Total
	£'000	£'000	£'000	£'000	£'000
At 1 April 2025	95	10,239	2,258	3,039	**15,631**
Provided during the Year – including new dilapidation provisions	25	2,947	1,122	1,343	**5,437**
Provided during the Year – Peppercorn leases	0	364	0	0	**364**
Revaluations	0	0	0	0	**0**
Revaluations – Peppercorn leases	0	0	0	0	**0**
Disposals	0	0	0	0	**0**
At 31 March 2026	**120**	**13,550**	**3,380**	**4,382**	**21,432**

Net Book Value Purchased Assets

	2026 Land (including under buildings)	2026 Buildings (excluding dwellings)	2026 Transport & Equipment	2026 Plant & Machinery	Total
	£'000	£'000	£'000	£'000	£'000
At 1 April 2025	**1,333**	**18,698**	**1,362**	**4,141**	**25,534**
At 31 March 2026	**1,308**	**17,524**	**1,857**	**2,798**	**23,487**

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Cost or Valuation – Prior Year

	2025 Land (including under buildings)	2025 Buildings (excluding dwellings)	2025 Transport & Equipment	2025 Plant & Machinery	Total
	£'000	£'000	£'000	£'000	£'000
At 1 April 2024	1,428	26,381	3,202	7,180	**38,191**
Additions during the Year	0	2,556	418	0	**2,974**
Revaluations	0	0	0	0	**0**
Disposals	0	0	0	0	**0**
At 31 March 2025	**1,428**	**28,937**	**3,620**	**7,180**	**41,165**

Depreciation

	2025 Land (including under buildings)	2025 Buildings (excluding dwellings)	2025 Transport & Equipment	2025 Plant & Machinery	Total
	£'000	£'000	£'000	£'000	£'000
At 1 April 2024	64	6,741	1,117	1,082	**9,004**
Provided during the Year	31	3,057	1,141	1,957	**6,186**
Revaluations	0	441	0	0	**441**
Disposals	0	0	0	0	**0**
At 31 March 2025	**95**	**10,239**	**2,258**	**3,039**	**15,631**

Net Book Value Purchased Assets

	2025 Land (including under buildings)	2025 Buildings (excluding dwellings)	2025 Transport & Equipment	2025 Plant & Machinery	Total
	£'000	£'000	£'000	£'000	£'000
At 1 April 2024	**1,364**	**19,640**	**2,085**	**6,098**	**29,187**
At 31 March 2025	**1,333**	**18,698**	**1,362**	**4,141**	**25,534**

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Note 15B: Leased Liabilities

15b. Lease Labilities Amounts falling due:

	2026 Land (including under buildings)	2026 Buildings (excluding dwellings)	2026 Transport & Equipment	2026 Plant & Machinery	Total
	£'000	£'000	£'000	£'000	£'000
Not later than One Year	33	3,331	902	1,957	**6,223**
Later than One Year, not later than 2 years	33	3,908	984	1,688	**6,613**
Later than Two year, not later than Five years	98	6,344	0	1,092	**7,534**
Later than Five years	1,166	0	0	0	**1,166**
Less: Unaccrued interest	0	0	0	0	0
At 31 March 2026	**1,330**	**13,583**	**1,886**	**4,737**	**21,536**
Current	33	3,331	902	1,957	**6,223**
Non-Current	1,297	10,252	984	2,780	**15,313**
Total	**1,330**	**13,583**	**1,886**	**4,737**	**21,536**

15b. Lease liabilities – Prior Year

	2025 Land (including under buildings)	2025 Buildings (excluding dwellings)	2025 Transport & Equipment	2025 Plant & Machinery	Total
	£'000	£'000	£'000	£'000	£'000
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**
Less: Unaccrued interest	0	0	0	0	**0**
At 31 March 2025	**1,350**	**14,354**	**1,410**	**6,507**	**23,621**
Current	33	3,189	903	454	**4,579**
Non-Current	1,317	11,165	507	6,053	**19,042**
Total	**1,350**	**14,354**	**1,410**	**6,507**	**23,621**

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Amount recognised in the Statement of Comprehensive Net Expenditure

	2026 Consolidated £'000	2026 Board £'000
Depreciation	5,802	5,802
Interest Expense	625	625
Non-Recoverable VAT on Lease Payments	1,293	1,293
Total	**7,720**	**7,720**

Amounts recognised in the Statement of Cash Flows

	2026 Consolidated £'000	2026 Board £'000
Interest Expense	625	625
Repayments of Principal of Leases	6,467	6,467
Total	**7,092**	**7,092**

Amount recognised in the Statement of Comprehensive Net Expenditure – Prior Year

	2025 Consolidated £'000	2025 Board £'000
Depreciation	6,628	6,628
Interest Expense	611	611
Non-Recoverable VAT on Lease Payments	699	699
Total	**7,938**	**7,938**

Amounts recognised in the Statement of Cash Flows – Prior Year

	2025 Consolidated £'000	2025 Board £'000
Interest Expense	611	611
Repayments of Principal of Leases	5,119	5,119
Total	**5,730**	**5,730**

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Note 16: Commitments Under PFI/HUB Contracts

The Health Board has entered into 16 on-balance sheet PFI projects. These are as follows:

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. This contract ended on 31 October 2025. At that stage the Health Board made a final payment of £6.8M to the contractor to take ownership of the facility. And therefore at the balance sheet date, this was no longer recorded as a PFI asset and liability.

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.

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

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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.

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Under IFRIC 12 the asset is treated as an asset of the Health Board and included in the Health 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 Rwbnk	Stb ACAD	Vic ACAD	ACAD 60 Bed Ext	Eastwood	Maryhill
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 Year	0	1,743	2,383	2,249	9,001	11,378	1,875	905	1,271
Due within 1 to 2 Years	0	1,743	2,383	2,249	9,001	11,378	1,875	905	1,271
Due within 2 to 5 Years	0	0	7,150	6,747	27,002	34,133	5,624	2,716	3,813
Due after 5 Years	0	0	16,684	26,986	81,004	102,398	16,871	9,957	13,981
Total	**0**	**3,486**	**28,600**	**38,231**	**126,008**	**159,287**	**26,245**	**14,483**	**20,336**

Less Interest Element

	Larkfield	SGH Eld Bed	Gart Royal	Stb Rwbnk	Stb ACAD	Vic ACAD	ACAD 60 Bed Ext	Eastwood	Maryhill
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 Year	0	(222)	(1,255)	(1,418)	(5,063)	(6,399)	(1,237)	(557)	(854)
Due within 1 to 2 Years	0	(115)	(1,182)	(1,368)	(4,823)	(6,096)	(1,186)	(536)	(824)
Due within 2 to 5 Years	0	0	(3,064)	(3,772)	(12,883)	(16,282)	(3,210)	(1,465)	(2,270)
Due after 5 Years	0	0	(3,579)	(8,166)	(20,006)	(25,284)	(5,166)	(2,875)	(4,554)
Total	**0**	**(337)**	**(9,080)**	**(14,724)**	**(42,775)**	**(54,061)**	**(10,799)**	**(5,433)**	**(8,502)**

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Present Value of Minimum Lease Payments

	Larkfield	SGH Eld Bed	Gart Royal	Stb Rwbnk	Stb ACAD	Vic ACAD	ACAD 60 Bed Ext	Eastwood	Maryhill
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 Year	0	1,521	1,128	831	3,938	4,979	638	348	417
Due within 1 to 2 Years	0	1,628	1,201	881	4,178	5,282	689	369	447
Due within 2 to 5 Years	0	0	4,086	2,975	14,119	17,851	2,414	1,251	1,543
Due after 5 Years	0	0	13,105	18,820	60,998	77,114	11,705	7,082	9,427
Total	**0**	**3,149**	**19,520**	**23,507**	**83,233**	**105,226**	**15,446**	**9,050**	**11,834**

Gross Minimum Lease Payments

	Inverclyde	Gorbals	Woodside	Appin Ward	Elgin Ward	Greenock HC	Clydebank HC	2026 Totals	2025 Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 Year	762	1,208	1,412	432	432	1,751	1,485	**38,287**	**38,934**
Due within 1 to 2 Years	762	1,208	1,412	432	432	1,751	1,485	**38,287**	**37,448**
Due within 2 to 5 Years	2,287	3,625	4,235	1,296	1,296	5,254	4,456	**109,634**	**109,029**
Due after 5 Years	9,148	15,708	19,766	6,480	6,480	26,268	22,282	**374,013**	**402,509**
Total	**12,959**	**21,749**	**26,825**	**8,640**	**8,640**	**35,024**	**29,708**	**560,221**	**587,920**

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Less Interest Element

	Inverclyde	Gorbals	Woodside	Appin Ward	Elgin Ward	Greenock HC	Clydebank HC	2026 Totals	2025 Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 Year	(488)	(796)	(838)	(291)	(291)	(1,204)	(861)	**(21,774)**	**(22,392)**
Due within 1 to 2 Years	(471)	(771)	(810)	(283)	(283)	(1,172)	(833)	**(20,753)**	**(21,326)**
Due within 2 to 5 Years	(1,300)	(2,143)	(2,249)	(796)	(796)	(3,298)	(2,321)	**(55,849)**	**(57,859)**
Due after 5 Years	(2,826)	(5,107)	(5,656)	(2,219)	(2,219)	(9,250)	(6,248)	**(103,155)**	**(118,397)**
Total	**(5,085)**	**(8,817)**	**(9,553)**	**(3,589)**	**(3,589)**	**(14,924)**	**(10,263)**	**(201,531)**	**(219,974)**

Present Value of Minimum Lease Payments

	Inverclyde	Gorbals	Woodside	Appin Ward	Elgin Ward	Greenock HC	Clydebank HC	2026 Totals	2025 Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 Year	274	412	574	141	141	547	624	**16,513**	**16,542**
Due within 1 to 2 Years	291	437	602	149	149	579	652	**17,534**	**16,122**
Due within 2 to 5 Years	987	1,482	1,986	500	500	1,956	2,135	**53,785**	**51,170**
Due after 5 Years	6,322	10,601	14,110	4,261	4,261	17,018	16,034	**270,858**	**284,112**
Total	**7,874**	**12,932**	**17,272**	**5,051**	**5,051**	**20,100**	**19,445**	**358,690**	**367,946**

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Service Elements Due in Future Periods

	Larkfield	SGH Eld Bed	Gart Royal	Stb Rwbnk	Stb ACAD	Vic ACAD	ACAD 60 Bed Ext	Eastwood	Maryhill
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 Year	0	417	1,097	920	2,209	2,792	429	123	94
Due within 1 to 2 Years	0	434	1,147	962	2,300	2,907	445	128	98
Due within 2 to 5 Years	0	0	3,759	3,153	7,481	9,455	1,433	419	321
Due after 5 Years	0	0	10,965	17,737	28,702	36,275	5,334	2,080	1,604
Total	**0**	**851**	**16,968**	**22,772**	**40,692**	**51,429**	**7,641**	**2,750**	**2,117**
Total Commitments	**0**	**4,000**	**36,488**	**46,279**	**123,925**	**156,655**	**23,087**	**11,800**	**13,951**

Service Elements Due in Future Periods

	Inverclyde	Gorbals	Woodside	Appin Ward	Elgin Ward	Greenock HC	Clydebank HC	2026 Totals	2025 Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rentals due within 1 Year	55	96	113	34	34	135	133	**8,681**	**8,627**
Due within 1 to 2 Years	58	100	118	35	35	140	139	**9,046**	**8,647**
Due within 2 to 5 Years	189	326	385	117	117	451	452	**28,058**	**26,743**
Due after 5 Years	1,057	2,002	2,654	910	910	3,132	3,322	**116,684**	**115,432**
Total	**1,359**	**2,524**	**3,270**	**1,096**	**1,096**	**3,858**	**4,046**	**162,469**	**159,449**
Total Commitments	**9,233**	**15,456**	**20,542**	**6,147**	**6,147**	**23,958**	**23,491**	**521,159**	**527,395**

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	2026 £'000	2025 £'000
Interest Charges	22,392	22,781
Service Charges	8,478	8,362
Principal Repayment	16,542	15,135
Other Charges	14,575	17,476
Total	**61,987**	**63,754**

PFI Liability Reconciliation

	2026 £'000	2025 £'000
Balance as at 1 April	367,946	373,802
Lease Payments	(38,934)	(38,145)
Interest	22,392	22,781
Restatement of Liability as at 31 March	7,286	9,508
Total	**358,690**	**367,946**

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Note 17: Pension Costs

NHS Greater Glasgow and Clyde 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 2020 confirmed that an increase in the employer contribution rate from 20.9% to 22.5% was required from 1 April 2024 to 31 March 2027. In addition, member pension contributions over the period since 1 April 2024 have been paid within a range of 5.7% to 12.7% and have been anticipated to deliver a yield of 9.8%.
NHS Greater Glasgow and Clyde has no liability for other employers' obligations to the multi-employer scheme. 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.

(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 NHS Lanarkshire 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 2025 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 the introduction of statutory measures to remedy the discrimination, the UK Government confirmed that the cost control element of the 2016 valuations could be completed. In parallel, the Government Actuary was asked to review whether, and to what extent, the employer cost cap mechanism continues to meet its original policy objectives. The findings of that review were taken into account in the completion of the 2020 actuarial valuations, which were substantially delayed as a result of the McCloud remedy and wider economic changes. Employer contribution rates were implemented from 1 April 2024 following the completion of the 2020 valuations and will remain in force pending the outcome of the current 2024 valuation cycle, which is now underway.

(v) NHS Greater Glasgow and Clyde's level of participation in the scheme is 22.2% based on the proportion of employer contributions paid in 2024-25.

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

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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 2017-18 members paid tiered contribution rates ranging from 5.2% to 14.7% 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 www.sppa.gov.uk.

National Employment Savings Trust (NEST)

The Pensions Act 2008 and 2011 Automatic Enrolment regulations required all employers to enroll 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 Health 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%

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 Health 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.

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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.

	2026 £'000	2025 £'000
Pension cost charge for the Year	408,052	381,582
Provisions/liabilities/prepayments included in the Statement of Financial Position	22,780	25,070

Note 18: Financial Instruments

18a FINANCIAL INSTRUMENTS BY CATEGORY

Financial Assets (Consolidated)

	Note	Loans and Receivables	Financial Assets at Fair Value through Profit/Loss	2026 Total	2025 Total
		£'000	£'000	£'000	£'000
Investments	9	0	112,287	**112,287**	106,808
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable	8	64,453	0	**64,453**	68,724
Cash and Cash Equivalents	10	4,233	0	**4,233**	3,832
Total		**68,686**	**112,287**	**180,973**	**179,364**

Financial Assets (Board)

	Note	Loans and Receivables	Financial Assets at Fair Value through Profit/Loss	2026 Total	2025 Total
		£'000	£'000	£'000	£'000
Investments	9	0	2,861	**2,861**	2,539
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable	8	65,360	0	**65,360**	68,808
Cash and Cash Equivalents	10	2,115	0	**2,115**	1,862
Total		**67,475**	**2,861**	**70,336**	**73,209**

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Financial Liabilities (Consolidated)

	Note	Liabilities at Fair Value through Profit and Loss	Financial Liabilities at Amortised cost	2026 Total	2025 Total
		£'000	£'000	£'000	£'000
Lease Liabilities	15	0	21,536	**21,536**	23,621
PFI Liabilities	16	0	358,690	**358,690**	367,946
Trade and Other Payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	11	0	395,407	**395,407**	446,870
Total		**0**	**775,633**	**775,633**	**838,437**

Financial Liabilities (Board)

	Note	Liabilities at Fair Value through Profit and Loss	Financial Liabilities at Amortised cost	2026 Total	2025 Total
		£'000	£'000	£'000	£'000
Lease Liabilities	11	0	21,536	**21,536**	23,621
PFI Liabilities	11	0	358,690	**358,690**	367,946
Trade and Other Payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	11	0	392,730	**392,730**	444,314
Total		**0**	**772,956**	**772,956**	**835,881**

Financial Liabilities in 25-26 have been calculated excluding General Fund and Holiday Pay Payables. This is to comply with the revised definition of financial liabilities per the Annual Accounts Manual.

18b FINANCIAL RISK FACTORS

Exposure to Risk

The Health 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 Health Board might not have funds available to meets 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 government departments are financed, the Health Board is not exposed to the degree of financial risk faced by business entities.

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The Health 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 a 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 parameters set by the Health 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.

B – Liquidity Risk

The Scottish Parliament makes provision for the use of resources by the Health 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 Health Board is not therefore exposed to significant liquidity risk.

The table below analyses the financial liabilities into relevant maturity groupings based on the remaining period at the balance sheet date 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.

31 March 2026	**Less than 1 Year £'000**	**Between 1 and 2 years £'000**	**Between 2 and 5 years £'000**	**Over 5 years £'000**
PFI/HUB Liabilities	16,513	17,534	53,785	270,858
Lease Liabilities	6,223	6,613	7,534	1,166
Trade and Other Payables excluding Statutory Liabilities	331,396	35,909	6,112	21,990
Total	**354,132**	**60,056**	**67,431**	**294,014**

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31 March 2025	Less than 1 Year £'000	Between 1 and 2 years £'000	Between 2 and 5 years £'000	Over 5 years £'000
PFI/HUB Liabilities	16,542	16,122	51,170	284,112
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
Total	**411,276**	**48,767**	**66,401**	**311,992**

C – Market Risk

The Health 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 Health Board in undertaking its activities.

- Cash flow and fair value interest rate risk

  The Health 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.

- Foreign Currency risk

  The Health Board is not exposed to foreign currency risk. The consolidated group does have some exposure to foreign investments

- Price Risk

  The Health Board is not exposed to equity security price risk.

18c 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.

Note 19: Related Party Transactions

The Health 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 Health Board also had the following related party transactions for 2025-26:

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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 2025-26 - Income £3,584,897 - Expenditure £1,687,822 - Debtor £864,287 - Creditor £nil.	Mr C Neil, Executive Director (left 9 November 2025), was also a Trustee of Accord Hospice.
East Dunbartonshire Council	NHS Greater Glasgow and Clyde had the following transactions and balances in 2025-26 - Income £451,189 - Expenditure £25,628,928 - Debtor £153,120 - Creditor £nil.	Councillor C McDiarmid, Non-Executive Director (left 27 March 2026) was also an elected member of East Dunbartonshire Council.
East Renfrewshire Council	NHS Greater Glasgow and Clyde had the following transactions and balances in 2025-26 - Income £1,580,127 - Expenditure £14,267,966 - Debtor £669,305 - Creditor £nil.	Councillor K Pragnell, Non-Executive Director, was also an elected member of East Renfrewshire Council.
East Renfrewshire Culture and Leisure Trust	NHS Greater Glasgow and Clyde had the following transactions and balances in 2025-26 - Income £nil - Expenditure £138,800 - Debtor £nil - Creditor £19,250.	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 2025-26 - Income £12,864,749 - Expenditure £206,323,812 - Debtor £2,499,757 - Creditor £1,390,003.	Councillor C Cunningham, Non-Executive Director, 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 2025-26 - Income £nil - Expenditure £3,315,835 - Debtor £nil - Creditor £nil.	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 2025-26 - Income £1,321,035 - Expenditure £22,424,406 - Debtor £420,899 - Creditor £nil.	Councillor R Moran, Non-Executive Director, was also an elected member of Inverclyde Council.
Royal Environmental Health Institute of Scotland (REHIS)	NHS Greater Glasgow and Clyde had the following transactions and balances in 2025-26 - Income £nil - Expenditure £7,315 - Debtor £nil - Creditor £nil.	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 2025-26 - Income £184,204,108 - Expenditure £34,653,018 - Debtor £229,056 - Creditor £22,731.	G Haddock OBE, Non-Executive Director, was also Chair of the Endoscopy Programme Board of NHS Education for Scotland and Dr L Rousselet, Non-Executive Director (left 30 June 2025), 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 2025-26 - Income £323,530,689 - Expenditure £12,939,446 - Debtor £20,410,422 - Creditor -£2,706,369.	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 2025-26 - Income £1,333,350 - Expenditure £341,123 - Debtor £304,891 - Creditor £51,488.	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 2025-26 - Income £2,478,987 - Expenditure £45,734,535 - Debtor £281,023 - Creditor £350,889.	Councillor J Cameron Non-Executive Director, was also an elected member of Renfrewshire Council.
Qualifications Scotland	NHS Greater Glasgow and Clyde had the following transactions and balances in 2025-26 - Income £nil - Expenditure £5,447 - Debtor	Ms M Wailes Non-Executive director, was also a Board member and Chair of the Audit & Risk Committee of Qualifications Scotland.

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Related Party	Details of Related Party Transaction	Details of Related Party
	£nil - Creditor £nil.	
University of Glasgow	NHS Greater Glasgow and Clyde had the following transactions and balances in 2025-26 - Income £9,165,360 - Expenditure £15,949,291 - Debtor £1,547,408 - Creditor £1,018,645.	Prof I McInnes, Non-Executive Director (left 31 March 2026), 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 2025-26 - Income £1,323,458 - Expenditure £23,248,205 - Debtor £1,065,757 - Creditor £4,022.	Councillor M McGinty, Non-Executive Director was also an elected member of West Dunbartonshire Council.
NHS Greater Glasgow and Clyde Healthcare Charity	NHS Greater Glasgow and Clyde Healthcare Charity had total fund balances of £107,960,000 in 2025-26 and a year end creditor balance due to the Board of £1,254,000.	NHS Greater Glasgow and Clyde Healthcare Charity 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 2025-26 - Income £224,438,000 - Expenditure £224,438,000	Ms E Cairns, Non-Executive Director, was also 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 2025-26 - Income £142,547,000 - Expenditure £142,547,000	Councillor K Pragnell and Ms M Ashraf, Non-Executive Directors, were also Chair and Vice-Chair respectively of the East Renfrewshire Joint Integration Joint Board. Mr M Cawley, Ms C Cooney, and Ms D Foy, 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 2025-26 - Income £1,272,711,000 - Expenditure £1,272,711,000	Councillor C Cunningham and Dr P Ryan, Non-Executive Directors, were also the Chair and Vice-Chair respectively of the Glasgow City Integration Joint Board. Mr M Cawley, Mr D Gould, Mr G Haddock, Mr J Kinlochan, Ms K Miles, Ms K Turner and Mr C Vincent, Non-Executive Directors, were also members of Glasgow City Integration Joint Board.
Inverclyde Integration Joint Board	NHS Greater Glasgow and Clyde had the following transactions in 2025-26 - Income £160,128,000 - Expenditure £160,128,000	Mr D Gould, Non-Executive Director, was also Chair of the Inverclyde Integration Joint Board. Mr G D'Alessio, Dr R Metcalfe, and Dr P Ryan, 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 2025-26 - Income £273,764,000 - Expenditure £273,764,000	Ms M Kerr, Non-Executive Director, was also Chair of the Renfrewshire Integration Joint Board. Councillor J Cameron, Ms C Cooney, Mr J Kinlochan and Dr R Metcalfe, Non-Executive Directors, were also members of Renfrewshire Integration Joint Board.
West Dunbartonshire Integration Joint Board	NHS Greater Glasgow and Clyde had the following transactions in 2025-26 - Income £181,807,000 - Expenditure £181,807,000	Ms M Wailes, Non-Executive Director was also Chair of West Dunbartonshire Integration Joint Board. Ms L McDonald, Ms E Cairns, and Councillor M McGinty, Non-Executive Directors, were also members of West Dunbartonshire Integration Joint Board.

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Note 20: Third Party Assets

Third party assets managed by the Health Board consist of balances on Patients Private Funds Accounts. These are not departmental assets and are not included in the accounts. The assets held at the reporting period date to which it was practical to ascribe monetary values comprised monetary assets, such as bank balances and monies on deposit. They are set out in the table immediately below.

	At 1 April 2025	Gross Inflows	Gross Outflows	At 31 March 2026
	£000	£000	£000	£000
Monetary amounts such as bank balances and monies on deposit	2,535	2,534	(2,471)	2,598
Total Monetary Assets	**2,535**	**2,534**	**(2,471)**	**2,598**

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.

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Note 21: Group Statements

NOTE 21a CONSOLIDATED STATEMENT OF COMPREHENSIVE EXPENDITURE

	Board 2026 £'000	Endowments 2026 £'000	Intra Group Adjustment 2026 £'000	E Dunb IJB 2026 £000	W Dunb IJB 2026 £000	E Ren IJB 2026 £'000	Ren IJB 2026 £'000	Glasgow City IJB 2026 £'000	Inverclyde IJB 2026 £'000	Group 2026 £'000	Group 2025 £'000
Total Income and Expenditure											
Staff Costs	2,802,759	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**2,802,759**	**2,618,758**
Other Operating Expenditure											
Independent Primary Care Services	549,611	0	0	0	0	0	0	0	0	**549,611**	**513,398**
Drugs and Medical Supplies	857,673	0	0	0	0	0	0	0	0	**857,673**	**841,537**
Other Health Care Expenditure	3,369,282	14,267	(4,046)	0	0	0	0	0	0	**3,379,503**	**3,088,151**
Gross Expenditure for the Year	**7,579,325**	**14,267**	**(4,046)**	**0**	**0**	**0**	**0**	**0**	**0**	**7,589,546**	**7,061,844**
Less: Operating Income	(3,434,707)	(13,450)	4,046	0	0	0	0	0	0	(3,444,111)	**(3,202,088)**
Associates and joint ventures accounted for on an equity basis	0	0	0	(5,309)	(2,362)	(3,412)	(2,147)	(13,616)	(2,238)	**(29,084)**	**4,109**
Net Expenditure	**4,144,618**	**817**	**0**	**(5,309)**	**(2,362)**	**(3,412)**	**(2,147)**	**(13,616)**	**(2,238)**	**4,116,351**	**3,863,865**

Notes:

1. Other health care expenditure and operating income - £4,046k. Represents income and expenditure transferred to/from the Endowment Funds in 2025-26. These are eliminated on consolidation as they would otherwise be double counted and include an amount of R&D income transferred to the Endowment Funds of £5,689k and an amount transferred from Endowments to the Health Board of £1,642k to fund various endowment projects.

2. Realised gains from endowment investments of £1,840k have been recognised in the Endowment operating income line.

3. Joint Ventures accounted for on an equity basis discloses the Health Board's share of any current year surplus or deficit for each Integration Joint Board.

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NOTE 21b CONSOLIDATED STATEMENT OF FINANCIAL POSITION

	Board 2026 £'000	Endowments 2026 £'000	Intra Group Adjustments 2026 £'000	E Dunb IJB 2026 £'000	W Dunb IJB 2026 £'000	E Ren IJB 2026 £'000	Ren IJB 2026 £'000	Glasgow City IJB 2026 £'000	Inverclyde IJB 2026 £'000	Consolidated 2026 £'000	Consolidated 2025 £'000
NON CURRENT ASSETS											
Property, Plant and Equipment	2,563,250	0	0	0	0	0	0	0	0	**2,563,250**	**2,568,018**
Right of Use Assets	23,487	0	0	0	0	0	0	0	0	**23,487**	**25,534**
Financial Assets:											
Available for Sale Financial Assets	2,861	109,426	0	0	0	0	0	0	0	**112,287**	**106,808**
Investments in associates and joint ventures	0	0	0	15,908	11,568	5,010	14,226	44,537	10,817	**102,066**	**72,982**
Trade and Other Receivables	218,146	0	0	0	0	0	0	0	0	**218,146**	**165,651**
Total Non-Current Assets	**2,807,744**	**109,426**	**0**	**15,908**	**11,568**	**5,010**	**14,226**	**44,537**	**10,817**	**3,019,236**	**2,938,993**
CURRENT ASSETS											
Inventories	35,530	0	**0**	0	0	0	0	0	0	**35,530**	**36,323**
Financial Assets:											
Trade and other Receivables	282,611	347	(1,254)	0	0	0	0	0	0	**281,704**	**258,366**
Cash and Cash Equivalents	2,115	2,118	0	0	0	0	0	0	0	**4,233**	**3,832**
Assets classified as held for sale	2,541	0	0	0	0	0	0	0	0	**2,541**	**2,298**
Total Current Assets	**322,797**	**2,465**	**(1,254)**	0	0	0	0	0	0	**324,008**	**300,819**
TOTAL ASSETS	**3,130,541**	**111,891**	**(1,254)**	**15,908**	**11,568**	**5,010**	**14,226**	**44,537**	**10,817**	**3,343,244**	**3,239,812**

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CURRENT LIABILITIES											
Provisions	(180,241)	0	**0**	0	0	0	0	0	0	**(180,241)**	**(150,887)**
Financial Liabilities:											
Trade and Other Payables	(559,697)	(3,931)	**1,254**	0	0	0	0	0	0	**(562,374)**	**(551,037)**
Total Current Liabilities	**(739,938)**	**(3,931)**	**1,254**	0	0	0	0	0	0	**(742,615)**	**(701,924)**
Total Assets Less Current Liabilities	**2,390,603**	**107,960**	**0**	**15,908**	**11,568**	**5,010**	**14,226**	**44,537**	**10,817**	**2,600,629**	**2,537,888**
NON CURRENT LIABILITIES											
Provisions	(411,295)	0	**0**	0	0	0	0	0	0	**(411,295)**	**(342,183)**
Financial Liabilities:											
Trade and Other Payables	(422,767)	0	0	0	0	0	0	0	0	**(422,767)**	**(428,579)**
Liabilities in Associates and Joint Ventures	0	0	0	0	0	0	0	0	0	0	**0**
Total Non-Current Liabilities	(834,062)	0	**0**	0	0	0	0	0	0	**(834,062)**	**(770,762)**
ASSETS LESS LIABILITIES	**1,556,541**	**107,960**	**0**	**15,908**	**11,568**	**5,010**	**14,226**	**44,537**	**10,817**	**1,766,567**	**1,767,126**
TAXPAYERS' EQUITY											
General Fund	866,099	0	0	0	0	0	0	0	0	**866,099**	**892,693**
Revaluation Reserve	690,442	0	0	0	0	0	0	0	0	**690,442**	**697,852**
Other Reserves – Joint Venture	0	0	0	15,908	11,568	5,010	14,226	44,537	10,817	**102,066**	**72,982**
Funds Held on Trust	0	107,960	0	0	0	0	0	0	0	**107,960**	**103,599**
TOTAL TAXPAYERS' EQUITY	**1,556,541**	**107,960**	**0**	**15,908**	**11,568**	**5,010**	**14,226**	**44,537**	**10,817**	**1,766,567**	**1,767,126**

Note:

The intra group adjustments above included in receivables/payables relate to amounts owed by the Board to the Endowment Funds at the financial year end.

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NOTE 21c CONSOLIDATED STATEMENT OF CASHFLOWS

	Board 2026	Endowments 2026	Intra Group Adjustment 2026	E Dunb IJB 2026	W Dunb IJB 2026	E Ren IJB 2026	Ren IJB 2026	Glasgow City IJB 2026	Inverclyde IJB 2026	Consolidated 2026	Consolidated 2025
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Net Operating Expenditure	(4,144,618)	(817)	0	5,309	2,362	3,412	2,147	13,616	2,238	**(4,116,351)**	**(3,863,865)**
Adjustments for Non-Cash Transactions	121,168	0	0	(5,309)	(2,362)	(3,412)	(2,147)	(13,616)	(2,238)	**92,084**	**119,604**
Add back: Interest Payable in Net Operating Expenditure	22,568	0	0	0	0	0	0	0	0	**22,568**	**23,698**
Deduct: Interest Receivable Recognised in Net Operating Expenditure	0	0	0	0	0	0	0	0	0	**0**	**0**
Investment income	0	(3,237)	0	0	0	0	0	0	0	**(3,237)**	**(3,389)**
Movement in Working Capital	30,116	929	0	0	0	0	0	0	0	**31,045**	**38,507**
Net Cash outflow from Operating Activities	**(3,970,766)**	**(3,125)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(3,973,891)**	**(3,685,445)**
Purchase of Property, Plant and Equipment	(85,367)	0	0	0	0	0	0	0	0	**(85,367)**	**(64,750)**
Investment Additions	(490)	(13,716)	0	0	0	0	0	0	0	**(14,206)**	**(11,480)**
Proceeds of Disposal of Property, Plant and Equipment	8,431	0	0	0	0	0	0	0	0	**8,431**	**106**
Receipts of Sale of Investments	0	11,701	0	0	0	0	0	0	0	**11,701**	**11,688**
Interest Received	0	3,237	0	0	0	0	0	0	0	**3,237**	**3,389**
Net Cash Outflow from Investing Activities	**(77,426)**	**1,222**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(76,204)**	**(61,047)**
Funding	4,093,769	0	0	0	0	0	0	0	0	**4,093,769**	**3,790,176**
Movement in General Fund Working Capital	253	0	0	0	0	0	0	0	0	**253**	**54**
Cash Drawn Down	4,094,022	0	0	0	0	0	0	0	0	**4,094,022**	**3,790,230**

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	Board 2026	Endowments 2026	Intra Group Adjustment 2026	E Dunb IJB 2026	W Dunb IJB 2026	E Ren IJB 2026	Ren IJB 2026	Glasgow City IJB 2026	Inverclyde IJB 2026	Consolidated 2026	Consolidated 2025
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Capital Element of Payments in respect of Leases and On-Balance Sheet PFI and Hub Contracts	(23,009)	0	0	0	0	0	0	0	0	**(23,009)**	**(20,254)**
Interest Paid	449	0	0	0	0	0	0	0	0	**449**	**(306)**
Interest Element of Leases and On-Balance Sheet PFI / PPP and Hub Contracts	(23,017)	0	0	0	0	0	0	0	0	**(23,017)**	**(23,392)**
Net Financing	**4,048,445**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,048,445**	**3,746,278**
Net Increase / (Decrease) in Cash and Cash Equivalents in the Period	253	(1,903)	0	0	0	0	0	0	0	**(1,650)**	**(214)**
Cash and Cash Equivalents at the beginning of the Period	1,862	11,659	0	0	0	0	0	0	0	**13,521**	**13,735**
Cash and Cash Equivalents at the end of the Period	**2,115**	**9,756**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**11,871**	**13,521**
Increase/(Decrease) in Cash in Year	2,304	(1,903)	0	0	0	0	0	0	0	**401**	**(214)**
Net Debt/Cash at 1 April	1,862	11,659	0	0	0	0	0	0	0	**13,521**	**13,735**
Net Debt/Cash at 31 March	**4,166**	**9,756**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**13,922**	**13,521**

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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 and Clyde by virtue of that Act, and all the powers enabling them to do so, hereby DIRECT that:

1. NHS Greater Glasgow and Clyde must prepare a statement of accounts for each financial year in accordance with the accounting principles and disclosure requirements set out tin 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 and Clyde must use the NHS Greater Glasgow and 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 and 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 Scottish Financial Returns; and

    c. The Scottish Public Finance Manual.

4. A statement of accounts prepared by NHS Greater Glasgow and 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 and 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,

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"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 for capital accounting transactions in the NHS issued by the Scottish Ministers,

NHS Greater Glasgow and Clyde is a Health Board established under section 2(1) of the National Health Service (Scotland) Act 1978

"NHS Greater Glasgow and Clyde Annual Accounts template" means the Excel spreadsheet issued to NHS Greater Glasgow and 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 in to 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.



Signed by the authority of the Scottish Ministers

Dated 22 March 2022