

THE FOUNDATION TRUST NETWORK

England & Wales · Charity number 1140900

Details

Status	Registered
Legal form	Charitable company
Company number	07525114
Registered	2011-03-28
Register	View on the Charity Commission register

Contact

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Activities

Objects: THE RELIEF OF SICKNESS AND THE PRESERVATION AND PROTECTION OF PUBLIC HEALTH THROUGH THE SUPPORT OF ITS MEMBERS AS PROVIDERS OF HEALTHCARE WITHIN THE NHS.

Activities: The Foundation Trust Network (FTN) is the membership organisation for the NHS acute hospitals and community, mental health and ambulance services that treat patients and service users in the NHS. The FTN helps those NHS trusts deliver high quality, patient focussed, care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- Throughout England

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£8,960,825	£9,165,319	£2,974,866	102
2024-03-31	£8,904,436	£9,483,010	£3,179,360	107
2023-03-31	£9,377,074	£8,807,917	£3,757,634	101
2022-03-31	£7,821,479	£6,942,849	£3,188,477	83
2021-03-31	£5,784,618	£5,490,111	£2,309,848	66

Trustees

Name	Role	Appointed
Andrew Stewart Trotter		2024-07-01
Birju Bartoli		2024-07-01
Chris Williams Oliver		2024-07-01
Dr Rima Makarem		2025-07-01
Elliot Howard-Jones		2023-07-01
Giles Tristan York		2025-07-01
Jan Ross		2022-07-01
Karen Taylor		2023-07-01
Mary Elford		2021-07-01
Matthew Arthur Bryant		2025-07-01
Philippa Mary Slinger		2025-07-01
Professor Andrew Hardy		2024-10-02
Richard Henry Mitchell		2024-07-01
Richard Jone Henderson		2023-07-01
Selina Ullah		2022-07-01
Sharon Mays		2023-07-01
Sir Terence Stephenson		2025-02-03
THERESE PATTEN		2021-07-01

THE FOUNDATION TRUST NETWORK

England & Wales - Charity number 1140900

Accounts



The Foundation Trust Network operating as
NHS PROVIDERS

TRUSTEES' ANNUAL REPORT
AND ACCOUNTS
FOR THE YEAR ENDED
31 MARCH 2025

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2025

The trustees are pleased to present the annual trustees' report together with the consolidated financial statements of the charity and its subsidiary for the year from 1 April 2024 to 31 March 2025. The financial statements have been prepared in accordance with the Charities Act 2011, the Companies Act 2006, the organisation's memorandum and articles of association, and Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019.

Strategic report

The information below, including the review of activities, financial review, risk management statement and summary of future plans forms the strategic report for the purpose of the Companies Act 2006.

The report and financial statements also meet the requirement for a directors' report and accounts under the Companies Act.

About us

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS in England. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS trusts in England collectively account for £132bn of annual expenditure and employ 1.4 million people.

The charity's objectives are: the relief of sickness and the preservation and protection of public health

through the support of its members as providers of healthcare within the NHS.

During the year NHS Providers had one wholly owned trading subsidiary company: FTN Trading Limited, to run our Annual Conference and Exhibition and support commercial partnerships.

CHAIR'S REPORT

The past year has been undoubtedly difficult and demanding for NHS Providers' members. NHS leaders and their frontline teams have faced innumerable challenges as they strive to deliver patient care against a backdrop of severe financial and operational pressures and significant political change and upheaval.

Despite these hurdles, our members rose to the challenge. Over the past year, they have delivered significant productivity gains, more care, and brought down the longest waits. Their commitment to innovate, collaborate, and improve health services for the patients and the communities they serve remains steadfast.

NHS Providers has been there for our members every step of the way as they've navigated this increasingly complex, challenging and evolving health and care landscape. As the leading membership organisation for acute hospital, mental health, community and ambulance trusts and foundation trusts in England, we're committed to helping members achieve their goals.

From building relationships with the new government and influencing the 10-year health plan, to dealing with the fallout of the financial reset and advocating ahead of the Spending Review, NHS Providers is working with our members and for our members. Our development offer, busy programme of events and networking opportunities continue to provide a high level of support. Our Annual Conference and Exhibition, our Quality and Improvement conference, and our Governor Focus conference were all hugely popular and reiterated the value of sharing and learning from members' experiences and successes.

As the trusted voice of NHS trusts in systems, we are shaping the environment in which our members operate, highlighting the challenges they face, providing support, sharing good practice, and championing success.

We remained on the front foot in our policy and influencing activities during a period of significant political turbulence. We have forged relationships with the new government, opposition parties and MPs in the aftermath of the general election ensuring our members' voices are heard in the corridors of power. This will continue at pace with new health legislation and NHS reforms on the horizon.

Our media and communications work has provided insight and analysis on key developments and high-profile interventions including children and young people's services, mental health and the new hospital programme, making us the leading media commentator on issues affecting the provider sector.

The decision to abolish NHS England (NHSE) in March, coupled with the financial reset, has however sent shockwaves through the health service. The reverberations will be felt by our members and NHS Providers for some time. We recognise the unprecedented challenging times ahead for our members and know there has never been a more important time for us to deliver on our support, and to be the effective, strong and collective voice needed to help shape the landscape and champion their needs.

As the continuing positive feedback from our member, stakeholder and staff surveys show, NHS Providers has delivered for our members and the wider service across all elements of our strategy – voice, influence, support and excellent organisation. We don't take this for granted. We continue to challenge ourselves every day to ensure we provide the very best value to you as an outstanding membership organisation.



Professor Sir Terence Stephenson
Chair, NHS Providers

OUR OBJECTIVES AND ACTIVITIES

NHS Providers is required by charity and company law to act within the objects of its memorandum of association.

The purpose of the charity, as stated therein, is to enable our members to provide high quality healthcare within the NHS, thereby relieving sickness and protecting public health.

We uphold our duty of public benefit by being an outstanding membership organisation supporting the NHS trusts and foundation trusts who provide frontline healthcare to more than 57.7 million people in England.

Our members include NHS acute hospitals, community, mental health and ambulance service foundation trusts and trusts that, together, interact with close to five million patients and service users a week, employ a workforce of 1.4 million people, and collectively account for £132bn of annual expenditure.

The trustees confirm they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the Charity Commission's guidance on public benefit. NHS Providers' public benefit is enshrined in its charitable objectives as outlined above.

Our vision

An outstanding membership organisation and trade association for all NHS providers, unrivalled in the influence, voice and support we offer our members.

Our mission

To enable high quality care for patients and service users, and a reduction in health inequalities, by supporting members to work collaboratively within and across local health and care systems.

Our strategic objectives

Our four strategic objectives are:

- **Influence:** to shape the environment and culture in which our members operate – with a dedicated focus on finances, quality, workforce, governance, regulation, digital transformation, integration, health inequalities and system working.
- **Voice:** to be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.
- **Support:** to help our members and their local system partners drive improvement and innovation through effective, shared development, support and learning.
- **Excellent organisation:** to provide outstanding value for money to our members, create a supportive environment for staff and continually improve, driven by our values.

Our values

At NHS Providers, we are:

- **Respectful:** we act with honesty, compassion, openness and integrity and recognise the contribution each of us makes.
- **Inclusive:** we celebrate and champion diversity and seek out different viewpoints. We act to call out and tackle discrimination.
- **Collaborative:** we work as a team internally, and with our members, stakeholders and partners to deliver positive results.
- **Effective:** we deliver professional, high-quality work which is member led and supports the health and care service to deliver value and positive change for patients.

2024/25 AT A GLANCE



Resources

68

briefings produced

39

blogs published

15

reports produced



Reach

16,000

media mentions

19

comment pieces in national and trade publications

6.7%

average engagement rate on LinkedIn

25%

increase in LinkedIn followers

Engagement



12

trust visits

3

party conferences attended

7

member surveys conducted

746

meetings with key national decision makers

19

consultations responded to on behalf of members



Events

395

events delivered to over 8,800 delegates

36

events held as part of our member networks programme

800

delegates attended our Annual Conference and Exhibition

21

training events held for our board development programme to over 2,500 delegates

124

in-house bespoke training offers created



Satisfaction*

93%

satisfaction rate among chairs

96%

satisfaction rate among chief executives

100%

satisfaction rate among communications directors

88%

of respondents were 'very' or 'fairly satisfied' with our work

89%

said we understand the context they are working in

94%

of respondents feel it is important for their organisation to be a member

83%

said we stand up for and defend the reputation of NHS providers

* From our latest member survey.

KEY ACHIEVEMENTS AND PERFORMANCE

Over the course of 2024/25, our members have continued to impress upon us the importance of a clear voice for providers as they navigate the rapid pace of change. This change has accelerated in early 2025, with the announcement in March to abolish NHS England and the financial reset trust leaders are expected to deliver.

Members have expressed the value they place on our influence, voice and support for them, at the same time as finding themselves with unprecedented decisions to make about how to achieve the cost savings expected of them.

We have also undergone changes internally, with Saffron Cordery acting as interim chief executive for the latter part of the financial year, providing seamless, calm leadership following Julian Hartley leaving at the end of November 2024.

Below you can read an overview of our work and achievements set against each of our four strategic objectives: influence, voice, support and excellent organisation, including the priorities we set out for 2023/24 in our previous annual report.

Influence

In the context of a new government following the July 2024 general election, we sought to highlight the challenges facing trusts that require political action and trusts' achievements in the face of unprecedented day-to-day pressures. We offered constructive solutions to enable the new government to deliver on its ambitious agenda and contributed to rapidly developing policy on many fronts. We have:

- **Voiced providers' priorities during the election campaign and rapidly established our influence with the new government.** We have advocated an approach to health which embraces prevention, tackles health inequalities and funds the health and care system appropriately. Drawing on well-established networks with Labour and within the Department of Health and Social Care (DHSC), we

have established productive relationships based on the principles of trust and transparency.

- **Engaged comprehensively with the new government's emerging NHS policy programme.** We contributed our analysis to the Darzi review, setting out the challenges trusts face in restoring operational performance. And, we have had continuous contact with the 10-year health plan team, hosting discussion sessions with members at our networks and Annual Conference and Exhibition, and via private meetings with key officials.
- **Defended the reputation of the provider sector and the wider NHS, promoting trusts' achievements.** We explained the scale of operational, financial and workforce challenges facing trusts, and highlighted the longstanding external factors underlying these difficulties. We provided analysis and commentary on stretching national performance and recovery targets in this context. We have championed the contribution trusts make to the economy and local communities, including through their work as anchor institutions, and highlighted good practice on a broad range of topics including shifting care upstream, and achieving value for money.
- **Called for action to tackle care backlogs in all sectors.** From our pre-election influencing through to our dialogue with the new government we have acknowledged the need to recover the elective care backlog alongside backlogs for mental health and community services, and the ongoing impact on ambulance services. Informed by trust leaders' concerns, we have demonstrated the impact on children and young people and the urgent need to prioritise services they depend on. We have advocated for a clear ask of the NHS which is resourced and realistic, and for clear prioritisation.
- **Made the case to tackle health inequalities and race inequality.** We published a report demonstrating the progress members have made in reducing health inequalities and where there is still more to do. We gathered insight from members on race inequality as part of our programme of surveys throughout the year and stressed the importance of addressing racial disparities as part of our engagement on the Mental Health Bill.

- **Advocated for appropriate funding and resourcing.** We have argued for increased capital funding and reform of how trusts access capital, including exploring alternative sources such as private investment. Our long-term lobbying on capital helped secure an increase of £3.1bn to the capital budget for health. We have also contributed to the National Audit Office and public accounts committee reviews of financial sustainability, and held a roundtable with members and HM Treasury officials on NHS reform. We have continued to call for a fully funded workforce plan including education and training, and for appropriate settlements for public health and social care.
- **Shaped evolving policy around system working and group models.** NHSE has committed to a more streamlined and focused role for integrated care boards (ICBs), after we argued the case for making oversight arrangements simpler and better aligned with the statutory framework. We have published case studies demonstrating how provider collaboration can build capacity to deliver on operational priorities. We have also helped NHSE develop its regulatory approach to shared board appointments between trusts.
- **Called for proportionate, value-adding regulation and oversight.** Our thinking on how the Care Quality Commission (CQC) needs to evolve was well received by Dr Penny Dash and reflected in her review of the regulator's performance, and CQC's response. We responded robustly to NHSE's proposals for a new oversight and assessment framework, particularly relating to the role of ICBs, and have kept in close, constructive contact with them as they continue to develop these plans. Informed by a member steering group, we have also contributed our thinking on manager regulation, calling for a patient-focused and equitable approach that supports and develops NHS managers and leaders.
- **Maintained our core influence and support for good governance and accountability.** We published three new chapters of our Guide to Good Governance in the NHS, on system working, councils of governors, and shared leadership, to support members and highlight core principles to policymakers. We have highlighted concerns about

the pipeline of future directors, in particular chairs, and supported NHSE in understanding this with a view to providing more effective support. We also supported the national quality board in developing guidance on managing risk within integrated care systems (ICSS).

- **Supported the NHS workforce.** We highlighted the damage done by pay disputes between unions and government and strongly welcomed the focus on ending the doctors' and nurses' strikes. We have supported the production of a new pay framework for very senior managers, and called attention to the possible risks of the government's plans for performance-related pay for trust leaders. We supported NHSE's work developing a management and leadership development framework. And we contributed authoritative evidence to pay review bodies, bringing members' views into the heart of these processes.
- **Developed our contribution on care quality and safety.** We have continued to advocate for greater consideration of safety and quality of care in national decision making. We have developed our representation of trusts in this space, including via membership of advisory groups focused on Martha's Rule and the work of the patient safety commissioner. We have also contributed to work to further the impact of the Health Services Safety Investigations Body (HSSIB), and undertaken sustained engagement with NHSE as it reviews its approach to safety and quality.

Sector focus

- **We continued to highlight mental health services**, emphasising increasing demand and complexity of need, and informing discussions around the Mental Health Bill and the mental health investment standard. We have contributed to a range of reviews and inquiries, including a report by the public accounts committee and the HSSIB's mental health investigation programme.
- **We supported the Community Network**, in partnership with NHS Confederation. We have drawn attention to care backlogs in community services and their impacts on communities, in particular children and young people. We made the case for capital investment to support community services' infrastructure ahead of the comprehensive spending review based on a survey of members. We have established the network as a key voice in discussions of the government's proposed shift from hospital to community services, bringing members together with senior officials, and giving oral evidence to parliament.
- **We worked closely with the Association of Ambulance Chief Executives (AACE)** to bring leaders together and highlight the unprecedented ongoing operational pressures facing urgent care and the ambulance sector. We also contributed to the ambulance culture review delivery board.
- **We monitored changes to the commissioning of specialised services**, in close collaboration with the Shelford Group and the Federation of Specialist Hospitals. We have paid close attention to the delegation of specialised mental health commissioning to ICBs, and the implications this has for well-established provider collaboratives.
- **We maintained relationships with a range of stakeholders in primary care, social care and the voluntary sector.** This has informed our thinking on integrated neighbourhood health services.

All our influencing activities are underpinned by constructive relationships with key stakeholders and a robust evidence base. We sustained our stakeholder engagement with key decision makers including

No10, the Department of Health and Social Care and the secretary of state's team, the shadow frontbench, the health and social care select committee, and other senior parliamentarians including peers, as well as the leadership of NHSE, CQC and other national bodies.

Over the past year, we continued to offer our 'In conversation with' programme. We ran our member survey programme on a range of topics including regulation, children and young people, the financial challenge and remuneration.

In total during the year we:

- Published 83 briefings and reports.
- Responded to 19 consultations on behalf of members.
- Held 746 meetings with key national decision makers.

Voice

Over the past year NHS Providers has cemented its reputation as the authoritative commentator on provider issues and the wider challenges facing health and care. Trusts, stakeholders and journalists once again told us they valued our informed and balanced commentary.

In a crowded and highly competitive media landscape, we maintained a strong profile, securing over 16,000 media mentions in print and online media and a number of TV and radio interviews. Our spokespeople appeared on broadcasters including Radio 4's Today Programme, BBC Breakfast, Channel 4 News and were quoted in outlets including The Times, The Financial Times, The Guardian, The Telegraph and the HSJ. Our op-ed and blog programme went from strength to strength with 16 prominent comment pieces in publications including the Financial Times, the HSJ, BMJ, National Health Executive and Public Sector Focus.

Our LinkedIn followers grew by 25% over the last year, with an average engagement rate of 6.7% – a 17.5% increase from the previous year. We launched a Bluesky account in early January 2025 which

is experiencing positive growth. At the end of January 2025 we made the decision to pause posting on X.

Through our astute media messaging, we raised the profile of the issues that mattered most to our members. We forcefully made the case for capital investment and drew attention to the impact of care backlogs, trust efforts to provide high quality and timely care in the face of relentless operational, financial and workforce pressures, the strain on children and young people's services and delays to the New Hospital Programme.

The findings from our annual State of the Provider Sector report once again set the media and political agenda. We issued stark warnings from trust leaders that the government was unlikely to deliver its manifesto pledge to hit performance standards set out in the NHS constitution – such as the four-hour target for A&E or the 18-week standard for planned hospital treatment – over the next five years.

While these operational and financial pressures meant coverage often focused on concerns over the quality and safety of care, we took every opportunity to highlight and celebrate trusts' positive achievements and successes, too.

We showcased the innovation being spearheaded by trusts through regular case studies in our Activity Tracker series. Our Providers Deliver reports shared highlights from trusts who are leading new approaches to ensure patients get the care they need in the right place at the right time and their efforts to boost productivity at a time when the NHS' performance is under more scrutiny than ever.

Support

In the last year we have continued to support members with a range of development programmes, designed to support improvement through effective shared development, peer support and learning. Our support continues to be offered in a blended model of virtual and in-person events, national events and webinars, networks and peer learning.

In summary we:

- Delivered a total of 395 events to over 8,800 delegates with 99% of delegates recommending our events to a colleague and 93% rating them as good or excellent.
- Welcomed over 800 delegates to our Annual Conference and Exhibition in Liverpool on the theme of Next Generation, with a focus on how to work with a new government to maximise the social and economic value of the NHS and remain responsive, effective, and centred on patient and community needs. The conference received some of our most positive feedback to date from delegates, speakers and partners alike, and became a natural focal point for conversations and debate, with the secretary of state for health and social care and others, about the future of the health system.
- Delivered 36 events as part of our member networks programme, providing the opportunity to meet peers in a safe space, engage with policy makers and hear from other inspirational speakers, with many in-person meetings delivered as part of this offer.
- Delivered 212 training events for over 2,500 delegates as part of our board development programme. In response to your feedback, we increased the number of training events offered and launched four new modules on the essentials of good governance: advanced minute taking, introduction to minute taking, NHS quality for NEDs, effective governance reviews and a programme for aspiring directors. We delivered 124 in-house and bespoke training offers.

- Relunched our digital boards programme, offering free bespoke support for trust boards and senior leadership, workshops on specific topic areas, and coaching for individual board leaders.
- Delivered 50 in-house training and bespoke events directly to councils of governors under our GovernWell offer.
- Expanded our improvement offer to pilot an offer on whole board support for embedding improvement, delivered in partnership with Q Community. We also completed our provider collaboratives: improving equitably offer, which provided peer learning and coaching on how provider collaboratives can develop shared improvement approaches with an equity lens embedded from the outset.
- Supported trusts in systems through provider collaboratives and system-wide peer support: the provider collaboration programme delivered a range of peer learning events focused on sharing case studies on how collaboratives are realising the benefits of working in partnership.
- Completed the Leading Integration Peer Support programme; a two-year NHSE contract, providing peer review and peer-led workshops to support 18 ICSs and delivering a range of events and resources to share learning.
- Continued a focus on supporting boards to address race inequalities: we have kept focused on embedding our commitment to race equality throughout our work, while our programme continues to share research, evidence-based interventions and lived experiences through a range of events and resources for boards. We also supported providers as they work to reduce health inequalities with high member attendance on our health inequalities programme, which provides a range of events and resources with practical case studies on the provider role in addressing health inequalities, including on co-production with communities, inequalities in rural and coastal communities and in maternity care.
- Expanded our bank of resources to complement our events such as guides, videos, blogs and briefings.

Excellent organisation

The last year of our current four-year strategy

In April 2021, we launched a new four-year strategy (covering the period 2021/22 to 2024/25) in response both to the external environment, and to member feedback on the need for us to do more to help shape their role in system working. The strategy was developed in partnership with our elected board and shared with our membership for consultation.

Although the external environment has changed considerably since the publication of the strategy, we have continued to increase and diversify our income by:

- Seeking commercial income based on appropriate criteria.
- Seeking additional income from partners including national NHS bodies to deliver new support programmes for members, without compromising our independence.
- Over the four years of the strategy, drawing down the reserves we have built up to invest in delivering the strategy, and limiting the uplift required in membership fees.

Shared values and behaviours

Over the last year we have continued to embed our values and behaviours in everything we do, including in our appraisal process and a range of other relevant corporate policies.

This year we made considerable improvements to our in-house learning and development offer for managers, offering a mandatory focus for all managers on leadership, change management, line management, performance and constructive feedback, and equality, diversity and inclusion.

We also consulted with staff on a competency framework. The purpose is to provide a skills, values and behaviours platform from which staff performance, progression, recruitment, and other people management processes can be based.

NHS Providers has made an explicit commitment to become an anti-racist organisation, as set out in our anti-racism statement and underpinned by our race equality action plan.

Over the past year, our staff consultation group, and three staff led networks have supported NHS Providers to consider intersectionality and broader protected characteristics, offering challenge and support to internal policy and to our external policy positioning. We have seen the staff led Race Equality and Cultural Inclusion Group (RECI) continue to develop and thrive, complemented by the work of our staff led mental health group, and Proud Providers, our staff led LGBTQ+ group. We have strengthened the links between the executive management team and staff networks, helping the networks to navigate the organisation and ensure their voices are heard.

Feedback from members and stakeholders

During 2024/25 we maintained high professional standards across all our work, ensuring that as an organisation we are fit for purpose and continuing to offer outstanding value for money to our members. We had all trusts and foundation trusts in membership – the sixth year running in which we had 100% membership.

In the most recent members' survey nearly nine in 10 respondents (88%) were 'very' or 'fairly satisfied' with the work of NHS Providers – the same as last year. Satisfaction among chairs and chief executives remains high (93% and 96% respectively), while the highest rates were from directors of communications (100%) and HR directors (97%). Almost all respondents (94%) feel it is important for their organisation to be a member, 89% said NHS Providers understand the context they are working within, while 83% said we stand up for and defend the reputation of NHS providers. Although 70% of respondents agreed NHS Providers is influential in shaping the agenda for the NHS, some members felt our profile and impact has been lower this year than in previous years.

We have also received positive feedback from our stakeholders. Our independent survey of 20 health and political leaders and the media – conducted on our behalf by Ipsos – found stakeholders value the regular contact they have with us. Common words used to describe us were: 'collaborative, responsive, representative, credible, in touch, and influential'. Stakeholders said we had made strong contributions on a broad range of issues with particular recognition for our work on the 2024 general election, finances, workforce, and operational pressures.

Looking ahead, the research also suggested there is scope for us to adopt a more proactive approach to actively shape policy discussions, offering solutions and driving our own agenda to increase our influence and impact.

OUR PLANS FOR THE FUTURE

Everything we do is to support and advocate on behalf of our members – NHS trusts and foundation trusts in England. Our close relationship with our board and our wider membership means we are well placed to understand and act upon the key issues affecting provider leaders.

The year ahead will bring significant change, challenge and opportunity, with the government's reform agenda for the NHS ramping up in a difficult economic context. We will seek to rapidly understand how this is impacting trust leaders, and the opportunities that it brings, so we can credibly represent our members' interests.

We are listening closely to the membership following the publication of the 10-year health plan and continue to develop our membership offer and aim to diversify our income streams to address significant financial pressures. We again find ourselves with the threat of industrial action and many longstanding challenges remain in the new landscape. We recognise the need for investment in infrastructure, the need for parity for mental health alongside physical health and the importance of ensuring coherence between the contents of the 10-year health plan and the three shifts that are planned in the health service: from analogue to digital; hospital to community; and treatment to prevention.

Within NHS Providers, there is also change, with a new chief executive, Daniel Elkeles and chair, Professor Sir Terence Stephenson, in post. Daniel joined us as permanent chief executive at the end of May 2025 and has begun a programme of trust visits, aiming to visit at least one trust per week.

Our strategic priorities continue to focus on the influence, voice and support we provide for trust leaders, and ensuring we run an excellent organisation, continually improving, offering value for money for members and a supportive environment for staff.

Our priorities for 2025/26 are outlined below against each of the four strategic objectives set out on page 5.

Influence

Over the year we will promote and protect members' interests by anticipating and responding to key developments. In particular:

Ensuring our members are effectively represented in shaping and supporting NHS reform. We will:

- Work directly with the senior officials leading the 10-year health plan to ensure they understand the perspective of trust leaders, and the value they can bring to the implementation of the 10-year health plan. We will ensure members' insight and experience informs any policy changes needed to enable the plan, such as to funding flows and financial incentives, and accountability and oversight.
- Support NHSE, DHSC and trusts in the design and implementation of a new operating model for the period following the abolition of NHSE. We will establish ourselves as a leading voice in discussions around forthcoming legislation. In doing so we will promote the importance of good governance principles as being central, and argue for clear roles, responsibilities, and lines of accountability between trusts and other parts of the system.
- Engage in work to reform system working, including bringing a provider lens to the development of strategic commissioning. We will demonstrate the provider contribution to system working, including via collaboration at scale, and locally between sectors. We will also engage with developing plans for social care reform, and for devolution to local government, mindful of the implications for integrated care and ICSs.
- Work with ministers and officials to develop a vision for a 'neighbourhood health service' that makes the most of trusts' added value and contribution. In developing our position, we will work closely with the primary care and social care sectors with the aim of building consensus.
- Demonstrate the vital importance of community services to delivering the government's planned shifts from treatment to prevention, and from hospital to community. We will support the Community Network in partnership with NHS

Confederation, highlighting the benefits of investing in the community sector in the interests of the whole service, and ensuring community providers have a strong collective voice with stakeholders and ministers.

- Influence the Mental Health Bill as it passes through parliament, and support its implementation once it becomes law, to ensure the reforms it introduces succeed in improving the quality of care for patients.

Shaping the wider national policy framework, and advocating for adequate resources, to enable trusts to improve the quality of care for patients. We will:

- Represent members' interests and priorities ahead of major funding decisions by government, ensuring the accompanying asks of providers are appropriately ambitious but deliverable. We will recognise the importance of improving productivity, framed in terms of delivering better value for patients and communities.
- Advocate for an improved capital regime which efficiently enables trusts to build, buy and maintain the facilities needed to deliver the services their populations need.
- We will highlight the consequences of underinvestment for trusts, staff and patients.
- Emphasise the importance of adequately funding and prioritising mental health, community and ambulance services alongside the focus on restoring constitutional standards. We will highlight rising demand in all sectors, and trusts' efforts in meeting that demand. We will emphasise the importance, to the economy and communities, of investing in the whole NHS. We will also continue to work in partnership with AACE to support the ambulance sector, and with Shelford Group and the Federation of Specialist Hospitals to represent members providing specialised services.
- Bring trust leaders into the heart of the discussion on regulation, including CQC's change programme, and the launch of the new performance assessment framework and recovery support programme. We will voice your concerns on league

tables and work to ensure these are implemented and used fairly and constructively.

- Use members' insights and perspectives to shape reviews and strategies on patient safety, including the national quality strategy, and implementing the recommendations of the Dash reviews of the organisations currently overseeing patient safety. We will also help shape the development of an equity and equality strategy in maternity and neonatal care, mindful of the racial inequalities that exist there.
- Inform pay frameworks and reviews for NHS staff, particularly the implementation of the new framework for very senior managers. As an actively anti-racist organisation, and mindful of our wider commitment to inclusivity, we will continue to support members in implementing the equality, diversity and inclusion improvement plan. We will work to highlight the potential impacts of linking leaders' pay to organisational performance and will work constructively with government on its plans to introduce regulation for NHS managers.

Designing and delivering a stakeholder engagement programme to cement influential relationships across government, parliament, arm's length bodies and partner organisations. We will:

- Build on and maintain our already well-established relationships with ministers, their advisors, and parliamentarians including peers. We will ensure we are the go-to organisation for the frontline NHS perspective, bringing members' experiences to the heart of government.
- Supply bespoke resources to parliamentarians, raising our profile and building our credibility with them, mindful that the majority of MPs were elected for the first time last year and many will be new to health policy. We will track parliamentarians interested in health and ensure they know who we are and that they hear your perspective.
- Monitor parliamentary activity related to health and care, ensuring we are up-to-date with latest developments, announcements and debates. We will regularly participate in and attend parliamentary events and take opportunities to share our work.

- Cement relationships with members of the health and social care select committee, public accounts committee and women and equalities committee, and the staff supporting them, as a key avenue of accountability for the government, providing briefings to help them shape their lines of inquiry, and submitting oral and written evidence.
- Bring the insight we gain from our work in Westminster to help members understand the political context for reform, and where the NHS sits as part of a wider set of political and public service priorities.
- Maintain and review our extensive base of stakeholders including arm's length bodies, charities and think tanks, ensuring we hold relationships at all levels and are listened to by organisations that are influential with the new government.
- Attend and hold events at party conferences to consolidate our profile and critical relationships.

Voice

We will continue to ensure the collective voice of NHS providers comes through clearly in discussions about the future of the NHS. We will create opportunities to hear and represent the views of our diverse membership and set out their priorities to government, the NHS and key stakeholders, with an emphasis on:

- Building on our established reputation as a credible and reliable commentator on the role of NHS providers across all media outlets, including using social media to reach wider audiences.
- Expanding our proactive and analytical coverage of the seismic changes taking place in the NHS as well as ensuring timely and essential reactive media commentary of all major developments.
- Using our newly launched website to ensure visibility and accessibility for all NHS Providers outputs, including reports, consultation submissions, On the Day briefings, training courses, policy updates, conferences, and events.
- Forcefully setting out the implications of major systems on providers how they will impact existing pressures on providers, and representing the real experiences of NHS trusts and their partners.
- Developing new ways of showcasing our members' excellent innovation and best practice to a wider audience, through our case study series, Providers Deliver, the Provider Podcast, social media and digital channels, and developing new products and publications to amplify the provider voice.
- Influencing discourse on the new shape of the NHS, with commentary on behalf of members, closely linked to successful implementation of the 10-year health plan.

Support

We will continue to develop our support offer, ensuring we respond to evolving member needs. At a time of unprecedented pressure on NHS leaders, our development programmes will offer an opportunity to step back, reflect, learn and gather support from peers, and to take away practical insights to apply to your own context. Our priorities this year will be to:

- Recognise changing times: we aim to adapt our support offer in the context of significant turnover at board level, including to meet the needs of the growing number of chairs and chief executives in shared leadership roles across multiple providers, as well as to bring groups of peers together in a more agile way to support each other in tackling pertinent issues including collaboration and neighbourhood working and investment in community based capacity, the shift from analogue to digital, tackling health inequalities and promoting race equality.
- Ensure our Board Development programme continues to evolve to meet the growing demand for our services: we will continue to support member development with a focus on equipping boards and senior leaders to be effective at leading their organisations through effective governance and culture. This includes our director inductions, training modules, and tailored in-house board and leadership development. We are excited to grow our offer of governance effectiveness reviews, embed a fuller focus on risk and quality, and expand our new programme of support for aspirant directors as part of this approach.
- Continue to meet changing demands for our GovernWell offer with new bite sized modules and the continuation of bespoke support.
- Deliver a new partnership with NHSE to support a cohort of aspiring chairs, preparing them with the knowledge and skills they require to effectively carry out a chair role in a trust.
- Refine our offer on improvement in response to growing member focus in this area, aiming to provide direct support for boards to share learning on driving continuous improvement.
- Deliver vibrant and relevant national conferences. This year we held our Governance Conference online, focusing on the theme of *Good governance: anchoring in a shifting landscape*. We will also move our Annual Conference and Exhibition to Manchester for the first time in several years to bring together a vibrant programme for trust leaders, system partners, speakers, partners and national decision makers in the largest annual provider specific conference in the event calendar.
- Continue to support boards to make race equality a priority: the Race Equality programme will continue to provide events and resources that support members to proactively tackle racism and embed race equality as part of the board's core business. We will also continue our focus on embedding anti-racism throughout our support programmes and influencing work, and sustain some focus on supporting trusts to tackle health inequalities.
- Deliver our renewed Digital Boards programme made up of bespoke development for the board and senior leadership teams, workshops addressing specific topic areas and coaching for individual board leaders.
- Grow and integrate partnerships with commercial organisations: this year we hope to build on our progress to identify partners with services, products and support which add value to the NHS and help trust leaders find solutions to the challenges they face. We aim to grow our dinner programme in partnership with others and offer a vibrant programme of webinars, publications and blogs drawing on the expertise of a broader set of partnerships.

Excellent organisation

We will focus on:

- Communications, learning and development, and reviewing recognition and reward, all underpinned by our race equality action plan and broader approach to inclusivity.
- Working with the staff team, our board, members and stakeholders to deliver our bridging year business plan.
- Driving the implementation of the race equality action plan.
- Increasing our income from sources beyond our membership fee and improving our cost-effectiveness to ensure we deliver the best possible value for money and service to members. We will do this without compromising our independence and ability to speak truth to power. This includes:
 - Continuing to grow our paid for offers, building on our track record of providing high quality whole board development and training on the fundamentals of unitary board governance.
 - Securing project funding from NHSE to support our programme offer on key leadership hot topics.
 - Embedding new commercial partnership arrangements whilst exploring new opportunities to bring commercial thought leadership and insight to our members.
 - Delivering a successful in-person Annual Conference and Exhibition, with sponsorship at or greater than the level secured in previous years.
 - A sustained focus on efficiency at NHS Providers through a robust cost-improvement programme which engages the whole organisation, ensuring we remain on track to achieve a break-even position by March 2027, in line with the four year financial view agreed with the board.
 - We have always worked collaboratively with NHS Confederation for the benefit of our members across the NHS. We will continue to work together with the NHS Confederation as

effectively as possible and explore options for even closer working, focusing on minimising duplication in our work and delivering the best possible value for members during this financially challenging time.

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FINANCIAL REVIEW

NHS Providers, as a membership organisation, receives most of its recurring income from membership subscriptions. Additional annual income is derived from providing workshops and training services to members – as well as from commercial agreements, including (but not limited to) event sponsorship. NHS Providers also generates project income by working collaboratively with partners to develop specific areas of support for members. NHS Providers does not raise funds directly from the public, although it does accept unsolicited donations. All of these funding sources enable the charity to deliver its objectives of voice, influence, support and excellent organisation.

Under its current strategy, NHS Providers aims to:

- Fully utilise its subscription income in the delivery of its services to members.
- Make a surplus or achieve break-even on the provision of any additional commercial services to members, such as workshops and training.

NHS Providers reported a loss of £204,494 for the year, (2024: loss £578,274). This current financial year was particularly impacted by the Digital Boards contract starting later in 2024/25 than anticipated resulting in deferring some of the income into 2025/26.

Income from charitable activities decreased by 5% to £1,987,161 (2024: £2,084,300). This change is due to Digital ICS income reaching its final phase.

Course income has performed better than the previous year, £840,036 (2024: £721,838). Courses continued to be delivered in a blend of virtual, hybrid and in-person which has allowed for more accessibility and is reflective of the excellent course ratings which have driven member engagement.

Subscription income grew by 2%. The increase is in accordance with the table of percentage fee increases approved in the four-year strategic plan. At year end NHS Providers had 100% of trusts in membership, which represented 204 trusts. Revenue of the charity's wholly owned subsidiary, FTN Trading Ltd, increased by 9% from £529,413 to £575,363 for the year ending 31 March 2025.

NHS Providers delivered its in-person Annual Conference and Exhibition in November 2024. The conference was a success and generated £397,416 income; £207,016 in ticket sales and £190,400 in sponsorship income. The overall performance of the trading entity was robust as it generated a profit of £176,224 after the gift aid distribution of £176,218 for year ending 31 March 2025.

Overall expenditure excluding expenditure from FTN Trading Ltd decreased by 3% to £8,846,949 (2024: £9,117,444). The organisation decreased headcount by 5% during the year and an inflationary uplift on salaries, resulted in an increase of £273k.

Reserves policy

The reserves policy defines the framework for responsible management of the reserves and in the trustees' view, the charity's reserves should provide the charity with adequate financial stability and the means for it to meet its charitable objectives should a change in financial circumstances occur, considering potential risks. Reserves are maintained to further the strategic aims of the charity and to maximise business growth opportunities, subject to approval by the finance and general purposes committee (F&GP). If the charity was to cease operating, reserves are set at a level that allows the charity to meet all necessary obligations and commitments.

In 2022, the board approved a change to the required reserve levels, moving from a fixed minimum of £1.3m, to a defined range of £900,000 to £1.3m. Free reserves for the group are defined as general unrestricted funds, excluding tangible fixed assets that cannot be readily liquidated.

At year-end, the group had total free reserves of £2,413,656 (2024: £2,227,583) of which all are unrestricted well in excess of the reserves level set.

F&GP will review the policy and level of reserves on an annual basis to ensure they are sufficient to meet the group's continuing obligations, commensurate with risks faced by the organisation.

Restricted funds

Restricted funds can only be used for the purpose and in accordance with the terms agreed by the funder. In 2025 restricted funds are nil, (2024: nil).

Unrestricted designated funds

Designated funds at year-end total £561,210 (2024: £951,777). The designations have been formally agreed prior to year-end by F&GP and noted by the board.

The year-end designations comprise:

- A fixed asset reserve of £482,495 which formally ringfences current level of investment in fixed assets.
- A digital investment reserve of £78,715 provision for the estimated investment in the CRM system for NHS Providers required during 2025.

Designated funds will be released upon completion of the investment project and or securing investment funds. Further details are given in note 16. The designations are excluded from funds available to underwrite operational risk.

General unrestricted funds

Reserves excluding designated and restricted funds total £2,413,656.

Going concern

The trustees have a reasonable expectation that the organisation has adequate financial resources to continue in operational existence for the foreseeable future whilst running consecutive deficits.

Our planning process, including financial projections, considers the current economic climate and its potential impact on our various sources of income and expenditure. The charity sets annual budgets supported by regular management accounts reviews and quarterly F&GP meetings, enabling considered management decisions to be made. In addition, endorsement of our members' support is evidenced by retention of 100% of our membership at year end.

We continue to diversify income by developing and strengthening commercial income streams and securing new areas of project funding. These measures safeguard our revenue and cashflow enabling us to provide assurance about our financial stability notwithstanding any unexpected challenges.

Given the major financial challenges facing the NHS currently and the heightened interest from our members to explore opportunities and the potential for NHS Providers and the NHS Confederation to work more closely together, we will be embarking on a piece of work to review how we can further collaborate.

The charity's reserves are above the upper reserves policy and it has a strong balance sheet with a high level of net current assets due to the cash reserves held. We believe there are no material uncertainties that call into doubt the charity's ability to continue as a going concern.

Fundraising

The trustees take their responsibility under the Charities (Protection and Social Investment) Act 2016 seriously and have considered the implications on their activities. The charity does not raise funds directly from the general public and does not actively solicit donations. The charity does not work directly with commercial sponsors but where commercial sponsorship is arranged for an event, a clear contract is in place between the trading company and the commercial sponsor. The trustees are not aware of any complaints made in respect of fundraising during the period.

Principal risks and uncertainties

NHS Providers is committed to effective risk management as an integral part of ensuring good corporate governance. Risk management provides the framework and process that enables NHS Providers to manage uncertainty in a systematic way. Our risk management processes are designed to enable us to adequately identify, review and mitigate risks.

The risk management strategy comprises:

- on-going review of principal risks and uncertainties that the charity and its subsidiary face,
- establishment of policies, systems, procedures and strategies to mitigate those risks, and
- implementation of procedures to minimise.

All risks are documented in a risk register which scores risks according to their impact and likelihood. It identifies potential impacts and documents mitigation measures and actions.

Responsibility for risk management is undertaken at every level of the organisation. Day-to-day responsibility for operational risk lies with the managers and staff responsible for the organisation's operations. The risk register is reviewed and updated on a quarterly basis by the senior management team of the organisation and reviewed at each meeting of F&GP. The full board of trustees reviews the risk register twice a year and is responsible for considering the

overall strategic risks and for monitoring the status of any significant operational risks.

The key risk areas facing the charity and its subsidiary, and a summary of the plans and strategies to manage those risks are listed below:

- **Sufficient finances and external funding:** the charity is heavily reliant on subscription income to deliver services to members and cover operational costs. We are beginning to see signs that this risk may be materialising, with early indications of pressure on membership renewals and retention. To mitigate this, we are exploring potential collaboration with the NHS Confederation, another membership organisation, to strengthen our service offer and help sustain high levels of member satisfaction and retention.

We strive to diversify our income mix and expand commercial and external funded income as the external environment allows. External funding for projects introduces a significant level of volatility to planning and increases financial risk exposure to the organisation. Contingency planning for downside risk and escalation plans for upside and downside risk provide mitigation. The reserve policy underpins management of financial risk around project volatility. Lack of alignment of operational costs with budgets undermines long-term planning and commitment to the agreed reserve policy. Mitigations are on-going commitment to cost savings, cyclical reporting, quarterly reforecasting, and clarity around budget accountability.

- **Human resource:** to mitigate the risks of under-resourcing, staff retention, succession planning impacting adversely on work-delivery and member service levels, adequate investment is made in talent management and staff development. Remuneration is regularly benchmarked against the market. Engaging with and monitoring staff wellbeing and workloads and aligning staff resources with our business plan and budgets are further mitigations in place.
- **Reputational:** on-going assessment of reputation is undertaken through a number of channels including senior management and the board. We acknowledge we need to remain reactive to

changing member requirements and have capacity to do so. We have committed to improving our internal approach to diversity and inclusion in support of our members and acknowledge the inherent risks in getting the work right for us and our members. Increased engagement with external funders and joint projects necessitates rigorous upfront assessment and active management of the relationships and projects to mitigate reputational and financial risks.

- **External environment:** environmental factors may change the provider structure affecting our ability to deliver service to members and a resultant decline in income. We also monitor the increasing number of members who are merging, forming groups, or sharing leadership structures and take account of any possible negative impact of this on member subscriptions. Additionally, our strategy aims to develop commercial income and project income to further mitigate the risk of reducing subscription income. The strategic plan, along with the annual business plan, ensures NHS Providers remains responsive and representative of member needs in a rapidly changing environment. Other external factors such as competition are regularly reviewed and appropriate offerings and or alliances are created to mitigate their effect.
- **Operational:** following rapid growth in the organisation a number of risks were identified relating to roles, systems and processes in the corporate services function. Steps taken to mitigate these risks commenced with a review of investment in corporate services infrastructure, and audit of our IT and information governance arrangements which have been actioned, the implementation of new HR and accounting systems and processes and the finalisation of a new director structure to enable the organisation to keep pace with organisational delivery needs.

It should be noted that any risk management system can only manage risks and not eliminate them and can provide only reasonable, and not absolute, assurance against material misstatement or loss.

STRUCTURE, GOVERNANCE AND MANAGEMENT

This is the 14th annual report and audited financial statements of the Foundation Trust Network, operating as NHS Providers, since it became an independent organisation on 1 April 2011. Details of the organisation's incorporation as a private company limited by guarantee and registration as a charity are given on page 3. The company is governed by its articles of association, the latest version of which was approved by members in December 2021.

It should be noted that during 2014/15 the organisation changed its operating name to NHS Providers in a rebranding exercise. Its registered name is still the Foundation Trust Network, and it can be found under this name at both Companies House and the Charity Commission.

GOVERNANCE

Appointment and induction of new trustees

NHS Providers is governed by a board of elected trustees. Trustees who served during the period 2024/25 and to the date of this report are listed on page 29. Senior executive staff and external advisors are detailed on page 30.

In line with the articles of association, the board comprises up to 21 trustees, made up as follows:

- 10 board members from trusts/foundation trusts providing acute services.
- Six board members from trusts/foundation trusts providing mental health services.
- Two board members from trusts/foundation trusts providing community services.
- Two board members from trusts/foundation trusts providing ambulance services.
- One independent chair.

The trustees are drawn from chairs and chief executives of member organisations. They are therefore already familiar with both board procedures and the activities of NHS Providers. Upon election, trustees go through an induction process coordinated by the chair and the executive to ensure they are up-to-date with the activities of NHS Providers and that they understand the specific duties and responsibilities of being a charity trustee – in particular the importance of acting as trustees of a charity and representing the views of all members, not the views of their own organisation.

The governance standards of the organisation are continuously monitored to assure compliance with the Charity Governance Code 2017. In 2019, a full review of the governance standards of the organisation was carried out, with a board sub-committee convened to take this work forward. This group tasked an external, expert consultant to carry out a review of the board's governance arrangements against the seven principles of the Charity Governance Code 2017. The resulting report

concluded there exists sound evidence of compliance with the charities code across the full range of principles and from this it is fair to infer detailed compliance.

However due to significant growth in the organisation since this detailed review was undertaken, a subsequent review of the organisational corporate services infrastructure was completed during 2023/24, which concluded with the appointment of a new director of corporate services and finance, Caroline Harrison, in July 2024.

The organisation maintains a register of interests for trustees, as well as senior executives. The trustees' and senior executives' interests' registers are reviewed annually and when there are substantial changes to the registers, such as following trustee elections. Additional oral declarations of interest are taken at the start of each meeting of the NHS Providers board and board subcommittee meetings. During the period covered by this report, the NHS Providers board met a total of seven times.

In addition to the trustees (who have full voting rights at board meetings), the NHS Providers board is also attended by the chief executive, deputy chief executive, director of corporate services and finance, co-directors of development and engagement, director of policy and strategy, director of communications, the head of the chair and chief executive's office and the company secretary as non-voting attendees. A scheme of delegation clearly lays out the respective responsibilities of the trustees, directors and management.

This, together with a full set of operational policies and procedures, determines the conduct of all executives and other employees.

The board has three standing committees: F&GP (incorporating the audit committee); the remuneration committee and the race equality board advisory committee.

The F&GP committee's membership during 2024/25 comprised six trustees and a co-opted finance director member, Mike McEnaney, who was

appointed in October 2020. The committee met four times during the period of this report. It is responsible for providing scrutiny and advice to the NHS Providers board on the oversight of:

- financial reporting and control,
- risk management,
- reserves and investment policy,
- commercial activities,
- annual report and accounts, and
- commissioning and monitoring the outcomes of the external audit.

The NHS Providers chair has the right of attendance at the committee. Meetings are also usually attended by the chief executive.

The remuneration committee met twice during the period of this report. A detailed remuneration report including further information on the role of the remuneration committee and its work can be found on pages 24 to 28.

The board's race equality advisory committee, originally established as a time-limited sub-committee in 2021 and formalised from 2024, provides challenge and oversight on NHS Providers' work on race equality and supports the board and senior executive to lead an anti-racist organisation. Chaired by trustee Selina Ullah, the committee meets approximately twice per year.

Other board sub-committees are formed periodically on a 'task and finish' basis, carrying out specific pieces of work as delegated by the NHS Providers board.

Appointment of new chair and chief executive officer

A time limited nominations committee was established twice during the reporting period to oversee the appointment of a new chair and a new chief executive, following the departure of Sir Julian Hartley in November 2024 and Sir Ron Kerr in February 2025.

For each of the appointments, the committee members worked closely with external recruitment agency GatenbySanderson to agree the recruitment

criteria, process and timeframes, longlisting and shortlisting of applications, and sat as part of the assessment panels, before making recommendations for each of the appointments to the board of trustees for approval.

The nominations committee overseeing the recruitment of the new chair comprised four trustees and was chaired by trustee Mary Elford.

The nominations committee overseeing the recruitment of the new chief executive comprised six trustees and was chaired by Sir Ron Kerr, with input from the incoming chair, Professor Sir Terence Stephenson.

Partnerships

The organisation must maintain a high-quality staff team in order to best serve its members but, as a charity, it also seeks to provide services in the most efficient and cost-effective way for members. In many cases this means working with external expert partners to deliver all or part of some of the activities undertaken. In accordance with good governance principles, as far as practicable, such work is put out for tender.

Employees

As a membership organisation, NHS Providers is a service-based business, and its employees are at the core of all the organisation's activities.

To support its members, in line with the strategic objectives set out on page 5, the organisation needs to maintain a team of expert specialist staff covering areas as diverse as media, brand and communications, a breadth of healthcare policy issues, governance, development, engagement and event management and corporate functions including human resources, organisational development, financial management and ICT support.

Alongside recruiting high quality individuals NHS Providers is keen to promote continuous development to ensure employees have the

opportunity to develop their skills. Employee training and development needs are reviewed at least twice a year as part of an annual appraisal cycle and a learning and development plan for the organisation as a whole is produced every year.

A full remuneration report is set out on pages 24 to 28.

REMUNERATION REPORT

Statement of general approach to remuneration and governance

NHS Providers ensures its staff are remunerated fairly and in a way that allows the organisation to attract and retain people with the skills needed to deliver its charitable objects. To ensure this report meets the requirements of both the charities statement of recommended practise (SORP) and the guidance published by the National Council for Voluntary Organisations it has been reviewed against these requirements by the chair, chief executive, directors and F&GP.

Remuneration committee

NHS Providers has a remuneration committee which met twice in 2024/25. This committee is chaired by a trustee and comprises five additional trustees, including the organisation's chair who is an ex-officio member of the committee. The NHS Providers chief executive is invited to attend but, along with other members of the executive in attendance, is excluded from discussions of their individual pay. Likewise, the chair is not present for any discussion relating to their fees.

The main responsibilities of the committee are to:

- Set the overall pay policy for the organisation as a whole and consider regular reports on the operation of that policy, particularly in relation to pay for staff other than the directors.
- Determine the remuneration package of the individual directors, on the recommendation of the chief executive and the chair.
- Determine the remuneration package of the chief executive, on the recommendation of the chair.
- Set the fees for the chair.
- Ensure contractual terms on termination are fair to the individual and the charity, that poor performance is not rewarded and a duty to mitigate loss is recognised.

The remuneration policy aims to ensure the chief executive, directors and other staff have appropriate incentives to encourage enhanced individual

performance and are, in a fair and responsible manner, rewarded for their contributions to the success of NHS Providers. This recognises that delivery of NHS Providers' charitable vision and purpose is almost wholly dependent on the performance of its staff, with staff remuneration being the largest single element of charitable expenditure.

The remuneration policy is reviewed regularly. This includes comparisons with similar membership organisations and the wider charitable sector as well as being sensitive to the remuneration approach of our members, pay and employment conditions in the NHS and general approaches to charitable sector pay.

2024/25 Approach to pay

Staff pay

Staff include policy and communications experts, recruited from those sectors, with administration, development and support, event management and corporate services staff recruited from a wide range of different sectors. NHS Providers is committed to paying all staff the London living wage, which was set at £24,616.80 in 2024/25. The organisation's lowest salary in 2024/25 was £25,480.

In line with the criteria agreed by the trust board remuneration committee for determining an annual salary increment, staff meeting the appropriate parameters were awarded an annual increase of 2.5% to take effect from April 2025.

Salaries, at all levels, are benchmarked against those offered by similar organisations to ensure competitiveness on a regular basis and/or when vacancies arise. Given the rate of wage growth in the economy in recent years coupled with the cost of living and inflation the remuneration committee noted that the market must be keenly observed to ensure salaries remain competitive to aid recruitment and retention of the best staff.

The ratio of salary between the organisation's highest and lowest paid member of staff is 1:8 with the ratio between its highest and median salary being 1:4.

Chief executive and director pay

The trust board remuneration committee sets chief executive and director pay individually each year, taking account of individual and organisational performance. The remuneration committee is provided with information to ensure awareness of published salary rates for roles in similar organisations including the LGA and NHS Confederation and, in the case of the chief executive, the salaries paid to chief executives of member organisations and relevant arm's length bodies. Director salaries are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness with support of an external independent consultancy. This year directors were awarded an annual increase of 2.5% to take effect from April 2025 in parity with all staff.

The results of the pay policy in relation to total remuneration, including salary and pension contributions, for 2023/24 and 2024/25 are reflected in the table on page 27.

Chair's fees

The fees paid to the chair of NHS Providers are reviewed annually by the remuneration committee and reflect both personal and organisational performance. They are benchmarked against:

- chair fees in similar organisations,
- chair fees of foundation trust members, and
- chair or chair equivalent fees for the organisation's key stakeholders.

Pensions and total remuneration package

The organisation has an auto enrolment pension for all employees, provided through our existing defined contribution group scheme. Currently NHS Providers makes a contribution of 3% of gross salary to those who have been auto enrolled. An enhanced contribution scheme is also offered (once the six-month probationary period has successfully been completed) under which the organisation makes a contribution of 9% (staff contributing 6%) of salary. There are also a range of other benefits available to all employees including non-contributory life-assurance cover; season ticket loans; childcare vouchers (via a salary sacrifice scheme); free health checks; and a cycle to work scheme.

Impact of remuneration policy

NHS Providers has built and maintained a strong team of expert specialist staff who deliver a diverse and wide range of work. The success of the team, and NHS Providers as an employer, is reflected in a range of different evidence including:

- 88% overall member satisfaction with our work, described by Ipsos as a particularly high score for an organisation of our type.
- Members recognise and trust staff across the whole organisation, describing interactions as positive, effective and supportive (Ipsos member survey).
- 81% of staff say they are proud to work for NHS Providers.

Summary of remuneration: key management personnel

The trustees regard the chair, trustees (who are not remunerated), chief executive and directors as the key management personnel.

	2024/25 remuneration			2023/24 remuneration		
	Salary	Taxable expenses (travel)	Pension contribution	Salary	Taxable expenses (travel)	Pension contribution
Ron Kerr, * chair (resigned January 2025)	£45,833	–	–	£55,000	–	–
Sir Julian Hartley,* chief executive (resigned November 2024)	£193,342	£9,334	–	£276,368	£11,794	–
Saffron Cordery,** deputy chief executive	£181,223	–	£16,310	£161,975	–	£14,578
Adam Brimelow,* director of communications (stepped down February 2025)	£115,360	–	£10,382	£107,109	–	£9,640
Miriam Deakin, director of development and engagement	£75,012	–	£6,821	£99,412	–	£9,077
Thomas Stanford, interim director of finance and IT (resigned April 2024)	£13,205	–	–	£88,622	–	–
Alexis Chapman,* interim chief operating officer	–	–	–	£28,077	–	£2,527
Linda Asamoah, interim assistant director (HR) (resigned March 2025)	£101,460	–	£9,131	£92,917	–	£2,788
Jenny Reindorp, director of development and engagement	£69,216	–	£6,229	£100,239	–	£9,022
Isabel Lawicka,* director of policy (appointed June 2024)	£102,442	–	£9,219	–	–	–
Caroline Harrison,* director of corporate services and finance (appointed July 2024)	£83,156	–	£3,625	–	–	–
Orla Fee,* director of communications (appointed February 2025)	£14,667	–	£440	–	–	–

* pro-rata amount for portion of year worked/ since appointment.

** including additional salary for period between 1 December 2024 and 31 March 2025 as interim chief executive.

Please note: aside from Ron Kerr no other trustees received remuneration or were reimbursed for expenses incurred in the course of acting on behalf of the charity. Terence Stephenson was appointed as chair in February 2025 and his remuneration for February and March were paid to University College London.

For information, J Hartley, S Cordery, A Brimelow, M Deakin, L Asamoah, J Reindorp, I Lawicka, T Stanford, C Harrison and O Fee were all employees of the company during 2024/25.

	2024/25	2023/24	2022/23	2021/22	2020/21
Directors in pension scheme	–	–	–	–	–
No. defined contribution	8	6	7	7	5
Personal	–	–	–	–	–

Eight of the directors were in the workplace pension scheme which is a defined contribution pension scheme (2024:6).

Defined contribution pension scheme to which the charity contributes 1 (2024:1).

Banding

The number of employees whose emoluments exceeded £60,000 for the period was:	2025	2024
£60,000 – £70,000	8	7
£70,001 – £80,000	7	5
£80,001 – £90,000	2	3
£90,001 – £100,000	–	2
£100,001 – £110,000	2	2
£110,001 – £120,000	1	–
£140,001 – £150,000	–	–
£150,001 – £160,000	–	–
£160,001 – £170,000	–	1
£180,001 – £190,000	1	–
£190,001 – £200,000	1	–
£210,001 – £220,000	–	–
£280,001 – £290,000	–	1

Fluctuations are due to changes in the senior management team.

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees/non-executive directors

	Term of office start date (s)	Term of office end date (s)
Ian Abbs	1 November 2021	30 June 2024
David Astley	5 January 2023	Stepped down May 2024
Birju Bartoli	1 July 2024	30 June 2027
Matthew Bryant	1 July 2025	June 2028
Nick Carver	1 July 2023	30 June 2026
Mary Elford	1 July 2024	30 June 2027
Steve Erskine	1 July 2022	Stepped down December 2024
Roisin Fallon-Williams	3 November 2021	30 June 2024
Richard Henderson	1 July 2023	30 June 2026
Elliot Howard-Jones	1 July 2023	30 June 2026
Nick Hulme	1 July 2018 1 July 2021	30 June 2021 30 June 2024
David Jennings	1 July 2024	30 June 2025
Ron Kerr	1 January 2020	31 January 2025
Chris Lawrence	1 July 2023	Stepped down December 2024
Deborah Lee	1 July 2021	Stepped down January 2024
Rima Makarem	1 July 2025	June 2028
Sharon Mays	1 July 2023	30 June 2026
Richard Mitchell	1 July 2024	30 June 2027
Fiona Noden	1 November 2021	30 June 2024
Chris Oliver	1 July 2024	30 June 2027
Meghana Pandit	1 July 2024	Stepped down 18 March 2025
Therese Patten	1 July 2021 1 July 2024	30 June 2024 30 June 2027
Linda Pollard	1 July 2019 1 July 2022	30 June 2022 30 June 2025
Len Richards	1 July 2024	Stepped down March 2025
Jan Ross	1 July 2022 1 July 2025	30 June 2025 30 June 2028
Richard Scotton	1 July 2024	Stepped down October 2025
Philippa Slinger	1 July 2025	June 2028
Terence Stephenson	Appointed 1 February 2025	2 February 2028
Karen Taylor	1 July 2023	30 June 2026

Andy Trotter	1 July 2024	30 June 2027
Selina Ullah	1 July 2022 1 July 2025	30 June 2025 30 June 2028
Phil Wood	1 July 2025	Stepped down September 2025
Giles York	1 July 2025	June 2028

Senior executive staff/directors (and dates of changes during the reporting period)

Adam Brimelow	Director of Communications (until 7 February 2025)
Saffron Cordery	Deputy Chief Executive (Interim Chief Executive from 30 November 2024 to 27 May 2025)
Miriam Deakin	Co-director of Development and Engagement
Daniel Elkeles	Chief Executive (from 27 May 2025)
Orla Fee	Director of Communications (from 10 February 2025)
Caroline Harrison	Director of Corporate Services and Finance (from 8 July 2024)
Julian Hartley	Chief Executive (until 29 November 2024)
Isabel Lawicka	Director of Policy and Strategy (from 1 July 2024)
Jenny Reindorp	Co-director of Development and Engagement
Tom Stanford	Interim Director of Finance (until 30 April 2024)

Auditors

Saffery LLP
 71 Queen Victoria Street
 London EC4V 4BE

Bankers

The Co-operative Bank
 80 Cornhill
 London EC3V 3NH

Principal and registered address

157-197 Buckingham Palace Road
 London, SW1W 9SP

Solicitors

Hempsons
 The Exchange, Station Parade,
 Harrogate HG1 1DY

The Foundation Trust Network

Charity registration number: 1140900
 Company registration number: 07525114

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of the charitable company, for the purposes of company law) are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom accounting standards (United Kingdom generally accepted accounting practice).

Company law requires trustees to prepare financial statements for each financial year to provide a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period.

In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the charities' SORP (SORP FRS 102).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company and group will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and group and enable them to ensure the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group and taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware, and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included in the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

This report has been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 relating to small companies. The report of the trustees and incorporated strategic report was approved by the NHS Providers board on 1 October 2025 and signed on its behalf by:



Professor Sir Terence Stephenson
Chair, NHS Providers

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF NHS PROVIDERS FOR THE YEAR ENDED 31 MARCH 2025

Opinion

We have audited the financial statements of NHS Providers (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the group and charity balance sheets, the consolidated cash flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the affairs of the group and the parent charitable company as of 31 March 2025 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended,
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. 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 are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

In auditing the financial statements, we have concluded that the trustees' 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 group or the parent charitable company's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read 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.

Other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Annual Report which includes the Directors' Report and the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements, and
- the Trustees' Annual Report which includes the Directors' Report and the Strategic Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report and Strategic Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us, or
- the parent charitable company financial statements are not in agreement with the accounting records and returns, or
- certain disclosures of trustees' remunerations specified by law are not made, or
- we have not received all the information and explanations we require for our audit, or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and to take advantage of the small companies exemption in preparing the Trustees' Annual Report and the Strategic Report.

Responsibilities of the trustees

As explained more fully in the Statement of Trustees' Responsibilities set out on page 31, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditors under the Companies Act 2006 and report in accordance with regulations made under that Act.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined

above, to detect material misstatements in respect of irregularities, including fraud.

The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud are detailed below.

Identifying and assessing risks related to irregularities: We assessed the susceptibility of the group and parent charitable company's financial statements to material misstatement and how fraud might occur, including through discussions with the trustees, discussions within our audit team planning meeting, updating our record of internal controls and ensuring these controls operated as intended. We evaluated possible incentives and opportunities for fraudulent manipulation of the financial statements. We identified laws and regulations that are of significance in the context of the group and parent charitable company by discussions with trustees and updating our understanding of the sector in which the group and parent charitable company operate.

Laws and regulations of direct significance in the context of the group and parent charitable company include the Companies Act 2006 and guidance issued by the Charity Commission for England and Wales.

Audit response to risks identified:

We considered the extent of compliance with these laws and regulations as part of our audit procedures on the related financial statement items including a review of financial statement disclosures. We reviewed the parent charitable company's records of breaches of laws and regulations, minutes of meetings and correspondence with relevant authorities to identify potential material misstatements arising. We discussed the parent charitable company's policies and procedures for compliance with laws and regulations with members of management responsible for compliance.

During the planning meeting with the audit team, the engagement partner drew attention to the key areas which might involve non-compliance with laws and regulations or fraud. We enquired of management whether they were aware of any instances of non-compliance with laws and regulations or knowledge of any actual, suspected

or alleged fraud. We addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and identifying any significant transactions that were unusual or outside the normal course of business. We assessed whether judgements made in making accounting estimates gave rise to a possible indication of management bias. At the completion stage of the audit, the engagement partner's review included ensuring that the team had approached their work with appropriate professional scepticism and thus the capacity to identify non-compliance with laws and regulations and fraud.

There are inherent limitations in the audit procedures described above and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at: **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Use of our report

This report is made solely to the parent charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the parent charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the parent charitable company and the parent charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Saffery LLP

Gareth Norris FCA (Senior Statutory Auditor)
For and on behalf of Saffery LLP
Date: **15 October 2025**

Statutory Auditors
71 Queen Victoria Street London
EC4V 4BE

Saffery LLP is eligible to act as an auditor
in terms of section 1212 of the Companies Act 2006

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(Incorporating the consolidated income and expenditure account)
for the year ended 31 March 2025

	Note	£ Unrestricted funds	£ Restricted funds	£ Total 2025	£ Total 2024
Income from					
Charitable activities	2	1,987,161	–	1,987,161	2,084,300
Subscription income		6,361,160	–	6,361,160	6,217,280
Other trading activities	3	575,363	–	575,363	529,413
Investments	4	37,141	–	37,141	73,743
Total income		8,960,825	–	8,960,825	8,904,736
Expenditure on					
Trading activities	3	318,370	–	318,370	365,566
Charitable activities	5,6,7,16	8,846,949	–	8,846,949	9,117,444
Total expenditure		9,165,319	–	9,165,319	9,483,010
Net income/(expenditure) and net movement in funds for the year		(204,494)	–	(204,494)	(578,274)
Total funds brought forward	16	3,179,360	–	3,179,360	3,757,634
Total funds carried forward	16	2,974,866	–	2,974,866	3,179,360

All gains and losses arising in the year are included in the statement of financial activities and relate to continuing operations.

The notes on pages 40 to 54 form part of these financial statements.

GROUP BALANCE SHEET 31 MARCH 2025

	Note	£ 2025	£ 2024
Fixed assets			
Intangible fixed assets	12	149,988	100,317
Tangible assets	12	332,507	407,341
		482,495	507,658
Current assets			
Debtors	14	744,454	715,036
Cash at bank and in hand		3,368,881	3,004,595
		4,113,335	3,719,631
Creditors			
Amounts falling due within one year	15	(1,620,964)	(1,047,929)
Net current assets		2,492,371	2,671,702
Net assets		2,974,866	3,179,360
Funds			
Restricted funds	16	–	–
Designated	16	561,210	951,777
Unrestricted funds	16	2,413,656	2,227,583
Total unrestricted funds		2,974,866	3,179,360
Total funds		2,974,866	3,179,360

The notes on pages 40 to 54 form part of these financial statements.

The total income of the charity as an individual entity for the year was £8,385,462 (2024: £8,375,322) and its net expenditure was £275,930 (2024: £591,838).

A statement of financial activities for the charity as an individual entity is not included using the exemption given in section 408 of the Companies Act 2006.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 1 October 2025 and signed on its behalf by:



Professor Sir Terence Stephenson
 Chair

Registered Company No. 07525114

CHARITY BALANCE SHEET 31 MARCH 2025

	Note	£ 2025	£ 2024
Fixed assets			
Intangible fixed assets	12	149,988	100,317
Tangible assets	12	332,507	407,341
Investments	13	1	1
		482,496	507,659
Current assets			
Debtors	14	783,548	788,947
Cash at bank and in hand		3,103,783	2,797,136
		3,887,331	3,586,083
Creditors			
Amounts falling due within one year	15	(1,571,182)	(1,019,173)
Net current assets		2,316,149	2,566,910
Net assets		2,798,645	3,074,569
Funds			
Restricted funds	16	–	–
Designated	16	561,210	951,777
Unrestricted funds	16	2,237,435	2,122,792
Total unrestricted funds		2,798,645	3,074,569
Total funds		2,798,645	3,074,569

The notes on pages 40 to 54 form a part of these financial statements.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 1 October 2025 and signed on its behalf by:



Professor Sir Terence Stephenson
 Chair

Registered Company No. 07525114

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2025

	Note	£ 2025	£ 2024
Cash flows from operating activities			
Net cash provided by/ (used in) operating activities	21	415,721	(625,980)
Cash flows from investing activities			
Interest income	21	73,743	73,743
Purchase of tangible fixed assets	12	5,942	(84,893)
Purchase of intangible fixed assets	12	(82,635)	(100,253)
Net cash (used in) investing activities		(2,950)	(111,403)
		412,771	(737,383)
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		3,004,595	3,741,978
Increase/(decrease) in cash and cash equivalents in the year		364,286	(737,383)
Cash and cash equivalents at the end of the reporting period		3,368,881	3,004,595

The notes on pages 40 to 54 form part of these financial statements.

	£ As at 1 April 2024	£ Cash flows	£ Other non – cash changes	£ As at 31 March 2025
Analysis of changes in net debt				
Cash	3,004,595	364,286	–	3,368,881
	3,004,595	364,286	–	3,368,881

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025

1. Accounting policies

Company Information

The charity is a registered charity (number 1140900) and a company (number 07525114) limited by guarantee. The registered office is 157-197 Buckingham Palace Road, London, SW1W 9SP.

Basis of accounting

The financial statements have been prepared on a going concern basis. The trustees have reviewed the four-year budget that looks at the income and expenditure statement, balance sheet and cashflow. In addition, the trustees have reviewed the financial position whereby the organisation has run a deficit position and considered this alongside the level of reserves which are above our upper reserves policy, potential uncertainties and challenges, alongside the management of risk as outlined in the strategic report.

The financial position, reserves and management of risk indicate that the group has adequate resources and that there are no material uncertainties relating to events or conditions that may cast significant doubt about its ability to continue as a going concern. The Trustees therefore consider that it is entirely appropriate to prepare the financial accounts on a going concern basis.

The financial statements have been prepared in accordance with the Statement of Recommended Practice-Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (SORP FRS102) and the Companies Act 2006. The trustees confirm that the charity is a public benefit entity.

Group accounts

The Statement of Financial Activities (SOFA) and balance sheet consolidate the financial statements of the charity and its subsidiary undertaking. The results of the subsidiary are consolidated on a line-by-line basis.

Incoming resources

Subscription and other incoming resources are accounted for on a receivable basis.

Accrued and deferred income

Income is recognised in the SOFA in accordance with the Charities SORP FRS 102 income recognition criteria of entitlement, probability and measurement. Subscription income is invoiced in the associated subscription year and therefore recognised in full within the financial year. Income relating to the financial year which has not been received or invoiced is recognised as accrued income. Grant and donation income are recognised when the SORP income recognition criteria are fulfilled.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objects of the charity. Designated funds are unrestricted funds of the charity which the trustees have discretion to set aside for a specific purpose.

Restricted funds are funds which are only to be used for the purpose as determined by the donor.

Classification of expenditure

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure and it can be reliably measured. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category:

- Expenditure on trading activities comprise the costs of the commercial trading, which includes the costs of hosting the annual conference.
- Expenditure on charitable activities comprises those costs incurred supporting and developing its members, promoting shared learning and lobbying on behalf of its members. It includes both costs that can be allocated directly to those

activities and their associated support costs. These costs have been analysed into activities associated with the charity's three strategic objectives of influence, voice and support.

Expenditure is shown net of VAT and any irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support and governance costs

Support and governance costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly.

Support costs include back-office costs, finance, personnel, payroll and governance costs which support the charity's activities. The bases on which support costs have been allocated are set out in note 6.

Support and governance costs are divided between the unrestricted and the restricted funds, with the restricted funds being charged with expenses specifically incurred in fulfilling the restrictions imposed; all other expenses are charged to the unrestricted funds.

Governance costs are those incurred in the governance of the charity and are primarily associated with the constitutional and statutory requirements.

Pension costs

The charity contributes to a defined contribution scheme for the majority of its members of staff. The charge in the accounts represents the contributions payable to the scheme in the financial period.

Tangible fixed assets and depreciation

Tangible fixed assets, where the value is over £500, are capitalised at cost.

They are then depreciated at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Short leasehold property improvements	20% straight line basis
Fixtures and fittings min-max UEL	Over three (min) and 10 (max) years straight line basis
Office equipment	Over three years straight line basis
Computer equipment	Over three years straight line basis

Intangible fixed assets and depreciation

Intangible fixed assets include IT development and software and enhancements to the website. Intangible fixed assets with a limited useful life are amortised using the straight-line method over three years.

Operating leases

Rentals payable under operating leases are charged to the SOFA over the term of the lease.

Taxation

No provision for taxation is included in the accounts as the charitable company is entitled to exemption from tax afforded by current legislation to the extent that income is applied to charitable objects.

Key assumptions and estimation uncertainty

The trustees have considered whether there are any key assumptions concerning the future or other key sources of estimation uncertainty that have a risk of causing a material adjustment to the carrying amount of assets and liabilities. They consider that there are none which would impact the next reporting period.

Financial instruments

The group has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. Income from charitable activities

	£ Unrestricted funds	£ Restricted funds	£ 2025	£ 2024
Award agreement				
The Health Foundation	–	–	–	30,000
Projects and other income				
Digital transformation	422,631	–	422,631	–
NHSE/I	490,000	–	490,000	433,333
Peer Support	–	–	–	160,000
ICS Digital	92,864	–	92,864	509,644
Collaborative improvement	69,404	–	69,404	171,310
Trust wide improvement	32,345	–	32,345	56,838
Other sundry income (Cycle to Work Scheme)	–	–	–	1,336
Sundry income	39,881	–	39,881	–
Other income	72,226	–	72,226	58,175
Total projects and other income	1,147,125	–	1,147,125	1,332,462
Foundation trusts and trusts				
Governwell	33,000	–	33,000	114,075
NED induction	67,618	–	67,618	79,586
ED induction	18,905	–	18,905	20,475
Other developmental course	368,977	–	368,977	193,151
Bespoke income	351,536	–	351,536	314,552
Course fees	840,036	–	840,036	721,838
Total income from charitable activities	1,987,161	–	1,987,161	2,084,300
Subscription income	6,361,160	–	6,361,160	6,217,280

3. Income from trading activities

The wholly owned subsidiary FTN Trading Limited is incorporated in the United Kingdom (company number 07940647) and pays all of its taxable profits to the charity under the gift aid scheme.

FTN Trading Limited operates the Annual Conference and Exhibition and all commercial sponsorship associated with that event.

The performance summary of the subsidiary:

	£ 2025	£ 2024
Turnover	575,363	529,414
Cost of sales, administrative costs and taxation	(318,370)	(365,566)
Interest receivable	–	231
Management charge	(80,769)	(59,288)
Net profit	176,224	104,791
Profit b/f	104,788	91,225
Gift aid	(104,794)	(91,228)
Retained profit	176,218	104,788
The financial position of the subsidiary		
Current assets	324,791	256,110
Current liabilities	(148,569)	(151,321)
Total net assets	176,222	104,789
Share capital	1	1
Retained earnings	176,218	104,788
Total shareholder's equity	176,222	104,798

4. Investment income

	£ Unrestricted funds	£ Restricted funds	£ 2025	£ 2024
Interest Trading	–	–	–	231
Interest Holding	37,141	–	37,141	73,512
Interest	37,141	–	37,141	73,743

5. Analysis of expenditure on charitable activities

	£ Direct costs	£ Support	£ Governance	£ Total 2025	£ Total 2024
Influence	1,834,093	746,763	20,542	2,601,398	3,724,396
Voice	1,325,666	470,184	12,934	1,808,784	1,699,027
Support	2,788,483	1,604,158	44,126	4,436,767	3,694,021
Total expenditure	5,948,242	2,821,105	77,602	8,846,949	9,117,444

Expenditure on charitable activities was £8,846,949 (2024: £9,117,444). In 2025 £0 (2024: £176,667) of these costs were restricted.

Support and governance costs of £2,821,105 (2024: £2,975,956) and £77,602 (2024: £29,489) are analysed in note 6 below, totalling £2,898,707 (2024: £3,005,445). They relate to overhead costs incurred on the fourth strategic objective, professional organisation, which supports the activities of influence, voice and support.

	£ Direct costs	£ Support	£ Governance	£ Total 2024
Influence	2,151,453	1,557,510	15,433	3,724,396
Voice	1,165,350	528,441	5,236	1,699,027
Support	2,795,197	890,006	8,819	3,694,021
Total expenditure	6,111,999	2,975,956	29,489	9,117,444

6. Analysis of governance and support costs

	£ Support	£ Voice	£ Influence	£ Total 2025	£ Total 2024
IT	74,164	21,738	34,525	130,427	199,656
Premises	151,132	44,297	70,355	265,784	281,429
Human resources	1,141,909	334,698	531,578	2,008,185	2,117,779
General office costs	118,931	34,859	55,364	209,154	170,230
Legal	1,937	568	902	3,407	4,780
Irrecoverable VAT	57,605	16,884	26,816	101,305	92,587
Professional fees	58,479	17,140	27,223	102,842	109,495
Governance	44,127	12,934	20,542	77,603	29,489
Total support	1,648,284	483,118	767,305	2,898,707	3,005,445

*Each cost category is prorated based on staff full time equivalents. Staff are allocated to the respective strategic objectives of influence, voice and support based on the underlying nature of their activities, there is an element of subjective judgement in the allocation as there are some overlaps in activities.

	£ Support	£ Voice	£ Influence	£ Total 2024
IT	59,710	35,453	104,493	199,656
Premises	84,166	49,973	147,290	281,429
Human resources	633,354	376,054	1,108,370	2,117,779
General office costs	50,910	30,228	89,092	170,230
Legal	1,430	849	2,502	4,780
Irrecoverable VAT	27,690	16,441	48,457	92,587
Professional fees	32,746	19,443	57,306	109,495
Governance	8,819	5,236	15,433	29,489
Total support	898,825	533,677	1,572,943	3,005,445

7. Total expenditure

	£ Total 2025	£ Total 2024
Net income/expenditure is stated after charging:		
Auditor's remuneration:		
Audit	23,250	22,300
Parent	16,821	17,100
Subsidiary	6,429	5,200
Tax advisory, secretarial services	1,500	2,690
Payroll costs	6,400	5,400
Depreciation	113,739	100,477
Operating leases	176,578	189,169

8. Trustees

Ron Kerr received remuneration of £45,833 for the year. (2024: £55,000). Terence Stephenson remuneration of £9,167 (2024: £0) was paid to University College London. There is no contribution to a pension fund. The legal authority conferring authority to make payment is provisioned for in the articles of association. The clause was ratified at an EGM on 10 September 2013 under consultation with the Charity Commission. No other trustees received remuneration for services rendered. During the year £841 of expenses were reimbursed to two trustees for travel and accommodation. The company incurred a cost of £833, (2024: £833) in respect of annual indemnity insurance for the trustees.

9. Key management personnel

The trustees regard the trustees (who, with the exception of Ron Kerr, are not remunerated), the chief executive and the directors as key management personnel.

	£ 2025	£ 2024
Key management personnel emoluments	1,057,075	1,069,142

Eight of the key management personnel were in the workplace pension scheme which is a defined contribution pension scheme (2024:6).

10. Staff costs

	£ 2025	£ 2024
Wages and salaries	5,318,666	5,539,795
Social security costs	570,839	590,354
Pensions	332,189	325,093
	6,221,694	6,455,242

Key management personnell's emoluments including employee pension contributions (see note 9).

A termination payment of £37,825 was made during the year.

11. Staff numbers

The average number of employees during the year analysed by activity was:

	2025	2024
Influence	27	32
Voice	17	19
Support	58	56
	102	107

The bandings for employees who receive more than £60,000 are set out on page 28.

12. Fixed assets – group and charity

	£	£	£	£
	Intangible fixed assets	Fixtures and fittings	Computer equipment	Total
Cost				
At 1 April 2024	351,745	408,595	230,741	991,081
Additions	82,635	–	5,942	88,577
Disposals	–	–	–	–
At 31 March 2025	434,380	408,595	236,683	1,079,658
Depreciation				
At 1 April 2024	251,428	83,466	148,530	483,424
Charge for the year	32,964	37,874	42,901	113,739
Disposals	–	–	–	–
At 31 March 2025	284,392	121,340	191,431	597,163
Net book value at 31 March 2025	149,988	287,255	45,252	482,495
Net book value at 31 March 2024	100,317	325,130	82,211	507,658

13. Fixed assets investments

The charity's investment at the balance sheet date in the share capital of companies is made up of the following:

FTN Trading Limited

Nature of business	To establish and run a conference for members of NHS Providers
Country of registration	England and Wales
Class of share	Ordinary – £1
% – holding	100

The financial results of the subsidiary for the year are summarised in note 3.

14. Debtors

	Group		Charity	
	£ 2025	£ 2024	£ 2025	£ 2024
Trade debtors	601,374	500,547	572,304	497,902
Prepayments	143,080	214,488	88,530	168,480
Amounts due from FTN Trading Limited	–	–	122,714	122,565
	744,454	715,036	783,548	788,947

The amounts due from FTN Trading Limited represent the net position of subscriptions income received by FTN Trading on behalf of the charity. The balance also includes any donations due to the charity from its subsidiary.

15. Creditors – amounts falling due within one year

	Group		Charity	
	£ 2025	£ 2024	£ 2025	£ 2024
Trade creditors	203,011	146,661	179,084	131,973
Social security and other taxes	329,600	227,631	327,709	237,695
Other creditors	61,309	52,213	61,309	52,214
Accruals	253,993	364,122	248,258	357,973
Rent free creditor	117,615	133,563	117,615	133,563
Deferred income	655,124	123,739	637,207	105,755
	1,620,964	1,047,929	1,571,182	1,019,173

Any income which relates to a period after year end has been deferred.

Analysis of the movement in deferred income is set out below:

	Group		Charity	
	£ 2025	£ 2024	£ 2025	£ 2024
Brought forward	179,726	185,696	108,309	29,570
Deferred	655,124	179,726	637,207	108,309
Released	(179,726)	(185,696)	(108,309)	(29,570)
Carried forward	655,124	179,726	637,207	108,309

16. Restricted and unrestricted funds

Group	£ Balance 1 April 2024	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2025
Total restricted funds	–	–	–	–	–
Community Network fund	8,437	–	(8,437)	–	–
Fixed asset reserve	507,658	–	–	(25,163)	482,495
Digital investment reserve	239,747	–	(161,032)	–	78,715
Digital boards programme reserve	195,935	–	–	(195,935)	–
Designated funds	951,777	–	(169,469)	(221,098)	561,210
General other unrestricted	2,227,583	8,960,825	(8,774,752)	–	2,413,656
Total unrestricted funds	3,179,360	8,960,825	(8,944,221)	(221,098)	2,974,866
Total funds	3,179,360	8,960,825	(8,944,221)	(221,098)	2,974,866

Charity	£ Balance 1 April 2024	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2025
Total restricted funds	–	–	–	–	–
Community Network fund	8,437	–	(8,437)	–	–
Fixed asset reserve	507,658	–	–	(25,163)	482,495
Digital investment reserve	239,747	–	(161,032)	–	78,715
Digital boards programme reserve	195,935	–	–	(195,935)	–
Designated funds	951,777	–	(169,469)	(221,098)	561,210
General other unrestricted	2,122,792	8,571,025	(8,456,382)	–	2,237,435
Total unrestricted funds	3,074,569	8,571,025	(8,625,851)	(221,098)	2,798,645
Total funds	3,074,569	8,571,025	(8,625,851)	(221,098)	2,798,645

A designated fund to support community network trusts had a £8,437 carried forward balance to provide future support. This balance has been released.

A fixed asset fund designates the current level of investment in fixed assets classed as non free reserves.

An digital investment reserve ringfences the required investment level in IT infrastructure. In year £161k was spent on the Website which reduced the reserve to £79k.

A Digital Boards programme reserve designates funds to ensure seamless project delivery on digital as a risk mitigation for any time delay in securing income. In 23/24 the project did not commence, and £104k was spent on the bid. The project commenced in 24/25 and the balance of £196k was released.

Group	£ Balance 1 April 2023	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2024
Total restricted funds	16,667	160,000	(176,667)	–	–
Designated Community Network fund	12,527	–	(4,090)	–	8,437
Fixed asset reserve	422,989	–	–	84,669	507,658
Digital investment reserve	340,000	–	(100,253)	–	239,747
Digital boards programme reserve	300,000	–	(104,065)	–	195,935
Designated Funds	1,075,516	–	(208,408)	84,669	951,777
General other unrestricted	2,665,451	8,744,736	(9,097,935)	(84,669)	2,227,583
Total unrestricted funds	3,740,967	8,744,736	(9,306,343)	–	3,179,360
Total funds	3,757,634	8,904,736	(9,483,010)	–	3,179,360

Charity	£ Balance 1 April 2023	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2024
Total restricted funds	16,667	160,000	(176,667)	–	–
Designated Community Network fund	12,527	–	(4,090)	–	8,437
Fixed asset reserve	422,989	–	–	84,669	507,658
Digital investment reserve	340,000	–	(100,253)	–	239,747
Digital Boards programme reserve	300,000	–	(104,065)	–	195,935
Designated funds	1,075,516	–	(208,408)	84,669	951,777
General unrestricted	2,574,224	8,365,606	(8,732,369)	(84,669)	2,122,792
Total unrestricted funds	3,649,740	8,365,606	(8,940,777)	–	3,074,569
Total funds	3,666,407	8,525,606	(9,117,444)	–	3,074,569

17. Analysis of net assets between funds

Group	£ Unrestricted funds	£ Total 2025	£ Total 2024
Intangible fixed assets	149,988	149,988	100,317
Tangible fixed assets	332,507	332,507	407,341
Net current assets	2,492,371	2,492,371	2,671,702
	2,974,866	2,974,866	3,179,360

Charity	£ Unrestricted funds	£ Total 2025	£ Total 2024
Intangible fixed assets	149,988	149,988	100,317
Tangible fixed assets	332,507	332,507	407,341
Investments	1	1	1
Net current assets	2,316,149	2,316,149	2,566,910
	2,798,645	2,798,645	3,074,569

Group	£ Unrestricted funds	£ Total 2024
Intangible fixed assets	100,317	100,317
Tangible fixed assets	407,341	407,341
Net current assets	2,671,702	2,671,702
	3,179,360	3,179,360

Charity	£ Unrestricted funds	£ Total 2024
Intangible fixed assets	100,317	100,317
Tangible fixed assets	407,341	407,341
Investments	1	1
Net current assets	2,566,910	2,566,910
	3,074,569	3,074,569

18. Financial commitments

As at 31 March 2025 the charity was committed to making the following payments under non-cancellable operating leases in the following periods:

	£ 2025	£ 2024
Within the year	191,386	191,386
Between the second and fifth year inclusive	765,544	765,544
Over five years	462,516	646,459
	1,419,446	1,603,389

19. Liability of members

At 31 March 2025 the charity had 204 members (2024:210). The liability of each member to contribute to the assets of the charity is limited to £1.

20. Related party transactions

For this year, FTN Trading Ltd made a profit of £176,218 (2024: profit of £104,789). FTN paid a management charge of £80,769 to its parent charity during the year (2024: £59,288).

Transactions between the holding and subsidiary company are conducted at arms length. For membership organisations that are represented on NHS Providers elected board of trustees, preferential rates are not applied to subscription fees or attendance at NHS Providers events.

21. Reconciliation of net income/(expenditure) to net cash flow from operating activities

	£ 2025	£ 2024
Net income for the reporting period (as per the statement of financial activities)	(204,494)	(578,274)
Add back: depreciation	113,739	100,477
Add back: loss on disposal of asset	–	–
Deduct interest income shown in investing activities	(37,141)	(73,743)
(Increase)/decrease in debtors	(29,418)	95,262
Increase/(decrease) in creditors	573,035	(169,702)
Net cash inflow from operating activities	415,721	(625,980)

22. Comparative statement of financial activities 2024

	£ Unrestricted funds	£ Restricted funds	£ Total 2024
Income from			
Donations and legacies	–	–	–
Charitable activities	1,924,300	160,000	2,084,300
Subscription income	6,217,280	–	6,217,280
Other trading activities	529,413	–	529,413
Investments	73,743	–	73,743
Total income	8,744,736	160,000	8,904,736
Expenditure on			
Trading activities	365,566	–	365,566
Charitable activities	8,940,777	176,667	9,117,444
Other	–	–	–
Total expenditure	9,306,343	176,667	9,483,010
Net income/(expenditure) and net movement in funds for the year	(561,607)	(16,667)	(578,274)
Transfers between funds	–	–	–
Total funds brought forward	3,740,967	16,667	3,757,634
Total funds carried forward	3,179,360	–	3,179,360

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS trusts in England collectively account for £132bn of annual expenditure and employ 1.4 million people.



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Foundation Trust Network operating as
NHS PROVIDERS

THE FOUNDATION TRUST NETWORK

England & Wales - Charity number 1140900

Accounts



The Foundation Trust Network operating as
NHS PROVIDERS

TRUSTEES' ANNUAL REPORT
AND ACCOUNTS
FOR THE YEAR ENDED
31 MARCH 2024

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2024

The trustees are pleased to present the annual trustees' report together with the consolidated financial statements of the charity and its subsidiary for the year from 1 April 2023 to 31 March 2024. The financial statements have been prepared in accordance with the Charities Act 2011, the Companies Act 2006, the organisation's memorandum and articles of association, and Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019.

Strategic report

The information below, including the review of activities, financial review, risk management statement and summary of future plans forms the strategic report for the purpose of the Companies Act 2006.

The report and financial statements also meet the requirement for a directors' report and accounts under the Companies Act.

About us

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £124bn of annual expenditure and employing 1.5 million people.

The charity's objectives are: the relief of sickness and the preservation and protection of public health through the support of its members as providers of healthcare within the NHS.

During the year NHS Providers had one wholly owned trading subsidiary company: FTN Trading Limited, to run our Annual Conference and Exhibition and support commercial partnerships.

CHAIR'S REPORT

NHS Providers has had another busy and productive year as the membership organisation for the 209 NHS acute hospital, mental health, community and ambulance trusts and foundation trusts who provide healthcare to England's 57 million population. Our members faced continuing challenges in dealing with relentless demand, workforce pressures, industrial action and concerns over access to capital investment amid a severe financial squeeze. The spotlight has rightly continued to fall on quality, safety and risk in this challenging context. Nevertheless, we saw significant progress in increasing activity and addressing backlogs for treatment. Once again, trust leaders and frontline staff demonstrated their willingness to innovate and collaborate in pursuit of better care for patients and the communities they serve.

It has been concerning to see how the challenges over performance and quality have impacted on public confidence in the NHS, in an environment of close and often hostile political scrutiny in the lead up to the general election. However public support for the founding principles of the NHS remains strong and despite the scale of difficulties and pressure on resources, I have seen many examples of great leadership and successful innovation that give real grounds for hope. The commitment and resourcefulness shown by trust leaders and frontline staff through these difficult days is truly impressive.

As the voice of trusts in systems, we have worked to shape the environment in which our members operate, highlight the challenges they face, provide support, share good practice, and promote success.

We remained on the front foot in our behind the scenes influencing activities, and our media work, providing insight, analysis and commentary on key developments and leading debate through high profile interventions. Our programme of events and networking opportunities, including the Annual Conference and Exhibition and Governor Focus conference underlined the value of sharing and learning from members' experiences and successes as the cornerstone of our support offer.

As the continuing positive feedback from our member, stakeholder and staff surveys shows, NHS Providers has once again delivered for our members and the wider service across all four elements of our strategy – voice, influence, support and excellent organisation. This was accomplished amid a period of intense and relentless pressure for our members, and we continue to challenge ourselves to ensure we provide the very best value to you as an outstanding membership organisation with a key role to play in supporting and championing the work that you and your staff do for NHS patients.



Sir Ron Kerr
Chair, NHS Providers

OUR OBJECTIVES AND ACTIVITIES

NHS Providers is required by charity and company law to act within the objects of its memorandum of association.

The purpose of the charity, as stated therein, is to enable our members to provide high quality healthcare within the NHS, thereby relieving sickness and protecting public health.

We uphold our duty of public benefit by being an outstanding membership organisation supporting the NHS trusts and foundation trusts who provide frontline healthcare to England's 57 million population. Our members include NHS acute hospitals, community, mental health and ambulance service foundation trusts and trusts that, together, interact with close to five million patients and service users a week, employ 1.5 million people, and collectively account for £124bn of annual expenditure.

The trustees confirm they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the Charity Commission's guidance on public benefit. NHS Providers' public benefit is enshrined in its charitable objectives as outlined above.

We are now in the fourth year of our organisational strategy which we launched in April 2021. Our strategy is designed to enable us to respond to changes in the external environment, and to act on feedback from our members to deliver our influence, voice and support in the changing context of the move to integrate health and care in local systems.

Our vision

An outstanding membership organisation and trade association for all NHS providers, unrivalled in the influence, voice and support we offer our members.

Our mission

To enable high quality care for patients and service users, and a reduction in health inequalities, by supporting members to work collaboratively within and across local health and care systems.

Our strategic objectives

Our four strategic objectives drawn from our four-year (2021-25) strategy, are:

- **Influence:** to shape the environment and culture in which our members operate – with a dedicated focus on finances, quality, workforce, governance, regulation, digital transformation, integration, health inequalities and system working.
- **Voice:** to be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.
- **Support:** to help our members and their local system partners drive improvement and innovation through effective, shared development, support and learning.
- **Excellent organisation:** to provide outstanding value for money to our members, create a supportive environment for staff and continually improve, driven by our values.

Our values

At NHS Providers, we are:

- **Respectful:** we act with honesty, compassion, openness and integrity and recognise the contribution each of us makes.
- **Inclusive:** we celebrate and champion diversity and seek out different viewpoints. We act to call out and tackle discrimination.
- **Collaborative:** we work as a team internally, and with our members, stakeholders and partners to deliver positive results.
- **Effective:** we deliver professional, high-quality work which is member led and supports the health and care service to deliver value and positive change for patients.

TRUST VISITS

During the 2023/24 financial year a core activity for us has been for Sir Julian Hartley and our senior leadership team to go on trust visits and meet with our members. 24 of these visits have been documented in a [trust visit blog series](#).

These visits are incredibly valuable in making sure we continue to understand the pressures and challenges directly facing all trusts at a local level, and ensure we are aware of all the great work being done so we can continue to champion and highlight good practice on behalf of our members. At every visit the dedication, passion to improve, desire to provide excellent patient care and keenness to innovate has been unmistakable.

The year began with an April visit to [Oxford Health NHS Foundation Trust](#), where we learned a lot about their use of international recruitment and their keen focus on research; even establishing a national research network as a key way to improve population health outcomes.



The benefits of integrated healthcare services were clear to see at a visit to [Humber Teaching NHS Foundation Trust](#) in June, where discussions included the importance of provider collaboration and the need to empower collaboratives to deliver necessary change and development of services in order to tackle current operational, financial and workforce challenges.



August saw us visit the [Central London Community Healthcare NHS Trust](#), where the trust's commitment to innovative care in the home and in the community for the diverse populations it serves was impressive. It was interesting to hear about the strong grasp of data and effective relationships held across four ICs, 11 place-based partnerships and 84 primary care networks. It was fascinating to hear about their homeless health service, providing support to a group who often have complex physical, mental and substance-related issues. Also of interest was their innovative work setting up virtual wards for effective home support for people who would otherwise be admitted to hospital.



In September a visit to the [South East Coast Ambulance Service NHS Foundation Trust](#) highlighted the challenges facing ambulance trusts working under sustained operational pressures. But despite those pressures it was a clear trust priority to make a positive impact on culture and improvements to staff wellbeing and inclusion. It was also fantastic to hear about the opening of a new multi-purpose ambulance and contact centre in Medway – the first of its kind in the country.



A visit to **Royal United Hospitals Bath NHS Foundation Trust** uncovered how the trust is stepping up to address not only its own organisational challenges but that of the wider system too. It was interesting to learn how the team have positioned the trust in a collaborative and participative role in relation both to the acute hospital alliance and the ICB working on capital, staffing, demand and capacity modelling including the establishment of a unified waiting list across Bath and North East Somerset, Swindon and Wiltshire. The trust's ambition toward achieving zero Royal College of Nursing vacancies by the end of this calendar year and actions to address financial challenges by pursuing clinical transformation was impressive, as was its substantial progress in their pharmacy work stream, with £1.4 million worth of savings made using a new software programme.



To kick-start 2024, a January visit to **Great Ormond Street Hospital** highlighted how children and young people's health can often be left out of focus at a national and system level, often not getting flagged as a population health concern. Workforce shortages in paediatric and adolescent nursing were

also highlighted and is a typical challenge for many trusts. However, despite its challenges, the trust's commitment to teaching, research and innovation was clear to see; we saw a very encouraging demonstration on AI software being developed and saw a virtual walk-through of an amazing new development being undertaken which included a roof garden, a cancer wing, theatre suite, and a school!



During a visit to **University Hospital Southampton NHS Foundation Trust** in February there was a real energy and drive around improvement with a desire to focus on major operational and financial challenges; despite the trust's strong performance on elective activity, the trust faces a real challenge in terms of achieving financial balance and incentivising ongoing elective recovery. It was also incredibly interesting to see the stark differences in infrastructure; visiting their newest renal and general medicine ward, versus the Wessex Neuro Centre in the oldest part of the hospital where the constraints of 1960s design and fabric are clear.



CASE STUDIES

Throughout the course of a year, we carry out a lot of research and speak to a huge number of NHS staff across our membership. We often use this information to develop and publish case studies within reports, briefings, blogs and other publications which we share to both highlight good practice and to facilitate learning for our members. Below are just a few examples.

Urgent and emergency care and urgent community response

Tameside and Glossop Integrated Care NHS Foundation Trust – part of *Supporting people living with frailty*

In December 2022, Tameside and Glossop Integrated Care NHS Foundation Trust set up a frailty same day emergency care unit in Tameside Hospital. The unit was established with the aim of providing comprehensive assessment and care for acutely unwell patients who are 65 and over. All patients are now screened each day for frailty, and those who need it are quickly transferred for a comprehensive assessment and treatment. Where appropriate, same day community discharge is arranged to avoid an unnecessary hospital admission.

Walsall Healthcare NHS Trust – part of *Supporting people living with frailty*

Walsall Healthcare NHS Trust has a well-developed urgent community response (UCR) service available 24/7, going beyond the national targets around access. As well as accepting referrals from system partners such as GPs and ambulance trusts, the trust has found district nurses and therapists are often attending someone's home to deliver a planned visit, but shifting to delivering UCR services when an urgent incident occurs. For example, a nurse may attend a planned visit but encounter someone who requires urgent support to correct diabetic hypoglycaemia. The trust is working to capture these instances in a more consistent way to demonstrate the value and scale of the service.

Elective recovery

Cheshire and Merseyside acute and specialist trusts collaborative

A large provider collaborative, starting as 13 trusts, with an overarching aim to support delivery and service improvement for patients across the system by reducing unwarranted variation and maximising equity of access. It has delivered significant achievements in its elective recovery programme through combining resources, utilising programme funding and jointly funding a programme team to lead the collaboration across these key areas. This includes reducing length of stay and improving theatre utilisation rates.

The Lancashire and South Cumbria Provider Collaborative – part of the *Provider collaboration: how are provider collaboratives helping to reduce care backlogs across the systems? webinar*

The Lancashire and South Cumbria Provider Collaborative's elective care recovery programme was formed to support all acute trusts to work on key actions within the national operational planning guidance, using a collaborative system-wide approach to managing elective recovery. At the beginning of the 2022/23 financial year there was a considerable backlog across the collaborative; each provider facing different challenges to eliminate 104-week waits. This led to a new mechanism of transferring patients across the providers and to look at capacity in a more pooled way.

Capital development

Norfolk and Waveney acute hospital collaboration – part of *Provider collaboratives building capacity; community diagnostic centres*

Norfolk and Waveney Acute Collaborative is delivering three new CDCs through its major capital projects workstream. Despite securing national funding, developing the centres has required additional funds from the Norfolk and Waveney ICB, the Norfolk and Norwich Hospitals Charity (which pledged £1.6m for imaging equipment), and all three trusts. The scale of the programme, the major capital investment, and need for system-wide diagnostic capacity, in the context of greater collaboration between partners in systems, were all factors that led the trusts to come together to maximise the benefits of working at scale.

Mental health

Black Country Healthcare NHS Foundation Trust – part of *Closing the gap: a guide to addressing racial discrimination disciplinarys*

This case study looked at how the trust reduced disparity within its disciplinary processes by implementing a 'Cultural Ambassador Programme', alongside training for the board, HR team and managers and wider initiatives.

My voice matters: the power of a youth-driven approach to children's mental health services

A blog featuring:

- **Humber Teaching NHS Foundation Trust** – Youth Action Group involvement in recruitment and other work on coproduction of children and young people's services, including improving accessibility and reducing health inequalities.
- **South London and Maudsley NHS Foundation Trust** – the King's Maudsley Partnership developed a centre incorporating young voices and considerations for autistic children and those with heightened sensory experiences.
- **Leeds and York Partnership NHS Foundation Trust** – involvement of children in development of Red Kite View, a children and young people's mental health inpatient unit.
- **Sussex Partnership NHS Foundation Trust** – the children and young people's clinical advisory group reviewed and refined the core principles guiding the single point of access and advice offer.

Providers Deliver

A major programme of work each year is our *Providers Deliver* series which celebrates and promotes the work of several trusts based around a different theme each time, with two reports published per year.

Enabling wellbeing within trusts featured six trusts who are investing in targeted interventions to support the physical, mental and emotional wellbeing of their workforce.

- Mersey and West Lancashire Teaching Hospitals NHS Trust.
- Oxleas NHS Foundation Trust.
- Lincolnshire Partnership NHS Foundation Trust.
- Cornwall Partnership NHS Foundation Trust.
- East of England Ambulance Service NHS Trust.
- Royal Berkshire NHS Foundation Trust.

Patient flow featured five trusts, highlighting practical steps and innovations to improve patient flow and help people get the care they need, in the right place at the right time.

- Barking, Havering and Redbridge University Hospitals NHS Trust.
- The Mid Yorkshire Hospitals NHS Trust.
- South West Provider Collaborative.
- Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust.
- Yorkshire Ambulance Service NHS Trust.

KEY ACHIEVEMENTS AND PERFORMANCE

Over the course of 2023/24, we continued to deliver effective influence, voice and support for our membership, with an emphasis in our messaging on the achievements of our members in the face of sustained and unprecedented operational, workforce and financial pressures. It was the first full year with Sir Julian Hartley in post as chief executive, and we continued to build our relationships with and understanding of our members, including through our reinvigorated programme of member visits. In the runup to the general election, we invested in maintaining constructive relationships with all key political parties, and with national decision makers. This has enabled us to remain an effective voice for our membership on challenging issues including industrial action, the need for investment in infrastructure, culture and safety, and the role of trusts in integrated care systems.

The year ahead will bring significant change for the NHS, for our membership and for NHS Providers. Our immediate priorities for the year are engaging with our membership, playing a leading role in shaping debate following the general election, advocating for members as they tackle finance, productivity and workforce pressures, supporting provider collaboration and improvement.

Below we set out a short summary of our work and achievements against each of our four strategic objectives: influence, voice, support and excellent organisation, including the priorities we set out for 2023/24 in our previous annual report.

Influence

In the run up to the general election in early July 2024, we sought to highlight the challenges facing trusts that require political action and have highlighted the trusts' achievements in the face of unprecedented day to day pressures. We have:

- **Set out our stall for the next government:** prioritising engagement with all main political parties, including running a well-regarded programme during party conference season. Our five shared commitments set out in, *A picture of health: delivering the next generation NHS*, make the case for the next government to give more regard to the wider determinants of health and respond to pressures in all health services.
- **Promoted trusts' achievements and defended the reputation of the provider sector and the NHS:** amid increasing scrutiny of NHS performance, we have emphasised the external factors impacting delivery, including industrial action, and underinvestment in social care and facilities. Our case study publications, podcasts and webinars, have highlighted good practice on a broad range of topics including care backlogs, health inequalities and evolving patient pathways such as virtual wards.
- **Explained the impact of sustained, severe operational pressures, including industrial action:** we have offered well-informed commentary on the scale of the operational, financial and workforce challenges facing trusts and their local partners to meet stretching national targets. *Winter Watch* and our *NHS Activity Tracker* offer analysis and insights about the pressures trusts are facing. We have explained the impact of industrial action for patients, for staff and financially, consistently calling on government and trade unions to find resolution. We also successfully challenged government plans regarding strikes legislation securing helpful legislative amendments for trusts.
- **Championed the need for investment in public health and health inequalities:** we have promoted the role trusts play in prevention and as anchor institutions, consolidating relationships with influential policymakers and capturing how

trusts are seeking to reduce inequalities in access, outcomes and experience of care.

- **Promoted patient safety and care quality:** we have emphasised the trust board's role in creating open and learning cultures, responding constructively, and with a patient-centred approach, to reports of serious failures in care. We contributed to the development of Martha's Rule, and we are a member of the Patient Safety Commissioner's Advisory Group.
- **Focused on productivity and made the case for appropriate funding for health and care:** we highlighted the difficulties trusts are facing in reducing costs and set out the ingredients for success to improve productivity. We have consistently argued for more investment in infrastructure, including urgently replacing unsafe reinforced autoclaved aerated concrete (RAAC) planks, to progress the new hospital programme, invest in digital technologies and new equipment, and for reform of the allocation process for capital.
- **Advocated for proportionate, credible regulation and oversight:** informed by our annual regulation survey, we worked to ensure the trust perspective was understood as the Care Quality Commission (CQC) rolled out its new regulatory approach. We also scrutinised the evolving role of integrated care boards (ICBs) and maintained helpful relationships with NHS England's (NHSEs) oversight team.
- **Established ourselves as a leading voice in the debate over NHS manager regulation:** guided by member conversations, extensive engagement with stakeholders, and a newly formed steering group, we developed a set of principles and considerations to inform any proposals for a system of regulation for NHS managers, engaging closely with both main political parties on this issue.
- **Championed good governance and provider collaboration and highlighted trusts' unique role in systems:** we engaged extensively with the Hewitt Review of system working, ensuring a provider perspective fed into the final recommendations. We have communicated firm and distinctive messages to stakeholders

about the potential of system working, and the evolving relationship between ICBs and trusts and produced several publications to share practice on improving care through provider collaboration and at neighbourhood and place. We also updated our well-regarded good governance guide, highlighting the inherent complexities in system governance with a focus on sharing practice and finding solutions.

- **Welcomed the publication of the NHS long term workforce plan and gave evidence to the NHS pay review bodies:** having been a member of a high-profile coalition arguing for a long term workforce plan for many years, we welcomed its publication and continue to highlight the requirement for the plan to be fully funded. Our evidence to the NHS pay review bodies is based on member surveys and welcomed by those committees. In the context of sustained industrial action, and challenging workforce relations, we also published a series of case studies to share staff wellbeing.
- **Submitted evidence at the request of the Covid-19 public inquiry:** we briefed members on the inquiry's progress via a number of very well attended webinars with our legal partners. We also produced weekly briefings monitoring inquiry evidence sessions.

Sector focus

- **We supported mental health leaders,** highlighting the severe pressures on services from increased demand and acuity, and the importance of addressing care backlogs, capital investment and system prioritisation. We continued to call for reform of the Mental Health Act and worked to ensure mental health was considered in the government's major conditions strategy. We have successfully engaged with ministers and shadow portfolio holders alongside NHSE colleagues and other stakeholders.
- **We supported the Community Network,** in partnership with NHS Confederation, championing opportunities to treat patients closer to home where appropriate, develop urgent community response services and ensure timely hospital discharge. We have also worked to raise the

profile of care backlogs in children and young people's community services with a successful 'social media take-over' week. We successfully engaged with ministers and shadow portfolio holders to promote the potential community services can offer within health and care systems.

- **We worked closely with the Association of Ambulance Chief Executives (AACE),** emphasising the whole-system nature of pressures in urgent care, and highlighting the important contribution of ambulance trusts in tackling system priorities.
- **We raised awareness of changes to the commissioning of specialised services,** working closely with Shelford Group and Federation of Specialist Hospitals (FOSH). We have sought to make sense of and explain these changes and ensure specialised services are a prominent part of discussions about system working.
- **We worked with colleagues in primary care,** maintaining productive relationships with primary care organisations including the National Association of Primary Care (NAPC). We have focused our efforts on the primary/secondary care interface, highlighting trusts' work with partners at neighbourhood levels and publishing a case study report on the benefits of primary care at scale with partners in that sector.

All our influencing activities are underpinned by constructive relationships with key stakeholders and a robust evidence base. We sustained our stakeholder engagement with key decision makers including No10, the Department of Health and Social Care and the secretary of state's team, the shadow frontbench, the health and social care select committee, and other senior parliamentarians including peers, as well as the leadership of NHSE, CQC and other national bodies.

Over the past year, we continued to offer our 'In conversation with' programme. We ran our member survey programme on a range of topics including regulation, the financial challenge and governance.

In total during the year we:

- Published 112 briefings and reports.
- Responded to 20 consultations on behalf of members.
- Held over 650 meetings with key national decision makers.

Voice

Over the past year NHS Providers has built on its reputation as an authoritative and trusted commentator on provider issues and the wider challenges facing health and care. Trusts and stakeholders continue to value our informed, measured, and insightful commentary, and we have maintained our prominent media stance on an array of concerns on high impact outlets, including Radio 4's Today Programme, BBC Breakfast, the Times, the Guardian and the Telegraph. We also made an important contribution to the work of the Times Health Commission.

We have succeeded in securing significant coverage on the issues that matter most to our members, landing nearly 30,000 media mentions in print media over the past year and nearly 100 broadcast interviews. We grew our audience on social media channels by more than 10% while increasing our engagement rate. We also developed our use of videos and podcasts to increase our reach across digital platforms. Our op-ed and blog programme went from strength to strength with 30 prominent comment pieces in national broadsheet and trade press.

These activities have provided a prominent public platform for Sir Julian Hartley to establish and build on his reputation as an effective and engaging advocate for the NHS provider sector while maintaining Saffron Cordery's profile as an authoritative commentator and spokesperson.

Among the issues we have raised, the impact of escalating industrial action was a recurring theme. We underlined the disruptive impact for trusts, their staff and patients, and also emphasised the significant financial repercussions. We kept up the pressure

for capital investment across the NHS, highlighting the safety risk posed by the £11.6bn maintenance backlog, and concerns over the lack of progress with the New Hospital Programme.

We provided expert commentary and analysis on the wider pressures facing providers. Our *State of the Provider Sector* report set out in stark detail the hopes and fears of leaders of hospital, mental health, community and ambulance services across England, highlighting once again concerns over the prospect of severe winter pressures. This was published on day one of our Annual Conference and Exhibition, drawing strong media coverage.

Our response to the NHS long term workforce plan also placed us at the heart of the national debate on a key concern for trust leaders contending with continuing severe skills and staffing challenges.

While these operational and financial pressures meant coverage often focused on concerns over the quality and safety of care, we worked to highlight trusts' positive achievements and successes. We featured positive case studies in our Winter Watch series, while our Providers Deliver reports and *The Provider Podcast* offered a showcase for innovation and improvement.

In an increasingly febrile pre-election climate, it was notable that support for the founding principles of the NHS (reflected in numerous polls) remained strong, though public confidence in the health service has been shaken. We are working to protect and strengthen the reputation of the NHS, recognising the challenges but also promoting and celebrating the successes, taking pride in our members' achievements and delivering a message of hope for the future.

Support

In the last year we have continued to support members with our broad range of **development programmes**, designed to drive improvement and innovation through effective shared development, support and learning. Our support continues to be offered in a blended model of virtual and in person events, covering national learning events and webinars, networks and peer learning. In summary we:

- Held more than 380 development and engagement events for our members, involving over 8,600 delegates with 100% of our members engaging with at least one programme. 96% of delegates said they would recommend our events to a colleague. These events include:
 - 33 Networks for board level directors, with an increase in the number of in person events.
 - Six virtual roundtables and four in person dinners with key stakeholders and influential policy figures from across the sector.
 - 212 Board Development training courses on the essentials of good governance, engaging with nearly 2,500 delegates across a range of modules and bespoke support.
 - 56 GovernWell training courses and events for more than 850 NHS foundation trust governors.
- A range of roundtables, webinars, peer learning forums and publications across our seven member support programmes (outlined below).
- Maintained a focus on supporting boards to address race inequalities with seven webinars, several case studies, blogs, video resources and two guides as part of our well-regarded **Race Equality programme**. We have also continued to focus on ensuring our commitment to race equality is embedded throughout our range of support programmes and inductions.
- Continued our **Health Inequalities programme** which supports trusts in their work to reduce inequalities in healthcare, with eight webinars and peer learning events which attracted particularly high levels of engagement alongside several policy briefings, case studies and reports.

- Delivered our **Provider Collaboration programme** which has continued to run a wide range of well attended webinars and peer learning events with an increased focus on sharing case studies on how collaboratives are realising the benefits of working in partnership.
- Continued to support trust and system leaders on the digital agenda through our **Digital ICS** and **Digital Boards programmes**. We delivered 24 board development sessions, seven peer learning events and published a suite of guides, reports and blogs supporting over 250 system leaders and over 400 trust leaders.
- Joined forces with the Q community, with support from the Health Foundation and NHSE, to launch the **Provider collaboratives: Improving equitably programme**, offering peer learning on how provider collaboratives can develop shared improvement approaches with an equity lens embedded from the outset, designed to align with NHSE's improvement approach NHS IMPACT. Members from over 80 trusts have taken part so far, providing us with more understanding of how this emerging work is unfolding.
- Delivered the final year of our **Leading Integration Peer Support programme** in partnership with the NHS Confederation and the Local Government Association (LGA), to support leaders to work collaboratively in local systems. We delivered bespoke support for five systems and three dissemination events on key topics facing the sector, with high average satisfaction and record attendance of nearly 300 senior leaders.
- Continued to develop our range of support for members, including launching new modules as part of our **Board Development programme** to respond to member needs, and scoping the development of new programmes for members including the roll out of modules on risk, and the successful launch of a new leadership programme for aspiring directors which has been oversubscribed.
- Hosted almost 800 senior leaders, stakeholders and journalists in Liverpool at our flagship Annual Conference and Exhibition to share learning and hear from national speakers from within the NHS and other sectors.

Excellent organisation

The last year of our current four-year strategy

In April 2021, we launched a new four-year strategy for the organisation in response both to the external environment, and to member feedback on the need for us to do more to help shape their role in system working. The strategy was developed in partnership with our elected board and shared with our membership for consultation.

Although the external environment has changed considerably since the publication of the strategy, with inflation and a cost of living crisis hitting the NHS and potential partners' budgets, we have continued to increase and diversify our income by:

- Seeking commercial income based on appropriate criteria.
- Seeking additional income from partners including national NHS bodies to deliver new support programmes for members, without compromising our independence.
- Over the four years of the strategy, drawing down the reserves we have built up to invest in delivering the strategy, and limiting the uplift required in membership fees.
- Making a carefully judged uplift in membership fees recognising that all trusts face difficult financial challenges.

Shared values and behaviours

Co-produced with staff, our values and behaviours underpin our approach and our work. Over the last year we have continued to embed those values in everything we do, including in our appraisal process and a range of other relevant corporate policies.

This year we made considerable improvements to our inhouse learning and development offer for managers, offering a mandatory focus for all managers on leadership, change management, line management, performance and constructive feedback, and equality, diversity and inclusion. We look forward to expanding the approach for other staff members.

NHS Providers has made an explicit commitment to become an **anti-racist organisation**, as set out in our anti-racism statement and underpinned by our **race equality action plan**.

Over the past year, our staff consultation group, and three staff led networks have supported NHS Providers to consider intersectionality and broader protected characteristics, offering challenge and support to internal policy and to our external policy positioning. We have seen the staff led Race Equality and Cultural Inclusion Group (RECI) continue to develop and thrive, complemented by the work of our staff led mental health group, and Proud Providers, our staff led LGBTQ+ group. Each of the staff networks has now been allocated a director level sponsor, to act as an ally and to support the staff networks to navigate the organisation and ensure their voices are heard.

This year we asked an external organisation to run our staff survey for the first time, to strengthen the independence and transparency of the results. Our staff survey results this year reflect the organisation's journey of growth towards a more established, and professional body. They continue to be positive overall with 74% saying the senior management team and directors demonstrate the organisation's values and 60% saying they are satisfied with their job alongside growing focus and recognition NHS Providers has placed on equality, diversity and inclusion in recent years. However, the results also reveal variation in employees' experience at work

based on different protected characteristics (age, race, disability, sexual orientation and gender) and a need to improve communications within the organisation, to strengthen our learning and development offer and to review and clarify our approach to reward and recognition. An action plan to respond to the survey's findings will be produced corporately, underpinned by relevant specific actions in directorate teams.

Office environment

The need for more modern, flexible and accessible office space has been a key priority in recent years and we are pleased to have made the move into new office facilities at the end of 2022. We worked closely with the staff team to understand our working needs and how an office space might facilitate those. Our office move has supported us in adopting flexible and hybrid working policies which we hope will continue to offer a supportive, inclusive and collaborative environment for all staff, with options to work from home some days in the week, with a clear office base.

Feedback from members and stakeholders

During 2023/24 we maintained high professional standards across all our work, ensuring that as an organisation we are fit for purpose and continuing to offer outstanding value for money to our members. We had all 209 trusts and foundation trusts in membership – the fifth year running in which we had 100% membership.

In the most recent members' survey nearly nine in 10 respondents (88%) were 'very' or 'fairly satisfied' with the work of NHS Providers – an increase on 86% last year. The highest levels of satisfaction were among chairs (96%), chief executives (98%) and company secretaries (100%). Almost all respondents (94%) feel it is important for their organisation to be a member, 93% said NHS Providers understands the context trusts are working in, while 84% said we effectively represent the views of its members.

We have also continued to receive very positive feedback from our stakeholders. Our independent survey of 22 health and political leaders and the media – conducted on our behalf by Ipsos – found stakeholders value the regular contact they have with us. Common words used to describe us were: 'professional, influential, collaborative, effective, focused, and representative'. Stakeholders said we had made strong contributions on a broad range of issues with particular recognition for our work on finances, workforce, operational pressures, and system working.

Staff wellbeing and support

This year's staff survey showed awareness of the organisation's staff led mental health group (96%), and the employee assistance programme (84%) with appreciation for a pleasant office environment (94%) and recognition of the organisation's commitment to equality, diversity and inclusion (82%). However, the results also reveal there is more to do to ensure an equitable experience at work, regardless of protected characteristics and to ensure NHS Providers is preventing and calling out discrimination every time it occurs.

Our plans to review our approach to reward and recognition over the coming years will also be critical to staff wellbeing and overall satisfaction.

OUR PLANS FOR THE FUTURE

Our close relationship with our board and our wider membership – which includes all 209 trusts in England – means we are well placed to understand and act upon the key issues affecting provider leaders.

The year ahead will bring significant changes for ourselves and our members due to the formation of a new government with a fresh mandate, while trusts continue to deal with major operational, financial and workforce pressures.

As we enter this period, we will highlight the ongoing public support for the NHS model and the service as a public institution. As we engage with the next government, we will be emphasising the five shared commitments to deliver the next generation NHS, and create a picture of health that is responsive, effective and continuously improving. Together, we must:

- Reaffirm commitment to the core values of the NHS and to improve health and care for all and reduce inequalities.
- Build a new infrastructure programme for the NHS.
- Nurture a thriving health and care workforce.
- Champion a culture of openness, improvement and innovation.
- Provide care in the right place at the right time.

As we enter the final year of a four-year strategy, we will continue to make a concerted effort to understand the challenges that trusts of all types are facing – to maximise our credibility and relevance, and to represent their interests in fast changing times. We will also face a challenging economic environment ourselves with pressure on our costs and other funders including national NHS bodies.

But our strategic priorities and our focus on and commitment to meeting the needs of our membership will not change. Our priorities for 2024/25 are outlined below against each of the four strategic objectives set out on page 5.

Influence

Over the year ahead we will sustain our stakeholder engagement programme, and our evidence-based approach, to underpin the following areas of work:

- **Rapidly establishing our influence with a new government:** ahead of the election we continued to make the case for a cross-government approach to health which embraces prevention, tackles health inequalities and funds the health and care system appropriately. With the new government in place, we will draw on our existing networks with both main political parties to establish key relationships based on the principles of trust and transparency.
- **Defending the reputation of the provider sector and wider NHS, promoting trusts' achievements and building a sense of hope:** against increasing scrutiny of NHS performance and the backdrop of the Covid-19 inquiry and other inquiries into NHS care, we will continue to highlight longstanding pressures which pre-date the pandemic, and the need for a resolution to industrial action. We will continue to champion the achievements of trusts and trust leaders publicly, and to support our members by sharing good practice, championing action which supports equality, and calls out prejudice, and making the case for the contribution the NHS makes economically and within the fabric of local communities.
- **Explaining the impact of sustained, severe operational pressures, including industrial action:** we will continue to set out clearly the pressures on trusts and the support they need, as well as highlighting where the service has responded successfully to industrial action. We will provide well-informed commentary on the scale of the challenge facing trusts and their local partners to meet stretching national targets amid high levels of demand, workforce pressures in a constrained financial envelope.
- **Recognising and tackling care backlogs in all sectors:** we will continue to argue for government to invest holistically in the health and care system, acknowledging the need to recover the elective care backlog alongside tackling care backlogs for mental health and community services, and the

impact on ambulance services and the urgent and emergency care pathway. We will continue to champion trusts' achievements in recovering services and improving standards for patients. We will argue for a clear 'ask' of the service which is resourced and realistic. This will mean a clear prioritisation in any forthcoming government or NHSE plans.

- **Making the case to tackle health inequalities and race inequality:** we will champion the need for sufficient investment in public health and promote the role trusts play in supporting a preventative approach and as anchor institutions in their local area. We will build on good work last year building relationships with influential policymakers and capturing good practice examples of trusts acting to reduce inequalities in access to, experience of, and outcomes from, the care they provide.
- **Supporting the NHS workforce:** we will continue to argue for support for the NHS workforce with a clear focus on recovery. We will promote a workforce model which is sufficiently well resourced, flexible and supported, and continue to seek clarity on funding for the long term workforce plan. We will continue to emphasise the urgent need for the government to resolve pay disputes with NHS staff and bring industrial action to an end.
- **Making the case for appropriate funding and resourcing:** we will make the case for increased capital funding and reform of how trusts access capital, for a fully funded workforce plan including education and training and for appropriate settlements for public health and social care. We will continue to influence and constructively shape the development of the new financial architecture as system working becomes embedded.
- **Shaping policy to underpin system working, provider collaboration and place:** as trusts become leaders and co leaders of system working and develop their partnerships at place level and within provider collaboratives, we will help shape the new and emerging policy and regulatory frameworks constructively. We will support trusts and their partners to work collaboratively at all system levels with a clear focus on influencing and supporting the development of provider collaboratives. We will develop our relationships with other types of providers, and their representative bodies including in primary care, social care and the voluntary sector.
- **Developing our contribution on care quality and safety:** we will work with members to focus on the trust board's role in assurance and in creating a quality improvement and learning culture, particularly in the context of extreme, long-term operational pressure. We will ensure we understand the impact of national inquiries into safety issues in the NHS and sustain our engagement in a number of influential working groups to support national colleagues and trusts to improve safety and transparency.
- **Maintaining our core influence and support for good governance and accountability:** our thought leadership on governance will make clear that good governance is no barrier to collaborative working within systems. We will continue to highlight and support the important leadership and accountability role of boards, ensuring this is not compromised, promote the value of the unitary board model and make clear the relationships between governance, regulation and system working.
- **Continuing to advocate for proportionate, risk based regulation and oversight:** with a focus on the roles of NHSE and CQC, we will ensure current and future approaches are proportionate and the burden of regulation is reduced. We continue to focus on the implementation of CQC's new strategy, and regulators' ongoing efforts to adapt their approaches to the new context of system working. Having established a member reference group on manager regulation and set out our principled position, we are well placed to engage constructively on this issue and will continue to maintain a helpful working relationship with professional regulators and others.
- **Supporting digital transformation:** we will argue for sufficient, co-ordinated funding for trusts and their partners in support of digital transformation. Continue our dedicated support offer for boards, and potentially system partners, and influence proposed changes in the national architecture to support digital transformation.

Sector focus

(all priorities run across the year)

- **Mental health:** we will focus on recovering the care backlog generated during the pandemic and understanding productivity measures for the sector, learning from quality reviews and the national focus on inpatient care.
- **Community providers:** we will continue to support the Community Network in partnership with NHS Confederation, raising the profile of community services by making visible care backlogs within community services, and the key role community providers play in delivering a wide range of pathways.
- **Ambulance:** our partnership work with the AACE is important to our support for the ambulance sector and we will continue to highlight and seek to address the unprecedented operational pressures facing the service.
- **Specialised services:** we will also continue to work with NHSE and partners to ensure specialised services are commissioned and funded appropriately, including in the context of ICSs. We are similarly committed to supporting trusts serving rural populations, and trusts of all sizes.
- **Primary care:** finally, we will consolidate our developing relationships with different partners in primary care. We will also ensure we develop and build our relationships with the representative bodies within social care, the independent sector, and the voluntary sector.

Voice

We will continue to be the collective voice of NHS providers working in systems, reflecting the diversity of our membership, and championing interests in the media, government, the NHS and wider healthcare community focusing on:

- Being the recognised commentator for NHS provider issues, within the evolving context of system working, for both the national and trade media.
- Ensuring we have significant reach, profile and impact across social media channels and making sure our proactive and reactive media commentary and analysis has maximum visibility.
- Developing a new website with improved user experience, clearer navigation, and accessibility to strengthen our support activities.
- Speaking truth to power about the consequences of the current pressures on providers and the wider health and care system, and what trusts and their partners can reasonably be expected to deliver given these pressures.
- Developing our well received case study series, Providers Deliver, to showcase the achievements of the provider sector and sharing learning on successful innovation.
- Shaping and leading debate on the reputation, role and reform of the NHS as we move towards a general election.
- Mirroring and building on the new partnerships trusts are developing at the frontline to become the emerging voice of a broader range of health and care providers.

Support

We will continue to help members drive improvement and innovation through effective, shared development, support, and learning with a particular focus on:

- Peer learning, training, and development opportunities for specific board director roles through our networks, induction programmes, our board and governor training programmes and our commercial partnership programme.
- Proactively marketing governance reviews for trust boards, expanding the number of cohorts in our aspiring directors programme, rolling out new modular content within our board development programme and ensuring provider collaboratives are sighted on our board support offer.
- Continuing to deliver a range of training courses to equip foundation trust governors with the skills required to fulfil their responsibilities within our GovernWell programme.
- Bringing together provider sector board members to discuss and advise us and key stakeholders on key topics through roundtable events, dinners and our 'In conversation with' series.
- Delivering whole board support through our growing portfolio of programmes to help boards adapt and lead in a rapidly changing operating environment, including:
 - The Board Development programme's series of training courses and offer of bespoke board development for individual trust boards.
 - Continuing our Digital Boards programme delivered in partnership with Public Digital and supported by NHSE, to build boards' understanding, confidence and capability to harness the opportunities digital provides to transform services for patients and service users.
 - Developing our support for trusts on their improvement journeys by building on our Trust-wide Improvement programme, supported by the Health Foundation, supporting boards to develop greater awareness and understanding of improvement at scale, both within and beyond the boundaries of a single provider, and to take action to implement and sustain improvement.
- Continuing our Race Equality programme to support trusts to effectively identify, challenge and lead work on race inequality, and to embed this work as a core part of the board's business.
- Continuing a programme to help boards effectively tackle health inequalities.
- Supporting trusts in systems, including:
 - Seeking a new round of funding for our Leading Integration Peer Support offer delivered in partnership with NHS Confederation and LGA.
 - Delivering the Provider Collaboration programme focused on collaboration at scale, supporting members to maximise the potential to tackle care backlogs, reduce unwarranted variation, address health inequalities and deliver more efficient, sustainable services.
 - Continuing a board level support offer to help ICS leaders and ICBs to lead digital transformation across their system as a critical enabler to improve outcomes, tackle inequalities, enhance productivity and drive wider social and economic development.
 - Our annual programme of major conferences for members including our Annual Conference and Exhibition held each autumn and due to be held in Liverpool in 2024.

Excellent organisation

- We will strive to provide outstanding value for money, create a supportive environment for our staff and continually improve.
- With a particular focus on: communications, learning and development and reviewing recognition and reward, all underpinned by our race equality action plan and broader approach to inclusivity.
- Delivering the final year of our four-year strategy, and work with the staff team, our board, members and stakeholders to develop a refreshed strategy for the next four year period.
- Driving the implementation of the race equality action plan.
- Embedding our hybrid working policy alongside getting the best value from our new office environment.
- Increasing our income from sources beyond our membership fee and improving our cost-effectiveness to ensure we deliver the best possible value for money and service to members. We will do this without compromising our independence and ability to speak truth to power. This includes:
 - Continuing to grow our paid for offers, building on our track record of providing high quality whole board development and training on the fundamentals of unitary board governance.
 - Securing project funding from NHSE to support our programme offer on key leadership hot topics.
 - Embedding new commercial partnership arrangements whilst exploring new opportunities to bring commercial thought leadership and insight to our members.
 - Delivering a successful face to face Annual Conference and Exhibition, with sponsorship at or greater than the level secured in previous years.
- A sustained focus on efficiency at NHS Providers through a robust cost-improvement programme which engages the whole organisation, ensuring we remain on track to achieve a break-even position by April 2027, in line with the four year financial view agreed with the board.

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FINANCIAL REVIEW

NHS Providers, as a membership organisation, receives most of its recurring income from membership subscriptions. Additional annual income is derived from providing workshops and training services to members – as well as from commercial agreements, including (but not limited to) event sponsorship. NHS Providers also generates project income by working collaboratively with partners to develop specific areas of support for members. NHS Providers does not raise funds directly from the public, although it does accept unsolicited donations. All of these funding sources enable the charity to deliver its objectives of voice, influence, support and excellent organisation.

Under its current strategy, NHS Providers aims to:

- Fully utilise its subscription income in the delivery of its services to members.
- Make a surplus or to achieve break-even on the provision of any additional commercial services to members, such as workshops and training.

NHS Providers reported a loss of £578,274 for the year, (2023: profit £569,157). The change year on year is £1.15m adverse as is explained below. This current financial year was particularly impacted by the Digital Boards contract not starting until 2024/25.

Income from charitable activities decreased by 30% to £2,084,300 (2023: £2,969,669). This change is due to a reduction in project income. In 22/23, we received £933,091 of digital transformation income. The project for 23/24 was delayed to 24/25 resulting in no income received from NHSE for this project.

Course income has remained consistent with the previous year, £721,838 (2023: £706,150). Courses continued to be delivered in a blend of virtual, hybrid and face to face which has allowed for more accessibility and is reflective of the excellent course ratings which have driven member engagement.

Subscription income grew by 5.8%. The increase is in accordance with the table of percentage fee increases approved in the four-year strategic plan. At year end NHS Providers had 100% of trusts in membership,

which represented 209 trusts. Revenue of the charity's wholly owned subsidiary, FTN Trading Ltd, increased by 5% from £503,349 to £529,413 for the year ending 31 March 2024.

NHS Providers delivered its face to face Annual Conference and Exhibition in November 2023. The conference was a success and generated £373,951 income; £178,351 in ticket sales and £195,600 in sponsorship income. The overall performance of the trading entity was robust as it generated a profit of £104,791 for year ending 31 March 2024.

Overall expenditure excluding expenditure from FTN Trading Ltd increased by 8% to £9,117,444 (2023: £8,463,545). The organisation increased headcount by 6% during the year and the yearly inflationary uplift on salaries, resulted in an increase of £709k.

Reserves policy

The reserves policy defines the framework for responsible management of the reserves and in the trustees' view, the charity's reserves should provide the charity with adequate financial stability and the means for it to meet its charitable objectives should a change in financial circumstances occur, considering potential risks. Reserves are maintained to further the strategic aims of the charity and to maximise business growth opportunities, subject to approval by the finance and general purposes committee (F&GP). If the charity was to cease operating, reserves are set at a level that allows the charity to meet all necessary obligations and commitments.

In 2022, the Board agreed to change required reserve levels from a minimum level of £1.3m to a range. The range has been set at £900k to £1.3m. The level of free reserves for the group is defined as general unrestricted funds excluding tangible fixed assets which cannot be readily liquidated.

At year-end, the group had total reserves of £3,179,360 of which all are unrestricted well in excess of the reserves level set

F&GP will review the policy and level of reserves on an annual basis to ensure they are sufficient to meet the group's continuing obligations, commensurate with risks face by the organisation.

Restricted funds

Restricted funds can only be used for the purpose and in accordance with the terms agreed by the funder. In 2024 restricted funds are nil, (2023: £16,667); these funds were provided by NHSE to deliver on a peer support offer for local systems which have been used in year. Further details are given in note 16.

Unrestricted designated funds

Designated funds at year-end total £951,777 (2023: £1,075,516). The designations have been formally agreed prior to year-end by F&GP and noted by the board.

The year-end designations comprise:

- A fixed asset reserve of £507,658 which formally ringfences current level of investment in fixed assets.
- A digital investment reserve of £239,747 provision for the estimated investment in an integrated website and CRM system for NHS Providers required during 2023 and into 2024. A level of sustained investment will be required to future proof the organisation.
- A Digital Boards programme reserve of £195,935 has been created to mitigate time delays on securing digital board project income and fund interim costs in 2023.
- A community network fund supports trusts reserve of £8,437, (2023: £12,527) with a plan to spend these designated funds during 2024.

Designated funds will be released upon completion of the investment project and or securing investment funds. Further details are given in note 16. The designations are excluded from funds available to underwrite operational risk.

General unrestricted funds

Reserves excluding designated and restricted funds total £2,227,583.

Going concern

The Trustees have a reasonable expectation that the organisation has adequate financial resources to continue in operational existence for the foreseeable future whilst running consecutive deficits.

Our planning process, including financial projections, considers the current economic climate and its potential impact on our various sources of income and expenditure. The charity sets annual budgets supported by regular management accounts reviews and quarterly Finance and General Purposes Committee meetings, enabling considered management decisions to be made. In addition, endorsement of our members' support is evidenced by retention of 100% of our membership at year end.

We continue to diversify income by developing and strengthening commercial income streams and securing new areas of project funding. These measures safeguard our revenue and cashflow enabling us to provide assurance about our financial stability notwithstanding any unexpected challenges.

The charities reserves are above its upper reserves policy and it has a strong balance sheet with a high level of net current assets due to the cash reserves held. We believe there are no material uncertainties that call into doubt the charity's ability to continue as a going concern.

Fundraising

The trustees take their responsibility under the Charities (Protection and Social Investment) Act 2016 seriously and have considered the implications on their activities. The charity does not raise funds directly from the general public and does not actively solicit donations. The charity does not work directly with commercial sponsors but where commercial sponsorship is arranged for an event, a clear contract is in place between the trading company and the commercial sponsor. The trustees are not aware of any complaints made in respect of fundraising during the period.

Principal risks and uncertainties

NHS Providers is committed to effective risk management as an integral part of ensuring good corporate governance. Risk management provides the framework and process that enables NHS Providers to manage uncertainty in a systematic way. Our risk management processes are designed to enable us to adequately identify, review and mitigate risks.

The risk management strategy comprises:

- on-going review of principal risks and uncertainties that the charity and its subsidiary face,
- establishment of policies, systems, procedures and strategies to mitigate those risks, and
- implementation of procedures to minimise
- or manage any potential impact on the charity should those risks materialise.

All risks are documented in a risk register which scores risks according to their impact and likelihood of risk crystallising. It identifies potential impacts and documents mitigation measures and actions. The score profile is updated quarterly.

Responsibility for risk management is undertaken at every level of the organisation. Day-to-day responsibility for operational risk lies with the managers and staff responsible for the organisation's operations. The risk register is reviewed and updated on a regular basis by the senior management team of the organisation and reviewed at each meeting of F&GP. The full board of trustees reviews the risk register twice a year and is responsible for considering the overall strategic risks and for monitoring the status of any significant operational risks.

The key risk areas facing the charity and its subsidiary, and a summary of the plans and strategies to manage those risks are listed below:

- **Sufficient finances and external funding:** the charity is reliant on a high level of subscription income to deliver services to members and cover operational costs. Resources are dedicated to active membership engagement to maintain high levels of service delivery and member retention.

We strive to diversify our income mix and expand commercial and external funded income as the external environment allows. External funding for projects introduces a significant level of volatility to planning and increases financial risk exposure to the organisation. Contingency planning for downside risk and escalation plans for upside and downside risk provide mitigation. The reserve policy underpins management of financial risk around project volatility. Lack of alignment of operational costs with budgets undermines long-term planning and commitment to the agreed reserve policy. Mitigations are on-going commitment to cost savings, cyclical reporting, quarterly reforecasting, and clarity around budget accountability.

- **Human resource:** to mitigate the risks of under-resourcing, staff retention, succession planning impacting adversely on work-delivery and member service levels, adequate investment is made in talent management and staff development. Remuneration is regularly bench-marked against the market. Engaging with and monitoring staff wellbeing and workloads and aligning staff resources with our business plan and budgets are further mitigations in place.
- **Reputational:** on-going assessment of reputation is undertaken through a number of channels including senior management and the board. We acknowledge we need to remain reactive to changing member requirements and have capacity to do so. We have committed to improving our internal approach to diversity and inclusion in support of our members and acknowledge the inherent risks in getting the work right for us and our members. Increased engagement with external funders and joint projects necessitates rigorous upfront assessment and active management of the relationships and projects to mitigate reputational and financial risks.
- **External environment:** environmental factors may change the provider structure affecting our ability to deliver service to members and a resultant decline in income. We are particularly mindful of this as we head into an election year where building new relationships, and sustaining existing connections will be critical to our influence on

behalf of members. We also monitor the increasing number of members who are merging, forming groups, or sharing leadership structures and take account of any possible negative impact of this on member subscriptions through an annual review of the membership fee structure. Additionally, our strategy aims to develop commercial income and project income to further mitigate the risk of reducing subscription income. The four-year strategic plan 2021-2025 is designed to future proof the membership structure and adequately support service delivery to members. The strategic plan, along with the annual business plan, ensures NHS Providers remains responsive and representative of member needs in a rapidly changing environment. Other external factors such as competition are regularly reviewed and appropriate offerings and or alliances are created to mitigate their effect.

- **Operational:** Investment in the corporate infrastructure has not kept pace with the growth of the organisation which created consistency issues in roles and accountabilities, a reliance on manual processes, underinvestment in systems, insufficient resource in place for programmes of work, such as major IT projects, a need to further develop policies and processes, on-going review of and investment in IT infrastructure and cyber security to ensure business continuity and safeguarding of information. Steps taken to mitigate these risks commenced with a review of investment in corporate services infrastructure, and audit of our IT and information governance arrangements, the implementation of new HR and accounting systems and processes and the finalisation of a new director structure to enable the organisation to keep pace with rapid business growth to support member and organisational delivery needs.

It should be noted that any risk management system can only manage risks and not eliminate them and can provide only reasonable, and not absolute, assurance against material misstatement or loss.

STRUCTURE, GOVERNANCE AND MANAGEMENT

This is the 13th annual report and audited financial statements of the Foundation Trust Network, operating as NHS Providers, since it became an independent organisation on 1 April 2011. Details of the organisation's incorporation as a private company limited by guarantee and registration as a charity are given on page 3. The company is governed by its articles of association, the latest version of which was approved by members in December 2021.

It should be noted that during 2014/15 the organisation changed its operating name to NHS Providers in a rebranding exercise. Its registered name is still the Foundation Trust Network, and it can be found under this name at both Companies House and the Charity Commission.

GOVERNANCE

Appointment and induction of new trustees

NHS Providers is governed by a board of elected trustees. Trustees who served during the period 2023/24 and to the date of this report are listed on page 31. Senior executive staff and external advisors are detailed on page 32.

In line with the articles of association, the board comprises up to 21 trustees, made up as follows:

- 10 board members from trusts/foundation trusts providing acute services.
- Six board members from trusts/foundation trusts providing mental health services.
- Two board members from trusts/foundation trusts providing community services.
- Two board members from trusts/foundation trusts providing ambulance services.
- One independent chair.

The trustees are drawn from chairs and chief executives of member organisations. They are therefore already familiar with both board procedures and the activities of NHS Providers. Upon election, trustees go through an induction process coordinated by the chair and the executive to ensure they are up to date with the activities of NHS Providers and that they understand the specific duties and responsibilities of being a charity trustee – in particular the importance of acting as trustees of a charity and representing the views of all members, not the views of their own organisation.

The governance standards of the organisation are continuously monitored to assure compliance with the Charity Governance Code 2017. In 2019, a full review of the governance standards of the organisation was carried out, with a board sub-committee convened to take this work forward. This group tasked an external, expert consultant to carry out a review of the board's governance arrangements against the seven principles of the Charity Governance Code 2017. The resulting report

concluded there exists sound evidence of compliance with the charities code across the full range of principles and from this it is fair to infer detailed compliance.

However, the organisation has grown significantly since this review was undertaken and a review of our corporate services infrastructure identified a number of risks that required a strengthening of its capacity to meet increased business demand and information complexity that have arisen from such growth. A new director structure was developed from March 2024 with the introduction of a new director of development and engagement post (jointly held by Miriam Deakin and Jenny Reindorp) and with a new director of policy and strategy and a new director of corporate services and finance to be appointed early in 2024/25.

The organisation maintains a register of interests for trustees, as well as senior executives. The trustees' and senior executives' interests' registers are reviewed annually and when there are substantial changes to the registers, such as following trustee elections. Additional oral declarations of interest are taken at the start of each meeting of the NHS Providers board and board subcommittee meetings. During the period covered by this report, the NHS Providers board met a total of seven times.

In addition to the trustees (who have full voting rights at board meetings), the NHS Providers board is also attended by the chief executive, deputy chief executive, interim chief operating officer (until July 2023), interim director of funded programmes (until March 2024), director of policy and strategy, director of communications, interim director of finance (from August 2023), the head of the chair and chief executive's office and the company secretary as non-voting attendees. A scheme of delegation clearly lays out the respective responsibilities of the trustees, directors and management.

This, together with a full set of operational policies and procedures, determines the conduct of all executives and other employees.

The board has two standing committees: F&GP (incorporating the audit committee); and the remuneration committee. The chief executive of the organisation is responsible for the operational delivery of the strategy set out by the board.

The F&GP committee's membership during 2023/24 comprised six trustees and a co-opted finance director member, Mike McEnaney, who was appointed in October 2020. The committee met five times during the period of this report. It is responsible for providing scrutiny and advice to the NHS Providers board on the oversight of:

- financial reporting and control,
- risk management,
- reserves and investment policy,
- commercial activities,
- annual report and accounts, and
- commissioning and monitoring the outcomes of the external audit.

The NHS Providers chair has the right of attendance at the committee. Meetings are also usually attended by the chief executive, the remuneration committee met once during the period of this report. A detailed remuneration report including further information on the role of the remuneration committee and its work can be found on pages 28 to 31.

Other board sub-committees are formed periodically on a 'task and finish' basis, carrying out specific pieces of work as delegated by the NHS Providers board.

Originally established in 2021 as a time limited sub-committee, to provide support and challenge on the development of the race equality programme, the board's race equality advisory group continues to meet. The status of the committee was formalised from February 2024, with the terms of reference updated and the appointment of Selina Ullah, trustee, as chair of the committee, which meets three/four times per year.

Partnerships

The organisation must maintain a high-quality staff team in order to best serve its members but, as a charity, it also seeks to provide services in the most efficient and cost-effective way for members. In many cases this means working with external expert partners to deliver all or part of some of the activities undertaken. In accordance with good governance principles, as far as practicable, such work is put out for tender.

Employees

As a membership organisation, NHS Providers is a service-based business, and its employees are at the core of all the organisation's activities.

To support its members, in line with the strategic objectives set out on page 5 the organisation needs to maintain a team of expert specialist staff covering areas as diverse as media, brand and communications, a breadth of healthcare policy issues, governance, development, engagement and event management and corporate functions including human resources, organisational development, financial management and ICT support.

Alongside recruiting high quality individuals NHS Providers is keen to promote continuous development to ensure employees have the opportunity to develop their skills. Employee training and development needs are reviewed at least twice a year as part of an annual appraisal cycle and a learning and development plan for the organisation as a whole is produced every year.

A full remuneration report is set out on pages 28 to 31.

REMUNERATION REPORT

Statement of general approach to remuneration and governance

NHS Providers ensures its staff are remunerated fairly and in a way that allows the organisation to attract and retain people with the skills needed to deliver its charitable objects. To ensure this report meets the requirements of both the charities statement of recommended practise (SORP) and the guidance published by the National Council for Voluntary Organisations it has been reviewed against these requirements by the chair, chief executive, directors and F&GP.

Remuneration committee

NHS Providers has a remuneration committee which met once in 2023/24. This committee is chaired by a trustee and comprises five additional trustees, including the organisation's chair who is an ex-officio member of the committee. The NHS Providers chief executive is invited to attend but, along with other members of the executive in attendance, is excluded from discussions of their individual pay. Likewise, the chair is not present for any discussion relating to their fees.

The main responsibilities of the committee are to:

- Set the overall pay policy for the organisation as a whole and consider regular reports on the operation of that policy, particularly in relation to pay for staff other than the directors.
- Determine the remuneration package of the individual directors, on the recommendation of the chief executive and the chair.
- Determine the remuneration package of the chief executive, on the recommendation of the chair.
- Set the fees for the chair.
- Ensure contractual terms on termination are fair to the individual and the charity, that poor performance is not rewarded and a duty to mitigate loss is recognised.

The remuneration policy aims to ensure the chief executive, directors and other staff have appropriate incentives to encourage enhanced individual performance and are, in a fair and responsible manner, rewarded for their contributions to the success of NHS Providers. This recognises that delivery of NHS Providers' charitable vision and purpose is almost wholly dependent on the performance of its staff, with staff remuneration being the largest single element of charitable expenditure.

The remuneration policy is reviewed regularly. This includes comparisons with similar membership organisations and the wider charitable sector as well as being sensitive to the remuneration approach of our members, pay and employment conditions in the NHS and general approaches to charitable sector pay.

2023/24 Approach to pay

Staff pay

Staff include policy and communications experts, recruited from those sectors, with administration, development and support, event management and corporate services staff recruited from a wide range of different sectors. The organisation recruits relatively few of its staff directly from NHS frontline organisations. NHS Providers is committed to paying all staff the London living wage, currently set at £25,300.60. The organisation's lowest salary in 2023/24 was £26,500.

In line with the criteria agreed by the remuneration committee for determining an annual salary increment, staff meeting the appropriate conditions were awarded a pay rise of 4% to take effect from April 2024.

Salaries, at all levels, are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness with the last review carried out by Reward Connected CELT in January 2023. Given the rate of wage growth in the economy recently, the remuneration

committee noted that the market must be keenly observed to ensure salaries remain competitive to aid recruitment and retention of the best staff.

The ratio of salary between the organisation's highest and lowest paid member of staff is 1:11 with the ratio between its highest and median salary being 1:6.

Chief executive and director pay

The remuneration committee sets chief executive and director pay individually each year, taking account of individual and organisational performance. The remuneration committee is provided with information to ensure awareness of published salary rates for roles in similar organisations such as the LGA and NHS Confederation and, in the case of the chief executive, the salaries paid to chief executives of member organisations and relevant arm's length bodies. Director salaries are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. This year, it was agreed the chief executive's pay would be frozen, whilst an uplift of 3% would be applied to the other directors' pay.

The results of the pay policy in relation to total remuneration, including salary and pension contributions, for 2022/23 and 2023/24 are reflected in the table on page 30.

Chair's fees

The fees paid to the chair of NHS Providers are reviewed annually by the remuneration committee and reflect both personal and organisational performance. They are benchmarked against:

- chair fees in similar organisations,
- chair fees of foundation trust members, and
- chair or chair equivalent fees for the organisation's key stakeholders.

Pensions and total remuneration package

The organisation has an auto enrolment pension for all employees, provided through our existing defined contribution group scheme. Currently NHS Providers makes a contribution of 3% of gross salary to those who have been auto enrolled. An enhanced contribution scheme is also offered (once the six-month probationary period has successfully been completed) under which the organisation makes a contribution of 9% (staff contributing 6%) of salary. There are also a range of other benefits available to all employees including non-contributory life-assurance cover; season ticket loans; childcare vouchers (via a salary sacrifice scheme); free health checks; and a cycle to work scheme.

Impact of remuneration policy

NHS Providers has built and maintained a strong team of expert specialist staff who deliver a diverse and wide range of work. The success of the team, and NHS Providers as an employer, is reflected in a range of different evidence including:

- 88% overall member satisfaction with our work, described by Ipsos as a particularly high score or an organisation of our type.
- Members recognise and trust staff across the whole organisation, describing interactions as positive, effective and supportive (Ipsos member survey).
- 81% of staff say they are proud to say they work for NHS Providers.

Summary of remuneration: key management personnel

The trustees regard the chair, trustees (who are not remunerated), chief executive and directors as the key management personnel.

	2023/24 remuneration			2022/23 remuneration	
	Salary	Taxable expenses (travel)	Pension contribution	Salary	Pension contribution
Ron Kerr, chair	£55,000	–	–	£55,000	–
Chris Hopson,* chief executive	–	–	–	£50,268	£4,524
Sir Julian Hartley,* chief executive	£276,368	£11,794	–	£46,061	–
Saffron Cordery, deputy chief executive	£161,975	–	£14,578	£186,204	£16,758
Adam Brimelow, director of communications	£107,109	–	£9,640	£107,109	£9,640
Miriam Deakin, director of policy and strategy	£99,412	–	£9,077	£114,173	£10,231
Thomas Stanford, interim director of finance and IT	£88,622	–	–	–	–
Alexis Chapman,* interim chief operating officer	£28,077	–	£2,527	£81,154	£4,835
Joanne Whyte,* assistant director of corporate services	–	–	–	£92,724	£8,345
Linda Asamoah,* interim assistant director (HR)	£92,917	–	£2,788	£19,154	£575
Jenny Reindorp, interim director of funded programmes	£100,239	–	£9,022	£101,887	£14,254

* pro-rata amount for portion of year worked/ since appointment.

Please note: aside from Ron Kerr no other trustees received remuneration or were reimbursed for expenses incurred in the course of acting on behalf of the charity.

For information C Hopson, J Hartley, S Cordery, A Brimelow, M Deakin, A Chapman, J Whyte, L Asamoah and J Reindorp were all employees of the company during 2023/24.

	2023/24	2022/23	2021/22	2020/21	2019/20
Directors in pension scheme	–	–	–	–	–
No. defined contribution	6	7	7	5	5
Personal	–	–	–	–	–

Six of the directors were in the workplace pension scheme which is a defined contribution pension scheme (2023:7).

Defined contribution pension scheme to which the charity contributes (2023:1).

Fluctuations are due to changes in the senior management team.

Banding

The number of employees whose emoluments exceeded £60,000 for the period was:	2024	2023
£60,000 – £70,000	7	7
£70,001 – £80,000	5	4
£80,001 – £90,000	3	2
£90,001 – £100,000	2	1
£100,001 – £110,000	2	2
£110,001 – £120,000	–	1
£160,001 – £170,000	1	–
£180,001 – £190,000	–	1
£280,001 – £290,000	1	–

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees/non-executive directors

Ian Abbs	(until 30 June 2024)	Sharon Mays	(from 1 July 2023)
Tracy Allen	(until 30 June 2023)	Kathy McLean	(until 31 March 2024)
David Astley	(until 29 May 2024)	Richard Mitchell	(from 1 July 2024)
Dr Birju Bartoli	(from 1 July 2024)	Peter Molyneux	(until 31 March 2024)
Ann Beasley	(until 30 June 2023)	Fiona Noden	(until 30 June 2024)
Susan Brain-England	(until 30 June 2023)	Chris Oliver	(from 1 July 2024)
Nick Carver	(from 1 July 2023)	Professor Meghana Pandit	(from 1 July 2024)
Mary Elford		Therese Patten	
Steve Erskine		Dame Linda Pollard	
Roisin Fallon-Williams	(until 30 June 2024)	Helen Ray	(until 30 June 2023)
Richard Henderson	(from 1 July 2023)	Len Richards	(from 1 July 2024)
Angela Hillary	(until 30 June 2023)	Jan Ross	
Elliot Howard-Jones	(from 1 July 2023)	Professor Richard Scothon	(from 1 July 2024)
Nicholas Hulme	(until 30 June 2024)	Jagtar Singh	(until 30 June 2023)
David Jennings	(from 1 July 2024)	Karen Taylor	(from 1 July 2023)
Sir Ron Kerr		Andy Trotter	(from 1 July 2024)
Chris Lawrence	(from 1 July 2023)	Selina Ullah	
Deborah Lee	(until 30 June 2024)		
Harriet Llewellyn-Davies	(until 30 June 2023)		

Senior executive staff/directors

Sir Julian Hartley	Chief executive
Saffron Cordery	Deputy chief executive
Adam Brimelow	Director of communications
Miriam Deakin	Director of policy and strategy (to January 2024)
	Director of development and engagement (from February 2024 – job share)
Alexis Chapman	Interim chief operating officer (resigned 14 July 2023)
Jenny Reindorp	Interim director of funded programmes (to January 2024)
	Director of development and engagement (from February 2024 – job share)
Linda Asamoah	Interim assistant director (HR)
Tom Stanford	Interim director of finance and IT (from 17 July 2023 to 30 April 2024)
Isabel Lawicka	Director of Policy and Strategy (from 1 July 2024)
Caroline Harrison	Director of Corporate Services and Finance (from 8 July 2024)

Auditors

Saffery LLP
71 Queen Victoria Street
London EC4V 4BE

Bankers

The Co-operative Bank
80 Cornhill
London EC3V 3NH

Principal and registered address

157-197 Buckingham Palace Road
London, SW1W 9SP

Solicitors

Hempsons
The Exchange, Station Parade,
Harrogate HG1 1DY

The Foundation Trust Network

Charity registration number: 1140900
Company registration number: 07525114

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of the charitable company, for the purposes of company law) are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom accounting standards (United Kingdom generally accepted accounting practice).

Company law requires trustees to prepare financial statements for each financial year to provide a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period.

In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the charities' SORP (SORP FRS 102).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company and group will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and group and enable them to ensure the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group and taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware, and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included in the charitable company's website.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

This report has been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 relating to small companies. The report of the trustees and incorporated strategic report was approved by the NHS Providers board on 2 October 2024 and signed on its behalf by:



Sir Ron Kerr
Chair, NHS Providers

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF NHS PROVIDERS FOR THE YEAR ENDED 31 MARCH 2024

Opinion

We have audited the financial statements of NHS Providers (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2024 which comprise the consolidated statement of financial activities, the group and charity balance sheets, the consolidated cash flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the affairs of the group and the parent charitable company as of 31 March 2024 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended,
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. 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 are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

In auditing the financial statements, we have concluded that the trustees' 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 group or the parent charitable company's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read 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.

Other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Annual Report which includes the Directors' Report and the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements, and
- the Trustees' Annual Report which includes the Directors' Report and the Strategic Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report and Strategic Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us, or
- the parent charitable company financial statements are not in agreement with the accounting records and returns, or
- certain disclosures of trustees' remunerations specified by law are not made, or
- we have not received all the information and explanations we require for our audit, or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and to take advantage of the small companies exemption in preparing the Trustees' Annual Report and the Strategic Report.

Responsibilities of the trustees

As explained more fully in the Statement of Trustees' Responsibilities set out on page 33, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditors under the Companies Act 2006 and report in accordance with regulations made under that Act.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined

above, to detect material misstatements in respect of irregularities, including fraud.

The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud are detailed below.

Identifying and assessing risks related to irregularities: We assessed the susceptibility of the group and parent charitable company's financial statements to material misstatement and how fraud might occur, including through discussions with the trustees, discussions within our audit team planning meeting, updating our record of internal controls and ensuring these controls operated as intended. We evaluated possible incentives and opportunities for fraudulent manipulation of the financial statements. We identified laws and regulations that are of significance in the context of the group and parent charitable company by discussions with trustees and updating our understanding of the sector in which the group and parent charitable company operate.

Laws and regulations of direct significance in the context of the group and parent charitable company include the Companies Act 2006 and guidance issued by the Charity Commission for England and Wales.

Audit response to risks identified:

We considered the extent of compliance with these laws and regulations as part of our audit procedures on the related financial statement items including a review of financial statement disclosures. We reviewed the parent charitable company's records of breaches of laws and regulations, minutes of meetings and correspondence with relevant authorities to identify potential material misstatements arising. We discussed the parent charitable company's policies and procedures for compliance with laws and regulations with members of management responsible for compliance.

During the planning meeting with the audit team, the engagement partner drew attention to the key areas which might involve non-compliance with laws and regulations or fraud. We enquired of management whether they were aware of any instances of non-compliance with laws and regulations or knowledge of any actual, suspected

or alleged fraud. We addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and identifying any significant transactions that were unusual or outside the normal course of business. We assessed whether judgements made in making accounting estimates gave rise to a possible indication of management bias. At the completion stage of the audit, the engagement partner's review included ensuring that the team had approached their work with appropriate professional scepticism and thus the capacity to identify non-compliance with laws and regulations and fraud.

There are inherent limitations in the audit procedures described above and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at: **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Use of our report

This report is made solely to the parent charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the parent charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the parent charitable company and the parent charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Saffery LLP

Gareth Norris FCA (Senior Statutory Auditor)
For and on behalf of Saffery LLP
Date: **28 October 2024**

Statutory Auditors
71 Queen Victoria Street London
EC4V 4BE

Saffery LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(Incorporating the consolidated income and expenditure account)
for the year ended 31 March 2024

	Note	£ Unrestricted funds	£ Restricted funds	£ Total 2024	£ Total 2023
Income from					
Charitable activities	2	1,924,300	160,000	2,084,300	2,969,669
Subscription income		6,217,280	–	6,217,280	5,878,987
Other trading activities	3	529,413	–	529,413	503,349
Investments	4	73,743	–	73,743	25,069
Total income		8,744,736	160,000	8,904,736	9,377,074
Expenditure on					
Trading activities	3	365,566	–	365,566	344,372
Charitable activities	5,6,7	8,940,777	176,667	9,117,444	8,463,545
Total expenditure		9,306,343	176,667	9,483,010	8,807,917
Net income/(expenditure) and net movement in funds for the year		(561,607)	(16,667)	(578,274)	569,157
Total funds brought forward	16	3,740,967	16,667	3,757,634	3,188,477
Total funds carried forward	16	3,179,360	–	3,179,360	3,757,634

All gains and losses arising in the year are included in the statement of financial activities and relate to continuing operations.

The notes on pages 42 to 56 form part of these financial statements.

GROUP BALANCE SHEET 31 MARCH 2024

	Note	£ 2024	£ 2023
Fixed assets			
Intangible fixed assets	12	100,317	2,146
Tangible assets	12	407,341	420,843
		507,658	422,989
Current assets			
Debtors	14	715,036	810,298
Cash at bank and in hand		3,004,595	3,741,978
		3,719,631	4,552,276
Creditors			
Amounts falling due within one year	15	(1,047,929)	(1,217,631)
Net current assets		2,671,702	3,334,645
Net assets		3,179,360	3,757,634
Funds			
Restricted funds	16	–	16,667
Designated	16	951,777	1,075,516
Unrestricted funds	16	2,227,583	2,665,451
Total unrestricted funds		3,179,360	3,740,967
Total funds		3,179,360	3,757,634

The notes on pages 42 to 56 form part of these financial statements.

The total income of the charity as an individual entity for the year was £8,375,322 (2023: £8,873,725) and its net expenditure was £591,838 (2023: £410,180). A statement of financial activities for the charity as an individual entity is not included using the exemption given in section 408 of the Companies Act 2006.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 2 October 2024 and signed on its behalf by:



Sir Ron Kerr
Chair

Registered Company No. 07525114

CHARITY BALANCE SHEET 31 MARCH 2024

	Note	£ 2024	£ 2023
Fixed assets			
Intangible fixed assets	12	100,317	2,146
Tangible assets	12	407,341	420,843
Investments	13	1	1
		507,659	422,990
Current assets			
Debtors	14	788,947	847,748
Cash at bank and in hand		2,797,136	3,525,324
		3,586,083	4,373,071
Creditors			
Amounts falling due within one year	15	(1,019,173)	(1,129,654)
Net current assets		2,566,910	3,243,417
Net assets		3,074,569	3,666,407
Funds			
Restricted funds	16	–	16,667
Designated	16	951,777	1,075,516
Unrestricted funds	16	2,122,792	2,574,224
Total unrestricted funds		3,074,569	3,649,740
Total funds		3,074,569	3,666,407

The notes on pages 42 to 56 form a part of these financial statements.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 2 October 2024 and signed on its behalf by:



Sir Ron Kerr
Chair

Registered Company No. 07525114

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

Note	£ 2024	£ 2023
Cash flows from operating activities		
Net cash provided by operating activities	21	(625,980)
Cash flows from investing activities		
Interest income	73,743	25,069
Purchase of tangible fixed assets	(84,893)	(398,472)
Disposals of fixed assets	–	–
Purchase of intangible fixed assets	(100,253)	–
Net cash (used in) investing activities	(111,403)	(373,403)
	(737,383)	229,553
Change in cash and cash equivalents in the reporting period		
Cash and cash equivalents at the beginning of the reporting period	3,741,978	3,512,425
(Decrease)/Increase in cash and cash equivalents in the year	(737,383)	229,553
Cash and cash equivalents at the end of the reporting period	3,004,595	3,741,978

The notes on pages 42 to 56 form part of these financial statements.

Analysis of changes in net debt	£ As at 1 April 2023	£ Cash flows	£ Other non - cash changes	£ As at 31 March 2024
Cash and cash equivalents				
Cash	3,741,978	(737,383)	–	3,004,595
Cash equivalents	–	–	–	–
Overdrafts	–	–	–	–
	3,741,978	(737,383)	–	3,004,595

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2024

1. Accounting policies

Company Information

The charity is a registered charity (number 1140900) and a company (number 07525114) limited by guarantee. The registered office is 157-197 Buckingham Palace Road, London, SW1W 9SP.

Basis of accounting

The financial statements have been prepared on a going concern basis. The trustees have reviewed the four-year budget that looks at the income and expenditure statement, balance sheet and cashflow. In addition, the trustees have reviewed the financial position whereby the organisation has run a deficit position and considered this alongside the level of reserves which are above our upper reserves policy, potential uncertainties and challenges, alongside the management of risk as outlined in the strategic report.

The financial position, reserves and management of risk indicate that the group has adequate resources and that there are no material uncertainties relating to events or conditions that may cast significant doubt about its ability to continue as a going concern. The Trustees therefore consider that it is entirely appropriate to prepare the financial accounts on a going concern basis.

The financial statements have been prepared in accordance with the Statement of Recommended Practice-Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (SORP FRS102) and the Companies Act 2006. The trustees confirm that the charity is a public benefit entity.

Group accounts

The Statement of Financial Activities (SOFA) and balance sheet consolidate the financial statements of the charity and its subsidiary undertaking. The results of the subsidiary are consolidated on a line-by-line basis.

Incoming resources

Subscription and other incoming resources are accounted for on a receivable basis.

Accrued and deferred income

Income is recognised in the SOFA in accordance with the Charities SORP FRS 102 income recognition criteria of entitlement, probability and measurement. Subscription income is invoiced in the associated subscription year and therefore recognised in full within the financial year. Income relating to the financial year which has not been received or invoiced is recognised as accrued income. Grant and donation income are recognised when the SORP income recognition criteria are fulfilled.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objects of the charity. Designated funds are unrestricted funds of the charity which the trustees have discretion to set aside for a specific purpose.

Restricted funds are funds which are only to be used for the purpose as determined by the donor.

Classification of expenditure

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure and it can be reliably measured. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category:

- Expenditure on trading activities comprise the costs of the commercial trading, which includes the costs of hosting the annual conference.
- Expenditure on charitable activities comprises those costs incurred supporting and developing its members, promoting shared learning and lobbying on behalf of its members. It includes both costs that can be allocated directly to those

activities and their associated support costs. These costs have been analysed into activities associated with the charity's three strategic objectives of influence, voice and support.

Expenditure is shown net of VAT and any irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support and governance costs

Support and governance costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly.

Support costs include back-office costs, finance, personnel, payroll and governance costs which support the charity's activities. The bases on which support costs have been allocated are set out in note 6.

Support and governance costs are divided between the unrestricted and the restricted funds, with the restricted funds being charged with expenses specifically incurred in fulfilling the restrictions imposed; all other expenses are charged to the unrestricted funds.

Governance costs are those incurred in the governance of the charity and are primarily associated with the constitutional and statutory requirements.

Pension costs

The charity contributes to a defined contribution scheme for the majority of its members of staff. The charge in the accounts represents the contributions payable to the scheme in the financial period.

Tangible fixed assets and depreciation

Tangible fixed assets, where the value is over £500, are capitalised at cost.

They are then depreciated at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Short leasehold property improvements	20% straight line basis
Fixtures and fittings min-max UEL	Over three (min) and 10 (max) years straight line basis
Office equipment	Over three years straight line basis
Computer equipment	Over three years straight line basis

Intangible fixed assets and depreciation

Intangible fixed assets include IT development and software and enhancements to the website. Intangible fixed assets with a limited useful life are amortised using the straight-line method over three years.

Operating leases

Rentals payable under operating leases are charged to the SOFA over the term of the lease.

Taxation

No provision for taxation is included in the accounts as the charitable company is entitled to exemption from tax afforded by current legislation to the extent that income is applied to charitable objects.

Key assumptions and estimation uncertainty

The trustees have considered whether there are any key assumptions concerning the future or other key sources of estimation uncertainty that have a risk of causing a material adjustment to the carrying amount of assets and liabilities. They consider that there are none which would impact the next reporting period.

Financial instruments

The group has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. Income from charitable activities

	£ Unrestricted funds	£ Restricted funds	£ 2024	£ 2023
Award agreement				
The Health Foundation	30,000		30,000	130,490
Projects and other income				
Digital transformation	–		–	933,091
NHSE/I	433,333		433,333	590,000
Peer Support		160,000	160,000	240,000
ICS Digital	509,644		509,644	286,915
Collaborative improvement	171,310		171,310	59,000
Other income	58,175		58,175	24,023
Total projects and other income	1,172,462	160,000	1,332,462	2,133,029
Foundation trusts and trusts				
Course fees	721,838		721,838	706,150
Total income from charitable activities	1,924,300	160,000	2,084,300	2,969,669

3. Income from trading activities

The wholly owned subsidiary FTN Trading Limited is incorporated in the United Kingdom (company number 07940647) and pays all of its taxable profits to the charity under the gift aid scheme.

FTN Trading Limited operates the Annual Conference and Exhibition and all commercial sponsorship associated with that event.

The performance summary of the subsidiary:

	£ 2024	£ 2023
Turnover	529,413	503,349
Cost of sales, administrative costs and taxation	(365,566)	(344,372)
Interest receivable	231	59
Management charge	(59,288)	(58,334)
Net profit/(loss)	104,791	100,702
Profit b/f	91,225	(9,477)
Gift aid	(91,228)	–
Retained profit	104,788	91,225
The financial position of the subsidiary		
Current assets	256,110	311,310
Current liabilities	(151,321)	(220,084)
Total net assets	104,789	91,226
Share capital	1	1
Retained earnings	104,788	91,225
Total shareholder's equity	104,789	91,226

4. Investment income

	£ Unrestricted funds	£ Restricted funds	£ 2024	£ 2023
Interest	73,743	–	73,743	25,069

5. Analysis of expenditure on charitable activities

	£ Direct costs	£ Support	£ Governance	£ Total 2024	£ Total 2023
Influence	2,151,453	1,557,510	15,433	3,724,396	2,460,572
Voice	1,165,350	528,441	5,236	1,699,027	1,424,913
Support	2,795,197	890,006	8,819	3,694,021	4,578,060
Total expenditure	6,111,999	2,975,957	29,488	9,117,444	8,463,545

Expenditure on charitable activities was £9,117,444 (2023: £8,463,545). In 2024 £176,667 (2023: £285,247) of these costs were restricted.

Support and governance costs of £2,975,957 (2023: £2,445,381) and £29,488 (2023: £29,882) are analysed in note 6 below, totalling £3,005,445 (2023: £2,475,263). They relate to overhead costs incurred on the fourth strategic objective, professional organisation, which supports the activities of influence, voice and support.

	£ Direct costs	£ Support	£ Governance	£ Total 2023
Influence	1,763,315	658,106	8,417	2,429,838
Voice	1,039,370	380,888	4,654	1,424,913
Support	3,185,597	1,375,653	16,810	4,578,060
Total expenditure	5,988,282	2,414,647	29,489	8,463,545

6. Analysis of governance and support costs

	£ Support	£ Voice	£ Influence	£ Total 2024	£ Total 2023
IT	59,710	35,453	104,493	199,656	134,698
Premises	84,166	49,973	147,290	281,429	364,045
Human resources	633,354	376,054	1,108,370	2,117,779	1,745,886
General office costs	50,910	30,228	89,092	170,230	138,453
Legal	1,430	849	2,502	4,780	2,348
Irrecoverable VAT	27,690	16,441	48,457	92,587	49,511
Professional fees	32,746	19,443	57,306	109,495	10,440
Governance	8,819	5,236	15,433	29,489	29,882
Total support	898,825	533,677	1,572,943	3,005,445	2,475,263

*Each cost category is prorated based on staff full time equivalents. Staff are allocated to the respective strategic objectives of influence, voice and support based on the underlying nature of their activities, there is an element of subjective judgement in the allocation as there are some overlaps in activities.

	£ Support	£ Voice	£ Influence	£ Total 2023
IT	37,943	20,980	75,775	134,698
Premises	102,548	56,703	204,794	364,045
Human resources	491,799	271,936	982,151	1,745,886
General office costs	39,001	21,565	77,887	138,453
Legal	661	366	1,321	2,348
Irrecoverable VAT	13,947	7,712	27,852	49,511
Professional fees	2,941	1,626	5,873	10,440
Governance	8,417	4,655	16,810	29,882
Total support	697,257	385,543	1,392,463	2,475,263

7. Total expenditure

	£ Total 2024	£ Total 2023
Net income/expenditure is stated after charging:		
Auditor's remuneration:		
Audit	22,300	21,300
Tax advisory, secretarial services	2,690	2,500
Payroll costs	5,400	5,500
Depreciation	100,477	71,415
Operating leases	189,169	176,717
Loss on disposal of fixed assets	–	12,282

8. Trustees

One trustee, Ron Kerr received remuneration of £55,000 for the year. (2023: £55,000). There is no contribution to a pension fund. The legal authority conferring authority to make payment is provisioned for in the articles of association. The clause was ratified at an EGM on 10 September 2013 under consultation with the Charity Commission. No other trustees received remuneration for services rendered or reclaimed expenses. The company incurred a cost of £0, (2023: £0 restated) in respect of annual indemnity insurance for the trustees.

9. Key management personnel

The trustees regard the trustees (who, with the exception of Ron Kerr, are not remunerated), the chief executive and the directors as key management personnel.

	£ 2024	£ 2023
Key management personnel emoluments	1,069,142	922,896

Six of the directors were in the workplace pension scheme which is a defined contribution pension scheme (2023:7).

10. Staff costs

	£ 2024	£ 2023
Wages and salaries	5,539,795	4,904,731
Social security costs	590,354	542,565
Defined contribution pension costs	325,093	301,152
	6,455,242	5,748,448

A termination payment of £50k was made during the year.

11. Staff numbers

The average number of employees during the year analysed by activity was:

	2024	2023
Influence	32	28
Voice	19	16
Support	56	57
	107	101

The bandings for employees who receive more than £60,000 are set out on page 31.

12. Fixed assets – group and charity

	£	£	£	£	£	
	Intangible fixed assets	Leasehold property improvements	Fixtures and fittings	Office equipment	Computer equipment	Total
Cost						
At 1 April 2023	251,492	–	403,397	–	186,198	841,087
Additions	100,253	–	5,199	–	79,694	185,146
Disposals		–	–	–	(35,151)	(35,151)
At 31 March 2024	351,745	–	408,595	–	230,741	991,081
Depreciation						
At 1 April 2023	249,346	–	44,841	–	123,911	418,098
Charge for the year	2,082	–	38,624	–	59,770	100,477
Disposals		–	–	–	(35,151)	(35,151)
At 31 March 2024	251,428	–	83,466	–	148,530	483,424
Net book value at 31 March 2024	100,317	–	325,130	–	82,211	507,658
Net book value at 31 March 2023	2,146	–	358,556	–	62,287	422,990

13. Fixed assets investments

The charity's investment at the balance sheet date in the share capital of companies is made up of the following:

FTN Trading Limited

Nature of business	To establish and run a conference for members of NHS Providers
Country of registration	England and Wales
Class of share	Ordinary – £1
% – holding	100

The financial results of the subsidiary for the year are summarised in note 3.

14. Debtors

	Group		Charity	
	£ 2024	£ 2023	£ 2024	£ 2023
Debtors	500,547	665,325	497,902	581,612
Prepayments	214,488	144,973	168,480	134,030
Amounts due from FTN Trading Limited	–	–	122,565	132,106
	715,036	810,298	788,947	847,748

The amounts due from FTN Trading Limited represent the net position of subscriptions income received by FTN Trading on behalf of the charity. The balance also includes any donations due to the charity from its subsidiary.

15. Creditors – amounts falling due within one year

	Group		Charity	
	£ 2024	£ 2023	£ 2024	£ 2023
Trade creditors	146,661	538,153	131,973	532,025
Social security and other taxes	227,631	180,802	237,695	175,999
Other creditors	52,213	48,885	52,214	48,886
Accruals	364,122	160,958	357,973	155,328
Rent free period creditor	133,563	109,107	133,563	109,107
Deferred income	123,739	179,726	105,755	108,309
	1,047,929	1,217,631	1,019,173	1,129,654

Any income which relates to a period after year end has been deferred.

Analysis of the movement in deferred income is set out below:

	Group		Charity	
	£ 2024	£ 2023	£ 2024	£ 2023
Brought forward	179,726	185,696	108,309	29,570
Deferred	115,339	179,726	105,755	108,309
Released	(179,726)	(185,696)	(108,309)	(29,570)
Carried forward	115,339	179,726	105,755	108,309

16. Restricted and unrestricted funds

Group	£ Balance 1 April 2023	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2024
Peer support review	16,667	160,000	(176,667)	–	–
Total restricted funds	16,667	160,000	(176,667)	–	–
Community Network fund	12,527	–	(4,090)	–	8,437
Fixed asset reserve	422,989	–	–	84,669	507,658
Digital investment reserve	340,000	–	(100,253)	–	239,747
Digital boards programme reserve	300,000	–	(104,065)	–	195,935
Designated funds	1,075,516	–	(208,408)	84,669	951,777
General other unrestricted	2,665,451	8,744,736	(9,097,935)	(84,669)	2,227,583
Total unrestricted funds	3,740,967	8,744,736	(9,306,343)	–	3,179,360
Total funds	3,757,634	8,904,736	(9,483,010)	–	3,179,360

Charity	£ Balance 1 April 2023	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2024
Peer support review	16,667	160,000	(176,667)	–	–
Total restricted funds	16,667	160,000	(176,667)	–	–
Community Network fund	12,527	–	(4,090)	–	8,437
Fixed asset reserve	422,989	–	–	84,669	507,658
Digital investment reserve	340,000	–	(100,253)	–	239,747
Digital boards programme reserve	300,000	–	(104,065)	–	195,935
Designated funds	1,075,516	–	(208,408)	84,669	951,777
General other unrestricted	2,574,224	8,365,605	(8,732,369)	(84,669)	2,122,792
Total unrestricted funds	3,649,740	8,365,605	(8,940,777)	–	3,074,569
Total funds	3,666,407	8,525,605	(9,117,444)	–	3,074,569

During the year NHS Providers was engaged with a peer support offer for local systems working in partnership with relevant membership bodies.

It received restricted funding from NHS England to lead on the project in 23/24 of £160k with delivery to continue into the 23/24 financial year.

A designated fund to support community network trusts had a £12,527 carried forward balance to provide future support. £4k has been spent, leaving a balance of £8,437.

A fixed asset reserve designates the current level of investment in fixed assets classed as non-free reserves.

A digital investment reserve ringfences the required investment level in IT infrastructure. In year £100k was spent on the website and CRM project which reduced the reserve to £240k.

A Digital Boards programme reserve designates funds to ensure seamless project delivery on digital as a risk mitigation for any time delay in securing income. In 23/24 the project did not commence, despite spending £104k on the bid. It has been confirmed that the project will commence in 24/25.

Group	£ Balance 1 April 2022	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2023
Community Network	–	–	–	–	–
Peer support review	61,914	240,000	(285,247)	–	16,667
Total restricted funds	61,914	240,000	(285,247)	–	16,667
Designated Community Network fund	17,565	–	(60,928)	55,890	12,527
Fixed asset reserve	–	–	–	422,989	422,989
Digital investment reserve	–	–	–	340,000	340,000
Digital boards programme reserve	–	–	–	300,000	300,000
Designated Funds	17,565	–	(60,928)	1,118,879	1,075,516
General other unrestricted	3,108,998	9,137,074	(8,461,742)	(1,118,879)	2,665,451
Total unrestricted funds	3,126,563	9,137,074	(8,522,670)	–	3,740,967
Total funds	3,188,477	9,377,074	(8,807,917)	–	3,757,634

Charity	£ Balance 1 April 2022	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2023
Community Network	–	–	–	–	–
Peer support review	61,914	240,000	(285,247)	–	16,667
Total restricted funds	61,914	240,000	(285,247)	–	16,667
Designated Community Network fund	17,565	–	(60,928)	55,890	12,527
Fixed asset reserve	–	–	–	422,989	422,989
Digital investment reserve	–	–	–	340,000	340,000
Digital Boards programme reserve	–	–	–	300,000	300,000
Designated funds	17,565	–	(60,928)	1,118,879	1,075,516
General unrestricted	3,118,473	8,692,000	(8,117,370)	(1,118,879)	2,574,224
Total unrestricted funds	3,136,038	8,692,000	(8,178,298)	–	3,649,740
Total funds	3,197,952	8,932,000	(8,463,545)	–	3,666,407

17. Analysis of net assets between funds

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2024	£ Total 2023
Intangible fixed assets	–	100,317	100,317	2,146
Tangible fixed assets	–	407,341	407,341	420,843
Net current assets	–	2,671,702	2,671,702	3,334,645
	–	3,179,360	3,179,360	3,757,634

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2024	£ Total 2023
Intangible fixed assets	–	100,317	100,317	2,146
Tangible fixed assets	–	407,341	407,341	420,843
Investments	–	1	1	1
Net current assets	–	2,566,910	2,566,910	3,243,417
	–	3,074,569	3,074,569	3,666,407

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2023
Intangible fixed assets	–	2,146	2,146
Tangible fixed assets	–	420,843	420,843
Net current assets	16,667	3,317,978	3,334,645
	16,667	3,740,967	3,757,634

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2023
Intangible fixed assets	–	2,146	2,146
Tangible fixed assets	–	420,843	420,843
Investments	–	1	1
Net current assets	16,667	3,226,750	3,243,417
	16,667	3,649,740	3,666,407

18. Financial commitments

As at 31 March 2024 the charity was committed to making the following payments under non-cancellable operating leases in the following periods:

	£ 2024	£ 2023
Payable in respect of leases expiring:		
Within the year	191,386	150,982
Between the second and fifth year inclusive	765,544	765,544
Over five years	646,459	837,845

19. Liability of members

At 31 March 2024 the charity had 210 members (2023: 211). The liability of each member to contribute to the assets of the charity is limited to £1.

20. Related party transactions

For this year, FTN Trading Ltd made a profit of £104,791 (2023: profit of £100,702). FTN paid a management charge of £59,288 to its parent charity during the year (2023: £58,334). Gift Aid payment was made from FTN Trading Ltd to NHS Providers of £91,228. As shown in note 14, at the year end FTN Trading Limited owed the charity £122,565 (2023: £132,106).

Transactions between the holding and subsidiary company are conducted at arms length. For membership organisations that are represented on NHS Providers elected board of trustees, preferential rates are not applied to subscription fees or attendance at NHS Providers events.

All elected board members are either chairs or chief executives of member organisations. Ron Kerr is the remunerated chair.

21. Reconciliation of net income/(expenditure) to net cash flow from operating activities

	£ 2024	£ 2023
Net income for the reporting period (as per the statement of financial activities)	(578,274)	569,157
Add back: depreciation	100,477	71,415
Add back: loss on disposal of asset	–	12,282
Deduct interest income shown in investing activities	(73,743)	(25,069)
(Increase)/decrease in debtors	95,262	27,584
Increase/(decrease) in creditors	(169,702)	(52,413)
Net cash inflow from operating activities	(625,980)	602,956

22. Comparative statement of financial activities 2023

	£ Unrestricted funds	£ Restricted funds	£ Total 2023
Income from			
Charitable activities	2,729,669	240,000	2,969,669
Subscription income	5,878,987	–	5,878,987
Other trading activities	503,349	–	503,349
Investments	25,069	–	25,069
Total income	9,137,074	240,000	9,377,074
Expenditure on			
Trading activities	344,372	–	344,372
Charitable activities	8,178,298	285,247	8,463,544
Other	–	–	–
Total expenditure	8,522,670	285,247	8,807,917
Net income/(expenditure) and net movement in funds for the year	614,403	(45,247)	569,157
Transfers between funds	–	–	–
Total funds brought forward	3,126,563	61,914	3,188,477
Total funds carried forward	3,740,966	16,667	3,757,634

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £124bn of annual expenditure and employing 1.5 million people.



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NHS Providers is the operating name of the Foundation Trust Network

Registered charity 1140900

Registered in England & Wales as company 7525114

Registered Office

157-197 Buckingham Palace Road, London SW1W 9SP

THE FOUNDATION TRUST NETWORK

England & Wales - Charity number 1140900

Accounts



The Foundation Trust Network operating as
NHS PROVIDERS

TRUSTEES' ANNUAL REPORT
AND ACCOUNTS
FOR THE YEAR ENDED
31 MARCH 2023

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2023

The trustees are pleased to present their annual trustees' report together with the consolidated financial statements of the charity and its subsidiary for the year from 1 April 2022 to 31 March 2023. The financial statements have been prepared in accordance with the Charities Act 2011, the Companies Act 2006, the organisation's memorandum and articles of association, and Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014.

Strategic report

The information below, including the review of activities, financial review, risk management statement and summary of future plans forms the strategic report for the purpose of the Companies Act 2006.

The report and financial statements also meet the requirement for a directors' report and accounts under the Companies Act.

About us

The charity's objects are: the relief of sickness and the preservation and protection of public health through the support of its members as providers of healthcare within the NHS.

During the year NHS Providers had one wholly owned trading subsidiary company: FTN Trading Limited trading as NHS Providers Trading Limited (company ref 07940647) to operate its annual conference.

CHAIR'S REPORT

NHS Providers has had another exceptional year as the membership organisation for the 211 NHS acute hospital, mental health, community and ambulance trusts and foundation trusts who provide healthcare to England's 56 million population. Our members faced unprecedented challenges in dealing with the combined impact of Covid-19, flu and winter pressures, continuing workforce shortages, disruption caused by industrial action and increasing financial concerns. Trusts have, however, made significant progress in addressing backlogs for treatment, and showed a commendable capacity to innovate and collaborate in pursuit of better care for patients and the communities they serve.

They have come under increasing scrutiny as the debate over the current NHS model intensifies ahead of the general election. Public support for the healthservice and its founding principles remains strong, though the pressures and their impact on performance have made it harder to maintain confidence that the NHS will be able to provide the level of service people have come to expect. The commitment and resourcefulness shown by trust leaders and frontline staff through these difficult days and in adapting to the fast-changing health and care landscape give grounds for encouragement, but the challenges are formidable.

As the voice of trusts in systems, we have worked to shape the environment in which our members operate, highlight the challenges they face, provide support, share good practice, and promote success.

We remained on the front foot in our behind the scenes influencing activities, and our media work, providing insight, analysis and commentary on key developments and leading debate through high profile interventions. Our programme of events and networking opportunities, including the Annual Conference and Exhibition, hit new heights as we returned to more face-to-face activities while retaining a busy online schedule.

We made further strides in developing and delivering our support offer across key priorities including provider collaboration, trusts in systems, digital boards, quality improvement, health inequalities and race equality. As the continuing excellent results from our member, stakeholder and staff surveys show, NHS Providers has once again delivered for our members and the wider service across all four elements of our strategy – voice, influence, support and excellent organisation.

This was accomplished amid a period of significant upheaval for our members, during a change of leadership with the appointment of a new chief executive, and the move to a new office in Victoria better suited to accommodate our expanded staff team and the demands of hybrid working. So, a challenging but very rewarding year in which NHS Providers has once again stepped up successfully to make a real difference for members in a fast-changing health and care environment.



Sir Ron Kerr
Chair, NHS Providers

OUR OBJECTIVES AND ACTIVITIES

NHS Providers is required by charity and company law to act within the objects of its memorandum of association.

The purpose of the charity, as stated therein, is to enable our members to provide high quality healthcare within the NHS, thereby relieving sickness and protecting public health.

We uphold our duty of public benefit by being an outstanding membership organisation supporting the NHS trusts and foundation trusts who provide frontline healthcare to England's 56 million population. Our members include NHS acute hospitals, community, mental health and ambulance service foundation trusts and trusts that, together, interact with more than five million patients and service users a week, employ 1.4 million people, and account for £115bn of the £150bn spent by the NHS.

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the Charity Commission's guidance on public benefit. NHS Providers' public benefit is enshrined in its charitable objectives as outlined above.

We are now in the third year of our organisational strategy which we launched in April 2021. Our strategy is designed to enable us to respond to changes in the external environment, and to act on feedback from our members to deliver our influence, voice and support in the changing context of the move to integrate health and care in local systems.

Our vision

An outstanding membership organisation and trade association for all NHS providers, unrivalled in the influence, voice and support we offer our members.

Our mission

To enable high quality care for patients and service users, and a reduction in health inequalities, by supporting members to work collaboratively within and across local health and care systems.

Our strategic objectives

Our four strategic objectives drawn from our four-year (2021-25) strategy, are:

- **Influence:** to shape the environment and culture in which our members operate – with a dedicated focus on finances, quality, workforce, governance, regulation, digital transformation, integration, health inequalities and system working.
- **Voice:** to be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.
- **Support:** to help our members and their local system partners drive improvement and innovation through effective, shared development, support and learning.
- **Excellent organisation:** to provide outstanding value for money to our members, create a supportive environment for staff and continually improve, driven by our values.

Our values

At NHS Providers, we are:

- **Respectful:** we act with honesty, compassion, openness and integrity and recognise the contribution each of us makes.
- **Inclusive:** we celebrate and champion diversity and seek out different viewpoints. We act to call out and tackle discrimination.
- **Collaborative:** we work as a team internally, and with our members, stakeholders and partners to deliver positive results.
- **Effective:** we deliver professional, high-quality work which is member led and supports the health and care service to deliver value and positive change for patients.

KEY ACHIEVEMENTS AND PERFORMANCE

Over the course of 2022/23, we continued to deliver effective influence, voice and support for our membership, with a keen focus on the impact of sustained operational pressures post pandemic and our members' achievements in unprecedented times. The past 12 months have involved considerable political volatility and been shaped in political and policy terms, by the prospect of an approaching general election. Over the course of the year, we have invested in maintaining constructive relationships with all key political parties, and with national decision makers. This has enabled us to remain an effective voice for our membership on challenging issues including lack of capital investment, care recovery post pandemic, staff burnout and workforce vacancies and the role of trusts in new health and care systems.

It is important to acknowledge the contribution at this time made by Saffron Cordery who, as interim chief executive, provided exceptional leadership, supporting and speaking up for members and offering calm authority, good judgement, and courage that stood us in good stead.

We have also overseen a smooth transition of leadership, welcoming Sir Julian Hartley as our next chief executive on 1 February 2023. We have revisited our approach to engaging in depth with our membership with a re-energised visits programme and a weekly read out of individual trust's challenges and achievements in our new bulletin 'Start the week'. We have continued to operate a hybrid working model, celebrating moving into a new, collaborative and modern office space. Our staff have once again gone above and beyond to deliver for the membership in a new context.

The year ahead will bring further change for the NHS, for our membership and for NHS Providers. We recently rearticulated our immediate priorities for the year within our existing strategy framework. These include engaging with our membership, playing a leading role in shaping debate ahead of the general election, advocating for a resolution to industrial action; and a need for us to support provider collaboration and improvement.

Below we set out a short summary of our work and achievements against each of our four strategic objectives: influence, voice, support and excellent organisation, including the priorities we set out for 2022/23 in our previous annual report.

Influence

Over the course of the year, we had demonstrable impact in the following key areas of national policy, as planned:

- **Offered balanced, evidence-based public commentary and sense-making for members, explaining the impact of ongoing industrial action and calling for resolution.** As the NHS faced unprecedented, and escalating strike action, we focused on explaining the preparations trust leaders and their staff have been making to protect safety and staff wellbeing, and the efforts spent maintaining relationships between management and frontline staff. We struck a balanced tone, acknowledging why some staff have taken the difficult decision to strike, and focusing on advocating for a resolution between government and unions, including on pay for 2022/23.
- **Made clear the continuing impact of Covid-19, the flu and winter pressures on the service, both publicly and by engaging directly with decision makers.** We remained engaged in policy discussions on winter planning; the elective recovery plan; the urgent and emergency care plan; the wider backlog of care and its impact on mental health, ambulance and community services, staff and patients; national workforce planning; the vaccination programme and additional capital investment linked to winter pressures. Winter watch and our activity tracker continued to generate meaningful commentary about the pressures trusts are facing and their achievements in difficult times.
- **Worked in coalition to secure a commitment to a long-term NHS workforce plan (LTWP) to address workforce challenges and skills shortages.** One of a small core of partners steering a coalition of over 100 health bodies, we were pleased to secure the chancellor's commitment to publishing the LTWP, and to engage with NHS England (NHSE) in shaping the final publication.

Our focus remains on ensuring the LTWP is now published, is appropriately funded, and balances short-term action with a medium and longer-term outlook. We continued to highlight the ongoing impact of vacancies on trusts' staff and services. Our evidence to the pay review bodies was highly valued by members of those committees.

- **Argued for the NHS to be appropriately funded, with a clear focus on capital investment and the New Hospital Programme.** We have sustained a priority focus on the need for greater capital investment for all sectors of our membership within all our messaging and published a report with our updated asks of government and NHSE. We have made the case for decisive action to progress the New Hospital Programme and for unsafe reinforced autoclaved aerated concrete planks to be rectified. More broadly, we continue to highlight how far NHS investment has dropped below the long run average, and below that of comparable health systems internationally – and to pitch for appropriate funding for other key services including public health and social care.
- **Parliamentary engagement – we ensured provider interests were fully represented** during the final stages of the Health and Care Bill's (now act) passage through parliament and more recently in briefing contributors to support fuller debate on the Strikes Bill. In a year of political volatility, we developed strong relationships with each secretary of state for health and social care and ministerial team, and new teams in No.10, while maintaining and building our constructive relationships with shadow spokespeople and teams, select committees and other key parliamentarians.
- **Supported trusts to prepare for the Covid-19 Inquiry**, offering a range of very well attended webinars and explanatory briefings in partnership with law firms, as well as engaging with the national inquiry team and monitoring proceedings, contributing to national learning from the pandemic response and setting out publicly our aspirations for the inquiry.
- **Established ourselves as the voice of trusts in systems.** We engaged extensively with the Hewitt Review to ensure trusts' perspectives were heard and taken into account. We have influenced a raft of new guidance exploring the leadership

role of trusts at the levels of neighbourhood, place, integrated care system (ICS) and pan-ICS. We highlighted the contribution trusts make to system working in a dedicated Trusts in Systems edition of our Providers Deliver case study series. We launched a dedicated programme of influence and support for provider collaboratives, helping to shape national guidance based on member views and offering a range of peer learning and webinars. We continued to highlight the importance of robust and rigorous answers to questions of governance, accountability, quality improvement and oversight, clinical leadership, and financial flows through a series of blogs and thought pieces.

- **Health inequalities and prevention** – we launched a new programme of influence and support to promote the role trusts play in reducing inequalities. We published an impactful report which generated considerable media activity, informed by a member survey on the impact of the rising cost of living on patients and trust staff. We have also highlighted and shared examples of trusts acting as anchor institutions to support their local economies and communities.
- **Developed our focus on governance support, quality and risk management** – in addition to updating a compendium of governance good practice in light of system working, we continued to work with NHSE and members to highlight unanswered questions raised by system working, including around conflicts of interest. Our commentary on risk management has evolved to acknowledge the degree of pressure on the service with bed occupancy above levels considered safe and care backlogs for many services. We are proactively engaging with trust boards about their approaches to risk management in challenging times.
- **Informed the shape of evolving quality and regulatory frameworks.** We facilitated several constructive conversations with Care Quality Commission (CQC) as it evolved its strategy and operational approach. We have engaged with NHSE's new operating framework and oversight framework, offering a number of member roundtables to inform their approach, and have built a positive dialogue between members and NHSE around intensive support.

- **Developing our contribution on care quality, safety and improvement** – informed by member feedback, we have focused on the key barriers and enablers to high quality care, as well as raising the profile of risks to quality and the impact on patients, especially in the context of extreme, long-term operational pressure. We have promoted the trust board’s role in leading quality and safety, and the importance of nurturing a culture of safety within the healthcare system, as well as expanding our representation of trusts within national clinical research policy discussions. We have also enabled trusts to develop their approach to improvement and influenced the national policy agenda on improvement, including the importance of a strong focus on equality as integral to quality.
- **Digital transformation** – we successfully encouraged NHSE to adopt a more flexible approach to electronic patient record convergence, and contributed to national policy developments on digital maturity assessments and ‘what good looks like’. We have rolled out our new Digital ICS programme, in addition to our ongoing Digital Boards work.
- **We worked closely with the Association of Ambulance Chief Executives (AACE)** to highlight the impact of operational pressures, the whole-system approach needed to tackle handover delays, and the role of the ambulance sector in tackling health inequalities.
- **We sought to influence how specialised services will be commissioned and delivered in a systems world.** Working closely with Shelford Group and Federation of Specialist Hospitals (FOSH) to influence NHSE’s approach, to brief members on developments and to run a series of topic specific webinars to share learning.
- **We continued to develop new relationships with colleagues in primary care.** We are piloting support for population health management approaches at neighbourhood level with National Association of Primary Care (NAPC) and have sustained our relationship with a group of ‘at scale’ primary care providers.

Sector focus

- **We supported our mental health leaders.** We continue to monitor and shape reform of the Mental Health Act and the wider governmental strategy on major conditions, including mental health. We have focused on equity for mental health services in systems, and with regard to funding decisions, particularly capital investment. We also worked to ensure mental health issues were clearly reflected in key national reviews including the Hewitt Review.
- **We championed, and raised the profile of, community services.** Working in partnership with NHS Confederation via the Community Network, we were successful in briefing the relevant minister on community workforce challenges, and in influencing the detail of the LTWP and its underpinning analysis for the community sector. Our #CelebratingCommunityServices week on social media was a first for NHS Providers and our partner, NHS Confederation, and raised the profile of the service.

All of our influencing activities are underpinned by constructive relationships with key stakeholders and a robust evidence base. We sustained our stakeholder engagement with key decision makers including the secretary of state for health and social care, the ministerial team and shadow frontbench, the health and social care select committee, and other senior parliamentarians, as well as the leadership of NHSE, CQC and other national bodies.

Over the past year, we continued to offer our ‘in conversation with’ programme. We ran our member survey programme on a range of topics including cost of living, trust finances and board remuneration. Our annual stakeholder and member surveys continue to confirm the very positive views that stakeholders and trusts have of NHS Providers and our work.

In total during the year we:

- published 107 briefings and reports, including 19 *On the day briefings* and 18 *Next day briefings*,
- submitted 21 consultation responses, and
- held over 500 meetings with key national decision makers.

Voice

Over the past year NHS Providers has consolidated and strengthened its reputation as an authoritative and trusted commentator on provider issues and the wider challenges facing health and care. Trusts and stakeholders value our informed, measured, and insightful commentary, and we have maintained our prominent media stance on an array of concerns while broadening our range of spokespeople and focusing our activities on high impact outlets, including Radio 4's Today Programme, Sunday with Laura Kuenssberg and Times Red Box.

Once again we have faced the challenge of striking the right balance between reflecting the risks posed by unprecedented pressures at a time of severe and sustained workforce shortages and disruption caused by industrial action while retaining a sense of agency, highlighting trusts' innovations and achievements in acute, mental health, community and ambulance settings. We underlined the value of collaboration and partnership working, reflecting the evolving system-based landscape in which we and our members operate.

Winter pressures, combined with the continuing impact of Covid-19 saw many trusts stretched as never before prompting quality and safety concerns over urgent and emergency care with a particular focus on ambulance handovers and 12-hour waits after a decision to admit. There was also an increasing media focus on acute mental health and maternity care, and the growing elective waiting list, even as the numbers affected by the longest delays fell. We promoted examples of progress in recovery, and successful innovations to overcome delays.

In an increasingly febrile pre-election climate, it was notable that support for the founding principles of the NHS (reflected in numerous polls) remained strong, though public confidence in the health service has been hit by concerns over performance and service quality. This in turn has prompted increased critical scrutiny of the NHS model, its sustainability and value for money. While working proactively and reactively to defend the reputation of the NHS, we also opened a dialogue with members on future reform to help us frame and lead the debate on its future.

NHS Providers played an important public role in highlighting the consequences of industrial action and urging government and the unions to seek a rapid resolution. Our close dialogue with our members allowed us to offer invaluable insight and updates through successive strikes. While maintaining a neutral stance on the dispute we expressed understanding of the frustrations felt by staff who had seen their pay fall behind inflation and made a strong intervention on trust leaders' concerns about the growing cost of living crisis.

We also made frequent interventions on the need for a fully costed and funded long term workforce plan and for urgent capital investment across a range of settings.

Over the course of this busy year, we secured more than 30,000 media mentions. We also placed 40 commentary pieces authored by our staff and experts from partner organisations or members. We continued to strengthen our social media engagement on twitter and LinkedIn, and we developed our use of videos and podcasts to increase our reach across digital platforms.

Support

We successfully transformed our development and support programmes for trust boards and governors to a mix of virtual and face-to-face delivery, with an increase in demand and outstanding feedback from those taking part. The use of virtual platforms and blended models will inform our delivery going forwards. In summary we:

- Hosted over 800 senior leaders, stakeholders, and journalists at our annual conference.
- Held 459 development and engagement events for our members, involving over 9000 delegates with 100% of our members engaging with at least one programme. 97% of delegates said they would recommend these events to a colleague. These events comprised:
 - 33 network meetings for board level directors.
 - 10 virtual roundtables with key system figures.
 - 221 board development courses, reaching over 2,500 delegates.
 - 72 virtual courses within our GovernWell training programme, reaching over 1,200 NHS foundation trust governors.
- Delivered the final year of our Digital Boards programme, designed to support boards in leading digital transformation, and engaged with more than 1,000 directors from 85 trusts, delivering 38 bespoke board development sessions, a wide range of peer learning events, and two leadership guides.
- Continued our Leading Integration Peer Support programme, working with local systems in partnership with the NHS Confederation and the Local Government Association, delivering bespoke work with ICSs and six dissemination events with high attendance and overall satisfaction.
- Completed the second year of our Trust-wide Improvement programme, supporting boards to understand and implement a whole organisation approach to improvement, engaging over 100 trusts, delivering peer learning webinars, action learning sets and a series of supporting blogs. We also secured funding for an extension of this programme to explore shared approaches to improvement across provider collaboratives, based

on a partnership with the Q Community and funding from NHSE and The Health Foundation.

- Delivered our core Provider Collaboration programme which focuses on maximising the benefits of greater collaboration at scale, including webinars, peer learning forums for directors of strategy and programme directors, case study briefings and joint work with the NHS Confederation on delegations and the interface between provider collaboratives and ICBs.
- Launched our Race Equality programme which aims to make race equality a core part of board business, engaging 70% of trusts in the first six months. This included a series of videos on white allyship, blogs, webinars, a bank of resources and sessions at NED/executive inductions and at our network events.
- Continued our programme to help boards to effectively tackle health inequalities. Alongside three webinars and a number of policy briefings, blogs and reports, our three peer learning forums attracted particularly high levels of engagement.
- Launched our new Digital ICS programme as an extension to our existing Digital Boards offer. So far this has engaged over 300 NHS leaders, delivering four bespoke pilot development sessions, peer learning events along with two insights papers, blogs and a podcast episode.
- Continued to develop and deliver a range of additional, tailored support for boards, based on member need.

Excellent organisation

Implementing our four-year strategy

In April 2021, we launched a new four-year strategy for the organisation in response both to the external environment, and to member feedback on the need for us to do more to help shape their role in system working. The strategy was developed in partnership with our elected board and shared with our membership for consultation.

As set out in the strategy, we have continued to increase and diversify our income by:

- Increasing commercial income based on appropriate criteria.
- Seeking additional income from partners including national NHS bodies to deliver new support programmes for members, without compromising our independence.
- Over the four years of the strategy, prudently drawing down the reserves we have built up to invest in delivering the strategy, and limiting the uplift required in membership fees.
- Making a carefully judged uplift in membership fees which included protections for trusts with a lower turnover.

Shared values and behaviours

Co-produced with the staff team, our values and behaviours underpin our approach and all our work. Over the last year we have continued to embed those values in everything we do, including in our robust performance management process and reviewing a range of other relevant corporate policies. A values and behaviours staff group continues to meet to ensure the values are taken into account in all our activities and decision making.

We have also progressed a significant work programme to address race equality issues within the organisation and to support capacity in member trusts. Following an independent report on race equality at NHS Providers we have made an explicit commitment to be an anti-racist organisation, have published an anti-racism statement and detailed action plan setting out what we will do to drive

forward, monitor and measure progress against that commitment. A key part of the process has been the development of a staff group, the Race Equality and Cultural Inclusion Group (RECI) which provides support and challenge to the leadership.

Our staff survey results continue to be positive with 85% saying they are satisfied with their job and 86% commending the culture of the organisation. Alongside those positive results, we are working with our staff team to address areas of improvement with a focus on learning and development and our internal communications.

Office move

The need for more modern, flexible and accessible office space has been a key priority over the last year and we are pleased to have made the move into new office facilities at the end of 2022. We worked closely with the staff team to understand our working needs and how an office space might facilitate those. Our office move has supported the introduction of a new flexible and hybrid working policy which we hope will continue to offer a supportive, inclusive and collaborative environment for all staff, with options to work from home some days in the week, with a clear office base.

Feedback from members and stakeholders

During 2022/23 we continued to deliver high professional standards across all our work, ensuring that as an organisation we are fit for purpose and offer outstanding value for money to our members. By the end of the 2022/23 financial year, NHS Providers had 100% of the 211 eligible foundation trusts and trusts in membership.

In the most recent members' survey nearly nine in 10 respondents (88%) were 'very' or 'fairly satisfied' with our overall offer over the last year. In terms of how we represented the view of trusts in the media 81% of respondents were 'very' or 'fairly satisfied', however satisfaction levels for this were even higher in particular roles including finance directors (100%) HR directors (100%), chief executives (90%) and chairs (91%). Almost nine in 10 respondents (86%) were 'very' or 'fairly satisfied' with the work of NHS Providers, and nearly all chairs (97%) and chief executives (97%) were 'very' or 'fairly satisfied' too – the same percentage of which would speak positively about NHS Providers. Almost all (95%) of respondents feel it is important for their organisation to be a member.

We have also maintained high levels of satisfaction among our stakeholders. Our independent survey of 22 health and political leaders and the media – conducted on our behalf by Ipsos – resulted, once again, with very strong and positive feedback that found stakeholders continue to value the regular, direct and informal contact they have with us. Our contributions were viewed as particularly strong in relation to NHS workforce issues and pressures on the system. The most common words used to describe NHS Providers were: 'insightful, credible, knowledgeable, professional, thoughtful and visible.'

Staff wellbeing and support

Overall job satisfaction has improved by 1% on the previous year, with 85% saying they are satisfied with their job, and staff remain very positive about the culture of the organisation, their line manager and leadership. Most notably the satisfaction with their line manager was exceptionally high at 86%.

With the office move and the adoption of a formal hybrid working policy, there is the expectation that overall satisfaction will continue to increase significantly and be reflected in a future staff survey. This is due to the office environment causing significant discontent previously. There is an increase in staff embracing hybrid and flexible working, although difficult workloads continue to be acknowledged, and staff wellbeing continues to be a priority.

OUR PLANS FOR THE FUTURE

We are uniquely placed to work across the key issues that affect trusts from a board perspective, drawing on the views and experience of our membership which includes all of the 211 hospital, mental health, community and ambulance trusts in England. The year ahead will bring change as we work to represent and support our membership amidst the continued turmoil of industrial action, against a backdrop of operational pressure and ahead of the next general election.

We are heartened by public support for the founding principles of the NHS but particularly mindful of the drop in public satisfaction with the NHS and of the need for us to help make the case to address deepening and longstanding fault-lines which threaten the sustainability and quality of services for patients and undermine NHS staff morale. These include: the mismatch between funding, capacity and demand; the lack of national workforce planning; the need to invest in prevention; and the need for political commitment to place social care on a sustainable footing.

As we enter the third year of a four-year strategy, we will continue to make a concerted effort to understand the challenges that trusts are facing to sustain our credibility and relevance and to represent their interests in fast changing times. We will also face a challenging economic environment ourselves with pressure on our costs and other funders including national NHS bodies.

But our strategic priorities, and our laser-like focus on meeting the needs of our membership remain unchanged. Our priorities for 2023/24 are outlined below against each of our four strategic objectives of influence, voice, support and excellent organisation. The strategic objectives set out in our four-year strategy are:

Influence

To shape the environment and culture in which our members operate – with a dedicated focus on finances, quality, workforce, governance, regulation, digital transformation, health inequalities, integration and system working.

Voice

To be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.

Support

To help our members and their local system partners drive improvement and innovation through effective, shared development, support and learning.

Excellent organisation

To provide outstanding value for money to our members, create a supportive environment for staff and continually improve, driven by our values.

Influence

Over the year ahead we will sustain our stakeholder engagement programme, and our evidence-based approach, to underpin the following portfolios of work:

- **Informing debate on the NHS ahead of a general election** – we will influence the national conversation about the NHS model, ensuring that provider needs are given adequate attention, in the context of making the case for a whole-system shift towards greater focus on prevention and health improvement. We will engage with each of the main political parties to inform the development of their positions in the runup to an expected 2024 general election. We will continue to highlight the longstanding pressures which pre-dated the pandemic, and will continue to champion the achievements of trusts publicly and to support trust boards and NHS staff.
- **Workforce** – we will continue to argue for support measures for the NHS workforce with a clear focus on the recovery of services and tackling low morale and burnout. We will promote a workforce model which is sufficiently well resourced, flexible and supported, underpinned by a multi-year plan. We will advocate for inclusive leadership and equality, diversity and inclusion as prerequisites to good quality care.
- **Funding and finance** – we will make the case for increased capital funding for all sectors and the reform of allocation processes. We will emphasise the scale of the challenge facing trusts and systems to balance the books in 2023/24. We will influence and constructively shape the development of the new financial architecture as system working becomes embedded, including the reintroduction of activity-based payments. We will also explore the benefits of greater investment in preventative action and public health.
- **System working** – we will help shape the new and emerging policy and regulatory frameworks constructively. We will support trusts and their partners to become leaders and co-leaders of system working, to collaborate at neighbourhood, place, ICS and pan ICS levels with a clear focus on influencing and supporting the development of provider collaboratives.
- **Operational performance** – we will continue to set out clearly the pressure on trusts in all sectors and the support they need, and highlight where the service has responded successfully to reduce care backlogs and deliver good care in extremely difficult circumstances. We will provide informed commentary on how well the sector delivers against national targets, both current and planned.
- **Regulation** – we will advocate for proportionate, risk-based regulation and oversight. Focusing on NHSE and CQC, we will work to ensure current and future approaches are proportionate and the burden of regulation is reduced, and we will provide constructive challenge when regulatory behaviours do not align with the desired shift towards a more nuanced and mature regulatory approach. We continue to maintain a helpful working relationship with professional regulators and others, including the Health and Safety Executive.
- **Care quality** – we will develop our contribution on care quality, focusing on the trust board's role in providing leadership and creating a quality improvement and learning culture. We will raise the profile of the quality agenda in the context of extreme, long-term operational pressure and make links with NHS Impact, the new quality improvement framework launched by NHSE.
- **Governance** – we will demonstrate why good governance is an enabler of collaborative working within systems and critical to care quality and organisational culture. We will continue to highlight and support the leadership and accountability role of boards, promote the unitary board model, and make clear the links between governance, regulation and system working.
- **Digital** – we will argue for sufficient, coordinated funding for trusts and their partners in support of digital transformation, and continue our dedicated support offer for boards, and potentially system partners.
- **Health inequalities and prevention** – we will champion the need for sufficient investment in public health and promote the role trusts play in supporting a preventative approach and as anchor institutions in their local area. We will

capture good practice examples of trusts acting to reduce inequalities in access to, experience of, and outcomes from, the care they provide.

Sector focus

(all priorities run across the year)

- **Mental health** – we will sustain our influence and support for mental health trust leaders with a focus on recovering the care backlog generated during the pandemic, reforms proposed by the Mental Health Act, learning from quality reviews and the national focus on inpatient care, government’s major conditions strategy, and sustained participation in influential national stakeholder groups.
- **Community providers** – we will continue to support the Community Network in partnership with NHS Confederation. We will make community service care backlogs visible, emphasising children and young people’s services, and highlight the key role community providers play in systems and at place in supporting urgent care and preventative approaches.
- **Ambulance** – working in partnership with AACE, we will continue to highlight and seek to address the unprecedented operational pressures facing the service.
- **Specialised services** – we will continue to work with partners to ensure specialised services are commissioned and funded appropriately, including in the context of joint commissioning between ICBs and NHSE.
- **Primary care** – we will represent member interests as systems look to drive integration between primary and secondary care. We will demonstrate the trust contribution, including through vertical integration, and will build on our partnerships with primary care organisations and their representative groups.

Voice

We will continue to be the collective voice of NHS providers working in systems, reflecting the diversity of our membership, and championing interests in the media, government, the NHS and wider healthcare community focusing on:

- Being the recognised commentator for NHS provider issues, within the evolving context of system working, for both the national and trade media.
- Ensuring we have significant reach, profile and impact across social media channels and making sure our proactive and reactive media commentary and analysis has maximum visibility.
- Speaking truth to power about the consequences of the current pressures on providers and the wider health and care system, and what trusts and their partners can reasonably be expected to deliver given these pressures.
- Developing our well received case study series, Providers Deliver, to showcase the achievements of the provider sector and sharing learning on successful innovation.
- Shaping and leading debate on the reputation, role and reform of the NHS as we move towards a general election.
- Mirroring and building on the new partnerships trusts are developing at the frontline to become the emerging voice of a broader range of health and care providers.

Support

We will continue to help members drive improvement and innovation through effective, shared development, support, and learning with a particular focus on:

- Peer learning, training, and development opportunities for specific board director roles through our networks, induction programmes, our board and governor training programmes and our commercial partnership programme.
- GovernWell will continue to deliver a full range of training courses aimed to equip foundation trust governors with the skills required to fulfil their responsibilities.
- Bringing together provider sector board members to discuss and advise us and key stakeholders on key topics through roundtable events, dinners and our 'In Conversation with' series.
- Whole board support through our growing portfolio of programmes to help boards adapt and lead in a rapidly changing operating environment, including:
 - The Board development programme's series of training courses and offer of bespoke board development for individual trust boards.
 - Continuing our Digital Boards programme delivered in partnership with Public Digital and supported by Health Education England and NHSE/I, to build boards' understanding, confidence and capability to harness the opportunities digital provides to transform services for patients and service users.
 - Building further on our Trust-wide Improvement programme, supported by the Health Foundation, supporting boards to develop greater awareness and understanding of improvement at scale, both within and beyond the boundaries of a single provider, and to take action to implement and sustain improvement.
 - Continuing our Race Equality programme to support trusts to effectively identify, challenge and lead work on race inequality, and to embed this work as a core part of the board's business.
- Continuing a programme to help boards to effectively tackle health inequalities.
- Supporting trusts in systems, including:
 - Continuing to build our Leading Integration Peer Support offer delivered in partnership with NHS Confederation, NHS Clinical Commissioners and LGA.
 - Delivering the Provider Collaboration programme focused on collaboration at scale, supporting members to maximise the potential to tackle care backlogs, reduce unwarranted variation, address health inequalities and deliver more efficient, sustainable services.
 - Continuing a board level support offer to help ICS leaders and ICBs to lead digital transformation across their system as a critical enabler to improve outcomes, tackle inequalities, enhance productivity and drive wider social and economic development.
 - Our annual programme of major conferences for members including our Annual Conference and Exhibition held each autumn and due to be held in Liverpool in 2023. Throughout 2023/24 we will deliver our support offer, blending both face-to-face and virtual learning as members require.

Excellent organisation

- We will strive to provide outstanding value for money, create a supportive environment for our staff and continually improve. With a particular focus on:
 - Continuing to deliver our four-year strategy.
 - This year we have articulated our immediate priorities for 2023/24 within the framework of the current strategy with a new visual of a 'strategic triangle' which we hope makes clear our shared focus as a staff team for everyone who works for, and with us.
 - Driving the implementation of the race equality action plan.
 - Embedding our hybrid working policy alongside getting the best value from our new office environment.
 - Increasing and diversifying our income and improving cost-effectiveness to reduce our reliance on member fees. We will do this without compromising our independence and ability to speak truth to power. This includes:
 - Maintaining commercial income in 2023/24 whilst seeking growth opportunities. We will do this by developing our course offers and by engaging with our commercial partners and enabling them to bring thought leadership and insight to our members.
 - Delivering a successful face-to-face annual conference and exhibition, with sponsorship at or greater than the level secured in previous years.
 - Seeking project funding from national bodies (such as NHSE).
 - A sustained focus on efficiency at NHS Providers.
 - Drawing on reserves over the coming period to continue our policy of investing and developing services to members in key strategic areas and thereby aligning with our reserves policy.
 - Managing risk and asset replacement to support member service delivery.

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FINANCIAL REVIEW

NHS Providers, as a membership organisation, receives the majority of its recurring income from membership subscriptions. Additional annual income is derived from providing workshops and training services to members – as well as from commercial agreements, including (but not limited to) event sponsorship. NHS Providers also generates project income by working collaboratively with partners to develop specific areas of support for members. NHS Providers does not raise funds directly from the public, although it does accept unsolicited donations. All of these funding sources enable the charity to deliver its objectives of voice, influence, support and excellent organisation.

Under its current strategy, NHS Providers aims to:

- fully utilise its subscription income in the delivery of its services to members, and
- make a surplus or to achieve break-even on the provision of any additional commercial services to members, such as workshops and training.

Income from charitable activities increased by 15.7% to £2,969,669 (2022: £2,566,044). This change was driven by a sustained increase in project and course income. In 2022 NHS Providers secured a three-year project funded by Health Education England (HEE) on Digital Leadership Training for ICBs, total value of £1.2m. NHS Providers also secured funding from NHSEI for the Collaborative Improvement programme.

Course income has increased significantly by 27% to £706,150 (2022: £554,467). Courses continued to be delivered in a blend of virtual, hybrid and face-to-face which has increased accessibility. The increased income reflects the strategic commitment to grow course income and is reflective of the excellent course ratings which have driven member engagement.

Subscription income grew by 15.8%. The increase is in accordance with the table of percentage fee increases approved in the four-year strategic plan. At year end NHS Providers had 100% of trusts in membership, which represented 211 trusts.

Revenue of the charity's wholly owned subsidiary, FTN Trading Limited, increased by 183% from £177,359 to £503,349 for the year ending 31 March 2023.

NHS Providers delivered its first face-to-face Annual Conference and Exhibition (ACE) since the Covid-19 pandemic started. The conference was a success and generated £348,785 income; £188,000 in ticket sales and £161,000 in sponsorship income. Other commercial income fell marginally by 6% as FTN Trading strategised to consolidate and strengthen its offer to retained partners post Covid-19 rather than increase partner reach. The overall performance of the trading entity was robust as it generated a profit of £91,225 for year ending 31 March 2023.

Overall expenditure excluding expenditure from FTN Trading Ltd increased by 25% to £8,463,545 (2022: £6,785,181). The increase in costs reflects increased activities across the organisation, evidenced by higher course income and expanding our project delivery. Costs have increased as we have increased our capacity to deliver the expanded programme, resumed more face-to-face delivery post Covid-19 and inflationary pressure. The organisation increased headcount by 20% during the year, and moved to new office premises that support our hybrid working; these factors have contributed to higher operating costs.

NHS Providers realised a surplus of £569,157 for the year, (2022: £878,630). The prior year was marred by the challenges of Covid-19, which yielded some savings on operating costs, most notably due to virtual delivery. The current financial year by contrast demonstrates a strong return to normal at a sustained pace to meet members' need. This reflects staffing cost to adequately resource secured project work as well as staff investment required to fulfill our four-year strategy. The full-year salary costs of these hires impact finances fully in 2022/23. Operational on-cost from increased headcount and new premises have increased the establishment run rate cost of NHS Providers.

NHS Providers has delivered a strong surplus which strengthens reserves and exceeds budgeted expectation.

Heading into 2023/24 NHS Providers will focus on building increased organisational sustainability as well as creating mitigation strategies for income uncertainty. The reserves policy defines the framework for responsible management of the reserves.

Reserves policy

In the trustees' view, the charity's reserves should provide the charity with adequate financial stability and the means for it to meet its charitable objectives should a change in financial circumstances occur, considering potential risks. Reserves are maintained to further the strategic aims of the charity and to maximise business growth opportunities, subject to approval by the finance and general purposes committee (F&GP). In 2022, the board confirmed the reserve policy for free reserves, excluding designated and restricted funds, as the range from £900k to £1.3m.

At year-end, the group had total reserves of £3,757,634 of which £3,740,967 are unrestricted. At year-end the group had free reserves of £2,242,467. (Free reserves are cash or liquid funds that can be spent freely to support our aims. They exclude fixed assets).

We acknowledge the reserves level is higher than the target range as set out in the policy above. Over the coming three years we will be investing reserves to bring us to within the target range. To achieve this we will invest in key strategic priorities and delivery services to members as we align income and expenditure over the coming three year period.

F&GP will review the policy and level of reserves on an annual basis to ensure that they are sufficient to meet the group's continuing obligations, commensurate with risks face by the organisation.

Restricted funds

Restricted funds can only be used for the purpose and in accordance with the terms agreed by the funder. In 2023 restricted funds are £16,667, (2022: £61,914); these are funds provided by NHSE to deliver on a peer support offer for local systems. Further details are given in note 16.

Unrestricted designated funds

Designated funds at year-end total £1,075,516 (2022: £17,565). The designations have been formally agreed prior to year-end by F&GP and noted by the board.

The year-end designations comprise:

- A fixed asset reserve of £422,989 which formally ringfences current level of investment in fixed assets.
- A digital investment reserve of £340,000 provision for the estimated investment in an integrated website and CRM system for NHS Providers required during 2023 and into 2024. A level of sustained investment will be required to future proof the organisation.
- A digital boards programme reserve of £300,000 has been created to mitigate time delays on securing digital board project income and fund interim costs in 2023.
- A community network fund supports trusts, (2023: £12,527, 2022: £17,565) with a plan to spend these designated funds during 2023.

Designated funds will be released upon completion of the investment project and or securing investment funds.

Further details are given in note 16.

The designations are excluded from funds available to underwrite operational risk.

General unrestricted funds

Reserves excluding designated and restricted funds total £2,665,451.

Going concern

We have adequate financial resources and are proactive in identifying and mitigating business risks. Our planning process, including financial projections, considers the current economic climate and its potential impact of various sources of income and expenditure. NHS Providers is agile in its delivery to

members harnessing the advantages that platforms such as hybrid delivery affords. Endorsement of our members' support is evidenced by retention of 100% of our membership at year end. Additionally, we continue to diversify income by developing and strengthening commercial income streams and securing new areas of project funding.

These measures safeguard our revenue and cashflow enabling us to provide assurance about our financial stability notwithstanding any unexpected challenges. The charity has a strong balance sheet with a high level of net current assets due to the cash reserves held. The trading entity realised a surplus in 2023 with the expectation of maintaining profitability.

We believe there are no material uncertainties that call into doubt the charity's ability to continue as a going concern.

Fundraising

The trustees take their responsibility under the Charities (Protection and Social Investment) Act 2016 seriously and have considered the implications on their activities. The charity does not raise funds directly from the general public and does not actively solicit donations. The Charity does not work directly with commercial sponsors but where commercial sponsorship is arranged for an event, a clear contract is in place between the trading company and the commercial sponsor. The trustees are not aware of any complaints made in respect of fundraising during the period.

Principal risks and uncertainties

NHS Providers is committed to effective risk management as an integral part of ensuring good corporate governance. Risk management provides the framework and process that enables NHS Providers to manage uncertainty in a systematic way. Our risk management processes are designed to enable us to adequately identify, review and mitigate risks.

The risk management strategy comprises:

- on-going review of principal risks and uncertainties that the charity and its subsidiary face,
- establishment of policies, systems, procedures and strategies to mitigate those risks, and
- implementation of procedures to minimise or manage any potential impact on the charity should those risks materialise.

All risks are documented in a risk register which scores risks according to their impact and likelihood of risk crystallising. It identifies potential impacts and documents mitigation measures and actions. The score profile is updated quarterly.

Responsibility for risk management is undertaken at every level of the organisation. Day-to-day responsibility for operational risk lies with the managers and staff responsible for the organisation's operations. The risk register is reviewed and updated on a regular basis by the senior management team of the organisation and F&GP. The full board of trustees review the risk register twice a year and are responsible for considering the overall strategic risks and for monitoring the status of any significant operational risks.

The key risk areas facing the charity and its subsidiary, and a summary of the plans and strategies to manage those risks are listed below:

- **Sufficient finances and external funding:** the charity is reliant on a high level of subscription income to deliver services to members and cover operational costs. Resources are dedicated to active membership engagement to maintain high levels of service delivery and member

retention. We strive to diversify our income mix and expand commercial and external funded income. External funding for projects introduces a significant level of volatility to planning and increases financial risk exposure to the organisation. Contingency planning for downside risk and escalation plans for upside and downside risk provide mitigation. The reserve policy underpins management of financial risk around project volatility. Lack of alignment of operational costs with budgets undermines long-term planning and commitment to the agreed reserve policy. Mitigations are on-going commitment to cost savings, cyclical reporting, quarterly reforecasting, and clarity around budget accountability.

- **Human resource:** to mitigate the risks of under-resourcing, staff retention, succession planning impacting adversely on work-delivery and member service levels, adequate investment is made in talent management and staff development. Remuneration is regularly bench-marked against the market. Engaging with and monitoring staff wellbeing and workloads and aligning staff resources with our business plan and budgets are further mitigations in place.
- **Reputational:** on-going assessment of reputation is undertaken through a number of channels including senior management and the board. We acknowledge we need to remain reactive to changing member requirements and have capacity to do so. We have committed to improving our internal approach to diversity and inclusion in support of our members and acknowledge the inherent risks in getting the work right for us and our members. Increased engagement with external funders and joint projects necessitates rigorous upfront assessment and active management of the relationships and projects to mitigate reputational and financial risks.
- **External environment:** environmental factors may change the provider structure affecting our ability to deliver service to members and a resultant decline in income. We monitor the increasing number of members who are merging, forming groups, or sharing leadership structures and take account of any possible negative impact of this on member subscriptions through an annual review of the membership fee structure.

Additionally, our strategy aims to develop commercial income and project income to further mitigate the risk of reducing subscription income. The four-year strategic plan 2021-2025 is designed to future proof the membership structure and adequately support service delivery to members. The strategic plan, along with the annual business plan, ensures NHS Providers remains responsive and representative of member needs in a rapidly changing environment. Other external factors such as competition are regularly reviewed and appropriate offerings and/or alliances are created to mitigate their effect.

- **Operational:** on-going review of and investment in IT infrastructure and cyber security to ensure business continuity and safeguarding of information. Review of investment in corporate services infrastructure to keep pace with rapid business growth to support member and organisational delivery needs.

It should be noted that any risk management system can only manage risks and not eliminate them and can provide only reasonable, and not absolute, assurance against material misstatement or loss.

STRUCTURE, GOVERNANCE AND MANAGEMENT

This is the 12th annual report and audited financial statements of the Foundation Trust Network, operating as NHS Providers, since it became an independent organisation on 1 April 2011. Details of the organisation's incorporation as a private company limited by guarantee and registration as a charity are given on page 3. The company is governed by its articles of association, the latest version of which was approved by members in December 2021.

It should be noted that during 2014/15 the organisation changed its operating name to NHS Providers in a rebranding exercise. Its registered name is still the Foundation Trust Network and it can be found under this name at both Companies House and the Charity Commission.

GOVERNANCE

Appointment and induction of new trustees

NHS Providers is governed by a board of elected trustees. Trustees who served during the period 2022/23 and to the date of this report are listed on page 28. Senior executive staff and external advisors are detailed on page 28.

In line with the articles of association, the board comprises up to 21 trustees, made up as follows:

- 10 board members from trusts/foundation trusts providing acute services.
- Six board members from trusts/foundation trusts providing mental health services.
- Two board members from trusts/foundation trusts providing community services.
- Two board members from trusts/foundation trusts providing ambulance services.
- One independent chair.

There is provision in the articles to co-opt additional trustees to the board. To provide the board with appropriate focus and input from the perspective of ICBs, Patricia Miller, chief executive at Dorset ICB was co-opted to the NHS Providers board in February 2022, Patricia stepped down from this co-opted position on 31 March 2023. Similarly, Alan Foster, who was originally co-opted to the board in 2019 and served two further terms of co-option in 2022 and 2021, stepped down in December 2022.

The other trustees are drawn from chairs and chief executives of member organisations. They are therefore already familiar with both board procedures and the activities of NHS Providers. Upon election, trustees go through an induction process coordinated by the chair and the executive to ensure they are up to date with the activities of NHS Providers and that they understand the specific duties and responsibilities of being a charity trustee – in particular the importance of acting as trustees of a charity and representing the views of all members, not the views of their own organisation.

The governance standards of the organisation are continuously monitored to assure compliance with the Charity Governance Code. In 2019, a full review of the governance standards of the organisation was carried out, with a board sub-committee convened to take this work forward. This group tasked an external, expert consultant to carry out a review of the board's governance arrangements against the seven principles of the Charity Governance Code 2017. The resulting report concluded that there exists sound evidence of compliance with the charities code across the full range of principles and from this it is fair to infer detailed compliance. However, the organisation has grown significantly since this review was undertaken and there is a risk that the current corporate services infrastructure needs to strengthen its capacity to meet increased business demand and information complexity that have arisen from such growth. A further independent review of the organisational corporate governance has been commissioned to take place early in the financial year 2023/24.

The organisation maintains a register of interests for trustees, as well as senior executives. The trustees'

and senior executives' interests' registers are reviewed annually and when there are substantial changes to the registers, such as following trustee elections. Additional oral declarations of interest are taken at the start of each meeting of the NHS Providers board and board subcommittee meetings.

During the period covered by this report, the NHS Providers board met a total of six times.

In addition to the trustees (who have full voting rights at board meetings), the NHS Providers board is also attended by the chief executive, deputy chief executive, interim chief operating officer, interim director of funded programmes, director of policy and strategy, director of communications, and the head of the chair and chief executive's office as non-voting attendees. A scheme of delegation clearly lays out the respective responsibilities of the trustees, directors and management.

This, together with a full set of operational policies and procedures, determines the conduct of all executives and other employees.

The board has two standing committees: Finance and General Purposes Committee (F&GP) (incorporating the Audit Committee); and the Remuneration Committee. The chief executive of the organisation is responsible for the operational delivery of the strategy set out by the board.

The F&GP Committee's membership during 2022/23 comprised six trustees and a co-opted finance director member, Mike McEnaney, who was appointed in October 2020. The committee met five times during the period of this report. It is responsible for providing scrutiny and advice to the NHS Providers board on the oversight of:

- financial reporting and control
- risk management
- reserves and investment policy
- commercial activities
- annual report and accounts
- commissioning and monitoring the outcomes of the external audit.

The NHS Providers chair has the right of attendance at the committee. Meetings are also usually attended by the chief executive.

The Remuneration Committee met three times during the period of this report. A detailed remuneration report including further information on the role of the remuneration committee and its work can be found on pages 24 to 27.

Other board sub-committees are formed periodically on a 'task and finish' basis, carrying out specific pieces of work as delegated by the NHS Providers board. Originally established in 2021 as a time limited sub-committee, to provide support and challenge on the development of the race equality programme, the board's race equality advisory group continues to meet. A key piece of work arising from this group was the commissioning of external training for the board to take place early in 2023.

Partnerships

The organisation must maintain a high-quality staff team in order to best serve its members but, as a charity, it also seeks to provide services in the most efficient and cost-effective way for members. In many cases this means working with external expert partners to deliver all or part of some of the activities undertaken. In accordance with good governance principles, as far as practicable, such work is put out for tender.

Employees

As a membership organisation, NHS Providers is a service-based business, and its employees are at the core of all the organisation's activities.

To support its members, in line with the strategic objectives set out on page 5 the organisation needs to maintain a team of expert specialist staff covering areas as diverse as media, brand and communications, a breadth of healthcare policy issues, governance, development, engagement and event management and corporate functions including human resources, organisational development, financial management and ICT support.

Alongside recruiting high quality individuals NHS Providers is keen to promote continuous

development to ensure employees have the opportunity to develop their skills. Employee training and development needs are reviewed at least twice a year as part of an annual appraisal cycle and a learning and development plan for the organisation as a whole is produced every year.

A full remuneration report is set out on pages 24 to 27.

REMUNERATION REPORT

Statement of general approach to remuneration and governance

NHS Providers ensures that its staff are remunerated fairly and in a way that allows the organisation to attract and retain people with the skills needed to deliver its charitable objects. To ensure this report meets the requirements of both the Charities SORP and the guidance published by the National Council for Voluntary Organisations it has been reviewed against these requirements by the chair, chief executive, directors and F&GP.

Remuneration committee

NHS Providers has a Remuneration Committee which, in 2022/23, met three times. This committee is chaired by a trustee and comprises five additional trustees, including the organisation's chair who is an ex-officio member of the committee. The NHS Providers chief executive is invited to attend but, along with other members of the executive in attendance, is excluded from discussions of their individual pay. Likewise, the chair is not present for any discussion relating to their fees.

The main responsibilities of the committee are to:

- Set the overall pay policy for the organisation as a whole and consider regular reports on the operation of that policy, particularly in relation to pay for staff other than the directors.
- Determine the remuneration package of the individual directors, on the recommendation of the chief executive and the chair.

- Determine the remuneration package of the chief executive, on the recommendation of the chair.
- Set the fees for the chair.
- Ensure contractual terms on termination are fair to the individual and the charity, that poor performance is not rewarded and a duty to mitigate loss is recognised.

The remuneration policy aims to ensure that the chief executive, directors and other staff have appropriate incentives to encourage enhanced individual performance and are, in a fair and responsible manner, rewarded for their contributions to the success of NHS Providers. This recognises that delivery of NHS Providers' charitable vision and purpose is almost wholly dependent on the performance of its staff, with staff remuneration being the largest single element of charitable expenditure.

The remuneration policy is reviewed regularly. This includes comparisons with similar membership organisations and the wider charitable sector as well as being sensitive to the remuneration approach of our members, pay and employment conditions in the NHS and general approaches to charitable sector pay.

2022/23 Approach to pay

Staff pay

Staff include policy and communications experts, recruited from those sectors, with administration, development and support, event management and corporate services staff recruited from a wide range of different sectors. The organisation recruits relatively few of its staff directly from NHS frontline organisations. NHS Providers is committed to paying all staff the London living wage, currently set at £22,370. The organisation's lowest salary in 2022/23 was £24,500.

In line with the criteria agreed by the remuneration committee for determining an annual salary increment, staff meeting the appropriate conditions were awarded a pay rise of 4.5% to take effect from April 2023.

Salaries, at all levels, are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. The last review carried out by Reward Connected CELR in January 2022 indicated that NHS Providers' staff salaries are in line with or below market rates. There were significant difficulties in recruitment during the year and a number of leavers cited the competitiveness of the salaries as a primary reason for leaving. In order to attract and retain high calibre staff, in the context of the rising cost of living, a higher than usual percentage increase was awarded. No bonuses are paid to any members of staff nor to directors.

The ratio of salary between the organisation's highest and lowest paid member of staff is 1:11 with the ratio between its highest and median salary being 1:6.

Chief executive and director pay

The remuneration committee sets chief executive and director pay individually each year, taking account of individual and organisational performance. The remuneration committee is provided with information to ensure awareness of published salary rates for roles in similar organisations such as the LGA and NHS Confederation and, in the case of the chief executive, the salaries paid to chief executives of member organisations and relevant arm's length bodies. Director salaries are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. This year, it was agreed the chief executive and directors' pay would be frozen.

The results of the pay policy in relation to total remuneration, including salary and pension contributions, for 2021/22 and 2022/23 are reflected in the table on page 26.

Chair's fees

The fees paid to the chair of NHS Providers are reviewed annually by the remuneration committee and reflect both personal and organisational performance. They are benchmarked against:

- chair fees in similar organisations,
- chair fees of foundation trust members, and
- chair or chair equivalent fees for the organisation's key stakeholders.

Pensions and total remuneration package

The organisation has an auto enrolment pension for all employees, provided through our existing defined contribution group scheme. Currently NHS Providers makes a contribution of 3% of gross salary to those who have been auto enrolled. An enhanced contribution scheme is also offered (once the six-month probationary period has successfully been completed) under which the organisation makes a contribution of 9% (staff contributing 6%) of salary. There are also a range of other benefits available to all employees including non-contributory life-assurance cover; season ticket loans; childcare vouchers (via a salary sacrifice scheme); free health checks; and a cycle to work scheme.

Impact of remuneration policy

NHS Providers has built and maintained a strong team of expert specialist staff who deliver a diverse and wide range of work. The success of the team, and NHS Providers as an employer, is reflected in a range of different evidence including:

- 86% overall member satisfaction with our work, described by Ipsos as a particularly high score for an organisation of our type.
- Members recognise and trust staff across the whole organisation, describing interactions as positive, effective and supportive (Ipsos member survey).
- 90% of staff would recommend it as a good place to work, 94% thinking their colleagues are committed to delivering high quality services and 90% say they enjoy working at NHS Providers.

Summary of remuneration: key management personnel

The trustees regard the chair, trustees (who are not remunerated), chief executive and directors as the key management personnel.

	2022/23 remuneration		2021/22 remuneration	
	Salary	Pension contribution	Salary	Pension contribution
Ron Kerr chair	£55,000	–	£55,000	–
Chris Hopson* chief executive	£50,268	£4,524	£218,436	£19,659
Sir Julian Hartley* chief executive	£46,061	–	–	–
Saffron Cordery deputy chief executive	£186,204	£16,758	£149,059	£13,415
Adam Brimelow, director of communications	£107,109	£9,640	£102,497	£9,225
Miriam Deakin director of policy and strategy	£114,173	£10,231	£102,497	£9,091
Kevin Rennie* interim chief operating officer	–	–	£85,848	£7,726
Alexis Chapman*, interim chief operating officer	£81,154	£4,835	£1,154	£35
Joanne Whyte*, assistant director of corporate services	£92,724	£8,345	£86,715	£7,804
Linda Asamoah*, interim assistant director (HR)	£19,154	£575	–	–
Jenny Reindorp, interim director of funded programmes	£101,887	£14,254	£16,250	£488

* pro-rata amount for portion of year worked/ since appointment.

Please note: Aside from Ron Kerr no other trustees received remuneration or were reimbursed for expenses incurred in the course of acting on behalf of the charity.

For information, C Hopson, J Hartley, S Cordery, A Brimelow, M Deakin, A Chapman, J Whyte, L Asamoah and J Reindorp were all employees of the company during 2022/23.

Banding

The number of employees whose emoluments exceeded £60,000 for the period was:	2023	2022
£60,000 – £70,000	7	4
£70,001 – £80,000	4	–
£80,001 – £90,000	2	5
£90,001 – £100,000	1	–
£100,001 – £110,000	2	2
£110,001 – £120,000	1	–
£140,001 – £150,000	–	1
£180,001 – £190,000	1	–
£210,001 – £220,000	–	1

Fluctuations are due to changes in the senior management team.

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees/non-executive directors

Tracy Allen	(until 30 June 2023)
Ann Beasley	(until 30 June 2023)
Susan Brain England	(until 30 June 2023)
Nick Carver	(from 1 July 2023)
Mary Elford	
Alan Foster	(until 31 December 2022)
Beatrice Fraenkel	(until 30 June 2022)
Richard Henderson	(from 1 July 2023)
Angela Hillery	(until 30 June 2023)
Elliot Howard-Jones	(from 1 July 2023)
Nicholas Hulme	
Sir Ron Kerr	
Chris Lawrence	(from 1 July 2023)
Heather Lawrence	(until 30 June 2022)
Deborah Lee	
Harriet Llewelyn-Davies	(until 30 June 2023)
Sharon Mays	(from 1 July 2023)
Kathy McLean	
Patricia Miller	(until 31 March 2023)
Peter Molyneux	(from 1 July 2023)
Christine Outram	(until 30 June 2022)
Therese Patten	
Linda Pollard	
Helen Ray	(until 30 June 2023)
Jagtar Singh	(until 30 June 2023)
Karen Taylor	(from 1 July 2023)

Senior executive staff/directors

Chris Hopson	Chief executive (resigned 10 June 2022)
Sir Julian Hartley	Chief executive (appointed 1 February 2023)
Saffron Cordery	Deputy chief executive Interim chief executive (13 June 2022 to 31 January 2023)
Adam Brimelow	Director of communications
Miriam Deakin	Director of policy and strategy Interim deputy chief executive (1 July 2022 to 31 January 2023)

Alexis Chapman	Interim chief operating officer (resigned 14 July 2023)
Jenny Reindorp	Interim director of funded programmes
Jo Whyte	Assistant director of corporate services (resigned 2 March 2023)
Linda Asamoah	Assistant director HR (appointed 16 January 2023)
Tom Stanford	Interim director of finance and IT (appointed 17 July 2023)

Auditors

Saffery Champness
71 Queen Victoria Street
London EC4V 4BE

Bankers

The Co-operative Bank
80 Cornhill
London EC3V 3NH

Principal and registered address

157-197 Buckingham Palace Road
London, SW1W 9SP

Solicitors

Hempsons
The Exchange, Station Parade,
Harrogate HG1 1DY

The Foundation Trust Network

Charity registration number: 1140900
Company registration number: 07525114

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of the charitable company, for the purposes of company law) are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires trustees to prepare financial statements for each financial year to provide a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently,
- observe the methods and principles in the Charities' Statement of Practice (SORP FRS 102),
- make judgements and estimates that are reasonable and prudent,
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company and group will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group and taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware, and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included in the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Report of the Trustees and incorporated strategic report was approved by the NHS Providers board on 4 October 2023 and signed on its behalf by:



Sir Ron Kerr
Chair, NHS Providers

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF NHS PROVIDERS FOR THE YEAR ENDED 31 MARCH 2023

Opinion

We have audited the financial statements of NHS Providers (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2023 which comprise the consolidated statement of financial activities, the group and charity balance sheets, the consolidated cash flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the affairs of the group and the parent charitable company as of 31 March 2023 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended,
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. 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 are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

In auditing the financial statements, we have concluded that the trustees' 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 group or the parent charitable company's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read 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.

Other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Annual Report which includes the Directors' Report and the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements, and
- the Trustees' Annual Report which includes the Directors' Report and the Strategic Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report and Strategic Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us, or
- the parent charitable company financial statements are not in agreement with the accounting records and returns, or
- certain disclosures of trustees' remunerations specified by law are not made, or
- we have not received all the information and explanations we require for our audit, or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and to take advantage of the small companies exemption in preparing the Trustees' Annual Report and the Strategic Report.

Responsibilities of the trustees

As explained more fully in the Statement of Trustees' Responsibilities set out on page 29, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditors under the Companies Act 2006 and report in accordance with regulations made under that Act.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined

above, to detect material misstatements in respect of irregularities, including fraud.

The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud are detailed below.

Identifying and assessing risks related to irregularities: We assessed the susceptibility of the group and parent charitable company's financial statements to material misstatement and how fraud might occur, including through discussions with the trustees, discussions within our audit team planning meeting, updating our record of internal controls and ensuring these controls operated as intended. We evaluated possible incentives and opportunities for fraudulent manipulation of the financial statements. We identified laws and regulations that are of significance in the context of the group and parent charitable company by discussions with trustees and updating our understanding of the sector in which the group and parent charitable company operate.

Laws and regulations of direct significance in the context of the group and parent charitable company include the Companies Act 2006 and guidance issued by the Charity Commission for England and Wales.

Audit response to risks identified:

We considered the extent of compliance with these laws and regulations as part of our audit procedures on the related financial statement items including a review of financial statement disclosures. We reviewed the parent charitable company's records of breaches of laws and regulations, minutes of meetings and correspondence with relevant authorities to identify potential material misstatements arising. We discussed the parent charitable company's policies and procedures for compliance with laws and regulations with members of management responsible for compliance.

During the planning meeting with the audit team, the engagement partner drew attention to the key areas which might involve non-compliance with laws and regulations or fraud. We enquired of management whether they were aware of any instances of non-compliance with laws and regulations or knowledge of any actual, suspected

or alleged fraud. We addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and identifying any significant transactions that were unusual or outside the normal course of business. We assessed whether judgements made in making accounting estimates gave rise to a possible indication of management bias. At the completion stage of the audit, the engagement partner's review included ensuring that the team had approached their work with appropriate professional scepticism and thus the capacity to identify non-compliance with laws and regulations and fraud.

There are inherent limitations in the audit procedures described above and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

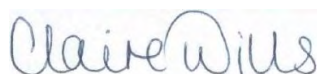
A further description of our responsibilities is available on the Financial Reporting Council's website at:

www.frc.org.uk/auditorsresponsibilities.

This description forms part of our auditor's report.

Use of our report

This report is made solely to the parent charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the parent charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the parent charitable company and the parent charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Claire Wills (Senior Statutory Auditor)
For and on behalf of Saffery Champness
Date: 11 October 2023

Chartered Accountants
Statutory Auditors
71 Queen Victoria Street London
EC4V 4BE

Saffery Champness is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(Incorporating the consolidated income and expenditure account)
for the year ended 31 March 2023

	Note	£ Unrestricted funds	£ Restricted funds	£ Total 2023	£ Total 2022
Income from					
Charitable activities	2	2,729,669	240,000	2,969,669	2,566,044
Subscription income		5,878,987	–	5,878,987	5,076,441
Other trading activities	3	503,349	–	503,349	177,359
Investments	4	25,069	–	25,069	1,635
Total income		9,137,074	240,000	9,377,074	7,821,479
Expenditure on					
Trading activities	3	344,372	–	344,372	157,668
Charitable activities	5,6,7	8,178,298	285,247	8,463,545	6,785,181
Total expenditure		8,522,670	285,247	8,807,917	6,942,849
Net income/(expenditure)		614,404	(45,247)	569,157	878,630
Transfers between funds	16	–	–	–	–
Net movement in funds		614,404	(45,247)	569,157	878,630
Total funds brought forward	16	3,126,563	61,914	3,188,477	2,309,847
Total funds carried forward	16	3,740,967	16,667	3,757,634	3,188,477

All gains and losses arising in the year are included in the statement of financial activities and relate to continuing operations.

The notes on pages 38 to 52 form part of these financial statements.

GROUP BALANCE SHEET 31 MARCH 2023

	Note	£ 2023	£ 2022
Fixed Assets			
Intangible Fixed assets	12	2,146	6,900
Tangible assets	12	420,843	101,314
		422,989	108,214
Current assets			
Debtors	14	810,298	837,882
Cash at bank and in hand		3,741,978	3,512,425
		4,552,276	4,350,307
Creditors			
Amounts falling due within one year	15	(1,217,631)	(1,270,044)
Net current assets		3,334,645	3,080,263
Net assets		3,757,634	3,188,477
Funds			
Restricted funds	16	16,667	61,914
Designated funds	16	1,075,516	17,565
Unrestricted funds	16	2,665,451	3,108,998
Total funds		3,757,634	£3,188,477

The notes on pages 38 to 52 form part of these financial statements.

The total income of the charity as an individual entity for the year was £8,873,666 (2022: £7,644,120) and its net income was £410,120 (2022: £858,939).

A statement of financial activities for the charity as an individual entity is not included using the exemption given in section 408 of the Companies Act 2006.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 4 October 2023 and signed on its behalf by:



Sir Ron Kerr
Chair

Registered Company No. 07525114

CHARITY BALANCE SHEET 31 MARCH 2023

	Note	£ 2023	£ 2022
Fixed assets			
Intangible fixed assets	12	2,146	6,900
Tangible assets	12	420,843	101,314
Investments	13	1	1
		422,990	108,215
Current assets			
Debtors	14	847,747	869,315
Cash at bank and in hand		3,525,324	3,203,344
		4,373,071	4,072,659
Creditors			
Amounts falling due within one year	15	(1,129,654)	(982,922)
Net current assets		3,243,417	3,089,737
Net assets		3,666,407	3,197,952
Funds			
Restricted funds	16	16,667	61,914
Designated funds	16	1,075,516	17,565
Unrestricted funds	16	2,574,224	2,683,331
Total funds		3,666,407	3,197,952

The notes on pages 38 to 52 form a part of these financial statements.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 4 October 2023 and signed on its behalf by:



Sir Ron Kerr
Chair

Registered Company No. 07525114

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2023

	Note	£ 2023	£ 2022
Cash flows from operating activities			
Net cash provided by operating activities	21	602,956	1,245,757
Cash flows from investing activities			
Interest income		25,069	1,635
Purchase of tangible fixed assets		(398,472)	(94,036)
Disposals of fixed assets		–	–
Purchase of intangible fixed assets		–	(2,301)
Net cash used in investing activities		(373,403)	(94,702)
		229,553	1,151,055
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		3,512,425	2,361,370
Increase in cash and cash equivalents in the year		229,553	1,151,055
Cash and cash equivalents at the end of the reporting period		3,741,978	3,512,425

The notes on pages 38 to 52 form part of these financial statements.

Analysis of changes in net debt	£ As at 1 April 2022	£ Cash flows	£ Other non - cash changes	£ As at 31 March 2023
Cash and cash equivalents				
Cash	3,512,425	229,553	–	3,741,978
Cash equivalents	–	–	–	–
Overdrafts	–	–	–	–
	3,512,425	229,553	–	3,741,978

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2023

1. Accounting policies

Company Information

The charity is a registered charity (number 1140900) and a company (number 07525114) limited by guarantee. The registered office is 157-197 Buckingham Palace Road, London, SW1W 9SP.

Basis of accounting

The financial statements have been prepared on the going concern basis under the historical cost convention. The financial position, liquidity and management of risk as outlined in the strategic report indicate that the group has adequate resources and that there are no material uncertainties relating to events or conditions that may cast significant doubt about its ability to continue as a going concern.

The financial statements have been prepared in accordance with the Statement of Recommended Practice-Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (SORP FRS102) and the Companies Act 2006. The trustees confirm that the charity is a public benefit entity.

Group accounts

The Statement of Financial Activities (SOFA) and balance sheet consolidate the financial statements of the charity and its subsidiary undertaking. The results of the subsidiary are consolidated on a line-by-line basis.

Incoming resources

Subscription and other incoming resources are accounted for on a receivable basis.

Accrued and deferred income

Income is recognised in the SOFA in accordance with the Charities SORP FRS 102 income recognition criteria of entitlement, probability and measurement. Subscription income is invoiced in the associated

subscription year and therefore recognised in full within the financial year. Income relating to the financial year which has not been received or invoiced is recognised as accrued income. Grant and donation income are recognised when the SORP income recognition criteria are fulfilled.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objects of the charity. Designated funds are unrestricted funds of the charity which the trustees have discretion to set aside for a specific purpose.

Restricted funds are funds which are only to be used for the purpose as determined by the donor.

Classification of expenditure

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure and it can be reliably measured. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category:

- Expenditure on trading activities comprise the costs of the commercial trading, which includes the costs of hosting the annual conference.
- Expenditure on charitable activities comprises those costs incurred supporting and developing its members, promoting shared learning and lobbying on behalf of its members. It includes both costs that can be allocated directly to those activities and their associated support costs. These costs have been analysed into activities associated with the charity's three strategic objectives of influence, voice and support.

Expenditure is shown net of VAT and any irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support and governance costs

Support and governance costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly.

Support costs include back-office costs, finance, personnel, payroll and governance costs which support the charity's activities. The bases on which support costs have been allocated are set out in note 6.

Support and governance costs are divided between the unrestricted and the restricted funds, with the restricted funds being charged with expenses specifically incurred in fulfilling the restrictions imposed; all other expenses are charged to the unrestricted funds.

Governance costs are those incurred in the governance of the charity and are primarily associated with the constitutional and statutory requirements.

Pension costs

The charity contributes to a defined contribution scheme for the majority of its members of staff. The charge in the accounts represents the contributions payable to the scheme in the financial period.

Tangible fixed assets and depreciation

Tangible fixed assets, where the value is over £500, are capitalised at cost.

They are then depreciated at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Short leasehold property improvements	20% straight line basis
Fixtures and fittings min-max UEL	Over three (min) and 10 (max) years straight line basis
Office equipment	Over three years straight line basis
Computer equipment	Over three years straight line basis

Intangible fixed assets and depreciation

Intangible fixed assets include IT development and software and enhancements to the website. Intangible fixed assets with a limited useful life are amortised using the straight-line method over three years.

Operating leases

Rentals payable under operating leases are charged to the SOFA over the term of the lease.

Taxation

No provision for taxation is included in the accounts as the charitable company is entitled to exemption from tax afforded by current legislation to the extent that income is applied to charitable objects.

Key assumptions and estimation uncertainty

The trustees have considered whether there are any key assumptions concerning the future or other key sources of estimation uncertainty that have a risk of causing a material adjustment to the carrying amount of assets and liabilities. They consider that there are none which would impact the next reporting period.

Financial instruments

The group has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. Income from charitable activities

	£ Unrestricted funds	£ Restricted funds	£ 2023	£ 2022
Award agreement				
The Health Foundation	130,490	–	130,490	124,063
Projects and other income				
Digital transformation	933,091	–	933,091	933,091
NHSE/I	590,000	–	590,000	590,000
Community Network	–	–	–	17,500
Peer Support	–	240,000	240,000	230,000
ICS Digital	286,915	–	286,915	–
Collaborative improvement	59,000	–	59,000	–
Other income	24,023	–	24,023	116,923
Total projects and other income	1,893,029	240,000	2,133,029	1,887,514
Foundation trusts and trusts				
Course fees	706,150	–	706,150	554,467
Total income from charitable activities	2,729,669	240,000	2,969,669	£2,566,044

In 2022 total restricted income was £247,500 comprising £17,500 Community Network income and £230,000 Peer Support income.

3. Income from trading activities

The wholly owned subsidiary FTN Trading Limited is incorporated in the United Kingdom (company number 07940647) and pays all of its taxable profits to the charity under the gift aid scheme.

FTN Trading Limited operates the Annual Conference and all commercial sponsorship associated with that event.

The performance summary of the subsidiary:

	£ 2023	£ 2022
Turnover	503,349	177,359
Cost of sales, administrative costs and taxation	(344,372)	(157,668)
Interest receivable	59	–
Management charge	(58,334)	(29,168)
Net profit/(loss)	100,702	(9,477)
Loss b/f	(9,477)	–
Profit/(loss)	91,225	(9,477)
The financial position of the subsidiary:		
Current assets	311,310	543,905
Current liabilities	311,309	(553,381)
Total net assets	1	(9,476)
Share capital	1	1
Retained earnings	91,225	(9,477)
Total shareholder's equity	91,226	(9,476)

FTN generated a profit of £100,702 for the year after paying a management fee to its parent, NHS Providers.

A gift aid distribution of £91,225 will be transferred to the parent after accounting for the brought forward loss from last year of £9,477.

4. Investment income

	£ 2023	£ 2022
Interest	25,069	1,635

5. Analysis of expenditure on charitable activities

	£ Direct costs	£ Support	£ Governance	£ Total 2023	£ Total 2022
Influence	1,763,315	688,840	8,417	2,460,572	2,437,791
Voice	1,039,370	380,888	4,655	1,424,913	1,035,801
Support	3,185,597	1,375,653	16,810	4,578,060	3,311,589
Total expenditure	5,988,282	2,445,381	29,882	8,463,545	6,785,181

Expenditure on charitable activities was £8,463,545 (2022: £6,785,181). In 2023 £285,247 (2022: £199,086) of these costs were restricted.

Support and governance costs of £2,445,381 (2022: £2,093,631) and £29,882 (2022: £33,554) are analysed in note 6, totalling £2,475,263 (2022: £2,127,185). They relate to overhead costs incurred on the fourth strategic objective, professional organisation, which supports the activities of influence, voice and support.

	£ Direct costs	£ Support	£ Governance	£ Total 2022
Influence	1,566,415	857,631	13,745	2,437,791
Voice	753,885	277,469	4,447	1,035,801
Support	2,337,696	958,531	15,362	3,311,589
Total expenditure	4,657,996	2,093,631	33,554	6,785,181

6. Analysis of governance and support costs

	£ Influence	£ Voice	£ Support	£ Total 2023	£ Total 2022
IT	37,943	20,980	75,775	134,698	105,287
Premises	102,548	56,703	204,794	364,045	206,482
Human resources	491,799	271,936	982,151	1,745,886	1,589,262
General office costs	39,001	21,565	77,887	138,453	159,716
Legal	661	366	1,321	2,348	5,101
Irrecoverable VAT	13,947	7,712	27,852	49,511	26,986
Professional fees	2,941	1,626	5,873	10,440	15,400
Governance	8,417	4,655	16,810	29,882	18,950
Total support	697,257	385,543	1,392,463	2,475,263	2,127,185

*Each cost category is prorated based on staff full time equivalents. Staff are allocated to the respective strategic objectives of influence, voice and support based on the underlying nature of their activities, there is an element of subjective judgement in the allocation as there are some overlaps in activities.

	£ Influence	£ Voice	£ Support	£ Total 2022
IT	37,943	20,980	75,775	105,287
Premises	71,814	39,709	143,416	206,482
Human resources	491,799	271,936	982,151	1,589,262
General office costs	39,001	21,565	77,887	159,716
Legal	661	366	1,321	5,101
Irrecoverable VAT	13,947	7,712	27,852	26,986
Professional fees	2,941	1,626	5,873	15,400
Governance	8,417	4,654	16,810	18,950
Total support	666,523	368,548	1,331,084	2,127,185

* In 2023 cost allocation categorisation was revised. The analysis for 2022 has been restated for comparability purposes.

7. Total expenditure

	£ Total 2023	£ Total 2022
Net income/expenditure is stated after charging:		
Auditor's remuneration:		
Audit	21,300	16,000
Tax advisory, secretarial services	2,500	3,150
Payroll costs	5,500	4,725
Depreciation	71,415	126,131
Operating leases	176,717	204,532
Loss on disposal of fixed assets	12,282	1,506

8. Trustees

One trustee, Ron Kerr was reimbursed for expenses relating to travel and accommodation of £259, (2022: £292) and received remuneration of £55,000 for the year. (2022: £55,000). There is no contribution to a pension fund. The legal authority conferring authority to make payment is provisioned for in the articles of association. The clause was ratified at an EGM on 10 September 2013 under consultation with the Charity Commission. No other trustees received remuneration for services rendered or reclaimed expenses. The company incurred a cost of £833, (2022: £833) in respect of annual indemnity insurance for the trustees.

9. Key management personnel

The trustees regard the trustees (who, with the exception of Sir Ron Kerr, are not remunerated), the chief executive and the directors as key management personnel.

	£ 2023	£ 2022
Key management personnel emoluments	922,896	884,898

Key management personnel emoluments for 2022 has been re-stated with a pro-rata adjustment applied for comparability purposes.

Seven of the directors were in the workplace pension scheme which is a defined contribution pension scheme (2022:7) and one was in a personal defined contribution pension scheme to which the charity contributes (2022:1).

10. Staff costs

	£ 2023	£ 2022
Wages and salaries	4,904,731	4,077,652
Social security costs	542,565	425,568
Defined contribution pension costs	301,152	232,353
Defined benefit pension costs - NHS pension scheme	–	8,154
	5,748,448	4,743,727

Staff costs have been re-calculated to include holiday accrual element for the 2022 financial year.

There was a termination payment during the year but as there is an NDA in place no amount has been disclosed here.

11. Staff numbers

The average number of employees during the year analysed by activity was:

	2023	2022
Influence	28	25
Voice	16	11
Support	57	47
	101	83

The bandings for employees who receive more than £60,000 are set out on page 27.

In 2023 staff allocation was revised. The analysis for 2022 has been restated for comparability purposes.

12. Fixed assets – group and charity

	£ Intangible fixed assets	£ Leasehold property improvements	£ Fixtures and fittings	£ Office equipment	£ Computer equipment	£ Total
Cost						
At 1 April 2022	251,492	53,967	96,832	5,528	175,788	583,607
Additions	–	6,644	369,145	–	22,683	398,472
Disposals	–	(60,611)	(62,580)	(5,528)	(12,273)	(140,992)
At 31 March 2023	251,492	–	403,397	–	186,198	841,087
Depreciation						
At 1 April 2022	244,592	51,184	92,906	4,987	81,724	475,393
Charge for the year	4,754	1,524	14,515	–	50,622	71,415
Disposals	–	(52,708)	(62,580)	(4,987)	(8,435)	(128,710)
At 31 March 2023	249,346	–	44,841	–	123,911	418,098
Net book value at 31 March 2023	2,146	–	358,556	–	62,287	422,989
Net book value at 31 March 2022	6,900	2,783	3,926	541	94,064	108,214

13. Fixed assets investments

The charity's investment at the balance sheet date in the share capital of companies is made up of the following:

FTN Trading Limited

Nature of business	To establish and run a conference for members of NHS Providers
Country of registration	England and Wales
Class of share	Ordinary - £1
% - holding	100

The financial results of the subsidiary for the year are summarised in note 3.

14. Debtors

	Group		Charity	
	£ 2023	£ 2022	£ 2023	£ 2022
Debtors	500,155	480,626	416,442	325,496
Other debtor	165,170	147,500	165,170	147,500
Prepayments	144,973	209,756	134,030	130,061
Amounts due from FTN Trading Limited	–	–	132,106	266,258
	810,298	837,882	847,748	869,315

The amounts due from FTN Trading Limited represent the net position of subscriptions income received by FTN Trading on behalf of the charity. The balance also includes any donations due to the charity from its subsidiary.

15. Creditors – amounts falling due within one year

	Group		Charity	
	£ 2023	£ 2022	£ 2023	£ 2022
Trade creditors	538,153	562,581	532,025	437,487
Social security and other taxes	180,802	242,542	175,999	240,639
Other creditors	48,885	41,608	48,886	41,609
Accruals	160,958	237,617	155,328	233,617
Rent free period creditor	109,107	–	109,107	–
Deferred income	179,726	185,696	108,309	29,570
	1,217,631	1,270,044	1,129,654	982,922

Any income which relates to a period after year end has been deferred.
Analysis of the movement in deferred income is set out below:

	Group		Charity	
	£ 2023	£ 2022	£ 2023	£ 2022
Brought forward	185,696	167,680	29,570	99,663
Deferred	179,726	185,696	108,309	29,570
Released	(185,696)	(167,680)	(29,570)	(99,663)
Carried forward	179,726	185,696	108,309	29,570

16. Restricted and unrestricted funds

Group	£ Balance 1 April 2022	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2023
Peer support review	61,914	240,000	(285,247)	–	16,667
Total restricted funds	61,914	240,000	(285,247)	–	16,667
Community Network fund	17,565	–	(60,928)	55,890	12,527
Fixed asset reserve	–	–	–	422,989	422,989
Digital investment reserve	–	–	–	340,000	340,000
Digital boards programme reserve	–	–	–	300,000	300,000
Designated funds	17,565	–	(60,928)	1,118,879	1,075,516
General other unrestricted	3,108,998	9,137,074	(8,461,742)	(1,118,879)	2,665,451
Total unrestricted funds	3,126,563	9,137,074	(8,522,670)	–	3,740,967
Total funds	3,188,477	9,377,074	(8,807,917)	–	3,757,634

Charity	£ Balance 1 April 2022	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2023
Peer support review	61,914	240,000	(285,247)	–	16,667
Total restricted funds	61,914	240,000	(285,247)	–	16,667
Community Network fund	17,565	–	(60,928)	55,890	12,527
Fixed asset reserve	–	–	–	422,989	422,989
Digital investment reserve	–	–	–	340,000	340,000
Digital boards programme reserve	–	–	–	300,000	300,000
Designated funds	17,565	–	(60,928)	1,118,879	1,075,516
General other unrestricted	3,118,473	8,692,000	(8,117,370)	(1,118,879)	2,574,224
Total unrestricted funds	3,136,038	8,692,000	(8,178,298)	–	3,649,740
Total funds	3,197,952	8,932,000	(8,463,545)	–	3,666,407

During the year NHS Providers was engaged with a peer support offer for local systems working in partnership with relevant membership bodies.

It received restricted funding from NHSE to lead on the project in 22/23 of £240,000 with delivery to continue into the 23/24 financial year.

A designated fund to support Community Network trusts has a £12,527 carried forward balance to provide future support.

A fixed asset reserve designates the current level of investment in fixed assets classed as non-free reserves.

A digital investment reserve ringfences the required investment level in IT infrastructure.

A digital boards programme reserve designates funds to ensure seamless project delivery on digital as a risk mitigation for any time delay in securing income.

Group	£ Balance 1 April 2021	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2022
Community Network	13,500	17,500	(31,000)	–	–
Peer support review	–	230,000	(168,086)	–	61,914
Total restricted funds	13,500	247,500	(199,086)	–	61,914
Designated Community Network fund	37,565	–	(35,723)	15,723	17,565
Designated Funds	37,565	–	(35,723)	15,723	17,565
General other unrestricted	2,258,782	7,573,979	(6,708,040)	(15,723)	3,108,998
Total unrestricted funds	2,296,347	7,573,979	(6,743,763)	–	3,126,563
Total funds	2,309,847	7,821,479	(6,942,849)	–	3,188,477

Charity	£ Balance 1 April 2021	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2022
Community Network	13,500	17,500	(31,000)	–	–
Peer support review	–	230,000	(168,086)	–	61,914
Total restricted funds	13,500	247,500	(199,086)	–	61,914
Designated Community Network fund	37,565	–	(35,723)	15,723	17,565
Designated funds	37,565	–	(35,723)	15,723	17,565
General unrestricted	2,258,782	7,425,786	(6,550,372)	(15,723)	3,118,473
Total unrestricted funds	2,296,347	7,425,786	(6,586,095)	–	3,136,038
Total funds	2,309,847	7,673,286	(6,785,181)	–	3,197,952

17. Analysis of net assets between funds

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2023	£ Total 2022
Intangible fixed assets	–	2,146	2,146	6,900
Tangible fixed assets	–	420,843	420,843	101,314
Net current assets	16,667	3,317,978	3,334,645	3,080,263
	16,667	3,740,967	3,757,634	3,188,477

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2023	£ Total 2022
Intangible fixed assets	–	2,146	2,146	6,900
Tangible fixed assets	–	420,843	420,843	101,314
Investments	–	1	1	1
Net current assets	16,667	3,226,750	3,243,417	3,089,737
	16,667	3,649,740	3,666,407	3,197,952

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2022
Intangible fixed assets	–	6,900	6,900
Tangible fixed assets	–	101,314	101,314
Net current assets	61,914	3,018,349	3,080,263
	61,914	3,126,563	3,188,477

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2022
Intangible fixed assets	–	6,900	6,900
Tangible fixed assets	–	101,314	101,314
Investments	–	1	1
Net current assets	61,914	3,027,823	3,089,737
	61,914	3,136,038	3,197,952

18. Financial commitments

As of 31 March 2023 the charity was committed to making the following payments under non-cancellable operating leases in the following periods:

	£ 2023	£ 2022
Payable in respect of leases expiring:		
Within the year	150,982	78,077
Between the second and fifth year inclusive	765,544	–
Over five years	837,845	–

19. Liability of members

On 31 March 2023 the charity had 211 (2022: 212) members. The liability of each member to contribute to the assets of the charity is limited to £1.

20. Related party transactions

FTN paid a management charge of £58,334 to its parent charity during the year (2022: £29,168).

At the year-end NHS Providers was owed £132,106 (2022: £266,285) by FTN Trading Limited.

Transactions between the holding and subsidiary company are conducted at arm's length. For membership organisations that are represented on NHS Providers elected board of trustees, preferential rates are not applied to subscription fees or attendance at NHS Providers events.

All elected board members are either chairs or chief executives of member organisations. Ron Kerr is the remunerated chair and also member of the board.

21. Reconciliation of net income/(expenditure) to net cash flow from operating activities

	£ 2023	£ 2022
Net income for the reporting period (as per the statement of financial activities)	569,157	878,630
Add back: depreciation	71,415	126,131
Add back: loss on disposal of asset	12,282	1,506
Deduct interest income shown in investing activities	(25,069)	(1,635)
Decrease/(increase) in debtors	27,584	(321,356)
(Decrease)/increase in creditors	(52,413)	562,481
Net cash inflow from operating activities	602,956	1,245,757

23. Comparative statement of financial activities 2022

	£ Unrestricted funds	£ Restricted funds	£ Total 2022
Income from			
Donations and legacies	–	–	–
Charitable activities	2,318,544	247,500	2,566,044
Subscription income	5,076,441	–	5,076,441
Other trading activities	177,359	–	177,359
Investments	1,635	–	1,635
Total income	7,573,979	247,500	7,821,479
Expenditure on			
Trading activities	157,668	–	157,668
Charitable activities	6,586,095	199,086	6,785,181
Other	–	–	–
Total expenditure	6,743,763	199,086	6,942,849
Net income/(expenditure)	830,216	48,414	878,630
Transfers between funds	–	–	–
Net movement in funds	830,216	48,414	878,630
Total funds brought forward	2,296,347	13,500	2,309,847
Total funds carried forward	3,126,563	61,914	3,188,477

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £115bn of annual expenditure and employing 1.4 million people.



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NHS Providers is the operating name of the Foundation Trust Network

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Registered Office

157-197 Buckingham Palace Road, London SW1W 9SP

THE FOUNDATION TRUST NETWORK

England & Wales - Charity number 1140900

Accounts



The Foundation Trust Network operating as
NHS PROVIDERS

TRUSTEES' ANNUAL REPORT
AND ACCOUNTS
FOR THE YEAR ENDED
31 MARCH 2022

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2022

The trustees are pleased to present their annual trustees' report together with the consolidated financial statements of the charity and its subsidiary for the year ended 31 March 2022. The financial statements have been prepared in accordance with the Charities Act 2011, the Companies Act 2006, the organisation's memorandum and articles of association, and Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014.

Strategic report

The information below, including the review of activities, financial review, risk management statement and summary of future plans forms the strategic report for the purpose of the Companies Act 2006.

The report and financial statements also meet the requirement for a directors' report and accounts under the Companies Act.

About us

The charity's objects are: *the relief of sickness and the preservation and protection of public health through the support of its members as providers of healthcare within the NHS.*

During the year NHS Providers had one wholly owned trading subsidiary company: FTN Trading Limited trading as NHS Providers Trading Limited (company ref 07940647) to operate its annual conference.

About the period covered by this report

This report covers all the group's activities from 1 April 2021 until 31 March 2022.

CHAIR'S REPORT

NHS Providers has had another exceptional year acting as the membership organisation for the 212 NHS acute hospital, mental health, community and ambulance trusts and foundation trusts who provide healthcare to England's 56 million population. Our members faced extraordinary challenges in dealing with successive waves of the pandemic, growing demand for many services and the need to address unprecedented treatment backlogs. They were also at the forefront of the hugely successful vaccination programme.

Their achievements were hard won, reflecting the commitment and ingenuity of trust leaders and frontline staff, adapting to challenges by working in different ways, and collaborating with a range of partners to secure the best possible outcomes for patients and service users. As the voice of trusts in systems, NHS Providers was at the heart of this endeavour, working to shape the environment, highlight challenges, provide support, share good practice, and promote success.

We remained on the front foot in our behind the scenes influencing activities, and our media work, anticipating and responding to growing critical scrutiny, explaining the challenges and making the case for the NHS. Our programme of events and networking opportunities, including the Annual Conference and Exhibition, continued online successfully, despite the pressures and uncertainties posed by the pandemic.

We also made great strides in developing and delivering the funded programmes outlined in our four-year strategy, including activities to support members in the new integrated care landscape and pressing ahead with our commitment to become an actively anti-racist organisation, while supporting members on the same journey. As the continuing excellent results from our member, stakeholder and staff surveys show, NHS Providers has once again delivered for our members and the wider service across all four elements of our strategy – voice, influence, support and excellent organisation.

This was accomplished amid a period of change and upheaval for our members, while we also had to adapt to the cultural challenges of becoming a larger organisation, taking on new colleagues and different ways of working. Those challenges will continue, but NHS Providers is well placed to step up to the next level in supporting members in a fast-changing health and care environment.



Sir Ron Kerr

Chair, NHS Providers

OUR OBJECTIVES AND ACTIVITIES

NHS Providers is required by charity and company law to act within the objects of its memorandum of association.

The purpose of the charity, as stated therein, is to enable our members to provide high quality healthcare within the NHS, thereby relieving sickness and protecting public health.

We uphold our duty of public benefit by being an outstanding membership organisation supporting the NHS trusts and foundation trusts who provide frontline healthcare to England's 56 million population. Our members include NHS acute hospitals, community, mental health and ambulance service foundation trusts and trusts that, together, interact with more than 5 million patients and service users a week, employ more than 1.1 million of the NHS's 1.2 million staff, and account for £65bn of the £104bn spent by the NHS.

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the Charity Commission's guidance on public benefit. NHS Providers' public benefit is enshrined in its charitable objectives as outlined above.

We are now in the second year of our organisational strategy which we launched in April 2021. Our strategy is designed to enable us to respond to changes in the external environment, including the coronavirus pandemic, and to act on feedback from our members to deliver our influence, voice and support in the changing context of the move to integrate health and care in local systems.

Our vision

An outstanding membership organisation and trade association for all NHS providers, unrivalled in the influence, voice and support we offer our members.

Our mission

To enable high quality care for patients and service users, and a reduction in health inequalities, by supporting members to work collaboratively within and across local health and care systems.

Our strategic objectives

Our four strategic objectives drawn from our four-year (2021-25) strategy, are:

- **Influence:** To shape the environment and culture in which our members operate – with a dedicated focus on finances, quality, workforce, governance, regulation, digital transformation, integration, and system working.
- **Voice:** To be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.
- **Support:** To help our members and their local system partners drive improvement and innovation through effective, shared development, support and learning.
- **Excellent organisation:** To provide outstanding value for money to our members, create a supportive environment for staff and continually improve, driven by our values.

Our values

At NHS Providers, we are:

- **Respectful:** “We act with honesty, compassion, openness and integrity and recognise the contribution each of us makes.”
- **Inclusive:** “We celebrate and champion diversity and seek out different viewpoints. We act to call out and tackle discrimination.”

- **Collaborative:** “We work as a team internally, and with our members, stakeholders and partners to deliver positive results.”
- **Effective:** “We deliver professional, high-quality work which is member led and supports the health and care service to deliver value and positive change for patients.”

KEY ACHIEVEMENTS AND PERFORMANCE

Over the course of 2021/22, we continued to deliver effective influence, voice and support for our membership, with a keen focus on highlighting the sustained impact of the pandemic on NHS services and championing our members’ commitment and achievements in unprecedented times. The past 12 months have seen significant developments for the NHS in which we have played a key role, not least in helping to shape the most significant piece of health legislation in a decade; effectively lobbying to maximise funding for the NHS ahead of the comprehensive spending review; and supporting trusts to prepare to work differently and collaboratively in local systems.

We have continued to operate a hybrid working model, opening the office when it was safe to do so, and supporting staff to work virtually, safely and effectively. Our staff have once again gone above and beyond to deliver for the membership in a new context.

The year ahead will bring further change for the NHS, for our membership and for NHS Providers as we come under the leadership of a new chief executive, following the departure of Chris Hopson. A sustained period of succession planning in recent years leaves us in the best possible position under the leadership of our interim chief executive, Saffron Cordery (previously deputy chief executive). As we explore later in this report, we are also looking forward to moving to more suitable, modern and accessible office facilities over the course of 2022/23.

Below we set out a short summary of our work and achievements against each of our four strategic objectives: influence, voice, support and excellent organisation, including the priorities we set out for 2021/22 in our previous annual report.

Influence

Over the course of the year, we had demonstrable impact in the following key areas of national policy, as planned:

- **Highlighting the sustained impact of the pandemic, and wider operational pressures** – we have continued to highlight the additional pressures generated by coronavirus, which has exacerbated fault lines predating the pandemic: a decade of underinvestment in the NHS leading to a mismatch between capacity and ever-growing demand; a need to strengthen national workforce planning and resolve over 100,000 vacancies in the NHS; and the need for political decisiveness to place the social care system on a sustainable footing. Our annual ‘winter watch’ campaign and ‘activity tracker’ provided informed commentary on performance figures and the pressures on the service. We continued to remain engaged in national policy to shape the vaccination approach, to understand the long-term impact of the pandemic on health inequalities, and what the NHS needs to ‘live with’ the virus.
- **A prioritised, and resourced ‘ask’ of the NHS** – we used our influence on the planning guidance and other key documents to argue for a clear and deliverable ‘ask’ of the service in the wake of the pandemic which is resourced and realistic and incorporates learning from the last year.
- **Funding and resourcing** – we continued to make the case for sufficient investment in the NHS, public health and social care with a focus on provider finances and capital investment, payment systems, regulation and the impact of system working. We played a key role in securing the best possible settlement for the NHS ahead of the comprehensive spending review, October 2021, working jointly with NHS Confederation to demonstrate that the cost base for trusts had shifted considerably thanks to the pandemic. Given the sustained pressure facing the health and care sector, with a need to bear down on care backlogs and meet rising demand, securing a realistic, funded ask of the NHS and pushing back on excessive efficiency demands, remain core priorities.
- **Supporting the NHS workforce** – we were proactive within a 100 strong coalition making the case to strengthen the secretary of state’s duties around workforce planning within the health and care bill. While this was not entirely successful, it has successfully highlighted a key challenge on which the representative bodies of the sector are united. We gave oral and written evidence to three pay review bodies this year and actively monitored changes to pension rules and regulations.
- **Legislating for change** – we prioritised our activities over the last year to ensure provider interests were fully represented during the passage of the Health and Care Bill (now Act) through parliament. This involved producing numerous briefings for parliamentarians, working closely with Department for Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE/I) colleagues, and with other stakeholders particularly King’s Fund and NHS Confederation. We were pleased to secure additional safeguards around proposals for the secretary of state to direct local service reconfiguration; to ensure foundation trust capital expenditure can only be directed by NHS England (NHSE) in limited circumstances; to protect an enabling piece of legislation overall and to support and strengthen the configuration of Integrated Care Boards (ICBs); and to protect the ‘safe space’ the Health Services Safety Investigations Body (HSSIB) required to ensure the NHS learns from mistakes. We continued to engage with DHSC on reforms to the Mental Health Act which will be a focus in the year ahead.

- **Supporting integration and system working** – as trusts became more established as the leaders and co-leaders of system working, we helped to shape new policy and regulatory frameworks constructively. We have been proactive in supporting trusts to work collaboratively at neighbourhood, place, Integrated Care System (ICS) and pan ICS levels with a clear focus on influencing and supporting the development of provider collaboratives. We have also developed our relationships with other types of providers and their representative bodies including in primary care, local government, and social care.
- **Public health and health inequalities** – we scoped out a new programme of influence and support to promote the role trusts play as anchor institutions in tackling health inequalities within their communities and share learning across the sector more effectively. We have made significant progress in ensuring health inequalities are a theme running throughout our messaging.
- **Maintaining clear thought leadership on governance and accountability** – our thought leadership on governance informed our work on the recent legislation making clear that good governance is no barrier to collaborative working. We continued to highlight and support the important leadership and accountability role of boards ensuring this is not compromised by proposals for legislative change, promoting the value of the unitary board model and making clear the relationship between governance and regulation.
- **Regulation and oversight** – with a focus on the roles of NHSE/I, and the Care Quality Commission (CQC), we helped to ensure that current and future approaches are proportionate and that the burden of regulation is reduced. We have focused particularly on facilitating frank and honest two-way engagement between our membership and the CQC's top team; implementation of CQC's new strategy; and how the regulators adapt their approaches to the new context of system working.
- **Developing a quality lens on all our influencing work** – focusing on the trust board's role in leading and creating a quality improvement and learning culture, we argued for a national policy approach that ensures the NHS remains a great place to work and create the conditions for patient safety. We have informed the development of national quality and safety policy in the context of system working and developed our understanding and positioning relating to litigation reform.
- **Digital transformation** – we argued for sufficient, co-ordinated funding for trusts and their partners in support of digital transformation; continue our dedicated support offer for boards and developed a new offer for ICSs working with NHS Confederation as a delivery partner. We also informed proposed changes in the national architecture to support digital transformation.

Sector focus

- **We supported our mental health leaders,** reflecting their views in key stakeholder fora over the course of the year. Highlights include, our engagement with the secretary of state and colleagues on the cross government 10-year plan for mental health and reform of the Mental Health Act 1983; hosting 'in conversation with' events with the minister of state for care and mental health, Gillian Keegan, and with Claire Murdoch, national director for mental health; informing debate on DHSC's Liberty Protection Safeguards steering group and implementation; engaging with the CQC on restraint, segregation, and seclusion and calling for onsite inspection of mental health and community providers to be postponed in line with provisions for acute and primary care settings. We also responded to the NHSE/I mental health access standards consultation and DHSC's consultation on proposed guidance for the Use of Force Act 2018.

- In parliament, we pursued opportunities during the passage of the Health and Care Bill to promote parity of esteem, and we made a submission to the Health and Social Care Committee Mental Health Expert Panel to inform its evaluation of progress made against government commitments for mental health services. We held a member roundtable to support mental health provider collaboratives which will inform the next phase of the development of our support offer. We held a successful journalist briefing on mental health, learning disability and autism services, and have made numerous sector-specific media interventions to explain performance, particular pressure points and what is needed to address these from mental health trust leaders' perspectives.
- **We continued to champion the role of community services via the Community Network** which we host in partnership with NHS Confederation. We continue to improve the profile of community services within our media messaging, effectively delivering a package of work to highlight care backlogs in the community, particularly their impact on health inequalities and children and young people – and repeatedly highlighting the impact of the cost of living crisis. We have established a series of helpful meetings with the relevant ministers and continued to support the profile of the Community Network chair, supporting a number of changes at board level over the last year.
- **We worked in partnership with the Association of Ambulance Chief Executives (AACE)** to highlight the role of the ambulance sector in responding to the pandemic; facilitated discussion with NHSE/I on the sector's role in system working and effective urgent and emergency care pathways; and called on the government to address historic under-funding of the ambulance sector.
- **We continued to develop our partnership with the National Association of Primary Care (NAPC)** and with a group of larger scale primary care providers. Our work with NAPC has focused on neighbourhood level support for integration, with a number of pilot workshops now planned to help facilitate local level change. We have helped to bring the 'at scale' group together with several influential stakeholders, including Amanda Pritchard, chief executive, NHSE. We have also developed relationships with relevant royal college and NHS Confederation stakeholders as well as some national policy makers. We submitted evidence to a health and social care committee inquiry on primary care and recruited for a new policy advisor role who will help us to develop our positioning to support the interface between primary and secondary care.
- **We continued our work with Shelford Group and Federation of Specialist Hospitals** to re-engage effectively with NHSE/I on the development of specialised services in the context of system working.

All of our influencing activities are underpinned by constructive relationships with key stakeholders and a robust evidence base. We sustained our stakeholder engagement with key decision makers including the Secretary of State for Health and Social Care, the ministerial team, the health and social care select committee, and other senior parliamentarians, as well as the leadership of NHSE/I, the CQC and other national bodies.

Over the past year, we continued to offer our 'in conversation with' programme virtually. We completed our annual survey programme, with a greater focus on short, flash surveys to enable trust leaders to engage. Our annual stakeholder survey continues to confirm the very positive views that stakeholders have of NHS Providers and our work.

In total during the year we:

- Published 98 briefings and reports, with approximately 15 On the day briefings;
- Submitted 28 consultation responses; and,
- Held over 600 meetings with key national decision makers.

Voice

Over the past year NHS Providers has cemented its standing as an authoritative and trusted commentator on provider issues and the wider challenges facing health and care. Trusts and stakeholders value our informed, measured, and insightful commentary, and we have maintained our prominent media stance on a range of concerns including the continuing impact and repercussions of the pandemic.

We always strived to strike the right balance between reflecting the risks posed by unprecedented pressures at a time of severe and sustained workforce shortages, while retaining a sense of agency, emphasising trusts' extraordinary achievements and the need to reassure the public that the NHS was there for them. It was notable that even as treatment backlogs increased and critical scrutiny intensified, support for the founding principles of the NHS (reflected in the British Social Attitudes Survey) remained strong.

NHS Providers played an important public role in making the case for increased funding in the government's spending review, working in close collaboration with NHS Confederation on the report and public messaging that preceded the relatively generous settlement. We were proactive and effective convenors of partners to strengthen our impact where we felt the reputation of the NHS was under threat.

The health and care levy has raised the public's expectations of how quickly the NHS can bear down on care backlogs created by the pandemic. In this challenging context, we underlined trusts leaders' commitment to providing high quality timely care, while also explaining the scale and complexity of the challenges trusts face in addressing those concerns. By the end of the year the pressures posed by Covid-19 appeared to be easing but NHS Providers had an important role in emphasising vigilance against future surges of a pandemic that has always proved unpredictable. As we head further into the pre-election period, with the Covid-19 public inquiry looming, the importance of explaining and contextualising the decisions and actions of trusts and their partners will be key to ensuring a fair hearing for a balanced and informed narrative.

NHS Providers was proactive in framing public debate during the passage of the Health and Care Act, while emphasising the key role providers are already playing in integration, and their increasing engagement with health and care inequalities, population health and prevention. The legislative process offered a focus to highlight – with others – the need for a fully costed and funded workforce plan and the long-term neglect of social care.

Over the course of this busy year, we secured more than 44,000 media mentions – a significant increase on the previous 12 months, and successfully placed over 50 commentary pieces authored by our staff and experts from partner organisations or members. We continued to strengthen our social media engagement on twitter and LinkedIn, and we developed our use of videos and podcasts to increase our reach across digital platforms.

Support

We successfully transformed our development and support programmes for trust boards and governors to a mix of virtual and face-to-face delivery, with an increase in demand and outstanding feedback from those taking part. The use of virtual platforms and blended models will inform our delivery going forwards. In summary we:

- Hosted over 700 senior leaders, stakeholders, and journalists at our virtual annual conference
- Held 378 development and engagement events for our members, involving nearly 8,000 delegates with 100% of our members engaging with at least one programme and 99% of delegates said they would recommend these events to a colleague. These events totalled:
 - 39 network meetings for board level directors
 - 15 virtual roundtables with key system figures
 - 136 board development courses, reaching 1,847 delegates
 - 78 virtual courses within our GovernWell training programme, reaching 1,219 NHS foundation trust governors

- Continued our Digital Boards programme, designed to support boards in leading digital transformation, and engaged with more than 800 directors from 149 trusts, delivering 37 bespoke board development sessions, a wide range of peer learning events, and two leadership guides.
- Delivered our Leading Integration Peer Support programme, working with 13 local systems in partnership with the NHS Confederation, NHS Clinical Commissioners and the Local Government Association, focusing on supporting effective collaboration between the NHS and local authorities.
- Launched our Trust-wide Improvement programme, supporting boards to understand and implement a whole organisation approach to improvement, engaging over 80 trusts and delivering five peer learning webinars and five action learning sets and a board level guide to improvement.
- Launched our Provider Collaboration programme which focuses on maximising greater collaboration at scale and delivered seven virtual webinars for 330 attendees.
- Launched a new programme aiming to facilitate board level leadership to effectively tackle race inequality and embed this work as a core part of the board's business.
- Scoped new support offers including a new ICS Digital Boards programme for ICBs to help lead digital transformation, and a programme focussed on enabling provider boards to effectively tackle health inequalities.
- Continued to develop and deliver a range of additional, tailored support for boards, some of which are supported by external funding where possible and appropriate.

Excellent organisation

Implementing our four-year strategy

In April 2021, we launched a new four-year strategy for the organisation in response to the external environment, and to feedback from members who wanted us to do more to help shape their role in system working. The strategy was developed in partnership with our elected board and shared with our membership for consultation.

As set out in the strategy, we have used this first year of implementation to progress a revised business model to increase and diversify our income by:

- Increasing commercial income based on appropriate criteria
- Seeking additional income from partners including national NHS bodies without compromising our independence and growing our income to deliver support programmes for members working with other partners
- Over the four years of the strategy, prudently drawing down the reserves we have built up, reducing the uplift in membership fees and allowing the increased expenditure needed to deliver the strategy
- Making a carefully judged uplift in membership fees over the first two years of the strategy which included protections for trusts with a lower turnover and ensuring no trust was asked to pay more than an additional £10K over the two-year period.

Shared values and behaviours

Alongside the strategy, in April 2021, we launched our organisational values. Co-produced with the staff team, our values and behaviours underpin our approach and all our work. Over the last year we have prioritised embedding those values in everything we do, starting with our robust performance management process and reviewing a range of other relevant corporate policies. A values and behaviours staff group continues to meet to ensure that the values are taken into account in all our activities and decision making.

We also embarked on a significant work programme to address race equality issues within the organisation and to support capacity in member trusts. Following an independent report on race equality at NHS Providers we have made an explicit commitment to be an anti-racist organisation and are developing an anti-racism statement and detailed action plan setting out what we will do to drive forward, monitor and measure progress against that commitment. A key part of the process has been the development of a staff group, the Race Equality and Cultural Inclusion Group (RECI) which provides support and challenge to the leadership.

Despite another difficult year for everyone given the impacts of the pandemic, and the need to continue working from home, our staff survey results continue to be extremely positive with 84% saying they are satisfied with their job and 85% recommending NHS Providers as a good place to work.

Office move

With the lease on our current office coming to an end, and a need for more modern, flexible and accessible office space, a key priority over the last year has been reviewing our requirements for the physical environment. We have worked closely with the staff team to understand our working needs and how an office space might facilitate those. Our office move will support the introduction of a new flexible and hybrid working policy which we hope will continue to offer a supportive, inclusive and collaborative environment for all staff, with options to work from home some days in the week, with a clear office base.

Feedback from members and stakeholders

During 2021/22 we continued to deliver high professional standards across all our work, ensuring that as an organisation we are fit for purpose and offer outstanding value for money to our members. By the end of the 2021/22 financial year, NHS Providers had 100% of the 212 eligible foundation trusts and trusts in membership.

In the most recent members survey 96%, (2020-94%) of respondents were 'very' or 'fairly satisfied' with the work of NHS Providers; with over half (54%) 'very satisfied'. A very similar proportion of members (97%) are satisfied with the way we flexed our approach and prioritised specific topics – up from 93% in 2020. We also improved on previous years with 90% of respondents feeling we represented their views well in the media. Crucially 96% felt it was 'very' or 'fairly important' for their organisation to be a member of NHS Providers, and 96% of chairs and chief executives felt it was important for them individually. 94% would speak positively about NHS Providers.

We have also maintained high levels of satisfaction among our stakeholders. Our independent survey of 20 health and political leaders and the media – conducted on our behalf by Ipsos MORI – resulted, once again, with very strong and positive feedback that found stakeholders regard engagement with NHS Providers as extremely valuable. The most common words used to describe NHS Providers were: 'authoritative, professional, knowledgeable, insightful, effective, visible and vocal.'

Staff wellbeing and support

Once more we have continued to invest in support and recognition for our staff. Overall job satisfaction improved slightly on the previous year, with 84% saying they are satisfied with their job, and staff remain very positive about the culture of the organisation, their line manager and leadership. We have recognised the challenges of virtual home working, returning to the office and sometimes difficult workloads and continue to place particular emphasis on prioritising staff wellbeing and providing the support our people need. In particular, we have maintained our flexible working approach and new hybrid ways of working which has provided an important balance for staff.

OUR PLANS FOR THE FUTURE

We are uniquely placed to work across the full range of issues that affect trusts, drawing on the perspectives and experience of our membership which includes all of the 212 hospital, mental health, community and ambulance trusts in England. The year ahead will bring change as we appoint a new substantive chief executive, refresh our approach to flexible working for the staff team and move to new, more modern and suitable office space. But our strategic priorities, and our laser-like focus on meeting the needs of our membership remains unchanged.

As we enter the second year of our strategy, we will continue to make a concerted effort to understand the challenges that trusts are facing to sustain our credibility, relevance and to represent their interests in fast changing times. We will build on our success to date to refresh our approach and move from the voice of NHS providers to the voice of NHS providers in local systems, working with relevant partners to add value for our membership.

Our priorities for 2022/23 are outlined below against each of our four strategic objectives of influence, voice, support and excellent organisation. The strategic objectives set out in our four-year strategy are:

Influence

To shape the environment and culture in which our members operate – with a dedicated focus on finances, quality, workforce, governance, regulation, digital transformation, integration and system working.

Voice

To be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.

Support

To help our members and their local system partners drive improvement and innovation through effective, shared development, support and learning.

Excellent organisation

To provide outstanding value for money to our members, create a supportive environment for staff and continually improve, driven by our values.

Influence

Over the year ahead we will sustain our stakeholder engagement programme, and our evidence-based approach, to underpin the following portfolios of work:

- **NHS strategy** – we will influence NHS strategic developments such as the long-term plan refresh, ensuring that provider needs are given adequate attention and the ask of the sector is realistic and meaningful in improving patient and population health. We will engage with the secretary of state to inform development of national public positioning around the NHS, and also with opposition parties (especially bearing in mind a 2023/24 general election).
- **NHS funding and finance** – we will continue to reflect the impact of Covid-19, and sustain our focus on provider finances, payment systems and financial architecture, financial regulation and contracting. This year we will also invest resource in highlighting the impact of delays to the New Hospital Programme and the wider need for capital investment.
- **Regulation and oversight** – we will focus on the roles of CQC and NHSE, particularly as the sector moves towards system working; the operating model and potential for increased centralisation at NHSE; the implementation of CQC's new strategy and approach; overall burden and proportionate regulation; and the balance between organisational regulation and system oversight.

- **Ensuring care quality runs through all of our messaging** – we will focus on creating a more sophisticated narrative around quality, including drawing greater attention to the consequences for quality of broader NHS policies, with a particular focus on board leadership and engagement with quality, quality oversight within system working, culture, quality improvement, patient safety, clinical negligence and high-risk services.
- **Governance** – we will focus on good governance and clear lines of accountability, including in the context of system working; continuing to promote the value of the unitary board; continuing to explore the relationship between governance and regulation.
- **Operational performance** – we will focus on how trusts are addressing the care backlog, operational resilience, capacity and winter preparedness, the next phase of the clinical review of standards and recovery post Covid-19.
- **Digital** – we will focus on digital leadership within trusts and representing trusts' views on informatics and the digital agenda to NHSE and NHS Digital.
- **System working** – we will continue to promote our messaging around the critical roles of 'trusts in systems', on shaping the national health and care architecture, and implementation of statutory ICSs following new legislation; developing integrated care models through provider collabs and advocating for the contribution of providers at place level.
- **Equalities – on race equality**, alongside our support work, we will ensure that our policy influencing and analysis reflects the impacts of structural racism on the public, patients and staff as well as the services they use and provide; **on health inequalities** – we will launch a full policy offer, making sense of trusts' and systems' roles in improving inequalities, shaping the policy environment, and commenting on developments in this emerging agenda.
- **Workforce** – we will focus on Covid-19 recovery; inclusive leadership; equality, diversity and inclusion; strategic workforce planning; supply of clinical staff; pay, terms and conditions.
- **Mental health** – with a focus on implications for mental health services of national policy and growing demand/ complexity as well as the legacy of the care deficit / lack of parity of esteem, as well as influencing specific developments (e.g. new Mental Health Act, Liberty Protection Safeguards (LPS) implementation, children and young people mental health care, mental health in the long term plan refresh).
- **Community providers** – supporting the Community Network and its board jointly with NHS Confederation. Priorities include raising the profile of community services, funding and transparency of funding flows, and the role of community services at every level of the system and public health.
- **Ambulance** – working with Association of Ambulance Chief Executives (AACE) to raise profile of challenges impacting the ambulance sector, including tackling handover delays.
- **Specialised services** – working with the Shelford Group and Federation of Specialist Hospitals to influence commissioning and delivery arrangements for specialised services constructively in the context of system working.
- **Primary care** – consolidating our emerging partnerships with 'at scale' primary care providers and with NAPC; develop stakeholder relationships with other relevant parties and commentators; shaping the policy environment in members' interests where we can add value.

Sector focus (all priorities run across the year)

Voice

We will continue to be the collective voice of NHS providers working in systems, reflecting the diversity of our membership, and championing interests in the media, government, the NHS and wider healthcare community focusing on:

- being the recognised commentator for NHS provider issues, within the evolving context of system working, for both the national and trade media
- ensuring we have significant reach, profile and impact across social media channels and making sure our proactive and reactive media commentary and analysis has maximum visibility
- speaking truth to power about the consequences of the current pressures on providers and the wider health and care system, and what trusts and their partners can reasonably be expected to deliver given these pressures
- developing our well received case study series, Providers Deliver, to showcase the achievements of the provider sector and sharing learning on successful innovation
- mirroring and building on the new partnerships trusts are developing at the frontline to become the emerging voice of a broader range of health and care providers.

Support

We will continue to help members drive improvement and innovation through effective, shared development, support, and learning with a particular focus on:

- Peer learning, training, and development opportunities for specific board director roles through our networks, induction programmes, our board and governor training programmes and our commercial partnership programme.
- GovernWell and Governor Support will continue to deliver a full range of training courses aimed to equip foundation trust governors with the skills required to fulfil their responsibilities.
- Bringing together provider sector board members to discuss and advise us and key stakeholders on key topics through roundtable events, dinners and our “In Conversation with” series.

- Whole board support through our growing portfolio of programmes to help boards adapt and lead in a rapidly changing operating environment, including:
 - The **Board development programme’s** series of training courses and offer of bespoke board development for individual trust boards.
 - Continuing our **Digital Boards programme** delivered in partnership with Public Digital and supported by Health Education England and NHSE/I, to build boards’ understanding, confidence and capability to harness the opportunities digital provides to transform services for patients and service users.
 - Building further on our **Trust-wide Improvement programme**, supported by the Health Foundation, supporting boards to develop greater awareness and understanding of improvement at scale, both within and beyond the boundaries of a single provider, and to take action to implement and sustain improvement.
 - Launching the **Race Equality programme** to support trusts to effectively identify, challenge and lead work on race inequality, and to embed this work as a core part of the board’s business.
 - Launching a programme to help boards to effectively tackle **health inequalities**.
- Supporting trusts in systems, including:
 - Continuing to build our **Leading Integration Peer Support offer** delivered in partnership with NHS Confederation, NHS Clinical Commissioners and Local Government Association.
 - Delivering the **Provider Collaboration programme** focused on collaboration at scale, supporting members to maximise the potential to tackle care backlogs, reduce unwarranted variation, address health inequalities and deliver more efficient, sustainable services.
 - Launching a board level support offer to help ICS leaders and ICBs to lead **digital transformation across their system** as a critical enabler to improve outcomes, tackle inequalities, enhance productivity and drive wider social and economic development.

- Our annual programme of major conferences for members including our Annual Conference and Exhibition held each autumn and due to be held in Liverpool in 2022. Throughout 2022/23 we will deliver our support offer, blending both face-to-face and virtual learning as members require.

Excellent organisation

We will strive to provide outstanding value for money, create a supportive environment for our staff and continually improve. With a particular focus on:

- Continuing to deliver our four-year strategy.
 - Driving the implementation of the race equality action plan.
 - Completing our office move to new accommodation, without disruption to our work on behalf of members, or fall in staff satisfaction.
 - Increasing and diversifying our income and improving cost-effectiveness to reduce our reliance on member fees. We will do this without compromising our independence and ability to speak truth to power. This includes:
 - Maintaining commercial income in 2022/23 whilst seeking growth opportunities and without relaxing our partnership criteria. We will do this by developing our existing offers to engage commercial partners, enabling them to bring thought leadership and insight to our members.
 - Delivering a successful face-to-face annual conference and exhibition, with sponsorship at or greater than the level secured in previous years.
 - Seeking additional project funding from national bodies (such as NHSE/I) from the current £3.8m.
 - A sustained focus on efficiency at NHS Providers including an annual cost improvement plan.
 - Making a drawdown from our reserves to the end of the four-year period to bring them within the agreed range of between £900k and £1.3m. This drawdown, and the increased expenditure required over the four-year period to deliver the strategy, will utilise the significant surplus from 2021-22.

Further information and contact details

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FINANCIAL REVIEW

NHS Providers, as a membership organisation, receives the majority of its recurring income from membership subscriptions. Additional annual income is derived from providing workshops and training services to members - as well as from commercial agreements, including (but not limited to) event sponsorship. NHS Providers also generates project income by working collaboratively with partners to develop specific areas of support for members. NHS Providers does not raise funds directly from the public, although it does accept unsolicited donations. All of these funding sources enable the charity to deliver its objectives of voice, influence, support and excellent organisation.

Under its current strategy, NHS Providers aims to:

- fully utilise its subscription income in the delivery of its services to members
- make a surplus or to achieve break-even on the provision of any additional commercial services to members, such as workshops and training.

Income from charitable activities increased by 111.5% to £2,566,044 (2021: £1,213,408). This change is driven by a sustained increase in project income. In 2022 NHS Providers secured two-year funding from NHSE/I to deliver workstreams on a national agenda, including health inequality, race equality and system work of £1.18m. NHS Providers fulfilled the penultimate stage of a three-year project funded by Health Education England (HEE) on digital transformation, total value £2.6m. NHS Providers continued delivering a peer support offer for local systems and was awarded funding of £110k during the year for this purpose. NHS Providers also secured further funding of £520k, (£120k relating to the 21/22 financial year), to deliver peer support work until 2024. Course income has increased significantly by 66% to £554,467 (2021: £334,541). Courses continued to be delivered in a blend of hybrid and face-to-face which has increased accessibility. The increased income reflects the strategic commitment to grow course income and is reflective of the excellent course ratings which has driven member engagement.

Subscription income grew by 16.6%. The increase is in accordance with the table of percentage fee increases approved in the four-year strategic plan. At year end NHS Providers had 100% of trusts in membership, which represented 212 trusts.

Revenue of the charity's wholly owned subsidiary, FTN Trading Limited, decreased by 16.6% from £212,852 to £177,359 for the year ending 31 March 2022.

Due to Covid-19 related pressure within trusts, the face-to-face Annual conference and exhibition (ACE) was cancelled. This directly impacted ACE commercial income as although the conference was delivered virtually, no income was generated through ticket sales or stands. Although ACE income fell, other commercial income grew by 133% and indicates the consolidation of multi-year relationships established with commercial partners as well as growth of initiatives such as Panel membership income. The trading entity realised a small deficit for the year of £9,476 (2021: £39,995).

Overall expenditure increased by 26% to £6,785,181 (2021: £5,376,009). The uplift in expenditure is due partly to a 51% increase in spend to fulfil project delivery. The balance of the increase reflects the investment in staff to fulfil our strategic plan. Cost increases are still offset in 2022 by variable cost savings.

NHS Providers realised a surplus of £878,630 for the year, (2021: £294,507). This aggregates, a surplus on unrestricted funds of £830,216 and a surplus on restricted funds of £48,414. The surplus was higher than originally budgeted and reflects in part variable cost saving "windfalls" due to a further year of remote working patterns and reduced venue hire costs due to virtual delivery on courses. Project profitability has also been strong. In 2022 NHS Providers, began a large recruitment drive to resource project work adequately as well as increase headcount to fulfil delivery of the four-year strategy. The impact of full year salary costs and costs of returning to hybrid ways of working will impact on finances from 22/23. Although NHS Providers has delivered a strong surplus, the surplus is required for re-investment and funding operations in 22/23 and 23/24 and to meet additional staffing pressures in the business.

Reserves policy

In the trustees' view, the charity's reserves should provide the charity with adequate financial stability and the means for it to meet its charitable objectives should a shortfall in income occur, considering potential risks. Reserves are also maintained to further the strategic aims of the charity and to maximise business growth opportunities, subject to approval by the finance and general purposes committee. If the charity was to cease operating, reserves are set at a level that allows the charity to meet all necessary obligations and commitments to staff and third parties.

In 2022, the Board agreed to change required reserve levels from a minimum level of £1.3m to a range. The range has been set at £900k to £1.3m. The level of free reserves for the group is defined as general unrestricted funds excluding tangible fixed assets which cannot be readily liquidated.

At year-end, the group had a level of free reserves of £3,018,349, well in excess of the reserve level set. The four-year strategy plans for managed re-investment of some of the excess reserves in its delivery. The excess reserves are therefore planned to reduce to within the agreed range by the end of 2024. The finance and general purposes committee will review the level of reserves on an annual basis to ensure that they are sufficient to meet the group's continuing obligations.

Going concern

We have adequate financial resources and are proactive in identifying and mitigating business risks. Our planning process, including financial projections, considers the current economic climate and its potential impact of various sources of income and expenditure. NHS Providers has been pro-active in adapting to the changes brought about by the Covid-19 pandemic. To ensure uninterrupted support to members we are continuing to deliver a hybrid of face-to-face and virtual conferences and events. Endorsement of our members support is evidenced by retention of 100% of our membership at year end. Additionally, we continue to diversify income by developing commercial income streams and securing new areas of project funding.

These measures safeguard our revenue and cashflow enabling us to provide assurance about our financial stability notwithstanding any unexpected challenges. The charity has a strong balance sheet with a high level of net current assets due to the cash reserves held. Despite the small deficit sustained by the trading entity, the expectation is to return to profitability in 2023.

We believe there are no material uncertainties that call into doubt the charity's ability to continue as a going concern.

Fundraising

The trustees take their responsibility under the Charities (Protection and Social Investment) Act 2016 seriously and have considered the implications on their activities. The charity does not raise funds directly from the general public and does not actively solicit donations. The Charity does not work directly with commercial sponsors but where commercial sponsorship is arranged for an event, a clear contract is in place between the trading company and the commercial sponsor. The trustees are not aware of any complaints made in respect of fundraising during the period.

Principal risks and uncertainties

NHS Providers is committed to effective risk management as an integral part of ensuring good corporate governance. Risk management provides the framework and process that enables NHS Providers to manage uncertainty in a systematic way. Our risk management processes are designed to enable us to adequately identify review and mitigate risks.

The risk management strategy comprises:

- on-going review of principal risks and uncertainties that the charity and its subsidiary face
- establishment of policies, systems, procedures and strategies to mitigate those risks
- implementation of procedures to minimise or manage any potential impact on the charity should those risks materialise.

All risks are documented in a risk register which scores risks according to their impact and likelihood of risk crystallising. It identifies potential impacts and documents control measure and actions. The score profile is updated quarterly.

Responsibility for risk management is undertaken at every level of the organisation. Day-to-day responsibility for operational risk lies with the managers and staff responsible for the organisation's operations. The risk register is reviewed and updated on a regular basis by the senior management team of the organisation and the finance and general purposes committee. The full board of trustees review the risk register twice a year and are responsible for considering the overall strategic risks and for monitoring the status of any significant operational risks.

The key risk areas facing the charity and its subsidiary and a summary of the plans and strategies to manage those risks are listed below:

- **Sufficient finances:** the charity is reliant on a high level of subscription income to deliver services to members and cover operational costs. We proactively manage the membership subscription renewal process, assessing the overall likelihood of individual members not renewing and mitigating accordingly. We strive to diversify our income mix and expand commercial income. We measure project contribution at bid proposal and monitor during its delivery life cycle. Resources are dedicated to active membership engagement to maintain high levels of service delivery and member retention. Costs are monitored through a robust financial reporting process, reforecasting, and monthly variance analysis. Pre-emptive action can be taken if any variation against expected financial outcomes occurs during the year. Additionally, an adequate reserves policy is maintained so that the charity can meet the costs of winding down its operations.
- **Human resource:** To mitigate the risks of poor staff retention, inadequate succession planning and under-resourcing impacting adversely on timeous work-delivery, adequate investment is made in staff development and remuneration is regularly bench-marked against the market. Engaging with and monitoring staff well-being to mitigate against any adverse impact due to rapid organisational growth, new ways of hybrid working and pending office move.

- **Reputational:** on going assessment of reputation is undertaken through a number of channels including senior management and the board. We acknowledge that we need to remain reactive to changing member requirements and have the capacity to do so. We have committed to improving our internal approach to diversity and inclusion in support of our members and acknowledge the inherent risks in getting the work right for us and our members. Increased engagement with external funders and joint projects necessitates rigorous upfront assessment and active management of the relationships and projects to mitigate reputational and financial risks.

- **External environment:** Environmental factors may change the provider structure affecting our ability to deliver service to members and a resultant decline in income. We monitor the increasing number of members who are merging, forming groups or sharing leadership structures and take account of any possible negative impact of this on member subscriptions through an annual review of the membership fee structure. Additionally, our strategy aims to develop commercial income and project income to further mitigate the risk of reducing subscription income.

The four-year strategic plan 2021-2025 is designed to future proof the membership structure and adequately support service delivery to members. The strategic plan, along with the annual business plan, ensures NHS Providers remains responsive and representative of member need in a rapidly changing environment. Other external factors such as competition are regularly reviewed and appropriate offerings and or alliances are created to mitigate their effect.

- **Operational:** on-going review of and investment in IT infrastructure and cyber security to ensure business continuity and safeguarding of information.

It should be noted that any risk management system can only manage risks and not eliminate them and can provide only reasonable, and not absolute, assurance against material misstatement or loss.

STRUCTURE, GOVERNANCE AND MANAGEMENT

This is the 11th annual report and audited financial statements of the Foundation Trust Network, operating as NHS Providers, since it became an independent organisation on 1 April 2011. Details of the organisation's incorporation as a private company limited by guarantee and registration as a charity are given on page 3. The company is governed by its articles of association, the latest version of which was approved by members in December 2021.

It should be noted that during 2014/15 the organisation changed its operating name to NHS Providers in a rebranding exercise. Its registered name is still the Foundation Trust Network and it can be found under this name at both Companies House and the Charity Commission.

GOVERNANCE

Appointment and induction of new trustees

NHS Providers is governed by a board of elected trustees. Trustees who served during the period 2021/22 and to the date of this report are listed on page 25, Senior executive staff and external advisors are detailed on page 25.

During 2021-22 the board comprised of 23 trustees:

- 10 board members from trusts/foundation trusts providing acute services
- six board members from trusts/foundation trusts providing mental health services
- two board members from trusts/foundation trusts providing community services
- two board members from trusts/foundation trusts providing ambulance services
- two co-opted members
- one independent chair.

Due to Patricia Miller's resignation as chief executive of Dorset County Hospital NHS FT to lead the Dorset ICB, she could no longer serve as a trustee of NHS Providers. However, in order to ensure appropriate focus and input from the ICB perspective, the board approved her co-option to the Board in February 2022, as permitted by the Articles of Association. Similarly, Alan Foster was co-opted to the board in 2019 and this was approved by the board for a further year in 2020 and in 2021.

The other trustees are drawn from chairs and chief executives of member organisations. They are therefore already familiar with both board procedures and the activities of NHS Providers. Upon election, trustees go through an induction process coordinated by the chair and the executive to ensure that they are up to date with the activities of NHS Providers and that they understand the specific duties and responsibilities of being a charity trustee - in particular the importance of acting as trustees of a charity and representing the views of all members, not the views of their own organisation.

In addition to the induction process, from time-to-time external training is provided to trustees specifically on the role of the trustee in a charity and the associated legal obligations. Such training was last provided by Hempsons Solicitors in a session following the 2019 July board meeting. This was very well received by trustees, particularly those newly elected to the Board. It is anticipated that this session would be repeated every 3 – 4 years as required.

The governance standards of the organisation are continuously monitored to assure compliance with the Charity Governance Code. In 2019, a full review of the governance standards of the organisation was carried out, with a board sub-committee convened to take this work forward. This group tasked an external, expert consultant to carry out a review of the board's governance arrangements against the seven principles of the Charity Governance Code 2017.

The resulting report concluded that there exists sound evidence of compliance with the charities code across the full range of principles and from this it is fair to infer detailed compliance. There was just one recommendation in the area of risk. Specifically, it suggested that the board should agree a process to escalate and de-escalate risk and to evidence better that strategic horizon scanning takes place. This has been incorporated into the process by which the board reviews and monitors the organisation's risk.

The governance review also considered the organisation's membership to explore how it might adapt to reflect the changing NHS environment as the focus shifts to integrated local health and care system working. It was agreed that free associate membership would be offered to ICSs to enable them to access, as appropriate, our support offer. This offer has now been rolled out and a significant number of ICSs have opted to become associate members.

The organisation maintains a register of interests for trustees, as well as senior executives. The trustees' and senior executives' interests' registers are reviewed annually and when there are substantial changes to the registers, such as following trustee elections. Additional oral declarations of interest are taken at the start of each meeting of the NHS Providers board and board subcommittee meetings.

During the period covered by this report, the NHS Providers board met a total of seven times.

In addition to the trustees (who have full voting rights at board meetings), the NHS Providers board is also attended by the chief executive, deputy chief executive, interim chief operating officer, director of policy and strategy, director of communications, assistant director of corporate services, the director of programmes and the head of the chair and chief executive's office as non-voting attendees. A scheme of delegation clearly lays out the respective responsibilities of the trustees, directors and management.

This, together with a full set of operational policies and procedures, determines the conduct of all executives and other employees.

The board has two standing committees: the Finance and General Purposes Committee (incorporating the Audit Committee); and the Remuneration Committee. The chief executive of the organisation is responsible for the operational delivery of the strategy set out by the board.

The Finance and General Purposes Committee's membership during 2021/22 comprised six trustees and a co-opted finance director member, Mike McEnaney, who was appointed in October 2020. The committee met five times during the period of this report. It is responsible for providing scrutiny and advice to the NHS Providers board on the oversight of:

- financial reporting and control
- risk management
- reserves and investment policy
- commercial activities
- annual report and accounts
- commissioning and monitoring the outcomes of the external audit.

The NHS Providers chair has the right of attendance at the committee. Meetings are also usually attended by the chief executive.

The Remuneration Committee met twice during the period of this report. A detailed remuneration report including further information on the role of the remuneration committee and its work can be found on pages 22 to 24

Other board sub-committees are formed periodically on a 'task and finish' basis, carrying out specific pieces of work as delegated by the NHS Providers board. In 2021 a time limited sub-committee for race equality was convened to provide support and challenge on the development of the race equality programme.

Partnerships

The organisation must maintain a high quality staff team in order to best serve its members but, as a charity, it also seeks to provide services in the most efficient and cost effective way for members. In many cases this means working with external expert partners to deliver all or part of some of the activities undertaken. In accordance with good governance principles, as far as practicable, such work is put out for tender.

Employees

As a membership organisation, NHS Providers is a service-based business, and its employees are at the core of all the organisation's activities.

To support its members, in line with the strategic objectives set out on page 5 the organisation needs to maintain a team of expert specialist staff covering areas as diverse as media, brand and communications, a breadth of healthcare policy issues, governance, development, engagement and event management and corporate functions including human resources, organisational development, financial management and ICT support.

Alongside recruiting high quality individuals NHS Providers is keen to promote continuous development to ensure employees have the opportunity to develop their skills. Employee training and development needs are reviewed at least twice a year as part of an annual appraisal cycle and a learning and development plan for the organisation as a whole is produced every year.

A full remuneration report is set out on pages 22 to 24.

REMUNERATION REPORT

Statement of general approach to remuneration and governance

NHS Providers ensures that its staff are remunerated fairly and in a way that allows the organisation to attract and retain people with the skills needed to deliver its charitable objects. To ensure this report meets the requirements of both the Charities SORP and the guidance published by the National Council for Voluntary Organisations it has been reviewed against these requirements by the chair, chief executive, directors and the Finance and General Purposes Committee.

Remuneration committee

NHS Providers has a Remuneration Committee which, in 2021/22, met twice. This committee is chaired by a trustee and comprises five additional trustees, including the organisation's chair who is an ex-officio member of the committee. The NHS Providers chief executive is invited to attend but, along with other members of the executive in attendance, is excluded from discussions of their individual pay. Likewise, the chair is not present for any discussion relating to their fees.

The main responsibilities of the committee are to:

- set the overall pay policy for the organisation as a whole and consider regular reports on the operation of that policy, particularly in relation to pay for staff other than the directors
- determine the remuneration package of the individual directors, on the recommendation of the chief executive and the chair
- determine the remuneration package of the chief executive, on the recommendation of the chair
- set the fees for the chair
- ensure that contractual terms on termination are fair to the individual and the charity, that poor performance is not rewarded and a duty to mitigate loss is recognised.

The remuneration policy aims to ensure that the chief executive, directors and other staff have appropriate incentives to encourage enhanced individual performance and are, in a fair and responsible manner, rewarded for their contributions to the success of NHS Providers. This recognises that delivery of NHS Providers' charitable vision and purpose is almost wholly dependent on the performance of its staff, with staff remuneration being the largest single element of charitable expenditure.

The remuneration policy is reviewed regularly. This includes comparisons with similar membership organisations and the wider charitable sector as well as being sensitive to the remuneration approach of our members, pay and employment conditions in the NHS and general approaches to charitable sector pay.

2021/22 Approach to pay Staff Pay

Staff are primarily policy and communications experts, recruited from these sectors, with administration, support, event management and corporate services staff recruited from a wide range of different sectors. The organisation recruits relatively few of its staff directly from NHS frontline organisations. NHS Providers is committed to paying all staff the London living wage, currently set at £19,890. The organisation's lowest salary in 2021/22 was £24,000.

In line with the criteria agreed by the remuneration committee for determining an annual salary increment, staff meeting the appropriate conditions were awarded a pay rise of 4.5% to take effect from April 2022.

Salaries, at all levels, are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. The last review carried out by CELRE in January 2022 indicated that NHS Providers' staff salaries are in line with or below market rates. There were significant difficulties in recruitment during the year and a number of leavers cited the competitiveness of the salaries as a primary reason for leaving. In order to attract and retain high calibre staff, in the context of the rising cost of living, a higher than usual percentage increase was awarded. No bonuses are paid to any members of staff nor to directors.

The ratio of salary between the organisation's highest and lowest paid member of staff is 1:9.5 with the ratio between its highest and median salary being 1:5.

Chief executive and director pay

The remuneration committee sets chief executive and director pay individually each year, taking account of individual and organisational performance. The remuneration committee is provided with information to ensure awareness of published salary rates for roles in similar organisations such as the Local Government Association and NHS Confederation and, in the case of the chief executive, the salaries paid to chief executives of member organisations and relevant arm's length bodies. Director salaries are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. The last review carried out by CELRE in December 2020 indicated that directors' salaries were significantly below the market rate and an uplift for the three permanent directors was agreed but for 2021-22 director salaries were agreed to be in line and directors received the same percentage increase as staff. The exception to this was the salary of the deputy chief executive which was reviewed and benchmarked and found to be significantly below where it should be. As a result, an additional uplift was agreed. Once again, this year, it was agreed that the chief executive's pay would be frozen.

The results of the pay policy in relation to total remuneration, including salary and pension contributions, for 2020/21 and 2021/22 are reflected in the table on page 24.

Chair's fees

The fees paid to the chair of NHS Providers are reviewed annually by the remuneration committee and reflect both personal and organisational performance. They are benchmarked against:

- chair fees in similar organisations
- chair fees of foundation trust members
- chair or chair equivalent fees for the organisation's key stakeholders.

Pensions and total remuneration package

The organisation has an auto enrolment pension for all employees, provided through our existing defined contribution group scheme. Currently NHS Providers makes a contribution of 3% of gross salary to those who have been auto enrolled. An enhanced contribution scheme is also offered (once the six-month probationary period has successfully been completed) under which the organisation makes a contribution of 9% (staff contributing 6%) of salary. There are also a range of other benefits available to all employees including non-contributory life-assurance cover; season ticket loans; childcare vouchers (via a salary sacrifice scheme); free health checks; and a cycle to work scheme.

Impact of remuneration policy

NHS Providers has built and maintained a strong team of expert specialist staff who deliver a diverse and wide range of work. The success of the team, and NHS Providers as an employer, is reflected in a range of different evidence including:

- 94% overall member satisfaction with our work, described by Ipsos MORI as a particularly high score for an organisation of our type
- staff perceived as supportive, professional and knowledgeable with members being positive about their relationship with NHS Providers (Ipsos MORI member survey)
- 85% of staff would recommend it as a good place to work, 93% thinking their colleagues are committed to delivering high quality services and 78% believe the organisation supports and promotes their personal health and wellbeing.

Summary of remuneration: key management personnel

The trustees regard the chair, trustees (who are not remunerated), chief executive and directors as the key management personnel.

	2021/22 remuneration		2020/21 remuneration	
	Salary	Pension contribution	Salary	Pension contribution
Ron Kerr, Chair	£55,000	-	£55,000	-
Chris Hopson, chief executive	£218,436	£19,659	£218,436	£19,659
Saffron Cordery, deputy chief executive	£149,059	£13,415	£123,342	£11,101
Adam Brimelow, director of communications	£102,497	£9,225	£96,331	£8,670
Miriam Deakin, director of policy and strategy	£102,497	£9,091	£96,331	£8,535
Kevin Rennie, Interim Chief operating officer *	£85,848	£7,726	£105,000	£5,250
Alexis Chapman, interim COO *	£1,154	£35	-	-
Jo Whyte, assistant director of corporate services	£86,715	£7,804	£84,355	£7,592
Jenny Reindorp, interim director of funded programmes *	£16,250	£488	-	-

* pro-rata amount for portion of year worked/ since appointment

Please note: Aside from Ron Kerr no other trustees received remuneration or were reimbursed for expenses incurred in the course of acting on behalf of the charity.

For information, C Hopson, S Cordery, A Brimelow, M Deakin, K Rennie, Alexis Chapman, Jo Whyte, Jenny Reindorp were all employees of the company during 2021/22.

Banding

The number of employees whose emoluments exceeded £60,000 for the period was:	2022	2021
£60,000 – £70,000	4	4
£70,001 – £80,000	-	2
£80,001 – £90,000	5	1
£90,001 – £100,000	-	2
£100,001 – £110,000	2	1
£120,001 – £130,000	-	1
£140,001 – £150,000	1	-
£210,001 – £220,000	1	1

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees/non-executive directors

Tracy Allen
Ingrid Barker
Ann Beasley
Susan Brain England
Mary Elford
Daniel Elkeles
Alan Foster
Beatrice Fraenkel
Angela Hillery
Nicholas Hulme
Sir Ron Kerr
Brent Kilmurray
Heather Lawrence
Deborah Lee
Harriet Llewelyn-Davies
Lance McCarthy
Kathy McLean
Patricia Miller
Christine Outram
Therese Patten
Linda Pollard
Helen Ray
Jagtar Singh
Karamjit Singh
Tracy Taylor
Melanie Walker.

Senior executive staff/directors

Chris Hopson	Chief Executive (resigned 10 June 2022)
Saffron Cordery	Interim Chief Executive (appointed 13 June 2022)
Adam Brimelow	Director of communications
Miriam Deakin	Director of policy and strategy & Deputy CE (Interim) (appointed 1 July 2022)
Kevin Rennie	Interim chief operating officer (resigned 31 January 2022)
Alexis Chapman	Interim chief operating officer (appointed 29 March 2022)
Jenny Reindorp	Interim director of funded programmes
Jo Whyte	Assistant director of corporate services

Auditors

Saffery Champness LLP
71 Queen Victoria Street
London EC4V 4BE

Bankers

The Co-operative Bank
80 Cornhill, London EC3V 3NH

Barclays Business
1st Floor, 27 Soho Square, London W1D 3QR

Principal and registered address

One Birdcage Walk, London SW1H 9JJ

Solicitors

Hempsons
The Exchange, Station Parade, Harrogate HG1 1DY

The Foundation Trust Network

Charity registration number: 1140900

Company registration number: 07525114

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of the charitable company, for the purposes of company law) are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires trustees to prepare financial statements for each financial year to provide a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities' Statement of Practice (SORP FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company and group will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group and taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included in the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Report of the Trustees and incorporated strategic report was approved by the NHS Providers board on 2 November 2022 and signed on its behalf by:



Sir Ron Kerr
Chair, NHS Providers

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF NHS PROVIDERS FOR THE YEAR ENDED 31 MARCH 2022

Opinion

We have audited the financial statements of NHS Providers (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2022 which comprise the consolidated statement of financial activities, the group and charity balance sheets, the consolidated cash flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the affairs of the group and the parent charitable company as of 31 March 2022 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. 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 are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in

accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

In auditing the financial statements, we have concluded that the trustees' 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 group or the parent charitable company's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read 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.

Other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Annual Report which includes the Directors' Report and the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' Annual Report which includes the Directors' Report and the Strategic Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report and Strategic Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remunerations specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and to take advantage of the small companies exemption in preparing the Trustees' Annual Report and the Strategic Report.

Responsibilities of the trustees

As explained more fully in the Statement of Trustees' Responsibilities set out on page 26, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditors under the Companies Act 2006 and report in accordance with regulations made under that Act.

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

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

The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud are detailed below.

Identifying and assessing risks related to irregularities:
We assessed the susceptibility of the group and parent charitable company's financial statements to material misstatement and how fraud might occur, including through discussions with the trustees, discussions within our audit team planning meeting, updating our record of internal controls and ensuring these controls operated as intended. We evaluated possible incentives and opportunities for fraudulent manipulation of the financial statements. We identified laws and regulations that are of significance in the context of the group and parent charitable company by discussions with trustees and updating our understanding of the sector in which the group and parent charitable company operate.

Laws and regulations of direct significance in the context of the group and parent charitable company include the Companies Act 2006 and guidance issued by the Charity Commission for England and Wales.

Audit response to risks identified:

We considered the extent of compliance with these laws and regulations as part of our audit procedures on the related financial statement items including a review of financial statement disclosures. We reviewed the parent charitable company's records of breaches of laws and regulations, minutes of meetings and correspondence with relevant authorities to identify potential material misstatements arising. We discussed the parent charitable company's policies and procedures for compliance with laws and regulations with members of management responsible for compliance.

During the planning meeting with the audit team, the engagement partner drew attention to the key areas which might involve non-compliance with laws and regulations or fraud. We enquired of management whether they were aware of any instances of non-compliance with laws and regulations or knowledge of any actual, suspected or alleged fraud. We addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and identifying any significant transactions that were unusual or outside the normal course of business. We assessed whether judgements made in making accounting estimates gave rise to

a possible indication of management bias. At the completion stage of the audit, the engagement partner's review included ensuring that the team had approached their work with appropriate professional scepticism and thus the capacity to identify non-compliance with laws and regulations and fraud.

There are inherent limitations in the audit procedures described above and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

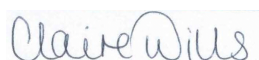
A further description of our responsibilities is available on the Financial Reporting Council's website at:

www.frc.org.uk/auditorsresponsibilities

This description forms part of our auditor's report.

Use of our report

This report is made solely to the parent charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the parent charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the parent charitable company and the parent charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Claire Wills (Senior Statutory Auditor)

For and on behalf of Saffery Champness LLP

Date: **07 November 2022**

Chartered Accountants

Statutory Auditors

71 Queen Victoria Street

London

EC4V 4BE

Saffery Champness LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(Incorporating the consolidated income and expenditure account)
for the year ended 31 March 2022

	Note	£ Unrestricted funds	£ Restricted funds	£ Total 2022	£ Total 2021
Income from					
Charitable activities	2	2,318,544	247,500	2,566,044	1,213,408
Subscription income		5,076,441	-	5,076,441	4,351,083
Other trading activities		177,359	-	177,359	212,852
Investments	4	1,635	-	1,635	7,275
Total income		7,573,979	247,500	7,821,479	5,784,618
Expenditure on					
Trading activities	3	157,668	-	157,668	114,102
Charitable activities	5,6,7	6,586,095	199,086	6,785,181	5,376,009
Other		-	-	-	-
Total expenditure		6,743,763	199,086	6,942,849	5,490,111
Net income/(expenditure) and net movement in funds for the year		830,216	48,414	878,630	294,507
Total funds brought forward	16	2,296,347	13,500	2,309,847	2,015,341
Total funds carried forward	16	3,126,563	61,914	3,188,477	2,309,848

All gains and losses arising in the year are included in the statement of financial activities and relate to continuing operations.

The notes on pages 34 to 47 form part of these financial statements.

GROUP BALANCE SHEET 31 MARCH 2022

	Note	£ 2022	£ 2021
Fixed assets			
Intangible fixed assets	12	6,900	84,249
Tangible assets	12	101,314	55,266
		108,214	139,515
Current assets			
Debtors	14	837,882	516,526
Cash at bank and in hand		3,512,425	2,361,370
		4,350,307	2,877,896
Creditors			
Amounts falling due within one year	15	(1,270,044)	(707,563)
Net current assets		3,080,263	2,170,333
Net assets		3,188,477	2,309,848
Funds			
Restricted funds	16	61,914	13,500
Unrestricted funds	16	3,126,563	2,296,348
		3,188,477	2,309,848

The notes on pages 34 to 47 form part of these financial statements.

The total income of the charity as an individual entity for the year was £7,644,120 (2021: £5,571,766) and its net income was £858,939 (2021: £195,792). A statement of financial activities for the charity as an individual entity is not included using the exemption given in section 408 of the Companies Act 2006.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 2 November 2022 and signed on its behalf by:



Sir Ron Kerr
 Chair

Registered Company No. 07525114

CHARITY BALANCE SHEET 31 MARCH 2022

	Note	£ 2022	£ 2021
Fixed assets			
Intangible fixed assets	12	6,900	84,249
Tangible assets	12	101,314	55,266
Investments	13	1	1
		108,215	139,516
Current assets			
Debtors	14	869,315	525,227
Cash at bank and in hand		3,203,344	2,266,411
		4,072,659	2,791,638
Creditors			
Amounts falling due within one year	15	(982,922)	(621,307)
Net current assets		3,089,737	2,170,331
Net assets		3,197,952	2,309,847
Funds			
Restricted funds	16	61,914	13,500
Unrestricted funds	16	3,136,038	2,296,347
		3,197,952	2,309,847

The notes on pages 34 to 47 form a part of these financial statements.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 2 November 2022 and signed on its behalf by:



Sir Ron Kerr
 Chair

Registered Company No. 07525114

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	Note	£ 2022	£ 2021
Cash flows from operating activities			
Net cash provided by operating activities	21	1,245,757	353,432
Cash flows from investing activities			
Interest income		1,635	7,275
Purchase of tangible fixed assets		(94,036)	(27,707)
Disposals of fixed assets		–	–
Purchase of intangible fixed assets		(2,301)	(5,407)
Net cash used in investing activities		(94,702)	(25,839)
		1,151,055	327,593
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		2,361,370	2,033,777
Increase in cash and cash equivalents in the year		1,151,055	327,593
Cash and cash equivalents at the end of the reporting period		3,512,425	2,361,370

The notes on 34 to 47 form part of these financial statements.

	£ As at 1 April 2021	£ Cash flows	£ Other non - cash changes	£ As at 31 March 2022
Analysis of changes in net debt				
Cash and cash equivalents				
Cash	2,361,370	1,151,055	–	3,512,425
	2,361,370	1,151,055	–	3,512,425

NOTES TO THE FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

1. Accounting policies

Company Information

The charity is a registered charity (number 1140900) and a company (number 07525114) limited by guarantee. The registered office is One Birdcage Walk, London, SW1H 9JJ.

Basis of accounting

The financial statements have been prepared on the going concern basis under the historical cost convention. The financial position, liquidity and management of risk as outlined in the strategic report indicate that the Group has adequate resources and that there are no material uncertainties relating to events or conditions that may cast significant doubt about its ability to continue as a going concern.

The financial statements have been prepared in accordance with the Statement of Recommended Practice-Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (SORP FRS102) and the Companies Act 2006. The Trustees confirm that the charity is a public benefit entity.

Group Accounts

The Statement of Financial Activities (SOFA) and balance sheet consolidate the financial statements of the charity and its subsidiary undertaking. The results of the subsidiary are consolidated on a line-by-line basis.

Incoming resources

Subscription and other incoming resources are accounted for on a receivable basis.

Accrued and deferred income

Income is recognised in the SOFA in accordance with the Charities SORP FRS 102 income recognition criteria of entitlement, probability and measurement. Subscription income is invoiced in the associated

subscription year and therefore recognised in full within the financial year. Income relating to the financial year which has not been received or invoiced is recognised as accrued income. Grant and donation income are recognised when the SORP income recognition criteria are fulfilled.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objects of the charity. Designated funds are unrestricted funds of the charity which the trustees have discretion to set aside for a specific purpose.

Restricted funds are funds which are only to be used for the purpose as determined by the donor.

Classification of expenditure

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure and it can be reliably measured. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category:

- expenditure on trading activities comprise the costs of the commercial trading, which includes the costs of hosting the annual conference
- expenditure on charitable activities comprises those costs incurred supporting and developing its members, promoting shared learning and lobbying on behalf of its members. It includes both costs that can be allocated directly to those activities and their associated support costs. These costs have been analysed into activities associated with the charity's three strategic objectives of influence, voice and support.

Expenditure is shown net of VAT and any irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support and governance costs

Support and governance costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly.

Support costs include back-office costs, finance, personnel, payroll and governance costs which support the charity's activities. The bases on which support costs have been allocated are set out in note 6.

Support and governance costs are divided between the unrestricted and the restricted funds, with the restricted funds being charged with expenses specifically incurred in fulfilling the restrictions imposed; all other expenses are charged to the unrestricted funds.

Governance costs are those incurred in the governance of the charity and are primarily associated with the constitutional and statutory requirements.

Pension costs

The charity contributes to a defined contribution scheme for the majority of its members of staff. The charge in the accounts represents the contributions payable to the scheme in the financial period.

The charity contributes to the NHS pensions scheme in relation to one member of staff. This is an unfunded scheme and contributions are calculated so as to spread the cost of pensions over employee's working lives with NHS Providers in such a way that the pension cost is a substantially level percentage of current and future pensionable payroll. The scheme is considered to be a multi-employer defined benefits scheme as the charity is unable to identify its share of the underlying assets and liabilities. Therefore, the contributions, which are fixed annually and payable monthly, are charged to the SOFA when payable and the charity has no further potential liability. The date of the most recent actuarial valuation is the 31 March 2021.

Tangible fixed assets and depreciation

Tangible fixed assets, where the value is over £500, are capitalised at cost.

They are then depreciated at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Short leasehold property improvements	20% straight line basis
Fixtures and fittings	Over three years straight line basis
Office equipment	Over three years straight line basis
Computer equipment	Over three years straight line basis

Intangible fixed assets and depreciation

Intangible fixed assets include IT development and software and enhancements to the website. Intangible fixed assets with a limited useful life are amortised using the straight-line method over three years.

Operating leases

Rentals payable under operating leases are charged to the SOFA over the term of the lease.

Taxation

No provision for taxation is included in the accounts as the charitable company is entitled to exemption from tax afforded by current legislation to the extent that income is applied to charitable objects.

Key assumptions and estimation uncertainty

The trustees have considered whether there are any key assumptions concerning the future or other key sources of estimation uncertainty that have a risk of causing a material adjustment to the carrying amount of assets and liabilities. They consider that there are none which would impact the next reporting period.

Financial instruments

The group has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. Income from charitable activities

	£ Unrestricted funds	£ Restricted funds	£ 2022	£ 2021
Award agreement				
The Health Foundation	124,063	–	124,063	–
Projects & other income				
Digital transformation	933,091	–	933,091	755,950
NHSE/I	590,000	–	590,000	–
Community Network	–	17,500	17,500	30,000
Peer Support	–	230,000	230,000	–
Network Integrated Project	–	–	–	71,578
Other Income	116,923	–	116,923	21,339
Total projects & other income	1,640,014	247,500	1,887,514	878,867
Foundation trusts and trusts				
Course fees	554,467	–	554,467	334,541
Total income from charitable activities	2,318,544	247,500	2,566,044	1,213,408

3. Income from trading activities

The wholly owned subsidiary FTN Trading Limited is incorporated in the United Kingdom (company number 07940647) and pays all of its taxable profits to the charity under the gift aid scheme.

FTN Trading Limited operates the Annual Conference and all commercial sponsorship associated with that event.

The summary performance of the subsidiary is:

	£ 2022	£ 2021
Turnover	177,359	212,852
Cost of sales and administration costs and taxation	(186,836)	(172,857)
Net (loss)/profit	(9,477)	39,995
The assets and liabilities of the subsidiary were:		
Current assets	543,905	191,608
Current liabilities	(553,381)	(191,607)
Total net assets	(9,476)	1
Share capital	1	1
Profit and loss reserves	(9,477)	–
Aggregate share capital and reserves	(9,476)	1

4. Investment income

	£ Unrestricted funds	£ Restricted funds	£ 2022	£ 2021
Interest	1,635	–	1,635	7,275

5. Analysis of expenditure on charitable activities

	£ Direct costs	£ Support	£ Governance	£ Total 2022	£ Total 2021
Influence	1,566,415	857,631	13,745	2,437,791	2,085,325
Voice	753,885	277,469	4,447	1,035,801	881,450
Support	2,337,696	958,531	15,362	3,311,589	2,409,234
Total expenditure	4,657,996	2,093,631	33,554	6,785,181	5,376,009

Expenditure on charitable activities was £6,785,181 (2021: £5,376,009). In 2022 £199,086 (2021: £184,393) of these costs were restricted.

Support and governance costs of £2,093,631 (2021: £1,890,223) and £33,554 (2021: £28,675) are analysed in note 6 below, totalling £2,127,185 (2021: £1,918,898). They relate to overhead costs incurred on the fourth strategic objective, professional organisation, which supports the activities of influence, voice and support.

	£ Direct costs	£ Support	£ Governance	£ Total 2021
Influence	1,300,319	773,276	11,730	2,085,325
Voice	590,710	286,395	4,345	881,450
Support	1,566,082	830,552	12,600	2,409,234
Total expenditure	3,457,111	1,890,223	28,675	5,376,009

6. Analysis of governance and support costs

	£ Influence	£ Voice	£ Support	£ Total 2022	£ Total 2021
IT	39,610	12,815	44,270	96,695	124,708
Premises	85,041	27,513	95,046	207,600	205,286
Human resources	652,879	211,226	729,689	1,593,794	1,336,036
General office costs	62,657	20,271	70,029	152,957	161,197
Legal	2,090	676	2,336	5,102	2,042
Irrecoverable VAT	9,046	2,927	10,110	22,083	21,379
Professional fees	6,308	2,041	7,051	15,400	39,575
Total support	857,631	277,469	958,531	2,093,631	1,890,223
Governance	13,745	4,447	15,362	33,554	28,675
Total support	871,376	281,916	973,893	2,127,185	1,918,898

*Each cost category is prorated based on staff full time equivalents. Staff are allocated to the respective strategic objectives of influence, voice and support based on the underlying nature of their activities, there is an element of subjective judgement in the allocation as there are some overlaps in activities.

	£ Influence	£ Voice	£ Support	£ Total 2021
IT	51,017	18,895	54,796	124,708
Premises	83,981	31,104	90,201	205,286
Human resources	546,561	202,429	587,046	1,336,036
General office costs	65,945	24,423	70,829	161,197
Legal	836	309	897	2,042
Irrecoverable VAT	8,746	3,239	9,394	21,379
Professional fees	16,190	5,996	17,389	39,575
Total support	773,276	286,395	830,552	1,890,223
Governance	11,730	4,345	12,600	28,675
Total support	785,006	290,740	843,152	1,918,898

7. Total expenditure

	£ Total 2022	£ Total 2021
Net income/expenditure is stated after charging:		
Auditor's remuneration:		
Audit	15,125	15,590
Tax advisory, secretarial services	3,615	2,920
Payroll costs	4,725	1,500
Depreciation	126,131	122,291
Operating leases	204,532	204,532
Loss on disposal of fixed assets	1,506	-

8. Trustees

One trustee, Ron Kerr was reimbursed for expenses relating to travel and accommodation of £292, (2021- £nil) and received remuneration of £55,000 (2021: £55,000) for the year. There is no contribution to a pension fund. The legal authority conferring authority to make payment is provisioned for in the articles of association.

The clause was ratified at an EGM on 10 September 2013 under consultation with the Charity Commission. No other trustees received remuneration for services rendered or reclaimed expenses. The company incurred a cost of £744 (2021: £587) in respect of annual indemnity insurance for the trustees.

9. Key management personnel

The trustees regard the trustees (who, with the exception of Sir Ron Kerr, are not remunerated), the chief executive and the directors as key management personnel.

	£ 2022	£ 2021
Key management personnel emoluments	886,007	839,737

Seven of the directors were in the NHS Pension scheme which is a defined benefit pension scheme (2021-5), and one was in a personal defined contribution pension scheme to which the charity contributes (2021-1).

10. Staff costs

	£ 2022	£ 2021
Wages and salaries	4,069,930	3,155,523
Social security costs	425,568	335,949
Defined contribution pension costs	232,353	173,257
Defined benefit pension costs - NHS pension scheme	8,154	8,985
	4,736,005	3,673,714

11. Staff numbers

The average monthly number of employees during the year analysed by activity was:

	2022	2021
Influence	34	27
Voice	11	10
Support	38	29
	83	66

The bandings for employees who receive more than £60,000 are set out on page 24.

12. Fixed assets – group and charity

	£	£	£	£	£	£
	Intangible fixed assets	Leasehold property improvements	Fixtures and fittings	Office equipment	Computer equipment	Total
Cost						
At 1 April 2021	249,191	52,571	92,039	4,833	148,812	547,446
Additions	2,301	1,396	4,793	695	87,152	96,337
Disposals	–	–	–	–	(60,176)	(60,176)
At 31 March 2022	251,492	53,967	96,832	5,528	175,788	583,607
Depreciation						
At 1 April 2021	164,942	50,483	90,640	4,833	97,033	407,931
Charge for the year	79,650	701	2,266	154	43,360	126,131
Disposals	–	–	–	–	(58,669)	(58,669)
At 31 March 2022	244,592	51,184	92,906	4,987	81,724	475,393
Net book value at 31 March 2022	6,900	2,783	3,926	541	94,064	108,214
Net book value at 31 March 2021	84,249	2,088	1,399	–	51,779	139,515

13. Fixed assets investments

The charity's investment at the balance sheet date in the share capital of companies is made up of the following:

FTN Trading Limited

Nature of business	To establish and run a conference for members of NHS Providers
Country of registration	England and Wales
Class of share	Ordinary - £1
% - holding	100

The financial results of the subsidiary for the year are summarised in note 3.

14. Debtors

	Group		Charity	
	£ 2022	£ 2021	£ 2022	£ 2021
Debtors	480,626	368,476	325,496	301,425
Other debtor	147,500	2,438	147,500	2,439
Prepayments	209,756	145,612	130,061	116,018
Amounts due from FTN Trading Limited	-	-	266,258	105,345
	837,882	516,526	869,315	525,227

The amounts due from FTN Trading Limited represent the net position of subscriptions income received by FTN Trading on behalf of the charity. The balance also includes any donations due to the charity from its subsidiary.

15. Creditors – amounts falling due within one year

	Group		Charity	
	£ 2022	£ 2021	£ 2022	£ 2021
Trade creditors	562,581	193,511	437,487	191,304
Social security and other taxes	242,542	136,885	240,639	125,798
Other creditors	41,608	31,521	41,609	31,521
Accruals	237,617	177,966	233,617	173,021
Deferred income	185,696	167,680	29,570	99,663
	1,270,044	707,563	982,922	621,307

Any income which relates to a period after year end has been deferred.
Analysis of the movement in deferred income is set out below:

	Group		Charity	
	£ 2022	£ 2021	£ 2022	£ 2021
Brought forward	167,680	100,947	99,663	86,566
Deferred	185,696	167,680	29,570	99,663
Released	(167,680)	(100,947)	(99,663)	(86,566)
Carried forward	185,696	167,680	29,570	99,663

16. Restricted and unrestricted funds

Group	£ Balance 1 April 2021	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2022
Community Network	13,500	17,500	(31,000)	-	-
Peer support review	-	230,000	(168,086)	-	61,914
Total restricted funds	13,500	247,500	(199,086)	-	61,914
Designated Community network fund	37,565	-	(35,723)	15,723	17,565
Designated funds	37,565	-	(35,723)	15,723	17,565
General other unrestricted	2,258,782	7,573,979	(6,708,040)	(15,723)	3,108,998
Total unrestricted funds	2,296,347	7,573,979	(6,743,763)	-	3,126,563
Total funds	2,309,847	7,821,479	(6,942,849)	-	3,188,477

Charity	£ Balance 1 April 2021	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2022
Community Network	13,500	17,500	(31,000)	-	-
Peer support review	-	230,000	(168,086)	-	61,914
Total restricted funds	13,500	247,500	(199,086)	-	61,914
Designated Community network fund	37,565	-	(35,723)	15,723	17,565
Designated funds	37,565	-	(35,723)	15,723	17,565
General other unrestricted	2,258,782	7,425,786	(6,550,372)	(15,723)	3,118,473
Total unrestricted funds	2,296,347	7,425,786	(6,586,095)	-	3,136,038
Total funds	2,309,847	7,673,286	(6,785,181)	-	3,197,952

During the year NHS Providers was engaged with a peer support offer for local systems working in partnership with relevant membership bodies.

It received restricted funding from NHS England to lead on the project in 21/22 of £230,000 with delivery to continue into the 22/23 financial year.

A designated fund to support community network trusts has a £17,565 carried forward balance to provide future support. An amount of £15,723 was transferred from general unrestricted funds to designated reserves to fund community network activities.

NHS Confederation also funded the community network service by providing £17,500 of restricted funding.

Group	£ Balance 1 April 2020	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2021
Community Network	-	30,000	(16,500)	-	13,500
Peer support review	167,893	-	(167,893)	-	-
Total restricted funds	167,893	30,000	(184,393)	-	13,500
Designated STP fund	79,780	-	(59,501)	(20,279)	-
Designated Community Network Fund	-	-	(23,944)	61,509	37,565
Designated Funds	79,780	-	(83,445)	41,230	37,565
General Other unrestricted	1,767,668	5,754,618	(5,222,273)	(41,230)	2,258,782
Total Unrestricted funds	1,847,448	5,754,618	(5,305,718)	-	2,296,348
Total funds	2,015,341	5,784,618	(5,490,111)	-	2,309,848

Charity	£ Balance 1 April 2020	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2021
Community Network	-	30,000	(16,500)	-	13,500
Peer support review	167,893	-	(167,893)	-	-
Total restricted funds	167,893	30,000	(184,393)	-	13,500
Designated STP fund	79,780	-	(59,501)	(20,279)	-
Designated Community Network fund	-	-	(23,944)	61,509	37,565
Designated funds	79,780	-	(83,445)	41,230	37,565
General other unrestricted	1,767,667	5,640,516	(5,108,171)	(41,230)	2,258,782
Total unrestricted funds	1,847,447	5,640,516	(5,191,616)	-	2,296,347
Total funds	2,015,340	5,670,516	(5,376,009)	-	2,309,847

17. Analysis of net assets between funds

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2022	£ Total 2021
Intangible fixed assets	-	6,900	6,900	84,249
Tangible fixed assets	-	101,314	101,314	55,266
Net current assets	61,914	3,018,349	3,080,263	2,170,333
	61,914	3,126,563	3,188,477	2,309,848

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2022	£ Total 2021
Intangible fixed assets	-	6,900	6,900	84,249
Tangible fixed assets	-	101,314	101,314	55,266
Investments	-	1	1	1
Net current assets	61,914	3,027,823	3,089,737	2,170,332
	61,914	3,136,038	3,197,952	2,309,848

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2021
Intangible fixed assets	-	84,249	84,249
Tangible fixed assets	-	55,266	55,266
Net current assets	13,500	2,156,833	2,170,333
	13,500	2,296,348	2,309,848

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2021
Intangible fixed assets	-	84,249	84,249
Tangible fixed assets	-	55,266	55,266
Investments	-	1	1
Net current assets	13,500	2,156,832	2,170,332
	13,500	2,296,348	2,309,848

18. Financial commitments

As of 31 March 2022 the charity was committed to making the following payments under non-cancellable operating leases in the following periods:

	£ 2022	£ 2021
Payable in respect of leases expiring:		
Within the year	78,077	204,540
Between the second and fifth year inclusive	–	78,077
Over five years from the balance sheet date	–	–

On the 17 August 2022, NHS Providers signed a 10 year lease agreement, with a five year break clause and initial 10 month rent free period. The principal annual rental sum is £191,386. NHS Providers will continue to rent and occupy its current office premises until 17th December 2022 with an option to extend beyond that on a month by month basis if required.

19. Liability of members

On 31 March 2022 the charity had 212 (2021:215) members. The liability of each member to contribute to the assets of the charity is limited to £1.

20. Related party transactions

For this year, FTN Trading Ltd did not pay a donation under gift aid to NHS Providers as it sustained a loss of £9,476 (2021: profit £39,995). FTN paid a management charge of £29,167 to its parent charity during the year (2021: £58,758). At the year end NHS Providers was owed £266,259 (2021: £99,345) by FTN Trading Limited.

Transactions between the holding and subsidiary company are conducted at arm's length. For membership organisations that are represented on NHS Providers elected board of trustees, preferential rates are not applied to subscription fees or attendance at NHS Providers events.

All elected board members are either chairs or chief executives of member organisations. Ron Kerr is the remunerated chair.

NHS Providers occasionally takes on temporary staff to provide extra assistance at short notice. During the period of this report, the son of a senior executive was contracted on a temporary basis following a competitive process. The senior executive played no part in this process, setting of terms and conditions or the management of their son's work. The value of the contract for services was £12,740 over a six-month period.

There are no other related party transactions during the year.

21. Reconciliation of net income/(expenditure) to net cash flow from operating activities

	£ 2022	£ 2021
Net income for the reporting period (as per the statement of financial activities)	878,630	294,507
Add back: depreciation	126,131	122,291
Add back: loss on disposal of asset	1,506	-
Deduct interest income shown in investing activities	(1,635)	(7,275)
Increase in debtors	(321,356)	(263,765)
Decrease in creditors	562,481	207,674
Net cash inflow from operating activities	1,245,757	353,432

22. Comparative statement of financial activities 2021

	£ Unrestricted funds	£ Restricted funds	£ Total 2021
Income from			
Donations and legacies	-	-	-
Charitable activities	1,183,408	30,000	1,213,408
Subscription income	4,351,083	-	4,351,083
Other trading activities	212,852	-	212,852
Investments	7,275	-	7,275
Total income	5,754,618	30,000	5,784,618
Expenditure on			
Trading activities	114,102	-	114,102
Charitable activities	5,191,616	184,393	5,376,009
Other	-	-	-
Total expenditure	5,305,718	184,393	5,490,111
Net income/(expenditure) and net movement in funds for the year	448,900	(154,393)	294,507
Transfers between funds			-
Total funds brought forward	1,847,448	167,893	2,015,341
Total funds carried forward	2,296,348	13,500	2,309,848

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.2 million staff.



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@NHSProviders

NHS Providers is the operating name of the
Foundation Trust Network
Registered charity 1140900
Registered in England and Wales as company
7525114
Registered Office
One Birdcage Walk,
London SW1H 9JJ

Foundation Trust Network operating as
NHS PROVIDERS

THE FOUNDATION TRUST NETWORK

England & Wales - Charity number 1140900

Accounts



The Foundation Trust Network operating as
NHS PROVIDERS

TRUSTEES' ANNUAL REPORT
AND ACCOUNTS
FOR THE YEAR ENDED
31 MARCH 2021

The Foundation Trust Network
Charity registration number: 1140900
Company registration number: 07525114

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2021

The trustees are pleased to present their annual trustees' report together with the consolidated financial statements of the charity and its subsidiary for the year ended 31 March 2021. The financial statements have been prepared in accordance with the Charities Act 2011, the Companies Act 2006, the organisation's memorandum and articles of association, and Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second edition).

Strategic report

The information below, including the review of activities, financial review, risk management statement and summary of future plans forms the strategic report for the purpose of the Companies Act 2006.

The report and financial statements also meet the requirement for a directors' report and accounts under the Companies Act.

About us

The charity's objects are: *the relief of sickness and the preservation and protection of public health through the support of its members as providers of healthcare within the NHS.*

During the year NHS Providers had one wholly owned trading subsidiary company: FTN Trading Limited trading as NHS Providers Trading Limited (company ref 07940647) to operate its annual conference.

About the period covered by this report

This report covers all the group's activities from 1 April 2020 until 31 March 2021.

CHAIR'S REPORT

NHS Providers has had an extraordinary year acting as the membership organisation for the 215 NHS acute hospital, ambulance, community and mental health foundation trusts and trusts who provide healthcare to England's 56 million population.

The trusts we represent have faced enormous challenges in dealing with repeated waves of COVID-19 while treating millions of patients with other conditions and playing a leading role in the biggest vaccination programme in the history of the NHS.

The response to the emergency by trusts and NHS staff has reinforced public gratitude and support for the health service. It showed how trusts, working with partners, are well placed to play a leading role in the evolving integrated health and care landscape. But the pandemic has also created additional demands on the health service, the extent of which are only now starting to become clear.

NHS Providers moved quickly and effectively to provide trusts with the support they needed during the pandemic. Core activities were adapted to provide alternative solutions for members, with a focus on addressing central concerns in the media while working to influence key decisions, particularly over funding and the development of system working. Our programme of events and networking opportunities, including the Annual Conference and Exhibition, went ahead online seamlessly and successfully.

As the continuing excellent results in our member, staff and stakeholder surveys show, NHS Providers has once again delivered for our members and the wider service across all four elements of our strategy – voice, influence, support and excellent organisation. However, recognising the changes wrought by the pandemic and the fast evolving landscape of integrated care, we brought forward our new strategy, mapping out our journey from the voice of NHS providers to the voice of NHS providers working in local systems.

This strategy, now approved by members, underlines our continuing commitment to be an outstanding membership organisation and trade association, unrivalled in the influence voice and support we offer our members. Throughout this very difficult year, I have had many occasions to be grateful to my fellow trustees – 20 busy trust chairs and chief executives – for their time and commitment. The board as a whole would also like to thank our staff team for their hard work and our members for their continuing support.



Sir Ron Kerr
Chair, NHS Providers

OUR OBJECTIVES AND ACTIVITIES

NHS Providers is required by charity and company law to act within the objects of its memorandum of association.

The purpose of the charity, as stated therein, is to enable our members to provide high quality healthcare within the NHS, thereby relieving sickness and protecting public health.

We uphold our duty of public benefit by being an outstanding membership organisation supporting the NHS trusts and foundation trusts who provide frontline healthcare to England's 53 million population. Our members include NHS acute hospitals, community, mental health and ambulance service foundation trusts and trusts that, together, interact with more than 5 million patients and service users a week, employ more than 1.1 million of its 1.2 million staff, and account for £65bn of the £110bn spent by the NHS.

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the Charity Commission's guidance on public benefit. NHS Providers' public benefit is enshrined in its charitable objectives as outlined above.

Over the course of 2020/21 we refreshed our organisational strategy to respond to changes in the external environment, including the coronavirus pandemic, and to respond to feedback from our members to deliver our influence, voice and support in the changing context of a rapidly increasing move to integrate health and care and system working at a local level. We therefore launched a new four year strategy in April 2021, as set out below.

Our vision

An outstanding membership organisation and trade association for all NHS providers, unrivalled in the influence, voice and support we offer our members.

Our mission

To enable high quality care for patients and service users, and a reduction in health inequalities, by supporting members to work collaboratively within and across local health and care systems.

Our strategic objectives

Our four strategic objectives drawn from our four-year (2021-25) strategy, are:

- **Influence:** To shape the environment and culture in which our members operate – with a dedicated focus on finances, quality, workforce, governance, regulation, digital transformation, integration and system working.
- **Voice:** To be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.
- **Support:** To help our members and their local system partners drive improvement and innovation through effective, shared development, support and learning.
- **Excellent organisation:** To provide outstanding value for money to our members, create a supportive environment for staff and continually improve, driven by our values.

Our values

This year we co-produced and launched our new organisational values which reflect the behaviours we seek to model and drive and underpin all of our work.

At NHS Providers, we are:

- **Respectful:** “We act with honesty, compassion, openness and integrity and recognise the contribution each of us makes.”
- **Inclusive:** “We celebrate and champion diversity and seek out different viewpoints. We act to call out and tackle discrimination.”
- **Collaborative:** “We work as a team internally, and with our members, stakeholders and partners to deliver positive results.”
- **Effective:** “We deliver professional, high-quality work which is member led and supports the health and care service to deliver value and positive change for patients.”

KEY ACHIEVEMENTS AND PERFORMANCE

Delivering voice, influence and support for our membership in response to the coronavirus pandemic and supporting the wellbeing of our own staff during lockdown and the shift to virtual working, took precedence throughout 2020/21.

We significantly increased our media profile during the year as a ‘go to’ organisation willing and able to comment authoritatively on the rising pressures on trusts and frontline staff. We played a key and new role in the early days of the pandemic in facilitating direct, timely dialogue between national policy makers and trust chairs and chief executives, continuing to shape policy constructively throughout the year including to embed innovation and learning from the experience of the pandemic. We also pivoted our development, engagement and events offer to virtual platforms swiftly and effectively with excellent feedback which will inform how we manage our support offer going forwards.

Despite the primacy of the pandemic throughout the year, a raft of wider health and care policy development restarted in the summer of 2020, and we have delivered significant achievements in maintaining our influence and voice on the sustainability of the sector, the development of system working and the linked legislative proposals, as well as tackling workforce challenges – alongside a sustained public narrative on the risks and impact created by the coronavirus. We also continued to offer bespoke member support to trust boards, restarting our full offer of networks and engagement on a virtual basis when trusts had sufficient capacity to engage.

We redeployed staff quickly in the early days of the pandemic to focus almost entirely on supporting our members in their response to unprecedented times. As ‘core’ activities restarted in pockets over the course of the year, our staff have often gone above and beyond to manage the additional work created by the pandemic context with limited additional resource.

Below we set out a short summary of our work to support trusts during the pandemic, and summarise key achievements against each of our four strategic objectives: influence, voice, support and excellent organisation, including the priorities we set out for 2020/21 in our previous annual report.

Shaping policy and supporting communication during the pandemic

All of our work over the last year has been set against the backdrop of the challenges created by the pandemic, making our objectives of influence, voice and support more closely intertwined than ever before. We facilitated regular communication between trusts and NHS England and NHS Improvement, highlighting challenges arising from national policy approaches such as the supply and distribution of PPE, the support needed to deliver the vaccination programme, the risk facing care homes, the government's testing strategy and the test and trace regime. We also highlighted the impact of the pandemic on frontline staff, its very concerning deepening of race and health inequalities and the way it has created pent up and rising demand for particular services.

We sustained our impact over the year, repeatedly calling on government to be cautious in easing the lockdown, emphasising the need to look at 'data not dates' and setting four key tests – an approach strongly echoed in the Prime Minister's subsequent roadmap. Our core focus has been on reflecting trusts' achievements, sharing learning from the innovations introduced during the pandemic, and supporting trusts to protect their staff and patients as they recover the care backlog.

In total during the year we:

- Published 92 briefings and reports, underpinned by 10 member surveys and including over a dozen *On the day* and *Next day* briefings
- Submitted 23 consultation responses; and,
- Held over 400 meetings with key national decision makers.

Influence

In addition to our work on the impact of coronavirus, and informed and infused by the experience of the pandemic, we had impact in the following key areas of national policy, as planned:

- **NHS funding and finance:** we continued to make the case for sufficient investment in the NHS, public health and social care with a focus on provider finances and capital investment, payment systems, regulation and the impact of system working. We played an important role in securing an extra £3bn NHS funding for 2021/22, including significant increases in NHS capital and revenue funding including for mental health.. In the wake of new and long-lasting demands created by the pandemic, securing a realistic, funded ask of the NHS remains one of our core priorities.
- **The role of systems:** we informed the thinking of the Department of Health and Social Care (DHSC), NHSE/I and the Health and Social Care Committee on their proposals for legislative change, securing robust engagement mechanisms to ensure providers' views will be reflected. We have sustained detailed engagement on NHSE/I's proposals to develop system working, and provider collaboration, exploring the leadership role of trusts at the levels of neighbourhood, place, ICS and pan ICS. We continued to highlight the importance of robust and rigorous answers to questions of governance, accountability and financial flows through a series of blogs, thought pieces and briefings.
- **Preparing for legislative change:** over the course of the year we increased our engagement with ministers, DHSC and NHSE/I ahead of, and in response to, the publication of the white paper and its wide ranging proposals. We have also ensured additional resource is in place to support our activity on the health and social care bill in 2021/22.
- **Workforce:** we sought a coherent, national approach to address workforce challenges and skills shortages, learning from the experience of the pandemic, influencing the Interim NHS People Plan and giving evidence to the pay review bodies. We also highlighted the impact of race inequality and structural racism within the NHS.

- **Operational performance, recovery and the care backlog:** we maintained our analysis of NHS performance with our NHS Winter watch campaign highlighting the intense pressures on the sector over the winter months, promoting our new NHS activity tracker, and informing the Clinical Review of Standards.
- **Quality:** we worked with the national quality teams to feed into the refreshed Shared Commitment to Quality, holding a series of member roundtables with the Chief Nursing Officer for England, and participating in a number of national working groups focused on developing learning cultures
- **Regulation and oversight:** we focused on shaping the Care Quality Commission's (CQC) strategy and approach to prosecutions, and NHSE/I's new system oversight framework, with a series of engagement events and written consultation submissions, underpinned by our annual regulation survey report.
- **Governance:** we continued to add value offering expertise on the central importance of the unitary board and what is needed for that model to work effectively, the relationship between governance and regulation and the development of accountability structures in the context of system working, publishing a number of blogs and thought pieces.
- **Digital:** underpinned by learning from our successful support programme for boards – Digital Boards - we focused on digital leadership within trusts and representing trusts' views on informatics and the digital agenda to NHSE/I, NHSX and NHS Digital.
- **Brexit:** working in coalition with partners across the sector, we engaged with trusts and national bodies on the implications of Brexit, highlighting trusts' concerns.

Sector focus

- **We supported our mental health leaders** by publishing a key report to highlight the role of mental health providers during the pandemic and the impact on demand, and a dedicated briefing outlining the need for investment in learning disability services to address structural inequities and capital investment across the sector
- **We continued to champion the role of community services via the Community Network which we host in partnership with the NHS Confederation.** This has included a briefing on the key contribution that community providers made in supporting the NHS response to the pandemic, an influencing programme ahead of the 2020 spending review and a key focus on the implications of proposals to develop system working. We also developed our position on what is needed to reduce fragmentation in NHS public health services and mechanisms to achieve greater transparency over commissioning spend on community services
- **We worked in partnership with the Association of Ambulance Chief Executives (AACE)** to highlight the role of the ambulance sector in responding to the pandemic; facilitated discussion with NHSE/I on the sector's role in system working and effective urgent and emergency care pathways; and called on the government to address historic under-funding of the ambulance sector
- **We continued to develop our partnership with the National Association of Primary Care (NAPC) and new relationships with a group of larger scale primary care providers,** including conversations to influence national stakeholder thinking on digital transformation. We have a project underway in partnership with large scale primary care providers to capture case studies of trusts and primary care working together to tackle the elective care backlogs created by the pandemic.
- **We continued our work with Shelford Group and Federation of Specialist Hospitals** to re-engage effectively with NHS England and NHS Improvement on the development of specialised services in the context of system working.

All of our influencing activities are underpinned by constructive relationships with key stakeholders and a robust evidence base. We sustained our stakeholder engagement with key decision makers including the Secretary of State for Health and Social Care, the ministerial team, the health and social care select committee, and other senior parliamentarians, as well as the leadership of NHS England and NHS Improvement, the CQC and other national bodies. Over the past year, we successfully moved our dinner programme for members and key stakeholders online into a new online format and developed a 'Spotlight on...' briefing series for parliamentarians and the media. We completed our annual survey programme, with a greater focus on short, flash surveys to enable trust leaders to engage. Our annual stakeholder survey continues to confirm the very positive views that stakeholders have of NHS Providers and our work.

Voice

'The past year has been pivotal in cementing NHS Providers as not just the 'go to' authority on provider issues but also as a key media commentator on wider NHS issues, willing and able to contribute to national discourse on the impact on the NHS as the pandemic unfolded. Trusts are keen that we sustain our increased presence in the media which has focused on setting out the pressures facing providers and the frontline and promoting trusts' achievements in unprecedented times. This will continue to be important as we approach a public inquiry into the government's response to the pandemic.

From the early stages of the pandemic we were able to draw on our unrivalled access to insightful, up-to-date information from members to address a worrying information gap that could – on occasion – be filled by other less reliable sources. This, combined with our close connections with national NHS leaders, allowed us to present a credible and authoritative picture of what was happening on the ground, on a range of pressing issues including testing, ventilators, PPE, COVID-19 and non-Covid care, support for staff and the vaccination programme.

We pivoted our resources to ensure we were primed to comment proactively and reactively to developments day by day. Our willingness to acknowledge shortcomings, to discuss the reasons behind them, and our ability to anticipate and explain frontline concerns cemented our standing in the eyes of journalists. The regular, assured and knowledgeable media contributions from our Chief Executive and Deputy Chief Executive enhanced NHS providers' profile, and has been highly commended in feedback from members, parliamentarians, and frontline staff.

We have had 36,782 media mentions – more than a fivefold increase on last year - and placed 47 commentary pieces authored by our staff and experts from partnership organisations or members (an increase from 35 last year). We have been a leading commentator on the impact of the pandemic, funding for the NHS, governance and system working.

Engagement with our digital activities has continued to grow and we have seen both NHS Providers' and Chris Hopson's Twitter accounts increase to more than 23,000. We are using video, podcasts and LinkedIn to further increase our reach across digital platforms.

Support

We successfully pivoted all our development and support programmes for trust boards and governors to a virtual format, with an increase in demand and outstanding feedback from those taking part. The use of virtual platforms and blended models will inform our delivery going forwards. In summary we:

- Hosted over 900 senior leaders, stakeholders, and journalists at our virtual annual conference
- Held over 200 development and engagement events for members, involving more than 6,000 delegates, with 97% rating them as good or excellent. This included:
 - 33 network meetings for board level directors
 - 13 virtual roundtables with key system figures
 - 66 board development courses, reaching 888 delegates
 - 49 virtual courses within our Governwell training programme, reaching around 700 NHS governors
- Established a very well-received new Digital Board programme, with a range of direct support and guidance for boards to help them make faster and stronger progress in this area. This included engaging more than 600 directors from over 150 trusts, delivering 25 bespoke board development sessions, a wide range of peer learning events and 3 leadership guides with 11,000 average unique views.
- Delivered our peer support offer for 8 local systems in partnership with the NHS Confederation, NHS Clinical Commissioners and the Local Government Association, focusing in particular on supporting effective collaboration between the NHS and local authorities.
- Secured funding from the Health Foundation to pilot a support offer on trust-wide improvement, based on the scoping work we conducted before the pandemic hit.

Continue to develop and deliver a range of additional tailored support programmes for boards, some of which are supported by external funding where possible and appropriate.

Excellent organisation

New four year strategy

Over the course of 2020/21 we developed a new four year strategy for the organisation in response to the external environment, and in response to feedback from members who want to see us do more to help shape their role in system working. The strategy was developed in partnership with our board, which is reflective of our membership.

In February 2020, we consulted the membership on our proposals for a new strategy underpinned by a revised business model to increase and diversify our income by:

- Increasing commercial income based on appropriate criteria
- Seeking additional statutory income without compromising our independence and growing our income to deliver support programmes for members working with other partners
- Prudently drawing down the reserves we have built up, reducing the need to increase membership fees
- Making a carefully judged uplift in membership fees over a two-year period which includes protections for trusts with a lower turnover, ensuring no trust will be asked to pay more than a £10K increase over the two-year period.

In testament to the organisation's performance over the past year, members were supportive of the new strategy and business model, which launched in April 2021, providing a clear framework for NHS Providers and its staff to build on the strengths of the organisation in coming years.

Shared values and behaviours

The launch of our organisational values this year is an important moment for the organisation. Co produced with the staff team, our values and behaviours underpin our approach and all of our work. We have already undertaken a range of activities in support of this new approach including offering a confidential survey for all staff on internal communications, and updating our appraisal process to integrate full reflection on our shared values.

Feedback from members and stakeholders

During 2020/21 we continued to deliver high professional standards across all our work, ensuring that as an organisation we are fit for purpose and offer outstanding value for money to our members. By the end of the 2020/21 financial year, NHS Providers had 100% of the 214 eligible foundation trusts and trusts in membership.

In the most recent members survey 95% of respondents were 'very' or 'fairly satisfied' with the work of NHS Providers; with 57% indicating they are 'very satisfied' - the highest ever figure from five years' worth of surveys. 97% felt it was 'very' or 'fairly important' for their organisation to be a member of NHS Providers. Overall, 92% felt it was 'very' or 'fairly important' for them individually, rising to 97% for chairs and chief executives. 96% would speak positively about NHS Providers.

We have also maintained high levels of satisfaction among our stakeholders. Our independent survey of 20 health and political leaders and the media – conducted on our behalf by Ipsos MORI – found that stakeholders regard engagement with NHS Providers as extremely valuable. They recognise that we are the go-to organisation for the views of the provider sector.

Staff wellbeing and support

We have continued to invest in support and recognition for our staff and receive positive feedback that staff feel valued and would recommend NHS Providers as a place to work. This year has seen a particular focus on staff wellbeing, supporting staff through the challenges of virtual home working and managing some difficult individual circumstances. We have adapted key policies to provide additional support and maintained excellent communication within and between teams. We have put in place plans to transition back to office based working when Government guidelines allow but will continue to support a desire from many staff to maintain a flexible approach to our ways of working.

OUR PLANS FOR THE FUTURE

We are uniquely placed to work across the full range of issues that affect trusts, drawing on the perspectives and experience of our membership which includes all of the 215 hospital, mental health, community and ambulance trusts in England. Our priorities for 2021/22 are outlined below against each of our four strategic objectives of influence, voice, support and excellent organisation.

The strategic objectives set out in our new four year strategy are:

Influence

To shape the environment and culture in which our members operate – with a dedicated focus on finances, quality, workforce, governance, regulation, digital transformation, integration and system working.

Voice

To be the collective voice of NHS providers working in local systems, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider health and care community.

Support

To help our members and their local system partners drive improvement and innovation through effective, shared development, support and learning.

Excellent organisation

To provide outstanding value for money to our members, create a supportive environment for staff and continually improve, driven by our values.

In support of our strategy, this year we will make concerted effort to mirror the challenges that trusts are facing to sustain our credibility, relevance and to represent their interests in fast changing times. We will build on our success to date to refresh our approach and move from the voice of NHS providers to the voice of NHS providers in local systems, working with relevant partners to add value for our membership.

Influence

Over the year ahead we will sustain our stakeholder engagement programme, and our evidence based approach, to underpin the following portfolios of work:

- **Response to COVID-19** – we will continue to set out clearly the pressures on trusts and the support they need, as well as highlighting how successfully the service has responded to the pandemic. We will also look ahead to the long-term impact on health inequalities, and on the NHS and its staff and what the NHS needs to live longer term with the virus
- **A prioritised, and resourced ‘ask’ of the NHS** – we will argue for a clear ‘ask’ of the service in the wake of the pandemic which is resourced and realistic and incorporates learning from the last year. This will mean a clear prioritisation of the current commitments in the long term plan, manifesto commitments, and new demands and costs created by the pandemic. including a growing backlog of care
- **Funding and resourcing** – make the case for a step change in funding the NHS, including a multi-year settlement for capital, workforce, and education and training budgets and appropriate settlements for public health and social care. We will influence and constructively shape the development of the new financial architecture as system working becomes embedded
- **Workforce** – we will continue to argue for greater support for our committed and exhausted workforce with a clear focus on recovery. We will promote a workforce model which is sufficiently well resourced, flexible and supported, underpinned by a multi-year plan
- **Legislation** – we will prioritise our influencing activities this year to ensure provider interests are fully represented as the government develops far reaching changes to the NHS structure under the proposed health and care bill. We will engage with DHSC on the proposed reforms to the Mental Health Act as well as continued participation in national working groups on mental health policy
- **Integration and system working** – as trusts become leaders and co-leaders of system working, we will help shape the new and emerging policy and regulatory frameworks constructively. We will support trusts to work collaboratively at neighbourhood, place, ICS and pan ICS levels with a clear focus on influencing and supporting the development of provider collaboratives. We will develop our relationships with other types of provider and their representative bodies including in primary care, social care and the voluntary sector
- **Governance and accountability** - our thought leadership on governance will inform our work on the NHS Bill making clear that good governance is no barrier to collaborative working. We will continue to highlight and support the important leadership and accountability role of boards ensuring this is not compromised by proposals for legislative change, promoting the value of the unitary board model and making clear the relationship between governance and regulation
- **Regulation and oversight** – with a focus on the roles of NHS England and NHS Improvement, and the Care Quality Commission, we will ensure that current and future approaches are proportionate and that the burden of regulation is reduced. This year we will focus particularly on the implementation of CQC’s new strategy and how the regulators adapt their approaches to the new context of system working
- **Quality** – focusing on the trust board’s role in leading and creating a quality improvement and learning culture, we will argue for a national policy approach that ensures the NHS remains a great place to work, and create the conditions for patient safety
- **Public health and health inequalities** – we will champion the need for sufficient investment in public health and promote the role trusts play in supporting a preventative approach and as anchor institutions in their local area. We will inform the debate on how public health functions can be delivered effectively nationally and locally

- **Digital transformation** – we will argue for sufficient, co-ordinated funding for trusts and their partners in support of digital transformation; continue our dedicated support offer for boards, and potentially system partners; and inform proposed changes in the national architecture to support digital transformation
- **Performance and delivery** – we will provide informed commentary on how well the sector is able to deliver national targets given rising demand, a tight financial settlement and workforce challenges. We will also inform the implementation of recommendations arising from the clinical review of standards, and new measures associated with the delivery of the NHS long term plan
- **Mental health, community and ambulance sectors** – we will continue to highlight sector specific challenges and what is needed to meet them. This includes highlighting structural discrimination and inequities for mental health, learning disability and community services, and identifying the impact of the white paper on mental health services. we will continue our partnership with Federation of Specialist Hospitals (FOSH) and Shelford Group to ensure the needs of specialised services are taken into account as system working develops, and work closely with the Association of Ambulance Chief Executives (AACE) to support the ambulance sector

Voice

We will continue to be the collective voice of NHS providers, reflecting the diversity of our membership, and championing your interests in the media, government, the NHS and wider healthcare community focusing on:

- being the recognised commentator for NHS provider issues, within the new context of system working, for both the national and trade media
- ensuring we have significant reach and profile across social media channels and making sure our proactive and reactive media commentary and analysis has maximum visibility
- speaking truth to power about the consequences of the current pressures on providers and what the sector can reasonably be expected to deliver given these pressures
- developing our well received case study series, Providers Deliver, to showcase the achievements of the provider sector and sharing learning on successful innovation
- maintaining our established position as the voice of trusts and foundation trusts with greater focus on the voice of NHS providers in local systems
- mirroring the new partnerships trusts are developing at the frontline to become the emerging voice of a broader range of health and care providers.

Support

We will help providers drive improvement and innovation through effective, shared development, support and learning. With a particular focus on:

- **Networks:** diversifying and enhancing member engagement through regular opportunities to meet with colleagues
- **Board development:** continuing to deliver our highly regarded board development programme which is specifically designed to help trusts share good practice, increase knowledge and improve the effectiveness of boards and organisations. It comprises induction programmes for executive and non-executive directors, bespoke year-long programmes for whole boards and a comprehensive range of skills-based modules. All programmes are delivered in regional locations or in individual trusts by our team of experienced, expert facilitators
- **Governor support:** our governor support programme provides guidance and support for foundation trust governors. As part of this, GovernWell, the national training programme for foundation trust governors, will continue to deliver its range of training courses covering a variety of topics to equip them with the skills required to fulfil their responsibilities
- **Supporting trusts as leaders and co leaders of systems,** including collaborative working at neighbourhood, place, ICS and pan ICS levels: z Continuing to build our peer support offer delivered in partnership with the NHS Confederation, NHS Clinical Commissioners and Local Government Association, enabling members to learn from peers as they navigate the practical implications of the White Paper and agree new priorities with their system partners
- Developing our support for **provider collaboratives** and provider collaboration, in partnership with NHS England and NHS Improvement where appropriate
- Developing a board support offer to help trusts tackle **race inequality and racism**, and play their role in addressing the broader determinants of health
- **Digital transformation:** continuing our well-regarded three-year programme of support for boards on provider digitisation, delivered in partnership with NHSX, HEE and Public Digital. With a dual focus on learning from other sectors as well as insights from NHS peers, this combines bespoke sessions for individual boards with a wider programme of events, case study publications and 'how to' guides, alongside a Digital Boards network for ongoing peer learning on digital transformation
- **Trust wide improvement:** In partnership with the Health Foundation, we will launch a new offer for boards on driving trust-wide improvement. This will focus on how organisational approaches to improvement can help to sustain the positive gains made as a result of the pandemic and draw together existing resources to help trusts on their improvement journey
- **Events:** maximising the success of our annual conference and exhibition, our Governance and Quality Conference and other major events

Excellent organisation

We will strive to provide outstanding value for money, create a supportive environment for our staff and continually improve. With a particular focus on:

- Delivering the first year of our new four year strategy
- Embedding a new set of organisational values, co-created with our staff team
- Increasing and diversifying our income and improving cost-effectiveness to reduce our reliance on member fees. We will do this without compromising our independence and ability to speak truth to power. This includes:
 - Growing commercial income in 2021/22 (by at least 50%) and in 2022/23 (by a further 25%) without relaxing our partnership criteria. We will do this by growing new and existing offers to engage commercial partners and enable them to bring thought leadership and insight to our members. This year we will be launching a new panel of legal advisers and consultancies to answer member questions and give back time and insight on a pro-bono basis
 - Growing project funding from national bodies (such as NHS England and NHS Improvement) from just under £1m in 2020/21, to £1.8m in year four of our strategy
 - A sustained focus on efficiency at NHS Providers including an annual cost improvement plan
- Making a drawdown from our reserves over the four-year period to bring them closer to a recommended revised minimum of £1.3m
- Making a carefully judged uplift to member fees.

Further information and contact details

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FINANCIAL REVIEW

NHS Providers, as a membership organisation, receives the majority of its recurring income from membership subscriptions. Additional annual income is derived from providing workshops and training services to members - as well as from commercial agreements, including (but not limited to) event sponsorship. NHS Providers also generates project income by working collaboratively with partners to develop specific areas of support for members. NHS Providers does not raise funds directly from the public, although it does accept unsolicited donations. All of these funding sources enable the charity to deliver its objectives of voice, influence, support and excellent organisation.

Under its current strategy, NHS Providers aims to:

- fully utilise its subscription income in the delivery of its services to members
- make a surplus or to achieve break-even on the provision of any additional commercial services to members, such as workshops and training.

Income from charitable activities increased by 54% to £1,213,408 (2020: £787,044). This is due to a substantial increase in project income. NHSP secured a three-year project with NHSI/E on digital transformation, total value £2.6m. In 2021 service delivery continued on developing a peer support offer for local systems funded by using brought forward restricted funds of £167k. Although course delivery under the Board development programme was relatively uninterrupted despite the impact of the Covid pandemic, there was a relatively small decline in income of 15% due to a “transitioning period” from face to face to more hybrid ways of working. However the decline in income was also offset by a reduction in delivery costs.

Subscription income was stable across 2019/20 and 2020/21 with all trusts still in membership. Membership fees were increased by a small amount to fund the last year of the three-year strategic offer, but the overall subscription income increase averaged 1% due to income loss through trusts merging. At year end NHS Providers had 100% of trusts in membership, which represented 215 trusts.

Revenue of the charity’s wholly owned subsidiary, FTN Trading Limited, decreased by 46% from £395,350 to £212,852 for the year ending 31 March 2021. Due to the Covid pandemic, NHSP transitioned to hosting its annual conference virtually. Exhibition stand rates and ticket sales were market adjusted to reflect the virtual delivery format, resulting in a decline in income compared with 2020. However, the overall profit margin actually increased, from 27% to 46% as delivering the conference virtually created very significant cost savings.

Other commercial income streams, such as the connect programme and associate income showed progressive growth of 35% from £51,812 in 2020 to £70,458 in 2021. In 2020. The trading entity delivered a surplus of £39,995 for the year (2020-nil).

Overall expenditure increased by 10% to £5,376,009 (2020: £4,900,939). However, included in total expenditure is spend on the digital transformation project of £572k. Excluding this project related spend and spend on restricted funds, which distort the comparatives, the 2021 spend is 3% lower than 2020 levels. This percentage decline is more reflective of the impact that Covid had on variable costs in particular variable office overhead costs and variable costs of course delivery. The full extent of these savings is somewhat offset by the continued growth in salary costs, (staff growth of 58 to 66 in year), to support the expanded offer to members.

NHS Providers realised a surplus of £294,507 for the year, (2020: £313,600). This aggregates, a surplus on unrestricted funds of £448,900 and a deficit on restricted funds of £154,393. The surplus reflects the agility of our organisation to adapt at speed to the rapidly changing environment caused by the Covid pandemic. As a result, we did not suffer any significant loss of income and where we did, we achieved savings on expenditure. Total reserves for the year ending 31st March 2021 are £2,309,848.

Reserves policy

In the trustees' view, the charity's reserves should provide the charity with adequate financial stability and the means for it to meet its charitable objectives should a shortfall in income occur, considering potential risks. Reserves are also maintained to further the strategic aims of the charity and to maximise business growth opportunities, subject to approval by the finance and general purposes committee. If the charity was to cease operating, reserves are set at a level that allows the charity to meet all necessary obligations and commitments to staff and third parties.

To meet the above objectives, it has been agreed by the board that free reserves should not fall below £1,300,000. This was set at a level sufficient to meet our statutory obligations in the event of an orderly winding up. The level of free reserves for the group is defined as general unrestricted funds excluding tangible fixed assets which cannot be readily liquidated.

At year-end, the group had a level of free reserves of £2,156,833, well in excess of the reserve level set. Free reserves are higher than the agreed minimum level due to current and prior year surpluses. These were achieved through cost control and higher project income in recent years. NHS Providers will utilize excess reserves in the delivery of the new four-year strategy 2021-2024 and to achieve sustainable growth.

The finance and general purposes committee will review the amount of reserves on an annual basis to ensure that they are sufficient to meet the group's continuing obligations.

Going concern

We have adequate financial resources and are proactive in identifying and mitigating business risks. Our planning process, including financial projections, considers the current economic climate and its potential impact of various sources of income and expenditure. NHS Providers has been pro-active in adapting to the changes brought about by the Covid pandemic. To ensure uninterrupted support to members we are continuing to deliver a hybrid

of face to face and virtual conferences and events. Endorsement of our members support is evidenced by retention of 100% of our membership at year end. Additionally, we continue to diversify income by developing commercial income streams and securing new areas of project funding. These measures safeguard our revenue and cashflow enabling us to provide assurance about our financial stability notwithstanding any unexpected challenges. The charity has a strong balance sheet with a high level of net current assets due to the cash reserves held.

We believe there are no material uncertainties that call into doubt the charity's ability to continue as a going concern.

Fundraising

The Trustees take their responsibility under the Charities (Protection and Social Investment) Act 2016 seriously and have considered the implications on their activities. The charity does not raise funds directly from the general public and does not actively solicit donations. The Charity does not work directly with commercial sponsors but where commercial sponsorship is arranged for an event, a clear contract is in place between the trading company and the commercial sponsor. The trustees are not aware of any complaints made in respect of fundraising during the period.

Principal risks and uncertainties

NHS Providers is committed to effective risk management as an integral part of ensuring good corporate governance. Risk management provides the framework and process that enables NHS Providers to manage uncertainty in a systematic way. Our risk management processes are designed to enable us to adequately identify review and mitigate risks.

The risk management strategy comprises:

- on-going review of principal risks and uncertainties that the charity and its subsidiary face
- establishment of policies, systems, procedures and strategies to mitigate those risks
- implementation of procedures to minimise or manage any potential impact on the charity should those risks materialise.

All risks are documented in a risk register which scores risks according to their impact and likelihood of risk crystallising. It identifies potential impacts and documents control measure and actions. The score profile is updated quarterly.

Responsibility for risk management is undertaken at every level of the organisation. Day-to-day responsibility for operational risk lies with the managers and staff responsible for the organisation's operations. The risk register is reviewed and updated on a regular basis by the senior management team of the organisation and the finance and general purposes committee. The full board of trustees review the risk register twice a year and are responsible for considering the overall strategic risks and for monitoring the status of any significant operational risks.

The key risk areas facing the charity and its subsidiary and a summary of the plans and strategies to manage those risks are listed below:

- **Sufficient finances:** the charity is reliant on a high level of subscription income to deliver services to members and cover operational costs. We proactively manage the membership subscription renewal process, assessing the overall likelihood of individual members not renewing and mitigating accordingly. We strive to diversify our income mix and expand commercial income. Resources are dedicated to active membership engagement to maintain high levels of service delivery and member retention. Costs are monitored through a robust financial reporting process and monthly variance analysis. Pre-emptive action can be taken if any variation against expected financial outcomes occurs during the year. Additionally, an adequate reserves policy is maintained so that the charity can meet the costs of winding down its operations.
- **Human resource:** To mitigate the risks of poor staff retention, inadequate succession planning and under-resourcing impacting adversely on timeous work-delivery, adequate investment is made in staff development and remuneration is regularly benchmarked against the market.

- **Reputational:** on going assessment of reputation is undertaken through a number of channels including senior management and the board. Increased media presence and a higher profile during the COVID pandemic is acknowledged to have enhanced the reputation of NHS Providers. We will continue to monitor this and the impact it has on the organisation. We will continue to be reactive to changing member needs and external perceptions.
- **External environment:** Environmental factors may change the provider structure affecting our ability to deliver service to members and a resultant decline in income. We monitor the increasing number of members who are merging, forming groups or sharing leadership structures and take account of any possible negative impact of this on member subscriptions through an annual review of the membership fee structure. Additionally, our strategy aims to develop commercial income to further mitigate the risk of reducing subscription income.

The four-year strategic plan 2021-2025 is designed to future proof the membership structure and adequately support service delivery to members. The strategic plan, along with the annual business plan, ensures NHS Providers remains responsive and representative of member need in a rapidly changing environment. Other external factors such as competition are regularly reviewed and appropriate offerings and or alliances are created to mitigate their effect.

- **Operational:** on-going review of and investment in IT infrastructure and cyber security to ensure business continuity and safeguard information
- **Covid-19:** the risks and mitigations identified due to the pandemic are: prioritisation of staff safety and well-being, provision of sufficient and adaptive support solutions to members; regular monitoring of any potential income reduction so that business planning can adapt accordingly. NHS Providers is tracking all these risks regularly to maintain an agile and reactive response.

It should be noted that any risk management system can only manage risks and not eliminate them and can provide only reasonable, and not absolute, assurance against material misstatement or loss.

STRUCTURE, GOVERNANCE AND MANAGEMENT

This is the tenth annual report and audited financial statements of the Foundation Trust Network, operating as NHS Providers, since it became an independent organisation on 1 April 2011. Details of the organisation's incorporation as a private company limited by guarantee and registration as a charity are given on page 3. The company is governed by its articles of association, the latest version of which was approved by members in March 2017.

It should be noted that during 2014/15 the organisation changed its operating name to NHS Providers in a rebranding exercise. Its registered name is still the Foundation Trust Network and it can be found under this name at both Companies House and the Charity Commission.

GOVERNANCE

Appointment and induction of new trustees

NHS Providers is governed by a board of elected trustees. Trustees who served during the period 2020/21 and to the date of this report are listed on page 20, Senior executive staff and external advisors are detailed on page 26.

During 2020-21 the board comprised of 22 trustees :

- ten board members from trusts/foundation trusts providing acute services
- six board members from trusts/foundation trusts providing mental health services
- two board members from trusts/foundation trusts providing community services
- two board members from trusts/foundation trusts providing ambulance services
- one co-opted member
- one independent chair.

Due to Alan Foster's resignation as chief executive of North Tees and Hartlepool NHS Foundation Trust to focus on leading his regional ICS, he could no longer serve as a trustee of NHS Providers in the acute trust category. However, in order to ensure appropriate focus on and input from the ICS/STP perspective, at its meeting in May 2019 the Board approved Alan's co-option to the Board, as permitted by the Articles of Association. This appointment was ratified by members at the Annual General Meeting in December 2019 and extended for a further year at the AGM in 2020. He therefore continues as a co-opted trustee.

On 1 January 2020, Sir Ron Kerr took over from Dame Gill Morgan as chair of NHS Providers. He was appointed following open competition and a national search in line with Article 20 of the organisation's articles of association.

The other trustees are drawn from chairs and chief executives of member organisations. They are therefore already familiar with both board procedures and the activities of NHS Providers. Upon election, trustees go through an induction process coordinated by the chair and the executive to ensure that they are up to date with the activities of NHS Providers and that they understand the specific duties and responsibilities of being a charity trustee - in particular the importance of acting as trustees of a charity and representing the views of all members, not the views of their own organisation.

In addition to the induction process, from time to time external training is provided to trustees specifically on the role of the trustee in a charity and the associated legal obligations. Such training was last provided by Hempsons Solicitors in a session following the 2019 July board meeting. This was very well received by trustees, particularly those newly elected to the Board. It is anticipated that this session would be repeated every 3 – 4 years as required.

The governance standards of the organisation are continuously monitored to assure compliance with the Charity Governance Code. In 2019, a full review of the governance standards of the organisation was carried out, with a board sub-committee convened to take this work forward. This group tasked an external, expert consultant to carry out a review of the board's governance arrangements against the 7 principles of the Charity Governance Code 2017. The resulting report concluded that there exists sound evidence of compliance with the charities code across the full range of principles and from this it is fair to infer detailed compliance. There was just one recommendation in the area of risk. Specifically, it suggested that the board should agree a process to escalate and de-escalate risk and to evidence better that strategic horizon scanning takes place. This has been incorporated in to the process by which the board reviews and monitor the organisation's risk.

The governance review also considered the organisation's membership to explore how it might adapt to reflect the changing NHS environment as the focus shifts to integrated local health and care system working. It was agreed that free associate membership would be offered to STPs/ICSs to enable them to access, as appropriate, our support offer. This offer has now been rolled out and a significant number of ICSs have opted to become associate members.

The organisation maintains a register of interests for trustees, as well as senior executives. The trustees' and senior executives' interests registers are reviewed annually and when there are substantial changes to the registers, such as following trustee elections. Additional oral declarations of interest are taken at the start of each meeting of the NHS Providers board and board sub committee meetings.

During the period covered by this report, the NHS Providers board met a total of six times. Details of trustees and their attendance at Board meetings and at board sub committees where relevant up until the date of this report are listed below. It should be noted that, under the normal trustee appointment cycle, there should have been elections carried out in June 2020. However, due to the COVID-19 crisis, the board took a decision at its May meeting that these elections would be delayed by 3 months. The 6 trustee's terms of office were coming to an end, all agreed to remain in post for this period. The elections were carried out successfully in September but with the terms of office of the elected trustees adjusted to terminate in June 2023 to maintain the usual annual cycle.

TRUSTEES	TERM	ATTENDANCE AT BOARD	ATTENDANCE AT FINANCE AND GENERAL PURPOSES COMMITTEE	ATTENDANCE AT REMUNERATION COMMITTEE
Tracy Allen	Appointed 07/10/2020	6/6		
Ingrid Barker	Appointed 14/10/2013, Re-appointed 01/07/2018, Retired 30/06/2021	7/7		2/2
Ann Beasley	Appointed 25/05/2020	9/9	1/2	
Susan Brain England	Appointed 01/07/2017 Re-appointed 07/10/2020	8/9		
Mary Elford	Appointed 30/06/2021	2/2		0/0
Daniel Elkeles	Appointed 28/06/2019, Retired 01/09/2021	7/8		
Alan Foster	Appointed 01/07/2015, Re-appointed 01/07/2018, Co-opted 03/12/2020	3/9		
Beatrice Fraenkel	Appointed 06/11/2019	7/9	5/8	
William Hancock	Appointed 02/07/2014, Retired 07/10/2020	1/3	2/4	
Angela Hillery	Appointed 01/07/2017, Re-appointed 07/10/2020	5/9	2/8	
Nicholas Hulme	Appointed 01/07/2018, Re-appointed 30/06/2021	9/9		
Sir Ron Kerr	Appointed 01/01/2020	9/9		2/2
Brent Kilmurray	Appointed 06/11/2019 Retired 30/09/2021	3/9		
Heather Lawrence	Appointed 06/11/2019	8/9		
Deborah Lee	Appointed 30/06/2021	1/2		0/0
Harriet Llewelyn-Davies	Appointed 10/01/2018, Re-appointed 07/10/2020	8/9	8/8	
Lance McCarthy	Appointed 06/11/2019 Retired 12/09/2021	7/9	3/3	
Kathy McLean	Appointed 30/06/2021	2/2		
Patricia Miller	Appointed 01/07/2016, Re-appointed 01/07/2019	7/9		2/2
Christine Outram	Appointed 02/11/2016, Re-appointed 30/06/2019	6/9		
Therese Patten	Appointed 30/06/2021	2/2		
Linda Pollard	Appointed 30/06/2019	6/9		2/2
Helen Ray	Appointed 07/10/2020	5/6		
Colin Scales	Appointed 08/01/2018, Retired 07/10/2020	1/3		
Jagtar Singh	Appointed 01/07/2016, Re-appointed 01/07/2017, Reappointed 07/10/2020	8/9		2/2
Karamjit Singh	Appointed 30/06/19, Retired 16/04/2021	5/6	6/6	
Tracy Taylor	Appointed 01/07/2015, Re-appointed 01/07/2018, Retired 30/06/2021	7/7		2/2
Melanie Walker	Appointed 01/07/2018, Retired 30/06/2021	4/7		
Mike McEnaney - co-opted to F&GP			3/3	

In addition to the trustees (who have full voting rights at board meetings), the NHS Providers board is also attended by the chief executive, deputy chief executive, interim chief operating officer, director of policy and strategy, director of communications, assistant director of corporate services and the head of the chair and chief executive's office as non-voting attendees. A scheme of delegation clearly lays out the respective responsibilities of the trustees, directors and management. This, together with a full set of operational policies and procedures, determines the conduct of all executives and other employees.

The board has two standing committees: the Finance and General Purposes Committee (incorporating the Audit Committee); and the Remuneration Committee. The chief executive of the organisation is responsible for the operational delivery of the strategy set out by the board.

The Finance and General Purposes Committee's membership during 2020/21 comprised six trustees and a co-opted finance director member, Mike McEnaney, who was appointed in October 2020 to replace Sandra Betney whose term of office came to an end on 31 March 2020. The committee met five times during the period of this report. It is responsible for providing scrutiny and advice to the NHS Providers board on the oversight of:

- financial reporting and control
- risk management
- reserves and investment policy
- commercial activities
- annual report and accounts
- commissioning and monitoring the outcomes of the external audit.

The NHS Providers chair has the right of attendance at the committee. Meetings are also usually attended by the chief executive.

The Remuneration Committee met twice during the period of this report. A detailed remuneration report including further information on the role of the remuneration committee and its work can be found on pages 22 to 24.

Other board sub-committees are formed periodically on a 'task and finish' basis, carrying out specific pieces of work as delegated by the NHS Providers board.

Partnerships

The organisation must maintain a high quality staff team in order to best serve its members but, as a charity, it also seeks to provide services in the most efficient and cost effective way for members. In many cases this means working with external expert partners to deliver all or part of some of the activities undertaken. In accordance with good governance principles, as far as practicable, such work is put out for tender.

Employees

As a membership organisation, NHS Providers is a service-based business, and its employees are at the core of all the organisation's activities.

To support its members, in line with the strategic objectives set out on page 4 the organisation needs to maintain a team of expert specialist staff covering areas as diverse as governance, benchmarking, clinical and functional networks, healthcare policy and economics.

Alongside recruiting high quality individuals NHS Providers is keen to promote continuous development to ensure employees have the opportunity to develop their skills. Employee training and development needs are reviewed at least twice a year as part of an annual appraisal cycle and a learning and development plan for the organisation as a whole is produced every year.

A full remuneration report is set out below.

REMUNERATION REPORT

Statement of general approach to remuneration and governance

NHS Providers ensures that its staff are remunerated fairly and in a way that allows the organisation to attract and retain people with the skills needed to deliver its charitable objects. To ensure this report meets the requirements of both the Charities SORP and the guidance published by the National Council for Voluntary Organisations it has been reviewed against these requirements by the chair, chief executive, directors and the Finance and General Purposes Committee.

Remuneration committee

NHS Providers has a Remuneration Committee which, in 2020/21, met once. This committee is chaired by a trustee and comprises five additional trustees, including the organisation's chair who is an ex-officio member of the committee. The NHS Providers chief executive is invited to attend but, along with other members of the executive in attendance, is excluded from discussions of their individual pay. Likewise, the chair is not present for any discussion relating to their fees.

The main responsibilities of the committee are to:

- set the overall pay policy for the organisation as a whole and consider regular reports on the operation of that policy, particularly in relation to pay for staff other than the directors
- determine the remuneration package of the individual directors, on the recommendation of the chief executive and the chair
- determine the remuneration package of the chief executive, on the recommendation of the chair;
- set the fees for the chair
- ensure that contractual terms on termination are fair to the individual and the charity, that poor performance is not rewarded and a duty to mitigate loss is recognised.

The remuneration policy aims to ensure that the chief executive, directors and other staff have appropriate incentives to encourage enhanced individual performance and are, in a fair and responsible manner, rewarded for their contributions to the success of NHS Providers. This recognises that delivery of NHS Providers' charitable vision and purpose is almost wholly dependent on the performance of its staff, with staff remuneration being the largest single element of charitable expenditure.

The remuneration policy is reviewed regularly. This includes comparisons with similar membership organisations and the wider charitable sector as well as being sensitive to the remuneration approach of our members, pay and employment conditions in the NHS and general approaches to charitable sector pay.

2020/21 Approach to pay

Staff Pay

Staff are primarily policy and communications experts, recruited from these sectors, with administration, support, event management and corporate services staff recruited from a wide range of different sectors. The organisation recruits relatively few of its staff directly from NHS frontline organisations. NHS Providers is committed to paying all staff the London living wage, currently set at £19,890. The organisation's lowest salary in 2020/21 was £23,000.

In line with the criteria agreed by the remuneration committee for determining an annual salary increment, staff meeting the appropriate conditions were awarded a pay rise of 1.5% to take effect from April 2021.

Salaries, at all levels, are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. The last review carried out by CELRE in December 2020 indicated that NHS Providers' staff salaries are largely in line with or below market rates. The next benchmarking review will take place during 2022/23 unless there are compelling reasons to bring this forward. No bonuses are paid to any members of staff nor to directors.

The ratio of salary between the organisation's highest and lowest paid member of staff is 1:9.5 with the ratio between its highest and median salary being 1:5.

Chief executive and director pay

The remuneration committee sets chief executive and director pay individually each year, taking account of individual and organisational performance. The remuneration committee is provided with information to ensure awareness of published salary rates for roles in similar organisations such as the Local Government Association and the NHS Confederation and, in the case of the chief executive, the salaries paid to chief executives of member organisations and relevant arms length bodies. Director salaries are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. The last review carried out by CELRE in December 2020 indicated that directors' salaries were significantly below the market rate. Trustees were concerned that this may result in retention issues and an uplift for the 3 permanent directors was agreed. In 2019, at his suggestion, it was agreed that the chief executive's pay would be frozen. This freeze remains in place.

The results of the pay policy in relation to total remuneration, including salary and pension contributions, for 2019/20 and 2020/21 are reflected in the table on page 25.

Chair's fees

The fees paid to the chair of NHS Providers are reviewed annually by the remuneration committee and reflect both personal and organisational performance. They are benchmarked against:

- chair fees in similar organisations such as NHS Confederation
- chair fees of foundation trust members
- chair or chair equivalent fees for the organisation's key stakeholders.

Pensions and total remuneration package

The organisation has an auto enrolment pension for all employees, provided through our existing defined contribution group scheme. Currently NHS Providers makes a contribution of 3% of gross salary to those who have been auto-enrolled. An enhanced contribution scheme is also offered (once the six month probationary period has successfully been completed) under which the organisation makes a contribution of 9% (staff contributing 6%) of salary. There are also a range of other benefits available to all employees including non-contributory life-assurance cover; season ticket loans; childcare vouchers (via a salary sacrifice scheme); free health checks; and a cycle to work scheme.

Impact of remuneration policy

NHS Providers has built and maintained a strong team of expert specialist staff who deliver a diverse and wide range of work. The success of the team, and NHS Providers as an employer, is reflected in a range of different evidence including:

- 94% overall member satisfaction with our work, described by Ipsos MORI as a particularly high score for an organisation of our type
- staff perceived as supportive, professional and knowledgeable with members being positive about their relationship with NHS Providers (Ipsos MORI member survey)
- 88% of staff would recommend it as a good place to work, 96% thinking their colleagues are committed to delivering high quality services and 94% believe the organisation supports and promotes their personal health and wellbeing.

Summary of remuneration - individual highest paid staff

The trustees regard the chair, trustees (who are not remunerated), chief executive and directors as the key management personnel.

	2020/21 remuneration		2019/20 remuneration	
	Salary	Pension contribution	Salary	Pension contribution
Dame Gill Morgan, chair*	–	–	£41,250	–
Sir Ron Kerr, chair*	£55,000	–	£13,750	–
Chris Hopson, chief executive*	£218,436	£19,659	£218,436	£19,659
Adam Brimelow, director of communications	£96,331	£8,670	£94,443	£8,500
Saffron Cordery, director of policy and strategy and deputy chief executive	£123,342	£11,101	£120,923	£10,883
Kevin Rennie, interim chief operating officer*	£105,000	£5,250	£6,058	£182
Mark Stevenson, chief operating officer*	–	–	£51,125	£4,601
Miriam Deakin, director of policy and strategy	£96,331	£8,670	£94,443	£8,500

*pro-rata amount for portion of year worked/ since appointment

Please note: Aside from Dame Gill Morgan and Sir Ron Kerr no other trustees received remuneration or were reimbursed for expenses incurred in the course of acting on behalf of the charity.

Ron Kerr was appointed from 1 January 2020.

From April 2020, Chris Hopson has agreed voluntarily to freeze his pay. This freeze will be permanent for the duration of his employment at NHS Providers subject to exceptional circumstances such as a significant increase in the inflation level. The remuneration committee and the board supported this proposal.

For information, Chris Hopson, Adam Brimelow, Saffron Cordery, Kevin Rennie and Miriam Deakin, were all employees of the company during 2020/2021.

Banding

The number of employees whose emoluments exceeded £60,000 for the period was:	2021	2020
£60,000 – £70,000	4	5
£70,001 – £80,000	2	1
£80,001 – £90,000	1	–
£90,001 – £100,000	2	2
£100,001 – £110,000	1	–
£120,001 – £130,000	1	1
£210,001 – £220,000	1	1

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees/non-executive directors

Refer to page 20.

Senior executive staff/directors

Chris Hopson	Chief executive
Saffron Cordery	Deputy chief executive
Adam Brimelow	Director of communications
Miriam Deakin	Director of policy and strategy
Kevin Rennie	Interim chief operating officer (appointed 10 March 2020)

Independent Auditors

Saffery Champness LLP
71 Queen Victoria Street
London EC4V 4BE

Bankers

The Co-operative Bank
80 Cornhill
London EC3V 3NH

Barclays Business
1st Floor, 27 Soho Square
London W1D 3QR

Principal and registered address

One Birdcage Walk
London SW1H 9JJ

Solicitors

Hempsons
The Exchange, Station Parade
Harrogate HG1 1DY

The Foundation Trust Network

Charity registration number: 1140900
Company registration number: 07525114

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of the charitable company, for the purposes of company law) are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires trustees to prepare financial statements for each financial year to provide a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities' Statement of Practice (SORP FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company and group will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group, and taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included in the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Report of the Trustees and incorporated strategic report was approved by the NHS Providers board on 3 November 2021 and signed on its behalf by:



Sir Ron Kerr
Chair, NHS Providers

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF NHS PROVIDERS FOR THE YEAR ENDED 31 MARCH 2020

Opinion

We have audited the financial statements of NHS Providers (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2021 which comprise the consolidated statement of financial activities, the group and charity balance sheets, the consolidated cash flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the affairs of the group and the parent charitable company as at 31 March 2021 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. 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 are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

In auditing the financial statements, we have concluded that the trustees' 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 group or the parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read 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.

Other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Annual Report which includes the Directors' Report and the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' Annual Report which includes the Directors' Report and the Strategic Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report and Strategic Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit. ;or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and to take advantage of the small companies exemption in preparing the Trustees' Annual Report and the Strategic Report.

Responsibilities of trustees

As explained more fully in the Statement of Trustees' Responsibilities set out on page 27, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditors under the Companies Act 2006 and report in accordance with regulations made under that Act.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud are detailed below.

Identifying and assessing risks related to irregularities: We assessed the susceptibility of the group and parent charitable company's financial statements to material misstatement and how fraud might occur, including through discussions with the trustees, discussions within our audit team planning meeting, updating our record of internal controls and ensuring these controls operated as intended. We evaluated possible incentives and opportunities for fraudulent manipulation of the financial statements. We identified laws and regulations that are of significance in the context of the group and parent charitable company by discussions with trustees and updating our understanding of the sector in which the group and parent charitable company operate.

Laws and regulations of direct significance in the context of the group and parent charitable company include the Companies Act 2006 and guidance issued by the Charity Commission for England and Wales.

Audit response to risks identified:

We considered the extent of compliance with these laws and regulations as part of our audit procedures on the related financial statement items including a review of financial statement disclosures. We reviewed the parent charitable company's records of breaches of laws and regulations, minutes of meetings and correspondence with relevant authorities to identify potential material misstatements arising. We discussed the parent charitable company's policies and procedures for compliance with laws and regulations with members of management responsible for compliance.

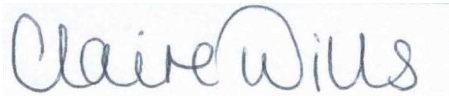
During the planning meeting with the audit team, the engagement partner drew attention to the key areas which might involve non-compliance with laws and regulations or fraud. We enquired of management whether they were aware of any instances of non-compliance with laws and regulations or knowledge of any actual, suspected or alleged fraud. We addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and identifying any significant transactions that were unusual or outside the normal course of business. We assessed whether judgements made in making accounting estimates gave rise to a possible indication of management bias. At the completion stage of the audit, the engagement partner's review included ensuring that the team had approached their work with appropriate professional scepticism and thus the capacity to identify non-compliance with laws and regulations and fraud.

There are inherent limitations in the audit procedures described above and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the parent charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the parent charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the parent charitable company and the parent charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Claire Wills (Senior Statutory Auditor)
For and on behalf of Saffery Champness LLP
Date: **12 November 2021**
Chartered Accountants
Statutory Auditors
71 Queen Victoria Street
London
EC4V 4BE

Saffery Champness LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(Incorporating the consolidated income and expenditure account)
for the year ended 31 March 2021

	Note	£ Unrestricted funds	£ Restricted funds	£ Total 2021	£ Total 2020
Income from					
Charitable activities	2	1,183,408	30,000	1,213,408	787,044
Subscription income		4,351,083	–	4,351,083	4,317,290
Other trading activities	3	212,852	–	212,852	395,350
Investments	4	7,275	–	7,275	3,581
Total income		5,754,618	30,000	5,784,618	5,503,265
Expenditure on					
Trading activities	3	114,102		114,102	288,726
Charitable activities	5,6,7	5,191,616	184,393	5,376,009	4,900,939
Total expenditure		5,305,718	184,393	5,490,111	5,189,665
Net income/(expenditure) and net movement in funds for the year		448,900	(154,393)	294,507	313,600
Total funds brought forward	16	1,847,448	167,893	2,015,341	1,701,741
Total funds carried forward	16	2,296,348	13,500	2,309,848	2,015,341

All gains and losses arising in the year are included in the statement of financial activities and relate to continuing operations.

The notes on pages 36-50 form part of these financial statements.

GROUP BALANCE SHEET 31 MARCH 2021

	Note	£ 2021	£ 2020
Fixed assets			
Intangible fixed assets	12	84,249	162,231
Tangible assets	12	55,266	66,461
		139,515	228,692
Current assets			
Debtors	14	516,526	252,761
Cash at bank and in hand		2,361,370	2,033,777
		2,877,896	2,286,538
Creditors			
Amounts falling due within one year	15	(707,563)	(499,889)
Net current assets		2,170,333	1,786,649
Net assets		2,309,848	2,015,341
Funds			
Restricted funds	16	13,500	167,893
Unrestricted funds	16	2,296,348	1,847,448
		2,309,848	2,015,341

The notes on pages 36-50 form part of these financial statements.

The total income of the charity as an individual entity for the year was £5,571,766 (2020:£5,107,915) and its net income was £294,507 (2020: £313,600). A statement of financial activities for the charity as an individual entity is not included using the exemption given in section 408 of the Companies Act 2006.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 3 November 2021 and signed on its behalf by:



Sir Ron Kerr
 Chair

Registered Company No. 07525114

CHARITY BALANCE SHEET 31 MARCH 2021

	Note	£ 2021	£ 2020
Fixed assets			
Intangible fixed assets	12	84,249	162,231
Tangible assets	12	55,266	66,461
Investments	13	1	1
		139,516	228,693
Current assets			
Debtors	14	525,227	329,863
Cash at bank and in hand		2,266,411	1,901,510
		2,791,638	2,231,373
Creditors			
Amounts falling due within one year	15	(621,307)	(444,726)
Net current assets		2,170,331	1,786,647
Net assets		2,309,847	2,015,340
Funds			
Restricted funds	16	13,500	167,893
Unrestricted funds	16	2,296,347	1,847,447
		2,309,847	2,015,340

The notes on pages 36-50 form a part of these financial statements.

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved and authorised for distribution by the board of trustees on 3 November 2021 and signed on its behalf by:



Sir Ron Kerr
 Chair

Registered Company No. 07525114

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	Note	£ 2021	£ 2020
Cash flows from operating activities			
Net cash provided by operating activities	21	353,432	381,685
Cash flows from investing activities			
Interest income		7,275	3,581
Purchase of tangible fixed assets		(27,707)	(59,096)
Disposals of fixed assets		–	–
Purchase of intangible fixed assets		(5,407)	(25,830)
Net cash used in investing activities		(25,839)	(81,345)
		327,593	300,340
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		2,033,777	1,733,437
Increase in cash and cash equivalents in the year		327,593	300,340
Cash and cash equivalents at the end of the reporting period		2,361,370	2,033,777

The notes on pages 36-50 form part of these financial statements.

	£ As at 1 April 2020	£ Cash flows	£ Other non-cash changes	£ As at 31 March 2021
Analysis of changes in net debt				
Cash and cash equivalents				
Cash	2,033,777	327,593	–	2,361,370
	2,033,777	327,593	–	2,361,370

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

1. Accounting policies

Company Information

The charity is a registered charity (number 1140900) and a company (number 07525114) limited by guarantee. The registered office is One Birdcage Walk, London, SW1H 9JJ.

Basis of accounting

The financial statements have been prepared on the going concern basis under the historical cost convention. The financial position, liquidity and management of risk as outlined in the strategic report indicate that the Group has adequate resources and that there are no material uncertainties relating to events or conditions that may cast significant doubt about its ability to continue as a going concern.

The financial statements have been prepared in accordance with the Statement of Recommended Practice-Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (SORP FRS102) and the Companies Act 2006. The Trustees confirm that the charity is a public benefit entity.

Group Accounts

The Statement of Financial Activities (SOFA) and balance sheet consolidate the financial statements of the charity and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

Accrued and deferred income

Income is recognised in the SOFA in accordance with the Charities SORP FRS 102 income recognition criteria of entitlement, probability and measurement. Subscription income is invoiced in the associated subscription year and therefore recognised in full within the financial year. Income relating to the financial year which has not been received or invoiced is recognised as accrued income. Grant and donation income are recognised when the SORP income recognition criteria are fulfilled.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objects of the charity. Designated funds are unrestricted funds of the charity which the trustees have discretion to set aside for a specific purpose.

Restricted funds are funds which are only to be used for the purpose as determined by the donor.

Classification of expenditure

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure and it can be reliably measured.

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category:

- expenditure on trading activities comprise the costs of the commercial trading, which includes the costs of hosting the annual conference
- expenditure on charitable activities comprises those costs incurred supporting and developing its members, promoting shared learning and lobbying on behalf of its members. It includes both costs that can be allocated directly to those activities and their associated support costs. These costs have been analysed into activities associated with the charity's three strategic objectives of influence, voice and support.

Expenditure is shown net of VAT and any irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support and governance costs

Support and governance costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly.

Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's activities. The bases on which support costs have been allocated are set out in note 6.

Support and governance costs are divided between the unrestricted and the restricted funds, with the restricted funds being charged with expenses specifically incurred in fulfilling the restrictions imposed; all other expenses are charged to the unrestricted funds.

Governance costs are those incurred in the governance of the charity and are primarily associated with the constitutional and statutory requirements.

Pension costs

The charity contributes to a defined contribution scheme for the majority of its members of staff. The charge in the accounts represents the contributions payable to the scheme in the financial period.

The charity contributes to the NHS pensions scheme in relation to one member of staff. This is an unfunded scheme and contributions are calculated so as to spread the cost of pensions over employee's working lives with NHS providers in such a way that the pension cost is a substantially level percentage of current and future pensionable payroll. The scheme is considered to be a multi-employer defined benefit scheme as the charity is unable to identify its share of the underlying assets and liabilities. Therefore, the contributions, which are fixed annually and payable monthly, are charged to the SOFA when payable and the charity has no further potential liability. The date of the most recent actuarial valuation is the 31 March 2021.

Tangible fixed assets and depreciation

Tangible fixed assets, where the value is over £500, are capitalised at cost.

They are then depreciated at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Short leasehold property improvements	20% straight line basis
Fixtures and fittings	Over three years straight line basis
Office equipment	Over three years straight line basis
Computer equipment	Over three years straight line basis

Intangible fixed assets and depreciation

Intangible fixed assets include IT development and software and enhancements to the website. Intangible fixed assets with a limited useful life are amortised using the straight-line method over three years.

Operating leases

Rentals payable under operating leases are charged to the SOFA over the term of the lease.

Taxation

No provision for taxation is included in the accounts as the charitable company is entitled to exemption from tax afforded by current legislation to the extent that income is applied to charitable objects.

Key assumptions and estimation uncertainty

The trustees have considered whether there are any key assumptions concerning the future or other key sources of estimation uncertainty that have a risk of causing a material adjustment to the carrying amount of assets and liabilities. They consider that there are none which would impact the next reporting period.

Financial instruments

The group has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. Income from charitable activities

	£	£	£	£
	Unrestricted funds	Restricted funds	2021	2020
Projects & other income				
Digital transformation	755,950		755,950	20,000
Community Network	–	30,000	30,000	–
Peer Support	–	–	–	187,000
Trust wide Improvement	–	–	–	57,648
Network Integrated Project	71,578	–	71,578	116,822
Other Income	21,339	–	21,339	10,010
Total projects & other income	848,867	30,000	878,867	391,480
Other sundry income	–	–	–	1,244
Foundation trusts and trusts				
Course fees	334,541	–	334,541	394,320
Total income from charitable activities	1,183,408	30,000	1,213,408	787,044

In 2020 Peer Support income of £187,000 was restricted.

3. Income from trading activities

The wholly owned subsidiary FTN Trading Limited is incorporated in the United Kingdom (company number 07940647) and pays all of its taxable profits to the charity under the gift aid scheme.

FTN Trading Limited operates the Annual Conference and all commercial sponsorship associated with that event.

The summary performance of the subsidiary is:

	£	£
	2021	2020
Turnover	212,852	395,350
Cost of sales and administration costs	(172,856)	(395,350)
Net profit	39,995	–
The assets and liabilities of the subsidiary were:		
Current assets	191,608	188,698
Current liabilities	(£191,607)	(188,968)
Total net assets	1	1
Aggregate share capital and reserves	1	1

4. Investment income

	£	£	£	£
	Unrestricted funds	Restricted funds	2021	2020
Interest	7,275	–	7,275	3,581

All 2020 investment income was unrestricted.

5. Analysis of expenditure on charitable activities

	£	£	£	£	£
	Direct costs	Support	Governance	Total 2021	Total 2020
Influence	1,300,319	773,276	11,730	2,085,325	1,765,836
Voice	590,710	286,395	4,345	881,450	808,926
Support	1,566,082	830,552	12,600	2,409,234	2,326,177
Total expenditure	3,457,111	1,890,223	28,675	5,376,009	4,900,939

Expenditure on charitable activities was £5,376,009 (2020: £4,900,939) . In 2021 £184,393 (2020: £125,303) of these costs were restricted.

Support and governance costs of £1,890,223 (2020: £1,723,860) and £28,675 (2020: £38,320) are analysed in note 6 below, totalling £1,918,898 (2020: £1,762,180).

They relate to overhead costs incurred on the fourth strategic objective, professional organisation , which supports the activities of influence, voice and support.

	£	£	£	£
	Direct costs	Support	Governance	Total 2020
Influence	1,097,420	653,881	14,535	1,765,836
Voice	565,870	237,771	5,285	808,926
Support	1,475,469	832,208	18,500	2,326,177
Total expenditure	3,138,759	1,723,860	38,320	4,900,939

6. Analysis of governance and support costs

	£ Influence	£ Voice	£ Support	£ Total 2021	£ Total 2020
IT	51,017	18,895	54,796	124,708	117,249
Premises	83,981	31,104	90,201	205,286	210,050
Human resources	546,561	202,429	587,046	1,336,036	1,186,144
General office	65,945	24,423	70,829	161,197	184,404
Legal	836	309	897	2,042	669
Irrecoverable VAT	8,746	3,239	9,394	21,379	25,344
Professional fees	16,190	5,996	17,389	39,575	–
Total Support	773,276	286,395	830,552	1,890,223	1,723,860
Governance	11,730	4,345	12,600	28,675	38,320
Total Support	785,006	290,740	843,152	1,918,898	1,762,180

*Each cost category is prorated based on staff full time equivalents. Staff are allocated to the respective strategic objectives of influence, voice and support based on the underlying nature of their activities, there is an element of subjective judgement in the allocation as there are some overlap in activities.

	£ Influence	£ Voice	£ Support	£ Total 2020
IT	44,474	16,172	56,603	117,249
Premises	79,675	28,972	101,403	210,050
Human resources	449,918	163,605	572,621	1,186,144
General office	69,947	25,434	89,023	184,404
Legal	254	92	323	669
Irrecoverable VAT	9,613	3,496	12,235	25,344
Total Support	653,881	237,771	832,208	1,723,860
Governance	14,535	5,285	18,500	38,320
Total Support	668,416	243,056	850,708	1,762,180

7. Total expenditure

	£ 2021	£ 2020
Net income/expenditure is stated after charging:		
Auditor's remuneration:		
Audit	15,590	13,400
Tax advisory, secretarial services	2,920	1,960
Depreciation	122,291	126,500
Operating leases	204,532	204,532

8. Trustees

Sir Ron Kerr was appointed a trustee and NHS Providers' chair on the 1st January 2020. For his services as an independent chair over and above his normal trustee duties he received remuneration of £55,000 for the year. (The 2020 remuneration comparative was £55,000 - split £13,750 to Sir Ron Kerr and £41,250 to Gill Morgan.) There is no contribution to a pension fund. The legal basis for conferring authority to make this payment is provisioned for in the articles of association. This was ratified at an EGM on 10 September 2013 following consultation and agreement from the Charity Commission. No other trustees received remuneration for services rendered or reclaimed expenses during the year ending 31.03.21. The company incurred a cost of £587 in respect of annual indemnity insurance for trustees year ending 31.03.21. In 2020 travel and accommodation costs of £5,367 were claimed. The company incurred a cost of £587 in respect of annual indemnity insurance for trustees.

9. Key management personnel

The trustees regard the trustees (who, with the exception of Sir Ron Kerr, are not remunerated), the chief executive and the directors as key management personnel. Key management personal emoluments do not include employer's national insurance.

	£ 2021	£ 2020
Key management personnel emoluments	747,790	693,799

Four of the directors were in the NHS Pension scheme which is a defined benefit pension scheme (2020-5) and one was in a personal defined contribution pension scheme to which the charity contributes (2020-1).

10. Staff costs

	£ 2021	£ 2020
Wages and salaries	2,986,460	2,517,950
Social security costs	335,949	286,273
Defined contribution pension costs	342,320	303,357
Defined benefit pension costs - NHS pension scheme	8,985	8,809
	3,673,714	3,116,389

11. Staff numbers

The average monthly number of employees during the year analysed by activity was:

	2021	2020
Influence	27	22
Voice	10	8
Support	29	28
	66	58

The bandings for employees who receive more than £60,000 are set out on page 25.

12. Fixed assets – group and charity

	£	£	£	£	£	£
	Intangible fixed assets	Leasehold property improvements	Fixtures and fittings	Office equipment	Computer equipment	Total
Cost						
At 1 April 2020	460,317	52,571	92,039	26,688	128,855	760,470
Additions	5,407	–	–	–	27,707	33,114
Disposals	(216,533)	–	–	(21,855)	(7,750)	(246,138)
At 31 March 2021	249,191	52,571	92,039	4,833	148,812	547,446
Depreciation						
At 1 April 2020	298,086	49,527	88,096	26,688	69,381	531,778
Charge for the year	83,389	956	2,544	–	35,402	122,291
Disposals	(216,533)	–	–	(21,855)	(7,750)	(246,138)
At 31 March 2021	164,942	50,483	90,640	4,833	97,033	407,931
Net book value at 31 March 2021	84,249	2,088	1,399	–	51,779	139,515
Net book value at 31 March 2020	162,231	3,044	3,943	–	59,474	228,692

13. Fixed assets investments

The charity's investment at the balance sheet date in the share capital of companies is made up of the following:

FTN Trading Limited

Nature of business	To establish and run a conference for members of NHS Providers
Country of registration	England and Wales
Class of share	Ordinary - £1
% - holding	100

The financial results of the subsidiary for the year are summarised in note 3.

14. Debtors

	Group		Charity	
	£ 2021	£ 2020	£ 2021	£ 2020
Debtors	368,476	133,418	301,425	116,287
Other debtor	2,438	14,957	2,439	14,940
Prepayments	145,612	104,386	116,018	65,101
Amounts due from FTN Trading Limited	–	–	105,345	133,535
	516,526	252,761	525,227	329,863

The amounts due from FTN Trading Limited represent the net position of subscriptions income received by FTN Trading on behalf of the charity. The balance also includes any donations due to the charity from its subsidiary.

15. Creditors – amounts falling due within one year

	Group		Charity	
	£ 2021	£ 2020	£ 2021	£ 2020
Trade creditors	193,511	85,850	191,304	71,684
Social security and other taxes	136,885	90,878	125,798	89,119
Other creditors	31,521	24,486	31,521	24,484
Accruals	177,966	197,728	173,021	172,873
Deferred income	167,680	100,947	99,663	86,566
	707,563	499,889	621,307	444,726

Any income which relates to a period after year end has been deferred.
 Analysis of the movement in deferred income is set out below:

	Group		Charity	
	£ 2021	£ 2020	£ 2021	£ 2020
Brought forward	100,947	276,402	86,566	266,739
Deferred	167,680	100,947	99,663	86,566
Released	(100,947)	(276,402)	(86,566)	(266,739)
Carried forward	167,680	100,947	99,663	86,566

16. Restricted and unrestricted funds

Group	£ Balance 1 April 2020	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2021
Community Network	–	30,000	(16,500)	–	13,500
Peer support review	167,893	–	(167,893)	–	–
Total restricted funds	167,893	30,000	(184,393)	–	13,500
Designated STP fund	79,780	–	(59,501)	(20,279)	–
Designated Community Network fund	–	–	(23,944)	61,509	37,565
Designated Funds	79,780	–	(83,445)	41,230	37,565
General unrestricted	1,767,668	5,754,618	(5,222,273)	(41,230)	2,258,782
Total unrestricted funds	1,847,448	5,754,618	(5,305,718)	–	2,296,348
Total funds	2,015,341	5,784,618	(5,490,111)	–	2,309,848

Charity	£ Balance 1 April 2020	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2021
Community Network	–	30,000	(16,500)	–	13,500
Peer support review	167,893	–	(167,893)	–	–
Total restricted funds	167,893	30,000	(184,393)	–	13,500
Designated STP fund	79,780	–	(59,501)	(20,279)	–
Designated Community Network fund	–	–	(23,944)	61,509	37,565
Designated Funds	79,780	–	(83,445)	41,230	37,565
General unrestricted	1,767,667	5,640,516	(5,108,171)	(41,230)	2,258,782
Total unrestricted funds	1,847,447	5,640,516	(5,191,616)	–	2,296,347
Total funds	2,015,340	5,670,516	(5,376,009)	–	2,309,847

NHS Providers has restricted, and designated funds;

A portion of the funding for the community network is restricted. It is jointly run with the NHS Confederation who provided restricted funding of £30,000 to the network during the year, £13,500 was not spent at year end.

NHS Providers continued to deliver Peer support in partnership with relevant membership bodies. This was funded by brought forward restricted funds of £167,893. There are two designated funds, STP and community network. The STP designated fund was closed during the year by transferring the balance of £20,279 to general reserves as this work is now complete.

Work to support community network trusts is also funded from a designated fund. To fund this work, £61,509 was designated in year. The unspent balance of £37,565 is carried forward to 2022 to fund future support.

Group	£ Balance 1 April 2019	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2020
Peer support review	106,196	187,000	(125,303)	–	167,893
Total restricted funds	106,196	187,000	(125,303)	–	167,893
Designated STP fund	132,031	–	(52,251)	–	79,780
General unrestricted	1,463,514	5,316,265	(5,012,111)	–	1,767,668
Total unrestricted funds	1,595,545	5,316,265	(5,064,362)	–	1,847,448
	1,701,741	5,503,265	(5,189,665)	–	2,015,341

Charity	£ Balance 1 April 2019	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2020
Peer support review	106,196	187,000	(125,303)	–	167,893
Total restricted funds	106,196	187,000	(125,303)	–	167,893
Designated STP fund	132,031	–	(52,251)	–	79,780
General unrestricted	1,463,513	5,027,539	(4,723,385)	–	1,767,667
Total unrestricted funds	1,595,544	5,027,539	(4,775,636)	–	1,847,447
	1,701,740	5,214,539	(4,900,939)	–	2,015,340

17. Analysis of net assets between funds

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2021	£ Total 2020
Intangible fixed assets	–	84,249	84,249	162,231
Tangible fixed assets	–	55,266	55,266	66,462
Net current assets	13,500	2,156,833	2,170,333	1,786,648
	13,500	2,296,348	2,309,848	2,015,341

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2021	£ Total 2020
Intangible fixed assets	–	84,249	84,249	162,231
Tangible fixed assets	–	55,266	55,266	66,461
Investments	–	1	1	1
Net current assets	13,500	2,156,832	2,170,332	1,786,647
	13,500	2,296,348	2,309,848	2,015,340

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2020
Intangible fixed assets	–	162,231	162,231
Tangible fixed assets	–	66,462	66,462
Net current assets	167,893	1,618,755	1,786,648
	167,893	1,847,448	2,015,341

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2020
Intangible fixed assets	–	162,231	162,231
Tangible fixed assets	–	66,461	66,461
Investments	–	1	1
Net current assets	167,893	1,618,754	1,786,647
	167,893	1,847,447	2,015,340

18. Financial commitments

As at 31 March 2021 the charity was committed to making the following payments under non-cancellable operating leases in the following periods:

	£ 2021	£ 2020
Payable in respect of leases expiring:		
Within the year	204,540	204,540
Between the second and fifth year inclusive	78,077	282,617

19. Liability of members

At 31 March 2021 the charity had 215 members. The liability of each member to contribute to the assets of the charity is limited to £1.

20. Related party transactions

For this year, FTN Trading Ltd paid a donation under gift aid to NHS Providers of £39,995 (2020: nil). FTN paid a management charge of £58,758 to its parent charity during the year (2020: £106,640). At the year end NHS Providers was owed £99,345 (2020: £133,535) by FTN Trading Limited.

Transactions between the holding and subsidiary company are conducted at arms length. For membership organisations that are represented on NHS Providers elected board of trustees, preferential rates are not applied to subscription fees or attendance at NHS Providers events.

All elected board members are either chairs or chief executives of member organisations. Ron Kerr is the remunerated chair.

NHS Providers occasionally takes on temporary staff to provide extra assistance at short notice. During the period of this report, the son of a senior executive was contracted on a temporary basis following a competitive process. The senior executive played no part in this process, setting of terms and conditions or the management of their son's work. The value of the contract for services was £6,608 over a 4 month period.

There are no other related party transactions during the year.

21. Reconciliation of net income/(expenditure) to net cash flow from operating activities

	£ 2021	£ 2020
Net income for the reporting period (as per the statement of financial activities)	294,507	313,600
Add back: depreciation	122,291	126,500
Deduct interest income shown in investing activities	(7,275)	(3,581)
(Increase)/decrease in debtors	(263,765)	249,015
Increase/(decrease) in creditors	207,674	(303,847)
Net cash inflow from operating activities	353,432	381,685

22. Comparative statement of financial activities 2020

	£ Unrestricted funds	£ Restricted funds	£ Total 2020
Income from			
Charitable activities	600,044	187,000	787,044
Subscription income	4,317,290	–	4,317,290
Other trading activities	395,350	–	395,350
Investments	3,581	–	3,581
Total income	5,316,265	187,000	5,503,265
Expenditure on			
Trading activities	288,726		288,726
Charitable activities	4,775,636	125,303	4,900,939
Total expenditure	5,064,362	125,303	5,189,665
Net income/(expenditure) and net movement in funds for the year	251,903	61,697	313,600
Total funds brought forward	1,595,545	106,196	1,701,741
Total funds carried forward	1,847,448	167,893	2,015,341

NHS Providers is the membership organisation and trade association for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.



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[@NHSPROVIDERS](#)

NHS Providers is the operating name of the
Foundation Trust Network
Registered charity 1140900
Registered in England and Wales as company
7525114

Registered Office
One Birdcage Walk,
London SW1H 9JJ

Foundation Trust Network operating as
NHS PROVIDERS
