

# **SCOTTISH AMBULANCE SERVICE BOARD**

**Annual Report and Accounts  
For the year ended 31 March 2024**

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## SCOTTISH AMBULANCE SERVICE ANNUAL ACCOUNTS AND NOTES FOR YEAR ENDED 31 MARCH 2024

### SECTION 1 - PERFORMANCE REPORT

#### 1. OVERVIEW

The purpose of the following overview is to provide a short summary providing sufficient information to gain an understanding of the Scottish Ambulance Service, its purpose, the key risks to the achievement of its objectives, and how it has performed throughout the year. More detailed information is provided in the Performance Report, the Accountability Report and the financial statements which form part of the Annual Report and Accounts.

##### 1.1.1 WHO WE ARE

[Scottish Ambulance Service](#) was established in 1999 under The Scottish Ambulance Service Board Order 1999, which amended the National Health Service (Scotland) Act 1978.

As a frontline service of the NHS in Scotland and with over 5,700 members of staff, we provide an emergency ambulance service to a population of over five million four hundred thousand people serving all of the nation's mainland and island communities. Our Patient Transport Service undertakes over 400,000 journeys every year and provides care for patients who need support to reach their healthcare appointments due to their medical and mobility needs, support for discharges and transfers.

We are therefore responsible for a range of services for the people of Scotland, from accident and emergency response, to delivering primary care, providing patient transport, dispatching rapid air ambulance and ScotSTAR (Scottish Specialist Transport and Retrieval Service) support for critical patients, to being a Category 1 responder for national emergencies.

The Chief Executive is supported by an Executive Team comprising; Director of Finance, Logistics and Strategy, Medical Director, Director of Care Quality and Professional Development, Director of Workforce, Chief Operating Officer – Deputy Chief Executive, National Operations Director, North Operations Director, East Operations Director, West Operations Director and Director of Strategy, Planning and Programmes.

The Service's Board is supported in its governance responsibilities by the following Committees; Staff Governance Committee, Audit and Risk Committee, Remuneration Committee and Clinical Governance Committee. The Board also approved the set-up of an Integrated Governance Committee which will be operational from 2024/25.

You can find key material on the Scottish Ambulance Service [website](#). The website includes the Board Members Handbook which explains how the system of governance works and gives pointers to other useful information about the Scottish Ambulance Service in your community.

This Performance Report summarises information about the Scottish Ambulance Service, it's key issues and how it has performed during 2023/24.

## Statement from our Chief Executive, Michael Dickson OBE

During the past year the Scottish Ambulance Service (SAS), along with the rest of the NHS, has continued to face significant pressure. The organisation has responded proactively and innovatively to address challenges and has embraced opportunities for new ways of working to deliver for the people of Scotland. There have been some great achievements and successes at SAS and we are proud of the work being undertaken by staff across the organisation.

One of our main priorities over the year has been reducing unnecessary ambulance and Accident and Emergency attendance through the continued development of the SAS Pathways Hub and the Integrated Clinical Hub.

The Pathways Hub has demonstrated an increase in the number of patients managed on-scene over the year and in March 2024 a total of 25.5% of all emergencies were managed without needing conveyance to hospital A&Es. The Hub is now embedded within the Service seeking to connect patients with local services that best meet their needs without needing to attend a hospital A&E. The Pathways Hub also includes referrals to preventative services such as Falls Pathways, Alcohol and Drug Partnerships and Social Services.

The Integrated Clinical Hub is a team of clinicians including clinical advisors, advanced practitioners and GPs who engage with patients who would benefit from extended clinical assessment and review. The outcome of this activity includes reviewing nearly a quarter of emergency incidents, with approximately 40% of these calls not requiring an ambulance response. The Integrated Clinical Hub have avoided over 55,000 ambulance journeys since April 2023.

This year a High Intensity User team was also set up to provide greater support to frequent callers to the 999 service in an effort to direct patients to the best health service provider for their needs. Prior to the team's help and support in their care, these patients had collectively generated 4502 emergency calls. Following engagement and education, these patients generated 2017 emergency calls – a 55% reduction with support from associated clinical pathways.

Close partnership working with NHS 24 to improve patient experience supporting calls that move between our organisations and aiming to reduce the need for patients to repeat their stories and avoid duplication, thereby improving the person-centred experience. We have also been testing new ways of working with GP out of hours services identifying those patients whose care would be best met by this service.

One of the main challenges and keys risks identified by SAS is the continued long turnaround times at key hospital sites across the country. SAS remains concerned about the impact on patients who experience these delays and our ability to respond to other emergency calls. This is why our regional management teams have been working closely with Health Boards to produce site action plans to support this implementation of improving flow and early escalation to reduce ambulance handover delays. Progress on these actions is shared with Health Board partners and the Scottish Government. Hospital Ambulance Liaison Officers (HALOs) also continue to work with senior hospital site managers and the Service, improving the hospital flow through admission and discharge processes.

It is recognised that these long patient handover times at hospitals have an impact on staff wellbeing and new processes to help staff finish on time to protect their wellbeing have been implemented during the year. We have also worked with Health Board partners to provide food and refreshments for crews at hospitals in periods of high pressure and demand and have further developed a wide range of health and wellbeing services for them to access should they need them.

To further support our existing frontline staff, we continue to bolster our workforce and this year we saw 220 new paramedics, technicians and advanced practice practitioners join the Service. This builds on record recruitment of 1388 staff over the last three years through our Demand and Capacity Programme. Over 50 new vehicles such as Rapid Response Vehicles were also deployed to help respond in a more flexible manner throughout the winter period.

Summer 2023 saw the opening of a new £1.5 million special operations training and logistics facility at our existing National Risk and Resilience Department base in Newbridge, Edinburgh. The facility is used for a range of training exercises, including how to respond to major incidents, and also Chemical, Biological, Radiological and Nuclear (CBRN) incidents. It also includes a 360, fully interactive, immersive training suite which can be used to simulate a range of incidents in different environments including emergency departments, night clubs, industrial sites. The suite enables not only the practice of clinical skills but subjects staff to a variety of stimuli including lighting and sound effects which may impact on performance.

SAS's mental health service provision saw a significant boost throughout the year with integration of mental health paramedics into our ambulance control centres and the launch of a dedicated mental health response unit, based at Inverness Ambulance station. Backed by £2.6 million Scottish Government funding over the past three years, the Mental Health Paramedic Response Unit is now established in Inverness, Dundee and Glasgow, providing specialist frontline mental health workers to respond to incidents in communities. The units provide specialist mental health assessment, care, and support for people who are experiencing mental health challenges and who contact the Scottish Ambulance Service for help.

Two significant milestones – the 90th anniversary of our Air Ambulance Service and the 10th anniversary of the Scottish Ambulance Service's specialist transport and retrieval service (ScotSTAR) – were celebrated in the last year, giving the public a valuable insight into these essential services. Both are staffed by a multi-disciplinary team of paramedics, nurses, advanced practitioners, and doctors who work together to provide vital life-saving services to all areas of Scotland, particularly our most remote and rural areas.

Finally, I'd like to pay tribute to all our staff and volunteers for their continued work and support during these challenging times. They are all a credit to the Scottish Ambulance Service.

The annual accounts, detailed below, provide a summary of our work and a comprehensive description of our financial performance during 2023/2024.

**PERFORMANCE REPORT****1.2. PERFORMANCE ANALYSIS**

The Board monitors its performance against a range of quality and performance measures, some of which are set nationally. The Board receives a Performance Report paper at every meeting, and this includes more detailed information. All Board papers are published on the Scottish Ambulance Service website.

This Performance Analysis includes some further detail on how the Board has performed in 2023/24.

**1.2.2 OUR 2030 STRATEGY**

Scotland and its services have changed as a result of the COVID-19 Pandemic. As a national Emergency Service and NHS Board, we have adapted how we deliver our services, providing more support, care and treatment to people in their homes and for those patients requiring very specialist support, conveying them to those hospitals. Our strategy capitalised on the positive whole system changes made throughout our response to the pandemic, ultimately benefitting patients and the wider Health and Social Care system.

Our strategy builds on all our learning and the enthusiasm of our people to make further changes to improve our response to patients, to help patients get the best care and to support communities across the country to be healthy, safe and resilient. The strategy was developed through consultation with citizens, staff, partner organisations, volunteers, local and national government, educational institutions, community groups, charities and voluntary organisations and builds on the success of delivering our 2020 strategy "Taking Care to the Patient". A copy of the strategy can be downloaded using the link [Our 2030 Strategy](#).

Our strategy describes how we will play a vital role in:

- Saving more lives, improving clinical outcomes and healthy life expectancy
- Improving the Health and Wellbeing of our staff and citizens
- Continuing to shift the balance of care away from acute hospitals into people’s homes and local communities, improving patient experience and avoiding unnecessary hospital admissions
- Improving our care by anticipating needs and responding quickly and safely as possible, delivering the right care in the right place at the right time
- Tackling the root cause of health issues and addressing the inequalities that the COVID-19 pandemic has exacerbated

**Our Vision**  
Saving more lives, reducing inequalities, improving health and wellbeing

**Our Mission**  
Working together with the people of Scotland, our staff and partners to deliver sustainable and effective care, experience and treatment, anticipating needs and preventing ill health

**Our Values**  
Care & Compassion  
Equality, Dignity & Respect  
Openness, Honesty & Responsibility  
Quality & Teamwork

**Our Principles**

We will adopt an equality and human rights-based approach.	Our services will be planned, designed and delivered around people and their lived experience.	Ensuring best value, good governance, joined-up working and effective management of resources.	Implementation will build on evidence and best practice, championing digital and innovation.
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The delivery of our strategy is reported through five portfolio Boards each with clear actions and deliverables aligned to the Board Assurance Framework and the Corporate Risk Register.

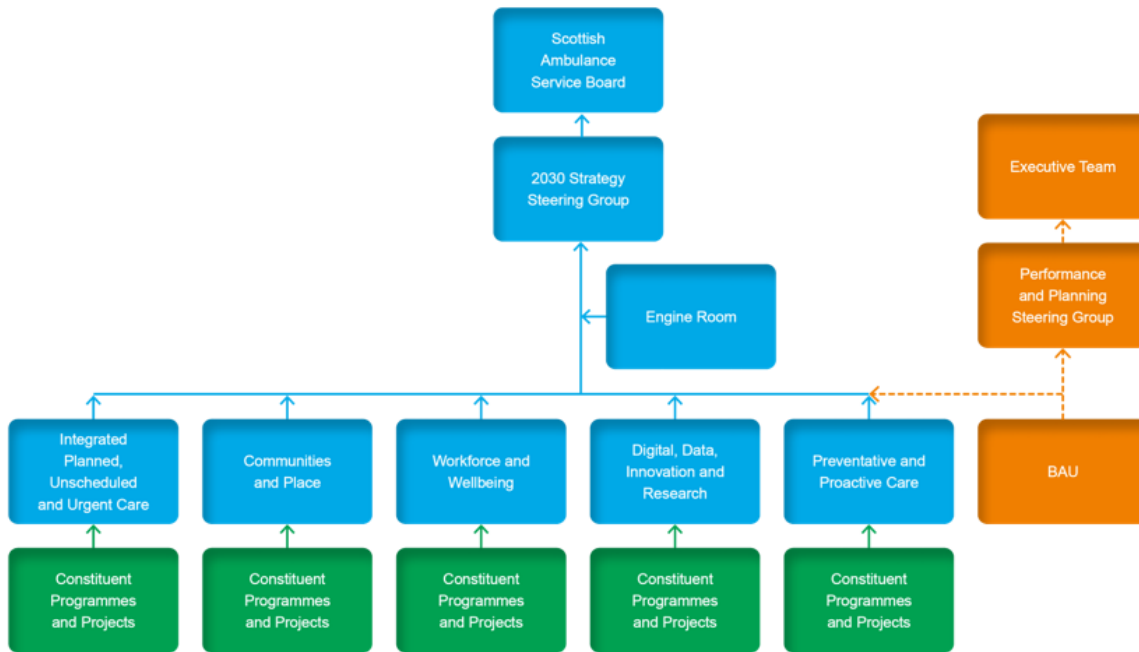
The Board receives updates at each Board meeting on progress against each of the deliverables, key milestones and how this aligns to reducing the Service's greatest risks.

<b>Our Ambitions</b>	<b>Delivery Portfolios</b>
We will provide the people of Scotland with compassionate, safe and effective care where and when they need it	<ul style="list-style-type: none"> <li>• Integrated Planned, Unscheduled and Urgent Care</li> <li>• Preventative and Proactive Care</li> <li>• Communities and Place</li> </ul>
We will be a great place to work, focusing on staff experience, health and wellbeing	<ul style="list-style-type: none"> <li>• Workforce and Wellbeing</li> </ul>
We will innovate to continually improve our care and enhance the resilience and sustainability of services	<ul style="list-style-type: none"> <li>• Digital, Data Innovation and Research</li> </ul>
We will work collaboratively with citizens and our partners to create healthier and safer communities	<ul style="list-style-type: none"> <li>• Communities and Place</li> <li>• Integrated Planned, Unscheduled and Urgent Care</li> </ul>
We will improve population health and tackle the impact of inequalities	<ul style="list-style-type: none"> <li>• Preventative and Proactive Care</li> <li>• Communities and Place</li> </ul>
We will deliver our net-zero climate targets	<ul style="list-style-type: none"> <li>• Communities and Place</li> </ul>

The governance structure below is supported by our Annual Delivery Plan, our Workforce Plan and Financial Plan. In line with Scottish Government timelines, a three year delivery plan was developed in January 2023.



## 2030 Governance Structure



Group	Description
<b>2030 Strategy Steering Group</b>	The governance group for 2030 Strategy – reports into the Board.
<b>Engine Room</b>	The Engine Room will oversee change, commission new work and help manage interdependencies and escalations, reporting recommendations to 2030 Strategy Steering Group
<b>Portfolio Boards</b>	Portfolio Boards will be led by a nominated member of the Executive Team. They will report to the 2030 Strategy Steering Group on the portfolio's progress.

Our Annual Delivery Plan focused on deliverables that maximised performance and yielded improvements for our people, patients, and communities during the 2023/24 period. In addition to enhancing sustainability and maintaining financial balance, we ensured that the care provided to the citizens of Scotland was person-centred, safe, effective and met the highest quality standards. This was all supported by our focus on continuous quality improvement.

The plan built upon our achievements from 2022/23, centring on priority areas highlighted by the Scottish Government that we could influence and aligned to national priorities, objectives and desired outcomes. This allowed us to reduce pressures on the wider Health & Social Care system, showcasing the resilience and adaptability of the Service and supporting the stabilisation of wider system services and provide the most benefit to patients and staff.

### **Collaboration Work Across Emergency Services**

The three emergency services have been collaborating for many years. In 2018, the Reform Collaboration Group was established, with the National Collaboration Group attended by the Chief Officers and Chairs meeting quarterly considering areas where closer collaboration will benefit the population of Scotland. Strategic priorities have been aligned to Strategic Change, Corporate Change; Innovation and Prevention.

In addition, a strategic intent has been agreed as noted below with the key aim of *“Through stronger collaboration we will improve our services and the safety and wellbeing of the people of Scotland”*.

In 2023/24, SAS worked collaboratively with Police and Fire to

- Build and share data analysis and insights into our shared demand and capacity challenges
- Explore corporate collaboration opportunities
- Address the Climate Emergency and decarbonising of our organisations
- Implement a public health approach to support Community Safety and prevention
- Deliver service improvements

### **Our Role as an Anchor Institution**

Anchor Institutions are large organisations that using their sizeable assets to support local community health and wellbeing and tackle inequalities.

Scottish Ambulance Service is already recognised as an Anchor Institution, through our role in supporting anticipatory and preventative health care and providing a vital social and economic role in the communities we proudly serve.

The Scottish Ambulance Service submitted their Anchor Strategic Plan to Scottish Government in October 2023.

Our strategic plan outlines our role to help support and address health inequalities and socio-economic challenges through a public health approach. It focusses on health literacy, community involvement and partnerships in procurement, employment and asset management. It sets out strategic priorities and clear action plans delivering the priorities of:

- Procurement of goods and services
- Fair work opportunities
- Partnership arrangement

## Board Risk Register

Our Board risk register describes the greatest risks to the delivery of our Board objectives, defined through the annual delivery plan and our 2030 strategy implementation. These risks are reported to every Board meeting and Performance and Planning Steering Group, with detailed actions to mitigate and reduce the risk levels to within tolerance.

Our very high risks during 2023/24 continue to be: challenges in handing over patients timeously at emergency departments because of wider health and care system pressures. To mitigate this risk the Service has implemented a detailed plan to improve workforce capacity, create more operational capacity, manage demand and progress joint turnaround improvement plans with hospitals.

Other very high risks reported during 2023/24 were failure to achieve financial target, statutory and mandatory training, the Service response to a cyber incident, business continuity, health and wellbeing of staff and organisational culture.

The Corporate Risk Register describes the actions required to mitigate impact of these risks through reducing the risk level to within tolerance, describe the effect this action will have on the risk, its expected delivery date and the committees and groups owning the actions and providing the assurance to the Board the actions have been completed.

The following summary relates to work undertaken and achieved in 2023/24.

### Health and Well-being

The health and wellbeing of the people who work for our Service is a key priority that is underpinned by our Health & Wellbeing Strategy 2021-2024 “Being Well” and supporting delivery plan. We strive to deliver a culture rooted in the NHS Scotland values of: Care and compassion; dignity and respect; openness honesty and responsibility; quality and teamwork. The implementation of our Health & Wellbeing Strategy supports, nurtures, develops and empowers our staff, recognising that this will also have a positive impact on the quality of care we provide to our patients.

Our Health and Wellbeing Strategy focuses on the two themes of creating a great place to work and being well and we have recruited dedicated organisational development and staff wellbeing teams to support staff welfare.

### Young Minds Saves Lives (YMSL)

As part of the Anchor Strategy, charity funding has allowed the Service to establish a unique initiative to improve the health and wellbeing of young people. The youth-led project focuses on creating an early-intervention training program for high school children. The project aims to work closely with the local community to improve population health, focusing on high levels of deprivation, health inequalities and wider health challenges.

The innovative training program will develop local school children as youth health champions, focussing on skills required in incidents such as cardiac arrest and high-priority healthcare issues such as fall management, stroke, diabetes and drug harm.

The program also aims to engage young people in wider health careers, educate the community on pathways and ambulance response and promote preventative and anticipatory care.

The YMSL project is a fantastic example of Scottish Ambulance community-led initiative that is focused on creating a healthier and more resilient community. The program is the first of its kind in the UK and is expected to impact the health outcomes of young people significantly.

The expected benefits of the project are:

- Enhance community resilience and save lives
- Deliver better health outcome for the local population
- Improve young people's self-esteem/self-worth by attaining awards
- Improve bystander CPR in out-of-hospital cardiac (OHCA) and other health harms.
- Train and educate 'What, When, Why and How' to raise emergency calls

To achieve this we will:

- aim to create a diverse and innovative program to empower young individuals to become community first responders. This will help improve communication and collaboration with ambulance crews
- develop a YMSL program that can be applied across Scotland while considering the varying needs of different communities
- aim to ensure the program's sustainability, we plan to establish a funding strategy that involves collaboration with industry/commercial partners and philanthropic support. We may also create a gaming/education product or other ideas to generate sustainable funds
- create a career framework/pathway for young people to work within SAS and the wider NHS
- we will educate the community on preventative and anticipatory community care, leading to improved population health

## **Scheduled Care Strategy**

We are committed to helping address the important issues brought up in the Transport to Health and Social Care report in Scotland. We understand that well-coordinated transportation can positively impact people who require assistance travelling to hospital appointments and services such as day centre. Unforeseen delays and confusion regarding transport arrangements can cause distress and anxiety, leading to individuals not receiving the full benefits of the care services provided. As we develop our new Scheduled Care Strategy, we will explore ways to enhance co-operation on the key findings.

As our strategy develops, we will continue collaborating with other organisations, including the Scottish Government, Regional Transport Partnerships, Councils, NHS Boards and the Community Transport Association to effectively provide health and social care transport and improve planning, delivery and impact of transport for health and social care through a joined-up, consistent approach.

## Stabilising and Improving Urgent & Unscheduled Care

The Service acknowledges that Urgent and Unscheduled Care Services continues to experience pressures through increases in demand and critically unwell patients, as well as challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures. One of the key priorities for SAS is to reduce delays in handing patients over from ambulance clinicians to emergency department teams and we remain dedicated to collaborating with boards to alleviate this pressure.

## Integrated Clinical Hub & Pathway Navigation

The Service continues to have a key role in working collaboratively across the system to ensure that patients received the right care in the right place at the right time.

The development of our Integrated Clinical Hub has evolved since the outset of the COVID-19 pandemic, where we utilised the skills of our Advanced Practitioners to undertake remote clinical triage and assessment of a defined cohort of patients. Since then, through robust clinical governance we have introduced GP advisors within our Ambulance Control Centres that at point of the 999 call are providing senior clinical decision support. This has to date had the impact that around 40% of their calls are managed in a way that does not require an ambulance response but may need support from other parts of the health care system, thereby avoiding unnecessary hospital admissions.

The key aim of the Integrated Clinical Hub is to offer personalised clinical assessments and tailored management of patients presenting with non-immediately life-threatening conditions utilising the principles of realistic medicine.

The development and enhancement of our Integrated Clinical Hub remains one of the Service's highest priorities due to the benefits it can bring to patients and the wider healthcare system. This is also aligned to delivering on our vision of saving more lives, reducing inequalities and improving health and wellbeing. We will continue to work within the current agreed funding levels while we await the outcome of potential additional investment to deliver greater benefits.

Within current funding levels we will continue to strengthen the Integrated Clinical Hub by:

- Expanding the clinical governance and supporting infrastructure to support us in increasing further the number of patients receiving a clinical intervention to maximise patients safety and optimise flow. The current funding levels provides intent to support up to 7500 patients per month with additional funding able to increase this scope further to circa 9000 patients per month by March 2025. This will also support the SAS performance target of 26% of emergency patients managed at point of call
- Building upon current good practice in some Health Boards to then strengthen our links with wider Board Flow Navigation Centres, to allow direct access from the Integrated Clinical Hub into a broader range of pathways supporting local patient care and avoiding unnecessary hospital admissions
- Enhancing our digital links within the ICH and access to Anticipatory Care Plans

## Reducing Drug Deaths

Building on our initial work with the Scottish Government and the Scottish Drugs Death Taskforce, SAS has established an impactful programme of work designed to contribute to achieving a reduction in avoidable harm from drugs and the visibility of SAS's work in this space has grown significantly since its launch less than three years ago. This includes contributing to a whole-system public health approach to reducing harm and death from problematic use of substances by:

- Supplying Take Home Naloxone (THN)
- Supplying Injecting Equipment (IEP)
- Connecting patients to support services
- Improving drug-related resuscitation response
- Contributing to public health surveillance via SAS data

In achieving this, we will continue to strengthen our internal education programme around the administration of naloxone and, at the same time, further develop our work.

In 2023/24 we:

- Purchased drug harm reduction bags for use on all A&E/PRUs
- Continued to distribute Naloxone safe injecting equipment
- Appointed a Drug Harm Reduction Team
- Engaged with external parties and developed additional pathways, particularly with the third sector
- Reviewed naloxone distribution by region/station and developed plans to improve this
- Refreshed the measurement framework and agreed key metrics that will provide useful insight

## Mental Health

The SAS Mental Health Team has identified three key focus areas to support implementing our mental health strategy in 2023-2024. In the first year, we conducted an internal needs analysis, worked with territorial mental health care providers and collaborated with other mental health organisations to determine SAS clinicians' confidence and competence levels in providing mental health care and have also established support systems for decision-making and referral pathways to statutory agencies.

Immediate actions were taken to provide internal education on suicide intervention and prevention, awareness of psychological trauma and its associated health outcomes and the basics of mental health.

Our partnership with NHS24 aims to improve the transfer process for individuals between our services. We have identified three groups of people who will greatly benefit from this seamless transition: those who have reached out to SAS for mental health support, those currently waiting in the SAS queue after being triaged and those whom SAS has already attended.

Moreover, we are collaborating with Police Scotland to analyse a specific location and explore personal level mutual support opportunities. This will eventually include control room to control room contact to streamline the movement of individuals between services.

Following a successful pilot, the Mental Health Paramedic Response Unit (MHPRU) Service, also known as the mental health car, is now established in Dundee, Glasgow and Inverness in collaboration with boards across the three locations.

### **Palliative and End of Life Care**

Evidence shows that around two-thirds of people with terminal cancer would prefer to die at home with the right support; however, less than a third can do so.

Often people with cancer, or their families, call an ambulance in an emergency, especially when the emergency is towards the end of life and/or in the GP “out of hours” period.

We continually strive to improve how we respond to palliative and end of life care patients, and we have developed a partnership programme of work with Macmillan Cancer Support to help our clinicians and other emergency medical personnel to better support people with cancer, and anyone in need of care.

Over the last year, we have made significant progress in delivering the programme of work, including:

- The roll-out of a comprehensive education programme
- Formal engagement with all hospices across Scotland with professional-to-professional support and direct admission capability in the majority of locations
- Collaborative working with the Health Boards and HSCPs in the development of pathways with tests of change live across with Health Boards, and engagement with the remaining Boards is underway.
- Collaborative working with Lead Nurses in three locations (one in each of the three regions) to complete tests of change regarding reducing unnecessary conveyance at the end of life for Care Home residents.
- Clinical Effectiveness Leads have trained as facilitators of Last Aid Training to deliver an education programme, commencing with senior managers during Dying Matters week.
- Increased the number of professional-to-professional links with hospices to support our clinicians when managing patients with palliative and end-of-life care needs.
- Continued to work collaboratively with Care Homes and Health Boards to develop pathways
- Develop a team of facilitators and roll out Last Aid training across SAS for all staff

### 1.2.3 Performance summary – Indicators

Overall performance has improved from the previous year, with particular reference to increased survival at 30 days, linked to the clinical work on improving cardiac arrest outcomes. The increased staffing reflects overall improvements in response times across all categories of calls.

Performance Indicator	2022/23	2023/24	2023/24 Recovery Aim
<b>People</b>			
Sickness Absence – Total	8.9%	8.9%	<8.0%
A&E Shift Coverage	91.2%	94.0%	>94%
<b>Ambulance Control Centre</b>			
999 Call Handling Pickup in 10 seconds	91.2%	94.1%	>90%
<b>Critically Unwell Patients</b>			
Critically unwell patients – survival at 30 days	63.2%	67.6%	>57% to Dec
Worked arrests – all rhythms – survival at 30 days	9.2%	11.7%	>11% to Dec
Worked arrests – VF/VT Rhythms (Ustein Comparator) – survival at 30 days	25.5%	32.2%	>28% to Dec
Worked arrests – all rhythms – ROSC	29.1%	30.7%	>31%
Worked arrests – VF/VT Rhythms (Ustein Comparator) – ROSC	50.7%	58.5%	>55%
Bystander CPR rates	66.4%	68.6%	
Pre SAS arrival PAD use	10.4%	11.7%	>13%
Median Time Purple incidents responded to from identification and dispatch	00:07:20	00:07:07	<00:07:00
95 <sup>th</sup> centile time Purple incidents responded to from identification and dispatch	00:21:02	00:20:08	<00:20:00
<b>Patients with a High Risk of Acute Deterioration</b>			
Median time Red incidents responded to from identification and dispatch	00:08:52	00:08:26	<00:08:00
95 <sup>th</sup> centile time Red incidents responded to from identification and dispatch	00:26:36	00:24:13	<00:25:00
<b>Patients Requiring Further Specialist Intervention</b>			
Stroke – Call to Treatment (thrombolysis)	02:09:42	02:05:48	
Median Time Amber incidents responded to from identification and dispatch	00:17:28	00:16:38	<00:16:00
95 <sup>th</sup> centile Amber incidents responded to from identification and dispatch	01:02:55	00:51:15	<00:50:00
<b>Emergency Incidents with Highest Potential for Non-Emergency Dept. Management</b>			
Emergency patients managed at point of call or on scene	48.6%	47.3%	>48%
Median time Yellow incidents responded to from identification and dispatch	00:35:35	00:32:28	<00:31:00
95 <sup>th</sup> centile time Yellow incidents responded to from identification and dispatch	04:43:29	04:16:46	<03:30:00
<b>HCP Scheduled</b>			
% within target HCP Schedule – 1 hour	41.6%	44.1%	>45%
% within target HCP Schedule – 2 hour	62.8%	63.8%	>70%
% within target HCP Schedule – 4 hour	75.5%	75.8%	>80%
<b>Single Crewing</b>			
A&E resourcing – Single Crewing	1.8%	1.6%	<1.5%
<b>Turnaround Time</b>			
Average Turnaround Time as Hospital – Emergency Patients	00:56:35	00:54:33	<00:40:00
<b>Scheduled Care</b>			
PTS Punctuality for Inward Journey	73.2%	72.9%	>74%
PTS Punctuality for Outward Journey	82.5%	82.3%	>80%
PTS cancelled by SAS No Resource	0.9%	1.5%	<0.7%
<b>Complaints Handling</b>			
Stage 1 Complaints Compliance	92.5%	96.7%	>90%
Stage 2 Complaints Compliance	87.5%	93.2%	>70%



Whilst overall performance has improved, the Service continues to experience pressures through increases in demand of our most critically unwell patients and challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures. One of the key priorities for SAS is to reduce delays in handing patients over from ambulance clinicians to emergency department teams. This is recognising the potential for clinical risk and harm occurring with patients affected by these delays, with potentially some level of harm being experienced in 85% of patients where the handover is greater than 60 minutes, as well as potential morale injury to staff.

The Safe Transfer to Hospital: Ensuring the Timeous Handover of Ambulance Patients principles has been approved by the Board Chief Executives and the Board Medical Directors and describes the principles for safe transfer of patients to hospital and the timeous handover of ambulance patients. This was approved in April 2023, 100% of patients should be handed over within 60 minutes.

In addition to the benefits for the patient, the implementation of safe handover Scotland wide will increase ambulance availability which will improve response time to patients and wellbeing of our staff.

In 2023/24 we:

- Implemented the SAS actions agreed within the principles
- Continued to work with Health Boards in implementing these principles and sharing best practice and learning

In relation to hospital turnaround time, we aim to continue to work closely with territorial boards to reduce average hospital turnaround time to 40 minutes.

The proportion of emergency patients managed either at point of call or on scene has remained around the mean during 2023-24. Work to support patients received the right care in the right place continues within our Ambulance Control Centres, where our Integrated Clinical Hub (ICH) is being optimised. Key workstreams to optimise patient flow between urgent and emergency care providers are progressing, we are working closely with NHS24 to improve patient experience when calls move between our organisations, reduce duplication, and ensure that people receive a person-centred experience. This includes testing new ways of working with GP out-of-hours services where patient need would be best met by these providers.

### 1.2.4 Financial Performance

The Scottish Government Health and Social Care Directorate (SGHSCD) sets three financial targets at NHS Board level on an annual basis. These limits and results are set out below:

What we said we will do	What we have achieved
<p>Deliver financial performance as detailed:</p> <ul style="list-style-type: none"> <li>Revenue Resource limit: a break even resource budget for ongoing operations</li> <li>Capital Resource limit: a break even resource budget for new capital investment</li> <li>Cash requirement: a financial requirement to fund the cash consequences of the ongoing operations and the new capital investment, internally generated target of £60k held at end of month as at 31 March 2024</li> <li>Efficiency Target: Deliver the full quantum of savings required at £12 million</li> </ul> <p>NHS Boards are expected to contain their net expenditure within these limits, and to report on any variation from the limits set.</p>	<p>The Service achieved each of the targets set, as at 31 March 2024, the financial performance against each target as detailed below:</p> <ul style="list-style-type: none"> <li>Revenue Resource Limit : £29k underspend <ul style="list-style-type: none"> <li>Core - £29k underspend</li> <li>Non Core - Breakeven</li> </ul> </li> <li>Capital Resource limit: £2k underspend</li> <li>Cash of £59k held at end of March 2024</li> <li>Efficiency Target: Delivered the full quantum of savings required £12 million</li> </ul> <p>Financial performance was monitored and reported monthly to the Board and Scottish Government.</p>

### 1.2.5 ScotSTAR Performance

Our ScotSTAR Neonatal, paediatric and adult retrieval teams continue to work together to provide safe, effective person-centred retrieval and critical care services to communities across Scotland.

#### Adult Team

Our Emergency Medical Retrieval Service (EMRS) provides national retrieval services 24 hours a day. EMRS comprises of 2 Teams, EMRS West and EMRS North, based at Glasgow Airport and Aberdeen Airport respectively.

#### Neonatal Team

Our Neonatal Transfer Service works nationally across three regions; North, East and West. The team undertakes transfers and retrievals of babies up to five kilograms using a team comprising up to 3 clinicians, including Consultants, Advanced Neonatal Nurse Practitioners (ANNPs), middle grade Doctors and Transport Nurses.

## Paediatric Team

Our Paediatric Retrieval Service provides for newborn babies and patients up to 16 years old. Typically, the team is Consultant led, supported by Trainees, Advanced Nurse Practitioners and Transport Nurses. The team also works closely with Paediatric Intensive Care Unit partners (PICU), providing telephone advice to referring clinicians.

## Adult Transfer and Retrieval Activity

During 2023/24 the EMRS teams received 2,700 calls and were activated on 1,987 missions, an increase of 109 over the previous year:

## Neonatal Transfer and Retrieval Activity

During 2023/24 the Neonatal Transfer Service performed 1,006 patient transfers. 470 of these transfers were repatriations, allowing babies to be safely cared for at a unit closer to their families.

## Paediatric Transfer and Retrieval Activity

During 2023/24 the Paediatric Retrieval Team performed 241 patient transfers, visiting over 30 hospital sites across Scotland.

The Paediatric team also handle Advice Calls. During 2023/24 an additional 507 calls that resulted in advice only or patient transport by another resource. This is a decrease of 6 over the previous year.

### 1.2.6 MEASUREMENT FOR IMPROVEMENT

The performance aims we share, report and discuss with Government colleagues reflect an important but fairly narrow perspective of the contribution the Service makes to our patients' outcomes and experience. A range of additional measures have been, or are being, developed which will guide the ambition of our service to be a care provider which puts the patients' needs at the centre of what we do, and these measures will enable us to evidence the realisation of this ambition.

### 1.2.7 PRINCIPAL RISKS AND UNCERTAINTIES

The Service's Annual Delivery Plan identifies the key risks facing the organisation in the context of our operational, tactical and strategic aims and actions for the coming year. The key challenge is how we manage these risks in a way that ensures the continued delivery of quality clinical services and a high standard of operational performance whilst achieving our financial targets.

Principal risks identified include: Wider system changes and pressures, escalating industrial relations concerns, failure to achieve financial target, response to a cyber incident, sustaining Airwave provision, continuity of ACC operations and Health and Wellbeing of staff.

The Service's approach to the management of risk and the Corporate Risk Register is set out in detail in the Governance Statement and the Corporate risk register has been described within this performance report.

## 1.2.8 FINANCIAL PERFORMANCE AND POSITION

These financial statements consolidate the results of the Scottish Ambulance Service and the Scottish Ambulance Service Endowment Fund using merger accounting in line with IAS 27. The basis of consolidation is explained in more detail in Note 1 Accounting Policies. The results of the Scottish Ambulance Service Endowment Fund, although consolidated within our financial statements for accounting purposes, do not form part of the statutory financial targets for NHS Boards by Scottish Government, and are therefore not taken into account when considering the Board's in-year performance.

### Financial Targets

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

- revenue resource limit - a resource budget for ongoing operations;
- capital resource limit - a resource budget for new capital investment
- cash requirement - a financial requirement to fund the cash consequences of the ongoing operations and the new capital investment.

NHS Boards are expected to contain their net expenditure within these limits, and to report on any variation from the limits set. Further details on non-core elements of expenditure, typically comprising items of a technical accounting nature, can be found in the Summary of Resource Outturn.

The Service achieved each of the targets set and the table below indicates the financial performance against each target.

	(1) Limit as set by SGHSCD £'000	(2) Actual Outturn £'000	(3) Variance (deficit)/surplus (1)-(2) £'000
<b>Core Revenue Resource Limit</b>	406,551	406,522	29
<b>Non-core Revenue Resource Limit</b>	28,557	28,557	0
<b>Total</b>	<b>435,108</b>	<b>435,079</b>	<b>29</b>
<b>Core Capital Resource Limit</b>	33,520	33,518	2
<b>Cash requirement</b>	438,815	438,815	

<b>MEMORANDUM FOR IN YEAR OUTTURN</b>	<b>£'000</b>
Core Revenue Resource Variance (Deficit)/Surplus in 2023/24	29
Financial flexibility: funding banked with/(provided by) Scottish Government being the underspend from 2022/23 carried forward	(42)
<b>Underlying (Deficit)/Surplus against Core Revenue Resource Limit</b>	<b>(13)</b>
<b>Percentage</b>	<b>0%</b>

A three-year financial plan was submitted to Scottish Government by the Scottish Ambulance Service Board on 16<sup>th</sup> March 2023, a letter was issued in response to the NHS Boards' financial plan on 31<sup>st</sup> March 2023.

Excluding provision of financial flexibility provided by the Scottish Government (being the £0.042 million underspend for 2022/23 which was carried forward and added to the Board's 2023/24 RRL), the Board's outturn would have been an overspend on RRL of £0.013 million (equivalent to 0.0%).

As this balance is within the one per cent flexibility afforded by the three-year financial planning, this will be managed within an overall breakeven position in the period to 2025-26.

In respect of financial position and performance:

- The Scottish Ambulance Service achieved breakeven against its Non-Core Revenue Resource Limit and have a small underspend against the Core Revenue Resource Limit at the year-end;
- The Scottish Ambulance Service contained its costs within the revenue and capital resource limits.
- £12.0 million of Efficiency Savings were delivered against a target of £12.0 million supported by the Service's Best Value Programme
- £9.7 million of post COVID-19 related costs were incurred and funded by Scottish Government during 2023/24 (2022/23 £14.5 million), this includes £0.14 million of pandemic stock issued through National Services.
- £45 million of funding was provided to support the Scottish Ambulance Demand and Capacity and other programmes.
- An additional £13 million was received to support the ongoing system and post COVID pressures and other operational commitments.

The following provides additional explanation of amounts in the Board's financial statements:

#### Net Expenditure

The net expenditure for the year is £434.6 million (2022/23 £423.6 million) as presented in the Consolidated Statement of Comprehensive Net Expenditure, representing an overall increase of 2.6%. It is important to note that 2022/23 expenditure included £14.3 million of costs relating to the provision of Mobile Testing Units which ceased in September 2022. Excluding these costs from year-on-year comparison provides a 6.2% increase in net expenditure. More detailed analysis of the expenditure and income figures can be found in Note 3 and Note 4 respectively, and the breakdown of expenditure by operating division can be found in Note 5, Segmental Reporting.

Employee Expenditure increased in line with the average 6.5% Agenda for Change pay uplift, when the impact of the Mobile Testing Units is excluded from the prior year amounts.

Vehicle Running costs reduced to £13.8 million (2022/23 £16.4 million) as a result of a lower average diesel price than in the prior year and also because the Vehicle costs associated with the Mobile Testing Units ended in 2022/23.

Air Ambulance Costs increased to £18 million (2022/23 £15.4 million) due to inflationary increases to contract costs and fuel prices, as well as additional costs associated with the contract extension with our Air Ambulance provider.

Inflationary increases have also impacted Property Running Costs £9.7 million (2022/23 £8.3 million) and Medical Costs £7.4 million (2022/23 £6.4 million) in the year.

The most significant fluctuation within Other Health Care Expenditure (Note 3) which reduced to £50.5 million (2022/23 £60.9 million) relates to an increase in Provision for Clinical Negligence and employer liability compensation claims during the prior year. This movement also explains the reduction in Operating Income to £12.1 million (2022/23 £22.6 million) as the corresponding recovery from the CNORIS scheme was recognised in 2022/23.

#### Provision for impairment of receivables

At 31<sup>st</sup> March 2024, provisions for bad and doubtful debts of £1,054k were made (2022/23 £1,252k). During the year, £796k was released.

#### Outstanding Liabilities

At 31<sup>st</sup> March 2024, the Scottish Ambulance Service had outstanding current payables of £43.0 million (2022/23: £45.5 million). Further breakdown of outstanding liabilities can be found in Note 11.

#### Legal Obligations

Provisions for legal obligations of £12,294k were made relating to clinical, medical, and legal claims against the Board (2022/23 £11,949k).

A second provision recognising the requirement to make contributions towards overall Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) liabilities has also been made. Based upon the advice of SGHSCD our share is £5,751k (2022/23 £5,563k). Further information on these Provisions and the CNORIS Scheme can be found in Note 12.

#### Infrastructure and Non-current Assets

The Board delivered a capital programme of infrastructure investment totalling £20.6 million (see Note 7d) in the year, following authorised allocations agreed with SGHSCD. The majority of expenditure incurred relates to the Vehicle Replacement Programme. Further detail on the net spend in-year is included below.

Category	Net Capital Expenditure 2023/24
Vehicles	£18.6 million
Property	£0.6 million
eHealth & ICT	£1.3 million
Equipment	£0.1 million

#### Property Valuation

All land and buildings were revalued, either through desktop valuation or site visits, by an independent valuer, The Valuation Office Agency, as at 31/03/2024 on the basis of fair value (market value or depreciated replacement costs where appropriate). The values were computed in accordance with the Royal Institute of Chartered Surveyors Statement of Asset Valuation Practice and Guidance notes, subject to the special accounting practices of the NHS.

The net impact was a decrease of (£49k) (2022-23 an increase of £337k) of which £412k (2022-23: £475k) was credited to the revaluation reserve. Impairment of £461k (2022/23 £139k) was charged to the Statement of Comprehensive Net Expenditure and Summary of Resource Outturn

The Scottish Government have accepted the financial plan submitted by the Service. Therefore, these accounts have been prepared on going concern basis.

### 1.2.9 PAYMENT POLICY

The Service is committed to supporting the Scottish Government in helping businesses during the current economic climate 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.

The Service endeavours to achieve this target, with many invoices processed within 7 working days of date of receipt. However, the sound financial management of public funds requires further investigation of some invoices which can lead to a delay in payment.

Invoice volumes have reduced due to efforts to consolidate invoicing arrangements with key suppliers contributing to improvements on all measures during 2023/24. Lower levels of staff turnover within the Financial Services team have also helped, as the average number of days credit taken has reduced from 42 to 32 days and this has been a key focus of improvement for the Finance team.

<b>Payment Policy</b>	<b>2023/24</b>	<b>2022/23</b>
Average days credit taken	32	42
<b>Contractual 30 Day Payment Policy</b>		
Total Number of Invoices	53,296	69,569
Total Number of invoices paid within 30 days	38,974	41,509
Invoices paid within 30 Days (Volume)	73%	60%
Invoices paid within 30 Days (Value)	89%	86%
<b>Aspirational 10 Day Target</b>		
Total Number of invoices	53,296	69,569
Total number of invoices paid within 10 days	20,401	18,982
Invoices paid within 10 Days (Volume)	38%	27%
Invoices paid within 10 Days (Value)	73%	70%

### 1.2.10 PENSION LIABILITIES

The accounting policy note for pensions is provided in Note 1 and disclosure of pensions costs is shown within Note 17 and the Remuneration Report.

## 1.2.11 SUSTAINABILITY AND ENVIRONMENTAL REPORTING

The Climate Change (Scotland) Act 2009 originally set out measures adopted by the Scottish Government to reduce emissions in Scotland by at least 80% by 2050. The Climate Change (Emissions Reductions Targets) (Scotland) Act 2019 amended this longer-term target to net-zero by 2045, five years in advance of the rest of the UK. In 2020 'The Climate Change (Scotland) Amendment order came into force to reflect this and now requires NHS Boards to report on their progress in delivering their emissions reduction targets.

All designated Major Players (of which the Service's Board is one) are required to submit an annual report to the Sustainable Scotland Network detailing compliance with the climate change duties imposed by the Act and Amendment order. 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.

The Service's 2030 strategy was launched in August 2022 with one of our 6 strategic aims to 'deliver our net-zero climate targets'. This reinforced the Board's priority and importance placed on this important issue.

Our Sustainability plan was then updated to reflect:

- the NHS Scotland Sustainability Strategy has now been published
- the carbon net zero ambitions being clearly defined in our Service 2030 Strategy, and
- our now clear strategic direction in relation to our 2030 Service ambitions and impact on the wider health priorities

In September 2022 the Board approved our 2030 Sustainability Strategy – Our path to net zero. This reflected the Scottish Government ambitions and is being supported by a delivery plan, with targets, delivery dates and outcomes reporting on progress through our 2030 governance structure. To deliver our 2030 sustainability strategy, the Service has a clear Sustainability Organisational and Governance Structure identifying key roles, responsibilities and lines of communication. We use this to foster sustainable practices, provide direction and influence behaviors and cultures.

The Service has:

- appointed our Vice Chair as our Climate Emergency and Sustainability Champion
- appointed our Director of Finance, Logistics and Strategy as our executive lead for our Climate Emergency and Sustainability response
- ensured that our progress in responding to the climate emergency and sustainability issues is regularly considered by our Board
- established reporting on progress of the aims of the strategy through our 2030 governance structures, ensuring that those aims are fully integrated into all planning, management decisions and operational practices across the Service.

To deliver this we have put in place a Climate Emergency Response and Sustainability Group (CERAS) who have taken a lead role in the delivery of the strategy. Our 2022-2024 3 year action plan is in place and progress against this is reviewed at each CERAS meeting.



As a national Emergency Service and NHS Board, the Service has changed how it delivers its services, providing more support, care and treatment to people in their homes, and for those patients requiring very specialist support, conveying them to hospitals.

We have also been transitioning, primarily, non front-line fleet into electric vehicles and developing our electric charging infrastructure to reduce environmental impact. However, we recognise that our front-line ambulances contribute to the largest make up of our carbon emissions.

We plan to address this and a number of other key areas through the implementation of our 'Journey to Net Zero Strategy' which will focus on:

- sustainable care, procurement, buildings and communities
- waste management
- transitioning to full electric vehicles

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: [Reports \(sustainablescotlandnetwork.org\)](https://www.sustainablescotlandnetwork.org). A copy of the Service's Annual Climate Emergency and Sustainability Report can be found [here](#).

#### **1.2.12 RELATED PARTY TRANSACTIONS**

Details of any interests of Board members, senior managers and other senior staff in contracts or potential contractors with the Health Board as required by IAS 24 are disclosed in Note 19.

#### **1.2.13 EVENTS AFTER THE END OF THE REPORTING PERIOD**

There have been no significant events after the end of the financial year that would materially impact on the information contained within the accounts.

#### **1.2.14 FINANCIAL INSTRUMENTS**

Information in respect of the financial risk management objectives and policies of the Board and the exposure of the Service to price risk, credit risk, liquidity risk and cash flow risk is disclosed in Note 18.

#### **1.2.15 EQUALITY & DIVERSITY AND INCLUSION**

Our mission is to deliver the best ambulance services for every person, every time. Our goals to improve clinical quality, respond appropriately to the health needs of patients, support self-management and reduce health inequalities cannot be achieved without a firm commitment to continue to progress our equalities work now and in the future.

We have continued to make progress against the Equality Outcomes agreed for 2021 -25. These closely align with our strategic direction and focus on patient facing services and initiatives planned to improve the experience of our workforce. The development of the equality outcomes provided the assurance that the Service meets the equality and diversity needs of people with the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) whether they are patients, members of the public, carers or staff.

Details of the progress and our equality outcomes for 2021 -25 are illustrated in the Mainstreaming Report, which also provides examples of how we are building equality and diversity in to all that we do. [The 2021-23 Progress Report](#) was published on the Service’s website in April 2023, together with the [Equal Pay Statement and Gender Pay Gap Report](#) for 2023.


During 2024, we will continue to work on any outstanding actions from the 2021-25 agreed equality outcomes, as well as consulting on and developing our Equality Outcomes and Mainstreaming plans for 2025-2029. The [Annual Equality Monitoring Report 2023](#) also details the steps we are taking to improve the diversity of the workforce and encourage staff to disclose equality details to allow more complete reporting.

Prior to 2023, three staff networks were established within SAS. These were the Ethnic Minority Forum (previously named, Black, Asian and Minority Ethnic) Forum, the Proud@SAS Network for Lesbian, Gay, Bisexual & Transgender + (LGBT+) staff and the Disability Network. The Disability Network met for the first time in January 2022 with a small number of interested staff and was relaunched in April 2023. The networks are for staff from all the communities, across SAS, who share protected characteristics, their allies and those that can influence change and support developments across the Service.

During 2023, we saw the launch of our Armed Forces and Gender Equality/Women’s networks. We also re-established the Equality, Diversity and Inclusion Steering Group, which will provide strategic level support to drive this critical and essential agenda forward. This Steering Group is now chaired by our Deputy Chief Executive/Chief Operating Officer and each Network is led by a member of the Executive Team, supported by a lead senior manager and HR Advisor. Staff side colleagues are also represented on all of our networks.

Work also continues to explore other opportunities to identify ways to better engage with communities to improve the Service’s diversity profile of staff.

I confirm that this Performance Report is an accurate summary of the information reported therein.

Signed:  ..... Date: 26 June 2024

Mr Michael Dickson OBE  
Chief Executive

**SECTION 2 ACCOUNTABILITY REPORT****2.1 CORPORATE GOVERNANCE REPORT**

The purpose of the Corporate Governance Report is to explain the composition and organisation of the Board's governance structures and how they support the achievement of the Board's objectives. The Corporate Governance Report includes:-

- 2.1.1 Directors' Report
- 2.1.2 Statement of Accountable Officer's Responsibilities
- 2.1.3 Governance Statement

**2.1.1 DIRECTORS' REPORT****Accounting Convention**

The Annual Accounts and Notes have been prepared under the historical cost convention as modified to reflect changes in the value of fixed assets and in accordance with the 2023/24 FReM. The Accounts have been prepared under a direction issued by Scottish Ministers, which is appended to the accounts.

The statement of the accounting policies, which are in line with the International Financial Reporting Standards (IFRS) and have been adopted, are shown at Note 1.

**Naming Convention**

Scottish Ambulance Service is the common name for the Scottish Ambulance Service Board.

**Principal Activities and Review of the Business and Future Developments**

The information that fulfils the requirements of the business review, principal activities and future developments can be found in the Performance Report, which is incorporated in this report by reference.

**Date of Issue**

The Accountable Officer authorised these financial statements for issue on 26 June 2024.

**Appointment of Auditor**

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 Audit Services Ltd. to undertake the audit of the Scottish Ambulance Service. The general duties of the auditors of health bodies, including their statutory duties, are set out in the Code of Audit Practice issued by Audit Scotland and approved by the Auditor General.

## Remuneration for non-audit work

Azets Audit Services Ltd, the Service's External Auditor, have undertaken no non-audit related work during 2023/24.

## Public Services Reform (Scotland) Act 2010

Sections 31 and 32 of the Public Services Reform (Scotland) Act 2010 impose duties on all 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 Service publishes this information on its website at: <https://www.scottishambulance.com/publications/>

## Personal Data Related Incidents Reported to the Information Commissioner

During 2023/24, the Board reported three incidents to the Information Commissioner's Office (ICO) for review. The ICO ruled that the Board had acted appropriately in relation to these incidents and they were subsequently closed with no formal action taken.

## Disclosure of Information to Auditor

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

## Corporate Governance

The Board meets regularly during the year to progress the business of the Service's Board. This includes: reviewing of performance against the key targets for the organisation; considering the key strategies and policies the organisation wishes to develop; and seeking assurance that principal decisions are governed and implemented, as planned.

In order to support the work of the Board and to provide a framework of assurance, the following statutory governance committees report to the Board:

- Clinical Governance;
- Audit and Risk;
- Staff Governance;
- Remuneration (as a sub-committee of the Staff Governance Committee); and
- Integrated Governance Committee

## Clinical Governance Committee

The Clinical Governance Committee of the Board has two key roles:

- Systems assurance – to ensure that clinical governance mechanisms are in place and operate effectively throughout the Service's System; and

- Public health governance – to ensure that the principles and standards of clinical governance are applied to the health improvement activities of the NHS Board.

The Clinical Governance Committee comprised five Non-Executive Directors: Mr Stuart Currie, Chair, Dr Francis Tierney (to 03 January 2024), Ms Irene Oldfather, Ms Carol Sinclair, Ms Elizabeth Humphreys, Dr Maggie Watts (from 04 January 2024) and the Board Chair, Mr Tom Steele. The Committee meets at least four times per year to monitor standards of care and measure the effectiveness of pre-hospital treatment. The Committee met 4 times in 2023/24 and all meetings were quorate.

### **Audit and Risk Committee**

The Audit and Risk Committee comprised five Non-Executive Directors: Ms Carol Sinclair, Chair, Ms Madeline Smith, Ms Irene Oldfather, Mr Stuart Currie and Mr John McGuigan (to 30 November 2023), Mr Mike McCormick (from 01 December 2023). The Committee meets four times per year to consider the various reports from both internal and external auditors to assess the risks and internal controls in the Service. The Committee met 4 times in 2023/24 and all meetings were quorate.

### **Staff Governance Committee**

The Staff Governance Committee comprised six Non-Executive Directors: Ms Madeline Smith, Chair, Mr John Riggins (Employee Director) (to 31 October 2023), Steven Gilroy, Employee Director (from 01 November 2023), Mr John McGuigan (to 30 November 2023), Councillor Cecil Meiklejohn, Ms Elizabeth Humphreys (from 01 February 2024), Mr Mike McCormick (from 01 December 2023), Dr Maggie Watts (from 04 January 2024) the Board Chair, Mr Tom Steele and three lay officials (in an *ex officio* capacity). The Committee meets four times per year to ensure effective monitoring of staff governance within the Service. The Committee met 4 times in 2023/24 and all meetings were quorate.

### **Remuneration Committee**

The Remuneration Committee, which reports to Staff Governance Committee, comprised the Board Chair, Mr Tom Steele and four Non-Executive Directors: Dr Francis Tierney (Chair) (to 03 January 2023); Councillor Cecil Meiklejohn; Ms Elizabeth Humphreys (Chair from 01 February 2024) and Mr John Riggins (Employee Director) (to 31 October 2023), Steven Gilroy, Employee Director (from 01 November 2023), Mr Mike McCormick (from 01 December 2023). The Committee meets at least twice per year to consider the evaluation of performance and pay awards for Executive Directors. It has an important role in ensuring consistency of policy and equity of treatment of staff across the local NHS system, including remuneration issues, where they are not already covered by existing arrangements at national level. The Committee met twice in 2023/24 and all meetings were quorate.

### **Integrated Governance Committee**

The Integrated Governance Committee comprised the Board Chair, Mr Tom Steele and four Non-Executive Directors: Ms Irene Oldfather, Mr Stuart Currie, Ms Carol Sinclair and Ms Madeline Smith. The Committee intends to meet twice per year to ensure no governance gaps or duplication between the business of each Committee. The first meeting of the Committee is scheduled to be held on 4 June 2024.

## Board Membership

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

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

The Service's Board comprised the following up to the date of signing the accounts:

Tom Steele	Chair
Pauline Howie OBE	Chief Executive (to 30 June 2023)
Michael Dickson OBE	Chief Executive (from 01 July 2023)
Stuart Currie	Non-Executive Director
Elizabeth Humphreys	Non-Executive Director and Whistleblowing Champion
Mike McCormick	Non-Executive Director (from 01 December 2023)
John McGuigan	Non-Executive Director (to 30 November 2023)
Cecil Meiklejohn	Non-Executive Director
Irene Oldfather	Non-Executive Director and Vice Chair
Carol Sinclair	Non-Executive Director
Madeline Smith	Non-Executive Director
Dr Francis Tierney	Non-Executive Director (to 03 January 2024)
Dr Maggie Watts	Non-Executive Director (from 04 January 2024)
John Riggins	Employee Director (to 31 October 2024)
Steven Gilroy	Employee Director (from 01 November 2023)
Julie Carter	Director of Finance, Logistics and Strategy
Dr Jim Ward	Medical Director

## New Appointments

There were four new appointments during 2023/24; Michael Dickson, Chief Executive, Mike McCormick, Non-Executive Director, Dr Maggie Watts, Non-Executive Director, Steven Gilroy, Employee Director.

The Board members' responsibilities in relation to the accounts are set out in a statement following this report.

## Board Members' and Senior Managers' interests

A full register of interests of board members and senior managers is updated on a regular basis and is available on the Service's website under the [Board Publications](#) section, or is available from the Board Secretary's office.

Where a Board member or senior manager exempts themselves from any decision because of a conflict of interest this is recorded in the minute of the relevant meeting.

All Board members are also Trustees of the Scottish Ambulance Service Endowment Fund. The Scottish Ambulance Service Endowment Fund is a charity registered with the Office of the Scottish Charity Regulator under number SC027131.

## **STATEMENT OF 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 2024 and of its operating costs for the year then ended. In preparing these accounts the Directors are required to:

- apply on a consistent basis the accounting policies and standards approved for NHS Scotland by Scottish Ministers;
- make judgements and estimates on a reasonable basis;
- 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; and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the Board will continue to operate.

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

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

## **2.1.2 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 Scottish Ambulance Service Board.

This designation carries with it responsibility for:

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

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

- observe the accounts direction issued by Scottish Ministers including the relevant accounting 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; and
- prepare the accounts on a going concern basis.

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

I am responsible for ensuring proper records are maintained and that the Accounts are prepared under the principles and in the format directed by Scottish Ministers. To the best of my knowledge and belief, I have properly discharged my responsibilities as Accountable Officer as intimated in the Departmental Accountable Officers letter to me of 01 July 2023.



**SCOTTISH AMBULANCE SERVICE  
ANNUAL ACCOUNTS AND NOTES FOR YEAR ENDED 31 MARCH 2024**

**CORPORATE GOVERNANCE REPORT (Cont.)**

### **2.1.3 GOVERNANCE STATEMENT**

#### **Scope of Responsibility**

As Accountable Officer, I am responsible for maintaining an adequate and effective system of internal control that supports compliance with the Board's policies and promotes achievement of the Service's aims and objectives, including those set by Scottish Ministers. Also, I am responsible for safeguarding the public funds and assets assigned to the Board and the Scottish Ambulance Service Endowment Fund (SC027131). This statement includes any relevant disclosure in respect of these Endowment Accounts.

#### **Purpose of System of Internal Control**

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

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve the 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) 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.

In terms of enabling me to discharge my responsibilities as Accountable Officer, and in line with good practice, the Board had the following robust governance arrangements and processes in place for the year under review and up to the date of approval of the annual report and accounts. The key points of this framework are detailed below:

- A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the senior management of the organisation and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available.
- The Board receives regular reports on Healthcare Associated Infection and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities for the Service.

- Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board and subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements.
- Implementation of organisation wide risk management arrangements in line with the Board's Risk Management Policy.
- Documentation of the remits of the Board and its committees as well as ensuring scrutiny of activities;
- Consideration by the Board of regular reports from the chairs of the Staff Governance, Clinical Governance, Audit and Risk and Integrated Governance committees concerning any significant matters on governance, risk and internal controls.
- The Board's Performance and Planning Steering Group scrutinises the service delivery, clinical, finance and people performance of the organisation on behalf of the Board via a range of reports and papers.
- A strong focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements. Updates on the Service's Best Value Programme are provided to the monthly Performance and Planning Steering Group and the Audit and Risk Committee on a quarterly basis.
- Regular review of performance against key national targets.
- Clear allocation of responsibilities for ensuring that we continue to review and develop our organisational arrangements and services in line with national standards and guidance.
- Allocation of responsibilities for the implementation of improvement actions to lead directors and sector management across our clinical and non-clinical activities.
- Consultation on service change proposals is undertaken with stakeholders and used to inform decision making.
- A patient feedback service and how the service is performing.
- Policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches.
- Updates from the 2030 Strategy Portfolio Board on the progress of the delivery of the 2030 Strategy are provided at each Board meeting.
- Trustees of the Endowment Fund have met twice during 2023/24.

## **Governance Framework**

The Scottish Ambulance Service has set out its vision in its 2030 Strategy which was launched in August 2022 and describes how the Service will play a vital role in saving more lives, reducing inequalities and improving health and wellbeing.

The Audit and Risk Committee has governance oversight of system of risk management system, and that committee receives a report on risk management at every meeting. Other committees have responsibility for oversight of specific categories of risk which relate to their remit. The work of all committees includes oversight of compliance with the law and regulatory activity which is relevant to their remits.

The Service's Board is supported in its governance responsibilities by the Staff Governance Committee, Audit and Risk Committee, Clinical Governance Committee, Remuneration Committee and Information Governance Committee. Further information on the committees, including their membership and remit can be found in the Director's report.

The review of the Clinical Governance Framework was undertaken and approved by the Clinical Governance Committee on 13 November 2023.

The Board also examines its own effectiveness in line with current best practice, approves the scheme of delegation and ensures compliance with current legislation. The Board through defining the roles and responsibilities of members sets out clear areas of responsibility and levels of delegated authority.

The Board in conjunction with the Scottish Government Health and Social Care Directorates sets a series of performance measures that enables the Board to report to the public on the quality of services provided and how year on year these are improving.

The Board has a whistle blowing policy and makes it clear that staff will be supported when they raise areas of concern in respect of patient safety and quality of service. The Board appointed a Non-Executive Whistle Blowing Champion to further promote a culture of openness and transparency in NHS Scotland. The Scottish Government have a whistle blowing help line in place to assist NHS Scotland staff in raising appropriate concerns.

Each of the Executives and Non-Executives as Board members have key objectives to deliver each year and they are formally appraised, in the case of the Executives, by the Chief Executive and the Non-Executives by the Chair. The Chief Executive is appraised by the Chair also. From these appraisals, Personal Development Plans are prepared and acted upon. The Board development sessions provide an opportunity for the Board to develop as a collective.

Various channels of communication exist to enable effective communication with stakeholders. These vary from the weekly Chief Executive's Bulletin and staff engagement sessions to internal stakeholders, to one-to-one meetings with key stakeholders at Scottish Government.

The Board has endeavoured to ensure compliance with the SPFM and is assured that it is in compliance with all relevant areas of this code that impact on Scottish NHS public bodies. In addition, the Board is aware of its responsibilities in respect of the Bribery Act 2010.

The Board continues to implement and further develop a Board Assurance Framework which is being used to identify and resolve any gaps in control and assurance and also includes actions to be undertaken to further develop the role of the assurance committees. During 2023/24 the Audit and Risk Committee has received further updates to this framework which included a mapping of the Executive Director objectives 2023/24, which are then cascaded throughout the organisation, to the Annual Delivery Plan, mitigating our key risks and delivered by the 2030 Portfolio Boards. This development also included a mapping of the Board Assurance Committees that are seeking assurance of the delivery of these actions and incorporated in the committee workplans for the year. Any gaps in assurance were then identified and mitigated.

The refreshed Blueprint for Good Governance (second edition) was published by Scottish Government in December 2022 and shared with Board members. There were a number of new

sections in the revised edition, including detail on Assurance Frameworks, Risk Management System and Audit arrangements and these give useful detail to which our Board will benchmark its current arrangements against. The Blueprint sets an expectation that each Board's governance arrangements will be subject to a systematic evaluation annually via a self-assessment exercise and an external evaluation once every three years. The first self-assessment exercise was undertaken by the Board in November 2023, all Board members completed the survey. A Board Development session took place to review the survey results to inform the development of a Board Governance Development Plan. Following the Board Development session the Service's improvement plan was developed and agreed to by the Board and submitted to the Scottish Government.

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

### **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:

- Formal letters of assurance from the Executive Directors 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 organisation's Audit and Risk Committee regular reports which include their independent and objective opinion on the effectiveness of risk management, control and governance processes, together with recommendations for improvement;
- comments made by the external auditors in their management letters and other reports;
- establishment of key performance and risk indicators, including the requirement for all projects to be managed according to PRINCEII project management methodology;
- maintenance of an organisation-wide risk register formally reviewed by the Board annually and the Risk Management Steering Group meets at the Senior Management Team meetings three times per annum;
- the operation of a comprehensive performance appraisal system for all staff with personal objectives and development plans designed to support the Board in the attainment of the corporate objectives set out in the Health Plan and Delivery Plan. In addition, Personal Development Plans for all staff are being developed in line with the NHS Agenda for Change Knowledge and Skills Framework;
- an efficient government programme which aims to achieve cash releasing savings and productivity improvements (e.g. overtime management); and
- the operation of a continuous improvement strategy.
- an Integrated Governance Committee has been established and meets twice yearly to ensure no governance gaps or duplication between the business of each Committee. The first meeting of the Committee was held on 4 June 2024.

Additional assurance has been provided during 2023/24 via the receipt of formal reports relating to each of the governance committees.

## Information Governance

The Information Commissioner's Office (ICO) audited the Board in April 2023, as part of a programme of audit covering all NHS Boards in Scotland. The ICO provided a report to the Board in which their overall opinion was: ***“There is a reasonable level of assurance processes and procedures are in place and are delivering data protection compliance. The audit has identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation”.***

The Directors' Report (within this Accountability Report) contains details of personal data related incidents which have been reported to the Information Commissioner.

A review of internal control arrangements was undertaken by Deputy Directors and evidenced by an internal control checklist, once complete this was submitted to Executive Directors with a letter of assurance. All Executive Directors have signed certificates of assurance demonstrating that all internal controls are working effectively in their area of responsibility.

The work of the Board's auditors, internal and external supports our system of governance and internal control.

The Chief Internal Auditor has provided the following audit opinion in his 2023/24 annual report:

### Overall opinion

Our overall opinion for the period 1 April 2023 to 31 March 2024 is that:

***‘Significant assurance with minor improvements’ can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.’***

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee, Clinical Governance Committee, Staff Governance Committee and Information Governance Group. Appropriate action is in place to address weaknesses identified and to ensure the continuous improvement of the system.

### 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 have been made to secure Best Value as set out in the Scottish Public Finance Manual.

### Risk Assessment

All NHS Scotland 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 Board Risk Management Policy 2020-2024 was written to replace the Management of Risk Strategy 2016-2020 and was approved by the Service's Board in January 2020. The Policy has been reviewed annually since then and the most recent version was approved in June 2023. The policy is currently undergoing a rewrite for 2024-2028. This Risk Management Policy sets out the objectives and organisational arrangements for the management of risk and supports the Service's strategy and corporate objectives. The policy defines our formal process through a systematic programme of identification, analysis, evaluation, ranking, treatment and importantly escalation of risk. In addition, the Service has adopted the principles and guidelines set out in ISO31000:2018 International Standards for Risk Management, which has been updated from its previous iteration in 2009. These are commonly used in NHS Scotland.

The Service aims to control, eliminate, or reduce risk to an acceptable level by creating a culture founded upon assessment, prevention, and learning, rather than reaction and remedy. Effective Risk Management will:

- Help to ensure the safety of patients, staff and the public;
- Protects the services and finances of the Service;
- Enhance the reputation and public image of the Service; and
- Improve ongoing delivery of emergency care and patient transport services

An acceptable level of risk is defined as a level in keeping with relevant guidelines and compliance with National Standards, guidelines and legislation. In addition, during 2019/20 the Board risk appetite was also defined, with risk tolerance also set against all our corporate risks. This was further reviewed in April 2022 and again in October 2022 following our remobilisation from COVID-19 and forms part of an annual review process with our Board. Processes of risk assessment and treatment; maintenance of risk registers and escalation; regular monitoring of progress and assurance of effective controls are in place to manage the high and very high risks within the Service.

In line with the Risk Management Policy all

- Low and medium risks have oversight at Local, Regional and/or Programme Group level;
- High and Very High risks have oversight at a National level through escalation to the Performance and Planning Steering Group (PPSG) and the appropriate Board Governance Committees; and
- Are escalated for oversight at Board Governance Committee and Board level as appropriate.

### **Risk Management Principles**

The Service promotes and fosters a culture which is open and honest about mistakes in order that the lessons can be learned and shared to reduce the likelihood of them re-occurring in the future. The risk culture needs to embrace openness, support transparency, welcome constructive challenge and promote collaboration, consultation and co-operation.

To do this, the policy aims to allow the Service:

- to positively support all staff to take personal responsibility for their own learning for risk management;
- to create an environment which encourages and supports staff to report adverse events / near miss, including their own human errors, so that learning and improvement can take place;
- to provide a 'fair and just culture';
- to make non-threatening arrangements for the open discussion of events with the sole purpose of identifying what can be done to prevent it happening again;
- to make suitable and inclusive arrangements to ensure that our learning is used to improve procedures and processes and share the lessons learned;
- to ensure all staff have a personal responsibility to perform their duties properly and in accordance with any procedures, rules or instructions provided. It is everyone's responsibility to manage risk within their roles supported by a culture that allows staff to speak up when they have concerns;
- to ensure consideration of risk should not inhibit innovation; and
- to endeavour to understand the risks faced and be aware of the cost of risk to the organisation.

A Board risk workshop, facilitated by our internal auditors, KPMG took place on 30 August 2023. This session:

- Reviewed and updated our Corporate Risk Register (CRR) to reflect key risks in delivering our Annual Delivery Plan and 2030 programmes of work;
- Identified a process for anticipating future risks and their timing in the development of a spider diagram,
- Identified a process for displaying interconnected risks and;
- Reviewed our risk appetite levels which then allowed us to review our tolerances for each of our Corporate Risks.

Our CRR is presented to each Board meeting for approval following monthly review by our Performance and Planning Steering Group (PPSG). PPSG includes the Executive Team and a cross section of senior managers, who also review all risk registers bi-annually, in order to review the current high and very high risks, monitor current and planned controls, and consider whether any of those risks require escalation to the Board. There is now an open invite to all Non-Executive Directors to attend the PPSG.

Identified risks and allocation of resources are prioritised through a risk matrix scoring methodology that examines likelihood and impact, when compared to risk tolerance through appetite. Thereafter, the risks have controls and mitigating actions planned and resourced which allow the organisation to monitor and manage these risks to an acceptable level.

Risk Management Governance is reported through the PPSG, chaired by the Chief Executive / Deputy Chief Executive, which meets on a monthly basis. The Corporate risk output from this group is reported to the quarterly Audit and Risk Committee, as well as the bi-monthly Board meetings.

Internal Audit also utilise the Corporate Risk Register to develop their workplan for the forthcoming year. This process ensures that Internal Audit is focussed on areas of greatest risk to the organisation and can give assurance and advice with regards to controls.

More generally, the Service is committed to continuous development and improvement: developing systems in response to events, and relevant reviews and development in best practice. In particular, during the year to 31<sup>st</sup> March and up to the signing of the accounts, the Service has put in place the following:

- Workshop was facilitated by our Internal Auditors – KPMG to review our Risk Appetite Statement with the tolerances reviewed for each Corporate Risk. Our Appetite for risk has also been built into the development of our 2030 Strategy.
- We developed a reporting tool in the form of a spider diagram for identifying potential 'future corporate risks' and their proximity, i.e. when is the risk most likely to happen and also when will it cease or become a risk. This is updated every month and reported to the PPSG, Audit and Risk Committee and Board.
- We developed a reporting tool for 'Interconnected Corporate Risks' to identify those that require our most focussed attention. We plot our current risks interconnected against our level 1 risk appetite areas which aims to show that the risks with the higher impact across the range of risk appetite headings should have our most focus. This is updated every month and reported to the PPSG, Audit and Risk Committee and Board.
- We implemented a score against each action on the CRR in order to evaluate whether the controls and actions will effectively reduce the risk once implemented. Each action is scored from 1-5 - 1 being not effective with 5 very effective. This is updated every month and reported to the PPSG, Audit and Risk Committee and Board.
- Corporate Risk Register is approved by each Service Board meeting.
- The Service engaged with Healthcare Improvement Scotland on the management of Significant Adverse Events (SAE).
- An Internal Audit took place on the management of our SAE Review process and a SAER improvement plan is now in place and being delivered.
- Risk Management Governance is reported to the Performance & Planning Steering Group on a monthly basis throughout the year.
- A regular programme of facilitated workshops to identify, and keep up-to-date, the record of risks facing all levels of the Service.
- Dedicated Risk Management workshops were delivered to each portfolio within the 2030 Strategy to ensure quality and consistency in their approach to Risk.
- Quarterly Clinical Governance Risk Management and Patient Safety reports have been presented to the Clinical Governance Committee.
- Quarterly Risk Management reports have been presented to the Audit and Risk Committee.
- Quarterly Risk Management reports have been presented to the Staff Governance Committee.
- Managers and staff have been trained to use the Service's risk management system - Datix for the management of Adverse Events, Feedback and Risks. This was a combination of 1-1 and e-learning training.
- SAS Datix Users Group continues to take place reporting to the Information Governance Group. An Information Asset Register, Data Protection Impact Assessment, System Security Policy and updated Business Continuity Action Cards also continue to be maintained.



- The Service is engaged in the NHS Healthcare Improvement Scotland project to develop consistent incident coding across all Health Boards in Scotland. We are also engaged via the Scottish Datix User Group and part of a specialist sub-group.
- The Service has signed a contract to move to a new Integrated Incident Risk Management & Patient Safety System (IIRMPSS) called InPhase solutions as part of the National Framework for Scotland. This will be implemented throughout 2024-2025 for full implementation by April 2025.

## Public Corporate Risk Register (as at March 2024)

Risk ID	Risk Description and Impact	Current Risk Level	Risk Tolerance
4638	<p><b>Hospital Handover Delays</b>  <b>There is a risk</b> to patient safety  <b>Because of</b>  Delays in handing over patients at hospital beyond the 15-minute patient safety standard  <b>Resulting in</b> the following;</p> <ul style="list-style-type: none"> <li>• Harm to patients who are unable to access Emergency Departments or other Hospital care in a timescale required by the acuity of their condition.</li> <li>• Harm occurring to patients in communities who have not yet received an Ambulance response because all available resources are stacking at local Hospitals.</li> <li>• Poor patient experience being delayed for long periods with no access to facilities such as toilets and refreshments.</li> <li>• Poor staff experience as staff are unable to be rested within rest break windows or experience long shift overruns affecting both ongoing Ambulance availability and work-life balance.</li> </ul>	Very High	High
5062	<p><b>Failure to achieve financial target</b>  <b>There is a risk that</b>  we do not achieve our financial targets and our 3-year financial plan  <b>Because of</b>  non-delivery of efficiency savings and coping with increasing cost, operational and whole system pressures  <b>Resulting in</b>  an inability to ensure Financial Sustainability and Improve Value.</p>	Very High	Medium
5602	<p><b>Service's defence against a Cyber Attack</b>  <b>There is a risk that</b>  the Service's digital and/or communications estate suffers a cyber attack  <b>Because of</b>  ineffective security controls  <b>Resulting in</b>  an impact on CIA (Confidentiality, Integrity and Availability) of ICT Systems and information.</p>	High	Medium
5603	<p><b>Maintaining required service levels (Business Continuity)</b>  <b>There is a risk that</b>  The Service will not be able to maintain required service levels  <b>Because of</b>  disruption to the Service's ICT solutions (e.g., due to a cyber-attack or power outage)  <b>Resulting in</b>  an impact on patient and staff safety, public / political confidence and the need to strengthen business continuity / disaster recovery arrangements for ACC evacuation.</p>	High	Medium

Risk ID	Risk Description and Impact	Current Risk Level	Risk Tolerance
4636	<p><b>Health and wellbeing of staff affected</b>  <b>There is a risk that</b> the health and wellbeing of our staff is being negatively affected  <b>Because of</b> working conditions dealing with system pressures and the cost-of-living crisis. This in combination with the mental and physical health demands of working in an emergency ambulance service, i.e. managing rest breaks and education and training pressures  <b>Resulting in</b> an increase in absence levels, lower morale, increased fatigue, lower resilience and reduced service capacity at all levels.</p>	High	Medium
5653	<p><b>Organisational Culture</b>  <b>There is a risk that</b> Some SAS staff feel unable to speak-up about issues they experience  <b>Because of</b> a legacy culture that is unhealthy in some areas  <b>Resulting in</b> staff not feeling valued in some areas, a negative impact on staff welfare, sickness absence and the potential to impact on patient care and safety.</p>	High	Medium
5519	<p><b>Statutory and Mandatory Training</b>  <b>There is a risk of</b> harm to staff  <b>Because</b> there is limited statutory and mandatory training in place across the Service  <b>Resulting in</b> an impact to patient care, staff confidence in the Service and legal action.</p>	Very High	Medium

## Disclosures

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

## Conclusion

As the appointed Accountable Officer I am able to conclude that corporate governance continues to be strengthened and the systems have been in place for the year under review and up to the date of approval of the annual report and accounts.

## 2.2 REMUNERATION AND STAFF REPORT

### 2.2.1 Board Members' and Senior Managers' Remuneration

Information disclosed in this report relates to the remuneration of Board members and senior managers who directly report to the Chief Executive.

Board members and senior managers are remunerated in accordance with approved national pay rates. All posts at this level are subject to job evaluation arrangements and pay scales applied to reflect the outcome of these processes. All extant policy guidance issued by SGHSCD has been appropriately applied and agreed by the Remuneration Committee

Performance appraisal for Board members and senior employees is conducted in accordance with HDL(2006)23 and any subsequent amendment – *Appraisal arrangements for staff on Executive pay ranges*.

The Remuneration Committee, which reports to Staff Governance Committee, comprised the Board Chair, Mr Tom Steele and four Non-Executive Directors: Dr Francis Tierney (Chair) (to 03 January 2023); Councillor Cecil Meiklejohn; Ms Elizabeth Humphreys (Chair from 01 February 2024) and Mr John Riggins (Employee Director) (to 31 October 2023), Steven Gilroy, Employee Director (from 01 November 2023), Mr Mike McCormick (from 01 December 2023). The Committee meets at least twice per year to consider the evaluation of performance and pay awards for Executive Directors. It has an important role in ensuring consistency of policy and equity of treatment of staff across the local NHS system, including remuneration issues, where they are not already covered by existing arrangements at national level. The Committee met twice in 2023/24 and all meetings were quorate.

As stated above, the Remuneration Committee meets at least twice per year to consider the evaluation of performance and pay awards for Executive Directors.

In accordance with the Financial Reporting Manual (FReM), 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 in year earnings' column shows the remuneration relating to actual earnings payable in 2023/24.

REMUNERATION REPORT FOR THE YEAR ENDED 31 MARCH 2024  
CURRENT YEAR 2023/24

(Audited) Director	Remuneration Table						Pension Values						
	Gross Salary	Bonus payments	Benefits in Kind	Total Earnings in year	Pension benefits Note (1)	Total remuneration Note (2) (Audited)	Accrued pension at pension age at 31 March 2024	Total accrued lump sum at pension age at 31 March 2024	Real increase in pension at pension age	Real increase in lump sum at pension age at 31 March 2024	CETV at 31 March 2023 (Audited)	CETV at 31 March 2024 (Audited)	Real Increase in CETV (Audited)
Executive Directors	Bands of £5,000	Bands of £5,000	£'000	Bands of £5,000	£'000	Bands of £5,000	Bands of £5,000	Bands of £5,000	Bands of £2,500	Bands of £2,500	£'000	£'000	£'000
<b>Chief Executive:</b> Pauline Howie (Until Jun 23) <b>Note (3)</b>	35-40	0	0	35-40	0	35-40	50-55	145-150	0-(0.25)	(2.5-5.0)	1,151	1,223	(7)
<b>Chief Executive:</b> Michael Dickson (from July 23) <b>Note (3)</b>	110-115	0	0	110-115	34	145-150	10-15	0	2.5-5.0	0	132	186	19
<b>Medical Director:</b> James Ward	160-165	0	0.1	160-165	0	160-165	Not in SPPA scheme						
<b>Director of Finance, Logistics &amp; Strategy:</b> Julie Carter	120-125	0	0.2	120-125	7	125-130	40-45	110-115	0-2.5	(2.5-5.0)	890	974	9
<b>Non-Executive Directors</b>	Non-Executive Directors are not eligible to become members of the pension scheme												
<b>Chair:</b> Tom Steele <b>Note (4)</b>	40-45	0	0	40-45	0	40-45							
John McGuigan (to Nov 23) <b>Note (5)</b>	5-10	0	0	5-10	0	5-10							
Michael McCormick (from Dec 23) <b>Note (5)</b>	0-5	0	0	0-5	0	0-5							
Francis Tierney (to Jan 24) <b>Note (5)</b>	5-10	0	0	5-10	0	5-10							
Maggie Watts (from Jan 24) <b>Note (5)</b>	0-5	0	0	0-5	0	0-5							
Cecil Meiklejohn	5-10	0	0	5-10	0	5-10							
Irene Oldfather	5-10	0	0	5-10	0	5-10							
Madeline Smith	5-10	0	0	5-10	0	5-10							
Carol Sinclair	5-10	0	0	5-10	0	5-10							
Stuart Currie	5-10	0	0	5-10	0	5-10							
Elizabeth Humphreys	5-10	0	0	5-10	0	5-10							
<b>Employee Director:</b> John Riggins (to Oct 23) <b>Note (6)</b>	35-40	0	0	35-40	0	35-40	-	-	-	-	-	-	-
Steven Gilroy (from Nov 23) <b>Note (6)</b>	25-30	0	0.8	25-30	8	35-40	20-25	60-65	0-2.5	0-2.5	517	580	6
<b>Other Senior Employees</b>													
<b>Director of Care Quality &amp; Professional Development</b> Emma Stirling	90-95	0	0.1	95-100	71	165-170	20-25	55-60	2.5-5.0	5.0-7.5	328	416	53
<b>Director of HR &amp; OD</b> Avril Keen	95-100	0	0	95-100	25	120-125	25-30	60-65	0-2.5	0-(2.5)	484	552	23
<b>Chief Operating Officer &amp; Deputy Chief Executive</b> Paul Bassett	110-115	0	0.1	110-115	26	135-140	40-45	105-110	0-2.5	0-(2.5)	807	903	27

**Note (1) - Pension Benefits.** This figure represents the value of pension benefits accrued during the year. It does not represent the contributions to the scheme by either employee or employer. Instead, it represents the value of benefits to be received in the future by the employee over the expected lifetime of the pension. It is calculated as [(Real increase in pension x 20) plus [Real Increase in Lump Sum] less (Employees Superannuation Contributions for the year)]

**Note (2) - Total Remuneration** This figure is calculated as: (Gross Salary + Bonus Payments + Benefit in Kind + Pension Benefits) = Total Remuneration. As this includes Pension Benefits per Note (1) above, this is not the salary paid to the employee during the year but the salary plus the employee's pension benefits over the life of the pension. There were no bonus payments in 2023/24.

**Note (3) - Chief Executive.** P Howie retired from the Scottish Ambulance Service on 30<sup>th</sup> June 2023. Full year equivalent Gross Salary (in bands of £5k) 155 - 160. M Dickson transferred from NHS Shetland on 1<sup>st</sup> July 2023. Full year equivalent Gross Salary (in bands of £5k) 150-155.

**Note (4) – Board Chair.** T Steele received (in bands of £5k) 40-45 for his duties as Board Chair. He also did additional work in the year for Scottish Government

**Note (5) – Non-Executive Directors.** Full Year equivalent Gross Salary (in bands of £5k) 5-10.

**Note (6) - Employee Director.** J Riggins retired from the Scottish Ambulance Service on 31<sup>st</sup> October 2023. Full year equivalent Gross Salary (in bands of £5k) 60-65. S.Gilroy was employed by the Scottish Ambulance Service prior to his appointment to Employee Director from 1<sup>st</sup> November 2023. The remuneration in the table above represents remuneration as a director. Full year equivalent Gross Salary (in bands of £5k) 65-70.

## REMUNERATION REPORT FOR THE YEAR ENDED 31 MARCH 2023

## PRIOR YEAR 2022/23 (RESTATED)

(Audited) Director	Remuneration Table						Pension Values						
	Gross Salary	Bonus payments	Benefits in Kind	Total Earnings in year	Pension benefits Note (1)	Total remuneration Note (2) (Audited)	Accrued pension at pension age at 31 March 2023	Total accrued lump sum at pension age at 31 March 2023	Real increase in pension at pension age Note (5)	Real increase in lump sum at pension age at 31 March 2023 Note (5)	CETV at 31 March 2022 (Audited) Note (5)	CETV at 31 March 2023 (Audited)	Real Increase in CETV (Audited) (Note 5)
Executive Directors	Bands of £5,000	Bands of £5,000	£'000	Bands of £5,000	£'000	Bands of £5,000	Bands of £5,000	Bands of £5,000	Bands of £2,500	Bands of £2,500	£'000	£'000	£'000
<b>Chief Executive:</b> Pauline Howie	150-155	0	0	150-155	0	150-155	55-60	135-140	(2.5-5.0)	(10.0-12.5)	1,080	1,148	(47)
<b>Medical Director:</b> James Ward	190-195	0	0.1	190-195	0	190-195	Not in SPPA scheme						
<b>Director of Finance, Logistics &amp; Strategy:</b> Julie Carter	115-120	0	0.1	115-120	0	115-120	40-45	75-80	0-2.5	(5.0-7.5)	723	803	(9)
<b>Non-Executive Directors</b>	Non-Executive Directors are not eligible to become members of the pension scheme												
<b>Chair:</b> Tom Steele	50-55	0	0	50-55	0	50-55							
John McGuigan	5-10	0	0	5-10	0	5-10							
Francis Tierney	5-10	0	0	5-10	0	5-10							
Cecil Meiklejohn	5-10	0	0	5-10	0	5-10							
Irene Oldfather	5-10	0	0	5-10	0	5-10							
Madeline Smith	5-10	0	0	5-10	0	5-10							
Carol Sinclair	5-10	0	0	5-10	0	5-10							
Stuart Currie	5-10	0	0	5-10	0	5-10							
Elizabeth Humphreys	5-10	0	0	5-10	0	5-10							
<b>Employee Director:</b> John Riggins	55-60	0	0	55-60	0	55-60	15-20	40-45	0-2.5	0-(2.5)	311	325	0
<b>Other Senior Employees</b>													
<b>Director of Care Quality &amp; Professional Development</b>													
Frances Dodd (to Sep 22) <b>Note (3)</b>	50-55	0	0	50-55	13	60-65							
Emma Stirling (from Nov 22) <b>Note (4)</b>	30-35	0	0	30-35	19	50-55	20-25	30-35	2.5-5.0	2.5-5.0	203	259	9
<b>Director of HR &amp; OD</b> Avril Keen	85-90	0	0	85-90	12	100-105	20-25	35-40	0-2.5	0-(2.5)	334	386	7
<b>Chief Operating Officer &amp; Deputy Chief Executive</b> Paul Bassett	100-105	0	0.1	100-105	20	120-125	40-45	70-75	0-2.5	0-(2.5)	625	721	19

**Note (1) - Pension Benefits**

This figure represents the value of pension benefits accrued during the year. It does not represent the contributions to the scheme by either employee or employer. Instead it represents the value of benefits to be received in the future by the employee over the expected lifetime of the pension. It is calculated as [(Real increase in pension x 20) plus [Real Increase in Lump Sum] less (Employees Superannuation Contributions for the year)]

**Note (2) - Total Remuneration**

This figure is calculated as: (Gross Salary + Bonus Payments + Benefit in Kind + Pension Benefits) = Total Remuneration. As this includes Pension Benefits per Note (1) above, this is not the salary paid to the employee during the year but the salary plus the employee's pension benefits over the life of the pension. There were no bonus payments in 2022/23

**Note (3) - Director of Care Quality & Professional Development**

F Dodd transferred to NHS Forth Valley on 22nd September 2022. Full Year Equivalent Gross Salary (in bands of £5k) 100 - 105. The Estimated Closing CETV at 22nd Sept is £936k

**Note (4) - Director of Care Quality & Professional Development** E Stirling transferred from NHS Ayrshire & Arran on 17th November 2022. Full Year equivalent Gross Salary (in bands of £5k) 85 -90

**Note (5) – Restated Opening CETVs and Real Increases in Pension / Lump Sum / CETV** CETV values at 31 March 2022 updated to reflect the values unadjusted for Inflation. Real increases to pension, lump sum and CETV updated to disclose real movement including where this is a negative value. Real increase in CETV also updated to reflect deduction of employee contribution.

**SCOTTISH AMBULANCE SERVICE**  
**REMUNERATION AND STAFF REPORT DISCLOSURES**  
**FOR THE YEAR ENDED MARCH 2024**

**Fair Pay Disclosure (Audited)**

	<b>CURRENT YEAR 2023/24</b>	<b>PRIOR YEAR 2022/23</b>	<b>Change %</b>
	<b>£000s</b>		
Range of staff remuneration	9,030 – 193,357	9,030 – 190,527	0 - 1
Highest earning Director's total remuneration	190 – 195	190 - 195	0
Median (Total pay & benefits)	46,652	43,659	7
Median (Salary only)	46,641	43,626	7
Ratio	4.13	4.41	-6
25 <sup>th</sup> Percentile (Total pay & benefits)	35,270	31,945	10
25 <sup>th</sup> Percentile (Salary only)	35,263	31,939	10
Ratio	5.46	6.03	-9
75 <sup>th</sup> Percentile (Total pay & benefits)	56,917	53,494	6
75 <sup>th</sup> Percentile (Salary only)	56,917	53,445	6
Ratio	3.38	3.60	-6

The highest paid director salary and allowances remain the same as the prior year based on the midpoint of the salary band.

Increases in the percentiles are consistent with nationally agreed pay awards and incremental increases for 2023/24. The ratios have reduced due to the highest paid director's total remuneration remaining the same as the prior year.

The percentage increase for the employees of the service as a whole, excluding the highest paid director was 8%.

**2.2.2 STAFF REPORT****Higher Paid Employees' Remuneration (Audited)**

<b>Clinical</b>		
	<b>2023/24</b>	<b>2022/23</b>
£70,001-£80,000	160	101
£80,001-£90,000	41	26
£90,001-£100,000	15	4
£100,001-£110,000	3	2
£110,001-£120,000	0	1
£120,001-£130,000	1	0
£130,001-£140,000	0	0
£140,001-£150,000	0	0
£150,001-£160,000	0	0
£160,001-£170,000	1	0
£170,001-£180,000	0	0
£180,001-£190,000	0	0
£190,001-£200,000	1	1
£200,001 and above	0	0
	<b>222</b>	<b>135</b>
<b>Other</b>		
	<b>2023/24</b>	<b>2022/23</b>
£70,001-£80,000	36	23
£80,001-£90,000	27	15
£90,001-£100,000	8	6
£100,001-£110,000	3	2
£110,001-£120,000	2	1
£120,001-£130,000	1	0
£130,001-£140,000	0	0
£140,001-£150,000	0	0
£150,001-£160,000	0	1
£160,001-£170,000	0	0
£170,001-£180,000	0	1
£180,001-£190,000	0	0
£190,001-£200,000	0	0
£200,001 and above	0	0
	<b>77</b>	<b>49</b>
<b>Total</b>	<b>299</b>	<b>184</b>

The number of staff whose remuneration fell within these ranges increased in year due to the Agenda for Change Pay Uplift for 2023/24.



**Employee Expenditure and Staff Numbers (Audited)**

	<b>Executive Board Members</b>	<b>Non Executive Board Members</b>	<b>Permanent Staff</b>	<b>Inward Secondees</b>	<b>Other staff</b>	<b>Outward Secondees</b>	<b>2024 Total</b>	<b>2023 Total</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Staff Costs</b>								
Salaries and Wages	435	136	248,238		12,308	(565)	<b>260,552</b>	254,943
Taxation & Social Security costs	56	7	29,383		1,244	(73)	<b>30,617</b>	29,975
NHS scheme employers' costs	57	0	47,077		1,944	(125)	<b>48,953</b>	46,631
Other employers' pension costs			26		4		<b>30</b>	0
Inward secondees				5,252			<b>5,252</b>	4,539
Agency and other directly engaged staff				459			<b>459</b>	656
	<b>548</b>	<b>143</b>	<b>324,724</b>	<b>5,711</b>	<b>15,500</b>	<b>(763)</b>	<b>345,863</b>	<b>336,744</b>
Compensation for loss of office or early retirement							<b>0</b>	0
Pensions to former board employees					599		<b>599</b>	564
<b>TOTAL</b>	<b>548</b>	<b>143</b>	<b>324,724</b>	<b>5,711</b>	<b>16,099</b>	<b>(763)</b>	<b>346,462</b>	<b>337,308</b>
Included in the total staff costs above were costs of staff engaged directly on capital projects, charged to capital expenditure of:							0	0

**Staff Numbers**

Whole time equivalent (WTE)	3	9	5,293		213		5,518	5,857
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Included in the total staff numbers above were staff engaged directly on capital projects, charged to capital expenditure of:

0	0
139	145
0	0

Included in the total staff numbers above were disabled staff of:

Included in the total staff numbers above were Special Advisers of:

**SCOTTISH AMBULANCE SERVICE  
YEAR ENDED 31 MARCH 2024**

**STAFF REPORT (Cont.)**

**Staff Composition (Unaudited)**

	2023/24				2022/23			
	Male	Female	Prefer not to say	Total	Male	Female	Prefer not to say	Total
Executive Directors	2	1		3	1	2	0	3
Non-Executive Directors and Employee Director	7	6		13	5	5	0	10
Senior Employees	227	69		296	148	33	0	181
Other	3,936	3,472		7,408	4,396	3,638	0	8,034
<b>Total Headcount</b>	<b>4,172</b>	<b>3,548</b>		<b>7,220</b>	<b>4,550</b>	<b>3,678</b>	<b>0</b>	<b>8,228</b>

Senior Employees are those who have earned over £70,000 in year

**Sickness Absence Data (Unaudited)**

	2023/24	2022/23
<b>Sickness Absence Rate</b>	8.9%	8.9%

**SCOTTISH AMBULANCE SERVICE  
YEAR ENDED 31 MARCH 2024**

**STAFF REPORT (Cont.)**

**Staff policies applied during the financial year relating to the employment of disabled persons (Not Audited)**

- **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;**

The Scottish Ambulance Service works within the Disability Confident Standard and recognises best practice in employing, retaining and developing disabled staff. Applicants who have a disability are supported through the job interview guarantee initiative. The disability confident symbol is included on all job advertisements.

Under the Disability Confident scheme we operate the job interview guarantee initiative. Applicants who wish to be covered under this initiative will be interviewed if they meet the minimum criteria for the post. Adjustments are made in accordance with individual needs to ensure applicants are able to fully participate in the recruitment process.

The standard NHS Scotland application form is used for all applicants and this includes a section on equality monitoring which enables us to monitor the number of disabled applicants and to establish success rates in order to consider any actions that need to be taken forward to address any issues.

In partnership with Glasgow Centre for Inclusive Living, The Service has employed a disabled graduate under the Professional Careers Programme. This is a 2 year employment opportunity designed to help set up the individual for a long term sustainable career.

- **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;**

Reasonable adjustments are put in place for those staff who become disabled during the course of their employment. For example; changing hours of work, providing specific equipment or supporting staff to complete assessments, e.g. for dyslexia. Support is also provided for disabled staff who are absent under the Attendance Management Policy to enable additional assistance to be put in place where appropriate.

The Service has developed a Redeployment Policy and actively encourages the redeployment of staff who are no longer able to carry out their current role and staff are advised of alternative roles and provided with assistance to move.

All disabled staff have access to Occupational Health Services, Confidential Harassment Advisers and the Employee Assistance Programme.

- **Otherwise for the training, career development and promotion of disabled persons employed by the Board;**

All staff receive an annual review letter giving them the opportunity to self declare a disability or health issue which can be discussed with their line manager in order to identify any support required. Staff have an annual performance review under the knowledge and skills framework system. The discussion covers developmental opportunities and access to these. Any disabled staff attending a course at The Scottish Ambulance Service Academy, Glasgow Caledonian University will have access to the Student Support Centre where additional assistance can be provided.

During any internal recruitment there is an open progression policy allowing all staff the opportunity for advancement and any staff requiring additional assistance can discuss this with their line manager or HR representative.

The Equality, Diversity and Human Rights Policy, Guidance for the Recruitment and Employment of staff with Diabetes and Managers Recruitment Guide provide additional guidance for all staff who have a disability.

### **Other Employee Matters**

The recognised principles of autonomy, dignity, equality, fairness and respect are firmly embedded in our organisational values. The Service's policies support these principles for staff ensuring there are fair and equitable processes in place and these apply to all who work with the Service. This is regardless of employment status and includes permanent and fixed term contracts, members of staff on zero hours contracts, those working on behalf of other agencies, those on secondment to Scottish Ambulance Service, volunteers and those on work experience.

The Service works within the Disability Confident Standard and recognises best practice in employing, retaining and developing disabled staff. Applicants who have a disability can take part in the job interview guarantee initiative under which they will be offered an interview if they meet the minimum criteria for the post. Additional support is provided for applicants to ensure they are able to fully participate in the recruitment process. Reasonable adjustments are put in place for those staff who become disabled during the course of their employment, in order to remove barriers to access and participation and promote equality of opportunity.

The Service has been involved in the development of human resources policies with staff side colleagues through the national 'Once for Scotland' Workforce Policies Programme. A number of these policies are now in place Consultation on phase two policies is underway and these policies will be launched in the autumn of 2024. In partnership with staff side colleagues, local policies are developed and staff have the opportunity to contribute to this process through the National Partnership Forum.

The Service is committed to providing a work environment free from bullying and harassment and the Once for Scotland Bullying and Harassment Policy supports and encourages a culture where unlawful or unfair discriminatory treatment is not tolerated. The Whistleblowing Policy, confidential alert line and dedicated email address, are promoted widely in order that staff can raise serious matters of concern including those relating to danger, professional misconduct or financial malpractice that might affect patients, colleagues or Service users. Robust arrangements are in place to support the reporting of instances of whistleblowing including a dedicated webpage and designated confidential contacts, are available, for staff to discuss concerns.

The Service is committed to complying with the duties under health and safety legislation in order to ensure, the health, safety and wellbeing of staff. The Health, Safety and Wellbeing group support this work, providing a service wide framework of policies, guidance and advice.

It is recognised that staff play a vital role in achieving the vision of the Service to provide the very best care for all our patients in Scotland. The Health and Wellbeing Strategy sets out how we are developing a healthy culture and workplace environment in which a healthy body, mind and lifestyle for our staff will flourish. We understand that improved staff experience ultimately leads to better patient experience.

## **Social, Community and Human Rights**

The challenge for the Service is to translate the legislative requirements into an approach to mainstreaming equality and human rights into health policy and practice, which aims in turn to tackle health inequalities and improve health outcomes. The work of the Service is aligned with existing NHS and Scottish Government policy priorities, linking this to national evidence where possible, and integrating into current performance management systems where relevant.

The Service's Equality Impact Assessment guidance ensures the impact of equality and health inequalities is integrated into the decisions and actions of the Board. Under the Fairer Scotland Duty, consideration is given to strategic decision-making and how steps can be taken to reduce health inequalities resulting from socio economic disadvantage.

Human rights principles of autonomy, dignity, equality, fairness and respect underpins the development of employment policies, partnership working, working with vulnerable adults and children and developing person-centred care for our patients; including the way we communicate and gain consent to treatment.

**SCOTTISH AMBULANCE SERVICE  
YEAR ENDED 31 MARCH 2024**

**STAFF REPORT (Cont.)**

**Exit Packages (Audited)**

**2023/24**

Exit Package cost band	Number of Compulsory Redundancies	Number of other departures agreed	Total number of exit packages by cost band
< £10,000	0	3	3
£10,000 - £25,000	0	2	2
<b>Total number of exit packages by type</b>	<b>0</b>	<b>5</b>	<b>5</b>
<b>Total Resource Cost £'000</b>	<b>0</b>	<b>38</b>	<b>38</b>

**2022/23**

Exit Package cost band	Number of Compulsory Redundancies	Number of other departures agreed	Total number of exit packages by cost band
< £10,000	0	112	112
£10,000 - £25,000	0	2	2
<b>Total number of exit packages by type</b>	<b>0</b>	<b>114</b>	<b>114</b>
<b>Total Resource Cost £'000</b>	<b>0</b>	<b>465</b>	<b>465</b>

**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 by 31 July each year and is displayed on the Service's website at the following link

<https://www.scottishambulance.com/media/whacmbft/gender-pay-gap-reports.pdf>

**Trade Union Facility Time****Relevant Union Officials**

<b>Number of employees who were relevant union officials during the period 1 April 2023 to 31 March 2024</b>	<b>Full-time equivalent employee number</b>
62	61.84

<b>Percentage of time spent on facility time</b>	
<b>Percentage of time</b>	<b>Number of representatives</b>
0%	0
1 - 50%	54
51-99%	6
100%	2

<b>Percentage of pay bill spent on facility time</b>	
Total cost of facility time	£366,546
Total pay bill	£347,225,000
Percentage of the total pay bill spent on facility time	<b>0.11%</b>

<b>Paid trade union activities</b>	
Time spent on paid trade union activities as a percentage of total paid facility time hours	80%

**SCOTTISH AMBULANCE SERVICE  
YEAR ENDED 31 MARCH 2024**

**ACCOUNTABILITY REPORT DISCLOSURES**

**2.3 Parliamentary Accountability Report (Audited)**

**Losses and Special Payments**

On occasion, the Board may be required to write off outstanding debt that is assessed as no longer recoverable, make an ex gratia payment or to pay compensation for a loss incurred by a third-party including patients or staff.

The following losses and special payments have been approved by the Board:

	2024		2023	
	Number of cases	£'000	Number of cases	£'000
Losses	51	12	15	2
Special payments	37	576	56	1,372

Individual losses and special payments over £300,000 require formal approval and their notation in the annual accounts. The Board was did not require to make any special payments exceeding this value in 2023/24. In 2022/23 the Board was required to pay out £766,000 in respect of 2 claims individually greater than £300,000 settled under the CNORIS scheme.

**Fees and Charges**

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

I confirm that this Accountability Report (incorporating the Corporate Governance Report and Remuneration and Staff Report) is an accurate summary of the information reported therein.

Signed:  ..... Date: 26 June 2024

Mr Michael Dickson OBE  
Chief Executive



**SCOTTISH AMBULANCE SERVICE  
YEAR ENDED 31 MARCH 2024****Independent auditor's report to the members of Scottish Ambulance Service, 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 Scottish Ambulance Service and its group for the year ended 31 March 2024 under the National Health Service (Scotland) Act 1978. The financial statements comprise the Consolidated Statement of Comprehensive Net Expenditure, the Consolidated Statement of Financial Position, the Statement of Consolidated Cash Flow, the Statement of Consolidated Changes in Taxpayers' Equity and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the 2023/24 Government Financial Reporting Manual (the 2023/24 FReM).

In our opinion the accompanying financial statements:

- give a true and fair of the state of the affairs of the board and its group as at 31 March 2024 and of the net expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 FReM; and
- have been prepared in accordance with the requirements of the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

**Basis for opinion**

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

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

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

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

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

**Risks of material misstatement**

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

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

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

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

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

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

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

- using our understanding of the health sector to identify that the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers are significant in the context of the board;
- inquiring of the Accountable Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the board;
- inquiring of the Accountable Officer concerning the board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

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

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

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

## Reporting on regularity of expenditure and income

### Opinion on regularity

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

### Responsibilities for regularity

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

## Reporting on other requirements

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

### Other information

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

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

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

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

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

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

has been prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

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

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

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

We have nothing to report in respect of these matters.

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

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

### **Use of our report**

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

*Gary Devlin*

Gary Devlin, (for and on behalf of Azets Audit Services)

Exchange Place 3

Semple Street

Edinburgh

EH3 8BL

Date: 27 June 2024

## SCOTTISH AMBULANCE SERVICE

## CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

## FOR THE YEAR ENDED 31 MARCH 2024

2023 £000		Note	2024 £000
338,283	Employee expenditure	3a	347,225
	Drugs and Medical supplies:	3b	
451	PPE and Testing Kits		142
	Other operating expenditure:		
16,446	Vehicle Running Costs		13,796
15,368	Air Ambulance Costs		18,032
8,316	Property Running Costs		9,672
6,415	Medical Costs		7,402
60,902	Other health care expenditure		50,461
<b>446,181</b>	Gross expenditure for the year		<b>446,730</b>
(22,627)	Less: operating income	4	(12,139)
<b>423,554</b>	<b>Net expenditure for the year</b>		<b>434,591</b>
<b>OTHER COMPREHENSIVE NET EXPENDITURE</b>			
2023 £000			2024 £000
(475)	Net (gain) / loss on revaluation of property, plant and equipment		(412)
0	Net (gain) / loss on revaluation of intangibles		0
0	Net (gain) / loss on revaluation of investments		0
<b>(475)</b>	<b>Other comprehensive expenditure</b>		<b>(412)</b>
<b>423,079</b>	<b>Comprehensive net expenditure</b>		<b>434,179</b>

The Notes to the Accounts, numbered 1 to 20, form an integral part of these Accounts.

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 MARCH 2024

Consolidated 2023 £000	Board 2023 £000		Note	Consolidated 2024 £000	Board 2024 £000
		<b>Non-Current Assets:</b>			
129,669	129,669	Property, plant and equipment	7c	129,342	129,342
1,230	1,230	Intangible assets	6	984	984
14,272	14,272	Right of Use assets	16a	21,800	21,800
10,756	10,756	Trade and other receivables	9	10,490	10,490
<b>155,927</b>	<b>155,927</b>	<b>Total non-current assets</b>		<b>162,616</b>	<b>162,616</b>
		<b>Current Assets:</b>			
995	995	Inventories	8	901	901
24,621	24,621	Trade and other receivables	9	24,470	24,346
1,170	57	Cash and cash equivalents	10	1,538	59
70	70	Assets classified as held for sale	7b	0	0
<b>26,856</b>	<b>25,743</b>	<b>Total current assets</b>		<b>26,909</b>	<b>25,306</b>
<b>182,783</b>	<b>181,670</b>	<b>Total assets</b>		<b>189,525</b>	<b>187,922</b>
		<b>Current liabilities</b>			
(5,080)	(5,080)	Provisions	12a	(6,061)	(6,061)
(45,486)	(45,477)	Financial liabilities:			
0	0	Trade and other payables	11	(43,047)	(43,036)
		Derivatives financial liabilities		0	0
<b>(50,566)</b>	<b>(50,557)</b>	<b>Total current liabilities</b>		<b>(49,108)</b>	<b>(49,097)</b>
<b>132,217</b>	<b>131,113</b>	<b>Non-current assets plus / less net current assets / liabilities</b>		<b>140,417</b>	<b>138,825</b>
		<b>Non-current liabilities</b>			
(21,617)	(21,617)	Provisions	12a	(21,410)	(21,410)
(12,279)	(12,279)	Financial liabilities:			
<b>(33,896)</b>	<b>(33,896)</b>	Trade and other payables	11	(16,050)	(16,050)
		<b>Total non-current liabilities</b>		<b>(37,460)</b>	<b>(37,460)</b>
<b>98,321</b>	<b>97,217</b>	<b>Assets less liabilities</b>		<b>102,957</b>	<b>101,365</b>
		<b>Taxpayers' Equity</b>			
91,569	91,569	General fund	SoCTE	95,490	95,490
5,648	5,648	Revaluation reserve	SoCTE	5,875	5,875
1,104	0	Fund held on Trust	SoCTE	1,592	0
<b>98,321</b>	<b>97,217</b>	<b>Total taxpayers' equity</b>		<b>102,957</b>	<b>101,365</b>

The Notes to the Accounts, numbered 1 to 20, form an integral part of these Accounts.

The financial statements on pages 61 to 113 were approved by the Board on 26 June 2024 and signed on their behalf by

*Julie Carter*

Director of Finance  
Date: 27 June 2024

*[Signature]*

Chief Executive  
Date: 26 June 2024

## CONSOLIDATED STATEMENT OF CASHFLOWS

## FOR THE YEAR ENDED 31 MARCH 2024

2023 £000		Note	2024 £000	2024 £000
	<b>Cash flows from operating activities</b>			
(423,554)	Net expenditure	SoCTE	(434,591)	
25,565	Adjustments for non-cash transactions	2b	26,531	
(18)	Add back: interest payable recognised in net operating expenditure	2b	83	
(3)	Deduct: interest receivable recognised in net operating expenditure	4	(11)	
(4,538)	Movements in working capital	2b	(6,243)	
<b>(402,548)</b>	<b>Net cash outflow from operating activities</b>	20c		<b>(414,231)</b>
	<b>Cash flows from investing activities</b>			
(25,394)	Purchase of property, plant and equipment		(19,455)	
(89)	Purchase of intangible assets		(116)	
0	Transfer of assets (to) / from other NHS Scotland Bodies		0	
624	Proceeds of disposal of property, plant and equipment		1,155	
0	Proceeds of disposal of intangible assets		2	
3	Interest received		11	
<b>(24,856)</b>	<b>Net cash outflow from investing activities</b>	20c		<b>(18,403)</b>
	<b>Cash flows from financing activities</b>			
433,658	Funding	SoCTE	438,815	
0	Movement in general fund working capital	SoCTE	0	
433,658	Cash drawn down		438,815	
0	Capital element of payments in respect of leases and on-balance sheet PFI and Hub contracts	2b	(5,730)	
(6,054)	IFRS 16 - 2022-23 cash lease payment		0	
211	Interest paid	2b	523	
(193)	Interest element of leases and on-balance sheet PFI / PPP and Hub contracts	2b	(606)	
<b>427,622</b>	<b>Net Financing</b>	20c		<b>433,002</b>
218	<b>Net Increase / (decrease) in cash and cash equivalents in the period</b>			368
952	<b>Cash and cash equivalents at the beginning of the period</b>			1,170
<b>1,170</b>	<b>Cash and cash equivalents at the end of the period</b>			<b>1,538</b>
	<b>Reconciliation of net cash flow to movement in net debt/cash</b>			
218	Increase / (decrease) in cash in year	10		368
952	Net debt / cash at 1 April			1,170
<b>1,170</b>	<b>Net debt / cash at 31 March</b>			<b>1,538</b>

The Notes to the Accounts, numbered 1 to 20, form an integral part of these Accounts.

## CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

FOR THE YEAR ENDED 31 MARCH 2024

## CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	General Fund	Revaluation Reserve	Funds Held on Trust	Total Reserves
Note	£000	£000	£000	£000
<b>Balance at 31 March 2023</b>	91,569	5,648	1,104	<b>98,321</b>
Retrospective restatements for changes in accounting policy and material errors				<b>0</b>
<b>Restated balance at 1 April 2023</b>	91,569	5,648	1,104	<b>98,321</b>
<b>Changes in taxpayers' equity for 2023-24</b>				
Net gain / (loss) on revaluation / indexation of property, plant and equipment	0	412	0	412
Impairment of property, plant and equipment	0	(461)	0	(461)
Revaluation and impairments taken to operating costs	0	461	0	461
Transfers between reserves	185	(185)	0	0
Net operating cost for the year	(435,079)		488	(434,591)
<b>Total recognised income and expense for 2023-24</b>	<b>(434,894)</b>	<b>227</b>	<b>488</b>	<b>(434,179)</b>
<b>Funding:</b>				
Drawn down	438,815	0	0	438,815
<b>Balance at 31 March 2024</b>	<b>95,490</b>	<b>5,875</b>	<b>1,592</b>	<b>102,957</b>



## CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY (PRIOR YEAR)

	General Fund	Revaluation Reserve	Funds Held on Trust	Total Reserves	
Note	£000	£000	£000	£000	
<b>At 31 March 2022</b>	81,430	5,330	982	<b>87,742</b>	
Retrospective restatements for changes in accounting policy and material errors				0	
<b>At 1 April 2022</b>	81,430	5,330	982	<b>87,742</b>	
<b>Changes in taxpayers' equity for 2022-23</b>					
Net gain / (loss) on revaluation / indexation of property, plant and equipment	<b>7a</b>	0	475	0	475
Impairment of property, plant and equipment		0	(139)	0	(139)
Revaluation and impairments taken to operating costs	<b>2b</b>	0	139	0	139
Transfers between reserves		157	(157)		0
Net operating cost for the year	<b>CFS</b>	(423,676)		122	(423,554)
<b>Total recognised income and expense for 2022-23</b>		(423,519)	318	122	(423,079)
<b>Funding:</b>					
Drawn down	<b>CFS</b>	433,658	0	0	433,658
<b>Balance at 31 March 2022</b>	<b>SoFP</b>	<b>91,569</b>	<b>5,648</b>	<b>1,104</b>	<b>98,321</b>

The Notes to the Accounts, numbered 1 to 20, form an integral part of these Accounts.

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

### NOTE 1 - ACCOUNTING POLICIES

#### 1. Authority

In accordance with the accounts direction issued by Scottish Ministers under section 19(4) of the Public Finance and Accountability (Scotland) Act 2000 appended, these Accounts have been prepared in accordance with the Government Financial Reporting Manual (FReM) issued by HM Treasury, which follows International Financial Reporting Standards as adopted by the United Kingdom (IFRS as adopted by the UK), 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 28 below.

Note: Where a new international accounting standard/amendment/interpretation has been issued but not yet implemented, Boards are required to disclose in their financial statements the nature of the standard, and if possible, an estimate of its likely effect on future financial statements. HM Treasury issue a paper that sets out standards issued not yet adopted. Boards should refer to this paper when preparing their disclosure.

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

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

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

There are no new standards, amendments or interpretations early adopted this year.

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

The table below summarises recent standards, amendments and interpretations issued but not adopted in the 2023-24 financial year

Standard	Current Status
IFRS 14 Regulatory Deferral Accounts	Effective for accounting periods starting on or after 1 January 2016. Not applicable to NHS Scotland bodies.
IFRS 17 Insurance Contracts	Effective for accounting period beginning on or after 1 January 2023. However, this standard is not yet adopted by the FReM. Expected adoption by the FReM from April 2025.

## 2. Basis of Consolidation

In accordance with IFRS 10 – Consolidated Financial Statements, the Financial Statements consolidate the Scottish Ambulance Service Endowment Fund.

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

The Scottish Ambulance Service Endowment Fund is a Registered Charity with the Office of the Charity Regulator of Scotland (OSCR) and is required to prepare and submit Audited Financial Statements to OSCR on an annual basis.

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

Note 20 to the Annual Accounts, details how these consolidated Financial Statements have been calculated. Unaudited financial statements for the Endowment fund have been used for consolidation.

## 3. Going Concern

The Board has submitted a balanced financial plan and local delivery plan to Scottish Government. This highlights key assumptions and risks to delivering on our operational objectives within budget. Therefore, the accounts are prepared on the going concern basis, which provides that the entity will continue in operational existence for the foreseeable future.

## 4. Accounting Convention

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

## 5. Funding

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

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

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

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

Non-discretionary funding out with the RRL is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, dental or ophthalmic 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.

## 6. Property, Plant and Equipment

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

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

### 6.1 Recognition

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

All assets falling into the following categories are capitalised:

- Property, plant and equipment assets which are capable of being used for a period which could exceed one year, and have a cost equal to or greater than £5,000.
- In cases where a new site would face an exceptional write off of items of equipment costing individually less than £5,000, the Board has the option to capitalise initial revenue equipment costs with a standard life of 10 years.
- Assets of lesser value may be capitalised where they form part of a group of similar assets purchased at approximately the same time and cost over £20,000 in total (including VAT where this is not recoverable), or where they are part of the initial costs of equipping a new development and total over £20,000 (including VAT where this is not recoverable).

### 6.2 Measurement

#### Valuation:

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

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

Specialised NHS Land, buildings, equipment, installations and fittings are stated at depreciated replacement cost, as a proxy for fair value as 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. All land and building assets are revalued on an annual basis, either through site visits or a desktop analysis by the District Valuer. A rolling programme is planned with 20% of land and building assets undertaking a site visit per annum resulting in the other 80% being visited over the remainder of the 5 years. 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. Boards value such assets using the most appropriate valuation methodology available (for example, appropriate indices). A depreciated historical cost basis as a proxy for fair value in respect of such assets which have short useful lives or low values (or both).

Assets under construction are valued at current cost. This is calculated by the expenditure incurred to which an appropriate index is applied to arrive at current value. These are also subject to impairment review.

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

Specialised operational assets are valued on a modified replacement cost basis to take account of modern substitute building materials and locality factors only.

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.

#### Subsequent expenditure:

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

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

### 6.3 Depreciation

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

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

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

Depreciation is charged on a straight line basis.

The following asset lives have been used:

<b>Asset Category/Component</b>	<b>Useful Life Years</b>
<b>Buildings</b>	
<u>The expected UEL for each asset is based on independent valuers' assessment of condition but falls in the following ranges:</u>	
Structure	8-58
Engineering	8-30
External Works	8-33
<b>Transport / Equipment</b>	
Emergency Vehicles	4-7
Patient Transport Vehicles	5-10
Communications Equipment	5-10
IT Equipment	5-10
Plant & Machinery Medical Equipment	5-10
Mechanical	7-30
Furniture and furnishings	10
Fixtures and Fittings	4-17

## 7. Intangible Assets

### 7.1 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 that 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.

## 7.2 Measurement

### Valuation

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

Subsequently intangible assets that are not held for their service potential (i.e. assets held for sale), including operational assets which are surplus to requirements where there are no restrictions on disposal which would prevent access to the market, are measured at fair value. Where an active (homogeneous) market exists, intangible assets are carried at 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.

### Revaluation and impairment

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in the Statement of Comprehensive Net Expenditure, in which case they are recognised in income.

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

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

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

Operational assets which are in use delivering front line services or back office functions, and surplus assets with restrictions on their disposal, are valued at current value in existing use.

Assets have been assessed as surplus where there is no clear plan to bring the asset back into future use as an operational asset.

### 7.3 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:

- Internally generated intangible assets. Amortised on a systematic basis over the period expected to benefit from the project.
- Software. Amortised over their expected useful life.
- Software licences. Amortised over the shorter term of the licence and their useful economic lives.
- Other intangible assets. Amortised over their expected useful life.
- Intangible assets which has been reclassified as 'Held for Sale' ceases to be amortised upon the reclassification.

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 Licences	5
Information Technology/Software	5

## 8. Non-current assets held for sale

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

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

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

Property, plant and equipment which is to be scrapped or demolished does not qualify for



recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

## 9. Donated Assets

Non-current assets that are donated or purchased using donated funds are included in the Statement of Financial Position initially at the current full replacement cost of the asset. The accounting treatment, including the method of valuation, follows the rules in the NHS Capital Accounting Manual

## 10. Sale of Property, Plant and Equipment, Intangible Assets and Non-Current Assets Held for Sale

Disposal of non-current assets is accounted for as a reduction to the value of assets equal to the net book value of the assets disposed. When set against any sales proceeds, the resulting gain or loss on disposal will be recorded in the Statement of Comprehensive Net Expenditure. Non-current assets held for sale will include assets transferred from other categories and will reflect any resultant changes in valuation.

## 11. Leasing

### Scope and Classification

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

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

The following are excluded:

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

### Initial recognition

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

### Subsequent measurement

The asset is subsequently measured using the fair value model. The cost model is considered to be a reasonable proxy except for leases of land and property without regular rent reviews. For

these leases, the asset is carried at a revalued amount. In these financial statements, right-of use assets held under index-linked leases have been adjusted for changes in the relevant index, while assets held under peppercorn or nil consideration have been valued using market prices or rentals for equivalent land and properties. The liability is adjusted for the accrual of interest, repayments, and reassessments and modifications. These are measured by re-discounting the revised cash flows.

#### Lease expenditure

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

#### Estimates and judgements

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

Any new lease contracts must be approved by the Property Forum and Capital Programme Governance Group before any contract is signed. The impact of IFRS16 will be analysed before approval is given and if in scope the new lease will follow the initial recognition arrangements described above.

## **12. Impairment of Non-Financial Assets**

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

## **13. General Fund Receivables and Payables**

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

## **14. 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.

## 15. 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.

## 16. Employee Benefits

### Short-term Employee Benefits

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

### Pension Costs

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

## 17. Clinical and Medical Negligence Costs

Employing health bodies in Scotland are responsible for meeting medical negligence costs up to a threshold per claim. Costs above the 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 NHS Scotland as advised by the Scottish Government and based on information prepared by 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.

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

## **18. Related Party Transactions**

Material related party transactions are disclosed in the note 20 in line with the requirements of IAS 24. Transactions with other NHS bodies for the commissioning of health care are summarised in note 4.

## **19. 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.

## **20. Provisions**

The Board provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet 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.

## **21. Contingencies**

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

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

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

## **22. Corresponding Amounts**

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

## 23. Financial Instruments

### Financial assets

#### Business model

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

#### Classification

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

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

This is the default basis for financial assets.

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

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

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

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

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

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

#### Impairment of financial assets

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

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

#### Recognition and measurement

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

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

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

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

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

(b) Financial assets held at amortised cost

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

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

## Financial Liabilities

### Classification

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

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

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

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

(b) Financial liabilities held at amortised cost

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

### Recognition and measurement

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

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

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

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

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

(b) Amortised costs

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

## 24. Segmental Reporting

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

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

## 25. Cash and cash equivalents

Cash and cash equivalents includes cash in hand, deposits held at call with banks, cash balances held with the Government Banking Service, balance held in commercial banks and other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet. Where the Government Banking Service is using NatWest and Royal Bank of Scotland Group to provide the banking services, funds held in these accounts should not be classed as commercial bank balances.

## 26. Foreign Exchange

The functional and presentational currencies of the Board are sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

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

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

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

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

## 27. Third Party Assets

Assets belonging to third parties are not recognised in the accounts since the Board has no beneficial interest in them.

## 28. Key sources of judgement and estimation uncertainty

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

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

Leases – for all relevant agreements prior to 1 April 2022, the Board has made judgement as to whether substantially all the significant risks and rewards of ownership of leased assets are transferred in line with IAS 17. All relevant agreements entered into on or after 1 April 2022 are subject to evaluation under the requirements of IFRS 16.

The key estimates and assumptions that are deemed to present a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year are summarised below:

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

The Board commissioned a valuation for 31 March 2024. The valuation report has been used to inform the measurement of assets in these financial statements. The valuer has exercised professional judgement in preparing the valuation, therefore this is the best information available to the Scottish Ambulance Service as at 31 March 2024. See note 7 for analysis.

### Provisions – Pensions and similar obligations.

The Board has provided for estimated costs relating to injury benefits and reliance has been placed on details provided by other parties in order to establish the value of such provisions. The Scottish Public Pensions Agency provides details of claimants and amounts the Board is due to pay over. Future payments are estimated using a discount rate provided by HM Treasury and life expectancy tables provided by the Office for National Statistics (ONS). Further details can be found in Note 12

### Provisions – Clinical and Medical Negligence Claims.

The Board has provided for estimated costs relating to clinical and medical negligence claims and reliance is placed on details provided by the NHS Scotland Legal Office in order to quantify amounts provided. Further analysis can be found in Note 12.



<b>NOTE 2a. SUMMARY OF CORE REVENUE RESOURCE OUTTURN</b>	<b>Note</b>	<b>2024</b>	<b>2024</b>
		<b>£000</b>	<b>£000</b>
<b>Net expenditure</b>	<b>SoCNE</b>		<b>434,591</b>
Total non core expenditure (see below)			(28,557)
Endowment net expenditure			488
<b>Total core expenditure</b>			<b>406,522</b>
Core Revenue Resource Limit			406,551
<b>Saving/(excess) against Core Revenue Resource Limit</b>			<b>29</b>

**SUMMARY OF NON CORE REVENUE RESOURCE OUTTURN**

Depreciation / amortisation	20,495
Annually Managed Expenditure - impairments	(284)
Annually Managed Expenditure - provisions	1,511
Annually Managed Expenditure - depreciation of donated assets	65
Additional Scottish Government non-core funding	746
Right of Use (RoU) Asset Depreciation	6,024
<b>Total Non Core Expenditure</b>	<b>28,557</b>
Non Core Revenue Resource Limit	28,557
<b>Saving / (excess) against Non Core Revenue Resource Limit</b>	<b>0</b>

**SUMMARY RESOURCE OUTTURN**

	<b>Resource</b>	<b>Expenditure</b>	<b>Saving / (Excess)</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Core	406,551	406,522	29
Non Core	28,557	28,557	0
<b>Total</b>	<b>435,108</b>	<b>435,079</b>	<b>29</b>

The Notes to the Accounts, numbered 1 to 20, form an integral part of these Accounts.



## Consolidated movements in working capital

2023				2024
Net		Note	Opening	Closing
movement			balances	balances
£000			£000	£000
				Net
				Movement
				£000
	<b>INVENTORIES</b>			
(526)	Balance Sheet	8	995	901
<b>(526)</b>	<b>Net decrease / (increase)</b>			<b>94</b>
	<b>TRADE AND OTHER RECEIVABLES</b>			
3,070	Due within one year	9	24,621	24,470
6,946	Due after more than one year	9	10,756	10,490
			35,377	34,960
<b>(10,016)</b>	<b>Net decrease / (increase)</b>			<b>417</b>
	<b>TRADE AND OTHER PAYABLES</b>			
6,393	Due within one year	11	45,486	43,047
12,193	Due after more than one year	11	12,279	16,050
(3,687)	Less: property, plant & equipment (capital) included in above		(12,754)	(13,792)
0	Less: General Fund creditor included in above	11	(60)	(60)
(14,248)	Less: lease and PFI creditors included in above	11	(14,248)	(22,070)
			30,703	23,175
<b>651</b>	<b>Net decrease / (increase)</b>			<b>(7,528)</b>
	<b>PROVISIONS</b>			
5,353	Statement of Financial Position	12a	26,697	27,471
			26,697	27,471
<b>5,353</b>	<b>Net decrease / (increase)</b>			<b>774</b>
<b>(4,538)</b>	<b>Net movement (decrease) / increase</b>	<b>CFS</b>		<b>(6,243)</b>

**NOTE 3. OPERATING EXPENSES****3a. Employee expenditure**

<b>2023</b>			<b>2024</b>	
<b>Total</b>			<b>Board</b>	<b>Consolidated</b>
<b>£000</b>			<b>£000</b>	<b>£000</b>
338,283	Other Staff		347,225	347,225
<b>338,283</b>	<b>Total</b>	<b>SoCNE</b>	<b>347,225</b>	<b>347,225</b>

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

**3b. Other operating expenditure**

<b>2023</b>			<b>2024</b>	
<b>Total</b>			<b>Board</b>	<b>Consolidated</b>
<b>£000</b>		<b>Note</b>	<b>£000</b>	<b>£000</b>
<b>Drugs and medical supplies</b>				
451	PPE and Testing Kits	<b>SoCNE</b>	142	142
<b>451</b>	<b>Total</b>		<b>142</b>	<b>142</b>
16,446	Vehicle Running Costs	<b>SoCNE</b>	13,796	13,796
15,368	Air Ambulance Costs	<b>SoCNE</b>	18,032	18,032
8,316	Property Running Costs	<b>SoCNE</b>	9,672	9,672
6,415	Medical Costs	<b>SoCNE</b>	7,402	7,402
<b>46,545</b>	<b>Total</b>		<b>48,902</b>	<b>48,902</b>
<b>Other health care expenditure</b>				
60,740	Other operating expenses		50,212	50,212
103	External auditor's remuneration - statutory audit fee		104	104
59	Endowment Fund expenditure		0	145
<b>60,902</b>	<b>Total</b>	<b>SoCNE</b>	<b>50,316</b>	<b>50,461</b>
<b>107,898</b>	<b>Total Other Operating Expenditure</b>		<b>99,360</b>	<b>99,505</b>

During the year the Board purchased no non-audit services from its auditor, Azets (2023 £0).

Included within the Endowment Fund expenditure is £7k (VAT inclusive) in relation to Chiene and Tait external auditor of the Endowment Fund.

Other Operating expenses includes non-core expenditure of £27.8 million (2023 £31.4 million)

## NOTE 4. OPERATING INCOME

2023			2024	2024
Total			Board	Consolidated
£000		Note	£000	£000
2,829	Income from Scottish Government		349	349
7,081	Income from other NHS Scotland bodies		7,160	7,160
0	Income from NHS non-Scottish bodies		6	6
32	Income from private patients		35	35
114	Donations		0	0
447	Profit on disposal of assets		514	514
1,079	Contributions in respect of clinical and medical negligence claims		341	341
3	Interest received	CFS	0	11
	<b>Non NHS:</b>			
442	Non-patient care income generation schemes		543	543
178	Endowment Fund Income		0	622
10,422	Other		2,558	2,558
<b>22,627</b>	<b>Total Income</b>	<b>SoCNE</b>	<b>11,506</b>	<b>12,139</b>

**NOTE 5. SEGMENTAL INFORMATION**

Segmental information as required under IFRS has been reported for each strategic objective

North Region	East Region	West Region	National Operations	HQ Directorates	Endowment	2024
£000	£000	£000	£000	£000	£000	£000

<b>Net operating cost</b>	57,995	93,155	125,983	77,612	80,334	(488)	<b>434,591</b>
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**PRIOR YEAR**

Segmental information as required under IFRS has been reported for each strategic objective

North Region	East Region	West Region	National Operations	HQ Directorates	Endowment	2023
£000	£000	£000	£000	£000	£000	£000

<b>Net operating cost</b>	55,302	86,778	116,391	88,483	76,722	(122)	<b>423,554</b>
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**NOTE 6. INTANGIBLE ASSETS****Intangible Assets (non-current) – Consolidated and Board**

	Note	Software Licences £000	IT - software £000	Assets Under Development £000	Total £000
<b>Cost or Valuation:</b>					
At 1 April 2023		2,125	10,598	0	12,723
Additions		0	116	0	116
Completions		0	28	(28)	0
Transfers between asset categories		0	0	28	28
Disposals		(510)	(5,387)	0	(5,897)
<b>At 31 March 2024</b>		<b>1,615</b>	<b>5,355</b>	<b>0</b>	<b>6,970</b>
<b>Amortisation</b>					
At 1 April 2023		1,645	9,848	0	11,493
Provided during the year		153	235	0	388
Disposals		(509)	(5,386)	0	(5,895)
<b>At 31 March 2024</b>		<b>1,289</b>	<b>4,697</b>	<b>0</b>	<b>5,986</b>
<b>Net book value at 1 April 2023</b>		<b>480</b>	<b>750</b>	<b>0</b>	<b>1,230</b>
<b>Net book value at 31 March 2024</b>	<b>SoFP</b>	<b>326</b>	<b>658</b>	<b>0</b>	<b>984</b>

**CONSOLIDATED AND BOARD - PRIOR YEAR**

	Note	Software Licences £000	IT - software £000	Assets Under Development £000	Total £000
<b>Cost or Valuation:</b>					
At 1 April 2022		1,904	10,081	0	11,985
Additions		0	89	0	89
Completions		221	428	(649)	0
Transfers between asset categories		0	0	649	649
<b>At 31 March 2023</b>		<b>2,125</b>	<b>10,598</b>	<b>0</b>	<b>12,723</b>
<b>Amortisation</b>					
At 1 April 2022		1,488	9,496	0	10,984
Provided during the year		157	352	0	509
<b>At 31 March 2023</b>		<b>1,645</b>	<b>9,848</b>	<b>0</b>	<b>11,493</b>
<b>Net book value at 1 April 2022</b>		<b>416</b>	<b>585</b>	<b>0</b>	<b>1,001</b>
<b>Net book value at 31 March 2023</b>	<b>SoFP</b>	<b>480</b>	<b>750</b>	<b>0</b>	<b>1,230</b>

## NOTE 7a. PROPERTY, PLANT AND EQUIPMENT – CONSOLIDATED AND BOARD

	Land (including under buildings)	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>								
At 1 April 2023	4,961	19,898	113,257	21,703	17,069	9,643	30,161	216,692
Additions - purchased	0	0	1,595	161	162	604	17,971	20,493
Additions – donated	0	0	0	0	0	0	0	0
Completions	0	163	20,175	391	102	0	(20,831)	0
Transfers between asset categories	0	0	0	0	0	0	(28)	(28)
Transfers (to)/from non-current assets held for sale	(0)	(0)	0	0	0	0	0	(0)
Revaluations	12	(49)	0	0	0	0	0	(37)
Impairment charges	(7)	(97)	(745)	0	0	0	0	(849)
Impairment reversals	3	41	0	0	0	0	0	44
Disposals - purchased	0	0	(9,861)	(55)	(2,747)	0	0	(12,663)
Disposals – donated	0	0	0	(53)	0	0	0	(53)
<b>At 31 March 2024</b>	<b>4,969</b>	<b>19,956</b>	<b>124,421</b>	<b>22,147</b>	<b>14,586</b>	<b>10,247</b>	<b>27,273</b>	<b>223,599</b>
<b>Depreciation</b>								
At 1 April 2023	0	(3)	56,754	9,708	15,767	4,797	0	87,023
Provided during the year – purchased	0	793	16,024	2,162	666	462	0	20,107
Provided during the year - donated	0	0	30	35	0	0	0	65
Revaluations	0	(449)	0	0	0	0	0	(449)
Impairment charges	0	(27)	0	0	0	0	0	(27)
Impairment reversals	0	(317)	0	0	0	0	0	(317)
Disposals - purchased	0	0	(9,383)	(51)	(2,658)	0	0	(12,092)
Disposals – donated	0	0	0	(53)	0	0	0	(53)
<b>At 31 March 2024</b>	<b>0</b>	<b>(3)</b>	<b>63,425</b>	<b>11,801</b>	<b>13,775</b>	<b>5,259</b>	<b>0</b>	<b>94,257</b>
<b>Net book value at 1 April 2023</b>	<b>4,961</b>	<b>19,901</b>	<b>56,503</b>	<b>11,995</b>	<b>1,302</b>	<b>4,846</b>	<b>30,161</b>	<b>129,669</b>
<b>Net book value at 31 March 2024</b>	<b>4,969</b>	<b>19,959</b>	<b>60,996</b>	<b>10,346</b>	<b>811</b>	<b>4,988</b>	<b>27,273</b>	<b>129,342</b>
<b>Open Market Value of Land in Land and Dwellings Included Above</b>	<b>0</b>							
<b>Asset financing:</b>								
Owned - purchased	4,969	19,959	60,967	10,256	811	4,988	27,273	129,223
Owned - donated	0	0	29	90	0	0	0	119
<b>Net book value at 31 March 2024</b>	<b>4,969</b>	<b>19,959</b>	<b>60,996</b>	<b>10,346</b>	<b>811</b>	<b>4,988</b>	<b>27,273</b>	<b>129,342</b>



## NOTE 7a. PROPERTY, PLANT AND EQUIPMENT – CONSOLIDATED AND BOARD PRIOR YEAR

	Land (including under buildings)	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>								
At 1 April 2022	4,975	19,807	101,584	20,901	17,005	7,875	24,584	196,731
Additions - purchased	0	0	1,103	44	0	30	27,904	29,081
Additions – donated	0	0	0	24	0	0	0	24
Completions	0	58	19,040	778	64	1,738	(21,678)	0
Transfers between asset categories	0	0	0	0	0	0	(649)	(649)
Transfers (to)/from non-current assets held for sale	(16)	(56)	0	0	0	0	0	(72)
Revaluations	2	82	0	0	0	0	0	84
Impairment charges	0	(14)	(529)	0	0	0	0	(543)
Impairment reversals	0	21	0	0	0	0	0	21
Disposals - purchased	0	0	(7,941)	(44)	0	0	0	(7,985)
<b>At 31 March 2023</b>	<b>4,961</b>	<b>19,898</b>	<b>113,257</b>	<b>21,703</b>	<b>17,069</b>	<b>9,643</b>	<b>30,161</b>	<b>216,692</b>
<b>Depreciation</b>								
At 1 April 2022	0	(3)	49,140	7,813	14,881	4,418	0	76,249
Provided during the year – purchased	0	776	15,348	1,901	886	379	0	19,290
Provided during the year - donated	0	0	30	38	0	0	0	68
Transfers (to)/from non-current assets held for sale	0	(2)	0	0	0	0	0	(2)
Revaluations	0	(391)	0	0	0	0	0	(391)
Impairment charges	0	(17)	0	0	0	0	0	(17)
Impairment reversals	0	(366)	0	0	0	0	0	(366)
Disposals - purchased	0	0	(7,764)	(44)	0	0	0	(7,808)
<b>At 31 March 2023</b>	<b>0</b>	<b>(3)</b>	<b>56,754</b>	<b>9,708</b>	<b>15,767</b>	<b>4,797</b>	<b>0</b>	<b>87,023</b>
<b>Net book value at 1 April 2022</b>	<b>4,975</b>	<b>19,810</b>	<b>52,444</b>	<b>13,088</b>	<b>2,124</b>	<b>3,457</b>	<b>24,584</b>	<b>120,482</b>
<b>Net book value at 31 March 2023</b>	<b>4,961</b>	<b>19,901</b>	<b>56,503</b>	<b>11,995</b>	<b>1,302</b>	<b>4,846</b>	<b>30,161</b>	<b>129,669</b>
								<b>SoFP</b>
<b>Open Market Value of Land in Land and Dwellings Included Above</b>	<b>0</b>							
<b>Asset financing:</b>								
Owned - purchased	4,961	19,901	56,444	11,870	1,302	4,846	30,161	129,485
Owned - donated	0	0	59	125	0	0	0	184
<b>Net book value at 31 March 2023</b>	<b>4,961</b>	<b>19,901</b>	<b>56,503</b>	<b>11,995</b>	<b>1,302</b>	<b>4,846</b>	<b>30,161</b>	<b>129,669</b>
								<b>SoFP</b>

**NOTE 7b. ASSETS HELD FOR SALE****ASSETS HELD FOR SALE – CONSOLIDATED AND BOARD**

	Property, Plant & Equipment	Intangible Assets	Total
Note	£000	£000	£000
<b>At 1 April 2023</b>	70	0	70
Disposals of non-current assets held for sale	(70)	0	(70)
<b>At 31 March 2024</b>	<b>0</b>	<b>0</b>	<b>0</b>

The Asset held for sale, Aviemore Ambulance Station, was sold and disposed of in January 2024.

**ASSETS HELD FOR SALE (PRIOR YEAR) – CONSOLIDATED AND BOARD**

	Property, Plant & Equipment	Intangible Assets	Total
<b>At 1 April 2022</b>	0	0	0
Transfers from property, plant and equipment	70	0	70
<b>At 31 March 2023</b>	<b>70</b>	<b>0</b>	<b>70</b>

**NOTE 7c. PROPERTY, PLANT AND EQUIPMENT DISCLOSURES**

Consolidated 2023 £000	Board 2023 £000		Consolidated 2024 £000	Board 2024 £000
		Note		
		<b>Net book value of property, plant and equipment at 31 March</b>		
129,485	129,485	Purchased	129,223	129,223
184	184	Donated	119	119
<b>129,669</b>	<b>129,669</b>	<b>Total</b>	<b>129,342</b>	<b>129,342</b>
0	0	Net book value related to land valued at open market value at 31 March	0	0
0	0	Net book value related to buildings valued at open market value at 31 March	0	0

All land and buildings were revalued, either through desktop valuation or site visits, by an independent valuer, The Valuation Office Agency, as at 31/03/2024 on the basis of fair value (market value or depreciated replacement costs where appropriate). The values were computed in accordance with the Royal Institute of Chartered Surveyors Statement of Asset Valuation Practice and Guidance notes, subject to the special accounting practices of the NHS.

The net impact was a decrease of £0.049m (2022-23: an increase of £0.337m) of which £0.412m (2022-23 £0.475m) which was credited to the revaluation reserve and £0.461m (2022-23 £0.138m) charged to the Statement of Comprehensive Net Expenditure. The net charge of £0.461m (2022-23 £0.139m) to the Statement of Comprehensive Net Expenditure was comprised £0.823m (2022-23 £0.526m) impairment losses and £0.360m (2022-23 £0.388m) reversal of impairment losses)

## NOTE 7d ANALYSIS OF CAPITAL EXPENDITURE

Consolidated 2023 £000	Board 2023 £000		Note	Consolidated 2024 £000	Board 2024 £000
<b>Expenditure</b>					
89	89	Acquisition of intangible assets	6	116	116
29,081	29,081	Acquisition of property, plant and equipment	7a	20,493	20,493
24	24	Donated asset additions	7a	0	0
2,665	2,665	Right of Use (RoU) Additions	16a	13,552	13,552
16	16	Right of Use (RoU) Dilapidations		0	0
<b>31,875</b>	<b>31,875</b>	<b>Gross Capital Expenditure</b>		<b>34,161</b>	<b>34,161</b>
<b>Income</b>					
0	0	Net book value of disposal of intangible assets	6	2	2
177	177	Net book value of disposal of property, plant and equipment	7a	571	571
0	0	Value of disposal of non-current assets held for sale	7b	70	70
<b>177</b>	<b>177</b>	<b>Capital Income</b>		<b>643</b>	<b>643</b>
<b>31,698</b>	<b>31,698</b>	<b>Net Capital Expenditure</b>		<b>33,518</b>	<b>33,518</b>
<b>SUMMARY OF CAPITAL RESOURCE OUTTURN</b>					
31,658	31,658	Core capital expenditure included above		33,518	33,518
31,668	31,668	Core Capital Resource Limit		33,520	33,520
<b>10</b>	<b>10</b>	<b>Saving / (excess) against Core Capital Resource Limit</b>		<b>2</b>	<b>2</b>
40	40	Non core capital expenditure included above		0	0
40	40	Non core Capital Resource Limit		0	0
<b>0</b>	<b>0</b>	<b>Saving / (excess) against Non Core Capital Resource Limit</b>		<b>0</b>	<b>0</b>
31,698	31,698	Total capital expenditure		33,518	33,518
31,708	31,708	Total Capital Resource Limit		33,520	33,520
<b>10</b>	<b>10</b>	<b>Saving / (excess) against Total Capital Resource Limit</b>		<b>2</b>	<b>2</b>

## NOTE 8. INVENTORIES – CONSOLIDATED AND BOARD

Consolidated 2023 £000	Board 2023 £000		Note	Consolidated 2024 £000	Board 2024 £000
995	995	Raw Materials and Consumables		901	901
<b>995</b>	<b>995</b>	<b>Total inventories</b>	SoFP	<b>901</b>	<b>901</b>

## NOTE 9. TRADE AND OTHER RECEIVABLES

Consolidated 2023 £000	Board 2023 £000		Consolidated 2024 £000	Board 2024 £000
		<b>Receivables due within one year</b>		
		<b>NHSScotland</b>		
1,550	1,550	Scottish Government	479	479
7,732	7,732	Boards	4,868	4,868
<b>9,282</b>	<b>9,282</b>	<b>Total NHSScotland Receivables</b>	<b>5,347</b>	<b>5,347</b>
0	0	NHS non-Scottish bodies	6	6
402	402	VAT recoverable	2,531	2,531
12,125	12,125	Prepayments	14,010	14,010
248	248	Accrued income	184	60
215	215	Other receivables	54	54
2,319	2,319	Reimbursement of provisions	1,869	1,869
30	30	Other public sector bodies	469	469
<b>24,621</b>	<b>24,621</b>	<b>Total Receivables due within one year</b>	<b>24,470</b>	<b>24,346</b>
		<b>Receivables due after more than one year</b>		
863	863	Accrued income	870	870
(214)	(214)	Other receivables	(201)	(201)
10,107	10,107	Reimbursement of provisions	9,821	9,821
<b>10,756</b>	<b>10,756</b>	<b>Total Receivables due after more than one year</b>	<b>10,490</b>	<b>10,490</b>
<b>35,377</b>	<b>35,377</b>	<b>TOTAL RECEIVABLES</b>	<b>34,960</b>	<b>34,836</b>
1,252	1,252	The total receivables figure above includes a provision for impairments of :	1,054	1,054
		<b>WGA Classification</b>		
7,732	7,732	NHS Scotland	4,868	4,868
1,958	1,958	Central Government bodies	885	885
29	29	Whole of Government bodies	64	64
0	0	Balances with NHS bodies in England and Wales	6	6
25,658	25,658	Balances with bodies external to Government	29,137	29,013
<b>35,377</b>	<b>35,377</b>	<b>Total</b>	<b>34,960</b>	<b>34,836</b>
<b>2023</b>	<b>2023</b>		<b>2024</b>	<b>2024</b>
<b>£000</b>	<b>£000</b>		<b>£000</b>	<b>£000</b>
1,219	1,219	Movements on the provision for impairment of receivables are as follows:	1,252	1,252
312	312	At 1 April	610	610
0	0	Provision for impairment	(12)	(12)
(279)	(279)	Receivables written off during the year as uncollectable	(796)	(796)
<b>1,252</b>	<b>1,252</b>	Unused amounts reversed	<b>1,054</b>	<b>1,054</b>
		At 31 March		

As of 31 March 2024, receivables with a carrying value of £1.1m (2022-23: £1.3m) were impaired and provided for. The ageing of these receivables is as follows:

<b>2023</b>	<b>2023</b>		<b>2024</b>	<b>2024</b>
<b>£000</b>	<b>£000</b>		<b>£000</b>	<b>£000</b>
40	40	3 to 6 months past due	52	52
1,212	1,212	Over 6 months past due	1,002	1,002
<b>1,252</b>	<b>1,252</b>		<b>1,054</b>	<b>1,054</b>

The receivables assessed as individually impaired were mainly NHS Scotland Boards as we have impaired those 2 years past their due date on the basis that these may not be collectable.

Receivables that are less than three months past their due date are not considered impaired. As at 31 March 2024, receivables with a carrying value of £4.9 million (2022-23: £7.8 million) were past their due date but not impaired. The ageing of receivables which are past due but not impaired is as follows:

<b>2023</b>	<b>2023</b>		<b>2024</b>	<b>2024</b>
<b>£000</b>	<b>£000</b>		<b>£000</b>	<b>£000</b>
7,211	7,211	Up to 3 months past due	3,296	3,296
123	123	3 to 6 months past due	67	67
431	431	Over 6 months past due	1,579	1,579
<b>7,765</b>	<b>7,765</b>		<b>4,942</b>	<b>4,942</b>

The receivables assessed as past due but not impaired were mainly NHS Scotland Health Boards.

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

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

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

<b>2023</b>	<b>2023</b>		<b>2024</b>	<b>2024</b>
<b>£000</b>	<b>£000</b>		<b>£000</b>	<b>£000</b>
		Counterparties with no external credit rating:		
		New customers		
26,360	26,360	Existing customers with no defaults in the past	28,964	28,840
<b>26,360</b>	<b>26,360</b>	Total neither past due or impaired	<b>28,964</b>	<b>28,840</b>
		The maximum exposure to credit risk is the fair value of each class of receivable. The NHS Board does not hold any collateral as security.		
		The carrying amount of receivables are denominated in the following currencies:		
		Pounds		
35,377	35,377		34,960	34,836
<b>35,377</b>	<b>35,377</b>		<b>34,960</b>	<b>34,836</b>

All non-current receivables are due within 5 years (2022-23: 6 years) from the balance sheet date.

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

The fair value of long term other receivables is £Nil (2022-23 £Nil).

## NOTE 10. CASH AND CASH EQUIVALENTS

	Note	2024 £000	2023 £000
Balance at 1 April		1,170	952
Net change in cash and cash equivalent balances	CFS	368	218
<b>Balance at 31 March</b>	<b>SoFP</b>	<b>1,538</b>	<b>1,170</b>
<b>Total Cash - Cash Flow Statement</b>		<b>1,538</b>	<b>1,170</b>

The following balances at 31 March were held at:

Government Banking Service	53	54
Commercial banks and cash in hand	6	3
Endowment cash	1,479	1,113
<b>Balance at 31 March</b>	<b>1,538</b>	<b>1,170</b>

## NOTE 11. TRADE AND OTHER PAYABLES

Consolidated 2023 £000	Board 2023 £000		Note	Consolidated 2024 £000	Board 2024 £000
<b>Payables due within one year</b>					
<b>NHSScotland</b>					
86	86	Scottish Government		81	81
1,889	1,889	Boards		1,411	1,411
<b>1,975</b>	<b>1,975</b>	<b>Total NHSScotland Payables</b>		<b>1,492</b>	<b>1,492</b>
177	177	NHS Non-Scottish bodies		2	2
60	60	Amounts payable to General Fund		60	60
5,236	5,236	Trade payables		2,546	2,546
14,235	14,226	Accruals		20,910	20,899
4	4	Deferred income		0	0
1,969	1,969	Net obligations under leases	16b	6,020	6,020
118	118	Income tax and social security		50	50
4	4	Superannuation		0	0
5,289	5,289	Holiday pay accrual		3,559	3,559
7,041	7,041	Other public sector bodies		3,242	3,242
99	99	Other payables		29	29
9,279	9,279	Other significant payables (pay accrual)		5,137	5,137
<b>45,486</b>	<b>45,477</b>	<b>Total Payables due within one year</b>	<b>SoFP</b>	<b>43,047</b>	<b>43,036</b>
<b>Payables due after more than one year</b>					
1,957	1,957	Net obligations under leases due within 2 years	16b	6,303	6,303
3,720	3,720	Net obligations under leases due after 2 years but within 5 years	16b	3,409	3,409
6,602	6,602	Net obligations under leases due after 5 years	16b	6,338	6,338
<b>12,279</b>	<b>12,279</b>	<b>Total Payables due after more than one year</b>	<b>SoFP</b>	<b>16,050</b>	<b>16,050</b>
<b>57,765</b>	<b>57,756</b>	<b>TOTAL PAYABLES</b>		<b>59,097</b>	<b>59,086</b>
<b>WGA Classification</b>					
1,889	1,889	NHS Scotland		1,411	1,411
7,063	7,063	Central Government bodies		3,180	3,180
61	61	Whole of Government bodies		64	64
177	177	Balances with NHS bodies in England and Wales		2	2
48,575	48,566	Balances with bodies external to Government		54,440	54,429
<b>57,765</b>	<b>57,756</b>	<b>Total</b>		<b>59,097</b>	<b>59,086</b>

2023	2023		2024	2024
£000	£000		£000	£000
14,248	14,248	Borrowings included above comprise:	22,070	22,070
<b>14,248</b>	<b>14,248</b>	Leases	<b>22,070</b>	<b>22,070</b>
The carrying amount and fair value of the non-current borrowings are as follows				
2023	2023		2024	2024
£000	£000	Carrying amount	£000	£000
12,279	12,279	Leases	16,050	16,050
<b>12,279</b>	<b>12,279</b>		<b>16,050</b>	<b>16,050</b>
The carrying amount and fair value of the non-current borrowings are as follows				
2023	2023		2024	2024
Fair value	Fair value	Fair value	Fair value	Fair value
£000	£000	£000	£000	£000
0	0	Leases	0	0
0	0	PFI contracts	0	0
<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>
The carrying amount of short term payables approximates their fair value.				
2023	2023		2024	2024
£000	£000	The carrying amount of payables are denominated in the following currencies:	£000	£000
57,765	57,756	Pounds	59,097	59,086
<b>57,765</b>	<b>57,756</b>		<b>59,097</b>	<b>59,086</b>



## NOTE 12a. PROVISIONS – CONSOLIDATED AND BOARD

	Pensions and similar obligations	Clinical & Medical Legal Claims against NHS Board	Participation in CNORIS	Other (non-endowment)	2024 TOTAL	Note
	£000	£000	£000	£000	£000	
At 1 April 2023	7,492	11,949	5,563	1,693	26,697	
Arising during the year	569	1,385	607	2,548	5,109	
Utilised during the year	(514)	(483)	(419)	(1,675)	(3,091)	
Unwinding of discount	8	(478)	0	(53)	(523)	
Reversed unutilised	(137)	(79)	0	(505)	(721)	
<b>At 31 March 2024</b>	<b>7,418</b>	<b>12,294</b>	<b>5,751</b>	<b>2,008</b>	<b>27,471</b>	<b>2b</b>

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

## Analysis of expected timing of discounted flows to 31 March 2024

	Pensions and similar obligations	Clinical & Medical Legal Claims against NHS Board	Participation in CNORIS	Other (non-endowment)	2024 TOTAL
	£000	£000	£000	£000	£000
Payable in one year	511	2,398	1,438	1,714	6,061
Payable between 2 - 5 years	1,928	9,896	3,497	112	15,433
Payable between 6 - 10 years	2,061	0	299	56	2,416
Thereafter	2,918	0	517	126	3,561
<b>At 31 March 2024</b>	<b>7,418</b>	<b>12,294</b>	<b>5,751</b>	<b>2,008</b>	<b>27,471</b>

## PROVISIONS - CONSOLIDATED AND BOARD (PRIOR YEAR)

	Pensions and similar obligations	Clinical & Medical Legal Claims against NHS Board	Participation in CNORIS	Other (non-endowment)	2023 TOTAL
	£000	£000	£000	£000	£000
At 1 April 2022	10,626	5,153	4,850	715	21,344
Arising during the year	(2,661)	8,897	1,273	2,461	9,970
Utilised during the year	(467)	(1,284)	(560)	(1,112)	(3,423)
Unwinding of discount	(6)	(181)	0	(24)	(211)
Reversed unutilised	0	(636)	0	(347)	(983)
<b>At 31 March 2023</b>	<b>7,492</b>	<b>11,949</b>	<b>5,563</b>	<b>1,693</b>	<b>26,697</b>

**Analysis of expected timing of discounted flows to 31 March 2023**

	<b>Pensions and similar obligations</b>	<b>Clinical &amp; Medical Legal Claims against NHS Board</b>	<b>Participation in CNORIS</b>	<b>Other (non- endowment)</b>	<b>2023 TOTAL</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Payable in one year	467	1,817	1,389	1,407	5,080
Payable between 2 - 5 years	1,792	10,132	3,384	97	15,405
Payable between 6 - 10 years	2,000	0	288	173	2,461
Thereafter	3,233	0	502	16	3,751
<b>At 31 March 2023</b>	<b>7,492</b>	<b>11,949</b>	<b>5,563</b>	<b>1,693</b>	<b>26,697</b>

**Pensions and similar obligations**

The Board has in the past met the cost of additional benefits beyond the normal National Health Service Superannuation Scheme for Scotland benefits in respect of employees who retired early in the interests of the service by paying the required amounts annually to the Scottish Public Pensions Agency with the estimated value of all future payments being provided in the year the premature retiral was approved. Only one premature retiral case remains in payment and due to the immaterial sum involved the payments have not been discounted but are currently projected over a remaining life greater than five years. The Board has provided for permanent injury benefit awards based upon advised annual rates supplied by the Scottish Public Pensions Agency under the National Health Service Superannuation Scheme for Scotland and estimated remaining lives of recipients derived from interim life tables for Scotland produced annually by National Statistics which give period life expectancy by age and sex. Each life table is based upon population estimates, births and deaths data for a period of three consecutive years. The sum provided for each individual is recalculated annually based upon changes in their annual rates and period life expectancy at the balance sheet date. As the period life expectancies are typically for a considerable number of years during which the claimants will receive payments the actuarially calculated amounts are discounted using the provision discount rate as set by HM Treasury, which was 2.45% as at the balance sheet date. As at the balance sheet date the life expectancy varied between seven years and thirty-three years.

**Clinical & Medical Legal Claims against NHS Board**

The Board provides in full for Employer's Liability claims designated by the Central Legal Office as being Category 3, provision is also made for 50% of the estimated settlement costs of claims categorised by the Central Legal Office as Category 2 claims. Claims provided for have been discounted as per HM Treasury PES guidance

**Other (non-endowment)**

Provision has been made for motor accident costs relating to third parties as notified by the Board's insurers on the basis of 100% of third party vehicle damage costs and third party personal injury costs. It has been assumed that outstanding claims will reach settlement with twelve months of the balance sheet date and therefore the costs have been classified as current.

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

<b>2023</b>		<b>Note</b>	<b>2024</b>
<b>£000</b>			<b>£000</b>
11,949	Provision recognising individual claims against the NHS Board as at 31 March	<b>12a</b>	12,294
(12,426)	Associated CNORIS receivable at 31 March	<b>9</b>	(11,690)
<u>5,563</u>	Provision recognising the NHS Board's liability from participating in the scheme at 31 March	<b>12a</b>	<u>5,751</u>
<b><u>5,086</u></b>	<b>Net Total Provision relating to CNORIS at 31 March</b>		<b><u>6,355</u></b>

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

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

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

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

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

**NOTE 13a. CONTINGENT LIABILITIES**

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

2023		2024
£000	Nature	£000
13,592	Clinical and medical compensation payments	14,085
1,373	Employer's liability	1,066
<u>14,965</u>	<b>TOTAL CONTINGENT LIABILITIES</b>	<u>15,151</u>

**13b. CONTINGENT ASSETS**

13,193	Clinical and medical compensation payments	13,813
<u>407</u>	Employer's liability	<u>397</u>
<u>13,600</u>		<u>14,210</u>

**NOTE 14. EVENTS AFTER THE END OF THE REPORTING YEAR**

There have been no events after the end of the reporting period, which have a material impact on these accounts.

**NOTE 15. COMMITMENTS****Capital Commitments**

The Board has the following capital commitments which have not been provided for in the accounts

2023		Property, plant and equipment	Intangible assets	2024
£000		£000	£000	£000
<b>Contracted</b>				
23,012	Vehicles	20,504	0	20,504
<u>23,012</u>	<b>Total</b>	<u>20,504</u>	<u>0</u>	<u>20,504</u>
<b>Authorised but not Contracted</b>				
<u>0</u>	Vehicles	<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<b>Total</b>	<u>0</u>	<u>0</u>	<u>0</u>

**Other Financial Commitments**

The Board has entered into non-cancellable contracts (which are not leases or PFI contracts), for vehicles, which due to lead times, need to be ordered at least 12 months in advance of delivery

**16a. Right of Use Assets (RoU) – CONSOLIDATED AND BOARD**

	Land (including under buildings)	Buildings (excluding dwellings)	Dwellings	Transport Equipment	Plant & Machinery	Information Technology	Furniture & Fittings	Intangibles	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation</b>									
At 1 April 2023	0	16,722	0	3,556	40	0	0	0	20,318
Additions (include new dilapidation provisions)	0	1,371	0	12,181	0	0	0	0	13,552
<b>At 31 March 2024</b>	<b>0</b>	<b>18,093</b>	<b>0</b>	<b>15,737</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33,870</b>
<b>Depreciation</b>									
At 1 April 2023	0	2,477	0	3,556	13	0	0	0	6,046
Provided during the year - (include new dilapidation provisions)	0	1,950	0	4,060	14	0	0	0	6,024
<b>At 31 March 2024</b>	<b>0</b>	<b>4,427</b>	<b>0</b>	<b>7,616</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,070</b>
<b>Net book value at 1 April 2023</b>	<b>0</b>	<b>14,245</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,272</b>
<b>Net book value at 31 March 2024</b>	<b>0</b>	<b>13,666</b>	<b>0</b>	<b>8,121</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,800</b>
									<b>SoFP</b>
<b>Open Market Value of Land in Land and Dwellings Included Above</b>	0		0						

Scottish Ambulance Service's more significant lease relates to its Air Ambulance Aircraft. This lease commenced in May 2013 for a term of 7 years plus optional 3 year extension, which the Board has exercised. The Board has since further extended this lease to June 2026 to allow for a re-procurement process to conclude.

16a. Right of Use Assets (RoU) – CONSOLIDATED AND BOARD (PRIOR YEAR)

	Land (including under buildings)	Buildings (excluding dwellings)	Dwellings	Transport Equipment	Plant & Machinery	Information Technology	Furniture & Fittings	Intangibles	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation</b>									
At 1 April 2022	0	14,041	0	3,556	40	0	0	0	17,637
Additions (include new dilapidation provisions)	0	2,681	0	0	0	0	0	0	2,681
<b>At 31 March 2023</b>	<b>0</b>	<b>16,722</b>	<b>0</b>	<b>3,556</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20,318</b>
<b>Depreciation</b>									
At 1 April 2022	0	0	0	0	0	0	0	0	0
Provided during the year - (include new dilapidation provisions)	0	2,477	0	3,556	13	0	0	0	6,046
<b>At 31 March 2023</b>	<b>0</b>	<b>2,477</b>	<b>0</b>	<b>3,556</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,046</b>
<b>Net book value at 1 April 2022</b>	<b>0</b>	<b>14,041</b>	<b>0</b>	<b>3,556</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,637</b>
<b>Net book value at 31 March 2023</b>	<b>0</b>	<b>14,245</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,272</b>
			<b>SoFP</b>						
<b>Open Market Value of Land in Land and Dwellings Included Above</b>	0		0						

**16b. Lease Liabilities**

	Land (including under buildings)	Buildings (excluding dwellings)	Dwellings	Transport Equipment	Plant & Machinery	Information Technology	Furniture & Fittings	Intangibles	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Amounts falling due:</b>									
Not later than one year	0	1,952	0	4,055	13	0	0	0	6,020
Later than one year, not later than 2 years	0	1,953	0	4,350	0	0	0	0	6,303
Later than two year, not later than five years	0	3,409	0	0	0	0	0	0	3,409
Later than five years	0	6,338	0	0	0	0	0	0	6,338
Less: Unaccrued interest	0	0	0	0	0	0	0	0	0
<b>Balance at 31 March 2024</b>	<b>0</b>	<b>13,652</b>	<b>0</b>	<b>8,405</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,070</b>
Current	0	1,952	0	4,055	13	0	0	0	6,020
Non Current	0	11,700	0	4,350	0	0	0	0	16,050
	<b>0</b>	<b>13,652</b>	<b>0</b>	<b>8,405</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,070</b>

**Amounts recognised in the Statement of Comprehensive Net Expenditure**

	2023-24	
	Consolidated	Board
	£000	£000
Depreciation	6,024	6,024
Interest Expense	606	606
<b>Total</b>	<b>6,630</b>	<b>6,630</b>

**Amounts recognised in the Statement of Cash Flows**

	2023-24	
	Consolidated	Board
	£000	£000
Interest Expense	606	606
Repayments of Principal of leases	5,732	5,732
<b>Total</b>	<b>6,338</b>	<b>6,338</b>

**16b. Lease Liabilities (PRIOR YEAR)**

	Land (including under buildings)	Buildings (excluding dwellings)	Dwellings	Transport Equipment	Plant & Machinery	Information Technology	Furniture & Fittings	Intangibles	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Amounts falling due:</b>									
Not later than one year	0	1,969	0	0	0	0	0	0	1,969
Later than one year, not later than 2 years	0	1,957	0	0	0	0	0	0	1,957
Later than two year, not later than five years	0	3,720	0	0	0	0	0	0	3,720
Later than five years	0	6,602	0	0	0	0	0	0	6,602
Less: Unaccrued interest	0	0	0	0	0	0	0	0	0
<b>Balance at 31 March 2023</b>	<b>0</b>	<b>14,248</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,248</b>
Current	0	1,969	0	0	0	0	0	0	1,969
Non Current	0	12,279	0	0	0	0	0	0	12,279
	<b>0</b>	<b>14,248</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,248</b>

**Amounts recognised in the Statement of Comprehensive Net Expenditure (PRIOR YEAR)**

	2022-23	
	Consolidated	Board
	£000	£000
Depreciation	6,046	6,046
Interest Expense	193	193
Non Recoverable VAT on lease payments	147	147
<b>Total</b>	<b>6,386</b>	<b>6,386</b>

**Amounts recognised in the Statement of Cash Flows (PRIOR YEAR)**

	2022-23	
	Consolidated	Board
	£000	£000
Interest Expense	193	193
Repayments of Principal of leases	6,054	6,054
<b>Total</b>	<b>6,247</b>	<b>6,247</b>



**NOTE 17. PENSION COSTS**

The Scottish Ambulance Service participates in the NHS Pension Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a four-yearly funding valuation undertaken by the scheme actuary. The valuation carried out as at 31 March 2016 confirmed that an increase in the employer contribution rate from 14.9% to 20.9% was required from 1 April 2019 to 31 March 2023. The UK Government since confirmed that these employer rates would remain in place until 31 March 2024. In addition, member pension contributions over the period to 30 September 2023 have been paid within a range of 5.2% to 14.7% and have been anticipated to deliver a yield of 9.6%.

The valuation carried out as at 31 March 2020 confirmed that an increase in the employer contribution rate from 20.9% to 22.5% will be required from 1 April 2024 to 31 March 2027. In addition, member pension contributions since 1 October 2023 have been paid within a range of 5.7% to 13.7% and have been anticipated to deliver a yield of 9.8%.

Scottish Ambulance Service 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 Scottish Ambulance Service is unable to identify its share of the underlying assets and liabilities of the scheme.

The employer contribution rate for the period from 1 April 2023 is 20.9% of pensionable pay. The employee rate applied is variable and is anticipated to provide a yield of 9.6% of pensionable pay.

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

The Scottish Ambulance Service's level of participation in the scheme is 3.22% based on the proportion of employer contributions paid in 2022-23.

**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) web site at <https://pensions.gov.scot/nhs>.

**National Employment Savings Trust (NEST)**

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

NEST is a defined contribution pension scheme established by law to support the introduction of Auto Enrolment. Contributions are taken from qualifying earnings, which are currently from £6,240 up to £50,270, but will be reviewed every year by the government. The initial employee contribution is 1% of qualifying earnings, with an employer contribution of 1%. This will increase in stages to meet levels set by government.

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

Pension members can choose to let NEST manage their retirement fund or can take control themselves and alter contribution levels and switch between different funds. If pension members leave the Board they can continue to pay into NEST.

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

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

	2024	2023
	£000	£000
Pension cost charge for the year	49,165	46,575

## Note 18 Financial Instruments

## Financial Assets

## CONSOLIDATED

	Note	Financial assets at fair value through OCI £000	Financial assets at amortised cost £000	Financial assets at fair value through profit/loss £000	Total £000
<b>AS AT 31 March 2024</b>					
<b>Assets per Statement of Financial Position</b>					
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable.	9	1,382	0	0	1,382
Cash and cash equivalents	10	1,538	0	0	1,538
	-	<b>2,920</b>	<b>0</b>	<b>0</b>	<b>2,920</b>

## BOARD

	Note	Financial assets at fair value through OCI £000	Financial assets at amortised cost £000	Financial assets at fair value through profit/loss £000	Total £000
<b>AS AT 31 March 2024</b>					
<b>Assets per Statement of Financial Position</b>					
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable.	9	1,258	0	0	1,258
Cash and cash equivalents	10	59	0	0	59
	-	<b>1,317</b>	<b>0</b>	<b>0</b>	<b>1,317</b>

## CONSOLIDATED (Prior Year)

	Note	Financial assets at fair value through OCI £000	Financial assets at amortised cost £000	Financial assets at fair value through profit/loss £000	Total £000
<b>At 31 March 2023</b>					
<b>Assets per Statement of Financial Position</b>					
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable.	9	1,142	0	0	1,142
Cash and cash equivalents	10	1,170	0	0	1,170
	-	<b>2,312</b>	<b>0</b>	<b>0</b>	<b>2,312</b>

## BOARD (Prior Year)

	Note	Financial assets at fair value through OCI £000	Financial assets at amortised cost £000	Financial assets at fair value through profit/loss £000	Total £000
<b>At 31 March 2023</b>					
<b>Assets per Statement of Financial Position</b>					
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable.	9	1,142	0	0	1,142
Cash and cash equivalents	10	57	0	0	57
	-	<b>1,199</b>	<b>0</b>	<b>0</b>	<b>1,199</b>

## Financial Liabilities

<b>CONSOLIDATED</b>			
	Liabilities at fair value through profit and loss	Financial liabilities at amortised cost	Total
Note	£000	£000	£000
<b>AS AT 31 March 2024</b>			
<b>Liabilities per Statement of Financial Position</b>			
Lease liabilities	11	0	22,070
Trade and other payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	11		35,485
-	<b>0</b>	<b>57,555</b>	<b>57,555</b>
<b>BOARD</b>			
	Liabilities at fair value through profit and loss	Financial liabilities at amortised cost	Total
Note	£000	£000	£000
<b>AS AT 31 March 2024</b>			
<b>Liabilities per Statement of Financial Position</b>			
Lease liabilities	11	0	22,070
PFI Liabilities		0	0
Derivative financial instruments		0	0
Trade and other payables excluding statutory liabilities (VAT and income tax and social security), deferred income and superannuation	11		35,474
-	<b>0</b>	<b>57,544</b>	<b>57,544</b>
<b>CONSOLIDATED (Prior Year)</b>			
	Liabilities at fair value through profit and loss	Financial liabilities at amortised cost	Total
Note	£000	£000	£000
<b>At 31 March 2023</b>			
<b>Liabilities per Statement of Financial Position</b>			
Finance lease liabilities	11	0	14,248
Trade and other payables excluding statutory liabilities (VAT and income tax and social security) and superannuation	11		41,416
-	<b>0</b>	<b>55,664</b>	<b>55,664</b>
<b>BOARD (Prior Year)</b>			
	Liabilities at fair value through profit and loss	Financial liabilities at amortised cost	Total
Note	£000	£000	£000
<b>At 31 March 2023</b>			
<b>Liabilities per Statement of Financial Position</b>			
Finance lease liabilities	11	0	14,248
Trade and other payables excluding statutory liabilities (VAT and income tax and social security) and superannuation	11		41,407
-	<b>0</b>	<b>55,655</b>	<b>55,655</b>

**18b FINANCIAL RISK FACTORS****Exposure to Risk**

The NHS 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.

Market risk - the possibility that financial loss might arise as a result of changes in such measures as interest rates, stock market movements or foreign exchange rates.

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

**i) 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 NHS 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.

**ii) Liquidity Risk**

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

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

	Less than 1 year	Between 1 and 2 years	Between 2 and 5 years	Over 5 Years
As at 31 March 2024	£000	£000	£000	£000
Lease Liabilities	6,021	6,303	3,408	6,338
Trade and other payables excluding statutory liabilities	35,474	0	0	0
<b>Total</b>	<b>41,495</b>	<b>6,303</b>	<b>3,408</b>	<b>6,338</b>

	Less than 1 year	Between 1 and 2 years	Between 2 and 5 years	Over 5 Years
As at 31 March 2023	£000	£000	£000	£000
Trade and other payables excluding statutory liabilities	41,407	0	0	0
<b>Total</b>	<b>41,407</b>	<b>0</b>	<b>0</b>	<b>0</b>

**iii) Market Risk**

The NHS 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 NHS Board in undertaking its activities.

**Cash flow and fair value interest rate risk**

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

**Foreign Currency Risk**

The NHS Board is not exposed to foreign currency risk.

**Price risk**

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

**19c FAIR VALUE ESTIMATION**

The fair value of financial instruments that are not traded in an active market is determined using valuation techniques.

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

The fair value of financial liabilities for disclosure purposes is estimated by discounting the future contractual cash flows at the current HM Treasury interest rate that is available for similar financial instruments.

**NOTE 19. RELATED PARTY TRANSACTIONS**

The Board had various material transactions with other government departments and other central government bodies during the year. No Board member, key manager or other related party has undertaken any material transactions with the Board during the year. The Board members, both Executive and Non-Executive directors, are also trustees of the Scottish Ambulance Service Endowment Funds. The Board Chair and Chief Executive are trustees of the Scottish Ambulance Service Benevolent Fund.

**Scottish Ambulance Service Endowment Funds**

Income and Expenditure related to the charity is processed through the Scottish Ambulance Service but there were no direct transactions between the two entities. The charity holds funds of £1,592k at 31<sup>st</sup> March 2024 with payables of £11k and receivables of £124k.

**Scottish Ambulance Service Benevolent Fund**

Income and Expenditure related to the charity is processed by the finance department but not through the Scottish Ambulance Service ledgers. Members of the fund have their monthly contributions deducted from pay. There is a small administration fee charged to the Benevolent Fund to cover staff costs. Year-end balances are not available for the 2023/24 financial year.

**Scotland's Charity Air Ambulance**

The charity operates two helicopters and two rapid response vehicles that are tasked by the Scottish Ambulance Service. Paul Bassett, Chief Operating Officer and Carol Sinclair, non-executive director are trustees of the charity. The paramedics based with the charity are employed by the Service and recharged to the charity. There are no charges from the charity to the Service. During 2023/24 the Service received £803k from the charity for staff costs. There was no receivables balance at 31 March 2024.

**Senior Officers**

Senior officers have control over the Board's operational and financial policies. The total remuneration paid to senior officers is disclosed in the remuneration report (page 45). Officers have a responsibility to adhere to a code of conduct that requires them to declare an interest in matters that may influence or be perceived to influence their judgement or decisions.

**Board Members Interests**

There are no transactions with the entities declared by our Board members requiring disclosure.

**NHS Scotland**

The Scottish Ambulance Service have various contractual and ad-hoc agreements in place for the provision of services to and from other Health Boards in Scotland. For 2023/24 this included NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lanarkshire, NHS Lothian, NHS Orkney, NHS Shetland, NHS Tayside, NHS Western Isles, NHS National Services, NHS Education, NHS24, Public Health Scotland, Healthcare Improvement Scotland and the Golden Jubilee Foundation. During 2023/24 we recognised £7,160k of income and £11,593k of expenditure with NHS Scotland boards. Our receivable balance as 31<sup>st</sup>

March 2024 is £4,868k and our payable balance is £1,411k. £537k of the receivable balance has been provided for as a doubtful debt.

### Scottish Government Health and Social Care Directorate (SGHSCD)

The SGHSCD allocates resources and sets the strategic direction for NHS Scotland and is responsible for the development and implementation of health and social care policy. The Scottish Ambulance Service received a revenue funding allocation of £435.1m and capital funding allocation of £33.5m.

#### 20a. CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

Group		Board	Endowment	Consolidated	
2023		2024	2024	2024	
£000	Note	£000	£000	£000	
<b>Total income and expenditure</b>					
338,283	Employee expenditure	3	347,225	0	347,225
	Other operating expenditure	3			
451	Drugs and medical supplies		142	0	142
16,446	Vehicle Running Costs		13,796	0	13,796
15,368	Air Ambulance Costs		18,032	0	18,032
8,316	Property Running Costs		9,672	0	9,672
6,415	Medical Costs		7,402	0	7,402
60,902	Other health care expenditure		50,316	145	50,461
<u>446,181</u>	Gross expenditure for the year		<u>446,585</u>	<u>145</u>	<u>446,730</u>
(22,627)	Less: operating income	4	(11,506)	(633)	(12,139)
<u><b>423,554</b></u>	<b>Net Expenditure</b>		<u><b>435,079</b></u>	<u><b>(488)</b></u>	<u><b>434,591</b></u>

**20b. CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

<b>Consolidated</b>			<b>Board</b>	<b>Endowment</b>	<b>Consolidated</b>
<b>2023</b>			<b>2024</b>	<b>2024</b>	<b>2024</b>
<b>£000</b>	<b>Note</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>
	<b>Non-current assets:</b>				
129,669	Property, plant and equipment	<b>SoFP</b>	129,342	0	129,342
1,230	Intangible assets	<b>SoFP</b>	984	0	984
14,272	Right of Use assets	<b>SoFP</b>	21,800	0	21,800
	Financial assets:				
10,756	Trade and other receivables	<b>SoFP</b>	10,490	0	10,490
<b>155,927</b>	<b>Total non-current assets</b>		<b>162,616</b>	<b>0</b>	<b>162,616</b>
	<b>Current Assets:</b>				
995	Inventories	<b>SoFP</b>	901	0	901
	Financial assets:				
24,621	Trade and other receivables	<b>SoFP</b>	24,346	124	24,470
1,170	Cash and cash equivalents	<b>SoFP</b>	59	1,479	1,538
70	Assets classified as held for sale	<b>SoFP</b>	0	0	0
<b>26,856</b>	<b>Total current assets</b>		<b>25,306</b>	<b>1,603</b>	<b>26,909</b>
<b>182,783</b>	<b>Total assets</b>		<b>187,922</b>	<b>1,603</b>	<b>189,525</b>
	<b>Current liabilities</b>				
(5,080)	Provisions	<b>SoFP</b>	(6,061)	0	(6,061)
	Financial liabilities:				
(45,486)	Trade and other payables	<b>SoFP</b>	(43,036)	(11)	(43,047)
<b>(50,566)</b>	<b>Total current liabilities</b>		<b>(49,097)</b>	<b>(11)</b>	<b>(49,108)</b>
<b>132,217</b>	<b>Non-current assets plus / less net current assets/liabilities</b>		<b>138,825</b>	<b>1,592</b>	<b>140,417</b>
	<b>Non-current liabilities</b>				
(21,617)	Provisions	<b>SoFP</b>	(21,410)	0	(21,410)
	Financial liabilities:				
(12,279)	Trade and other payables	<b>SoFP</b>	(16,050)	0	(16,050)
<b>(33,896)</b>	<b>Total non-current liabilities</b>		<b>(37,460)</b>	<b>0</b>	<b>(37,460)</b>
<b>98,321</b>	<b>Assets less liabilities</b>		<b>101,365</b>	<b>1,592</b>	<b>102,957</b>
	<b>Taxpayers' Equity</b>				
91,569	General fund	<b>SoFP</b>	95,490	0	95,490
5,648	Revaluation reserve	<b>SoFP</b>	5,875	0	5,875
1,104	Funds Held on Trust	<b>SoFP</b>	0	1,592	1,592
<b>98,321</b>	<b>Total taxpayers' equity</b>		<b>101,365</b>	<b>1,592</b>	<b>102,957</b>



## 20c. CONSOLIDATED STATEMENT OF CASHFLOWS

Consolidated 2023 £000		Board 2024 £000	Endowment 2024 £000	Consolidated 2024 £000
	<b>Cash flows from operating activities</b>			
(423,554)	Net operating expenditure	(435,079)	488	(434,591)
25,565	Adjustments for non-cash transactions	26,531	0	26,531
(18)	Add back: interest payable recognised in net operating expenditure	83	0	83
(3)	Deduct: interest receivable recognised in net operating expenditure	0	(11)	(11)
(4,538)	Movements in working capital	(6,121)	(122)	(6,243)
<b>(402,548)</b>	<b>Net cash outflow from operating activities</b>	<b>(414,586)</b>	<b>355</b>	<b>(414,231)</b>
	<b>Cash flows from investing activities</b>			
(25,394)	Purchase of property, plant and equipment	(19,455)	0	(19,455)
(89)	Purchase of intangible assets	(116)	0	(116)
624	Proceeds of disposal of property, plant and equipment	1,155	0	1,155
0	Proceeds of disposal of intangible assets	2	0	2
3	Interest received	0	11	11
<b>(24,856)</b>	<b>Net cash outflow from investing activities</b>	<b>(18,414)</b>	<b>11</b>	<b>(18,403)</b>
	<b>Cash flows from financing activities</b>			
433,658	Funding	438,815	0	438,815
0	Movement in general fund working capital	0	0	0
433,658	Cash drawn down	438,815	0	438,815
0	Capital element of payments in respect of leases and on-balance sheet PFI and Hub contracts	(5,730)	0	(5,730)
(6,054)	IFRS16 – 2022-23 cash lease payment	0	0	0
211	Interest paid	523	0	523
(193)	Interest element of leases and on-balance sheet PFI / PPP and Hub contracts	(606)	0	(606)
<b>427,622</b>	<b>Net Financing</b>	<b>433,002</b>	<b>0</b>	<b>433,002</b>
218	<b>Net Increase / (decrease) in cash and cash equivalents in the period</b>	2	366	368
952	<b>Cash and cash equivalents at the beginning of the period</b>	57	1,113	1,170
<b>1,170</b>	<b>Cash and cash equivalents at the end of the period</b>	<b>59</b>	<b>1,479</b>	<b>1,538</b>
	<b>Reconciliation of net cash flow to movement in net debt / cash</b>			
218	Increase / (decrease) in cash in year	2	366	368
952	Net debt / cash at 1 April	57	1,113	1,170
<b>1,170</b>	<b>Net debt / cash at 31 March</b>	<b>59</b>	<b>1,479</b>	<b>1,538</b>

## DIRECTIONS BY THE SCOTTISH MINISTERS

The Scottish Ministers, in exercise of their functions under section 86(1) and (3) of the National Health Service (Scotland) Act 1978, in relation to the functions of Health Boards in that section which apply to the Scottish Ambulance Service Board by virtue of the Scottish Ambulance Service Board Order 1999, and all other powers enabling them to do so, hereby DIRECT that:

1. The Scottish Ambulance Service Board must prepare a statement of accounts for each financial year in accordance with the accounting principles and disclosure requirements set out in the edition of the Government Financial Reporting Manual which is applicable for the financial year for which the statement of accounts is prepared.
2. In preparing a statement of accounts in accordance with paragraph 1, The Scottish Ambulance Service Board must use the Scottish Ambulance Service Board Annual Accounts template which is applicable for the financial year for which the statement of accounts is prepared.
3. In preparing a statement of accounts in accordance with paragraph 1, The Scottish Ambulance Service Board must adhere to any supplementary accounting requirements set out in the following documents which are applicable for the financial year for which the statement of accounts is prepared —
  - (a) The NHS Scotland Capital Accounting Manual,
  - (b) The Manual for the Annual Report and Accounts of NHS Boards and for Scottish Financial Returns, and
  - (c) The Scottish Public Finance Manual.
4. A statement of accounts prepared by The Scottish Ambulance Service Board in accordance with paragraphs 1, 2 and 3, must give a true and fair view of the income and expenditure and cash flows for that financial year, and of the state of affairs as at the end of the financial year.
5. The Scottish Ambulance Service Board must attach these directions as an appendix to the statement of accounts which it prepares for each financial year.
6. In these Directions —

"financial year" has the same meaning as that given by Schedule 1 of the Interpretation Act 1978,

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

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

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

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

"The Scottish Ambulance Service Board" is a Special Health Board for the whole of Scotland constituted under the Scottish Ambulance Service Board Order 1999 (S.S.1 1999/686),

"The Scottish Ambulance Service Board Annual Accounts template" means the Excel spreadsheet issued to The Scottish Ambulance Service Board by the Scottish Ministers as a template for their statement of accounts, and

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

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



Signed by the authority of the Scottish Ministers

Dated 22 March 2022

## GLOSSARY

<b>A&amp;E</b>	Accident and Emergency
<b>ACC</b>	Ambulance Control Centre
<b>AHP</b>	Allied Health Professions
<b>ALS</b>	Advanced Life Support
<b>ANP</b>	Advanced Nurse Practitioner
<b>AP</b>	Advanced Paramedic
<b>APCC</b>	Advanced Practitioner in Critical Care
<b>BASICS</b>	British Association of Immediate Care
<b>CFR</b>	Community First Responder
<b>Chain of Survival</b>	Crucial elements required to save a life when someone is in cardiac arrest: community readiness and early recognition that a cardiac arrest is happening, early cardio pulmonary resuscitation (CPR), early defibrillation to restart the heart; timely hospital care and appropriate aftercare
<b>CNO</b>	Chief Nursing Office
<b>CPR</b>	Cardio Pulmonary Resuscitation
<b>EMRS</b>	Emergency Medical Retrieval Service
<b>EPR</b>	Electronic Patient Report
<b>ESN</b>	Emergency Services Network
<b>FNC</b>	Flow Navigation Centre
<b>GP</b>	General Practitioner
<b>HAS</b>	Hyper Acute Stroke
<b>HCPC</b>	Health and Care Professions Council
<b>ICCS</b>	Integrated Communications Control System
<b>ICO</b>	Information Commissioner's Office
<b>IJB</b>	Integrated Joint Board
<b>MTU</b>	Mobile Testing Unit
<b>NES</b>	NHS Education for Scotland
<b>OHCA</b>	Out of Hospital Cardiac Arrest
<b>OOH</b>	Out of Hours
<b>PAD</b>	Public Access Defibrillator
<b>PGD</b>	Patient Group Directives
<b>PHCCT</b>	Pre-Hospital Critical Care Team
<b>PTS</b>	Patient Transport Service
<b>ROSC</b>	Return of Spontaneous Circulation
<b>ScotSTAR</b>	Scottish Specialist Transport and Retrieval Service
<b>SG</b>	Scottish Government
<b>SORT</b>	Specialist Operations Response Team
<b>SPiNE</b>	Scotland's Paramedic Integrated National Education
<b>STN</b>	Scottish Trauma Network
<b>VF/VT</b>	Ventricular Fibrillation – heart not operating correctly giving an irregular heartbeat