



NATIONAL WAITING TIMES CENTRE BOARD

(Known as NHS Golden Jubilee)

Annual Report and Consolidated Accounts

For Year ended 31 March 2025

TABLE OF CONTENTS

PERFORMANCE REPORT.....	8
INTRODUCTION	8
CHAIR AND CHIEF EXECUTIVE STATEMENT.....	8
OVERVIEW OF NHS GOLDEN JUBILEE	11
GOLDEN JUBILEE UNIVERSITY NATIONAL HOSPITAL	12
NHS SCOTLAND ACADEMY	16
CENTRE FOR SUSTAINABLE DELIVERY (CFSD).....	16
GOLDEN JUBILEE RESEARCH INSTITUTE.....	17
GOLDEN JUBILEE CONFERENCE HOTEL	18
RISK AND GOOD GOVERNANCE.....	18
PERFORMANCE AGAINST KEY NON FINANCIAL TARGETS.....	19
NHS GOLDEN JUBILEE SUPPORT TO NHS SCOTLAND	19
SECTION A1: PRIMARY AND COMMUNITY CARE	19
SECTION A2: URGENT AND UNSCHEDULED CARE.....	20
SECTION A3: MENTAL HEALTH	20
SECTION A4: PLANNED CARE	21
SECTION A5: CANCER CARE	23
SECTION A6: HEALTH INEQUALITIES AND POPULATION HEALTH.....	25
SECTION A7: WOMEN AND CHILDREN'S HEALTH.....	25
SECTION A8: WORKFORCE	26
SECTION A9: DIGITAL SERVICES AND INNOVATION ADOPTION	26
SECTION A10: CLIMATE	27
NATIONAL PERFORMANCE STANDARDS (LOCAL DELIVERY PLAN (LDP STANDARDS)) .	31
PERFORMANCE AGAINST KEY FINANCIAL TARGETS.....	31
CONSOLIDATED ACCOUNTS.....	31
NATIONAL WAITING TIMES CENTRE BOARD ENDOWMENT FUND	31
BOARD PERFORMANCE AGAINST STATUTORY FINANCIAL TARGETS	32
PROPERTY VALUATION	32
INFRASTRUCTURE AND NON-CURRENT ASSETS.....	33
EFFICIENCY SAVINGS	33
FRAUD, BRIBERY AND CORRUPTION	34
PROVISIONS FOR IMPAIRMENT OF RECEIVABLES.....	34
PAYMENT POLICY.....	34

PENSION LIABILITIES	34
SOCIAL MATTERS.....	34
CONFLICTS OF INTEREST	35
SUSTAINABILITY AND ENVIRONMENTAL REPORTING.....	35
APPROVAL OF PERFORMANCE REPORT.....	38
ACCOUNTABILITY REPORT.....	39
CORPORATE GOVERNANCE REPORT	39
DIRECTORS REPORT.....	39
DATE OF ISSUE	39
NAMING CONVENTION	39
APPOINTMENT OF AUDITORS.....	39
BOARD MEMBERSHIP	39
BOARD MEMBERS' AND SENIOR MANAGERS' INTERESTS.....	40
DIRECTORS THIRD PARTY INDEMNITY PROVISIONS.....	41
REMUNERATION FOR NON-AUDIT WORK	41
PUBLIC SERVICES REFORM (SCOTLAND) ACT 2010	42
PERSONAL DATA RELATED INCIDENTS.....	42
DISCLOSURE OF INFORMATION TO AUDITORS	42
EVENTS AFTER THE END OF THE REPORTING PERIOD.....	42
THE STATEMENT OF BOARD MEMBERS' RESPONSIBILITIES	43
STATEMENT OF THE ACCOUNTABLE OFFICERS RESPONSIBILITIES.....	43
GOVERNANCE STATEMENT	44
SCOPE OF RESPONSIBILITY	44
PURPOSE OF INTERNAL CONTROL	44
GOVERNANCE FRAMEWORK.....	44
GOVERNANCE STRUCTURE.....	45
GOVERNANCE COMMITTEES	46
BOARD DEVELOPMENT	48
POLICY REVIEW	48
REVIEW OF ADEQUACY AND EFFECTIVENESS.....	50
RISK ASSESSMENT	51
DISCLOSURES.....	52
INTERNAL AUDIT OPINION – AZETS.....	52
NHS GOLDEN JUBILEE CHARITY.....	52

REMUNERATION AND STAFF REPORT	53
REMUNERATION REPORT	53
REMUNERATION COMMITTEE – ROLE AND PURPOSE.....	53
REMUNERATION COMMITTEE - MEMBERSHIP	53
REMUNERATION COMMITTEE - CONDUCT OF BUSINESS.....	53
PERFORMANCE APPRAISAL.....	54
PAYMENTS TO PAST SENIOR MANAGERS.....	54
BOARD MEMBERS AND SENIOR EMPLOYEES REMUNERATION	55
REMUNERATION FOR THE YEAR ENDED 31 MARCH 2025	55
PENSION VALUES FOR THE YEAR ENDED 31 MARCH 2025.....	57
REMUNERATION FOR THE YEAR ENDED 31 MARCH 2024	59
PENSION VALUES FOR THE YEAR ENDED 31 MARCH 2024.....	61
STAFF REPORT	63
NUMBER OF SENIOR STAFF BY BAND	63
FAIR PAY DISCLOSURE	63
HIGHER PAID EMPLOYEES REMUNERATION.....	64
STAFF EXPENDITURE	65
STAFF COMPOSITION.....	66
SICKNESS ABSENCE.....	66
WORKFORCE POLICIES	66
NOTICE PERIODS.....	67
EQUALITY	68
EXIT PACKAGES	71
TRADE UNION FACILITY TIME	71
RELEVANT TRADE UNION OFFICIALS.....	71
PERCENTAGE OF TIME SPENT ON FACILITY TIME	71
PERCENTAGE OF PAYBILL SPENT OF FACILITY TIME.....	72
PAID TRADE UNION ACTIVITIES	72
PARLIAMENTARY ACCOUNTABILITY REPORT.....	72
LOSSES AND SPECIAL PAYMENTS.....	72
APPROVAL OF ACCOUNTABILITY REPORT	72
INDEPENDENT AUDITOR’S REPORT	73
INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF NATIONAL WAITING TIMES CENTRE BOARD THE AUDITOR GENERAL FOR SCOTLAND AND THE SCOTTISH PARLIAMENT.....	73

REPORTING ON THE AUDIT OF THE FINANCIAL STATEMENTS	73
REPORTING ON REGULARITY OF EXPENDITURE AND INCOME	75
REPORTING ON OTHER REQUIREMENTS	75
USE OF OUR REPORT.....	77
FINANCIAL STATEMENTS.....	78
CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE (SOCNE)	78
OTHER COMPREHENSIVE NET EXPENDITURE	78
CONSOLIDATED STATEMENT OF FINANCIAL POSITION.....	79
CONSOLIDATED STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2025. 80	
CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2025.....	81
STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE PRIOR YEAR	82
NOTES TO THE ACCOUNTS.....	83
NOTE 1 ACCOUNTING POLICIES.....	83
SECTION 1: AUTHORITY.....	83
SECTION 2: BASIS OF CONSOLIDATION.....	84
SECTION 3: PRIOR YEAR RE-STATEMENTS.....	84
SECTION 4: GOING CONCERN	84
SECTION 5: ACCOUNTING CONVENTION	84
SECTION 6: FUNDING	84
SECTION 7: PROPERTY, PLANT AND EQUIPMENT	85
SECTION 8: INTANGIBLE ASSETS	87
SECTION 9: NON-CURRENT ASSETS HELD FOR SALE.....	89
SECTION 10: DONATED ASSETS	89
SECTION 11: SALE OF PROPERTY, PLANT AND EQUIPMENT, INTANGIBLE ASSETS AND NON-CURRENT ASSETS HELD FOR SALE.....	89
SECTION 12: LEASING.....	90
SECTION 13: IMPAIRMENT OF NON-FINANCIAL ASSETS	92
SECTION 14: GENERAL FUND RECEIVABLES AND PAYABLES	92
SECTION 15: INVENTORIES	92
SECTION 16: LOSSES AND SPECIAL PAYMENTS.....	93
SECTION 17: EMPLOYEE BENEFITS.....	93
SECTION 18: CLINICAL AND MEDICAL NEGLIGENCE COSTS.....	93
SECTION 19: RELATED PARTY TRANSACTIONS	94

SECTION 20: VALUE ADDED TAX	94
SECTION 21: PROVISIONS	94
SECTION 22: CONTINGENCIES.....	94
SECTION 23: CORRESPONDING AMOUNTS	94
SECTION 24: FINANCIAL INSTRUMENTS	95
SECTION 25: SEGMENTAL REPORTING.....	97
SECTION 26: CASH AND CASH EQUIVALENTS	97
SECTION 27: FOREIGN EXCHANGE	97
SECTION 28: KEY SOURCES OF JUDGEMENT AND ESTIMATION UNCERTAINTY.....	98
NOTE 2A SUMMARY OF CORE REVENUE RESOURCE OUTTURN	98
NOTE 2B NOTES TO THE CASHFLOW STATEMENT	100
NOTE 3 OPERATING EXPENSES	101
NOTE 4 OPERATING INCOME	102
NOTE 5 SEGMENTAL INFORMATION	102
NOTE 6 INTANGIBLE FIXED ASSETS	103
NOTE 7A PROPERTY, PLANT AND EQUIPMENT (CONSOLIDATED).....	103
NOTE 7A 2023/24 PROPERTY, PLANT AND EQUIPMENT (CONSOLIDATED)-PRIOR YEAR	105
NOTE 7C PROPERTY, PLANT AND EQUIPMENT DISCLOSURES.....	106
NOTE 7D ANALYSIS OF CAPITAL EXPENDITURE	106
NOTE 8 INVENTORIES	106
NOTE 9 TRADE AND OTHER RECEIVABLES.....	107
NOTE 10 INVESTMENTS	109
NOTE 11 CASH AND CASH EQUIVALENTS	109
NOTE 12 TRADE AND OTHER PAYABLES.....	110
NOTE 13A PROVISIONS FOR YEAR ENDED 31 MARCH 2025.....	111
NOTE 13B CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS) .	112
NOTE 14 CONTIGENT LIABILITIES / ASSETS.....	113
NOTE 15 POST BALANCE SHEET EVENTS AFTER THE END OF THE REPORTING YEAR	113
NOTE 16 COMMITMENTS.....	113
NOTE 17A LEASES ASSETS	114
NOTE 17B LEASES LIABILTIES	115
NOTE 18 PFI.....	115
NOTE 19 PENSION COSTS	115
NOTE 20 RETROSPECTIVE RESTATEMENTS	117

NOTE 21 RESTATED PRIMARY STATEMENTS.....	117
NOTE 22 FINANCIAL INSTRUMENTS.....	118
NOTE 23 DERIVATIVES FINANCIAL INSTRUMENTS.....	121
NOTE 24 RELATED PARTY TRANSACTIONS	121
NOTE 25 THIRD PARTY ASSETS	121
NOTE 26 GROUP STATEMENTS	122
DIRECTIONS BY THE SCOTTISH MINISTERS.....	125

ANNUAL REPORT AND CONSOLIDATED ACCOUNTS FOR YEAR ENDED 31 MARCH 2025

In accordance with the Financial Reporting Manual (FReM) NHS Golden Jubilee is required to prepare an Annual Report and Accounts which comprises:

- **Performance Report**
- **Accountability Report**
- **Financial Statements**

PERFORMANCE REPORT

INTRODUCTION

The Performance Report, as part of the Annual Accounts, is designed to provide information on NHS Golden Jubilee, particularly its main objectives, strategies and principal risks, as detailed in the Governance Statement Risk Assessment section. The purpose of this section is to provide the reader with sufficient information to understand NHS Golden Jubilee, our purpose, the key risks to the achievement of our objectives and our performance during the year. Any references to NHS Golden Jubilee or the Board are taken to mean the National Waiting Times Centre Board which is our legal name.

CHAIR AND CHIEF EXECUTIVE STATEMENT

NHS Golden Jubilee (NHS GJ) has continued supporting NHS Scotland as the original National Treatment Centre (NTC) by carrying out this year, 110,415 planned care procedures in orthopaedics, cataracts, general surgery, endoscopy, colorectal and diagnostic scans.

Our Heart, Lung and Diagnostics (HLD) division undertook 9,433 cardiology, cardiac and thoracic procedures (as the national centre of excellence, as well as the regional heart and lung centre for the West of Scotland (WOS)).

Our Phase 2 expansion, NHS GJ Surgical Centre, opened five laminar flow surgical Theatres on 21 August 2024, Surgical Admissions and Recovery Unit opened on 26 August 2024 and the Endoscopy Unit on 2 September 2024. Part of the NTCs Programme, this state of the art new building extension will provide extra orthopaedic, general surgery and endoscopy services to benefit patients across the country. The activity is supported by our Hotel and Conference Centre, offering patients the ability to travel and stay prior to their treatment.

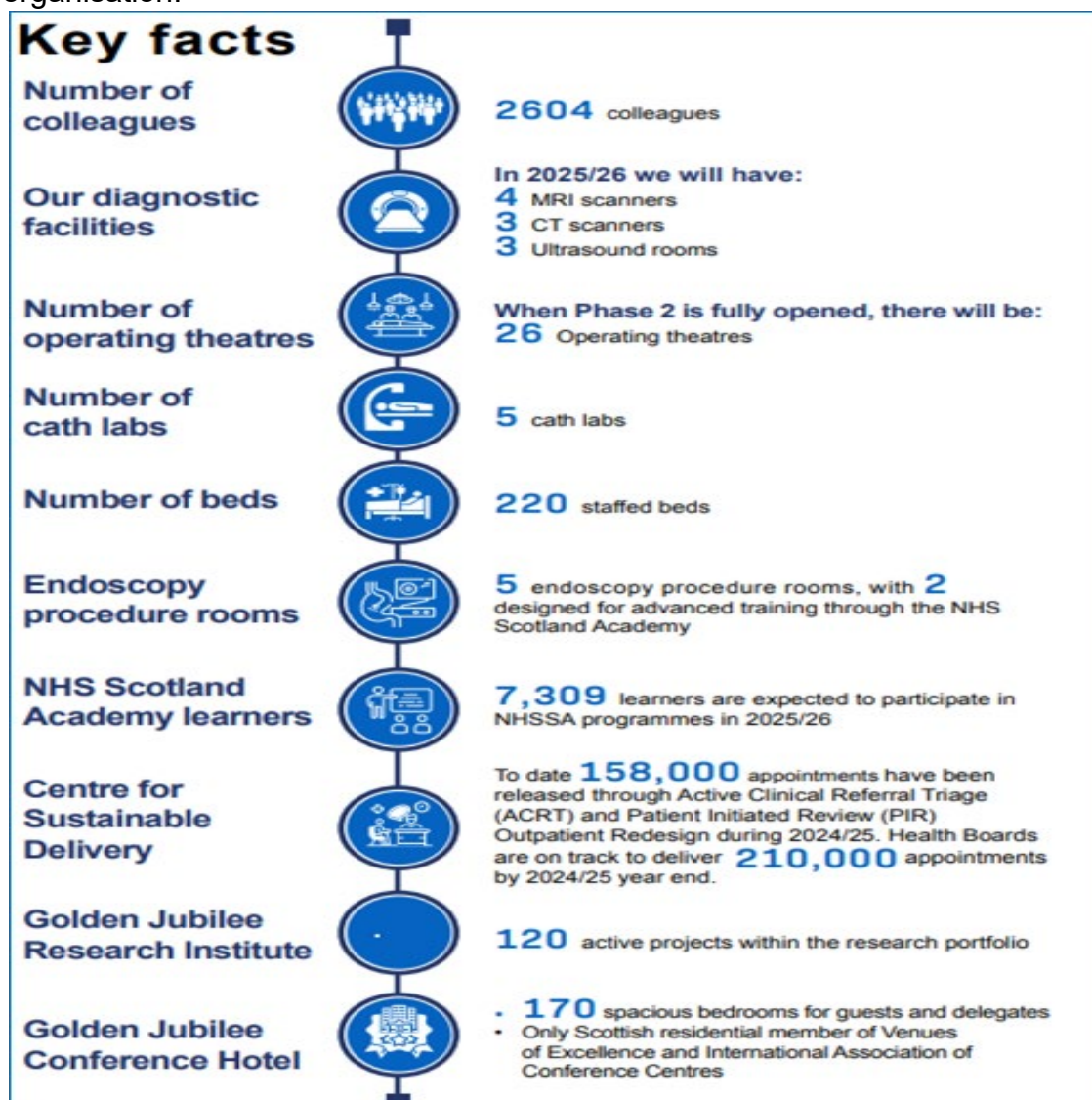
Along with our focus on treating as many patients as possible, the organisation continues to innovate through increasing our use of robotic surgery in orthopaedics, lung and colorectal surgery. NHS GJ performed the first Meniscal Transplant (knee cartilage) in Scotland, potentially benefitting thousands of younger patients every year and was also the first Scottish Health Board to perform Endoscopic Vein Harvesting (EVH), as part of innovation in coronary artery bypass graft.

NHS GJ Interventional Cardiologist Professor Hany Eteiba made history in December 2024 as the first international medical graduate to be elected President of the Royal College of Physicians and Surgeons of Glasgow, a 425 year-old institution. Professor Eteiba is renowned globally for his pivotal role in developing interventional cardiology services in the West of Scotland, as well as his significant contributions to the research and treatment of cardiovascular diseases.

A ground-breaking research collaboration between NHS Golden Jubilee and the University of Glasgow commenced with the aim of improving recovery outcomes for patients undergoing knee replacement surgery. ROBUST-KNEE (Radar-based system for gait monitoring versus camera-based systems integrated with testing of blood-flow occlusion Strength Training in total KNEE

arthroplasty) addresses a critical need for patients who face significant pain, reduced mobility and muscle weakness while waiting for surgery. The study will focus on a novel application of an exercise therapy and advanced movement monitoring to improve patient outcomes.

As detailed within the new NHS GJ Board Strategy, below are some key facts about the organisation.



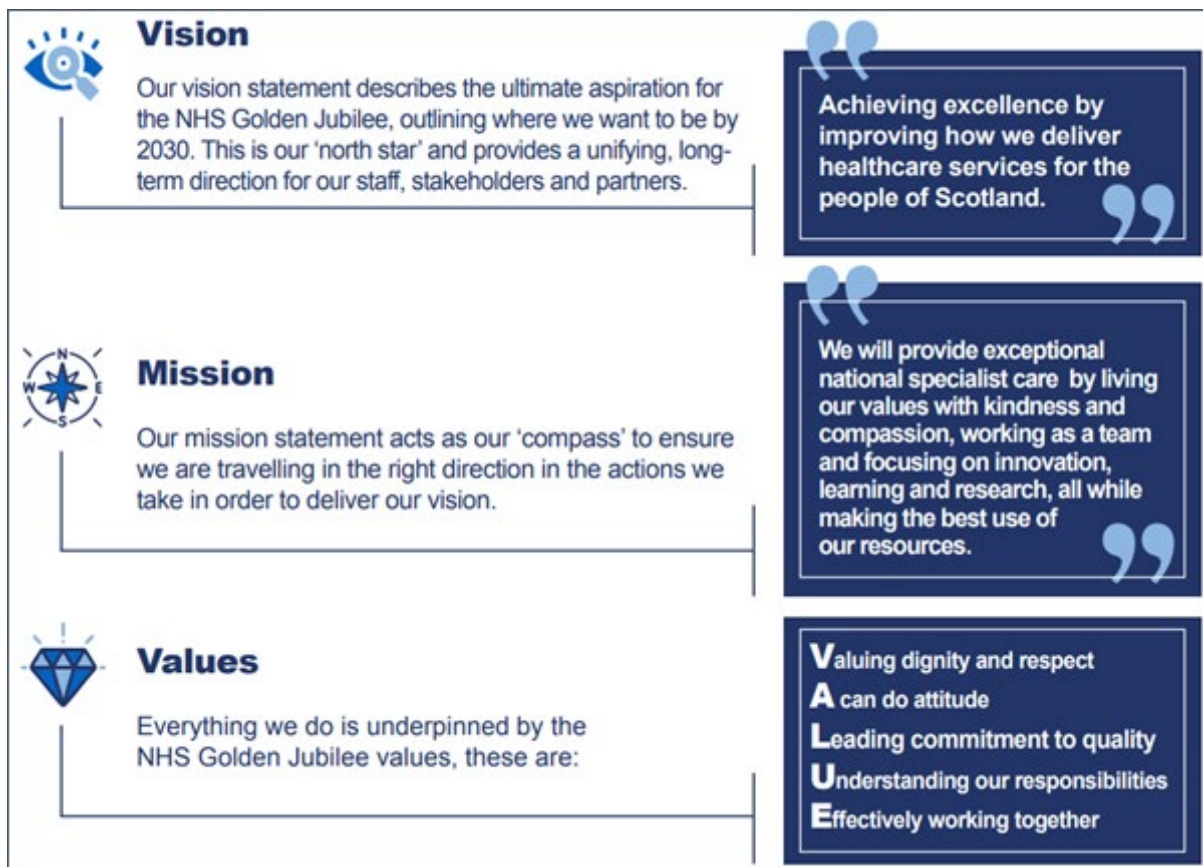
NHS Golden Jubilee Board Strategy 2025-2030: Key Facts

The new NHS GJ Board Strategy 2025-2030 was approved in March 2025 after a period of comprehensive engagement with the widest range of stakeholders:

Board Strategy :: NHS Golden Jubilee

It sets out how NHS GJ will adapt and change to meet the needs of patients, staff and partners up to 2030, as well as how we will respond to national policy, highlighting opportunities to strengthen the services NHS GJ provides.

As we look ahead to the next 5 years, we are keen to set out a clear purpose and vision for NHS GJ. As we will continue to deliver high quality services for the people of Scotland, our strategy seeks to play to our strengths, building on our strong foundations and the progress we have made as an organisation, within our expanded portfolio.



NHS Golden Jubilee Board Strategy 2025-2030: Vision, Missions and Values

In addition, NHS GJ is currently reviewing its organisational values to enhance our working environment as well as shape our culture, guide decision-making, and guide members of staff towards a common mission. These refreshed values will also be crucial in supporting our new strategy.

We are dedicated to the wellbeing of every member of Team Jubilee and have begun a culture programme called 'Kindness Matters' to support our colleagues. We both hold dear that our staff are our greatest asset and without them we would not be able to deliver the high quality, innovative experience that our patients, visitors, and guests expect and deserve.

OVERVIEW OF NHS GOLDEN JUBILEE

WHAT WE DO:

OUR NATIONAL ROLE IN NHSSCOTLAND



Since 2002, NHS Golden Jubilee has been providing exceptional care through collaboration for people across Scotland.

Our facilities include the:

- Golden Jubilee University National [Hospital](#);
- Golden Jubilee Research [Institute](#);
- Golden Jubilee Conference [Hotel](#);
- NHS Scotland Academy; and
- Centre for Sustainable Delivery.

We work with global colleagues from industry to academia to ensure the highest quality of person-centred care. As a national resource as well as a west of Scotland regional planning partner, we firmly believe that working across traditional boundaries is critical to building person-centred and sustainable services that meet the needs of the people of Scotland.

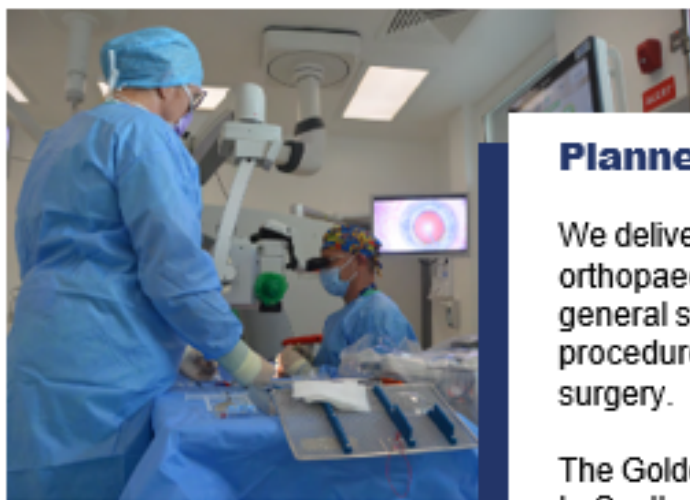
NHS Golden Jubilee is a unique national institution within NHS Scotland, operated by its own NHS Board. Located in Clydebank, the Golden Jubilee campus is a hub of excellence that integrates healthcare, research, education, and hospitality to deliver a wide range of services.

Since our establishment, we have become a cornerstone for innovation and collaboration in Scotland's healthcare system, offering outstanding care and services to patients across the country.



GOLDEN JUBILEE UNIVERSITY NATIONAL HOSPITAL

As Scotland's flagship hospital for elective and specialist care, we are home to Scotland's largest Ophthalmology Centre, one of Europe's biggest elective Orthopaedic centres and a major diagnostic imaging service.



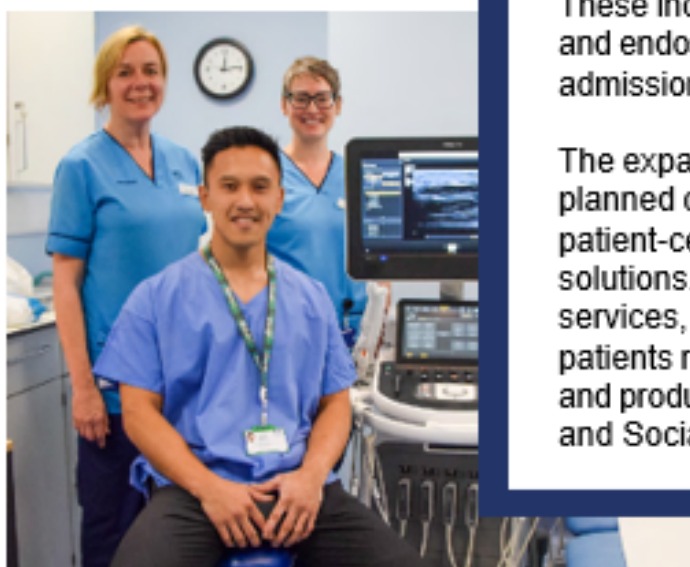
Planned Care

We deliver a range of planned care procedures including orthopaedic and ophthalmic surgeries, endoscopy and general surgery. We also carry out a range of planned procedures in cardiology, cardiac surgery and thoracic surgery.

The Golden Jubilee University National Hospital is home to Scotland's largest ophthalmology centre, delivering essential services such as high volume, high quality cataract surgeries. It also features one of Europe's largest elective orthopaedic centres, specialising in joint replacements and other surgeries that improve mobility and quality of life. Additionally, our diagnostic imaging services play a crucial role in ensuring timely and accurate care pathways for patients. Our highly successful ultrasound academy provides access to ultrasound scans whilst providing high quality training for clinicians from across Scotland.

As part of the Scottish Government's National Treatment Centres programme, NHS Golden Jubilee is expanding its facilities to meet growing demand for elective procedures. These include enhanced general surgery, orthopaedics, and endoscopy capabilities, alongside new units for surgical admissions, recovery, day surgery, and diagnostics.

The expansion aims to address the growing need for planned care in the west of Scotland through innovative, patient-centred care models and sustainable workforce solutions. It also seeks to reduce reliance on private sector services, minimise surgical cancellations, and ensure patients receive timely care, all while improving efficiency and productivity in line with the Scottish Government's Health and Social Care Delivery Plan.





Critical and emergency care

NHS Golden Jubilee carries out all Heart and Lung Surgeries for the west of Scotland. In addition, we have an expanding and ambitious interventional cardiology service. One of the largest in the UK, this service delivers emergency heart attack care, minimally invasive heart valve replacements, complex pacemaker procedures and innovative solutions for heart rhythm problems for the patients of the west of Scotland.

We also play a pivotal role in Scotland's healthcare system, hosting 3 commissioned national services:

- Scottish National Advanced Heart Failure Service (SNAHFS): Providing advanced heart failure treatments, including Scotland's only adult heart transplant programme.
- Scottish Pulmonary Vascular Unit (SPVU): Specialising in the management of pulmonary hypertension.
- Scottish Adult Congenital Cardiac Service (SACCS): Focused on lifelong care for patients with congenital heart conditions transitioning from paediatric to adult services.



In addition to emergency services, NHS Golden Jubilee provides diagnostic and interventional care, with state-of-the-art imaging facilities, cath labs and a robust focus on early detection of cardiovascular and pulmonary conditions.

More broadly, NHS Golden Jubilee is committed to working collaboratively with other Health Boards, including, where capacity is available, providing flexible and responsive support in meeting wider system demand pressures. Any decisions to offer capacity or other support will be guided by clinical priorities and the availability of our workforce. All decisions are made with careful consideration to ensure the best outcome for patients.

NHS GJ was the first NHS hospital in Scotland to be accredited by the Royal College of Physicians' Joint Advisory Group (JAG) on Gastrointestinal Endoscopy. The JAG accreditation Global Rating Scale for endoscopy is recognised internationally as a measure of excellence. This is used to underpin all aspects of a high-quality endoscopy service including clinical quality, safety, patient experience, the environment and workforce.

NHS GJ was also the first Health Board in Scotland to roll out Scan for Safety in multiple services. Further information can be found here: [Golden Jubilee is first NHS Scotland Board to roll out Scan for Safety in multiple services – Scan for Safety](#)

Work continues to optimise use of the Phase 2 Hospital expansion programme which is part of the Scottish Government's investment in NTCs to meet the increasing demand for elective procedures.

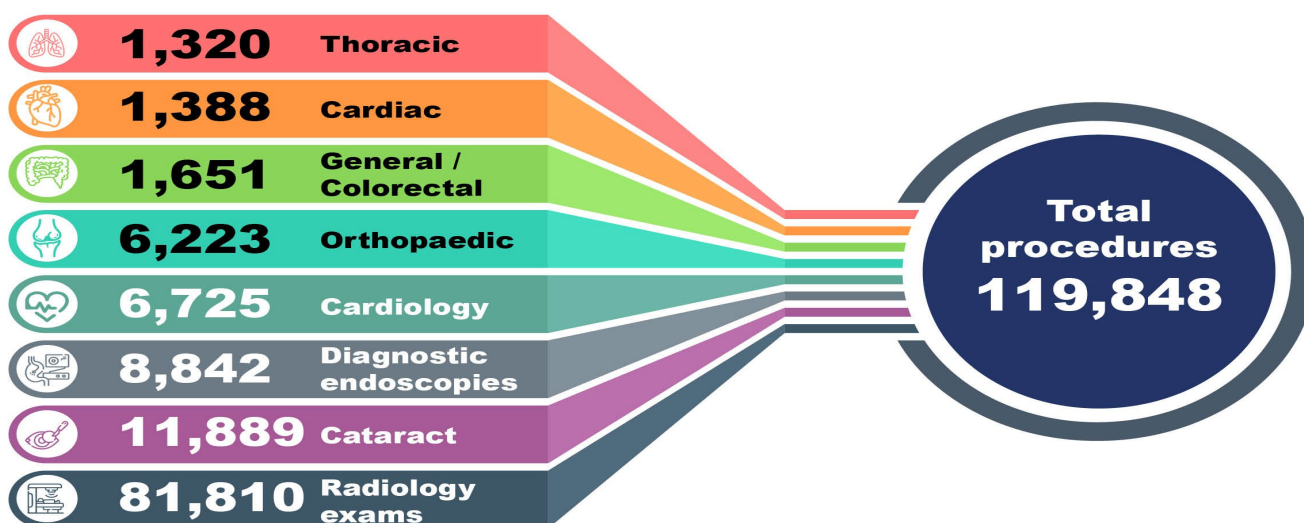
NHS GJ opened its new surgical centre in August 2024 with a phased approach of operationalisation of theatres and surgical admissions; endoscopy followed in early September

2024. The new Central Sterile Processing Department (CSPD) commenced a phased opening in March 2025. The surgical centre includes:

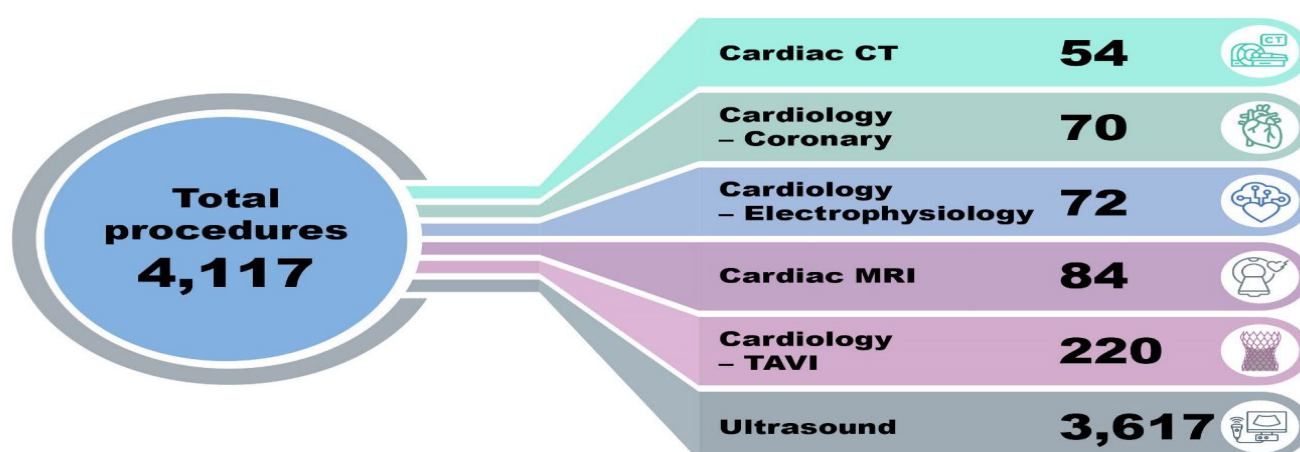
- Additional general surgery, orthopaedic and endoscopy facilities
- New surgical admissions and recovery unit
- New CSPD area
- New day case / day surgery admission unit
- Additional Post Anaesthetic Care Unit (PACU) spaces
- Extra outpatient and pre-operative assessment area and diagnostic space
- A large theatre recovery facility for patients.

NHS GOLDEN JUBILEE ADP ACTIVITY- 2024/25 OVERVIEW

CORE ACTIVITY



ADDITIONAL ACTIVITY COMMISSIONED VIA PLANNED CARE FUNDING



NHS GJ Hospital comprises two Divisions:

- National Elective Services
- Heart, Lung & Diagnostics

National Elective Services Division

National Elective Services Division



As part of the colorectal programme **292** colorectal procedures were performed.

In 2024/25, Orthopaedic Surgery recorded over **600** lists containing **4** joints which accounted for almost 50% of all lists containing a joint replacement.



Almost **6,500** Orthopaedic procedures were performed in 2024/25, of these, over 5000 were joint procedures with **73%** of the joint patients being admitted on the day same day as their surgery.



11,889 cataract procedures were performed at NHS GJ during 2024/25.



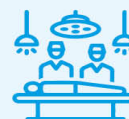
The orthopaedic robotic programme continues to grow with over **700** Mako joint replacement procedures performed during 2024/25. Since the programme's inception, over **2,200** Mako procedures have been performed.



In 2024/25 **154** joint patients (**89** hip and **65** knee) were discharged on the same day as their procedure.



The General Surgery Service performed **1,314** procedures during 2024/25.



8,842 diagnostic endoscopies were performed during 2024/25.



Heart, Lung and Diagnostics Division

Heart, Lung and Diagnostics Division



29 heart transplants were performed in **2024/25**, with excellent results. The outcomes compare favourably with other larger volume centres in the UK.



Our Trans Catheter Aortic Valve Implantation (TAVI) service continues to perform well with a total of **449** procedures being successfully performed during 2024/25. This position includes **229** ADP core procedures with additional funding activity of **220**.

394 procedures were successfully performed with a Robotic Assisted Thoracic Surgery (RATS) procedure during **2024/25**.



A robotic approach is most commonly used for lobectomy procedures, with robotic procedures being performed on **83%** of theatre days during 2024/25.

In Radiology modalities our year-end position was at **81,810**.

This was **768** procedures above the annual activity target.

On top of the ADP position an additional **3,755** radiology exams were performed in Cardiac CT, Cardiac MRI and Ultrasound modalities.

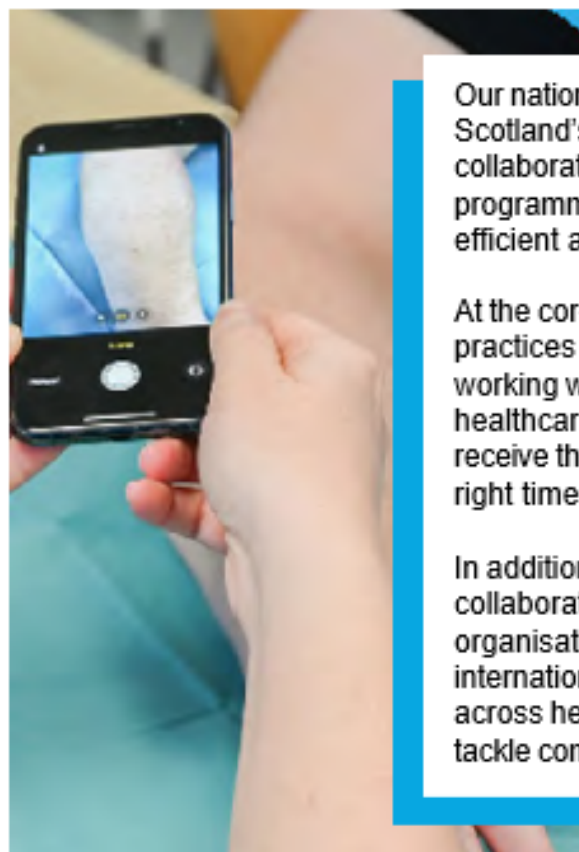




The NHS Scotland Academy (NHSSA) is a joint venture with NHS Education for Scotland. It delivers accelerated learning programmes designed to address workforce challenges in healthcare. By combining clinical expertise with state-of-the-art simulation facilities, the Academy ensures the healthcare workforce is equipped to meet Scotland's evolving needs.

Our facilities enable immersive and hands-on training experiences, allowing healthcare professionals to refine their skills in a controlled, realistic environment. The NHSSA's programmes are aligned with Scotland's broader healthcare goals, supporting recruitment, career progression, and the development of new capabilities within the workforce.

CENTRE FOR SUSTAINABLE DELIVERY (CFSD)



Our national Centre for Sustainable Delivery (CfSD) works to transform Scotland's healthcare system through innovation, sustainability, and collaboration. It implements national redesign and transformation programmes, ensuring that patients receive high-quality care through efficient and equitable pathways.

At the core of CfSD's mission is its commitment to embedding best practices and new models of care (e.g. digital health pathways), working with experts and patients across Scotland to make our healthcare system the best in the world and ensuring that people receive the right care, from the right people, in the right place, at the right time.

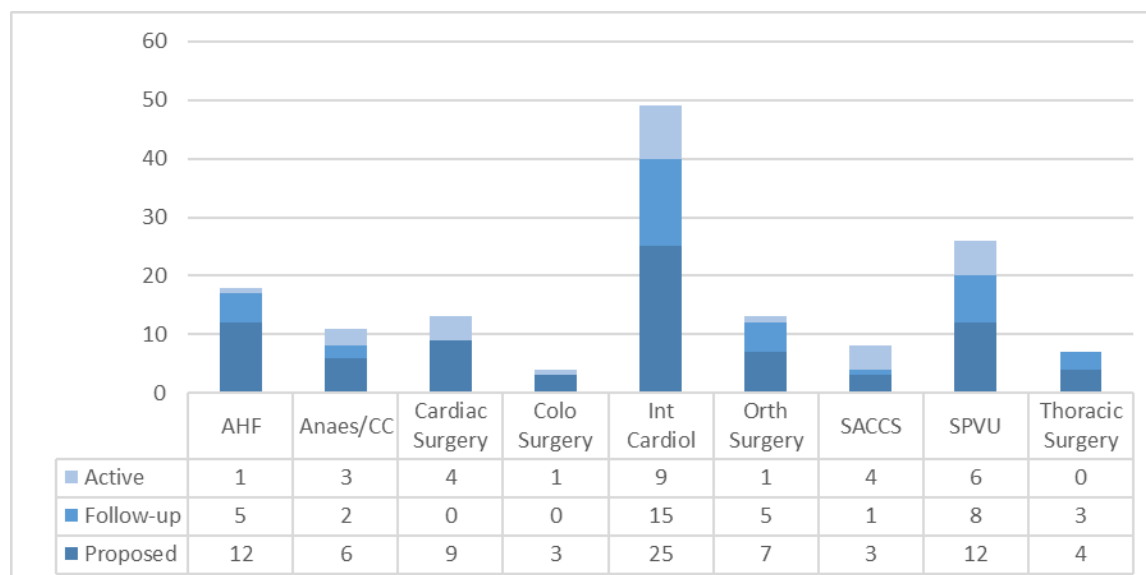
In addition to its role in system redesign, CfSD works in close collaboration with [a number of](#) academic, industry and third sector organisations to conduct research in areas of focus and publishes international evidence-based findings. By promoting partnerships across health care, the Centre cultivates a network of expertise to tackle complex healthcare challenges across the UK and further afield.

GOLDEN JUBILEE RESEARCH INSTITUTE

The Golden Jubilee Research Institute facilitates and supports high quality research, offering space and resources, alongside on-site specialist clinicians and experts.

Developing and leading research in rare disease areas such as Pulmonary Vascular Disease, the Institute also hosts research relating to most clinical speciality areas as indicated in Table 1. The Research Institute works collaboratively with other UK NHS Organisations, Academia, and Industry with a focus on improving patient care.

Table 1 – Research project activity – April 2025

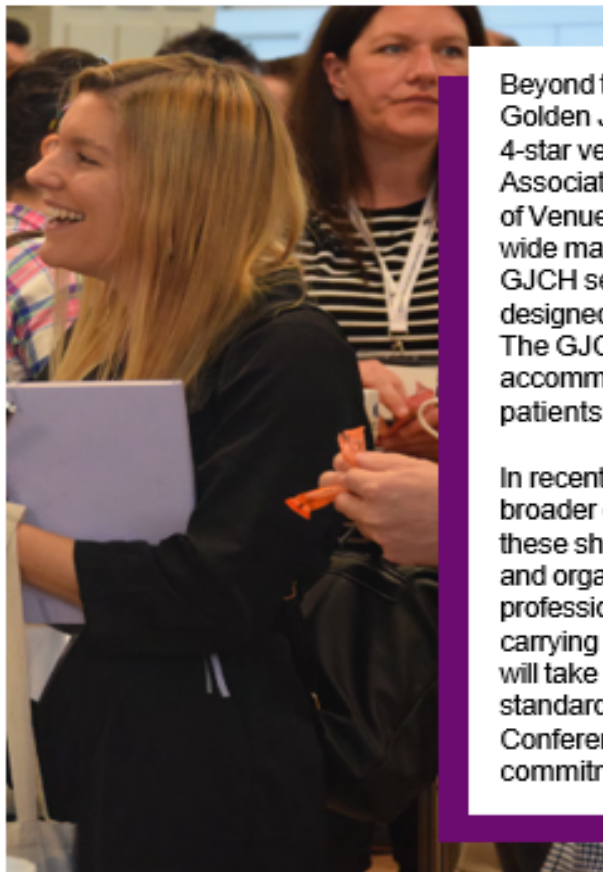


The Research Institute is unique in that it combines the elements required to host high quality research in one space. These elements are:

1. A Clinical Research Facility (CRF). This is essentially a small outpatient department with a co-located sample processing lab and ready access to hospital based diagnostic testing and imaging.
2. A group of highly specialist research nurses who provide dedicated support to patients, who consent to take part in research projects, and to project Principal Investigators.
3. A group of specialist research administrators with experience and skill in the legislation and guidance concerning research in a healthcare environment.

In 2023/2024, 798 patients attending the NHS Golden Jubilee were recruited to research projects. Information is not yet available for March 2025. However, 835 patients were recruited to research projects to 28 February 2025 showing a significant increase. There is also a significant increase in the number of active projects - 98 noted in February 2024, and 121 in April 2025.

GOLDEN JUBILEE CONFERENCE HOTEL



Beyond the hospital, the NHS Golden Jubilee campus includes the Golden Jubilee Conference Hotel (GJCH), a multi award-winning 4-star venue. As Scotland's only member of the International Association of Conference Centres (IACC), and a proud member of Venues of Excellence with Accreditation in Meetings, an industry wide mark of excellence, from the Meetings Industry Association, the GJCH seamlessly combines hospitality with cutting-edge facilities designed for successful conferences, training sessions, and meetings. The GJCH is integral to the NHS Golden Jubilee campus, offering accommodation for patients and their families, supporting access for patients across Scotland.

In recent years, market conditions for GJCH have fluctuated, reflecting broader changes in the economic and operational landscape. Despite these shifts, our primary focus remains on supporting the public sector and organisations closely connected to the NHS, such as trade unions, professional organisations and academic institutions. We are currently carrying out a strategic review of our Conference Hotel facilities, which will take place over the lifetime of this Strategy. By maintaining high standards and adapting to evolving market trends, the Golden Jubilee Conference Hotel remains a vital component of NHS Golden Jubilee's commitment to excellence.

RISK AND GOOD GOVERNANCE

NHS Golden Jubilee maintains an overview of the main risks and issues that could impact on our operating environment and the achievement of our organisational objectives whilst ensuring there are robust risk mitigations in place. We deliver world-class healthcare with patients at the centre of our services and our appetite and approach to risk and governance ensures we can maximise our capacity and deliver for NHS Scotland.

The acceptance of any risk is subject to ensuring the benefits and risks of any decision are understood and managed through appropriate measures. NHS Golden Jubilee recognises that any appetite for risk will vary according to the issue and therefore, different risk appetites and tolerances will apply. Delivery of clinical care is complex and challenging and recognising this there is generally a more cautious approach to risk within the hospital setting.

In delivering our vision and objectives, safety is at the forefront of what we do with a strong commitment to continually learn and improve. Risk is inherent in all that we do and we will continue to ensure this is robustly managed with a cautious approach to risks for patients, staff and guests. NHS Golden Jubilee remains committed to supporting advancements in clinical care through innovative models of care and the use of technology to deliver improved clinical outcomes. This position will be balanced with careful consideration of risk and benefit underpinned by a sound evidence base and shared decision making to ensure our patients remain at the heart of our service delivery.

There is an appetite for accepting operational risks in pursuing innovative ways of delivering services that support improved outcomes and value for money. This position is supported by sound evidence base and assessment of potential benefits. In responding to workforce challenges, NHS Golden Jubilee is open to exploring new and innovative workforce models in partnership. NHS Golden Jubilee's aim is to develop a workplace for the future that maximises the resources and capacity we have in delivery of our services whilst ensuring safety and wellbeing.

There are strong financial controls in place across NHS Golden Jubilee with different challenges faced across each of the areas. NHS Golden Jubilee is focused on maintaining its strong reputation which recognises the need to place high importance on regulation and compliance while being open to challenge supported by a strong evidence base.

NHS Golden Jubilee continues to develop its risk appetite across its strategic portfolio while recognising the differing stages of key strategic programmes and the links to the overall Strategy and objectives.

PERFORMANCE AGAINST KEY NON FINANCIAL TARGETS

NHS GOLDEN JUBILEE SUPPORT TO NHS SCOTLAND

NHS GJ's Annual Delivery Plan (ADP) set out the hospital's priorities and objectives for the three-year period 2024/25 to 2026/27, with planned actions and programmes of activity during 2024/25 and an indicative set of actions for 2025/26 and 2026/27. The ADP describes how NHS GJ will sustain, develop and evolve to effectively support the ongoing recovery of NHS Scotland's through the work of:

- Golden Jubilee University National Hospital (NHS GJ)
- NHS Scotland Academy (NHSSA)
- Centre for Sustainable Delivery (CfSD)
- Golden Jubilee Research Institute (GJRI)
- Golden Jubilee Conference Hotel (GJCH)

The delivery priorities for NHS GJ during 2024/25 were:

SECTION A: KEY RECOVERY DRIVERS

SECTION A1: PRIMARY AND COMMUNITY CARE

Whilst NHS GJ does not have any direct primary and community care responsibilities, we collaborate with referring Boards and other partners to support earlier intervention and community-based care.

In 2024/25, NHS GJ continued to partner with the Scottish Ambulance Service (SAS) through a Service Level Agreement (SLA) for inter-hospital transfers. This collaboration also supported the repatriation of West of Scotland patients following heart surgery at the hospital.

Our transport resources remained in use throughout this period to bring patients home or transport to an agreed drop-off point from the NHS GJ, with support of the Hospital Ambulance Car Service (HACS).

SECTION A2: URGENT AND UNSCHEDULED CARE

At NHS GJ, most of the urgent and unscheduled care is carried out within our Heart, Lung and Diagnostic (HLD) Division, with specialty / subspecialty areas of:

- Cardiac Surgery
- Critical Care
- Interventional Cardiology and Structural Heart
- Scottish National Advanced Heart Failure Service
- Thoracic Surgery (smaller number of emergency admissions)

During 2024/25, our Trans-Catheter Aortic Valve Implantation (TAVI) service performed well with increased activity. TAVI has become an alternative to surgical aortic valve replacement (SAVR) for severe symptomatic aortic stenosis in certain patients. TAVI is used predominantly in older patients >75 years old who carry higher risk from SAVR. The outcomes of patients treated with TAVI at NHS GJ are excellent by Scottish, UK and international standards.

Centre for Sustainable Delivery (CfSD)

NHS Scotland's Urgent and Unscheduled Care Programme led by CfSD aims to deliver a whole system approach to urgent and unscheduled care, building resilience and transforming NHS services.

The Unscheduled Care programme undertook a data deep dive to map out the current unscheduled care service across each Board in Scotland. The team then developed a series of data packs that are designed to enable Boards to compare their data to other Boards and to identify opportunities for improvement.

The team have also started to scope future workstreams to support Care Homes, including work around palliative care, pharmacy and flow navigation. They are also developing a "call before you convey" pathway to support the Ambulance Service and to reduce unnecessary trips to Emergency Departments.

SECTION A3: MENTAL HEALTH

Whilst NHS GJ does not deliver patient-facing community mental health services we do have a critical clinical psychology team to support patients who use our services. Throughout 2024/25, this team supported patients using services in the following departments:

- Orthopaedics

- Scottish National Advanced Heart Failure Service (SNAHFS)
- Scottish Adult Congenital Cardiac Service (SACCS)
- Scottish Pulmonary Vascular Unit (SPVU).

The Clinical Psychology team works with doctors, nurses and other health professionals to support patients living with long term conditions and those accessing NHS GJ for treatment.

In addition to this team, NHS GJ supports staff mental health. In 2024/25, Occupational Health, in collaboration with Spiritual Care, commenced development of a new Mental Health Pathway for staff and managers. This pathway serves to enhance in-house psychological support services available to staff and managers by signposting to all available interventions, making them accessible at the earliest opportunity.

Provision of the following mental health support activities and initiatives continued in 2024/25:

- **Listening Ear** service to patients, relatives and staff
- Ongoing **Spiritual and Religious Care** for patients through care planning that includes the emotional, psychological and spiritual needs.
- Delivery of the **Bereavement Service** following a patient's death.
- Establishment of the **Wellbeing Zone** for staff
- Weekly wellbeing activities in the Spiritual Care Centre (e.g. Mindfulness, Meditation and Breath into the Weekend)
- **Mindfulness Course** (associated with the 5 ways of wellbeing model)
- **Values Based Reflective Practice** sessions
- **Education and training:** Spiritual and Religious Care, Spiritual Care Assessment and Loss, Grief and Bereavement.

In 2024/25, the construction of our Staff Wellbeing Zone was completed, with its formal opening taking place in October 2024. This new facility is dedicated to supporting the health and wellbeing of our staff, providing a space where they can relax, recharge and access resources designed to promote mental and physical wellness.

SECTION A4: PLANNED CARE

Throughout 2024/25, NHS GJ continued to deliver core planned care specialties:

- Cardiac surgery
- Diagnostic radiology
- Diagnostic endoscopy
- General surgery
- Interventional cardiology
- Ophthalmology (cataract surgery)
- Orthopaedic surgery
- Thoracic surgery

And three national services of:

- SNAHFS
- SACCS
- SPVU

NHS GJ has delivered the planned activity trajectories to maximise and optimise local, regional and national planned care capacity, as well as protect diagnostic capacity (as outlined within the 2024/25 Planned Care template). The key components of this plan were:

- Maximising planned care capacity locally, regionally and nationally
- Protecting diagnostic capacity locally, regionally and nationally
- Productive opportunities - optimising services to deliver efficient and effective care

During 2024/25, the Board consistently exceeded its 75% Day of Surgery Admission (DoSA) targets for hip and knee day case activity. This was in conjunction with populating 49% of joint lists with four or more joint procedures, the highest 4 joint list performance of any Health Board in Scotland.

NHS GJ performed over a quarter of all cataract procedures carried out by NHS Scotland during 2024/25. This was achieved by seeing an average of 7.2 cases per 3.5hr session (National average 5.9 cases) with a median operating time of 11 minutes per case (National average 14 minutes).

Furthermore, NHS GJ continues to work collaboratively with other Health Boards, including, where capacity is available, to provide flexible and responsive support in meeting wider system demand pressures.

NHS Scotland Academy (NHSSA)

In 2024/25, NHSSA continued to support planned care recovery and workforce development through the delivery of several programmes within NHS GJ and NHS Scotland including:

National Perioperative Training Programmes

- Foundations of Perioperative Practice
- Anaesthetic Practitioners
- Surgical First Assistants
- Assistant Practitioners (Perioperative Practice)
- Decontamination Workforce Training (CDUs)

National Workforce Programmes

- NMC OSCE Preparation: Adult Nursing; Midwifery; Mental Health Nursing
- Cultural Humility
- Preparing for Work in Health and Social Care in Scotland
- High Volume Cataract Surgery team support
- Developing Clinical Skills for Pharmacists
- Biomedical Science portfolio acceleration

National Perioperative Training Programmes

- Foundations of Perioperative Practice
- Anaesthetic Practitioners
- Surgical First Assistants
- Assistant Practitioners (Perioperative Practice)

- Decontamination Workforce Training (CDUs)

NHSSA Skills and Simulation Centre based at NHS GJ

- Anchor institution activities (Kings Trust and school careers support).

Centre for Sustainable Delivery (CfSD)

CfSD has also continued to support improvements in planned care within NHS GJ and nationally in 2024/25, increasing capacity, reducing unnecessary demand, and embedding new technological innovations and ways of working through its national programme teams including:

Modernising Patient Pathways (MPP)

The MPP team have continued to work with Boards to support the implementation of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR). Over the last year, over **132,000** appointments have been saved due to ACRT, and over **74,000** patients have been placed on a PIR pathway.

The MPP team have continued to develop a range of national clinical pathways. Over the last year, 13 new national clinical pathways have been developed and published. A new National Framework for Perioperative Principles has also been developed to support the realisation of improvements in productivity, efficiency and outcomes across NHS Scotland.

National Elective Co-ordination Unit (NECU)

The NECU team carried out a National Waiting List Validation (NWLTV) campaign for patients (inpatients and outpatients) across all specialities across Scotland. Approximately **235,000** patients have been validated to date.

The team have also undertaken a National Dermatology backlog clearance campaign in 5 Boards and a National Endoscopy Clinical Validation campaign in 5 Boards. The Diabetes Closed Loop System (CLS) team have on-boarded **1065** patients via the new CLS national pathway.

SECTION A5: CANCER CARE

Working in collaboration with other Health Boards, in 2024/25, NHS GJ continued to provide critical to life cancer diagnosis and treatment for the people of Scotland. This included the continuation of the Thoracic programme delivering timely treatment for lung cancer by adhering to the 31-day target and exceeding the 95% compliance target by 4% achieving 99%.

NHS GJ also maintained support for territorial Boards by providing diagnostic allocations for cancer procedures, which contributed to national cancer and diagnostic targets.

In addition, the opening of the NHS GJ Phase 2 Surgical Centre has supported further expansion of the diagnostic Endoscopy Service and aided with increased demand in the short-term.

NHS Scotland Academy

In 2024/25, NHSSA continued to support delivery of enhanced diagnostic capacity through provision of accelerated training programmes:

- The **National Endoscopy Training Programme (NETP)** delivered upskilling courses as planned for colonoscopy, upper GI, Immersion Training and Endoscopy Non-Technical Skills (ENTS)
 - Train the Trainer (Upper GI & Colonoscopy)
 - Upskilling (Upper GI & Colonoscopy)
 - Immersion Training
 - Registered Nurses & Assistant Practitioners (Endoscopy)
 - Endoscopy Non-Technical Skills
 - (and running 2 rooms of clinical activity in GJ)
- The **National Ultrasound Training Programme (NUTP)** continued with delivery of Immersion Training and reduced waiting lists
 - Sonographers
 - Specialist Registrars
 - Masterclasses
 - (and running 3 rooms of clinical activity in GJ)
- The **National Bronchoscopy Training Programme (NBTP)** developed and delivered training to improve lung-cancer outcomes
 - Endobronchial Ultrasound (EBUS)
 - Bronchoscopy

Centre for Sustainable Delivery

CfSD Earlier Cancer Diagnosis team play a key role in implementing the national cancer strategy and the first national cancer action plan.

This includes delivering the Detect Cancer Earlier Programme (which supports the National Cancer Strategy), deploying Rapid Cancer Diagnostic Services to achieve population-based coverage across Scotland, and supporting Boards with the Framework for Effective Cancer Management. In 2024/25, the CfSD Cancer team revised and refreshed the Framework for Effective Cancer Management (FECM) and the Scottish Referral Guidelines for Suspected Cancer.

The CfSD Cancer team also continued supporting earlier cancer diagnosis through the following programmes:

- Development of additional diagnostic pathways for cancers including establishment of a new optimal colorectal diagnostic pathway and supporting toolkit
- Development and deployment of Scotland's Rapid Cancer Diagnostic Centres with 5 RCDS sites having been established to date
- Successful delivery of the "Be the Early Bird" public awareness campaign focussed on head and neck symptoms
- Progressing the Accelerated National Innovation and Adoption (ANIA) innovation for lung cancer x-ray using Artificial Intelligence to support cancer pathways.

The Endoscopy Programme is responsible for supporting the ongoing delivery of the Scottish Government's Endoscopy and Urology Diagnostic Recovery and Renewal Plan. The team have helped Boards to implement the actions in the plan including Transnasal Endoscopy services, which is a minimally invasive alternative to traditional endoscopy.

The team have also supported the development of the new Endoscopy Reporting System (ERS). This has included undertaking User Acceptance Testing (UAT) and helping prepare Boards to go live with the new system.

SECTION A6: HEALTH INEQUALITIES AND POPULATION HEALTH

NHS GJ serves patients from across Scotland, with a focus on the West region for specific interventions and procedures. It collaborates with all Health Boards to ensure patients can access necessary treatments as part of their care pathway. The West of Scotland, including NHS GJ's immediate locality of West Dunbartonshire, contains some of Scotland's most deprived communities. Consequently, a sizeable portion of our patient intake includes many with multiple comorbidities and other issues.

Our service design work looks at patient accessibility, experience and issues of inequality. The Equality Impact Assessment (EQIA) process has been embedded within service redesign activity to ensure inclusive engagement practices are followed through the engagement lifecycle as well as considering protected characteristics as set out by the Equality Act 2010. In 2024/25 an EQIA Champions Plan was developed and engagement to recruit EQIA Champions is underway.

Throughout the year, NHS GJ continued to deliver year 4 of the Board's Diversity and Inclusion Strategy and Equality Outcomes including governance and implementation of NHS GJ's "Reasonable Adjustment Passport".

Furthermore, work has continued to establish NHS GJ as an Anchor organisation within the West Dunbartonshire Community including delivering the actions outlined in our Anchors Strategic Plan.

SECTION A7: WOMEN AND CHILDREN'S HEALTH

NHS GJ recognises the importance of women and children's health though our specific services and specialities do not extend to primary care interventions.

We do not provide dedicated women and children's services, although we continue in our commitment to improving women's health and wellbeing, as well as inequalities across our services and the workplace as set out in the Women's Health Plan.

With a few established internal networks for several protected characteristics, the Board has maintained an internal Women's Network focussed on addressing issues that impact their lives in the workplace e.g. breastfeeding facilities, menopause, menstrual health; looking at how to address, as well as raise awareness of, the impact of these issues.

We also have a dedicated Women's Lead at Executive Director Level to drive change and share best practice and innovation. NHS GJ continues to create an environment that supports women's health.

SECTION A8: WORKFORCE

Like other Health Boards, NHS GJ continues to face significant workforce challenges. Workforce remains a key priority for the Board with a three-year workforce plan developed in 2022 focusing on the five workforce pillars:

- Plan
- Attract
- Employ
- Train
- Nurture

Alongside the refresh of NHS GJ Board Strategy, staff engagement began in 2024/25 to reshape the organisations culture through the launch of the “Kindness Matters Programme”.

In addition, the e-Rostering project entered the adoption phase following the completed configuration of Surgical and Theatre Unit rosters which concluded project delivery. Following this, the supplier has now handed over ongoing implementation, as a part of business-as-usual activities, to the NHS GJ e-Rostering team.

Work continues delivering the Board’s Diversity and Inclusion Strategy, now in its fourth year, with the following outcomes relating to workforce diversity and inclusion:

- Education and training – developing a suite of new training materials to further embed equality, diversity and inclusion throughout NHS GJ.
- On-boarding diverse talent – introducing several initiatives to attract and retain diverse talent to the organisation.
- Leadership and organisational structure - committing to creating a more equitable workplace, with diversity across management structures: understanding and addressing barriers to career progression and promotion which may be related to protected characteristics and “Fairer Scotland Duty” socio-economic factors.
- Inclusivity and data - a commitment to building a better understanding of diversity within the organisation by reviewing data collection and analysis methods which are used in workforce profiling.

SECTION A9: DIGITAL SERVICES AND INNOVATION ADOPTION

NHS GJ remains dedicated to optimising the use of digital and data technologies, ensuring that both corporate and clinical staff have access to modern, fit-for-purpose systems and services. By fostering relationships across a diverse range of sectors, NHS GJ continues to collaborate with key partners to drive innovative and transformational approaches to healthcare recovery, renewal, and redesign. These partnerships help support emerging healthcare innovations, drawing on the combined expertise of academia, industry, and healthcare professionals.

During 2024/25, the Board successfully implemented Year 1 of our Digital Improvement Plan (2023-2026). This has consisted of improvements in four main areas:

Clinical Applications:

- Deployment of Endoscopy Reporting System (ERS)

- Roll out of Scan for Safety in wider theatre specialities
- Additional Clinical Portal (EPR) modules for nursing notes and pre-op assessment now available and in use

Corporate Applications and Digital Infrastructure

- Launch of the new M365 based intranet system.

Security and Compliance

- Improvement in compliance position against outstanding controls and recommendations within the Network and Information Systems (NIS) Action Plan
- Delivery trial of national "phishing" service to determine plans for wider deployment
- Implementation of Defender for Servers across NHS GJ estate.

Throughout 2024/25, the CfSD innovation team continued to lead the Accelerated National Innovation Adoption (ANIA) pathway to bring innovative technologies and solutions to the frontline of healthcare on a national basis. This included supporting and assessing projects through all stages of the ANIA pathway and enabling national adoption and implementation of approved innovations.

ANIA has been delivered in collaboration with a range of national partners to combine the right skills and capabilities across Scotland to reduce barriers to national innovation adoption. This has led to quick and safe rollout of technologies, to support improved patient outcomes, as well as patient and staff experience, which are also environmentally and financially sustainable.

SECTION A10: CLIMATE

NHS GJ is positioned as an exemplar organisation for NHS Scotland in leading innovation, change and transformation through environmental stewardship that underpins service sustainability. We continually evolve and develop our services to ensure sustainability while managing our assets and resources in an environmentally responsible way.

Our Hotel and Conference Centre remains a class leader in providing sustainable hospitality and conferencing. We endorse a culture of environmental responsibility among guests by encouraging sustainable practices and actively manage our resources and suppliers to minimise environmental impact.

Throughout 2024/25, CfSD continued to deliver the Green Theatres programme across Scotland as well as explore further opportunities for sustainability initiatives. Similarly, NHSSA has explored opportunities with its partners to integrate sustainable principles into its programmes.

NHS GJ Board has continued to implement our Sustainability Strategic Action Plan and have recruited a Sustainability Manager to lead this work.

The following key areas and actions highlight NHS GJ's focus on climate and sustainability to support service delivery:

Greenhouse Gas Emissions Reduction:

Reducing emissions from building energy use, inhaler propellant, transport and travel, and nitrous oxide, all of which contribute to the environmental footprint of our services.

Progressing initiatives to reduce emissions from anaesthetic gases, including maximising the use of Total Intra-Venous Anaesthesia (TIVA) and maintaining staff awareness to keep usage low. This directly impacts the sustainability of surgical procedures.

Aiming to reduce pro-rata use of energy and water through energy efficiency projects, including upgrades to lighting and ventilation systems, identifying sources of high energy consumption, and exploring time and zone-controlled systems. These efficiencies contribute to the sustainable delivery of all services.

Currently:

- Anaesthetic Gas Emissions: Work progressed to reduce emissions through the continued use of TIVA. Staff awareness campaigns remained active, supporting consistent performance.
- Energy & Water Usage: Energy efficiency projects (including lighting and ventilation upgrades) were actively identified and scoped during 2024/25. These initiatives are contributing toward the overall goal of reducing pro-rata consumption.
- Monitoring: Source identification for high energy consumption was carried out, with planning underway for time and zone-controlled systems, though full implementation is likely to extend into 2025–26.

Sustainable Building Design:

Ensuring that the design, building, and refurbishment of facilities minimises environmental impact and resource consumption. This creates a more sustainable environment for both patients and staff, supporting the delivery of services.

Developing a sustainability strategic action plan to mitigate and reduce additional greenhouse gas emissions resulting from increased activity associated with new facilities. This includes moving to renewable energy sources and introducing low-energy initiatives, ensuring that service expansion is environmentally sustainable.

Currently:

- New facility development incorporated environmental design principles as standard, including efforts to transition toward low-energy initiatives.
- The strategic action plan for sustainability, addressing future emissions from increased activity, continued development during 2024/25.

Governance and Strategic Planning:

Implementing sustainability governance through Sustainability and Climate Change Strategy objectives.

Promoting a sustainable healthcare environment and greener models of healthcare, fostering sustainable service delivery across the organisation.

Enhancing staff and public engagement in environmental and sustainability initiatives, building a culture of sustainability that supports sustainable services.

Currently:

- Sustainability objectives remain embedded in governance frameworks via the NHS GJ Sustainability and Climate Change Strategy.

- A formal governance structure was operational and facilitated cross-departmental coordination.
- Staff and public engagement remained a priority, with communications around environmental initiatives increasing in frequency.

Renewable Energy:

Aiming to use renewable heat sources for all buildings by 2038. This will ensure the long-term sustainability of our facilities and the services they provide.

Progressing proposals to join Phase 4 of the Queens Quay district heating system, powered by a heat pump using the River Clyde.

Developing a business case and considering alternative renewable energy options.

Currently:

- Progress continued with proposals to join Phase 4 of the Queens Quay District Heating System, with feasibility and business case work ongoing.
- Broader assessments of alternative renewable energy sources (e.g., River Clyde heat pump) were ongoing in 2024/25.

Sustainable Travel and Transport:

Implementing a Sustainable Travel and Transport Group to promote a shift away from single-occupancy car travel. This will reduce the environmental impact of patients and staff accessing our services.

Targeting a 5% reduction in single-occupancy car trips to the site.

Developing staff benefits for public transport, working with the council to improve sustainable access, planning for carbon-neutral patient transport, developing electric vehicle charging infrastructure, and re-introducing a car journey sharing scheme.

Currently:

- The Sustainable Travel and Transport Group was fully established and active.
- Progress toward the 5% reduction target in single-occupancy car use was underway, although no final metrics have yet been reported.
- Initiatives in development or early implementation around:
 - Reintroduction of a car-sharing scheme
 - Expansion of electric vehicle (EV) charging infrastructure
 - Discussions with local councils on enhancing sustainable site access
 - Ongoing development of staff incentives for public transport

Climate Change Adaptation and Resilience:

Adapting to the impacts of climate change and enhancing the resilience of healthcare assets and services. This is crucial for ensuring the sustainability of our services in the face of climate change.

Addressing climate change risks, including flooding and the impact of extreme weather on healthcare delivery.

Completing flood risk and climate change risk assessments and developing plans to ensure continuity of quality healthcare services during extreme weather events.

Currently:

- NHS GJ undertook flood risk and climate risk assessments as planned. These informed the initial drafts of resilience and adaptation strategies expected to be finalised in early 2025–26.
- Continuity planning in the face of extreme weather began being embedded into service delivery and emergency response protocols.

Waste Management and Recycling:

Committing to eliminating and effectively managing waste through a circular economy approach. This is essential for the sustainable delivery of healthcare services.

Operating a Waste Management Group to provide leadership and guidance, ensuring compliance with regulations, and meeting recycling and waste reduction targets.

Implementing a Waste Policy to manage various waste categories, including healthcare, non-healthcare, recyclables, food waste, and residual waste

In 2024/25

- The Waste Management Group continued to lead delivery of key waste stream targets.
- A comprehensive Waste Policy was implemented, addressing healthcare and non-healthcare waste streams including recyclables, food waste, and residual waste.
- Circular economy principles were promoted, with ongoing work to meet statutory waste reduction and recycling targets

NATIONAL PERFORMANCE STANDARDS (LOCAL DELIVERY PLAN (LDP STANDARDS))

The table below describes our performance against the national performance standards that are known as the Local Delivery Plan (LDP) standards.

PERFORMANCE AGAINST KEY FINANCIAL TARGETS

CONSOLIDATED ACCOUNTS

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

NATIONAL WAITING TIMES CENTRE BOARD ENDOWMENT FUND

The primary objective of the Charity, as defined by the National Health Service (Scotland) Act 1978, is the advancement of health for the population for the whole of Scotland. The Act also says that Trustees should consider pursuing this through:

- Improvement in the physical and mental health of the local population for which this Board covers the whole of Scotland as defined in its constitution;
- The prevention, diagnosis and treatment of illness;
- The provision of services and facilities in connection to the above;
- The research into any matters relating to the causation, prevention, diagnosis or treatment of illness, or into such other matters relating to the health service as the Trustees see fit;
- Education and development in connection to the above.

As part of the balance of the Endowments fund is the Innovation funding provided directly by the Chief Scientist Office (CSO) to fund specific Innovation projects held within the overall balance of the Charity funds.

The Charity's overall balance of funds for the year was £11.007m (2023/24: 13.821m, with the balance attributed to the Innovation funding from CSO accounting for £8.786m of this)

The income was generated from categories including donations from individuals, corporate donations, income from sponsorship of research activity and fee income from courses and other services provided by clinical staff.

BOARD PERFORMANCE AGAINST STATUTORY FINANCIAL TARGETS

The results of the Charity, although consolidated within the main NHS Golden Jubilee's Accounts for group accounting purposes, do not form part of the statutory financial target set for NHS Boards by Scottish Government Health and Social Care Directorate (SGHSCD) and are therefore not taken into account when considering the Board's in year financial performance. The five annual financial targets set for each NHS Board by SGHSCD are as follows:

Statutory Financial Targets	Limit as set by SGHSCD £000's	Actual Outturn £000's	Variance £000's
Core Revenue Resource Limit	171,258	171,207	51
Non-Core Revenue Resource Limit	34,924	34,924	-
Capital Resource Limit	14,635	14,635	-
Non-Core Capital Resource Limit	-	-	-
Cash Requirement	169,405	169,405	-

All NHS Boards are expected to stay within these limits and will report on any variation from the limits set.

Memorandum for in year outturn	£000
Reported surplus in 2024/25	51
Funding flexibility: funding banked with/(provided by) Scottish Government	-
Surplus against in year Revenue Resource Limit	51
Percentage	0%

NHS Golden Jubilee set a breakeven Financial Plan for 2024/25, reinforcing the sound financial planning delivered in 2023/24. This plan was predicated on the delivery of c. £9.9m of savings to be identified within the year. Whilst it has been a challenging year because of various factors, including significant cost pressures arising from levels of inflation and demand challenges, the final position for 2024/25 as disclosed within these financial statements has achieved the position agreed by the NHS Golden Jubilee Board.

PROPERTY VALUATION

All property was revalued by Avison Young, independent specialists in property valuation, based on market value, depreciated replacement cost or existing use value as of 31 March 2025. The values were calculated 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 and applied to reflect local market conditions on 31 March 2025.

INFRASTRUCTURE AND NON-CURRENT ASSETS

During the 2024/25 financial year £14.646m of Capital expenditure was incurred, this is in line with the plan for the year, following authorised allocations agreed with Scottish Government. Further detail on the spend in-year is included below. £11k of capital spend was funded through capital receipts retained.

Area	£000s
Property	3.230
Medical Equipment	4.912
IM&T	0.676
Capital Receipts funding	(0.011)
Formula Capital	8.807
Phase 2 Elective Centres	5.412
Capitalised Leases	0.416
Total	14.635

EFFICIENCY SAVINGS

The total efficiency target of £9.9m was surpassed by the year end, with the delivery of savings totalling £10.48m. A variety of schemes had been developed throughout the year, building upon the '15 Box Grid' initiatives, focussing on reducing temporary staffing costs as well as Medicines costs, with further savings delivered through a combination of in-year expenditure savings on slippage to recruitment, predominantly across the level of vacancies within Nursing areas and clinical support staff, as well as savings generated across other in-year flexibilities.

'Achieving the Balance' is a refined programme approach for 2024/25 and beyond that will focus on sustainability and value, providing a more rigorous governance framework in the identification, evaluation and delivery of efficiencies for each project workstream. The focus will be on the delivery of recurrent schemes to ensure a robust performance mechanism is in place for the identification and implementation of transformative redesign across the 3-year planning cycle.

This programme supported the changing financial and operating environment within which NHS Scotland is working within, maintaining the pillars of governance alongside the statutory requirement to achieve financial balance.

The national initiative referred to as the '15 Box-grid' was integrated into the Board's financial saving strategy, focussing on the key expenditure areas across Medicines, Medical and Nursing agency, Procurement initiatives and service redesign.

FRAUD, BRIBERY AND CORRUPTION

The Board has a zero tolerance for fraud, bribery or corruption. Staff are briefed regularly on counter fraud matters including the confidential routes that are available to report suspected fraud, bribery or corruption. A range of fraud awareness initiatives were progressed during the year. The approved Board Conflicts of Interest Policy contains arrangements for the disclosure of information in the corporate register of interests, gifts and hospitality.

PROVISIONS FOR IMPAIRMENT OF RECEIVABLES

A provision of £410k has been provided in year in relation to bad/doubtful debts (prior year £516k).

LEGAL OBLIGATIONS

The following provisions have been included in the accounts with regard to legal obligations:

- Clinical & Medical £1,075k (prior year - £712k)
- Participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) – £3,561k (prior year £3,185k)
- Total for year – £4,636k (prior year £3,897k)

The basis of these provisions is provided by the Central Legal Office.

Where no certainty has been attributed to claims these have been accounted for via contingent liabilities, current year £380k (prior year £638k).

PAYMENT POLICY

NHS Golden Jubilee is committed to supporting Scottish Government priorities in helping businesses during the current economic situation by paying liabilities timeously. The aim is to achieve payment of all undisputed invoices within 10 working days across all public bodies.

- In 2024/25 average credit taken was 15 days (2023/24–17 days)
- In 2024/25 the Board paid 88.79% by value (2023/24–85.23%) and 91.36% by volume within 30 days (2023/24–88.61%)
- In 2024/25 the Board paid 82.76% by value (2023/24–69.9%) and 85.05% by volume within 10 days (2023/24–81.01%).
- The calculations above only include payments to non-NHS suppliers

PENSION LIABILITIES

The accounting policy note for pensions is provided in Note 1 and disclosure of the costs is shown in Note 16 and the Remuneration Report.

SOCIAL MATTERS

NHS Golden Jubilee strives to improve inclusiveness by creating a work environment that not only welcomes individuals of all backgrounds but actively highlights and celebrates the unique mix of people and patients who work for us and use our services. NHS Golden Jubilee produces information and statistics to report progress on mainstreaming under the public sector equality

duty. NHS Golden Jubilee publishes equality outcomes including publishing an Annual Workforce Monitoring Report.

In accordance with the Equality Act 2010 and regulations, NHS Golden Jubilee promotes equality and celebrates the diversity of the population that it serves. The development of equality outcomes provides assurance that the Board meets the equality and diversity needs of people with the nine relevant protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) whether they are patients, members of the public, carers or staff.

NHS Golden Jubilee recognises the value a diverse workforce brings in offering different perspectives in how we deliver high quality, safe, effective, person-centred care and maintain a healthy, vibrant and inclusive culture throughout our organisation.

NHS Golden Jubilee has a Diversity and Inclusion strategy which forms an integral part of our overarching aim to promote the wellbeing of staff, patients and volunteers. The Diversity and Inclusion Group are working on a four-year Diversity and Inclusion delivery plan to identify areas of improvement within the themes of education and training, on-board diverse training, leadership and organisational development, inclusivity and data and inclusive service design. Regular updates on the Diversity and Inclusion outcomes are provided to the Board Committees confirming the developments and achievements as well as planned activity for the coming months.

CONFLICTS OF INTEREST

The Conflicts of Interest Policy covers detailed guidance on key elements of the Bribery Act (2010) and staff conduct regarding reporting interests. The Board have an approved Anti-Bribery Statement which is available on the intranet for all staff. No matters have been raised this year relating to anti-bribery legislation.

SUSTAINABILITY AND ENVIRONMENTAL REPORTING

The Climate Change (Scotland) Act 2009 originally set out measures adopted by 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. 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.

During 2024/25, our Climate Change and Sustainability Programme has delivered:

Element	TCF D Appl icati on Guid ance	SSN Ref	Implement ation by	Question	NHS Golden Jubilee Response
Governance	2.2	2(a)	Phase 1 (2023-24)	(a) Describe the board's oversight of climate- related issues	Leadership and governance A strategic action plan has been developed setting out in detail the roadmap for NHS Golden Jubilee to achieve the ambitions and goals of the NHS Scotland Climate Emergency and Sustainability Strategy 2022- 2026.

					<p>A governance structure is in place to ensure a coordinated implementation of NHS Golden Jubilee sustainability and climate change objectives.</p> <p>The Board has appointed a Non-Executive Climate Change and Sustainability Lead</p> <p>Our strategic action plan will be delivered through the established Climate Change and Sustainability Strategic Group. This Strategic Group reports to the Board Finance and Performance Committee on a bi-annual basis.</p> <p>Further detail can be obtained from page 3 of the NHS Golden Jubilee Climate and Sustainability Annual Report 2023-2024 Leadership and Governance</p>
Governance	2.2	2(b)	Phase 1 (2023-24)	(b) Describe management's role in assessing and managing climate-related issues	<p>The Director of Transformation, Strategy, Planning and Performance is the Executive Lead for Climate Change and Sustainability.</p> <p>Callum Blackburn, Non-Executive Director, is the Sustainability Champion for the Board.</p> <p>Our strategic action plan is delivered through the established Climate Change and Sustainability Strategic Group. This group will be supported on the delivery of our aims through a number of programme teams with specific responsibilities.</p> <p>Further detail can be obtained from page 3 of the NHS Golden Jubilee Climate and Sustainability Annual Report 2023-2024 Leadership and Governance</p>
Metrics and Targets	5.2	3(b)	Phase 1 (2023-24)	(a) Disclose the metrics used by the organisation to assess climate-related issues in line with its strategy and risk management process	<p>NHS Golden Jubilee aims to become a net-zero organisation by 2040 for the sources of greenhouse gas emissions.</p> <p>The metrics below set out the amount of Green House Gas (GHG) emissions produced annually by NHS Golden Jubilee and published within NHS Golden Jubilee Climate and Sustainability Annual Report 2023-2024.</p> <p>Greenhouse gas emissions 2022-2023 and 2023-2024, tonnes CO2 equivalent</p> <ul style="list-style-type: none"> - Building energy - Non-medical F-gas - Medical gases - Metered dose inhaler propellant - NHS fleet travel - Waste - Water - Business travel <p>Climate Change and Sustainability is embedded within our Board Strategy, primarily through the strategic objective: We reduce our environmental impact on-site through our culture and behaviour changes, careful planning and design. A Climate Change and Sustainability Risk Register is in place.</p>
Metrics and Targets	5.2	3(a)	Phase 1 (2023-24)	(a) Disclose Scope 1, Scope 2, and, if appropriate, Scope 3 GHG emissions, and the related risks	<p>Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2023/24 details all scope 1, 2 and 3 emissions for NHS Golden Jubilee. The report contains details against each scope in the following emissions categories</p> <ul style="list-style-type: none"> - Emission Type - Emission source - Scope - Consumption data - Units - Emission factor - Emissions (tCO₂e) - Comments <p>Emissions type can be viewed in sub types within the Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2023/24. In summary the category emissions are</p> <p>Electricity Scope 2 3168.02610 (tCO₂e)</p> <p>Electricity Scope 3 274.08299 (tCO₂e)</p> <p>Fuel Natural Gas Scope 1 4417.63808</p> <p>Water Scope 3 (all areas)191,781</p> <p>Waste Scope 3 (all areas)186.46031</p> <p>Transport Scope 1 40.38234</p> <p>Transport Scope 3 (all areas)73.54243</p> <p>Home Working Scope 3106.42046</p> <p>Hotel Stay Scope 35.81360</p> <p>Process Scope 1 (all areas)107.28604</p> <p>Other areas Scope 1 (Entonox) 81.491</p> <p>Other Scope 3 (Secondary Care Inhaler)38.496</p>
Metrics and	5.2	3(d)	Phase 2	(d) Describe	Public Bodies Climate Change Duties Compliance Reporting Financial Year Template

Targets			(2024-25)	the targets used by the organisation to manage climate-related issues and performance against targets	2023/24 details Organisational targets and provides a list all of the body's targets of relevance to its climate change duties.																								
					<table><tr><td>Name</td><td>Target</td><td>Baseline</td><td>Progress and comments</td></tr><tr><td>Greenhouse Gas Emissions</td><td>Target Net Zero by 2045</td><td>11,395</td><td>8,527 Overall decrease despite increasing reporting on scope 1 and 3 emissions</td></tr><tr><td>Reduce electrical consumption</td><td>Net Zero by 2040</td><td>6,609</td><td>3,442 Decreased due to grid decarbonisation</td></tr><tr><td>Reduce gas consumption</td><td>Net Zero by 2038</td><td>4,786</td><td>4,418 Decreased due to increased outdoor temperatures</td></tr><tr><td>Reduce water consumption</td><td>Net Zero by 2040</td><td>28</td><td>28 No change</td></tr><tr><td>Reduce waste</td><td>Net Zero by 2040</td><td>178</td><td>187 Increased due to more waste streams included</td></tr></table>	Name	Target	Baseline	Progress and comments	Greenhouse Gas Emissions	Target Net Zero by 2045	11,395	8,527 Overall decrease despite increasing reporting on scope 1 and 3 emissions	Reduce electrical consumption	Net Zero by 2040	6,609	3,442 Decreased due to grid decarbonisation	Reduce gas consumption	Net Zero by 2038	4,786	4,418 Decreased due to increased outdoor temperatures	Reduce water consumption	Net Zero by 2040	28	28 No change	Reduce waste	Net Zero by 2040	178	187 Increased due to more waste streams included
					Name	Target	Baseline	Progress and comments																					
					Greenhouse Gas Emissions	Target Net Zero by 2045	11,395	8,527 Overall decrease despite increasing reporting on scope 1 and 3 emissions																					
					Reduce electrical consumption	Net Zero by 2040	6,609	3,442 Decreased due to grid decarbonisation																					
					Reduce gas consumption	Net Zero by 2038	4,786	4,418 Decreased due to increased outdoor temperatures																					
					Reduce water consumption	Net Zero by 2040	28	28 No change																					
Reduce waste	Net Zero by 2040	178	187 Increased due to more waste streams included																										
Risk Management	4.2	4(a)	Phase 2 (2024-25)	(a) Describe the organisation's processes for identifying and assessing climate-related risks	NHS Golden Jubilee completed a Climate Change Risk Assessment using the Climate Change Risk Assessment and Adaptation Planning Tool developed in February 2024 with the support of NHS Scotland Assure. The 5 main risks are noted as follows: 1. Access to the Golden Jubilee University National Hospital - Patient and staff access may be difficult in heavy downpours. 2. Access to the Golden Jubilee University National Hospital - Site access may be restricted during combined climatic weather events. 3. Patient capacity within Golden Jubilee University National Hospital - Delayed patient discharge due to increased local service demand. 4. Staff wellbeing - Staff wellbeing may be negatively impacted during warm temperatures; 5. Electronic equipment and room temperature monitoring systems - Electronic equipment may overheat as room temperatures increase.																								
Risk Management	4.2	4(b)	Phase 2 (2024-25)	(b) Describe organisation's processes for managing climate-related risks	There are policy, strategy and delivery requirements on NHS Boards to implement Environmental Management Systems to the standard of ISO14001 or equivalent. NHS Golden Jubilee has started the implementation phase and will continue to develop the system to ensure we not only meet requirements of the standard but utilise the system to ensure compliance and reduce our impact on the environment. Staff attended 2 training sessions arranged through NHS Scotland Assure. Next steps is to hold an internal workshop with key staff to begin developing both the legislation, and aspects and impacts registers. The first 6-12 months will be a development and learning phase whereby we intend to bring more stakeholders into the fold to ensure our system is fully comprehensive.																								
Risk Management	4.2	4(a)	Phase 2 (2024-25)	(a) Describe how processes for identifying, assessing, and managing climate-related risks are integrated into the organisation's overall risk management	The action plan has identified key recommendations and relevant stakeholders, such as: 1. Consult with the Scottish Environment Protection Agency (SEPA) and check the certainty of local maps and consider using their flood maps/alerts/warnings, which may come at a cost. This will help plans to be proactively adjusted, such as rerouting transport. 2. Consider liaising with Local Authorities to discuss whether they have flood plans and diversions in place for roads that are likely to flood. 3. Develop and formalise communication plan for weather and Scottish government and/or local authority or other alerts. 4. Formal community response to be developed. 5. Consider developing a Summer/Hot Weather Plan, similar to the Winter Plan, to ensure an intentional and fully consistent approach to addressing the impacts of periods of high and/ or sustained summer heat. This could explore the local and historical impacts of previous heatwaves. Most notably, the knock-on impacts of increased service demand on GP surgeries and community health centres																								

					during periods of high heat on Golden Jubilee's capacity to discharge patients should be assessed.
Strategy	TBC	TBC	Phase 3 (2025-26)	(a) Describe the climate-related issues the organisation has identified over the short, medium, and long term	<p>Short Term</p> <p>NHS Golden Jubilee has undertaken the following</p> <ul style="list-style-type: none"> - 9no Electronically Commutated (EC) Fans - LED Lighting replacement <p>Medium Term</p> <ul style="list-style-type: none"> - Communications campaign to encourage staff to switch off lights and equipment when not used. - Review heating and cooling set points via the building energy management system to establish efficiencies. - Continue to replace old light fittings with LED utilising maintenance budget and own technical Staff where feasible. <p>Long Term</p> <p>Where funding is available, NHS Golden Jubilee has identified a number of projects which would reduce our emissions. These include:</p> <ul style="list-style-type: none"> - Sub metering - LED Lighting Replacement - Variable Speed Drive Replacement - Electronically Commutated (EC) Fans - Solar PV
Strategy	TBC	TBC	Phase 3 (2025-26)	(b) Describe the impact of climate-related issues on the organisation's businesses strategy, and financial planning	<p>In the next year, NHS Golden Jubilee will have an obligation to publish a new 3-year Procurement Strategy which must include how procurement will impact in terms of climate, sustainability and community benefit. This will be followed by an annual progress report. Additionally, procurement Key Performance Indicators will be monitored as part of the NHS Golden Jubilee Anchor Strategy – these will focus on community benefit.</p> <p>From 2024/25 onwards we will progress the following:</p> <ul style="list-style-type: none"> 3 Embed sustainability requirements within local tendering activity by ensuring that these are built into contract selection and/or award criteria and ensure whole lifecycle costing methodology is used in commercial criteria where appropriate. 3 Ensure all Procurement Officers within Procurement have undertaken Procurement Climate Literacy Training and are aware of Scottish Government Sustainable Procurement Tools. 3 Ensure sustainability is an agenda topic during the Key Supplier Performance Meetings. This will allow particular ideals such as packaging and carbon footprint reduction to be monitored and identify opportunities for improvement. <p>Climate Change and Sustainability priorities are laid out in each Annual Delivery Plan. Projects to improve waste handling and segregation are underway, with the aim that the organisation will reduce the amount of waste we produce and increase how much of it is recycled.</p>
Strategy	TBC	TBC	Phase 3 (2025-26)	(c) Describe the resilience of the organisation's strategy, taking into consideration different climate-related scenarios, including a 2°C or lower scenario	<p>Whole system planning</p> <p>NHS Golden Jubilee commissioned an external technical review to provide mechanical, electrical and public health engineering consultancy support in relation to the existing infrastructure condition and capacities, together with a high-level appraisal of infrastructure assessment options in relation to existing and future developments. The purpose of this exercise was to:</p> <ul style="list-style-type: none"> 3 Identify a 5-year plan with cost estimates. 3 Agree prioritisation through business continuity risk rating workshops; and 3 Develop a combined technical and Business Continuity Plan (BCP) rated report.

APPROVAL OF PERFORMANCE REPORT

The Accountable Officer authorised the Performance Report for issue:

G James
Chief Executive *Gordon James*

Date: 09 July 2025

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; and
- Parliamentary Accountability Report.

CORPORATE GOVERNANCE REPORT

DIRECTORS REPORT

The Directors present their report and the audited financial statements for the year ended 31 March 2025.

DATE OF ISSUE

The Accountable Officer authorised these financial statements for issue following approval from NHS Golden Jubilee Board on 2 July 2025.

NAMING CONVENTION

The National Waiting Times Centre Board is the common name for the Board, also known as NHS Golden Jubilee.

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 KPMG LLP to undertake the audit of the National Waiting Times Centre Board for a 5 year period from 2022/23. 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.

BOARD MEMBERSHIP

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

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

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

Chair	S Douglas-Scott
Non-Executive Directors	J Christie-Flight (Employee Director) M Boyle L Semple S McAllister M Brown R Moore C Blackburn L Macdonald R Maxwell
Executive Directors	G James–Chief Executive *G Stewart–Interim Director of Finance M MacGregor–Medical Director C O’Connor–Director of Operations AM Cavanagh–Director of Nursing C Anderson-Director of Transformation, Strategy, Planning and Performance L Smith-Director of People and Culture J Gamble-Director of Finance (From 2 September 2024)

**G Stewart was appointed interim Director of Finance from 1 April 2024 to 1 September 2025.*

BOARD MEMBERS’ AND SENIOR MANAGERS’ INTERESTS

Details of any interests of Board Members, Senior Managers and other senior staff in contracts or potential contractors with the Board as required by IAS 24 are disclosed in [Note 24](#). The following interests have been declared:

Name	Interest
S Douglas-Scott	Celebrant and Chaplain (Celebrate People)
J Christie-Flight	Lay representative–Unite Non-Executive Director–Scottish Pensions Advisory Board Scottish National Party–Member
M Boyle	Hymans Robertson Foundation-CEO Glasgow Chamber of Commerce Scottish Tech Army-Ambassador Consultancy–Kilpatrick Solutions Ltd

L Semple	Non-Executive Director – NHS Ayrshire and Arran Scottish National Party–Member National Trust for Scotland–Member Chair South Ayrshire Integration Joint Board RSPB–Member
S McAllister	NHS Forth Valley–Non-Executive Director Risk Management Authority–Non-Executive Director SARMAR Consultancy-Director Lifelink–Trustee Samaritans-Trustee
M Brown	Glasgow Association for Mental Health-Trustee/Board Member Unison-Life Member
R Moore	Mouswald Limited-Sole Director and owner
C Blackburn	HalfWild Ltd–Director
R Maxwell	Perception Insights Limited-Director
L Macdonald	Scottish Environment Protection Agency-Non-Executive Director Scottish Social Services Council-Member
G James	Innoscot-Non-Executive Director
M MacGregor	Scottish Medicines Consortium-Honorary Clinical Advisor
C O'Connor	No declared interests
AM Cavanagh	East Park Charity Organisation-Trustee
J Gamble	No declared interests
G Stewart	No declared interests
C Anderson	Volunteer Director on Board of Volunteer Glasgow Chair of the Scottish Workplace Networking for LGBT People.
L Smith	No declared interests

DIRECTORS THIRD PARTY INDEMNITY PROVISIONS

Directors' and Officers' indemnity insurance was in place during the period.

REMUNERATION FOR NON-AUDIT WORK

There was no remuneration for KPMG LLP in relation to non-audit work in 2024/25.

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, this information can be found on our website. www.nhsgoldenjubilee.co.uk

PERSONAL DATA RELATED INCIDENTS

A total of one incident was reported to our Regulators during 2024/25. This incident was related to data loss and was reported to the Information Commissioner's Office (ICO).

An internal investigation of this incident was undertaken with a full and comprehensive report, including root cause and outcomes provided to the ICO. The ICO confirmed that they were satisfied with the investigation process that had been carried out and the actions taken. ICO closed the incident with no further actions required from the Regulator.

DISCLOSURE OF INFORMATION TO AUDITORS

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

EVENTS AFTER THE END OF THE REPORTING PERIOD

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

THE STATEMENT OF BOARD MEMBERS' RESPONSIBILITIES

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

In preparing these accounts the Directors are required to:

- Apply on a consistent basis the accounting policies and standards approved for the NHS Scotland by Scottish Ministers.
- Make judgements and estimates that are reasonable.
- State where applicable accounting standards as set out in the Financial Reporting Manual have not been followed where the effect of the departure is material.
- Prepare the accounts on the going concern basis unless it is inappropriate to presume that the Board will continue to operate.

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

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

STATEMENT OF THE ACCOUNTABLE OFFICERS RESPONSIBILITIES

Under Section 15 of the Public Finance and Accountability (Scotland) Act, 2000, the Principal Accountable Officer (PAO) of the Scottish Government has appointed me as Accountable Officer of the National Waiting Times Centre Board.

This designation carries with it, responsibility for:

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

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

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

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

I am responsible for ensuring proper records are maintained and that the Accounts are prepared under the principles and in the format directed by Scottish Ministers. To the best of my knowledge and belief, I have properly discharged my responsibilities as Accountable Officer as intimated in the Departmental Accountable Officers letter to me of the 1 December 2022.

GOVERNANCE STATEMENT

SCOPE OF RESPONSIBILITY

As Accountable Officer, I am responsible for maintaining an adequate and effective system of internal control that supports compliance with the Board's policies and promotes achievement of the Board's aims and objectives, including those set by Scottish Ministers. I am also responsible for safeguarding the public funds and assets assigned to the Board. I have been supported in my role as Accountable Officer throughout the year by a multi-disciplinary management team, focused on ensuring the delivery of strategic objectives in a prudent, economical, efficient and effective manner.

PURPOSE OF INTERNAL CONTROL

The system of internal control is based on an ongoing 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 Board's aims and objectives. As such, it can only provide reasonable and not absolute assurance.

This process within the Board accords with the guidance from the Scottish Ministers in the Scottish Public Finance Manual (SPFM) and supplementary NHS guidance and has been in place for the year up to the date of the approval of the Annual Report and Accounts.

The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy and promotes good practice and high standards of propriety.

GOVERNANCE FRAMEWORK

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

Board Members are appointed by Scottish Ministers and are selected on the basis of particular expertise which enables them to contribute to the decision-making process at a strategic level.

The Board had a robust portfolio of governance arrangements in place for the year ended 31 March 2025. The key points of this governance framework are detailed below.

GOVERNANCE STRUCTURE

The Board Standing Committees underpin the application of good governance within the organisation and are in line with the Blueprint for Good Governance – Second Edition published in November 2022. The Board continues to review its governance arrangements to ensure a more flexible approach is in place. The Board discharged its governance responsibilities effectively and responded appropriately during this unprecedented period. The Board in 2024/25 met generally in person (but also via video conferencing technology for some Members) and the Committees continued to meet as per the schedule of meetings during 2024/25 and this is referred to later in this section.

The Committee structure remains the same as reported in the Annual Accounts for financial year 2023/24.

The Board annually reviews the role of each of the Governance Committees, Audit and Risk (effective), Clinical (safe) and Staff (person-centred) to ensure that they are fulfilling the governance requirements of the Board and are demonstrating clear links to NHS Scotland's strategic direction.

The Board has several key forums in place as part of its governance structures and these will continue to be reviewed during 2024/25:

- The Board has a very well established Partnership Forum, which works effectively and provides formal updates to the Board via the Staff Governance and Person-Centred Committee. Over the course of the year a series of topics are reviewed in a more detailed manner, such as workforce data and recruitment including international recruitment;
- Active participation is demonstrated in regional and national groups, with particularly key involvement in the National Board and West Regional Board Delivery plans;
- The Digital Information Governance Group is led by an Executive Director and this monitors compliance, statutory obligations, programme implementation and delivery. This Group reports to the Board via the Finance and Performance Committee;
- The Board has in place robust governance arrangements to support the work of the Centre for Sustainable Delivery and NHS Scotland Academy. Each of these programmes of work report to the Board through the Strategic Portfolio Governance Committee (SPGC). The Chair of SPGC provides an Assurance Statement to the Board regarding the work of CfSD against its approved plans.

NHS Scotland Academy is operated in partnership with NHS Education for Scotland. In respect of NHS Golden Jubilee's responsibilities in delivering on the partnership's ambitions with governance oversight provided via the Strategic Portfolio Governance Committee.

- The Board has in place strong governance to support the development of the hospital expansion programme and other key strategic programmes via the Strategic Programme Board. The Strategic Programme Board then reports its programme of work to SPGC. With regard to the expansion of the National Elective Centre this is overseen by a Programme Board, with involvement from relevant staff from the Board.

All Committees have submitted formal annual reports regarding the work of the Committee to the Board with scrutiny applied through the Audit and Risk Committee.

The Board further embedded the Integrated Performance Report during the year as a key document across Governance and Management meetings. This report consists of a developed set of Key Performance Indicators and narrative which are structured across the key areas of staff, financial and clinical governance. This information is reviewed by the Executive Leadership Team and is then presented to the Board Committees. Discussions on tolerances at Board and project level are on a rolling basis with regular reports to ensure the Risk Register also remains live.

GOVERNANCE COMMITTEES

• **Audit and Risk Committee**

The Audit and Risk Committee of the Board has Terms of Reference which govern its function in line with the requirements of the Government Audit and Assurance Committee Handbook. These have been reviewed in 2024/2025 in line with the guidance. The Committee meets a minimum of four times a year, with any documents which affect the overall governance arrangements in the Board being approved at the Committee prior to being presented for Board approval. The Committee also considers all audit work relating to governance.

The Board Risk Register had been refreshed from the previous year and a continuous review of the Board Risk Register is ongoing.

• **Clinical Governance Committee**

The Clinical Governance Committee leads the 'Safe and Effective' ambitions within the Board Strategy, providing assurance that appropriate clinical governance structures are in place within the organisation. This includes appropriate scrutiny and assurance of clinical governance policy and procedures relating to the provision of safe and effective care.

The Committee ensures that an appropriate framework is in place to support the management of clinical risks and overall quality of care. The Committee monitors and evaluates reports, strategies and implementation plans and ensures a robust system is in place for the timely submission of all clinical governance information required for national monitoring arrangements.

Throughout 2024/25, the Committee received videos providing a welcome insight into patients' experiences whilst in Golden Jubilee University National Hospital.

• **Staff Governance and Person-Centred Committee**

The Staff Governance and Person-Centred Committee ensures appropriate scrutiny and governance arrangements are in place regarding the person centred quality agenda. The Committee is responsible for ensuring that processes meet statutory obligations and national guidance, are met.

The Committee provides coordination and leadership to enable effective delivery of the Involving People Strategy and the Staff Governance Standard. This includes supporting the delivery of high standards of person centred care, understanding that effective staff management is the responsibility of everyone working within the system and ensuring staff management is built upon partnership and collaboration.

The Committee monitors and evaluates strategies and implementation plans relating to people management and recommends policy amendment, funding or resource submission to the Board to achieve the Staff Governance Standard. The Committee also ensures timely submission of all staff governance information required for national monitoring arrangements.

- **Finance and Performance Committee**

The purpose of the Finance and Performance Committee is to oversee and monitor the Board financial position and performance against key targets and indicators of the Board. Its primary focus is to ensure appropriate governance arrangements are in place to direct the most effective use of all Board resources and deliver the Board ambition of “putting people first to achieve and sustain excellence- in care, performance, quality, innovation and values”.

The Finance and Performance Committee functions as a sub-committee of the Board with a role of holding the Executive Leadership Team to account for the following elements of the Board Performance and Assurance Framework:

- Development and delivery of the Annual Delivery Plan (in respect of financial years 2024/25 and 2025/26, this comprises Delivery Planning Templates and moving into the second quarter of financial year 2025/26 onwards, more medium term plans);
- Reviewing the development of the Board Financial Plan and achievement of financial targets;
- Financial and performance monitoring arrangements including the regular review of the Finance and Performance sections of the Integrated Performance Report;
- Oversee annual review and assessment of Board performance by Scottish Ministers; and
- Review arrangements for securing effectiveness and best value from resources, ensuring that prompt action is taken and appropriate escalation approaches are deployed to manage issues.

The Integrated Performance Report is also reviewed monthly at the Executive Leadership Team meeting and Performance Review Groups, before being reviewed at the Board Meetings.

Systems are in place to ensure that performance relating to Treatment Time Guarantees and other key performance indicators is effectively monitored and reported on. Updates are provided to each meeting of the Board through the Integrated Performance Report and Finance and Performance Committee updates.

- **Strategic Portfolio Governance Committee**

The Strategic Portfolio Governance Committee was established in January 2021. The purpose of the Committee is to advise and assure the Board on the development and implementation of the Board Strategy and expanding Board portfolio. This includes the scrutiny of key enabling plans, implementation progress and delivery.

The Committee ensures all strategic portfolio programmes have clearly defined objectives and timelines for delivery are adequately resourced and have clear risk management plans in place.

The Committee has the role of endorsing any change in the strategic direction of the Board and will monitor and scrutinise the following:

- Endorsement of strategic programmes associated with the expanding Board portfolio.
- Development and implementation of the Board Strategy.
- Delivery against key elements of the Board Strategy, this includes the strategic intent of programmes.
- Delivery of objectives within Project, Programme and Portfolio parameters to ensure all work aligns with the Board's strategic direction.
- Work in financial year 2024/25 has focused on developing systems of accountability for the Strategic plans of NHS GJ, NHS Scotland Academy and Centre for Sustainable Delivery work streams, as well as the Board's expansion programme.
- At six monthly intervals, the Board meeting received an Assurance Statement from the Chair of the Committee confirming satisfaction with the progress of CfSD against its work programme, with onward communication to the Scottish Government.

BOARD DEVELOPMENT

In line with the Blueprint for Good Governance – Second Edition issued in November 2022; we recognised the important place of the Board in achieving good governance. Securing high quality, effective and efficient organisational performance is dependent on the leadership skills of Board Members and the Executive Leadership Team.

Board development is therefore a key priority and to support this a number of Board Seminars have taken place during the year. These interactive sessions focused on developing elements of the Board Strategy and embedding Non-Executive Director development throughout the Board calendar.

The Seminars included forums on Risk Management, Blueprint Action – Culture Measure, Safe Staffing, an overview from the Medical Director on a clinical system, Phase 2, Organisation Culture, iMatter Survey, Board Strategy, Equality Outcomes 2025-2029, Academia Partnerships and a presentation from Counter Fraud Services. Further Seminars are planned for 2025/26.

During 2024/25 there were two walkround sessions for the opening of the Wellbeing Zone and a visit to the NHS Scotland Academy Skills and Simulation Centre.

The further development of this engagement programme is a key part of the Board development agenda going forward.

POLICY REVIEW

The Board has in place the following policies which govern the work of core Board functions. These documents are reviewed on a regular basis and updated as required to reflect guidance issued by the Government or changes within the Board:

- The role of the Board is clearly defined in the Standing Orders, which detail how the Board conducts its business. The Standing Orders are reviewed regularly to ensure that they continue to reflect best practice and good governance arrangements. The Board continues working to the recommendations in the Blueprint for Good Governance-Second Edition.
- During Financial Year 2024/25 and into 2025/26, a review of the Board development resource is ongoing to assist with non-executive development.
- Standing Financial Instructions, including authorised signatory list – these govern the financial related business of the Board and are approved by the Audit and Risk Committee following updates. These are updated as new guidance becomes available.
- Procurement Policy – this details the process for procurement within the Board in line with UK and European procurement rules. The policy is reviewed on an ongoing basis and is referred to in the Standing Financial Instructions with both being intrinsically linked.
- The Board has approved a Conflicts of Interest Policy which has been implemented across the Board, this policy covers all aspects of the Bribery Act (2010) and the gifts and hospitality policy.
- The Board follows all applicable laws and regulations, with this being confirmed via internal and external audits. All policies and procedures are prepared, taking into account appropriate Government guidance.
- The Board's Whistleblowing Policy is overseen by the Clinical Governance Committee and shared with the Staff Governance and Person-Centred Committee and details the processes to be followed by staff members. The Board also has a Whistleblowing Champion Non-Executive Director in post.
- The Board has a Fraud Policy in line with the Counter Fraud Services partnership agreement. The Chair of the Audit and Risk Committee (a Non-Executive Board Member) acts as the Counter Fraud Champion and we also have a named Fraud Liaison Officer. The Chair of the Audit and Risk Committee is also the Cyber Security Champion.
- The Board has in place a Complaints Policy, which contains guidance on the investigation and handling of complaints from members of the public. Complaints are monitored and reported to the Clinical Governance Committee and shared with the Staff Governance and Person-Centred Committee which in-turn updates the Board on a regular basis.
- All Executive Directors of the Board undertake annual appraisals during which any development needs are identified, in line with guidance from SGHSCD.
- The Board Communications Strategy is continually reviewed and is due to be updated again to take into consideration the emerging portfolio of the Board, which has already resulted in communication strategies for NHS Scotland Academy and the national Centre for Sustainable Delivery.

This will ensure that we continue to inform, engage and communicate appropriately with our patients, the public, staff and other stakeholders. Reports on performance against key communication indicators are submitted to our Staff Governance and Person-Centred

Committee. Communications representatives are involved in all major projects, most notably the Golden Jubilee expansion plans as part of the Scottish Government's National Treatment Centre Programme. The team also attend the Partnership Forum, Volunteers Forum and all patient involvement and stakeholder events.

- The Board has a very well-established Partnership Forum, which works effectively and provides updates to the Board following each meeting. Over the course of the year the Partnership Forum received a series of financial updates.
- Active participation is also demonstrated in regional and national groups, with particularly key involvement in leading the National Board and West Regional Board Delivery plans.
- The Board has in place strong governance to support the development of the expansion programme. This is overseen by an Expansion Programme Board with involvement of relevant staff including the Chair of the Board. The Expansion Programme Board reports through the Finance and Performance Committee.
- In accordance with the principles of Best Value, the Board aims to foster a culture of continuous improvement. As part of this, directors and managers are encouraged to review, identify and improve the efficient and effective use of resources. Arrangements have been made to secure Best Value as set out in the SPFM.

As per the guidance contained within the Scottish Public Finance Manual to the best of my knowledge the Board has followed the underlying principles of good governance as defined by the 'SPFM': accountability, transparency, probity and focus on sustainable success in conducting its business during the year, in conjunction with this work has been commenced to embed the principles of the Blueprint for Good Governance-Second Edition.

REVIEW OF ADEQUACY AND EFFECTIVENESS

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

- The Executives and Senior Managers within the Board who have responsibility for developing, implementing and maintaining internal controls across their areas
- The work of the Internal Auditors, who submit to the organisation's Audit and Risk Committee regular reports which include their independent and objective opinion on the effectiveness of risk management, control and governance processes, together with recommendations for improvement; and
- Statements made by the External Auditors in their management letters and other reports.

The Internal Auditors for the Board during 2024/25 were Azets who provided detailed reports on internal audit recommendations which were then presented to Audit and Risk Committee. KPMG LLP, our External Auditors also attend the Audit and Risk Committee to provide detail on the work that they are undertaking.

The Audit and Risk Committee, through its statutory role of reviewing internal controls and the Clinical Governance Committee, through its role in ensuring that risks are being managed, provides

assurance to me as Accountable Officer. The role of the Audit and Risk Committee with regard to risk has remained unchanged during 2024/25 and, therefore, this Committee provides additional assurance on risk as well as the internal control environment.

Additional assurance has been provided during 2024/25 via the receipt of formal reports relating to each of the Governance Committees.

I have been advised on the implications of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and the Clinical Governance Committee. Plans to address any weaknesses are highlighted and ensure continuous improvement of the system are in place in line with best value principles.

RISK ASSESSMENT

NHS Scotland bodies are subject to the requirements of the SPFM and must operate a risk management strategy in accordance with relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.

Overall leadership of risk management lies with the Chief Executive as Accountable Officer. Local leadership is devolved through Executive Directors to Directors of Operations and Associate Nurse Directors and Associate Medical Directors and their department managers, with appropriate training provided to staff as and when the need arises. All staff are made aware, through general and local induction, that it is their responsibility to ensure that they use and follow the risk management systems and processes.

There are Board Risk Registers in place which link with organisational objectives and performance management. The Strategic Risk Register is presented to the Board at every meeting and is reviewed by the Audit and Risk Committee and relevant Governance Committee.

The overall Management Team ensures that all risks are addressed fully and in a timely manner. The Clinical Governance Risk Management Group supports the management of clinical risks with various sub-groups overseeing specific areas. The groups meet on a regular basis with updates being provided during 2024/25 via the Clinical Governance Committee to the Board and Audit and Risk Committee. This continues to be strengthened taking account of the enhanced role of the Audit and Risk Committee with regard to provision of assurance regarding risk management to the Board.

Risk controls are identified through the Risk Register process with escalation of risks through the organisational structure. Work is ongoing to review the guidance and format of Risk Registers across the organisation as we embed the enterprise risk approach and refine our governance arrangements. This process is reviewed by the Audit and Risk Committee.

More generally, the organisation is committed to continuous development and improvement: developing systems in response to any relevant reviews and developments in best practice, during the year to 31 March 2025 and up to the signing of the accounts:

- Continuation of work associated with the Blueprint for Good Governance-Second Edition.
- Continued use of Governance systems to ensure that good governance is followed in all processes.

DISCLOSURES

During the previous financial year, no significant control weaknesses or issues have arisen and no significant failures have arisen in the expected standards for good governance, risk management and control.

INTERNAL AUDIT OPINION – AZETS

In our opinion for the period 1 April 2024 to 31 March 2025, NHS Golden Jubilee has a framework of governance and internal control that provides reasonable assurance regarding the effective and efficient achievement of objectives.

NHS GOLDEN JUBILEE CHARITY

During the course of the year NHS Golden Jubilee staff provided all administration services for the Board Charity. An Annual Report for the Charity will be submitted to OSCR following Trustees approval on 26 June 2025

A full audit of all financial transactions and governance arrangements will be undertaken for the 2024/2025 financial year prior to submission of the Annual Report and monitoring returns to OSCR. Due to the financial value of the funds held in the Charity there is a requirement to consolidate the Charity Accounts into the Annual Accounts for NHS Golden Jubilee for 2024/2025. An Annual Governance Report from the Endowment Sub-Committee was presented to the Audit and Risk Committee for information and to the Board of Trustees for approval.

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 organisation'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 stand-alone Committee to the Board (which also reports to the Staff Governance and Person-Centred 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 shall comprise of:

- The Board Chair, the four Non-Executive Directors responsible for chairing the formal Standing Committees of the Board and the Employee Director.
- The Board Chief Executive, Director of People and Culture and the Head of Corporate Governance will attend meetings of the Remuneration Committee as advisors and assessors and to provide administrative support.

A meeting with the Chair and three further Non-Executive Directors will constitute a quorum. When the Chair 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

- a) The Committee shall meet at least twice a year.
- b) The conduct of business will be in accordance with the Board's Standing Orders.
- c) 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.

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 Agenda for Change require an up-to-date Personal Development Plan and annual appraisal in line with TURAS appraisal.

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.

PAYMENTS TO PAST SENIOR MANAGERS

No significant payments were made to past senior managers during 2024/25.

BOARD MEMBERS AND SENIOR EMPLOYEES REMUNERATION

In accordance with the Financial Reporting Manual (FReM) and the Companies Act, the publication of the 'pension benefits' is required. 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 'total earnings in year' column shows the remuneration relating to actual earnings in 2024/25.

REMUNERATION FOR THE YEAR ENDED 31 MARCH 2025

2024/25 All £'000 Bands of £5,000	Directors Gross Salary	Benefits in Kind	Total Earnings In Year	Pension Benefits	Total Remuneration
Executive Members					
Gordon James <i>Note 1</i>	140-145	0-5	140-145	50-55	195-200
Jonathan Gamble <i>Note 2</i>	70-75	0-5	75-80	15-20	90-95
Carolynne O'Connor	125-130	-	125-130	30-35	155-160
Mark MacGregor <i>Note 3</i>	205-210	-	205-210	210-215	420-425
Anne-Marie Cavanagh	110-115	-	110-115	60-65	170-175
Carole Anderson	105-110	-	105-110	70-75	175-180
Laura Smith	110-115	-	110-115	25-30	135-140
Graham Stewart <i>Note 4</i>	100-105	-	100-105	65-70	165-170
Non-Executive Members					
Jane Christie-Flight <i>Note 5</i>	75-80	-	75-80	60-65	135-140
Calum Blackburn	10-15	-	10-15	-	5-10
Linda Semple	10-15	-	10-15	-	10-15
Marcella Boyle	10-15	-	10-15	-	5-10
Morag Brown	10-15	-	10-15	-	5-10
Robert Moore	10-15	-	10-15	-	5-10
Stephen McAllister	10-15	-	10-15	-	10-15
Susan Douglas Scott	40-45	-	40-45	-	40-45
Rebecca Maxwell	10-15	-	10-15	-	10-15
Lindsay MacDonald	10-15	-	10-15	-	10-15

Note 1 Chief Executive. Benefits in kind figure quoted is based on 23/24 P11D charge. The 24/25 charge is unavailable until July 2024. The figure remains consistent within the £0-5k band.

Note 2 Director of Finance. The salary above represents seven months in post from 01/09/2024-31/03/2025. Full time equivalent salary is in the £125-130k range

Note 3 Medical Director. Extra programmed activities are not pensionable and have therefore been excluded from the Director's gross salary.

Note 4 Interim Director of Finance from 01/04/2024-31/08/2024. The salary above includes £60,597.96 in respect of non-Board duties.

Note 5 The Employee Director salary includes £64,908.84 in respect of non-Board duties

There were no performance related bonuses paid to the Executives of the Board during the year. Discretionary points and availability supplement were paid to the Medical Director during the 2024/25 financial year and are included in the salary costs.

PENSION VALUES FOR THE YEAR ENDED 31 MARCH 2025

Table Subject to Audit Opinion

2024/25 Pension Values	Total Accrued Pension at 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 31/03/25 (Bands of £2,500)	Real increase in Lump Sum at 31/03/25 ((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							
Gordon James	30-35	75-80	2.5-5	0-2.5	768	686	50
Jonathan Gamble	0-5	-	0-2.5	-	21	0	12
Carolynne O'Connor	5-10	-	0-2.5	-	91	53	21
Mark MacGregor	90-95	240-245	10-12.5	20-22.5	2,139	1,850	230
Anne-Marie Cavanagh	55-60	145-150	2.5-5	2.5-5	1,305	1,197	72
Carole Anderson	35-40	90-95	2.5-5	5-7.5	844	742	76
Laura Smith	0-5	-	0-2.5	-	40	7	18
Graham Stewart	40-50	100-105	2.5-5	2.5-5	932	834	70
Non-Executive Members							
Jane Christie-Flight	35-40	100-105	2.5-5	5-7.5	905	813	70
Calum Blackburn	-	-	-	-	-	-	-
Linda Semple	-	-	-	-	-	-	-
Marcella Boyle	-	-	-	-	-	-	-
Morag Brown	-	-	-	-	-	-	-
Robert Moore	-	-	-	-	-	-	-
Stephen McAllister	-	-	-	-	-	-	-
Susan Douglas Scott	-	-	-	-	-	-	-

Rebecca Maxwell	-	-	-	-	-	-	-
Lindsay MacDonald	-	-	-	-	-	-	-

*There is a difference between closing balance in 2023/24 and opening balance 2024/25 in CETV given changes in the inflation adjustment used in the CETV calculator.

Note 1 Director of Finance part year from 01/09/2024-31/03/2025. CETV as at 31/08/2024 on transfer was nil. This information was provided by SPPA. Previous pension is retained with service with NHS England (NHS Business Services Authority)

Note 2 Interim Director of Finance from 01/04/2024-31/08/2024. Full time equivalent figures are included in the table above. Opening CETV was £834,354 and CETV at close of interim period was £914,712

REMUNERATION FOR THE YEAR ENDED 31 MARCH 2024

Table Subject to Audit Opinion

2023/24 All £'000 Bands of £5,000	Directors Gross Salary	Benefits in Kind	Total Earnings In Year	Pension Benefits	Total Remuneration
Executive Members					
Gordon James <i>Note 1</i>	135-140	0-5	140-145	55-60	195-200
Michael Breen	120-125	-	120-125	30-35	150-155
Carolynne O'Connor	115-120	-	115-120	30-35	145-150
Mark MacGregor <i>Note 2</i>	185-190	-	185-190	5-10	195-200
Anne-Marie Cavanagh	105-110	-	105-110	5-10	110-115
Carole Anderson <i>Note 3</i>	95-100	-	95-100	60-65	160-165
Laura Smith <i>Note 4</i>	20-25	-	20-25	5-10	30-35
Jennifer Pope <i>Note 5</i>	80-85	-	80-85	25-30	105-110
Serena Barnett <i>Note 6</i>	40-45	-	40-45	-	40-45
Gareth Adkins <i>Note 7</i>	25-30	0-5	25-30	-	10-15
Non-Executive Members					
Jane Christie-Flight <i>Note 8</i>	70-75	-	70-75	20-25	95-100
Calum Blackburn	5-10	-	5-10	-	5-10
Karen Kelly	5-10	-	5-10	-	5-10
Linda Semple	10-15	-	10-15	-	10-15
Marcella Boyle	5-10	-	5-10	-	5-10
Morag Brown	5-10	-	5-10	-	5-10
Robert Moore	5-10	-	5-10	-	5-10
Stephen McAllister	10-15	-	10-15	-	10-15
Steven Wallace	0-5	-	0-5	-	0-5
Susan Douglas Scott	30-35	-	30-35	-	30-35
Rebecca Maxwell	0-5	-	0-5	-	0-5
Lindsay MacDonald	0-5	-	0-5	-	0-5

Note 1 Chief Executive. Benefits in kind figure quoted is the average charge from financial year 22/23. Figures for financial year 23/24 are unavailable until July 2024. The figure remains consistent within the £0-5k band.

Note 2 Medical Director. Extra programmed activities are not pensionable and have therefore been excluded from the Director's gross salary.

Note 3 Director of Transformation, Strategy, Performance and Planning from 01/09/2023. The salary above includes £40,614.67 in respect of non-Board duties.

Note 4 Director of People and Culture from 08/01/2024. Part year actuals disclosed. Full year equivalent salary is £101,108.03

Note 5 Interim Director of People and Culture from 31/10/2023-05/01/2024. The salary above includes £47,845.44 in respect of non-Board duties.

Note 6 Director of Human Resources from 01/04/2023-31/08/2023. Part year actuals quoted above. Full year equivalent salary is £99,972.90.

Note 7 Director of Transformation, Strategy, Performance and Planning 1/4/2023-09/07/2023, part year actuals quoted above. Full year equivalent salary is £102,691.20. The benefits in kind figure quoted is from financial year 2022/23 and is for 4 months. Figures for financial year 2023/24 are unavailable July 2024. The figure remains consistent within the £0-5k band

Note 8 The Employee Director salary includes £62,460.96 in respect of non-Board duties.

There were no performance related bonuses paid to the Executives of the Board during the year. Discretionary points were paid to the Medical Director during the 2023/24 financial year and are included in the salary costs.

PENSION VALUES FOR THE YEAR ENDED 31 MARCH 2024

Table Subject to Audit Opinion

2023/24 Pension Values	Total Accrued Pension at Age at 31/03/24 (Bands of £5,000)	Total Accrued Lump Sum at Pension Age at 31/03/24 (Bands of £5,000)	Real increase in Pension at Pension Age 31/03/24 (Bands of £2,500)	Real increase in Lump Sum at 31/03/24 ((Bands of £2,500)	Cash Equivalent Transfer Value (CETV) at 31/03/24 (£000)	Cash Equivalent Transfer Value (CETV) at 31/03/23 (£000)*	Real increase in Cash Equivalent Transfer Value (CETV) in Year (£000)
Executive Members							
Gordon James	30-35	75-80	0-2.5	2.5-5	635	530	104
Michael Breen	0-5	-	0-2.5	-	50	14	36
Carolynne O'Connor	0-5	-	0-2.5	-	53	16	37
Mark MacGregor	80-85	215-220	0-2.5	-		1,776	165
Anne-Marie Cavanagh	50-55	140-145	0-5	-	1,278	1,190	88
Carole Anderson	30-35	85-90	2.5-5	2.5-5	707	593	114
Laura Smith	0-5	-	0-2.5	-	6	-	6
Jennifer Pope	10-15	-	0-2.5	0.00	143	109	34
Serena Barnett <i>Note 1</i>	-	-	-	-	842	693	149
Gareth Adkins <i>Note 2</i>	-	-	-	-	774	666	108
Non-Executive Members							
Jane Christie-Flight	35-40	95-100	0-2.5	0-2.5	813	727	86
Calum Blackburn	-	-	-	-	-	-	-
Karen Kelly	-	-	-	-	-	-	-
Linda Semple	-	-	-	-	-	-	-
Marcella Boyle	-	-	-	-	-	-	-

Morag Brown	-	-	-	-	-	-	-
Robert Moore	-	-	-	-	-	-	-
Stephen McAllister	-	-	-	-	-	-	-
Steven Wallace	-	-	-	-	-	-	-
Susan Douglas Scott	-	-	-	-	-	-	-
Rebecca Maxwell	-	-	-	-	-	-	-
Lindsay MacDonald	-	-	-	-	-	-	-

*Cash equivalent transfer values (CETVs) detailed within the 2023/24 disclosure exclude the impact of inflation. The prior year disclosure includes inflation within the CETV value. Consequently, there are small differences between the 2022/23 closing and 2023/24 opening CETV figures.

Note 1 Director of Human Resources from 01/04/2023-31/08/2023. CETV as at 31/08/23 on departure was £752,115.

Note 2 Director of Transformation, Strategy, Performance and Planning 1/4/2023-09/07/2023. CETV as at 09/07/23 on departure was £703,069.

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 as a whole, within the Accounts this has been defined as the Executive and Non-Executive members of the 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, the Board are 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 full employer's costs.

Table Subject to Audit Opinion

2024/25	£000s	2023/24	£000s	% Change
Range of staff remuneration	12>232	Range of staff remuneration	9>171	19%
Highest earning Director's total remuneration	205	Highest earning Director's total remuneration	183	12%
Median (Total pay and benefits)	40,064	Median (Total pay and benefits)	37,664	6%
Median (Salary only)	40,064	Median (Salary only)	37,664	6%
Ratio	5.12	Ratio	4.85	6%
25 th Percentile (Total pay and benefits)	31,670	25 th Percentile (Total pay and benefits)	28,451	11%
25 th Percentile (salary only)	31,670	25 th Percentile (salary only)	28,451	11%
Ratio	6.47	Ratio	6.42	1%
75 th Percentile (Total pay and benefits)	50,661	75 th Percentile (Total pay and benefits)	46,469	9%
75 th Percentile (salary only)	50,661	75 th Percentile (salary only)	46,469	9%
Ratio	4.05	Ratio	3.93	3%

HIGHER PAID EMPLOYEES REMUNERATION

The following number of employees (excluding Board members) received Remuneration (excluding Pension contributions) falling within the following ranges:

Clinicians From		2025	2024
£70,001	£80,000	23	24
£80,001	£90,000	12	8
£90,001	£100,000	18	17
£100,001	£110,000	8	11
£110,001	£120,000	10	6
£120,001	£130,000	9	12
£130,001	£140,000	4	15
£140,001	£150,000	11	13
£150,001	£160,000	10	13
£160,001	£170,000	11	13
£170,001	£180,000	20	2
£180,001	£190,000	11	10
£190,001	£200,000	5	8
£200,001	And Above	26	14

Others From		2025	2024
£70,001	£80,000	33	16
£80,001	£90,000	15	18
£90,001	£100,000	7	11
£100,001	£110,000	13	3
£110,001	£120,000	1	1
£120,001	£130,000	-	-
£130,001	£140,000	-	1
£140,001	£150,000	1	-
£150,001	£160,000	-	-
£160,001	£170,000	-	-
£170,001	£180,000	-	-
£180,001	£190,000	-	-
£190,001	£200,000	-	-
£200,001	And Above	-	-

The numbers above are exclusive from the Executive Directors of the Board who are disclosed separately within the Remuneration Report.

STAFF EXPENDITURE

2024/2025 £'000	Executive Board Members	Non-Executive Members	Permanent Staff	Inward Secondees	Other Staff	Outward Secondees	Total 2025	2024
Salaries and Wages	1,283	150	127,211	-	3,605	(361)	131,888	111,806
Taxation & Social security costs	122	9	14,228	-	283	(44)	14,598	12,230
NHS Scheme Employers' Costs	206	2	24,090	-	278	(82)	24,494	19,255
Other Employers' Pension Costs	-	-	41	-	4	-	45	41
Inward Secondees	-	-	-	6,632	-	-	6,632	4,890
Agency Staff	-	-	-	-	4,014	-	4,014	4,047
Total	1,611	161	165,570	6,632	8,184	(487)	181,671	152,269

STAFF NUMBERS (WHOLE TIME EQUIVALENT)

2024/2025	Executive Board Members	Non-Executive Members	Permanent Staff	Inward Secondees	Other Staff	Outward Secondees	Total 2025	2024
Whole Time Equivalent (WTE)	7	9	2,329	11	65	6	2,427*	2,255

STAFF COMPOSITION

The Table below includes the breakdown of the number of persons of each gender who were Directors and employees of the Board as at 31 March 2025.

Staff Composition	2025			2024		
Category	Male	Female	Total	Male	Female	Total
Executive Directors	4	4	8	4	6	10
Non-Executive Directors and Employee Director	5	7	12	5	6	11
Senior Employees	160	88	248	144	72	216
Other	993	2,966	3,959	963	2,879	3,842
Total Headcount	1,162	3,065	4,227*	1,116	2,963	4,079

*There is a small 2.00 wte discrepancy within the total wte figure above (post audit evaluation).

The “Manual for Accounts” requires that the number of Senior Employees in the Board be disclosed in this analysis, we have defined the “Higher Paid Employees – Other” to represent this, this is disclosed on [Page 55](#). Senior Employees for 2024/25 as per the “Manual for Accounts” now includes all staff earning over £70,000 who are not Executive Directors or Non-Executive Directors of the Board.

SICKNESS ABSENCE

The annual sickness absence rate for 2024/25 was 6.2% (5.47% for 2023/24).

WORKFORCE POLICIES

Our staff policies are continually reviewed to ensure that they are up to date and we continue promoting a positive workplace culture within the Board. The first phase of the ‘Once for Scotland’ Workforce Policies (attendance, bullying and harassment, capability, conduct, grievance and a workforce policies investigation process) were introduced in March 2020. The second phase ‘Supporting the Work-life Balance’ policies were released on 1 November 2023 and included:

- Flexible Work Location
- Flexible Work Pattern
- Retirement
- Career Break
- Special Leave
- Maternity
- New Parent Support
- Shared Maternity and Shared Adoption
- Parental Leave

- Adoption, Fostering and Kinship

We are currently waiting for the release of the next phase of 'Once for Scotland' policies and the following policies are being refreshed under phase 2.2 of this programme:

- Equality Diversity and Inclusion
- Employment Checks
- Facilities Arrangements for Trade Unions and Professional Organisations
- Fixed Term Contracts
- Gender-Based Violence
- Personal Development Planning and Performance Review
- Redeployment
- Secondment

In addition, the following guides will form part of this phase:

- Gender Transitioning
- Racism
- Reasonable Adjustments
- Sexual Harassment

The Once for Scotland Policies have been developed nationally in partnership with NHS Scotland employers, Trade Unions and the Scottish Government and the policies and associated supporting documents, continue to set the scene for the employment practices all NHS Boards now follow.

Our Organisational Values place dignity and respect at the heart of everything we do and our work on equality, diversity and inclusion is an important part of our staff policies and how we influence behaviours promote a positive working culture within the organisation. Our policies support the delivery of the organisational values to support employee experience, engagement and overall employee lifecycle.

All policies are developed and agreed in partnership with our staff side colleagues and are also equality impact assessed. We also provide guidance, advice and training to all our staff in order that they understand equality, human rights, health inequalities and the impact that this has on their role within the Board.

All staff within the Board have an Annual Appraisal where they have dedicated time with their Manager to assist with their learning, identify support where required and discuss overall career development.

The Once for Scotland Whistleblowing Policy is a key policy across NHSS and NHSGJ. We have a non-executive lead who Champions Whistleblowing. The policy and resources available, including contact information, are available on the organisation's SharePoint. We have a number of Confidential Contacts within the Board. A local procedure is in place with agreed governance for reporting concerns within the Board.

NOTICE PERIODS

As per guidance Executive Directors have to serve a three-month notice period and the Chief Executive has to serve a six-month notice period.

The agreed notice periods for Agenda for Change staff have recently been agreed via the Partnership Forum as follows:

Agenda for Change	Band 2 to 6	One Month
Agenda for Change	Band 7	Two Months
Agenda for Change	Band 8 to 9	Three Months

These changes came into effect from 4 March 2022, therefore are in place for any new employees who joined NHS Golden Jubilee after this date.

All Medical Staff are required to serve the notice period in accordance with the requirements stated in their terms and conditions of service.

NHS Golden Jubilee recognise the value a diverse workforce brings in offering different perspectives on how we deliver high quality, safe, effective, person-centred care. This allows us to foster a healthy, vibrant, and inclusive culture throughout our organisation. These objectives build on our long-standing reputation as a progressive organisation and commitment to maintaining an inclusive culture for our patients, service users, staff, and volunteers.

EQUALITY

NHS Golden Jubilee's Diversity and Inclusion Strategy 2025-2029 features an ambitious set of deliverables and associated outcomes to further strengthen our position as a leader in the field of equality, diversity, and inclusion. Our Equality Outcomes 2025-2029 and Mainstreaming Equalities report 2021 – 2025 are available to view [online](#) and are structured into 4 main themes:

Our Patients and Customers		Our People	
Theme A	Theme B	Theme C	Theme D
Continue to improve onsite facilities to establish an exemplar environment for accessibility and inclusion.	Focus on person centred interaction, communication and engagement to promote independence and reduce health inequalities.	Cultivating an inclusive culture and rebalancing our workforce and volunteer profile to reflect demographic diversity within society.	Establishing an ethos of intersectional harmonisation and creating a culture of acceptance, trust, transparency and respect.
Outcome 1: Deliver a programme of improvement works across NHS Golden Jubilee to reduce health inequalities and enhance inclusivity for patients and customers with a focus on the protected characteristics of disability and age.	Outcome 2: Implement an enhanced accessible communications strategy to mainstream equalities and advance equality of opportunity across all protected characteristics.	Outcome 3: Increase applications, onboarding, quality of data and retention of people with protected characteristics with a focus on age, disability, race, an sexual orientation.	Outcome 4: Deliver targeted interventions to mainstream equalities for staff and volunteers adopting a holistic intersectional approach.

Disability Confident Leader status

As a Disability Confident Leader since February 2018, we continue to promote best practice in the employment, retention and development of disabled staff. We welcome applications for employment from people with disabilities and support them through the job interview guarantee scheme as well as actively identifying and removing barriers in their recruitment.

We continue to provide an environment where any employee who becomes disabled can continue to contribute to the work of the Board and can gain support to manage their disabilities by ensuring that reasonable adjustments are put in place.

With this in mind, we have recently implemented a Reasonable Adjustment Passport and associated Policy which supports our staff to access adjustments to their working arrangements, equipment and leave to support them to work safely and effectively and with dignity and respect.

We work closely with Managers, Occupational Health, HR and Trade Unions to ensure that all reasonable adjustments are considered to support our staff, undertaking risk assessments as required to identify improvements and support. This can range from the purchase of specialist computer equipment or systems to changes in hours or shift patterns and even redeployment to a more suitable role which will assist and support staff members.

Diversity and Inclusion training

We continue to place a strong emphasis on upskilling our workforce on the topic of equality, diversity and inclusion through the facilitation of workshops and rollout of eLearning modules.

Effective from August 2023, our organisation introduced a new 2-year revalidation cycle for our mandatory diversity eLearning module (Valuing Diversity Part 1), to provide synergy with other Board mandatory training modules. This will ensure that staff maintain an up-to-date knowledge of the equality, diversity and inclusion agenda to align with our core board values. Additionally, we have liaised with external providers to source bespoke training focusing on a range of protected characteristics to raise awareness and upskill key departments and staffing groups.

Neurodiversity awareness

In 2024, NHS Golden Jubilee teamed up with Scottish Autism to deliver a series of half day workshops. A total of 4 learning events took place encompassing circa 80 staff from across all hospital functions. The sessions focused on the following key areas:

- Understanding what autism is, and introduce autism as a developmental difference and how our thinking has involved;
- Understand Autism as a difference in communication, interaction and thinking;
- Explore sensory differences and how autistic people experience the social world;
- Provide tools for managers to identify and implement reasonable adjustments for autistic colleagues within the workplace.

Hidden Disabilities

Our membership of the Hidden Disabilities Sunflower scheme entitles NHSGJ to tap into annual bespoke webinars. The first of which was delivered to staff in November 2023, with the second following shortly thereafter in April 2024. The 1-hour webinars provided an overview of the Sunflower scheme and detailed the most common types of hidden disabilities supported by the

specific charities that work with each condition. To date we have upskilled our staff on disabilities/conditions including autism, chronic pain, dementia, visual impairment, hearing loss, stammering, dementia, Acquired Brain Injury and Foetal Alcohol Spectrum Disorder.

Staff Diversity Networks

NHS Golden Jubilee recognise the benefits that staff networks can bring towards fostering an inclusive workplace culture. Over recent years we have introduced 7 staff diversity networks to represent the nine Protected Characteristics and Fairer Scotland duty. The Ability Network provides a confidential, psychologically safe space for staff with a disability or long-term health condition and allies. The Network enables members to share experiences, information and best practice, offer peer support and influence positive change for people with disabilities across the organisation

Staff network	Protected Characteristic	Executive lead
Ability	Disability	Director of Strategy, Planning and Performance Carol Anderson
Ethnic Minority	Race	Medical Director Mark MacGregor
LGBT+	Sexual orientation Gender reassignment (trans status)	Director of Nursing Anne Marie Cavanagh
Young Person's	Age Socio-economic status	Director of Finance Jonny Gamble
Armed Forces	Intersectional	Director of Strategic Communications and Stakeholder Relations Sandie Scott
Spiritual Care	Religion and belief Marriage and civil partnership	Director of People and Culture Laura Smith
Women's	Sex Maternity and Pregnancy	Director of Operations Carolynne O'Connor

Culture- Kindness Matters Programme

Our focus on staff health and wellbeing has been a key driver for further investment in a board wide culture programme. We have a track record of providing high quality support to our staff with all facets of their wellbeing e.g. Employee Assistance Programme and the 'listening ear' service. We recognise the value in what is already being offered to staff and are keen to build on this and more strategically tackle the root causes of poor wellbeing. During 2024-25 we launched our Kindness Matters culture programme which is based on methodology that has kindness at its core, with growing evidence that being kind has huge benefits: people who show kindness to others are calmer, happier, less stressed and more productive. The relationships we have with our colleagues and the quality of those interactions are also shown to improve, including team wellbeing and effectiveness. All of which are fundamental to staff wellbeing and staff experience. The Kindness Matters programme to date has involved extensive engagement with staff and volunteers to identify what makes a good day and a bad day at work, as well as engaging with Patients and the Public of their experience at the Golden Jubilee. This feedback along with existing organisational data will

enable us to review our organisation values and identify a behaviour framework to support these values. We will also identify priority actions to ensure we weave these new values into all aspects of organisational life.

EXIT PACKAGES

Table Subject to Audit Opinion

2024/25

There were no exit packages during 2024/25

2023/24

Exit package Cost Band	Number of Compulsory Redundancies	Number of Other Departures Agreed	Total Number of Exit Packages by Cost Band
£10,000 - £25,000	-	1	20,000
Total Number Exit Packages by Type	-	1	20,000
Total Resource Cost (£'000)			20,000

TRADE UNION FACILITY TIME

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The Regulations place a legislative requirement on relevant public sector employers to collate and publish, on an annual basis, a range of data on the amount and cost of facility time within their organisation. Following guidance issued by the Scottish Government in June 2018 to support the regulations, the Board's facilities time request form has been updated on our local policy and all information on facilities time is recorded on the SSTS payroll system.

The data is required to be published on a website maintained by or on behalf of the employer before 31st July each year.

RELEVANT TRADE UNION OFFICIALS

PERCENTAGE OF TIME SPENT ON FACILITY TIME

Percentage of Time	Number of Representatives
0%	1
1-50%	5
51-99%	-
100%	-

PERCENTAGE OF PAYBILL SPENT OF FACILITY TIME

Total Cost of Facility time	27,733
Total Paybill	182,157,969
Percentage of Total Pay Spend on Facility Time	0.02%

PAID TRADE UNION ACTIVITIES

Time spent on paid trade union activities as a percentage of total paid facility time hours	-
---	---

PARLIAMENTARY ACCOUNTABILITY REPORT

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

LOSSES AND SPECIAL PAYMENTS

In the year 2024/25, the Board was not required to pay out any claims individually greater than £300k settled under the CNORIS scheme. Further details can be found in [Note one](#) (accounting policies of the Annual Accounts).

The Board is also required to provide for CNORIS claims notified to it and which will be settled at a future date, details of these provisions can be found in Note 13A

The Board under its delegated authority reported non-clinical compensation payments of £0k in 2024/25. (£20k in 2023/24)

The Board under its delegated authority reported other losses of £4.5k in 2024/25.

APPROVAL OF ACCOUNTABILITY REPORT

The Accountable Officer authorised the Accountability Report for issue as below.

Gordon James

.....

G James

Chief Executive

09 July 2025

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of National Waiting Times Centre Board 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 National Waiting Times Centre Board and its group for the year ended 31 March 2025 under the National Health Service (Scotland) Act 1978. The financial statements comprise the Consolidated Statement of Comprehensive Net Expenditure, Consolidated Statement of Financial Position, the Consolidated Statement of Cash Flows, the Consolidated Statement of Changes in Taxpayers' Equity and notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Government Financial Reporting Manual (the 2024/25 FReM).

In our opinion the accompanying financial statements:

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

Basis for opinion

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

Conclusions relating to going concern basis of accounting

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ability of the board and its group to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

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

Risks of material misstatement

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

Responsibilities of the Accountable Officer for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

- using our understanding of the health sector to identify that the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers are significant in the context of the board;

- inquiring of the Accountable Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the board;
- inquiring of the Accountable Officer 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.

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, the Governance Statement, and the Accountability Report excluding the audited parts of the Remuneration and Staff Report.

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

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

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

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

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

Matters on which we are required to report by exception

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

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

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of our report

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



Rashpal Khangura
for and on behalf of KPMG LLP,
Chartered Accountants
1 Sovereign Street
Leeds
LS1 4DA

11 July 2025

FINANCIAL STATEMENTS

CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE (SOCNE)

For the Year Ended 31 March 2025

	Note	2025 £'000	2024 £'000
Staff Costs	3a	182,158	152,770
Other Operating Expenditure:			
Drugs and Medical Supplies	3b	52,164	43,263
Other Health Care Expenditure	3b	75,514	48,285
Gross Expenditure In Year	-	309,836	244,318
Less: Operating Income	4	(100,891)	(95,787)
Net Expenditure for the Year	-	208,945	148,531

OTHER COMPREHENSIVE NET EXPENDITURE

	Note	2025 £'000	2024 £'000
Net (Gain)/Loss on revaluation of Property, Plant and Equipment	-	(7,946)	(6,404)
Other Comprehensive Expenditure	-	(7,946)	(6,404)
Comprehensive Net Expenditure	-	200,999	142,127

The Notes to the Accounts, numbered 1 to 26 form an integral part of these Accounts.

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

	Note	2025 Consolidated £'000	2025 Board £'000	2024 Consolidated £'000	2024 Board £'000
Non Current Assets					
Property, Plant and Equipment	7c	228,636	228,636	240,253	240,253
Right of Use Assets	17a	1,399	1,399	1,787	1,787
Trade and Other Receivables	9	500	500	635	635
Total Non-Current Assets	-	230,535	230,535	242,675	242,675
Current Assets					
Inventories	8	2,037	2,037	2,354	2,354
Financial assets:					
- Trade and other Receivables	9	5,954	5,825	8,653	7,981
- Cash and cash equivalents	11	3,599	1,029	17,765	4,304
- Investments	10	9,617	-	-	-
Total Current Assets	-	21,207	8,891	28,772	14,639
Total Assets		251,742	239,426	271,447	257,314

Current Liabilities					
Provisions	13a	(1,219)	(1,219)	(1,319)	(1,319)
Trade and Other Payables	12	(42,864)	(41,555)	(34,622)	(34,310)
Total Current Liabilities	-	(44,083)	(42,774)	(35,941)	(35,629)
Total Assets Less Current Liabilities		207,659	196,652	235,506	221,685
Non-Current Liabilities					
Provisions	13a	(3,417)	(3,417)	(2,578)	(2,578)
Trade and Other Payables	12	(1,085)	(1,085)	(1,453)	(1,453)
Total Non-Current Liabilities	-	(4,502)	(4,502)	(4,031)	(4,031)
Assets Less Liabilities	-	203,157	192,150	231,475	217,654
Taxpayers' Equity					
General Fund	-	87,542	87,542	118,835	118,835
Revaluation Reserve	-	104,608	104,608	98,819	98,819
Funds Held on Trust	-	11,007	-	13,821	-
Total Taxpayers' Equity	-	203,157	192,150	231,475	217,654

The financial statements were approved by the Board on 2 July 2025 and signed on their behalf by

Jonny Gamble..... *Jonny Gamble* Director of Finance 09 July 2025

Gordon James..... *Gordon James* Chief Executive 09 July 2025

The Notes to the Accounts, numbered 1 to 26 form an integral part of these Accounts.

CONSOLIDATED STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2025

	Note	2025 £'000	2024 £'000
Cash Flows from Operating Activities			
Net Expenditure	SoCTE	(208,945)	(148,531)
Adjustments for Non-Cash Transactions	2(b)	34,597	12,767
Add back: Interest Payable recognised in Net Operating Expenditure	-	86	33
Movement in Working Capital	2	15,388	(7,442)
Net Cash Flows from Operating Activities		(158,874)	(143,173)

Cash Flows from Investing Activities			
Purchase of Property, Plant and Equipment	-	(14,230)	(12,840)
Investment Additions	10	(9,617)	-
Net Cash Outflow from Investing Activities		(23,847)	(12,840)

Cash Flows from Financing Activities			
Funding	SoCTE	172,681	157,366
Movement in General Fund Working Capital	SoCTE	(3,276)	3,267
Cash Drawn down	-	169,405	160,633
Capital element of payments in respect of leases	2b	(764)	(2,284)
Interest element of leases	2b	(86)	(33)
Net Cash Flow from Financing Activities		168,555	158,316

Net Increase/(decrease) in Cash and Cash equivalents in the period	-	(14,166)	2,303
Cash and Cash equivalents at the beginning of the period	-	17,765	15,462
Cash and Cash Equivalents at the end of the period	-	3,599	17,765

Reconciliation of Net Cash Flow to Movement in Net Debt/ Cash			
Increase/(Decrease) in Cash in Year	11	(14,166)	2,303
Net Debt/Cash at 1 April 2024	-	17,765	15,462
Net Debt/Cash at 31 March 2025	-	3,599	17,765

The Notes to the Accounts, numbered 1 to 26 form an integral part of these Accounts.

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2025

All £'000	Note	General Fund	Revaluation Reserve	Funds Held on Trust	Total Reserves
Balance at 31 March 2024		118,835	98,819	13,821	231,475

Changes in Taxpayers' Equity for 2024/25					
Net Gain/(Loss) on Revaluation/Indexation of Property, Plant and Equipment	7a	-	7,946	-	7,946
Impairments of Property, Plant and Equipment		-	(20,695)	-	(20,695)
Revaluation & Impairments taken to Operating Costs	2	-	20,695	-	20,695
Transfers between Reserves	-	2,157	(2,157)	-	-
Net Operating Cost for Year	-	(206,131)		(2,814)	(208,945)
Total Recognised Income and Expense for 2024/2025	-	(203,974)	5,789	(2,814)	(200,999)

Funding:					
Drawn Down		169,405	-	-	169,405
Movement in General Fund (Creditor)/Debtor		3,276	-	-	3,276
Balance at 31 March 2025		87,542	104,608	11,007	203,157

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE PRIOR YEAR

All £'000	Note	General Fund	Revaluation Reserve	Funds held on Trust	Total Reserves
Balance at 31 March 2023	-	106,045	94,275	16,203	216,523
	-	-	-	-	-

Changes in Taxpayers' Equity for 2023/24					
Net Gain/(Loss) on Revaluation/Indexation of Property, Plant and Equipment	7a	-	6,404	-	6,404
Impairments of Property, Plant and Equipment	-	-	(471)	-	(471)
Revaluation & Impairments taken to Operating Costs	2	-	184	-	184
Transfers between Reserves	-	1,573	(1,573)	-	0
Net Operating Cost for Year	-	(146,149)		(2,382)	(148,531)
Total Recognised Income and Expense for 2023/24	-	(144,576)	4,544	(2,382)	(142,414)

Funding:					
Drawn Down	-	160,633	-	-	160,633
Movement in General Fund (Creditor)/Debtor	-	(3,267)	-	-	(3,267)
Balance at 31 March 2024	-	118,835	98,819	13,821	231,475

The Notes to the Accounts, numbered 1 to 26 form an integral part of these Accounts.

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 30 below.

(a) Standards, Amendments and Interpretations effective in Current Year

There are no new standards, amendments or interpretations effective in the year 2024-2025. However 24/25 FReM mandates reporting indexation linked payments in PPP liabilities in accordance with IFRS 16 2023-24.

(b) Standards, Amendments and Interpretations Early adopted this Year

There are no new standards, amendments or interpretations early adopted in the current year

(c) Standards, Amendments and Interpretations issued but not adopted this Year

The table below summaries recent standards, amendments and interpretations issued but not adopted in the current year.

Standard	Current Status
IFRS 14 – Regulatory Deferral Accounts	Effective for accounting periods starting on or after 1 January 2016. Not applicable to NHS Scotland bodies.
IFRS 17 – Insurance Contracts	Effective for accounting periods beginning on or after 1 January 2021. However this standard is not yet adopted by the FReM. Expected adoption by the FReM from April 2025.

SECTION 2: BASIS OF CONSOLIDATION

In accordance with IFRS 10 – Consolidated Financial Statements, the Financial Statements consolidate the National Waiting Times Centre Board Endowment Fund (also known as the Golden Jubilee National Hospital (Scotland) 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 National Waiting Times Centre Board Endowment Fund (also known as the Golden Jubilee National Hospital (Scotland) Endowment Fund) is a Registered Charity with the Office of the Charity Regulator of Scotland (OSCR) and is required to prepare and submit Audited Financial Statements to OSCR on an annual basis.

The basis of consolidation used is Merger Accounting. Any intragroup transactions between the Board and the Endowment Fund have been eliminated on consolidation.

Note 26, provides further details on the consolidation of the Endowment Fund within the Financial Statements’.

SECTION 3: PRIOR YEAR RE-STATEMENTS

These are only required in respect of any agreed retrospective restatements in respect of changes in accounting policy or correction of material errors in accordance with IAS 8.

SECTION 4: GOING CONCERN

The accounts are prepared on a going concern basis, which provides that the entity will continue in operational existence for the foreseeable future, unless informed by the Scottish Ministers for the intention for dissolution without transfer of services or functions to another entity.

SECTION 5: ACCOUNTING CONVENTION

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

SECTION 6: FUNDING

Most of the expenditure of the Health Board is met from funds advanced by the Scottish Government within an approved Revenue Resource Limit (RRL). Cash drawn down to fund expenditure within this RRL is credited to the general fund.

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

Funding for the acquisition of capital assets received from Scottish Government is credited against 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 Statement of Comprehensive Net Expenditure except where it results in the creation of a non-current asset such as property plant and equipment.

SECTION 7: 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.

7.1 Recognition

Property, plant and equipment is capitalised where: it is held for use in delivering services or for administration purposes; it is probable that future economic benefits will flow to; or service potential be provided to, the Board; it is expected to be used for more than one financial year; and the cost of the item can be measured reliably.

All assets falling into the following categories are capitalised:

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 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 (including VAT where this is not recoverable) in total, or where they are part of the initial cost of equipping a new development and total over £20,000 (including VAT where this is not recoverable).

7.2 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 re-assessed annually by valuers. 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 Scottish Government.

In general, operational assets which are in use delivering front line services or back-office functions, are valued at current market value in existing use. However, to meet the underlying

objectives established by the Scottish Government the following accepted variations of the RICS Appraisal and Valuation Manual are adopted:

1. Specialised operational assets are valued on a modified replacement cost basis to take account of modern substitute building materials and locality factors only.
2. 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).
3. The Golden Jubilee Conference Hotel is stated at fair value.

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 accesses to the market are measured subsequently at fair value as follows:

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

Surplus assets with restrictions on their disposal are valued at the 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. This is calculated by the expenditure incurred to which an appropriate index is applied to arrive at current value. These are also subject to impairment review on completion.

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 NHS Board and the cost can be measured reliably. Where subsequent expenditure does not meet these criteria the expenditure is charged to the Statement of Comprehensive New Expenditure. 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.

Revaluation 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 Statement of Comprehensive Net Expenditure, 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 statement of Comprehensive Net Expenditure.

Permanent decreases in asset values and impairments arising from a reduction in service potential or consumption of economic benefit are charged to the Statement of Comprehensive

Net Expenditure. 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 where there is an available balance for the asset concerned, and thereafter are charged to the Statement of Comprehensive Net Expenditure.

7.3 Depreciation

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

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

- Freehold land is considered to have an infinite life and is not depreciated.
- Assets in the course of construction are not depreciated until the asset is brought into use.
- Property, plant and equipment which has been classified as 'held for sale' ceases to be depreciated upon reclassification.
- Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset, as advised by the appointed valuer. They are assessed in the context of the maximum useful lives for building elements.
- Equipment is depreciated over the estimated life of the asset.
- Property, plant and equipment held under leases are depreciated over the shorter of the lease term and the estimated useful life. Unless there is reasonable certainty the Board will obtain ownership of the asset by the end of the lease term in which case it is depreciated over its 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
Building - Structure	30 – 72 years
Building - Landscaping & Surfacing	16 – 38 years
Building - Engineering	15 – 46 years
Medical Equipment	10 years
Plant	10- 20 years
Information Systems & Office Equipment	5 years

SECTION 8: INTANGIBLE ASSETS

8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Board's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Board and where the cost of the asset can be measured reliably.

Intangible assets that meet the recognition criteria are capitalised when they are capable of being used in a Board's activities for more than one year and they have a cost of at least £5,000.

The main classes of intangible assets recognised are:

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Software licences:

Purchased computer software licences are capitalised as intangible assets where expenditure of at least £5,000 is incurred.

8.2 Measurement

Valuation

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets that are not held for their service potential (i.e. 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 at fair value. Where an active (homogeneous) market exists, intangible assets are carried at market value in existing use. Where no active market exists, the intangible asset is revalued, using indices or an alternative suitable model, to the lower of depreciated replacement cost and value in use where the asset is income generating. Where there is no value in use, the intangible asset is valued using depreciated replacement cost.

Revaluation 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 Statement of Comprehensive Net Expenditure, in which case they are recognised in income.

Permanent decreases in asset values and impairments are charged gross to the Statement of Comprehensive Net Expenditure. Any related balance on the revaluation reserve is transferred to the General Fund.

Temporary decreases in asset values or impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned and thereafter are charged to the Statement of Comprehensive Net Expenditure.

Intangible assets held for sale are reclassified to 'non-current assets held for sale' measured at the lower of their carrying amount or 'fair value less costs to sell'.

Operational assets which are in use delivering front line services or back office functions and 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.

8.3 Amortisation

Intangible assets are amortised to their estimated residual value over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Amortisation is charged to the Statement of Comprehensive Net expenditure on each main class of intangible asset below, amortisation is charged on a straight-line basis.

The following asset lives have been used:

Software	5 years
Software Licences	5 years

SECTION 9: NON-CURRENT ASSETS HELD FOR SALE

Non-current assets intended for disposal are reclassified as 'held for sale' once all the following criteria are met:

- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales:
- The sale must be highly probable, i.e.:
 - Management are committed to a plan to sell the asset;
 - An active programme has begun to fund 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 10: DONATED ASSETS

Non-current assets that are donated or purchased using donated funds are included in the Statement of Financial Position initially at the current full replacement cost of the asset. 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 11: 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 Statement of Comprehensive Net Expenditure. Non-current assets held for sale will include assets transferred from other categories and will reflect any resultant changes in valuation.

SECTION 12: LEASING

Accounting Policies

IFRS 16 Leases became effective for periods beginning on or after 1 January 2019, however the FReM deferred adoption until 2021. The cumulative catch-up method has been mandated by the FReM. Consequently, the comparatives for 2021-22 reflect the requirements of IAS 17 Leases.

Leases-Scope and classification

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

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

The following are excluded:

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

Initial Recognition

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

Subsequent Measurement

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

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.

Transitional Arrangements

The following determinations have been made:

- To adopt IFRS 16 retrospectively, without restatement of comparative balances. Consequently, the Statement of Comprehensive Net Expenditure and the Statement of Financial Position for 2021-2 reflect the requirements of IAS 17;
- Not to reassess the classification of contracts previously classified as leases or service contracts under IAS 17 and IFRIC 4. However, new contracts entered into from 1 April 2022 have been classified using the IFRS 16 criteria;
- For leases previously treated as operating leases:
 - To measure the liability at the present value of the remaining payments, discounted by the discount rate issued by HM Treasury;
 - To measure the asset at an amount equal to the liability, adjusted for any prepayment or accrual balances previously recognised for that lease;
 - To exclude leases whose term ends within twelve months of first adoption;
 - To use hindsight in assessing remaining lease terms;
 - For leases previously identified as onerous and provided for, to use the practical expedient of adjusting the right-of-use asset by the amount of that provision.
- For leases previously treated as finance leases:
 - To use the carrying amount of the lease asset and liability measured immediately before first adoption under IAS 17 as the carrying value of the right-of-use asset and lease liability as at first adoption.
 - The 2023/24 FReM has been amended to require reporting entities to record indexation linked payments in PPP liabilities in accordance with IFRS 16 from 2023/24. The 2022/23 FReM has not been amended to clarify that this specific aspect of IFRS 16 has been deferred until 2023/24 and therefore does not apply in 2022/23. Where entities have in the past applied the principles of IAS 17 to account for the impact of changes in the relevant indices (e.g. CPI or RPI) in respect of on-balance sheet PPP/PFI contracts with index-linked payments, the application of IFRS 16 requirements is deferred to 1 April 2023.

Estimates and Judgements

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

Finance Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Board, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. Assets held under finance leases are valued at their fair values and are depreciated over the remaining period of the lease in accordance with IFRS.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The minimum lease payments (annual rental less operating costs e.g. maintenance and contingent rental) are apportioned between the repayment of the outstanding liability and a finance charge. The annual finance charge is allocated to each period during the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability using either the implicit interest rate or another relevant basis of estimation such as the sum of the digits method. Finance charges are recorded as interest payable in the Statement of Comprehensive Net Expenditure. Contingent rental and operating costs are charged as expenses in the periods in which they are incurred.

Operating Leases

Other leases are regarded as operating leases and the rentals are charged to expenditure on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to expenditure over the life of the lease.

SECTION 13: IMPAIRMENT OF NON-FINANCIAL ASSETS

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

Non-financial assets that suffer an impairment are reviewed for possible reversal of the impairment. Impairment losses charged to the Statement of Comprehensive Net Expenditure are deducted from future operating costs to the extent that they are identified as being reversed in subsequent revaluations.

SECTION 14: GENERAL FUND RECEIVABLES AND PAYABLES

Where the 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 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 15: 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 prices is deemed to represent current cost. 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 16: 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.

SECTION 17: EMPLOYEE BENEFITS

Short-term Employee Benefits

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

Pension Costs

The Board participates in the NHS Superannuation Scheme for Scotland providing defined benefits based on final pensionable pay, where contributions are credited to the Exchequer and are deemed to be invested in a portfolio of Government Securities. The Board is unable to identify its share of the underlying notional assets and liabilities of the scheme on a consistent and reasonable basis and therefore accounts for the scheme as if it were a defined contribution scheme, as required by IAS 19 'Employee Benefits'. As a result, the amount charged to the statement of comprehensive net expenditure represents the Board's employer contributions payable to the scheme in respect of the year. The contributions deducted from employees are reflected in the gross salaries charged and are similarly remitted to Exchequer.

The pension cost is assessed every four years by the Government Actuary and the 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 statement of comprehensive net expenditure at the time the Board commits itself to the retirement, regardless of the method of payment.

SECTION 18: 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 limit are reimbursed to NHS Boards from a central fund held by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) by Scottish Government.

The Board provides for all claims notified to the NHS Central Legal Office according to the value of the claim and the probability of settlement. Claims assessed as 'Category 3' are deemed most likely and provided for in full, those in 'Category 2' as 50% of the claim and those in 'Category 1' as nil. The balance of the value of claims not provided for is disclosed as a contingent liability. This procedure is intended to estimate the amount considered to be the liability in respect of any claims outstanding and which will be recoverable from the Clinical Negligence and Other Risks Indemnity Scheme in the event of payment by an individual health body.

The corresponding recovery in respect of amounts provided for is recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.

The Board also provides for its liability from participating in the scheme. The participation in CNORIS provision recognises the Board's respective share of the total liability of NHS Scotland as advised by 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 the AME provision and is classed as non-core expenditure.

SECTION 19: RELATED PARTY TRANSACTIONS

Material related party transactions are disclosed in the notes 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 20: VALUE ADDED TAX

Most of the activities of the Board (with the exclusion of any business activities) 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 21: PROVISIONS

The Board provides for legal or constructive obligations that are of uncertain timing or amount at the statement of financial position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated cash flows are discounted using the discount rate prescribed by HM Treasury.

SECTION 22: CONTINGENCIES

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

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

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

SECTION 23: 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 24: FINANCIAL INSTRUMENTS

Financial Assets

Business model

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

Classification

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

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

This is the default basis for financial assets.

(b) Financial Assets held at amortised cost

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

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

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

Recognition and Measurement

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

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

(a) Financial Assets at Fair Value through Profit or Loss

Financial assets carried at fair value through profit or loss are initially recognised at fair value, and transaction costs are expensed in the Statement of Comprehensive Net Expenditure.

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 Statement of Comprehensive Net Expenditure.

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

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

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

Financial liabilities at fair value through profit or loss comprise derivatives. Liabilities in this category are classified as current liabilities. The 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 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 Board becomes party to the contractual provisions of the financial instrument.

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

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

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

Financial liabilities carried at fair value through profit or loss are subsequently measured at fair value. Gains or losses arising from changes in the fair value are presented in the Statement of Comprehensive Net Expenditure.

(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 25: SEGMENTAL REPORTING

Operating segments are reported in a manner consistent with the internal reporting provided to the Chief Operating decision-maker who is responsible for allocating resources and assessing performance of the operating segments. This has been identified as the senior management of the Board.

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

SECTION 26: 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 balance sheet. Where the Government Banking Service is using the Royal Bank of Scotland Group to provide the banking services, funds held in these accounts should not be classed as commercial bank balances.

SECTION 27: FOREIGN EXCHANGE

The functional and presentational currencies of the Board are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Board has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on the 31 March each year.
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot
- Exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expenditure in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

SECTION 28: KEY SOURCES OF JUDGEMENT AND ESTIMATION UNCERTAINTY

Estimates and judgements are continually evaluated and are based on historic experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The Board makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The Board makes judgements in applying accounting policies. The estimates, assumptions and judgements that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the financial statements within the next financial year are expressed below.

- **Accruals-** The board has placed reliance on estimation and judgement based on evidence to quantify amounts accrued within the accounts.
- **Provisions- Pensions and Similar Obligations.** The Board has provided for estimated costs relating to pensions and similar obligations and reliance has been placed on methodology provided by the Scottish Public Pensions Agency (SPPA) in order to quantify the amounts provided.
- **Provisions-Clinical and Medical Negligence claims.** The Board has provided for estimated costs relating to clinical and medical negligence claims.
- **Non-Current Assets- Valuation of land and buildings.** The Board commissioned a valuation of land and buildings as at 31 March 2024 and this valuation has been used to as the basis of the values disclosed within these financial statements.

NOTE 2A SUMMARY OF CORE REVENUE RESOURCE OUTTURN

	2025 £'000
Net Expenditure	208,945
Total Non-Core Expenditure (see below)	(34,924)
Endowment Net Expenditure	(2,814)
Total Core Expenditure	171,207
Core Revenue Resource Limit	171,258
Saving against Core Revenue Resource Limit	51

SUMMARY OF NON CORE REVENUE RESOURCE OUTTURN

	2025 £'000
Depreciation/Amortisation	13,893
Annually Managed Expenditure- Impairments	20,695
Annually Managed Expenditure- Creation of Provisions	326
Annually Managed Expenditure- Depreciation of Donated assets	9
Right of Use (RoU) Asset Depreciation	-
Total Non-Core Expenditure	34,924
Non-Core Revenue Resource Limit	34,924
Saving against Non-Core Revenue Resource Limit	-

SUMMARY OF RESOURCE OUTTURN

	Resource £'000	Expenditure £'000	Saving £'000
Core	171,258	171,207	51
Non-Core	34,924	34,924	-
Total	206,182	206,131	51

NOTE 2B NOTES TO THE CASHFLOW STATEMENT

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

	Note	2025 £'000	2024 £'000
Depreciation	7a	13,089	11,471
Amortisation	6	-	-
Depreciation of Donated Assets	7a	9	8
Depreciation of Right of Use (ROU) assets	17b	804	1,104
Impairments on Property, Plant and Equipment charged to SOCNE	7A	20,695	184
Net revaluation on PPE charged to SOCNE	-	-	-
Funding of Donated Assets	-	-	-
Total Expenditure Not Paid in Cash	CFS	34,597	12,767

Interest Payable Recognised in Operating Expenditure

	Note	2025 £'000	2024 £'000
Lease interest	17b	86	33
Net Interest Payable	CFS	86	33

Consolidated Movements in Working Capital

	Opening Balances £'000	Closing Balances £'000	2025 Net Movement £'000	2024 Net Movement £'000
Inventories				
Statement of Financial Position	2,354	2,037	-	-
Net Decrease/(Increase)			317	648

Trade and Other Receivables				
Due within one year	8,653	5,954	-	-
Due after more than one year	635	500	-	-
Total Trade and Other Receivables	9,288	6,454	-	-
Net Decrease/(Increase)			2,834	6,781

Trade and Other Payables				
Due within one year	34,622	42,864	-	-
Due after one year	1,453	1,085	-	-
Less: General Fund Creditor included in above	(4,305)	(1,029)	-	-
Less: Lease Creditors included in the above	(1,802)	(1,454)	-	-
Total Trade and Other Payables	29,968	41,466	-	-
Net Decrease/(Increase)			11,498	(14,964)

Provisions				
Statement of Financial Position	3,897	4,636	-	-
Net Decrease/(Increase)			739	93

Net Movement Decrease/(Increase)		15,388	(7,422)
---	--	---------------	----------------

NOTE 3 OPERATING EXPENSES

3a STAFF COSTS

	2025 Board £'000	2025 Consolidated £'000	2024 Consolidated £'000
Medical and Dental	49,422	49,422	41,364
Nursing	60,316	60,316	51,273
Other staff	72,420	72,420	60,133
Total Staff Costs	182,158	182,158	152,770

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

	2025 Board £'000	2025 Consolidated £'000	2024 Consolidated £'000
Drugs and Medical Supplies			
Prescribed drugs, secondary care	5,741	5,741	5,115
PPE and Testing kits	-	-	220
Medical Supplies	46,423	46,423	37,928
Total Drugs and Medical Supplies	52,164	52,164	43,263
Other Health Care Expenditure			
Goods and services from other NHS Scotland Bodies	5,726	5,726	5,789
Goods and services from other NHS Bodies	-	-	42
Goods and services from private patients	522	522	182
<i>Resource Transfer</i>	185	185	-
Other operating expenses	64,467	64,467	39,489
External Audit Remuneration – audit fee	114	114	92
External Audit other services	-	-	-
Endowment Fund Expenditure	-	4,500	2,691
Total Other Health Care Expenditure	71,014	75,514	48,285
Total Other Operating Expenditure	123,178	127,678	91,548

NOTE 4 OPERATING INCOME

	2025 Board £'000	2025 Consolidated £'000	2024 Consolidated £'000
Income from Scottish Government	220	220	970
Income from other NHS Scotland Bodies	92,018	92,018	85,653
Income from other non NHS Scotland Bodies	218	218	249
Income from Private patients	72	72	97
Profit on disposal of assets	-	-	-
Donations	-	-	-
Contributions in respect of CNORIS	-	-	-
Non-NHS	-	-	-
Endowment fund income	-	1,686	169
Other*	6,677	6,677	8,649
Total Operating Income	99,205	100,891	95,787

*Other income includes gross Scottish National Radiology Reporting Service (SNNRS) income for 2025. In the prior year this reported on a net basis.

NOTE 5 SEGMENTAL INFORMATION

	2025 Board £'000	2024 Board £'000
Net Operating Cost	208,945	148,531
Total Assets	251,742	271,447
Total Liabilities	(48,585)	(39,972)
Impairment Loss recognised in SOCNE	20,695	-
Depreciation and Amortisation	13,893	11,471

The Board currently reports as one segment.

NOTE 6 INTANGIBLE FIXED ASSETS

	2025 Board Software Licences £'000	2024 Board Software Licences £'000
Cost or Valuation		
at 1 April	-	-
At 31 March	-	-
Amortisation at 1 April		
Provided during the Year	-	-
At 31 March	-	-
Net Book Value Purchased Assets		
at 1 April	-	-
At 31 March	-	-

NOTE 7A PROPERTY, PLANT AND EQUIPMENT (CONSOLIDATED)

All Purchased Assets are held within the Board and therefore only the consolidated position is shown below

2024/25 PROPERTY, PLANT AND EQUIPMENT (CONSOLIDATED)

2024/25	Land £'000	Buildings £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total
Cost or Valuation at 1 April 2024	5,663	129,490	85,216	16,406	130	75,223	312,128
Additions/Purchased	-	608	2,913	-	-	10,709	14,230
Additions Donated	-	-	-	-	-	-	-
Completions*		67,465	1,546	207	319	(69,537)	-
Transfer between Assets Categories	-	-	-	-	-	-	-
Revaluation	-	2,147	-	-	-	-	2,147
Impairment Charges	-	(20,695)	-	-	-	-	(20,695)
Disposals/Purchased	-	-	-	-	-	-	-
At 31 March 2025	5,663	179,015	89,675	16,613	449	16,395	307,810

2024/25	Land £'000	Buildings £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total
Depreciation at 1 April 2024	-	-	59,158	12,587	130	-	71,875
Provided during the Year – Purchased*	-	5,799	5,306	1,984	-	-	13,089
Provided during the Year – Donated	-	-	9	-	-	-	9
Transfers between Asset Categories	-	-	-	-	-	-	-
Revaluation	-	(5,799)	-	-	-	-	(5,799)
Disposals / Purchased	-	-	-	-	-	-	-
Impairment Charges	-	-	-	-	-	-	-
At 31 March 2025	-	-	64,473	14,571	130	-	79,174

2024/25	Land £'000	Buildings £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total £'000
At 1 April 2024	5,663	129,490	26,058	3,819	-	75,223	240,253
At 31 March 2025	5,663	179,015	25,202	2,042	319	16,395	228,636
Open Market value of Land included above: £5.663m							

2024/25 Asset Financing:							
Owned / Purchased	5,663	179,015	25,150	2,042	319	16,395	228,584
Donated	-	-	52	-	-	-	52
Net Book Value at 31 March 2025	5,663	179,015	25,202	2,042	319	16,395	228,636

NOTE 7A 2023/24 PROPERTY, PLANT AND EQUIPMENT (CONSOLIDATED)-PRIOR YEAR

2023/24	Land £'000	Buildings £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total
Cost or Valuation at 1 April 2023	5,950	121,576	77,728	11,155	130	81,906	298,445
Additions/Purchased	-	-	-	-	-	12,840	12,840
Additions Donated	-	-	-	-	-	-	-
Completions	-	5,512	8,760	5,251	-	(19,523)	-
Transfer between Assets Categories	-	-	-	-	-	-	-
Revaluation	-	2,586	-	-	-	-	2,586
Impairment Charges	(287)	(184)	-	-	-	-	(471)
Disposals/Purchased	-	-	(1,272)	-	-	-	(1,272)
At 31 March 2024	5,663	129,490	85,216	16,406	130	75,223	312,128

2023/24	Land £'000	Buildings £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total
Depreciation at 1 April 2023	-	-	54,714	10,642	130	-	65,486
Provided during the Year- Purchased	-	3,818	5,708	1,945	-	-	11,471
Provided during the Year- Donated	-	-	8	-	-	-	8
Transfers between Asset Categories	-	-	-	-	-	-	-
Revaluation	-	(3,818)	-	-	-	-	(3,818)
Disposals / Purchased	-	-	(1,272)	-	-	-	(1,272)
Impairment Charges	-	-	-	-	-	-	-
At 31 March 2024	-	-	59,158	12,587	130	-	71,875

2023/24	Land £'000	Buildings £'000	Plant and Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Assets under Construction £'000	Total £'000
At 1 April 2023	5,950	121,576	23,014	513	-	81,906	232,959
At 31 March 2024	5,663	129,490	26,058	3,819	-	75,223	240,253
Open Market value of Land included above							
2023/24 Asset Financing:							
Owned / Purchased	5,663	129,490	25,997	3,819	-	75,223	240,192

Donated	-	-	61	-	-	-	61
Net Book Value at 31 March 2024	5,663	129,490	26,058	3,819	-	75,223	240,253

NOTE 7C PROPERTY, PLANT AND EQUIPMENT DISCLOSURES

The net book value for property, plant and equipment at 31 March 2025 was £228,636,000 (prior year £240,253,000).

All Land and Buildings were fully revalued by an independent valuer, Avison Young at 31 March 2025 on the basis of fair value (market value or depreciated replacement cost 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 £7.946m (2023-24: an increase of £6.404m) which was credited to the revaluation reserve. Impairment of £20.695m (2023-24 £0.184mm) was charged to the Statement of Comprehensive Net Expenditure and Summary of Resource Outturn

NOTE 7D ANALYSIS OF CAPITAL EXPENDITURE

As the asset noted below relates to the Board only the consolidated position is shown

	Note	2025 £'000	2024 £'000
Expenditure			
Acquisition of property, plant and equipment	7a	14,230	12,840
Donated asset additions	7a	-	-
Right of Use Additions	17a	416	1,914
Gross Capital Expenditure	-	14,646	14,753

Income			
Net Book Value of disposal of Property, Plant and Equipment	-	-	-
Net Capital Expenditure	-	14,646	14,753

NOTE 8 INVENTORIES

As the inventories noted below relates to the Board only the consolidate position is shown below

	Note	2025 £'000	2024 £'000
Raw Materials and Consumables	-	2,037	2,354

NOTE 9 TRADE AND OTHER RECEIVABLES

Total Receivables Due within One Year

	2025 Consolidated £'000	2025 Board £'000	2024 Consolidated £'000	2024 Board £'000
NHS Scotland Boards	2,912	2,912	4,691	4,691
Total NHS Scotland Receivables	2,912	2,912	4,691	4,691
VAT Recoverable	66	66	198	198
Prepayments	939	939	916	916
Accrued income	773	673	1,266	1,266
Other Receivables	851	822	1,717	1,045
Reimbursement of provisions	413	413	(135)	(135)
Total Other Receivables	3,042	2,913	3,962	3,290
Total Receivables within One Year	5,954	5,825	8,653	7,981

Total Receivables Due after more than One Year

Reimbursement of Provisions	500	500	635	635
Total Receivables	6,454	6,325	9,288	8,616

The Total Receivables figure above includes a provision for impairments of:	410	410	516	516
---	------------	------------	------------	------------

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

	2025 Consolidated £'000	2025 Board £'000	2024 Consolidated £'000	2024 Board £'000
At 1 April 2024 Provision for impairment	516	516	721	721
Provision for impairment	-	-	-	-
Receivables written off during the year	410	410	516	516
Unused amount reversed	(516)	(516)	(721)	(721)
At 31 March 2025 Provision for Impairment	410	410	516	516

As at 31 March 2025, receivables with a carrying value of £410,000 (2024: £516,000) were impaired and provided for. The ageing of these receivables is as follows:

	2025 Consolidated £'000	2025 Board £'000	2024 Consolidated £'000	2024 Board £'000
3-6 months due	68	68	26	26
Over 6 months due	342	342	490	490
Total	410	410	516	516

The receivables assessed as individually impaired were mainly insurance bureau and agents, which are in unexpected difficult economic situations and it was assessed that not all of the debtor balance may be recovered.

The aging of receivables which are past due but not impaired is as follows (only Board position shown as all impairment is within the Board):

	2025 £'000	2024 £'000
Up to 3 months past due	2,451	4,689
3 to 6 months past due	442	181
Over 6 months past due	496	646
Total	3,389	5,516

The receivables assessed as past due but not impaired were mainly NHS Boards and Hotel customers and there is no recent history of default from these customers.

Concentration of credit risk is limited due to Government bodies (i.e. 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 below:

Counterparties with External Credit Ratings

	2025 £'000	2024 £'000
A	-	-
BB	-	-
BBB	-	-
Existing customers with no defaults in the past	-	-
Total Neither past due or Impaired	-	-

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

All receivables are denominated in sterling. The carrying amount of receivables are all held in sterling.

Non-current receivables of £500k related to CLO provisions are included in the balance above (related to ongoing court cases)

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

NOTE 10 INVESTMENTS

	Note	Consolidated	Board
		At 31 March 2025	At 31 March 2024
		£000	£000
Government securities		-	-
Other		9,617	0
TOTAL	SoFP	9,617	0

At 1 April		-	-
Additions	CFS	9,617	-
GP Loans advances	CFS	-	-
Disposals		-	-
Impairment recognised in SoCNE	2b	-	-
GP Loans Fair Value Adjustment	2b	-	-
Revaluation surplus / (deficit) transferred to equity	SoCTE	-	-
At 31 March		9,617	-
		-	-
Current	SoFP	9,617	-
Non-current	SoFP	-	-
At 31 March		9,617	-

NOTE 11 CASH AND CASH EQUIVALENTS

	2025 Consolidated £'000	2024 Consolidated £'000
Balance at 1 April 2024	17,765	15,462
Net Change in Cash and Cash Equivalent Balances	(14,166)	2,303
Balance at 31 March 2025	3,599	17,765
Overdrafts		-
Total Cash - Cash Flow Statement	3,599	17,765

The following balances at 31 March were held at:		
Government Banking Service	944	3,504
Commercial Banks and Cash in Hand	85	800
Endowment Cash	2,570	13,461
Balance at 31 March 2025	3,599	17,765

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

NOTE 12 TRADE AND OTHER PAYABLES

Payables due within One Year

	2025 Consolidated £'000	2025 Board £'000	2024 Consolidated £'000	2024 Board £'000
NHS Scotland Boards	7,551	7,551	5,621	5,621
Total NHS Scotland Payables	7,551	7,551	5,621	5,621
General Fund Payable	1,029	1,029	4,305	4,305
Trade Payables	3,782	3,782	2,297	2,296
Accruals	19,481	18,172	13,830	13,519
Deferred Income	2,154	2,154	1,438	1,438
Payments received on account	107	107	74	74
Net obligations under leases	369	369	349	349
Income Tax and Social Security	3,790	3,790	3,355	3,355
Superannuation	2,887	2,887	2,439	2,439
Holiday Pay Accrual	1,714	1,714	914	914
Total Other Payables	35,313	34,004	29,001	28,689
Total Payables due within One Year	42,864	41,555	34,622	34,310

Payables due after more than one year

	2025 Consolidated £'000	2025 Board £'000	2024 Consolidated £'000	2024 Board £'000
Net obligations under leases due within 2 years	390	390	369	369
Net obligations under leases due after 2 years but within 5 years	695	695	1,084	1,084
Total Payables due after more than One Year	1,085	1,085	1,453	1,453

Total Payables	43,949	42,640	36,075	35,763
-----------------------	---------------	---------------	---------------	---------------

There are no borrowings included in the above. The carrying value of short term creditors approximates their fair value. All payables are denominated in sterling.

NOTE 13A PROVISIONS FOR YEAR ENDED 31 MARCH 2025

	Clinical & Medical £'000	Participation in CNORIS £'000	Other £'000	Total £'000
As at 1 April 2024	712	3,185	-	3,897
Arising during the year	870	1,185	-	2,055
Utilised during the year	(432)	(809)	-	(1,241)
Unwinding	(75)	-	-	(75)
Reversed unutilised	-	-	-	-
At 31 March 2025	1,075	3,561	-	4,636

Analysis of expected timing of discounted flows to 31 March 2025

	Clinical & Medical £'000	Participation in CNORIS £'000	Other £'000	Total £'000
Payable within One Year	325	894	-	1,219
Payable in 2-5 years	750	2,166	-	2,916
Payable between 6-10 years	-	185	-	185
Thereafter	-	316	-	316
At 31 March 2025	1,075	3,561	-	4,636

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

Provisions for Prior Year

	Clinical & Medical £'000	Participation in CNORIS £'000	Other £'000	Total £'000
As at 1 April 2023	877	2,927	-	3,804
Arising during the year	323	830	-	1,153
Utilised during the year	(78)	(572)	-	(650)
Unwinding	(410)	-	-	(410)
Reversed unutilised	-	-	-	-
At 31 March 2024	712	3,185	-	3,897

Analysis of expected timing of discounted flows to 31 March 2024

	Clinical & Medical £'000	Participation in CNORIS £'000	Other £'000	Total £'000
Payable within One Year	523	796	-	1,319
Payable in 2-5 years	180	1,935	-	2,115
Payable between 6-10 years	-	165	-	165
Thereafter	9	289	-	298
At 31 March 2024	712	3,185	-	3,897

NOTE 13B CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)

	2025 £'000	2024 £'000
Provision recognising individual claims against the Board as at 31 March	1,075	712
Associated CNORIS receivable at 31 March	(913)	(500)
Provision recognising the Board's liability from participating in the scheme as at 31 March	3,561	3,185
Net Total Provision relating to CNORIS at 31 March	3,723	3,397

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 Board will be reimbursed by the scheme for the value of the settlement, less a £25k "excess" fee. The scheme allows for the risk associated with any large or late in the financial year legal claims to be managed and reduces the level of volatility that individual boards are exposed to.

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

As a result of participation in the scheme, 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 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>

NOTE 14 CONTINGENT LIABILITIES / ASSETS

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

	2025 £'000	2024 £'000
Clinical and Medical Compensation payments	380	638
Other	-	-
Total Contingent Liabilities	380	638

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

A recent review of the Agenda for Change (AfC) system included a consistent Once for Scotland process for the delivery of a Banding review for AfC Band 5 nursing staff to regrade to Band 6. It is not possible to estimate the impact on the board.

Contingent Assets

The Board currently has contingent assets of £158,000 in year (prior year £550,000).

NOTE 15 POST BALANCE SHEET EVENTS AFTER THE END OF THE REPORTING YEAR

There are no material events that require to be disclosed.

NOTE 16 COMMITMENTS

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

Contracted

	2025 £'000	2024 £'000

Hospital Expansion Programme (Phase 2)	1,493	7,117
Other capital commitments	2,826	2,759
Total Commitments	4,319	9,876

Authorised but not yet contracted

	2025	2024
	£'000	£'000
Hospital Expansion Programme (Phase 2)	4,307	17,249
Total Commitments	4,307	17,249

NOTE 17A LEASES ASSETS

The right of use assets held by the Board are detailed below:

Cost or Valuation

	2025 Transport & Equipment £'000	2025 Plant & Machinery £'000	Total £'000
At 1 April 2024	28	1914	1942
Additions during the Year	-	416	416
Disposals	-	(416)	(416)
At 31 March 2025	28	1,914	1,942

Depreciation

	2025 Transport & Equipment £'000	2025 Plant & Machinery £'000	Total £'000
At 1 April 2024	28	127	155
Additions during the Year	5	798	803
Disposals	-	(416)	(416)
At 31 March 2025	33	509	542

Net Book Value Purchased Assets

	2025 Transport & Equipment £'000	2025 Plant & Machinery £'000	Total £'000
At 1 April 2024	-	1,787	1,787
At 31 March 2025	(5)	1,404	1,399

NOTE 17B LEASES LIABILITIES

	2025 Transport & Equipment £'000	2025 Plant & Machinery £'000	Total £'000
Not later than one year	-	369	369
Later than one year, not later than 2 years	-	390	390
Later than two year, not later than five years	-	695	695
At 31 March 2025	-	1,454	1,454

NOTE 18 PFI

The Board is not party to any PFI Contracts.

NOTE 19 PENSION COSTS

NHS Golden Jubilee participates in the NHS Pension Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a four-yearly funding valuation undertaken by the scheme actuary.

The valuation carried out as at 31 March 2016 confirmed that an increase in the employer contribution rate from 14.9% to 20.9% was required from 1 April 2019 to 31 March 2023. The UK Government since confirmed that these employer rates would remain in place until 31 March 2024. In addition, member pension contributions over the period to 30 September 2023 have been paid within a range of 5.2% to 14.7% and have been anticipated to deliver a yield of 9.6%. The valuation carried out as at 31 March 2020 confirmed that an increase in the employer contribution rate from 20.9% to 22.5% will be required from 1 April 2024 to 31 March 2027. In addition, member pension contributions since 1 April 2024 have been paid within a range of 5.7% to 13.7% and have been anticipated to deliver a yield of 9.8%.

19.2 NHS Golden Jubilee has no liability for other employers' obligations to the multi-employer scheme.

19.3 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.

19.4 The scheme is an unfunded multi-employer defined benefit scheme.

It is accepted that the scheme can be treated for accounting purposes as a defined contribution scheme in circumstances where the Board is unable to identify its share of the underlying assets and liabilities of the scheme.

The employer contribution rate for the period from 1 April 2024 is 22.5% of pensionable pay. The employee rate applied is variable and is anticipated to provide a yield of 9.8% of pensionable pay.

While a valuation was carried out as at 31 March 2016, work on the cost cap valuation was suspended by the UK Government following the decision by the Court of Appeal (McCloud (Judiciary scheme)/Sargeant (Firefighters' Scheme) cases) that the transitional protections provided as part of the 2015 reforms unlawfully discriminated on the grounds of age. Following consultation and an announcement in February 2021 on proposals to remedy the discrimination, the UK Government confirmed that the cost control element of the 2016 valuations could be completed. The UK Government has also asked the Government Actuary to review whether, and to what extent, the cost control mechanism is meeting its original objectives. The 2020 actuarial valuations will take the report's findings into account. The interim report is complete (restricted) and is currently being finalised with a consultation. Alongside these announcements, the UK Government confirmed that current employer contribution rates would stay in force until 1 April 2024.

NHS Golden Jubilee's level of participation in the scheme is 1.2% based on the proportion of the employer contributions paid in 2022/23 against total employers' contribution across NHS Scotland.

The new NHS Pension Scheme (Scotland) 2015

From 1 April 2015 the NHS Pension Scheme (Scotland) 2015 was introduced. This scheme is a Career Average Re-valued Earnings (CARE) scheme. Members will accrue 1/54 of their pay as pension for each year they are a member of the scheme. The accrued pension is re-valued each year at an above inflation rate to maintain its buying power. This is currently 1.5% above increases to the Consumer Prices Index (CPI). This continues until the member leaves the scheme or retires.

In 2024-25 members paid tiered contribution rates ranging from 5.7% to 12.7% 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 continue to earn benefits in their current section. This affected 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 on each of the pension schemes can be found on the SPPA website - <https://pensions.gov.scot/nhs>.

National Employment Savings Trust (NEST)

The Pensions Act 2008 and 2011 Automatic Enrolment regulations required all employers to enrol workers meeting certain criteria into a pension scheme and pay contributions toward their retirement. For those staff not entitled to join the NHS Superannuation Scheme (Scotland), the Board utilised an alternative pension scheme called NEST to fulfil its Automatic Enrolment obligations.

NEST is a defined contribution pension scheme established by law to support the introduction of Auto Enrolment. Contributions are taken from qualifying earnings, which are currently from £6,240 up to £50,000, 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 choose to let NEST manage their retirement fund or can take control themselves and alter contribution levels and switch between different funds. If pension members leave the Board they can continue to pay into NEST.

NEST Pension members can take money out of NEST at any time from age 55. If suffering from serious ill health or incapable of working due to illness, members can request to take money out of NEST early. They can take the entire retirement fund as cash, use it to buy a retirement income or a combination. Additionally, members can transfer their NEST retirement fund to another scheme.

NEST is run by NEST Corporation, a trustee body which is a non-departmental public body operating at arm's length from government and is accountable to Parliament through the Department for Work and Pensions.

	2025 £'000	2024 £'000
Pension payments to SPPA (Employers and Employees Contribution)	32,992	27,295
Pension payments to SPPA (Employers Contribution)	22,808	18,535

NOTE 20 RETROSPECTIVE RESTATEMENTS

No disclosures in relation to this note

NOTE 21 RESTATED PRIMARY STATEMENTS

No disclosures in relation to this note.

22a FINANCIAL INSTRUMENTS BY CATEGORY
Financial Assets at Fair Value (Consolidated)

At 31 March 2025 Assets per Statement of Financial Position

	2025 Loans and Receivables £'000	2024 Loans and Receivables £'000
Investments	9,617	-
Trade and other receivables excluding prepayments, reimbursements and VAT Recoverable	1,624	2,983
Cash and Cash Equivalents	3,599	17,765
Total	14,840	20,748

Financial Assets at Fair Value (Board)

At 31 March 2025 Assets per Statement of Financial Position

	2025 Loans and Receivables £'000	2024 Loans and Receivables £'000
Trade and other receivables excluding prepayments, reimbursements and VAT Recoverable	1,495	2,311
Cash and Cash Equivalents	1,029	4,304
Total	2,524	6,615

Financial Liabilities at Amortised Cost (Consolidated)

At 31 March 2025 Liabilities per Statement of Financial Position

	2025 Other Financial Liabilities £'000	2024 Other Financial Liabilities £'000
Lease liabilities	1,454	1,802
Trade and other payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	26,113	21,420
Total	27,567	23,222

Financial Liabilities at Amortised Cost (Board)

At 31 March 2025 Liabilities per Statement of Financial Position

	2025 Other Financial Liabilities £'000	2024 Other Financial Liabilities £'000
Lease liabilities	1,454	1,802
Trade and other payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	24,804	21,108
Total	26,258	22,910

22b FINANCIAL RISK FACTORS

Exposure to Risk

The Board's activities expose it to a variety of financial risks:

- Credit risk – the possibility that other parties might fail to pay amounts due.
- Liquidity risk – the possibility that the Board might not have funds available to meet its commitments to make payments.
- Market risk – the possibility that financial loss might arise as a result of changes in such measures as interest rates, stock market movements or foreign exchange rates.

Because of the largely non-trading nature of its activities and the way in which government departments are financed, the Board is not exposed to the degree of financial risk faced by business entities.

The Board provides written principles for overall risk management, as well as written policies covering procurement, delegated limits of authority, standing financial instructions and standing orders.

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 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 Board for revenue and capital purposes in a Budget Act for each financial year. Resources and accruing resources may be used only for the purposes specified and up to the amounts specified in the Budget Act. The Act also specifies an overall cash authorisation to operate for the financial year. The Board is not therefore exposed to significant liquidity 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 2025 (Board)	Less than 1 Year	Between 1 and 2 years	Between 2 and 5 years
Lease liabilities	369	390	695
Trade and other payables excluding Statutory Liabilities	24,804	-	-
Total	25,173	390	695

31 March 2024 (Board)	Less than 1 Year	Between 1 and 2 years	Between 2 and 5 years
Lease liabilities	349	369	1,084
Trade and other payables excluding Statutory Liabilities	21,108	-	-
Total	21,457	369	1,084

C – Market Risk

The Board has no powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities and are not held to manage the risks facing the Board in undertaking its activities.

- Cash flow and fair value interest rate risk

The Board has no significant interest bearing assets or liabilities and as such income and expenditure cash flows are substantially independent of changes in market interest rates.

- Foreign Currency risk

The Board is not exposed to foreign currency risk.

- Price Risk

The Board is not exposed to equity security price risk.

22c 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 23 DERIVATIVES FINANCIAL INSTRUMENTS

No disclosures in relation to this note.

NOTE 24 RELATED PARTY TRANSACTIONS

The Board has the following related party transactions for 2024/25:

Company Details	Details of Related Party Transactions	Name of Individual
NHS Ayrshire & Arran	The National Waiting Times Centre Board (NWTCB) have made payments of £449,961.26 and received income of £10,667,123.24 from NHS Ayrshire & Arran. We are showing an outstanding receivables of £118,964.55 at 31/03/25.	L Semple – Non-Executive Director
NHS Forth Valley	The National Waiting Times Centre Board (NWTCB) have made payments of £624,817.92 and received income of £3,231,819.76 from NHS Forth Valley. We are showing an outstanding receivables of £365,518.85 at 31/03/25.	S McAllister – Non-Executive Director
Glasgow Chamber of Commerce	The National Waiting Times Centre Board (NWTCB) have made payments of £1,332 to Glasgow Chamber of Commerce	Marcella Boyle -Non Executive Director

The National Waiting Times Centre Board Endowment Fund is overseen by Trustees who are also Non-Executive Directors of the Board (as disclosed in the Remuneration Report) and is therefore a related party. The National Waiting Times Centre Board Endowment Fund (also known as the Golden Jubilee National Hospital (Scotland) Endowment Fund is a registered Scottish Charity which expends donations for any NHS purpose and in accordance with the donor of the funds.

During 2024/25 the Board transferred £0.185m to the Endowment Fund which it received as funding from the Scottish Government for the purpose of innovation projects, this is recognised in the charity accounts as income. The 2023/24 transfer was £0.140m.

NOTE 25 THIRD PARTY ASSETS

No disclosures in relation to this note.

NOTE 26 GROUP STATEMENTS

NOTE 26a CONSOLIDATED STATEMENT OF COMPREHENSIVE EXPENDITURE

	Note	Board 2025 £'000	Endowments 2025 £'000	Intragroup Adjustment 2025 £'000	Consolidated 2025 £'000	Consolidated 2024 £'000
Total Income and Expenditure						
Staff Costs	3a	182,158	-	-	182,158	152,770
Other Operating Expenditure						
Drugs and Medical supplies	3b	52,164	-	-	52,164	43,263
Other Health Care Expenditure	3b	71,199	4,500	(185)	75,514	48,285
Gross Expenditure for the Year		305,521	4,500	(185)	309,836	244,318
Less: Operating Income	4	(99,390)	(1,686)	185	(100,891)	(95,787)
Net Expenditure		206,131	2,814	-	208,945	148,531

NOTE 26b CONSOLIDATED STATEMENT OF FINANCIAL POSITION

	Note	Board 2025 £'000	Endowments 2025 £'000	Intragroup Adjustment 2025 £'000	Consolidated 2025 £'000	Consolidated 2024 £'000
NON CURRENT ASSETS						
Property, Plant and Equipment	SoFP	228,636	-	-	228,636	240,253
Right of Use assets	-	1,399	-	-	1,399	1,787
<i>Financial Assets:</i>	-	-	-	-	-	-
Trade and Other Receivables	SoFP	500	-	-	500	635
Total Non-Current Assets		230,535	-	-	230,535	242,675
CURRENT ASSETS						
Inventories	SoFP	2,037	-	-	2,037	2,354
<i>Financial Assets:</i>	-	-	-	-	-	-
Trade and other Receivables	SoFP	5,825	(56)	185	5,954	8,653
Cash and Cash Equivalents	SoFP	1,029	2,570	-	3,599	17,765
Investments	SoFP	-	9,617	-	9,617	-
Total Current Assets	-	8,891	12,131	185	21,207	28,772
TOTAL ASSETS	-	239,426	12,131	185	251,742	271,447
CURRENT LIABILITIES						
Provisions	SoFP	(1,219)	-	-	(1,219)	(1,319)
<i>Financial Liabilities:</i>	-	-	-	-	-	-

Trade and Other Payables	SoFP	(41,555)	(1,309)	-	(42,864)	(34,622)
Total Current Liabilities	-	(42,774)	(1,309)	-	(44,083)	(35,941)
Total Assets Less Current Liabilities	-	196,652	10,822	185	207,659	235,506
NON CURRENT LIABILITIES						
Provisions	SoFP	(3,417)	-	-	(3,417)	(2,578)
Trade and other payables	SoFP	(1,085)	-	-	(1,085)	(1,453)
Total Non-Current Liabilities	-	(4,502)	-	-	(4,502)	(4,031)
ASSETS LESS LIABILITIES	-	192,150	10,822	185	203,157	231,475
TAXPAYERS EQUITY						
General Fund	SoFP	87,542	-	-	87,542	118,835
Revaluation Reserve	SoFP	104,608	-	-	104,608	98,819
Funds Held on Trust	SoFP	-	11,007	-	11,007	13,821
TOTAL TAXPAYERS EQUITY	-	192,150	11,007	-	203,157	231,475

NOTE 26c CONSOLIDATED STATEMENT OF CASHFLOWS

	2025 Board £'000	2025 Endowment £'000	2025 Consolidated £'000	2024 Board £'000	2024 Endowment £'000	2024 Consolidated £'000
Net Operating Cost	(206,131)	(2,814)	(208,945)	(146,149)	(2,382)	(148,531)
Adjustments for Non-Cash Transactions	34,597	-	34,597	12,767	-	12,767
Add back: interest payable recognised in net operating expenditure	86	-	86	33	-	33
Movement in Working Capital	15,388	-	15,388	(7,442)	-	(7,442)
Net Cash outflow from Operating Activities	(156,060)	(2,814)	(158,874)	(140,791)	(2,382)	(143,173)
Purchase of Property, Plant and Equipment	(14,230)	-	(14,230)	(12,840)	-	(12,840)
Investment additions	-	(9,617)	(9,617)	-	-	-
Net Cash outflow from Investing Activities	(14,230)	(9,617)	(23,847)	(12,840)	-	(12,840)
Funding	172,681	-	172,681	157,366	-	157,366
Movement in General Fund Working Capital	(3,276)	-	(3,276)	3,267	-	3,267
Cash drawn down	169,405	-	169,405	160,633	-	160,633
Capital element of payments in respect of leases	(764)	-	(764)	(2,284)	-	(2,284)
Interest element of leases	(86)	-	(86)	(33)	-	(33)
Net Financing	168,555	-	168,555	158,316	-	158,316
Net Increase / (Decrease) in Cash and Cash Equivalents in the period	(1,735)	(12,431)	(14,166)	4,685	(2,382)	2,303
Cash and Cash Equivalents at the beginning of the period	4,304	13,461	17,765	1,038	14,424	15,462
Cash and Cash Equivalents at the end of the period	2,569	1,030	3,599	5,723	12,042	17,765
Increase/(decrease) in Cash in Year	(3,275)	(10,891)	(14,166)	2,303	-	2,303
Net Debt/Cash at 1 April 2024	4,304	13,461	17,765	1,038	14,424	15,462
Net Debt/Cash at 31 March 2025	1,029	2,570	3,599	3,341	14,424	17,765

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 the National Waiting Times Centre Board by virtue of the National Waiting Times Centre Board (Scotland) Order 2002 as amended, and all the powers enabling them to do so hereby DIRECT that:

1. National Waiting Times Centre Board must prepare a statement of accounts for each financial year in accordance with the accounting principles and disclosure requirements set out in the edition of the Government Financial Reporting Manual which is applicable for the financial year for which the statement of accounts is prepared.
2. In preparing a statement of accounts in accordance with paragraph 1, National Waiting Times Centre Board must use the National Waiting Times Centre Board 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, National Waiting Times Centre Board 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 National Waiting Times Centre Board 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. National Waiting Times Centre Board must attach these directions as an appendix to the statement of accounts which it prepares for each financial year.
6. In these Directions:-

“Financial year” has the same meaning as that given by Schedule 1 of the Interpretation Act 1978,

“Government Financial Reporting Manual” means the technical accounting guide for the preparation of financial statements issued by HM Treasury,

“Manual for the Annual Report and Accounts of NHS Boards and for Scottish Financial Returns” means the guidance on preparing annual accounts issued to Health Boards by the Scottish Ministers,

“NHS Act 1978” means the National Health Service (Scotland) Act 1978 (c. 29),

“NHS Scotland Capital Accounting Manual” means the guidance on the application of accounting standards and practice for capital accounting transactions in the NHS issued by the Scottish Ministers,

“National Waiting Times Centre Board” is a Special Health Board for the whole of Scotland constituted under the National Waiting Times Centre Board (Scotland) Order 2002 (S.S.I 2002/305)’

“National Waiting Times Centre Board Annual Accounts template” means the Excel spreadsheet issued to National Waiting Times Centre Board by the Scottish Ministers as a template for their statement of accounts, and

“Scottish Public Finance Manual” means the guidance on proper handling and reporting of public funds issued by the Scottish Ministers.

7. Any expressions or definitions, where relevant and unless otherwise specified, take the meaning which they have in section 108 of the NHS Act 1978.
8. This Direction will come into force on the day after the day on which it is signed.
9. This Direction will remain in force until such time that it is varied, amended or revoked by a further Direction of the Scottish Ministers under section 86 of the NHS Act 1978.

A handwritten signature in black ink, appearing to be 'DMCC', followed by a long horizontal line.

Signed by the authority of the Scottish Ministers

22 March 2022

Dated