



# **THE STATE HOSPITALS BOARD FOR SCOTLAND**

## **ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

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# THE STATE HOSPITALS BOARD FOR SCOTLAND ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

## PERFORMANCE REPORT

NHS Health Boards are required to prepare a Performance Report as per the Government Financial Reporting Manual (FReM). This provides information on the Board, as well as its main objectives and strategies and the principal risks that the Board faces.

The Performance Report has been prepared in accordance with the FReM and complies with best practice.

### 1. Overview

The State Hospitals Board for Scotland was established and legally became part of the NHS in 1995 and shares in the overall national objective to promote the provision of a sufficient and effectively co-ordinated range of services.

The State Hospital provides treatment and care, in conditions of high security, for male patients with mental disorder who, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting. It is a national service for Scotland and Northern Ireland.

Care in the State Hospital is underpinned by the rights based principles which underpin the Mental Health (Care and Treatment) (Scotland) Act 2003. Since May 2006, patients have been able to appeal against being detained in excessive levels of security in the State Hospital.

The Board's Operational Plan looks forward to the following year. The Operational Plan sets out a delivery agreement between Scottish Government Health & Social Care Directorate (SGHSCD) and the Board, based on Ministerial targets. During 2020/21 the Operational Plan was supplemented by the Board's Remobilisation Plan to address the response to the unprecedented global Covid-19 pandemic through the prioritisation of strategies to protect the health and wellbeing of patients and staff and to minimise, as far as possible, the risk of transmission of the virus through staff and patient populations.

2020/21 was an extremely challenging year with the emergence in late 2019/20 of the Coronavirus / Covid19 crisis, for which more detail is noted below in section 3.

In line with Scottish Government guidance, the plan for the period 1 April 2021 to 31 March 2022 has been prepared and submitted to Scottish Government – providing update and further iteration of the existing Remobilisation Plans developed, and summarising key areas of activity for the next financial year. It included a focus on staff wellbeing, workforce and finance plans for the year, continued management of Covid 19, as well as learning from the pandemic. The Board has received reports at each of its meetings throughout the pandemic, to set out the actions taken. The national approach supports the Scottish Government National Outcomes Framework (Scotland Performs).

The service has established a reputation for providing world class forensic mental health care. Visitors to the service both from home and abroad have been hugely positive about the patient centred approach and focus on recovery. Working with partners in our Forensic Network, we have established a reputation for high standards of care, innovative research and education and wish to maintain that in 2021/22.

Addressing health and social inequalities for our patient group is a major challenge. As a no-smoking facility and illicit drug and alcohol free area, the twin challenges of smoking and substance misuse are areas of existing success. Our primary challenge is patient obesity and its related physical health problems. The Board is building on existing measures to promote healthier choices for patients and will be delivering an agreed programme of initiatives over the coming year to improve the physical wellbeing of our patients.

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**PERFORMANCE REPORT *continued***

Many of our patients have limited educational attainment linked to a range of factors in their lives prior to admission. This can lead to social exclusion and difficulty attaining employment. Patients benefit from access to recreational and educational facilities on site and are supported to develop their skills and educational attainment during their stay. We are committed to maintaining and improving opportunities for our patients to access both physical and educational activities.

The service has embraced the ambitions of the Scottish Patient Safety Programme and has been a key contributor to improvements in patient safety both locally and on the national stage. Work undertaken to introduce post-incident debriefing, for example, has led to a significant reduction in incidents of violence or aggression. We will be further developing our programme of patient safety work over the next year and investing in our staff's access to training in improvement methodology.

The State Hospitals Board for Scotland is fully committed to the principles, values and objectives articulated in Everyone Matters: 2020 Workforce Vision. We continue to set out our commitment to our staff to implementing this vision and making real improvements to the health of our organisation as a whole, and to the health of the people who work within it. We recognise that it is the people in our organisation who deliver the service and that the support and contribution of our employees will be crucial in delivering the objectives in this plan. We will be working in partnership to put a significant emphasis on maintaining and improving staff health and wellbeing and ensuring that our NHS values and behaviours are clearly visible to everyone who is part of our service.

The State Hospitals Board for Scotland's vision is to –

- Excel in the provision of high secure forensic mental health care
- Achieve positive patient outcomes
- Ensure the safety of our valued staff, patients, visitors and the general public
- Promote collaboration across health, social care and justice services
- Strive to be an exemplar employer

The aims are to provide a high quality, person centred, safe and effective care and treatment and maintain a safe and secure environment that protects patients, staff and the public.

The financial landscape continues to be challenging, and realising the continuous improvement that we are ambitious to achieve will mean working effectively not just as a local team, but across NHS Scotland. National Boards continue to focus on improving collaborative arrangements across Boards and ensuring that we are deploying our resources as effectively as we can to meet our patients' needs, driving out inefficiencies and improving quality. Our plan for 2021/22 builds on a shared vision with our staff about our key priorities and how we wish to achieve these now and in the future.

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**PERFORMANCE REPORT *continued***

**2. Performance Analysis**

NHS Boards are required to meet 3 financial targets. These targets are:

- Revenue resource limit - a resource budget for ongoing operations;
- Capital resource limit - a resource budget for net capital investment; and
- Cash requirement – a financing requirement to fund the cash consequences of the ongoing operations and the net capital investment.

The Revenue and Capital Resource limits are further analysed into Core and Non-Core where Non-Core represents items of expenditure which are of a technical accounting nature, details of which can be found on the Summary of Resource Outturn

Health Boards are expected to contain their net expenditure within these targets, and will report on any variation from the targets as set. During the financial year ended 31 March 2021, the Board was within all three of its statutory financial targets.

	<b>Limit as set by SGHSCD £000</b>	<b>Actual Outturn £000</b>	<b>Variance (deficit) / surplus £000</b>
Core Revenue Resource Limit	35,989	35,757	232
Non core Revenue Resource Limit	3,728	3,728	-
<b>Total Revenue Resource Limits</b>	<b>39,717</b>	<b>39,485</b>	<b>232</b>
Core Capital Resource Limit	6,931	6,876	55
<b>Total Capital Resource Limits</b>	<b>6,931</b>	<b>6,876</b>	<b>55</b>
Cash Requirement	42,867	42,867	-

**MEMORANDUM FOR IN YEAR OUTTURN**

**£000**

Core Revenue Resource Variance (Deficit)/Surplus in 2020/21	<u>232</u>
Financial Flexibility: funding banked with /(provided by) Scottish Government	<u>0</u>
Underlying (Deficit)/Surplus against Core Revenue Resource Limit	<u>232</u>
Percentage	0%

The Board is reporting a carry forward surplus of £232k into 2021/22. This was achieved through a combination of recurring and non-recurring initiatives. Engagement with budget holders resulted in over achievement of £2.106m savings target by £0.003m.

The Board is sighted on the essential requirement to manage the organisation on a sustainable financial base and – through an extensive and consultative review of the Hospital's Clinical Model – are in the process of developing and agreeing a set of actions to be implemented in 2021/22 to ensure this is achieved on an ongoing basis. While these actions were to have been introduced 2020/21, due to the issues to be addressed as part of the Covid19 crisis this is now expected to resume in the coming year.

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## PERFORMANCE REPORT *continued*

A three-year financial plan was submitted to Scottish Government by NHS The State Hospitals Board for Scotland in March 2020. Due to the impact of the Covid-19 pandemic, the Scottish Government paused the Annual Operating and financial planning process. Recognising the exceptional nature of 2020-21 and the impact on delivery of financial plans, additional non-repayable funding was provided to support in-year financial balance across all NHS Boards. NHS The State Hospitals Board for Scotland received £1.602m.

### 3 Covid19 crisis and impact on The State Hospital's performance

In response to the threat from Coronavirus / Covid-19, the Hospital stood up a Covid-19 Resilience Committee through the lockdown periods of 2020/21, with the initiation of a formal Command Structure (Gold / Silver / Bronze commanders), and submitted a Mobilisation Plan to the Scottish Government.

The following priority areas were identified:

- Patient Care and Treatment
- Process for High Secure Patients Requiring Acute Medical Intervention
- Safety and Security
- Staff Deployment & Daily Business Continuity

These key priorities are supported by the Hospital's Pandemic Influenza and Loss of Staff business continuity plans.

Each patient has a unique set of risks and clinical needs. As part of the preparedness for the Covid-19 threat, an individualised patient register was developed incorporating both clinical and security dimensions.

Clinical risk factors were assessed on all patients by each Responsible Medical Officer (RMO) and clinical team. Patients who had underlying medical conditions and who fell into this higher-risk category were all identified.

For all patients, the plan was established to manage cases in isolation within The State Hospital. Patients can be managed in their own room in isolation. However, as a precaution the Hospital created a 6-bed general medical ward on stand-by should there be a need to cohort specific patients in a singular physical environment. The model will be refined further depending on ongoing presentation of cases and clinical need. All wards within the Hospital have single room secure accommodation. A security review has taken place to identify specific measures that require immediate enactment in the event an individual is required to leave the high security environment.

The Incident Command Structure was first established in March 2020, and operated until, as part of the TSH Remobilisation Plan, it was agreed that this would be stood down, and a planned shift made to an interim management structure. This process was completed on 9 December 2020. However, during January and February 2021, the hospital experienced two small outbreaks of Covid-19, which required a shift back to the Incident Command Structure for a brief period of time from 30 January until 15 February 2021, to place the organisation in the most effective position to manage this situation.

The Covid Support Team has continued to support the management structure, with dedicated advice from infection control, risk management, operational management and human resources.

The process of reviewing and implementing national guidance from UK Government, Scottish Government and Professional Bodies continues to be tracked by the Covid Support Team, and reviewed through the Scientific and Technical Advisory Group (STAG). The STAG has continued to report to the Corporate Management Team (CMT).

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**PERFORMANCE REPORT *continued***

The Board reviewed the interim management structure through a board development session in November 2020. It was agreed that this structure would be in place until the end of March 2021, and then be subject to review.

Therefore, the CMT undertook a detailed review of the interim management structure and agreed that the structure should now be made permanent, providing a more linear leadership structure and cohesion through the directorate structure. CMT took the view that development should continue to embed the management group structure within the organisation to ensure strong links are supported throughout each layer of hospital management and with the Board. Further, that the Board Secretary should continue to undertake a review of the whole system with particular focus on how the system supports effective decision-making and the flow of actions.

The financial impact on the Hospital for 2020/21 – being pressures resulting from Covid19 in 2020/21 including costs of additional staffing, IT infrastructure and support for remote working, and estate and other equipment costs – were notified through regular mobilisation plan reporting to the Scottish Government Health Directorate, and were subject to ongoing appraisal with regard to provision of additional specific funding during the year.

**4 Future development**

There is no recurrently-identified resource for property – the main significant capital item now underway being the Perimeter Security and Enhanced Internal Security Systems Project through 2020/21 and 2021/22 – valued at c£8.7m (excluding VAT). The associated projected level of available revenue resource required for contractor escorting and project management continue to present a challenge for implementation of the Property and Asset Management Strategy, together with regular estates and security work, and IM&T (Information Management and Technology) equipment replacement programmes. Further work has taken place internally to re-examine security threats to the hospital and additional work commissioned to establish how those threats may be mitigated, including review of CCTV requirements, which are now reflected in the project specification.

The Hospital is committed to supporting the drive for efficiency and productivity. The Hospital's savings targets have been met in each of the recent years.

In future years, it is very likely that the Hospital will have increasing difficulty generating the same level of cash releasing savings – having a particular pressure from operating with a level of staff costs at 84% of total, with only 16% of other costs for savings review. In order to ensure that service delivery can continue to improve and develop, the focus will need to move to improvements in operational productivity. This will require new approaches to driving and monitoring efficiency and productivity.

The Hospital will continue to provide a significant opportunity to improve care and ultimately the outcomes of the work that is done. In order to achieve this, we will continue to:

- Assess, admit, treat, manage and discharge patients using care programme approach and integrated care pathways.
- Tailor care to the needs of patients in terms of range, timing and the least restriction necessary.
- Robustly ensure risk assessment and management plans are responsive to the changing needs of each patient.
- Employ modern technology and solutions that improve security and manage risk.
- Provide access to health and wellbeing activities that promotes engagement, recovery and hope in the future.

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## PERFORMANCE REPORT *continued*

- Ensure that staff are trained and supported to adopt new ways of working that are based on need, rather than historical practices.
- Deliver clinical leadership by confident well equipped people who develop their teams and make use of performance management information.

There are a number of pressures facing the Hospital over the coming year:

- Workforce Plan Numbers and Skill mix - due in part to the fall in staff turnover, it has not yet been fully possible to achieve the planned workforce. The issues relate mainly to nursing costs. The full workforce plan aligned to the clinical service delivery model and safe staffing legislation is under review, to link with the review of the Clinical Model.
- Pressure from any unfunded element of increased payroll costs, e.g. executive pay.
- Payroll impact from the 2019 outcome of the legal case “Locke vs British Gas” and the potential liability for additional shift payments required.
- Potential increases in rates.
- Utility costs continuing to rise, giving both a price and usage pressure in 2021/22.
- A number of costs associated with the Hospital estate upkeep, all monitored closely and outturns adjusted accordingly. Ongoing evaluation of this impact over the coming years is assessed for budgetary pressures to be controlled.
- The requirement for the National Boards to provide additional savings of £15m (plus any unachieved savings carried forward from 2020/21) on a recurring basis in 2021/22.
- Savings plans – a savings plan around the workforce, capital charges and supplies may need to be enhanced if the on-going costs of the new Clinical Model are more than forecast. Also year on year it gets harder to identify workforce savings without impacting on patient care or security. If plans fall behind the financial balance could be at risk unless other non-pay savings can be found, and currently a high proportion of the savings for 2021/22 is still to be identified.
- The lack of any increase in capital funding potentially leaves equipment replacement at risk, as the formulae allocation will require close control and review to be able to cover any major equipment replacement programmes.

### Performance against key non financial targets

The Board measures its progress towards achieving the Scottish Government’s national health and wellbeing outcomes and the improvement priority areas identified in the draft Operational Plan using a suite of performance indicators. The Annual Operating Plan Standards relevant to the State Hospital are as follows: Psychological Therapies Waiting Times; GP access; Sickness Absence and Financial Performance.

A number of Key Performance Indicators are set towards achieving those outcomes. The Board also measures itself against the financial targets set by the Scottish Government Health and Social Care Directorate. Performance against these targets is monitored by the management team and reported to the Board on a regular basis.

As explained in more detail in the Governance Statement, the Board has a formal system of risk identification evaluation embedded throughout the organisation which seeks to manage risk and uncertainty. The Audit Committee reviews and monitors all risks which are identified to it, and produces an annual report. This highlights corporate risks which the Board manage and mitigate to ensure the achievement of objectives.

The Hospital’s KPIs are reviewed on an annual basis and are considered in connection with the Corporate Risk Register for any matters requiring inclusion. The Hospital’s Corporate Risk Register is subject to a biennial workshop review by the Board and senior management.



# THE STATE HOSPITALS BOARD FOR SCOTLAND ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

## PERFORMANCE REPORT *continued*

Local KPIs are reported to the Board as detailed below.

- 86.74% (on average over the year) of patients commenced psychological therapies in less than 18 weeks from referral date in both 2020/21.
- All patients requiring primary care services had access within 48 hours in both 2020/21 and 2019/20.
- 56.67% (on average over the year) of patients were offered an annual physical health review within 12 months of their last review.
- The sickness absence performance for the year ended March 2021 is 5.23% (compared to the March 2020 performance of 6.25%). The national target is 4%, The State Hospital target is 5%.
- The Board operated within allocated funds and ensured value for money.
- 94.40% of patients' care and treatment plans were reviewed at 6 monthly intervals compared to a target of 100% and against 91.73% achieved in 2019/20.
- 86.74% of patients were engaged in psychological treatment compared to a target of 85%.
- Patients engaged in off-hub activity centres was 83.33%, this was very similar to performance of 83% in 2019/20. The data changed slightly for this target to accommodate changes due to Covid restrictions.
- 10.50% (on average over the year) of patients have a healthy BMI compared to the 25% target, the 2019/20 of patients with a health BMI was noted to be 8.75%
- 80.58% of staff had a personal development plan review against an 80% target.
- 100% of patients were discharged / transferred using the Care Programme Approach (CPA).
- 94.4% of patients had their clinical risk assessment reviewed annually in 2020/21 against a target of 100%.
- 75.00% of patients were engaged in 90 minutes or more of physical activity per week, against a target of 80%. This compares to 60.70% in 2019/20.

### **Payment policy**

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

The target has been communicated to all non-departmental public bodies, who are working towards the accelerated payment target of 10 working days.

Prior to this, the Board did endeavour to comply with the principles of The Better Payment Practice Code (<http://www.payontime.co.uk/>) by processing suppliers' invoices for payment without unnecessary delay and by settling them in a timely manner.

- In 2020/21 the average credit taken was 9 days (in 2019/20, 13 days)
- In 2020/21 the Board paid 97% of its invoices by volume and 99% of its invoices by value within 30 days (in 2019/20, 95% by volume, 95% by value)
- In 2020/21 the Board paid 85% of its invoices by volume and 97% of its invoices by value within 10 days (in 2019/20, 81% by volume, 90% by value)

### **Pension liabilities**

The accounting policy note for pensions is provided in Note 1 and disclosure of the costs is shown within Note 16 and the remuneration and staff report.

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**PERFORMANCE REPORT *continued***

**Social Matters**

The Board strives to continually 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. We produce reports and statistics to reflect this such as reporting progress on mainstreaming the public sector equality duty, publish equality outcomes and report progress, assess and review policies and practice, gather and use employee information and publish in a manner that is accessible.

The Board has an appointed whistle blowing non-executive director who is available for all staff to report any issues to across the Board. No reportable matters have been raised under the whistle blowing or anti-bribery legislation during 2020/21.

**Sustainability and environmental reporting**

The Climate Change (Scotland) Act 2009 set outs measures adopted by the Scottish Government to reduce emissions in Scotland by at least 80% by 2050. In 2015, an Order was introduced requiring all designated Major Players (of which The State Hospital is one) to submit an annual report to the Sustainable Scotland Network detailing compliance with the climate change duties imposed by the Act. The information returned by the Board is compiled into a national analysis report, published annually and superseding the prior requirement for public bodies to publish individual sustainability reports.

Further information on the Scottish Government's approach can be found in the Climate Change Plan 2018-2032 while national reports can be found at the following resource:  
<https://sustainablesotlandnetwork.org/reports>

Chief Executive:  
Gary Jenkins

*Gary Jenkins*  
.....

Date

22 July 2021  
.....

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**ACCOUNTABILITY REPORT – CORPORATE GOVERNANCE REPORT**

NHS Health Boards are required to prepare an Accountability Report as per the Government Financial Reporting Manual (FReM). This provides information on the Board's disclosures to meet key accountability requirements.

This report explains the composition and organisation of the Board's governance structures and how they support the achievement of the Board's objectives.

**DIRECTORS' REPORT**

**Date of Issue**

The Accountable Officer authorised these financial statements for issue on 22 July 2021.

**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 Azets (previously named Scott-Moncrieff) to undertake the audit of the State Hospitals Board for Scotland. 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 State Hospitals Board for Scotland is a board of governance whose membership is conditioned by the functions of the Board. Members of Health Boards are selected on the basis of their position or the particular expertise which enables them to contribute to the decision making process at a strategic level.

The 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.

During 2020/21 the Board met publicly seven times. The members of the Board for the year were:

<b>Name</b>	<b>Title</b>	<b>No. of Board Meetings attended</b>
T Currie (to 31 December 2020)	Chair	5
D McConnell	Non Executive Director/Interim Chair	7
B Moore	Non Executive Director	7
S Currie (from 1 February 2021)	Non Executive Director	1
C Fallon (from 11 January 2021)	Non Executive Director	1
P Radage (from 11 January 2021)	Non Executive Director	1
W Brackenridge (to 31 January 2021)	Non Executive Director	6
N Johnston (to 31 December 2020)	Non Executive Director	6
T Hair	Employee Director	7

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**DIRECTORS' REPORT – continued**

G Jenkins	Chief Executive Officer	7
R McNaught	Director of Finance & eHealth	7
M Richards	Nursing, AHP and Operations	6
L Thomson	Medical Director	7

**Statement of Health Board Members' Responsibilities in Respect of the Accounts**

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 2021, 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 NHSScotland 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.

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

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

**Board Members and Senior Managers Interests**

The interests of the Board and senior managers for the year were:

<b>T Currie</b> <b>Chairperson</b> <b>(to 31 December 2020)</b>	<b>Deputy Lieutenant, Lanarkshire</b> <b>Chair, St Ambrose High/ Buchanan High Site Recovery</b> <b>Group</b>
<b>W Brackenridge</b> <b>Non Executive</b> <b>(to 31 January 2021)</b>	<b>None</b>
<b>S Currie</b> <b>Non Executive</b> <b>(from 1 February 2021)</b>	<b>Elected Councillor – East Lothian Councillor</b> <b>Non Executive Director – Scottish Ambulance Service</b> <b>Lay Member – Employment Tribunal Scotland</b>

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**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT *continued***

**DIRECTORS' REPORT *continued***

<b>C Fallon Non Executive (from 11 January 2021)</b>	<b>Lay Representative – for NHS Education Scotland Youth Coordinator – Govanhill Baths Trust</b>
<b>T Hair Employee Director</b>	<b>Director of Drumchapel Community Credit Union</b>
<b>N Johnston Non Executive (to 31 December 2020)</b>	<b>Chief Executive, Educational Competencies Consortium Ltd</b>
<b>D McConnell Non Executive / Interim Chair</b>	<b>None</b>
<b>B Moore Non Executive</b>	<b>Non Executive Director, NHS Lanarkshire Trustee of NHS Lanarkshire Endowment Fund Member of Edinburgh and Lothian Health Foundation Management Committee Member of Clydesdale Housing Association</b>
<b>P Radage Non Executive (from 11 January 2021)</b>	<b>None</b>
<b>G Jenkins Chief Executive</b>	<b>Chair of Scottish Healthcare in Custody Network Chair of Management Service Network Neurosurgery (Scotland)</b>
<b>R McNaught Director of Finance &amp; eHealth</b>	<b>Member, Audit Committee, Mental Welfare Commission for Scotland</b>
<b>M Richards Director of Nursing, AHP and Operations</b>	<b>Professional Advisor to Scottish Public Sector Ombudsman</b>
<b>L Thomson Medical Director</b>	<b>Medical Director, Forensic Mental Health Services Managed Care Network Professor of Forensic Psychiatry, The University of Edinburgh</b>
<b>D Walker Director of Security, Estates &amp; Resilience</b>	<b>None</b>
<b>J White Director of Human Resources &amp; Wellbeing</b>	<b>None</b>

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**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT *continued***

**DIRECTORS' REPORT *continued***

**Remuneration for non audit work**

There was no remuneration paid to auditors in respect of any non audit work carried out on behalf of the board.

**Value of land**

The total value of land included in the Statement of Financial Position is £917k of which £192k relates to non operational land valued at open market value.

**Public Services Reform (Scotland) Act 2010**

Sections 31 and 32 of the Public Services Reform (Scotland) Act 2010 impose new duties on the Scottish Government and listed public bodies to publish information on expenditure and certain other matters as soon as is reasonably practicable after the end of each financial year.

The board meets the requirements of the above Act by publishing the information on the board's website via the following link.

<http://www.tsh.scot.nhs.uk>

**Personal data related incidents reported to the Information Commissioner**

There have been no personal data incidents during 2020/21 (2019/20 – nil) that required to be reported to the Information Commissioner.

**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 they ought reasonably to have taken as a director to make themselves aware of any relevant audit information and to establish that the Board's auditors are aware of that information.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT *continued***

**STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE HEALTH BOARD**

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 State Hospitals Board for Scotland.

This designation carries with it, responsibility for:

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

In preparing the accounts I am required to comply with the requirements of the Government'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's Financial Reporting Manual have been followed and disclose and explain any material departures
- prepare the accounts on a going concern basis.

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

I am responsible for ensuring proper records are maintained and that the Accounts are prepared under the principles and in the format directed by Scottish Ministers. To the best of my knowledge and belief, I have properly discharged my responsibilities as accountable officer as intimated in the Departmental Accountable Officers' letter to me of 19 March 2019.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT**

**GOVERNANCE STATEMENT**

**Scope of Responsibility**

As Accountable Officer, I have responsibility 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.

**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 Board. The system aims to evaluate the nature and extent of risks, and manage risks efficiently, effectively and economically.

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve the organisation's aims and objectives. As such, it can only provide reasonable and not absolute assurance.

The process within the Board accords with guidance from Scottish Ministers in the Scottish Public Finance Manual (SPFM), Financial Reporting Manual (FRm) and supplementary NHS guidance, and has been in place for the year up to the date of 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**

The Board meets regularly to consider the performance, plans and strategic direction of the organisation. The Board is comprised of the Chairman, five non Executive Members (including the Employee Director) and four Executive Board Directors.

It is supported in this work by a number of committees:

- Clinical Governance
- Audit
- Staff Governance
- Remuneration

Throughout 2020/21 and the Covid19 pandemic, the Board and all Governance Committees have continued to convene in line with the planned programme for the year and in accordance with their full schedule of activity and regularity of meetings.



**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT *continued***

**GOVERNANCE STATEMENT *continued***

The structure of these committees is set out as follows:

<b>Clinical Governance Committee</b>	<b>No. of meetings</b>	
<b>Membership</b>	<b>Attended</b>	<b>Role</b>
N Johnston (Chair to 31 December 2020)	3	To ensure that clinical governance mechanisms are in place and effective throughout the Board, and to ensure that the principles and standards of clinical governance are applied to the health improvement activities of the Board. It met four times during 2020/21.
C Fallon (Chair from 15 January 2021)	0	
S Currie (from 4 February 2021)	1	
D McConnell (to 31 December 2020, thereafter Interim Chair )	4	
B Moore	4	

<b>Audit Committee</b>	<b>No. of meetings</b>	
<b>Membership</b>	<b>Attended</b>	<b>Role</b>
D McConnell (Chair to 31 December 2020)	5	To oversee arrangements for external and internal audit of the Board's financial and management systems and to advise the Board on the strategic processes for risk, control & governance. It met five times during 2020/21.
B Moore (Interim Chair from 1 January 2021)	5	
W Brackenridge (to 31 January 2021)	4	
S Currie (from 4 February 2021)	1	
T Hair	5	
P Radage (from 15 January 2021)	2	

<b>Staff Governance Committee</b>	<b>No. of meetings</b>	
<b>Membership</b>	<b>Attended</b>	<b>Role</b>
W Brackenridge (Chair to 31 January 2021)	3	To ensure that the Board has an effective system of consistency of policy and equity of treatment of staff, including remuneration issues, where they are not already covered by existing arrangements at national level. And to encourage, support and monitor partnership working. It met four times during 2020/21.
P Radage (Chair from 1 February 2021)	1	
S Currie (from 4 February 2021)	1	
C Fallon (from 15 January 2021)	0	
T Hair	4	
N Johnston (to 31 December 2020)	3	
B Moore	4	

<b>Remuneration Committee</b>	<b>No. of meetings</b>	
<b>Membership</b>	<b>Attended</b>	<b>Role</b>
T Currie (Chair to 31 December 2020)	2	To consider performance-related pay in respect of Senior Managers and employees of the Board. It met three times during 2020/21.
D McConnell (Interim Chair from 1 January 2021)	3	
W Brackenridge (to 31 January 2021)	2	
S Currie (from 4 February 2021)	1	
C Fallon (from 15 January 2021)	1	
T Hair	3	
N Johnston (to 31 December 2020)	2	
B Moore	3	
P Radage (from 15 January 2021)	1	

The Staff Governance Committee together with the Remuneration Committee, Clinical Governance and Audit Committees forms the full Governance framework of the Board. A Hospital Partnership Forum is established to focus on operational staff governance compliance issues.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT *continued***

**GOVERNANCE STATEMENT *continued***

**Operation of the Board**

The Board complies with the Scottish Public Finance Manual (SPFM) which sets out a number of key components for effective board practice. It is based on the underlying principles of all good governance: accountability, transparency, probity and focus on sustainable success.

The Board continues to ensure its on-going effectiveness through a range of improvement activities, including the development of the Board's Remobilisation Plan (formerly Operational Plan) and Governance Development Session. Further training and development sessions continue to be planned for the Board. The Board continues to review and monitor its performance. All Board members are subject to an annual appraisal by the Chair (for Non-Executive Members and the Chief Executive) and the Chief Executive (for Executive Members). The committees of the Board undertake an annual self-assessment of their performance and report this to the Board.

During the year the Board:

- maintained a focussed reporting structure on the Hospitals' Resilience position and response with regard to the Covid19 crisis, including maintaining the Hospital's full governance structure
- reviewed Board Governance and corporate governance structure, and monitored progress against the Corporate Governance Improvement Action Plan
- reviewed and implemented the Remobilisation Plan (which superseded the Annual Operational Plan) for 2020/21 and the Road Map for Recovery
- reviewed and approved the Annual Report and Accounts
- received Annual Reports and minutes of all meetings of the Audit Committee, Clinical Governance Committee and Staff Governance Committee
- reviewed and updated the Standing Financial Instructions, Scheme of Delegation, Standing Orders and Terms of Reference of Committees
- supported the development of the National Boards Joint Delivery Work Streams by contributing to the overall savings required from National Boards of £15m
- reviewed clinical service delivery and approved the new Clinical Model Service Delivery Model for implementation when circumstances permit
- reviewed the draft Remobilisation Plan (formerly Annual Operational Plan) for 2021/22
- reviewed Corporate Objectives for 2021/22
- received regular financial reports noting progress against budgets and year-end expectations
- reviewed regularly the progress of the Perimeter Security and Enhanced Internal Security Project
- reviewed and approved internal audit provision
- received progress updates and advice from the Clinical Forum
- reviewed resilience arrangements
- monitored the Corporate Risk Register
- reviewed the Skye Centre 12 monthly report
- reviewed eHealth Annual Report
- reviewed Information Governance Annual Report
- reviewed the Communications Annual Report
- reviewed Patients Advocacy Service Annual Report
- reviewed Patients Learning Service 12 monthly Report
- reviewed Person Centred Improvement 12 monthly Report
- received an annual update on Nursing and AHP revalidation
- monitored patient flow
- reviewed Quality Assurance and Quality Improvement initiatives

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT *continued***

**GOVERNANCE STATEMENT *continued***

- received Duty of Candour Annual Report
- received Medical Education Annual Report
- received Medical Appraisal and Revalidation Annual Report
- received Implementation of Specified Persons Annual Report
- reviewed performance through annual and quarterly reporting
- heard stories from patients, carers and volunteers of their experience of NHS services, thereby ensuring a person centred approach, including feedback and complaints
- received update on the Everyone Matters Pulse Survey 2020
- reviewed progress against the 2021/22 Workforce Plan
- received regular Attendance Management reports and reviewed progress made by the Attendance Management Improvement Task Group
- reviewed the Property and Asset Management Strategy
- received updates on planning for EU withdrawal
- received reports on Global Citizenship and Supporting Healthy Choices
- considered options for encouraging public attendance at and engagement with Board meetings
- Reviewed the Corporate Governance Improvement Action Plan
- Monitored preparation for the implementation of the Independent National Whistleblowing Champion

**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:

- executive and senior managers who are responsible for developing, implementing and maintaining internal controls across their areas
- the work of the internal auditors, who submit to the Audit 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
- comments by the external auditors in their management letters and other reports

The following processes are in existence to support the above:

- a Board which meets bi-monthly to consider strategic direction and operational plans including financial targets and other performance reports
- periodic reports from the Board's sub-committees concerning any significant matters of governance and internal control
- minutes from meetings and annual reports from all the governance committees
- partnership meetings take place on a regular basis and are structured to include a review of performance and strategic issues
- regular reports from managers on the steps they are taking to manage risks in their areas of responsibility including progress reports on key projects.

The Board's internal audit function operates to standards defined in the Public Sector Internal Audit Standards. The work of internal audit is informed by an analysis of the risk to which the Board is exposed, and annual internal audit plans are based on this analysis.

The Board's Audit Committee endorses the analysis of risks and the internal audit plans. An annual internal audit report, which includes an independent opinion on the adequacy and effectiveness of the Board's system of internal financial control, is submitted to the Audit Committee.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT *continued***

**GOVERNANCE STATEMENT *continued***

**Best value**

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. I can confirm that arrangements are in place to secure Best Value as set out in the Scottish Public Finance Manual. We have an action plan to take forward any improvements that have been identified from the process.

**Risk Assessment**

All NHSScotland bodies are subject to the requirements of the Scottish Public Finance Manual (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.

The risk management process within the Board is comprised of a number of elements:

- Proactive identification, assessment and management of risks, control systems and action plans to mitigate risk (risk register)
- Proactive assessment of hazard warnings and policy requirements linking in with active management of the policy environment within the Board
- Active review of incidents and near misses and other opportunities for learning such as critical incident reviews, complaints, comments, concerns and compliments.

The corporate risk register is reviewed annually involving Board members, senior management, hospital managers and clinicians and staff reporting to the Corporate Management Team. In 2020/21 the Risk, Finance and Performance Group received quarterly reports on the risk register and acted as the operational Risk Management Committee overseeing risk issues, including incident reporting and review, critical incident review, risk register action plans and progress – this is now being undertaken by the Security, Risk & Resilience and Health & Safety Group. The three Governance Committees (Audit, Clinical Governance and Staff Governance) receive annual reports on corporate risks which fall within their remit.

The Board manages its risk profile by regular review of the corporate risk register, together with a periodic workshop to consider all potential corporate and strategic risks – the most recent of which was in January 2018 and an updated Risk Register is now in place. The next workshop review is due in 2021. There is 1 risk currently categorised as very high, and 2 current risks categorised as high. All have up to date action plans in place and are reviewed monthly.

The principal risks facing the Board for the coming period are:

- The ongoing risk that Coronavirus / Covid19 could affect the Hospitals' primary aim to provide high quality, effective care and treatment and maintain a safe and secure environment for patients and staff.
  - This is being addressed with a flexible care model and focussed governance structure, including the implementation of the Hospital's Incident Command procedures when required.
- Financial pressure from an increased savings requirement and the resultant budget pressures across all directorates
  - This is being addressed by detailed budgetary reviews across all directorates – setting individual savings targets – plus a long term sustainability review, now underway, to identify and implement the operational changes required to achieve increased recurring savings.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - CORPORATE GOVERNANCE REPORT *continued***

**GOVERNANCE STATEMENT *continued***

- Workforce review and the management of organisational change, including effective communication and ensuring the optimum focus of skills and roles.
  - There are formal mechanisms to manage workforce review and any subsequent organisational change. These include the Partnership Forum, the Workforce Transition group and the boards Organisational Change Policy.

Guidance on the use of the Board's risk management system and processes is provided on an ongoing basis to operational staff. Formal training programmes on particular aspects (e.g. health and safety, risk assessment, complaints management) are in place and reviewed annually. In addition, progress has been made in the development of risk management with increased focus on corporate and local risk registers. The aim is to ensure that risks are clearly defined and are aligned with mitigation measures against each risk accompanied by a series of improvement actions. This work is being taken forward through a systematic review of risk register monitoring and continuous improvement methods.

Information Risk is explicitly controlled by adherence to the Information Governance Framework and detailed supporting policies: Freedom of Information, Data Protection, Management of Records, and Information Security. All information incidents are reported in separate categories through the DATIX risk management system. The Clinical Governance Committee is responsible for governance arrangements in this area. The Information Governance Group and the Information Governance Sub Group are responsible for management review of progress against the Information Governance Action Plan and Risk Register.

More generally, the Board is committed to a process of continuous quality improvement, developing systems in response to any relevant reviews and developments in best practice.

My review of the effectiveness of the system of internal control by the Board has confirmed that there are robust processes to address any identified weaknesses and ensure continuous improvement of the controls system across the organisation.

Of the internal audit reports issued in 2020/21, there are three areas where a positive (either a substantial, reasonable or reasonable progress) assurance opinion was issued (Governance, Job Evaluation and Critical Planning & Business Continuity audits), and two reports for which partial assurance was issued (Effective Rostering and Overtime Management, and Recording of Absence and Additional Hours) – other reports issued in the year were on an “advisory review” basis.

During 2020/21, there were no significant control weaknesses or issues that have arisen and only two management recommendations identified by internal audit reviews as high priority which will be addressed in 2021/22.

These were –

- Data entry and approval procedures for SSTS system (Recording of Absence and Additional Hours report)
- Annual leave and rostering policies / protocols finalisation and approval; Overtime approvals; Review of levels of additional hours worked (Effective Rostering and Overtime Management report)

Given these results, and the adequacy of the controls at the end of year, our internal auditors were able to give an overall positive opinion for 2020/21.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT**

**BOARD MEMBERS' AND SENIOR EMPLOYEES' REMUNERATION**

The Board is supported by a number of committees as mentioned in the Governance Statement on pages 15 to 20.

Remuneration of board members and senior employees is determined in line with directions issued by the Scottish Government. All posts at this level are subject to rigorous job evaluation arrangements and the pay scales applied reflect the outcomes of these processes. All extant policy guidance issued by the SGHSCD has been appropriately applied and agreed by the Remuneration Committee.

Performance appraisals for executive members are carried out in line with the guidance from the Scottish Government and overseen by the Remuneration Committee. Annual pay rises for Executive Directors are dependent on achieving specified levels of performance.

In accordance with the Financial Reporting Manual (FrM) and the Companies Act, 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 payable in 2020/21 and 2019/20.

The tables on the following pages provide a breakdown of Executive and Non Executive Directors' remuneration in 2020/21 and 2019/20 and have been audited by the Board's auditors.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT *continued***

**BOARD MEMBERS' AND SENIOR EMPLOYEES' REMUNERATION *continued***

**2020/21 Remuneration fell within the following bandings:**

<b>Total Remuneration of:</b>	<b>Gross salary (bands of £5,000)</b>	<b>Bonus payments (bands of £5,000)</b>	<b>Benefits in kind £000</b>	<b>Total earnings in year (bands of £5,000)</b>	<b>Pension benefits £000</b>	<b>Total remuneration (bands of £5,000)</b>
<b>Executive Directors</b>						
G Jenkins Chief Executive	100-105	-	-	100-105	43	140-145
L Thomson Medical Director	170-175	-	-	170-175	-	170-175
R McNaught Director of Finance & eHealth	90-95	-	-	90-95	25	115-120
M Richards Director of Nursing, AHP and Operations	95-100	-	-	95-100	54	150-155

**Non Executive Directors**

T Currie Chairperson (up to 31/12/2020)	20-25	-	1.3	20-25	-	20-25
D McConnell Non-Executive / Chairperson (from 01/01/2021)	5-10	-	-	5-10	-	5-10
W Brackenridge Non Executive (up to 31/01/2021)	5-10	-	-	5-10	-	5-10
N Johnston Non Executive (up to 31/12/2020)	5-10	-	0.2	5-10	-	5-10
C Fallon Non Executive (from 11/01/2021)	0-5	-	-	0-5	-	0-5
S Currie Non Executive (from 01/02/2021)	0-5	-	-	0-5	-	0-5
P Radage Non Executive (from 11/01/2021)	0-5	-	-	0-5	-	0-5
T Hair Employee Director	70-75	-	-	70-75	114	185-190

D Walker Director of Security, Estates and Resilience	70-75	-	-	70-75	-	70-75
J White Director of Human Resources & Wellbeing (From 01/07/2020) *	50-55	-	-	50-55	-	50-55
<b>Total</b>	-	-	<b>1.5</b>	-	<b>236</b>	-

The Medical Director's salary includes £38k in respect of Board duties.

The Employee Director's salary includes £9k in respect of Board duties.

\* The salary disclosed is for 0.8 wte of the HR Director, and the full time equivalent earnings in year is in the band £85k - £90k.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT *continued***

**BOARD MEMBERS' AND SENIOR EMPLOYEES' REMUNERATION *continued***

**2019/20 Remuneration fell within the following bandings:**

	Gross salary (bands of £5,000)	Bonus payments (bands of £5,000)	Benefits in kind £000	Total earnings in year (bands of £5,000)	Pension benefits £000	Total remuneration (bands of £5,000)
<b>Total Remuneration of:</b>						
<b>Executive Directors</b>						
G Jenkins Chief Executive	95-100	-	-	95-100	58	150-155
L Thomson Medical Director	165-170	-	-	165-170	-	165-170
R McNaught Finance & Performance Management Director	85-90	-	-	85-90	16	100-105
M Richards Director of Nursing & AHP	85-90	-	1.5	85-90	33	120-125

**Non Executive Directors**

T Currie Chairperson	25-30	-	1.8	30-35	-	30-35
W Brackenridge Non Executive	5-10	-	0.9	10-15	-	10-15
N Johnston Non Executive	5-10	-	0.5	10-15	-	10-15
D McConnell Non Executive	5-10	-	-	5-10	-	5-10
B Moore Non Executive (from 01/02/2020)	0-5	-	-	0-5	-	0-5
M Whitehead Non Executive	5-10	-	-	5-10	-	5-10
T Hair Employee Director	40-45	-	-	40-45	12	55-60

D Walker Security Director	70-75	-	-	70-75	-	70-75
K Sandilands Interim HR Director (to 31/03/2020) *	90-95	-	-	90-95	-	90-95
<b>Total</b>	-	-	<b>4.7</b>	-	<b>119</b>	-

The Medical Director's salary includes £37k in respect of Board duties.

The Employee Director's salary includes £9k in respect of Board duties.

\* The salary disclosed is for 0.5wte each of the HR Directors, and the full time equivalent earnings in year is in the band £90k - £95k.



**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT *continued***

**BOARD MEMBERS' AND SENIOR EMPLOYEES' REMUNERATION *continued***

**2020/21 Pension values fell within the following bandings:**

<b>Total Pension Values of:</b>	<b>Total accrued pension at age 60 as at 31 March 2021 (bands of £5,000)</b>	<b>Total accrued lump sum at age 65 as at 31 March 2021 (bands of £5,000)</b>	<b>Real increase in pension at age 60 (bands of £2,500)</b>	<b>Real increase in lump sum at age 65 as at 31 March 2021 (bands of £2,500)</b>	<b>Cash equivalent transfer value (CETV) at 31 March 2020 £000</b>	<b>Cash equivalent transfer value (CETV) at 31 March 2021 £000</b>	<b>Real increase in CETV in year £000</b>
<b>Executive Directors</b>							
G Jenkins Chief Executive	25-30	50-55	2.5-5.0	2.0-2.5	407	453	46
L Thomson Medical Director	-	-	-	-	-	-	-
R McNaught Director of Finance & eHealth	10-15	0-5	0-2.5	0-2.5	170	198	28
M Richards Director of Nursing, AHP and Operations	40-45	90-95	3-3.5	3.5-4	662	725	62

**Non Executive Directors**

T Currie Chairperson	-	-	-	-	-	-	-
W Brackenridge Non Executive	-	-	-	-	-	-	-
N Johnston Non Executive	-	-	-	-	-	-	-
D McConnell Non Executive	-	-	-	-	-	-	-
B Moore Non Executive (from 01/02/20)	-	-	-	-	-	-	-
M Whitehead Non Executive	-	-	-	-	-	-	-
T Hair Employee Director	15-20	55-60	5-7.5	15-20	300	432	131

D Walker Director of Security, Estates and Resilience	-	-	-	-	-	-	-
J White Director of Human Resources & Wellbeing (From 01/07/2020) *	-	-	-	-	-	-	-
<b>Total</b>					<b>1,539</b>	<b>1,808</b>	<b>267</b>

\* No pension information has been disclosed as this will be disclosed in the accounts of the NHS board that employs this secondee.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT *continued***

**BOARD MEMBERS' AND SENIOR EMPLOYEES' REMUNERATION *continued***

**2019/20 Pension values fell within the following bandings:**

<b>Total Pension Values of:</b>	<b>Total accrued pension at age 60 as at 31 March 2020 (bands of £5,000)</b>	<b>Total accrued lump sum at age 65 as at 31 March 2020 (bands of £5,000)</b>	<b>Real increase in pension at age 60 (bands of £2,500)</b>	<b>Real increase in lump sum at age 65 as at 31 March 2020 (bands of £2,500)</b>	<b>Cash equivalent transfer value (CETV) at 31 March 2019 £000</b>	<b>Cash equivalent transfer value (CETV) at 31 March 2020 £000</b>	<b>Real increase in CETV in year £000</b>
<b>Executive Directors</b>							
G Jenkins Chief Executive	25-30	45-50	2.5-5.0	2.5-5.0	348	405	58
L Thomson Medical Director	-	-	-	-	-	-	-
R McNaught Finance & Performance Management Director	10-15	0-5	0-2.5	0-2.5	149	169	21
M Richards Director of Nursing & AHP	45-50	0-5	0-2.5	0-2.5	580	610	40

**Non Executive Directors**

T Currie Chairperson	-	-	-	-	-	-	-
W Brackenridge Non Executive	-	-	-	-	-	-	-
N Johnston Non Executive	-	-	-	-	-	-	-
D McConnell Non Executive	-	-	-	-	-	-	-
B Moore Non Executive (from 01/02/20)	-	-	-	-	-	-	-
M Whitehead Non Executive	-	-	-	-	-	-	-
T Hair Employee Director	10-15	35-40	0-2.5	0-2.5	276	299	23

D Walker Security Director	-	-	-	-	-	-	-
K Sandilands Interim HR Director (to 31/02/20)*	-	-	-	-	-	-	-
<b>Total</b>					<b>1,353</b>	<b>1,483</b>	<b>142</b>

\* No pension information has been disclosed as this will be disclosed in the accounts of the NHS board that employs this secondee.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT *continued***

**Fair Pay Disclosure**

<b>2020/21</b>		<b>2019/20</b>	
Range of Staff Remuneration (£000)	7 – 169	Range of Staff Remuneration (£000)	8 – 165
Highest earning Director's total remuneration (£000)	170-175	Highest earning Director's total remuneration (£000)	165-170
Median Total Remuneration (£)	37,585	Median Total Remuneration (£)	33,418
Ratio	4.66	Ratio	4.99

**Commentary**

The Board is required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the Board's workforce.

There are no significant changes in the ratio year on year.

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include pay arrears, severance payments or employer pension contributions or the cash equivalent transfer value of pensions.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT *continued***

**STAFF REPORT**

a) Number of senior staff by band.

<b>Bands of £10,000</b>	<b>2021 Number of Staff</b>	<b>2020 Number of Staff</b>
-------------------------	-------------------------------------	-------------------------------------

**Employees whose remuneration fell within the following ranges:**

**Clinicians**

£70,001 to £80,000	15	8
£80,001 to £90,000	2	3
£90,001 to £100,000	1	1
£100,001 to £110,000	1	2
£110,001 to £120,000	2	2
£120,001 to £130,000	1	1
£130,001 to £140,000	3	1
£140,001 to £150,000	1	2
£150,001 to £160,000	2	1

**Other**

£70,001 to £80,000	3	1
£80,001 to £90,000	-	1
£90,001 to £100,000	2	2
£100,001 to £110,000	1	-

b) Employee expenditure.

	<b>Executive Board members £000</b>	<b>Non executive Board members £000</b>	<b>Permanent staff £000</b>	<b>Inward secondees £000</b>	<b>Outward secondees £000</b>	<b>2021 Total £000</b>	<b>2020 Total £000</b>
Salaries and wages	290	74	25,826		(796)	25,394	23,533
Taxation and social security costs	38	4	2,766			2,808	2,629
NHS scheme employers' costs	59	2	3,992			4,053	3,852
Other employers' pension costs			8			8	4
Inward secondees	245			1,353		1,598	1,561
<b>Total</b>	<b>632</b>	<b>80</b>	<b>32,592</b>	<b>1,353</b>	<b>(796)</b>	<b>33,861</b>	<b>31,579</b>

Staff pension benefits are provided through the NHS Superannuation Scheme for Scotland. Details of the scheme can be found in Note 16.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT *continued***

c) Staff Numbers.

	<b>Executive Board members</b>	<b>Non executive Board members</b>	<b>Permanent staff</b>	<b>Inward secondees</b>	<b>Outward secondees</b>	<b>2021 Total</b>	<b>2020 Total</b>
Whole Time Equivalent (WTE)	4	6	591	23	(9)	<b>615</b>	<b>608</b>

Included in the total staff numbers above were disabled staff **10** **9**

d) Staff composition – an analysis of the number of persons of each sex who were directors and employees as at 31 March 2021 is detailed below:

<b>Category</b>	<b>Male 2021</b>	<b>Female 2021</b>	<b>Total 2021</b>	<b>Male 2020</b>	<b>Female 2020</b>	<b>Total 2020</b>
Executive Directors	3	1	4	3	1	4
Non Executive Directors and Employee Director	4	2	6	6	0	6
Senior Employees	3	0	3	2	1	1
Other Employees	383	278	661	268	371	639
<b>Total Headcount</b>	<b>393</b>	<b>281</b>	<b>674</b>	<b>279</b>	<b>373</b>	<b>650</b>

e) Sickness absence data.

The sickness absence performance for the year ended 31 March 2021 was 5.34% compared to the 31 March 2020 performance of 5.74%.

f) The following staff policies were applied during the financial year relating to the employment of disabled persons.

- For giving full and fair consideration to applications for employment by the Board made by disabled persons, having a regard to their particular aptitudes and abilities - Equal Opportunities Policy and Recruitment & Selection Policy.
- For continuing the employment of, and for arranging appropriate training for employees of the Board who have become disabled persons during the period when they were employed by the Board - Management of Employee Capability Policy and Redeployment Policy
- Otherwise for the training, career development and promotion of disabled persons employed by the Board - Personal Development Planning & Review Policy

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT - REMUNERATION AND STAFF REPORT *continued***

g) Other Employee Matters

The Board is committed to equality, diversity and human rights in employment and will ensure that arrangements are in place to support staff who have equality, diversity and human rights issues. The Equality Impact Assessment Screening Tool is completed by all policy authors as part of the submission process relating to the policy implementation governance processes.

Employees are consulted on new policies and changes to working practices.

The successful management of health and safety is a primary objective of The State Hospital and managing health and safety has been integrated into The State Hospital's risk management strategy through the implementation of departmental Health and Safety Control Books.

Staff are supported by a number of Staff-Side Representatives and the Board recognises the important role undertaken by our Staff-Side and has developed a Facility Time Policy for Union Representatives.

The Board is committed to Personal Development of employees and managers are responsible for ensuring that annual review meetings are held with employees. The Senior Management Team are regularly informed of progress in the completion of the Personal Development review meetings.

h) Disclosure of Exit Packages

There were no exit packages in 2020/21 or 2019/20.

i) Trade Union Regulations

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

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**ACCOUNTABILITY REPORT – PARLIAMENTARY ACCOUNTABILITY REPORT**

The Parliamentary Accountability report collates the key Parliamentary accountability documents into the annual report and accounts.

**Losses and Special Payments**

On occasion, the Board is required to write off balances which are no longer recoverable. Losses and special payments over £250k require formal approval to regularise such transactions and their notation in the annual accounts.

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

	<b>No. of cases</b>	<b>£</b>
<b>Losses</b>	-	-

In the year to 31 March 2021, there were no losses or special payments made in excess of £250,000.

In 2020/21, the Board did not pay out any claims individually greater than £250,000 which were settled under the CNORIS scheme (2019/20: nil). Further details on the scheme can be found in Note 1 (Accounting Policies) of these 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 11.

**Fees and Charges**

As required in the fees and charges guidance in the Scottish Public Finance Manual, The State Hospital charges for services provided on a full costs basis, wherever applicable.

The amount of income and full cost of the service are not material to the financial statements.

Chief Executive:  
Gary Jenkins

*Gary Jenkins*

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Date:

22 July 2021

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**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE STATE HOSPITALS BOARD  
FOR SCOTLAND, 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 the State Hospitals Board for Scotland the year ended 31 March 2021 under the National Health Service (Scotland) Act 1978. The financial statements comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement, the Statement of Changes in Taxpayers' Equity and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2020/21 Government Financial Reporting Manual (the 2020/21 FReM).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers of the state of the board's affairs as at 31 March 2021 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 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 31 May 2016. The period of total uninterrupted appointment is 10 years. We are independent of the board 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 body's ability 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.

**Risks of material misstatement**

We report in a separate Annual Audit Report, available from the [Audit Scotland website](#), 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.



## **THE STATE HOSPITALS BOARD FOR SCOTLAND ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

In preparing the financial statements, the Accountable Officer is responsible for assessing the board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

### **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 economic 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:

- obtaining an understanding of the applicable legal and regulatory framework and how the board is complying with that framework;
- identifying which laws and regulations are significant in the context of the board;
- assessing 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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

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

#### **Opinion on regularity**

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

#### **Responsibilities for regularity**

The Accountable Officer is responsible for ensuring the regularity of expenditure and income. In addition to our responsibilities to detect material misstatements in the financial statements in respect of irregularities, 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.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**Reporting on other requirements**

**Opinion prescribed by the Auditor General for Scotland on audited part 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 part of the Remuneration and Staff Report has been properly prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

**Statutory other information**

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

Our responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or our knowledge obtained in 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 statutory 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 statutory 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 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 part 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.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**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 120 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.

*Chris Brown*

Chris Brown (for and on behalf of Azets Audit Services)  
Exchange Place 3  
Semple Street  
Edinburgh  
EH3 8BL

Date..... 06 August 2021 .....

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**STATEMENT OF COMPREHENSIVE NET EXPENDITURE**

<b>2020 £000</b>			<b>2021 £000</b>
32,453	Employee expenditure	3	34,478
6,780	Other health care expenditure	3	8,523
<u>39,233</u>	<b>Gross Expenditure</b>		<u>43,001</u>
(2,043)	Less: Operating Income	4	(3,516)
<u><b>37,190</b></u>	<b>Net Expenditure</b>		<u><b>39,485</b></u>

**OTHER COMPREHENSIVE NET EXPENDITURE**

<b>2020 £000</b>		<b>2021 £000</b>
(834)	Net (gain) on revaluation of Property, Plant & Equipment	(326)
<u><b>(834)</b></u>	<b>Other Comprehensive Expenditure</b>	<u><b>(326)</b></u>
<u><b>36,356</b></u>	<b>Comprehensive Net Expenditure</b>	<u><b>39,159</b></u>

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2021**

2020 £000		Note	£000	2021 £000
	<b>NON-CURRENT ASSETS</b>			
79,988	Property, plant & equipment	6	84,482	
59	Intangible assets	5	73	
<u>80,047</u>	<b>Total non-current assets</b>			84,555
	<b>CURRENT ASSETS</b>			
41	Inventories	7	32	
832	Trade & other receivables	8	2,205	
241	Cash and cash equivalents		134	
<u>1,114</u>				<u>2,371</u>
<b>81,161</b>	<b>TOTAL ASSETS</b>			<b>86,926</b>
	<b>CURRENT LIABILITIES</b>			
(374)	Provisions	11	(1,541)	
<u>(3,347)</u>	Trade & other payables	10	<u>(4,264)</u>	
<b>(3,721)</b>	<b>Total current liabilities</b>			<b>(5,805)</b>
<b>77,440</b>	<b>Non-current assets plus/less current assets / liabilities</b>			<b>81,121</b>
	<b>NON-CURRENT LIABILITIES</b>			
<u>(2,847)</u>	Provisions	11	<u>(2,713)</u>	
<b>(2,847)</b>	<b>Total non-current liabilities</b>			<b>(2,713)</b>
<u><b>74,593</b></u>	<b>ASSETS LESS LIABILITIES</b>			<u><b>78,408</b></u>
	<b>TAXPAYERS EQUITY</b>			
64,447	General fund	SOCTE		68,324
10,146	Revaluation reserve	SOCTE		10,084
<u><b>74,593</b></u>	<b>TOTAL TAXPAYERS EQUITY</b>			<u><b>78,408</b></u>

Adopted by the Board on: 22 July 2020

Director of Finance & eHealth  
Robin McNaught

*Robin McNaught*

Chief Executive:  
Gary Jenkins

*Gary Jenkins*

The Notes to the Accounts, numbered 1 to 19, form an integral part of these Accounts.

THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

CASH FLOW STATEMENT

2020 £000		Note	£000	2021 £000
	<b>CASHFLOW FROM OPERATING ACTIVITIES</b>			
(37,190)	Net expenditure	SOCNE		(39,485)
2,347	Adjustments for non cash transactions	2(b)		2,695
-	Interest payable recognised in net operating expenditure	2(b)		-
1,062	Movements in working capital	2(b)		655
<b>(33,781)</b>	<b>Net cash outflow from operating activities</b>			<b>(36,135)</b>
	<b>Cash flows from investing activities</b>			
(406)	Purchase of property, plant and equipment		(6,839)	
-	- Purchase of intangible assets		-	
-	- Proceeds of disposal of property, plant & equipment		-	
-	- Proceeds of disposal of intangible assets		-	
<b>(406)</b>	<b>Net cash outflow from investing activities</b>			<b>(6,839)</b>
	<b>Cash flows from financing activities</b>			
34,187	Funding		42,974	
206	Movement in general fund working capital		(107)	
34,393	Cash drawn down	SOCTE		42,867
-	Interest paid	2(b)		-
<b>34,393</b>	<b>Net financing</b>			<b>42,867</b>
206	<b>Net Increase / (decrease) in cash and cash equivalents in the period</b>			<b>(107)</b>
35	<b>Cash and cash equivalents at the beginning of the period</b>			<b>241</b>
<b>241</b>	<b>Cash and cash equivalents at the end of the period</b>			<b>134</b>
	<b>Reconciliation of net cash flow to movement in net debt/cash</b>			
206	Increase/ (decrease) in cash in year			(107)
35	Net debt/cash at 1 April			241
<b>241</b>	<b>Net debt/cash at 31 March</b>			<b>134</b>

The Notes to the Accounts, numbered 1 to 19, form an integral part of these Accounts.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**CASH AND CASH EQUIVALENTS**

	<b>2021</b>	<b>2020</b>
	<b>£000</b>	<b>£000</b>
Balance at 1 April	241	35
Net change in cash and cash equivalent balances	(107)	206
<b>Balance at 31 March</b>	<b>134</b>	<b>241</b>
<b>Total cash – cash flow statement</b>	<b>134</b>	<b>241</b>

	<b>2021</b>	<b>2020</b>
	<b>£000</b>	<b>£000</b>
Government Banking Service account balance	125	228
Commercial banks and cash in hand	9	13
<b>Balance at 31 March</b>	<b>134</b>	<b>241</b>

The Notes to the Accounts, numbered 1 to 19, form an integral part of these Accounts.

THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Note	General Fund	Revaluation Reserve	Total Reserves
		£000	£000	£000
<b>Balance at 31 March 2020</b>		64,447	10,146	<b>74,593</b>
Retrospective Restatements for changes in accounting policy and material errors		-	-	-
Restated balance at 1 April 2020		64,447	10,146	<b>74,593</b>
<b>Changes in taxpayers' equity for 2020/21</b>				
Net gain/(loss) on revaluation/indexation of property, plant & equipment		-	326	<b>326</b>
Impairment of property, plant & equipment		-	150	<b>150</b>
Revaluation & impairments taken to operating costs		-	(150)	<b>(150)</b>
Transfers between reserves		388	(388)	-
Net expenditure for the year		(39,485)		<b>(39,485)</b>
<b>Total recognised income and expense for 2020/21</b>		(39,097)	(62)	<b>(39,159)</b>
<b>Funding</b>				
Drawn down		42,867	-	<b>42,867</b>
Movement in General Fund (Creditor) / Debtor		107	-	<b>107</b>
<b>Balance at 31 March 2021</b>	SOFP	<b>68,324</b>	<b>10,084</b>	<b>78,408</b>
<b>Prior Year</b>				
	Note	General Fund	Revaluation Reserve	Total Reserves
		£000	£000	£000
<b>Balance at 31 March 2019</b>		67,099	9,663	<b>76,762</b>
Retrospective Restatements for changes in accounting policy and material errors		-	-	-
Restated balance at 1 April 2019		67,099	9,663	<b>76,762</b>
<b>Changes in taxpayers' equity for 2019/20</b>				
Net gain/(loss) on revaluation/indexation of property, plant & equipment		-	834	<b>834</b>
Impairment of property, plant & equipment		-	506	<b>506</b>
Revaluation & impairments taken to operating costs		-	(506)	<b>(506)</b>
Transfers between reserves		351	(351)	-
Net expenditure for the year		(37,190)		<b>(37,190)</b>
<b>Total recognised income and expense for 2019/20</b>		(36,870)	743	<b>(36,356)</b>
<b>Funding</b>				
Drawn down		34,393	-	<b>34,393</b>
Movement in General Fund (Creditor) / Debtor		(206)	-	<b>(206)</b>
<b>Balance at 31 March 2020</b>	SOFP	<b>64,447</b>	<b>10,146</b>	<b>74,593</b>

The Notes to the Accounts, numbered 1 to 19, form an integral part of these Accounts.



**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**NOTE 1 ACCOUNTING POLICIES**

**1.1 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 as adopted by the European Union (IFRSs as adopted by the EU), IFRIC Interpretations 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 1.27 below.

(a) Standards, amendments and interpretations effective in the current year

There are no new standards, amendments or interpretations effective in 2020/21.

(b) Standards, amendments and interpretation early adopted this year

There are no new standards, amendments or interpretations early adopted in 2020/21.

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

IFRS 16 Leases supersedes IAS 17 Leases and is being applied by HM Treasury in the Government Financial Reporting Manual (FReM) from 1 April 2021. IFRS 16 introduces a single lessee accounting model that results in a more faithful representation of a lessee's assets and liabilities, and provides enhanced disclosures to improve the transparency of reporting on capital employed.

Under IFRS 16, Lessees are required to recognise assets and liabilities for leases with a term of more than 12 months, unless the underlying asset is of low value. While no standard definition of "low value" has been mandated, NHSScotland have elected to utilise the capitalisation threshold of £5,000 to determine the assets disclosed. NSS expects that its existing finance leases will continue to be classified as leases. All operating leases will fall within the scope of IFRS 16 under the "grandfathering" rules mandated in the FReM for the initial transition to IFRS 16. In future years new contracts and contract renegotiations will be reviewed for consideration under IFRS 16 as implicitly identified right-of-use assets. Assets recognised under IFRS 16 will be held on the Statement of Financial Position as (i) right-of-use assets which represent NSS's right to use the underlying assets; and (ii) lease liabilities which represent the obligation to make lease payments.

The bringing of leased assets onto the Statement of Financial Position will require depreciation and interest to be charged on the right-of-use asset and lease liability, respectively. Cash repayments will also be recognised in the Statement of Cash Flows, as required by IAS 7.

This standard does not impact the accounts of The State Hospital.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**NOTE 1      ACCOUNTING POLICIES *continued***

**1.2 Consolidation**

In accordance with IFRS10 – Consolidated and Separate Financial Statements, the Board do not have any Endowment Funds and has no integration of health and social care services therefore there is no requirement to consolidate the financial statements.

**1.3 Retrospective restatements**

No retrospective restatements have been made to the accounts.

**1.4 Going Concern**

The accounts are prepared on the going concern basis, which provides that the entity will continue in operational existence for the foreseeable future.

**1.5 Accounting Convention**

The Accounts are prepared on a historical cost basis, as modified by the revaluation of property, plant and equipment, intangible assets, inventories, available-for-sale financial assets and financial assets and liabilities (including derivative instruments) at fair value.

**1.6 Funding**

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

Non-discretionary funding outwith the RRL is allocated to match actual expenditure incurred for the provision of specific services identified by the Scottish Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the RRL in the Statement of Resource Outturn.

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

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

**1.7 Property, Plant and Equipment**

The treatment of capital assets in the accounts (capitalisation, valuation, and depreciation) is in accordance with the NHS Capital Accounting Manual. Title to properties included in the accounts is held by Scottish Ministers.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**NOTE 1 ACCOUNTING POLICIES *continued***

**1.7.1 Recognition**

Property, plant and equipment is capitalised where: it is held for use in delivering services or for administrative purposes; it is probable that future economic benefits will flow to, or service potential be provided to, the 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 in total, or where they are part of the initial costs of equipping a new development and total over £20,000.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

**1.7.2 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.

All assets are measured subsequently at fair value as follows:

Specialised NHS land, buildings, equipment, installations and fittings are stated at depreciated replacement cost, as a proxy for fair value as specified in the FReM.

Non specialised land and buildings, such as offices, are stated at fair value.

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

Non specialised equipment, installations and fittings are valued at fair value. The Board values such assets using the most appropriate valuation methodology available (for example, appropriate indices). A depreciated historical cost basis serves as a proxy for fair value in respect of such assets which have short useful lives or low values (or both).

Revaluation is only applied after recognition as an asset, therefore is not applicable to assets under construction. The carrying amount of an asset under construction is reduced if it becomes apparent that fruitless payments have been incurred or other costs have been inappropriately capitalised.

**NOTE 1 ACCOUNTING POLICIES *continued***

Indexation is not applied to assets under construction until the asset is brought into use.

To meet the underlying objectives established by the Scottish Government the following accepted variations of the RICS Appraisal and Valuation Manual have been required:

- 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) 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.
- 3) Subsequent expenditure is capitalised into an asset's carrying value when it is probable the future economic benefits associated with the item will flow to the Board and the cost can be measured reliably. Where subsequent expenditure does not meet these criteria the expenditure is charged to the Statement of Comprehensive Net 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.

**Revaluations and Impairment:**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in the 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.

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.

Gains and losses on revaluation are reported in the Statement of Comprehensive Net Expenditure.

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.

**1.7.3 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:

- 1) Freehold land is considered to have an infinite life and is not depreciated.
- 2) Assets in the course of construction are not depreciated until the asset is brought into use.
- 3) Buildings, installations and fittings are depreciated on current value over the estimated remaining life of the asset, as advised by the appointed valuer. They are assessed in the context of the maximum useful lives for building elements.

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**NOTE 1 ACCOUNTING POLICIES *continued***

- 4) Equipment is depreciated over the estimated life of the asset.

Depreciation is charged on a straight line basis.

The following asset lives have been used:

<b>Asset category/component</b>	<b>Useful life Years</b>
Buildings – structure	15 – 80
Buildings – engineering	12 – 40
Buildings – finishes & fittings	8 – 40
Office, short life medical & IT equipment	5
Vehicles	7
Long life IM&T installations	8
Furniture and medium life medical equipment	10
Engineering plant and long life medical equipment	15
Security equipment	5 – 25

**1.8 Intangible Assets**

**1.8.1 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 fixed assets where expenditure of at least £5,000 is incurred.

**1.8.2 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.

**NOTE 1 ACCOUNTING POLICIES *continued***

Subsequently intangible assets are measured at fair value. Where an active (homogeneous) market exists, intangible assets are carried at fair value. Where no active market exists, the intangible asset is revalued, using indices or some 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. These measures are a proxy for fair value.

**1.8.3 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 as follows:

- 1) Software. Amortised over their expected useful life
- 2) Software licences. Amortised over the shorter term of the licence and their useful economic lives.
- 3) Other intangible assets. Amortised over their expected useful life.

Amortisation is charged on a straight line basis.

The following asset lives have been used:

<b>Asset category/component</b>	<b>Useful life Years</b>
Software	5
Software licences	2-5

**1.9 Sale of property, plant and equipment and intangible assets**

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.

**1.10 Leasing**

**Operating leases**

Leases other than finance 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.

**NOTE 1      ACCOUNTING POLICIES *continued***

**1.11 Impairment of non-financial assets**

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

**1.12 General fund receivables and payables**

Where the Board has a positive net cash book balance at the year end, a corresponding creditor is created and the general fund debited with the same amount to indicate that this cash is repayable to the Scottish Government Health & Social Care Directorate. 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 Scottish Government Health & Social Care Directorate.

**1.13 Inventories**

Inventories are valued at the lower of cost and net realisable value. Taking into account the high turnover of NHS inventories, the use of average purchase price is deemed to represent current cost. 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.

**1.14 Losses and special payments**

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

**1.15 Employee Benefits**

**1.15.1 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.

**NOTE 1      ACCOUNTING POLICIES *continued***

**1.15.2 Pension costs**

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

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

**1.16 Clinical and medical negligence costs**

Employing health bodies in Scotland are responsible for meeting medical negligence costs up to a specified threshold per claim. Costs above this threshold are reimbursed to Boards from a central fund held as part of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) by the Scottish Government.

The Board provides for all claims notified to the NHS Central Legal Office according to the value of the claim and the probability of settlement. Claims assessed as 'Category 3' are deemed most likely and provided for in full, those in 'Category 2' as 50% of the claim and those in 'Category 1' as nil. The balance of the value of claims not provided for is disclosed as a contingent liability. This procedure is intended to estimate the amount considered to be the liability in respect of any claims outstanding and which will be recoverable from the 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 NHSScotland as advised by the Scottish Government and based on information prepared by NHS Boards and the Central Legal Office. The movement in the provisions between financial years is matched by a corresponding adjustment in AME provision and is classified as non-core expenditure.

**1.17 Related party transactions**

Material related party transactions are disclosed in Note 18 in line with the requirements of IAS 24. Transactions with other NHS bodies for the commissioning of health care are summarised in Note 3.



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**NOTE 1 ACCOUNTING POLICIES *continued***

**1.18 Value added tax**

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

**1.19 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.

**1.20 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.

**1.21 Corresponding amounts**

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

**1.22 Financial instruments**

**1.22.1 Financial assets**

Classification

The Board classifies its financial assets as loans and receivables. The classification depends on the purpose for which the financial assets were acquired. Management determines the classification of its financial assets at initial recognition.

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**NOTE 1      ACCOUNTING POLICIES *continued***

As at the Statement of Financial Position date the Board only has the following financial assets.

Loans and receivables:

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They are included in current assets, except for maturities greater than 12 months after the Statement of Financial Position date. These are classified as non-current assets. Loans and receivables comprise trade and other receivables and cash at bank and in hand in the Statement of Financial Position.

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.

Loans and receivables:

Loans and receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for impairment of loans and receivables is established when there is objective evidence that the Board will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 30 days overdue) are considered indicators that the loan and receivable is impaired. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate.

The carrying amount of the asset is reduced through the use of an allowance account, and the amount of the loss is recognised in the Statement of Comprehensive Net Expenditure. When a loan or receivable is uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited in the Statement of Comprehensive Net Expenditure.

**1.22.2    Financial Liabilities**

Classification

The Board classifies its financial liabilities in the following categories: at fair value through profit or loss, and other financial liabilities. The classification depends on the purpose for which the financial liabilities were issued. Management determines the classification of its financial liabilities at initial recognition.

As at the Statement of Financial Position date the Board only has other financial liabilities.

Other financial liabilities:

Other financial liabilities are included 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 other financial liabilities 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.

**NOTE 1      ACCOUNTING POLICIES *continued***

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.

Other financial liabilities:

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

**1.23 Segmental reporting**

The Board has agreed that the services operate under one segment only which is 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.

The operating segment is unlikely to directly relate to the analysis of expenditure shown in Note 3.

**1.24 Cash and cash equivalents**

Cash and cash equivalents include cash in hand, deposits held at call with banks, cash balances held with the Government Banking Service (GBS) and balances held in its commercial bank.

**1.25 Foreign exchange**

The functional and presentational currency of the Board is 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.

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 the Statement of Comprehensive Net Expenditure as income or expenditure in the period in which they arise.

**1.26 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Board has no beneficial interest in them.

However, they are disclosed in Note 19 to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

**1.27 Key sources of judgement and estimation uncertainty**

Estimates and judgements are continually evaluated and are based on historical 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 addressed below.

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**NOTE 1      ACCOUNTING POLICIES *continued***

Early Retirement and Injury Benefit Provisions

The Board has provided for the estimated future costs relating to early retirement and injury benefits. Reliance is placed on information provided by other parties in order to establish the value of such provisions. The Scottish Public Pensions Agency provides details of claimants and the amounts the Board is due to pay over. Future payments are estimated on an annual basis using a discount rate provided by HM Treasury and the life tables provided by the Office for National Statistics (ONS). Any future significant changes to the discount rate or the life tables could have a material impact on the level of provision required.

Property valuations

The Board commissioned the Valuations Office Agency to provide a full valuation of its land and property for 31 March 2021, which was received in March 2021. No Material uncertainty was included with the Valuation.

The net impact was an increase of £0.476m (2019-20: £1.340m) of which £0.326m was credited to the revaluation reserve (2019-20: £0.834m). A reverse impairment of £0.150m (2019-20 £0.506m) was credited to the Statement of Comprehensive Net Expenditure and Summary of Resource Outturn.

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**NOTE 2a SUMMARY OF RESOURCE OUTTURN**

	£000	£000
<b>Net Expenditure</b>		<b>39,485</b>
Total Non Core Expenditure (see below)		<u>(3,728)</u>
<b>Total Core Expenditure</b>		<b>35,757</b>
Core Revenue Resource Limit		<u>35,989</u>
<b>Saving/(excess) against Core Revenue Resource Limit</b>		<b>232</b>

**SUMMARY OF NON CORE REVENUE RESOURCE OUTTURN**

Depreciation/Amortisation	2,845	
Annually Managed Expenditure - Impairments	(150)	
Annually Managed Expenditure - Creation of Provisions	1,033	
	<hr/>	
<b>Total Non Core Expenditure</b>		<b>3,728</b>
Non Core Revenue Resource Limit		<u>3,728</u>
<b>Saving/(excess) against Non Core Revenue Resource Limit</b>		<b>-</b>

<b>SUMMARY RESOURCE OUTTURN</b>	<b>Resource £000</b>	<b>Expenditure £000</b>	<b>Saving/ (Excess) £000</b>
Core	35,989	35,757	232
Non Core	3,728	3,728	-
<b>Total</b>	<b>39,717</b>	<b>39,485</b>	<b>232</b>

**NOTE 2(b) Adjustments for non-cash transactions**

<b>2020 £000</b>		<b>Note</b>	<b>2021 £000</b>
	<b>Expenditure not paid in cash</b>		
2,828	Depreciation	6	2,821
25	Amortisation	5	24
-	Impairment on property, plant & equipment charged to SOCNE	6	-
(506)	Reversal of impairments on property, plant & equipment charged to SOCNE	6	(150)
<u>2,347</u>	<b>Total expenditure not paid in cash</b>	CFS	<u>2,695</u>

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NOTE 2(b) Interest payable recognised in operating expenditure

2020 £000		Note	2021 £000
	Interest payable		
-	Net interest payable	CFS	-

NOTE 2(b) Movement in working capital

2020 Net Movement £000		Note	Opening balances £000	Closing balances £000	2021 Net movement £000
	<b>INVENTORIES</b>				
45	Statement of Financial Position	7	41	32	9
45	<b>Net Decrease / (Increase)</b>				9
	<b>TRADE AND OTHER RECEIVABLES</b>				
(218)	Due within one year	8	832	2,205	(1,373)
(218)	<b>Net Decrease / (Increase)</b>				(1,373)
	<b>TRADE AND OTHER PAYABLES</b>				
1,072	Due within one year	10	3,347	4,264	
181	Less: property, plant & equipment (capital) included in above		-	-	
	Less: intangible assets (capital) included in above			(38)	
(206)	Less: general fund creditor included in above		(241)	(134)	
1,047	<b>Net (Decrease)/ Increase</b>		3,106	4,092	986
	<b>PROVISIONS</b>				
188	Statement of Financial Position	11	3,221	4,254	
188	<b>Net (Decrease)/ Increase</b>				1,033
1,062	<b>NET MOVEMENT (Decrease)/ Increase</b>				655

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**NOTE 3 OPERATING EXPENSES**

**NOTE 3(a) Employee expenditure**

<b>2020 £000</b>		<b>2021 £000</b>
2,315	Medical and Dental	2,416
18,311	Nursing	19,237
11,827	Other Staff	12,825
<b>32,453</b>	SOCNE	<b>34,478</b>

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

**NOTE 3(b) Other Operating Expenditure**

**Other healthcare expenditure:**

1,173	Goods and services from other NHSScotland bodies	976
	Pandemic Stock	356
5,558	Other operating expenses	
	- Depreciation	2,845
	- Impairment	(150)
	- Utilities	768
	- Rates	562
	- Other	3,115
49	External auditor's remuneration – statutory audit fee	51
<b>6,780</b>	<b>Total Other Operating Expenditure</b>	<b>8,523</b>

During the year the Board did not purchase non audit additional services from its auditor.

**Note 4 OPERATING INCOME**

<b>2020 £000</b>		<b>2021 £000</b>
209	Income from Scottish Government	210
1,621	Income from other NHS Scotland bodies	2,557
	Donations	126
	- Profit on disposal of assets	-
	- Contributions in respect of clinical and medical negligence claims	12
	<b>Non NHS</b>	
213	Other income	611
<b>2,043</b>	<b>Total income</b>	<b>3,516</b>
	SOCNE	

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NOTE 5 INTANGIBLE ASSETS

	Software Licences £000	Information Technology Software £000	Assets under Development £000	Total £000
<b>Cost or valuation as at 1 April 2020</b>	56	630	-	686
Additions	-	-	38	38
Disposals	-	-	-	-
<b>At 31 March 2021</b>	<b>56</b>	<b>630</b>	<b>38</b>	<b>724</b>
<b>Amortisation at 1 April 2020</b>	56	571	-	627
Provided during the year	-	24	-	24
Disposals	-	-	-	-
<b>At 31 March 2021</b>	<b>56</b>	<b>595</b>	<b>-</b>	<b>651</b>
<b>Net book value at 1 April 2020</b>	-	59	-	59
<b>Net book value at 31 March 2021</b>	-	35	38	73

SOFP

INTANGIBLE ASSETS – Prior Year

	Software Licences £000	Information Technology Software £000	Assets under Development £000	Total £000
<b>Cost or valuation as at 1 April 2019</b>	56	630	-	686
Additions	-	-	-	-
Disposals	-	-	-	-
<b>At 31 March 2020</b>	<b>56</b>	<b>630</b>	<b>-</b>	<b>686</b>
<b>Amortisation at 1 April 2019</b>	56	548	-	602
Provided during the year	-	25	-	25
Disposals	-	-	-	-
<b>At 31 March 2020</b>	<b>56</b>	<b>571</b>	<b>-</b>	<b>627</b>
<b>Net book value at 1 April 2019</b>	-	84	-	84
<b>Net book value at 31 March 2020</b>	-	59	-	59

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THE STATE HOSPITALS BOARD FOR SCOTLAND  
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NOTE 6 PROPERTY, PLANT AND EQUIPMENT

	Land	Buildings (excluding dwellings)	Transport Equipment	Plant & Machinery	Information Technology	Furniture & Fittings	Assets Under Construction	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation</b>								
<b>At 1 April 2020</b>	916	81,511	323	7,911	3,580	1,347	448	96,036
Additions	-	-	62	34	119	124	6,500	6,839
Transfers	-	-	-	-	-	-	-	-
Revaluation	1	(7,122)	-	-	-	-	-	(7,121)
Impairment	-	(1,353)	-	-	-	-	-	(1,353)
Charges								
Impairment reversal	-	(1,138)	-	-	-	-	-	(1,138)
Disposals	-	-	-	-	-	-	-	-
<b>At 31 March 2021</b>	<b>917</b>	<b>71,898</b>	<b>385</b>	<b>7,945</b>	<b>3,699</b>	<b>1,471</b>	<b>6,948</b>	<b>93,263</b>
<b>Depreciation</b>								
<b>At 1 April 2020</b>	-	8,067	248	4,258	2,316	1,159	-	16,048
Provided during the year	-	2,021	19	449	212	120	-	2,821
Revaluation	-	(7,447)	-	-	-	-	-	(7,447)
Impairment	-	(1,320)	-	-	-	-	-	(1,321)
Charges								
Impairment reversal	-	(1,320)	-	-	-	-	-	(1,320)
Disposals	-	-	-	-	-	-	-	-
<b>At 31 March 2021</b>	<b>-</b>	<b>-</b>	<b>267</b>	<b>4,707</b>	<b>2,528</b>	<b>1,279</b>	<b>-</b>	<b>8,781</b>
<b>Net book value at 1 April 2020</b>	<b>916</b>	<b>73,444</b>	<b>75</b>	<b>3,653</b>	<b>1,264</b>	<b>188</b>	<b>448</b>	<b>79,988</b>
<b>Net book value at 31 March 2021</b>	<b>917</b>	<b>71,898</b>	<b>118</b>	<b>3,238</b>	<b>1,171</b>	<b>192</b>	<b>6,948</b>	<b>84,482</b>
<b>Open market value of land and dwellings included above</b>	<b>192</b>	<b>-</b>						
<b>Asset Financing:</b>								
Owned	917	71,898	118	3,238	1,171	192	6,948	84,482
<b>Net Book Value at 31 March 2021</b>	<b>917</b>	<b>71,898</b>	<b>118</b>	<b>3,238</b>	<b>1,171</b>	<b>192</b>	<b>6,948</b>	<b>84,482</b>

THE STATE HOSPITALS BOARD FOR SCOTLAND  
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NOTE 6(a) PROPERTY, PLANT AND EQUIPMENT *continued*

Prior Year

	Land	Buildings (excluding dwellings)	Transport Equipment	Plant & Machinery	Information Technology	Furniture & Fittings	Assets Under Construction	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation</b>								
<b>At 1 April 2019</b>	907	80,034	323	7,911	3,294	1,347	509	<b>94,325</b>
Additions	-	-	-	-	105	-	120	<b>225</b>
Transfers	-	-	-	-	181	-	(181)	<b>-</b>
Revaluation	9	825	-	-	-	-	-	<b>834</b>
Impairment reversal	-	652	-	-	-	-	-	<b>652</b>
Disposals	-	-	-	-	-	-	-	<b>-</b>
<b>At 31 March 2020</b>	<b>916</b>	<b>81,511</b>	<b>323</b>	<b>7,911</b>	<b>3,580</b>	<b>1,347</b>	<b>448</b>	<b>96,036</b>
<b>Depreciation</b>								
<b>At 1 April 2019</b>	-	5,938	221	3,776	2,112	1,027	-	<b>13,074</b>
Provided during the year	-	1,983	27	482	204	132	-	<b>2,828</b>
Revaluation	-	-	-	-	-	-	-	<b>-</b>
Impairment reversal	-	146	-	-	-	-	-	<b>146</b>
Disposals	-	-	-	-	-	-	-	<b>-</b>
<b>At 31 March 2020</b>	<b>-</b>	<b>8,067</b>	<b>248</b>	<b>4,258</b>	<b>2,316</b>	<b>1,159</b>	<b>-</b>	<b>16,048</b>
<b>Net book value at 1 April 2019</b>	<b>907</b>	<b>74,096</b>	<b>102</b>	<b>4,135</b>	<b>1,182</b>	<b>320</b>	<b>509</b>	<b>81,251</b>
<b>Net book value at 31 March 2020</b>	<b>916</b>	<b>73,444</b>	<b>75</b>	<b>3,653</b>	<b>1,264</b>	<b>188</b>	<b>448</b>	<b>79,988</b>
<b>Open market value of land and dwellings included above</b>	<b>190</b>	<b>-</b>						
Asset Financing: Owned	<b>916</b>	<b>73,444</b>	<b>75</b>	<b>3,653</b>	<b>1,264</b>	<b>188</b>	<b>448</b>	<b>79,988</b>
<b>Net Book Value at 31 March 2020</b>	<b>916</b>	<b>73,444</b>	<b>75</b>	<b>3,653</b>	<b>1,264</b>	<b>188</b>	<b>448</b>	<b>79,988</b>

NOTE 6(b) ASSETS HELD FOR SALE

The Board had no property or intangible assets that were held for sale.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**PROPERTY, PLANT AND EQUIPMENT *continued***

**NOTE 6(c) PROPERTY, PLANT AND EQUIPMENT DISCLOSURES**

<b>2020 £000</b>		<b>2021 £000</b>
<b>79,988</b>	<b>Net book value of property, plant and equipment at 31 March – Purchased</b>	<b>84,482</b>
190	Net book value related to land valued at open market value at 31 March	192

A professional revaluation was carried out during 2020/21. Indices were given by the valuer and applied to land, buildings and site services as at 31 March 2021. Values were computed in accordance with the Royal Institute of Chartered Surveyors Statement of Asset Valuation practice and Guidance Notes, subject to the special requirements of the accounting practices of the NHS.

The net impact was an increase of £0.476m (2019-20: £1.340m) of which £0.326m was credited to the revaluation reserve (2019-20: £0.834m). A reverse impairment of £0.150m (2019-20 £0.506m) was credited to the Statement of Comprehensive Net Expenditure and Summary of Resource Outturn.

**NOTE 6(d) ANALYSIS OF CAPITAL EXPENDITURE**

<b>2020 £000</b>		<b>Note</b>	<b>2021 £000</b>
	<b>EXPENDITURE</b>		
	- Acquisition of intangible assets	5	38
225	Acquisition of property, plant & equipment	6	6,838
	- Proceeds of property, plant & equipment	6	-
<b>225</b>	<b>Gross capital expenditure</b>		<b>6,876</b>
<b>225</b>	<b>Net capital expenditure</b>		<b>6,876</b>

**SUMMARY OF CAPITAL RESOURCE OUTTURN**

225	Core capital expenditure included above	6,876
225	Core capital resource limit	6,931
<b>0</b>	<b>Saving / (excess) against Core Capital Resource Limit</b>	<b>55</b>
<b>0</b>		<b>55</b>

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**NOTE 7 INVENTORIES**

<b>2020 £000</b>		<b>2021 £000</b>
	41 Raw materials and consumables	32
<b>41</b>	<b>Total inventories</b>	<b>32</b>

**NOTE 8 TRADE AND OTHER RECEIVABLES**

<b>2020 £000</b>		<b>2021 £000</b>
	<b>Receivables due within one year</b>	
	<b>NHSScotland</b>	
6	SGHSCD	9
567	Boards	1,919
573	<b>Total NHSScotland Receivables</b>	1,928
1	NHS non-Scottish bodies	-
33	VAT recoverable	40
97	Prepayments	132
57	Accrued Income	52
68	Other receivables	51
-	Reimbursement of provisions	-
3	Other public sector bodies	2
832	<b>Total receivables due within one year</b>	2,205
<b>832</b>	<b>Total receivables</b>	<b>2,205</b>
<b>£000</b>	<b>WGA Classification</b>	<b>£000</b>
567	NHSScotland	1,919
34	Central government bodies	40
3	Whole of government bodies	-
1	Balances with NHS bodies in England and Wales	-
227	Balances with bodies external to government	246
<b>832</b>	<b>Total</b>	<b>2,205</b>

There were no receivables assessed as individually impaired.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**NOTE 8 TRADE AND OTHER RECEIVABLES *continued***

Receivables that are less than three months past their due date are not considered impaired. As at 31 March 2020, debtors with a carrying value of £1569k (2019/20: £35k) were past their due date but not impaired. The ageing of receivables which are past due but not impaired is as follows:

<b>2020 £000</b>		<b>2021 £000</b>
504	Up to 3 months past due	434
39	3 to 6 months past due	870
2	Over 6 months past due	330
<b>545</b>		<b>1,633</b>

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

Concentration of credit risk is limited due to customer base being mainly government bodies. Due to this, management believe that there is no future credit risk provision required in excess of the normal provision for doubtful debts. The credit quality of debtors 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;

<b>2020 £000</b>	<b>Counterparties with external credit rating:</b>	<b>2021 £000</b>
287	Existing customers with no defaults in the past	573
<b>287</b>	<b>Total neither past due or impaired</b>	<b>573</b>

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

<b>2020 £000</b>	<b>The carrying amount of debtors are denominated in the following currencies:</b>	<b>2021 £000</b>
832	Pounds	2,205
<b>832</b>	<b>Total</b>	<b>2,205</b>

There are no non-current receivables due at the statement of financial position date.

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

The fair value of long term other receivables is nil (2019/20: nil).

The effective interest rate on non current other receivables is nil (2019/20: nil). Pension liabilities are discounted at (1.03%) (2019/20: (0.5)%)

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**NOTE 9 CASH AND CASH EQUIVALENTS**

	<b>2021 £000</b>	<b>2020 £000</b>
Balance at 1 April	241	35
Net change in cash and cash equivalent balances	(107)	206
<b>Balance at 31 March</b>	<b>134</b>	<b>241</b>
<b>Total cash – cash flow statement</b>	<b>134</b>	<b>241</b>

	<b>2021 £000</b>	<b>2020 £000</b>
Government Banking Service account balance	125	228
Commercial banks and cash in hand	9	13
<b>Balance at 31 March</b>	<b>134</b>	<b>241</b>

**NOTE 10 TRADE AND OTHER PAYABLES**

<b>2020 £000</b>		<b>2021 £000</b>
	<b>Payables due within one year</b>	
	<b>NHSScotland</b>	
75	Boards	154
<u>75</u>	<b>Total NHSScotland Payables</b>	<u>154</u>
	- NHS Non Scottish Bodies	-
241	Amounts payable to General Fund	134
	- Trade payables	89
1398	Accruals	2,081
289	Deferred income	342
650	Income tax and social security	711
443	Superannuation	488
22	Holiday pay accrual	118
88	Other public sector bodies	55
141	Other payables	92
<u>3,347</u>	<b>Total payables due within one year</b>	<u>4,264</u>
<u><b>3,347</b></u>	<b>Total payables</b>	<u><b>4,264</b></u>
<b>£000</b>	<b>WGA Classification</b>	<b>£000</b>
75	NHSScotland	154
1,136	Central government bodies	1,240
42	Whole of government bodies	14
	- Balances with NHS Bodies in England and Wales	-
2,094	Balances with bodies external to government	2,856
<u><b>3,347</b></u>	<b>Total</b>	<u><b>4,264</b></u>

The Board does not have any non-current borrowings that would require the carrying amount and fair value to be disclosed.

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**NOTE 10 TRADE AND OTHER PAYABLES *continued***

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

<b>£000</b>	<b>The carrying amount of payables are denominated in the following currencies:</b>	<b>£000</b>
3,347	Pounds	4,264
<b><u>3,347</u></b>	<b>Total</b>	<b><u>4,264</u></b>

**NOTE 11 PROVISIONS**

	<b>Pensions</b>	<b>Clinical &amp; Medical legal claims</b>	<b>Participation in CNORIS</b>	<b>Other provisions</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April 2020</b>	3,023	17	121	60	<b>3,221</b>
Arising during the year	195	-	-	1,296	<b>1,491</b>
Utilised during the year	(165)	-	-	-	<b>(165)</b>
Reversed unutilised	(250)	(2)	(1)	(40)	<b>(293)</b>
<b>As at 31 March 2021</b>	<b><u>2,803</u></b>	<b><u>15</u></b>	<b><u>120</u></b>	<b><u>1,316</u></b>	<b><u>4,254</u></b>

**Analysis of expected timing of discounted flows**

	<b>Pensions</b>	<b>Clinical &amp; Medical legal claims</b>	<b>Participation in CNORIS</b>	<b>Other provisions</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Payable in one year	180	15	30	1,316	<b>1,541</b>
Payable between 2 – 5 years	719	-	73	-	<b>792</b>
Payable between 6 –10 years	826	-	6	-	<b>832</b>
Thereafter	1,078	-	11	-	<b>1,089</b>
<b>As at 31 March 2021</b>	<b><u>2,803</u></b>	<b><u>15</u></b>	<b><u>120</u></b>	<b><u>1,316</u></b>	<b><u>4,254</u></b>

**Prior Year**

	<b>Pensions</b>	<b>Clinical &amp; Medical legal claims</b>	<b>Participation in CNORIS</b>	<b>Other provisions</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April 2019</b>	2,857	10	109	57	<b>3,033</b>
Arising during the year	338	7	13	3	<b>361</b>
Utilised during the year	(172)	-	(1)	-	<b>(173)</b>
Reversed unutilised	-	-	-	-	<b>-</b>
<b>As at 31 March 2020</b>	<b><u>3,023</u></b>	<b><u>17</u></b>	<b><u>121</u></b>	<b><u>60</u></b>	<b><u>3,221</u></b>

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**NOTE 11 PROVISIONS *continued***

**Analysis of expected timing of discounted flows**

	<b>Pensions</b>	<b>Clinical &amp; Medical legal claims</b>	<b>Participation in CNORIS</b>	<b>Other provisions</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Payable in one year	176	17	121	60	<b>374</b>
Payable between 2 – 5 years	2,847	-	-	-	<b>2,847</b>
Payable between 6 –10 years	-	-	-	-	-
Thereafter	-	-	-	-	-
<b>As at 31 March 2020</b>	<b>3,023</b>	<b>17</b>	<b>121</b>	<b>60</b>	<b>3,221</b>

The amounts shown above are stated gross and the amount of any expected reimbursements are separately disclosed as receivables in Note 8.

**Pensions and similar obligations**

The Board meets the additional costs of benefits beyond the normal National Health Service Superannuation Scheme for Scotland benefits in respect of employees who retire early by paying the required amounts annually to the National Health Service Superannuation Scheme for Scotland over the period between early departure and normal retirement date. The Board provides for this in full when the early retirement programme becomes binding by establishing a provision for the estimated payments discounted by the Treasury discount rate of (1.03)% (2019/2020: (0.5)%) in real terms. The provision at 31 March 2021 is split into early retirees £232k (2019/20: £239k) and injury benefits £2,571k (2019/20: £2,783k). The period over which expenditure is likely to be incurred equates to an average of 8 years for early retirees and 17.2 years for injury benefit claimants.

**Clinical and Medical**

The Board holds a provision to meet costs of all outstanding and potential clinical and medical negligence claims. All legal claims notified to the Board are processed by the Scottish NHS Central Legal Office who will decide upon risk liability and likely outcome of each case. The provision contains sums for settlement awards and third party costs. Clinical and medical negligence cases lodged can be extremely complex. The provision for Clinical & Medical costs relate to 2 claims which are deemed to be medium risk, the value of the claims are £10k and £20k respectively of which a total of £15k has been provided for as per guidance from Central Legal Office. It is anticipated that the claim may be settled next financial year therefore it has not been discounted. The amounts disclosed are stated gross and the amount of any expected reimbursements are shown separately as debtors in the notes to the accounts.

**Participation in CNORIS**

The Board holds a provision for its share of CNORIS liability for NHS Scotland and the charge for 2020/21 is £120k (2019/20: £121k).

**Other**

The Board holds a provision to meet costs of 2 non clinical claims one which is deemed to be high risk and the other medium risk. The values of the claims are £10K each of which a total of £20k has been provided for. It is anticipated that claims may be settled next financial year therefore have not been discounted. The amounts disclosed are stated gross and the amount of any expected reimbursements are shown separately as debtors in the notes to the accounts.



**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**NOTE 12 CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)**

<b>2020</b>		<b>Note</b>	<b>2021</b>
<b>£000</b>			<b>£000</b>
77	Provision recognising individual claims against the NHS Board as at 31 March	8	35
-	- Associated CNORIS receivable at 31 March	8	-
121	Provision recognising the NHS Board's liability from participating in the scheme at 31 March	11	120
<hr/>			
<b>198</b>	<b>Net Total Provision relating to CNORIS at 31 March</b>		<b>155</b>
<hr/>			

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

When a legal claim is made against an individual board, the board will assess whether a provision or contingent liability for that legal claim is required. If a provision is required and is over £25k then the board will also create an associated receivable recognising reimbursement from the scheme if the legal claim settles. The provision and associated receivable are shown in the first two lines above. The receivable has been netted off against the provision to reflect reimbursement from the scheme.

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

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

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

**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**NOTE 13 CONTINGENT LIABILITIES and CONTINGENT ASSETS**

**CONTINGENT LIABILITIES**

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

<b>2020 Value £000</b>	<b>Nature</b>	<b>Uncertainties affecting outcome</b>	<b>2021 Value £000</b>
18	Clinical and medical compensation payments	Litigation	15
65	Legal claims for non medical compensation payments	Litigation	25
<b><u>83</u></b>	<b>TOTAL CONTINGENT LIABILITIES</b>		<b><u>40</u></b>

**CONTINGENT ASSETS**

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

<b>2020 Value £000</b>	<b>Nature</b>	<b>Uncertainties affecting outcome</b>	<b>2021 Value £000</b>
-	Clinical and medical compensation payments	Litigation	-
<b><u>-</u></b>	<b>TOTAL CONTINGENT ASSETS</b>		<b><u>-</u></b>

The quantified disclosed contingent liabilities and assets above are based on current claims.

THE STATE HOSPITALS BOARD FOR SCOTLAND  
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NOTE 14 COMMITMENTS

2020		Property, plant & equipment £000	Intangible assets £000	2021
Total £000				Total £000
	<b>Capital commitments</b>			
	<b>The Board has the following capital commitments which have not been provided for in the accounts:</b>			
-	Contracted – small value orders to 1 supplier	-	-	-
-	Contracted – order for Data Storage	-	-	-
708	Contracted – order for perimeter security works	545	-	545
8,852	Contracted – Stanley Security	3,011	-	3,011
15	Contracted – Doig and Smith	-	-	-
<b>9,665</b>	<b>Total</b>	<b>3,556</b>	<b>-</b>	<b>3,556</b>

**Other financial commitments**

The Board has not entered into any non-cancellable contracts (which are not leases or PFI contracts).

**Financial Guarantees, Indemnities and Letter of Comfort.**

The Board has not entered into any quantifiable guarantees, indemnities or provided letters of comfort. None of these is a contingent liability within the meaning of IAS 37 since the likelihood of a transfer of economic benefit in settlement is too remote. They therefore fall to be measured following the requirements of IAS 39.

NOTE 15 COMMITMENTS UNDER LEASES

2020 £000		2021 £000
	<b>Operating leases</b>	
	Total future minimum lease payments under operating leases are given in the table below for each of the following periods.	
	<b>Obligations under operating leases comprise:</b>	
	<b>Other</b>	
21	Not later than one year	3
-	Later than one year, not later than two years	17
-	Later than two years, not later than five years	-
	<b>Amounts charged to Operating Costs in the year were:</b>	
3	Hire of equipment (including vehicles)	1
20	Other operating leases	8
<b>23</b>	<b>Total</b>	<b>9</b>

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**NOTE 16 PENSION COSTS**

The Board participates in the NHS Pension Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a funding valuation undertaken by the scheme actuary. The last four-yearly valuation was undertaken as at 31 March 2016. This valuation informed an employer contribution rate from 1 April 2019 of 20.9% of pensionable pay and an anticipated yield of 9.6% employees contributions.

The Board has no liability for other employers obligations to the multi-employer scheme.

As the scheme is unfunded there can be no deficit or surplus to distribute on the wind-up of the scheme or withdrawal from the scheme. 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.

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.

The Board's level of participation in the scheme is 0.04% based on the proportion of employer contributions paid in 2020/21.

For 2020/21, normal employer contributions of £4,053k (2019/20: £3,852k) were payable to the SPPA at the rate of 17.3% (2019/20: 20.9%) of pensionable pay and £8k was payable to NEST (2019/20: £4k) at the rate of 1%. During the accounting period the Board did not incur additional costs (2019/20: nil) arising from the early retirement of staff. While the employee rate applied is a variable it will provide an actuarial yield of 9.68% of pensionable pay. The latest valuation of the NHSPS has recently concluded and was based on scheme data as at March 2016. The valuation has set the rate payable for the scheme for the period 1 April 2020 to 31 March 2023 and that rate is 20.9%.

Provisions amounting to £232k are included in the Statement of Financial Position in respect of early retirees and £2,571k in respect of Injury Benefit pensions. Accruals amounting to £41k are included in the Statement of Financial Position which reflects the difference between the amounts charged to the Statement of Comprehensive Net Expenditure and amounts paid directly. This £41k is in respect of costs for the months of January 2021 to March 2021.

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**NOTE 16 PENSION COSTS *continued***

**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 2017-18 members paid tiered contribution rates ranging from 5.2% to 14.7% of pensionable earnings. The normal pension age (NPA) is the same as the State Pension age. Members can take their benefits earlier but there will be a deduction for early payment.

**The existing NHS Superannuation Scheme (Scotland):**

This scheme closed to new joiners on 31 March 2015 but any benefits earned in either NHS 1995 or NHS 2008 sections are protected and will be paid at the section's normal pension age using final pensionable pay when members leave or retire. Some members who were close to retirement when the NHS 2015 scheme launched will continue to earn benefits in their current section. This may affect members who were paying into the scheme on 1 April 2012 and were within 10 years of their normal retirement age. Some members who were close to retirement but did not qualify for full protection will remain in their current section beyond 1 April 2015 and join the 2015 scheme at a later date.

All other members automatically joined the NHS 2015 scheme on 1 April 2015.

Further information is available on the Scottish Public Pensions Agency (SPPA) website at [www.sppa.gov.uk](http://www.sppa.gov.uk)

**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.

<i>Date</i>	<i>Employee Contribution</i>	<i>Employer Contribution</i>	<i>Total Contribution</i>
<i>1 March 2013</i>	<i>1%</i>	<i>1%</i>	<i>2%</i>
<i>1st October 2018</i>	<i>3%</i>	<i>2%</i>	<i>5%</i>
<i>1st October 2019</i>	<i>5%</i>	<i>3%</i>	<i>8%</i>

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.

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**NOTE 16 PENSION COSTS *continued***

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.

**NOTE 17 FINANCIAL INSTRUMENTS & DERIVATIVE FINANCIAL INSTRUMENTS**

<b>Financial Assets</b>			<b>Loans and receivables £000</b>	<b>2021 Total £000</b>
<b>2020 Total £000</b>	<b>Assets per statement of financial position</b>	<b>Note</b>		
129	Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable.	8	105	105
241	Cash and cash equivalents	CFS	134	134
<b>370</b>			<b>239</b>	<b>239</b>

<b>Financial Liabilities</b>			<b>Other financial liabilities £000</b>	<b>2021 Total £000</b>
<b>2020 Total</b>	<b>Liabilities per statement of financial position</b>	<b>Note</b>		
1,890	Trade and other payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	10	2,569	2,569
<b>1,890</b>			<b>2,569</b>	<b>2,569</b>

**FINANCIAL RISK FACTORS**

**Exposure to Risk**

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

Credit risk - the possibility that other parties might fail to pay amounts due.

Liquidity risk - the possibility that the NHS Board might not have funds available to meet its commitments to make payments.

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**NOTE 17 FINANCIAL INSTRUMENTS & DERIVATIVE FINANCIAL INSTRUMENTS  
continued**

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 Standing Financial Instructions and Scheme of Delegation.

**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 internal ratings in accordance with parameters set by the Board.

The utilisation of credit limits is regularly monitored.

No credit limits were exceeded during the reporting period and no losses are expected from non-performance by any counterparties in relation to deposits.

**b) Liquidity Risk**

The Scottish Parliament makes provision for the use of resources by the Board for revenue and capital purposes in a Budget Act for each financial year. Resources and accruing resources may be used only for the purposes specified and up to the amounts specified in the Budget Act. The Act also specifies an overall cash authorisation to operate for the financial year. The Board is not therefore exposed to significant liquidity risks.

The table below analyses the financial liability based on the remaining period at the statement of financial position to contractual maturity date. The amounts disclosed in the table are the contractual undiscounted cash flows. Balances due within 12 months equal their carrying balances as the impact of discounting is not significant.

<b>2020 Less than 1 year £000</b>	<b>2021 Less than 1 year £000</b>
1,890	Trade and other payables excluding statutory liabilities
<b>1,890</b>	<b>2,569</b>

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.

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.

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**NOTE 17 FINANCIAL INSTRUMENTS & DERIVATIVE FINANCIAL INSTRUMENTS  
continued**

The Board is not exposed to foreign exchange rates nor is it exposed to equity security price risk.

**FAIR VALUE ESTIMATION**

The fair value of financial instruments that are not traded in an active market (for example, over the counter derivatives) is determined using valuation techniques.

The carrying value less impairment provision of trade receivables and payables are assumed to approximate their fair value.

**NOTE 18 RELATED PARTY TRANSACTIONS**

The Board had no material transactions with other government departments and other central government bodies.

No board member, key manager or other related party has undertaken any material transactions with the Board during the year.

**NOTE 19 THIRD PARTY ASSETS**

The Board has assets held on behalf of patients which are not recognised in these accounts as the Board has no beneficial interest in them, however disclosure is required as per the Financial Reporting Manual.

These are not Board assets and comprise of monetary assets, such as bank balances and monies on deposit in respect of patients funds.

The Board has no non-monetary assets held on behalf of patients.

This is set out in the table below.

	<b>2020</b>	<b>Gross inflows</b>	<b>Gross outflows</b>	<b>2021</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Bank balances and monies on deposit	433	513	(378)	568
<b>Total monetary assets</b>	<b>433</b>	<b>513</b>	<b>(378)</b>	<b>568</b>



**THE STATE HOSPITALS BOARD FOR SCOTLAND  
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**APPENDIX 1**



**State Hospitals Board for Scotland**

**DIRECTION BY THE SCOTTISH MINISTERS**

1. The Scottish Ministers, in exercise of the powers conferred by sections 86(1), (1B) and (3) of the National Health Service (Scotland) Act 1978, as read with article 5(1) of and the Schedule to the State Hospitals Board for Scotland Order 1995, (S.I. 1995/574), and all powers enabling them in that behalf, hereby give the following direction.
2. The statement of accounts for the financial year ended 31 March 2006, and subsequent years, shall comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM) which is in force for the year for which the statement of accounts are prepared.
3. Subject to the foregoing requirements, the accounts shall also comply with any accounts format, disclosure and accounting requirements issued by the Scottish Ministers from time to time.
4. The accounts shall be prepared so as to give a true and fair view of the income and expenditure and cash flows for the financial year, and of the state of affairs as at the end of the financial year.
5. This direction shall be reproduced as an appendix to the statement of accounts. The direction given on 30 December 2002 is hereby revoked.

Signed by the authority of the Scottish Ministers

Dated 10/2/2006