



The Foundation Trust Network operating as  
NHS PROVIDERS

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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.

- Relaunched 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.

## Further information and contact details

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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 Scothon	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](http://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
<b>Income from</b>					
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
<b>Total income</b>		8,960,825	–	8,960,825	8,904,736
<b>Expenditure on</b>					
Trading activities	3	318,370	–	318,370	365,566
Charitable activities	5,6,7,16	8,846,949	–	8,846,949	9,117,444
<b>Total expenditure</b>		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)
<b>Total funds brought forward</b>	16	3,179,360	–	3,179,360	3,757,634
<b>Total funds carried forward</b>	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
<b>Fixed assets</b>			
Intangible fixed assets	12	149,988	100,317
Tangible assets	12	332,507	407,341
		482,495	507,658
<b>Current assets</b>			
Debtors	14	744,454	715,036
Cash at bank and in hand		3,368,881	3,004,595
		4,113,335	3,719,631
<b>Creditors</b>			
Amounts falling due within one year	15	(1,620,964)	(1,047,929)
<b>Net current assets</b>		2,492,371	2,671,702
<b>Net assets</b>		2,974,866	3,179,360
<b>Funds</b>			
Restricted funds	16	–	–
Designated	16	561,210	951,777
Unrestricted funds	16	2,413,656	2,227,583
<b>Total unrestricted funds</b>		2,974,866	3,179,360
<b>Total funds</b>		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
<b>Fixed assets</b>			
Intangible fixed assets	12	149,988	100,317
Tangible assets	12	332,507	407,341
Investments	13	1	1
		482,496	507,659
<b>Current assets</b>			
Debtors	14	783,548	788,947
Cash at bank and in hand		3,103,783	2,797,136
		3,887,331	3,586,083
<b>Creditors</b>			
Amounts falling due within one year	15	(1,571,182)	(1,019,173)
<b>Net current assets</b>		2,316,149	2,566,910
<b>Net assets</b>		2,798,645	3,074,569
<b>Funds</b>			
Restricted funds	16	–	–
Designated	16	561,210	951,777
Unrestricted funds	16	2,237,435	2,122,792
<b>Total unrestricted funds</b>		2,798,645	3,074,569
<b>Total funds</b>		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
<b>Cash flows from operating activities</b>			
Net cash provided by/ (used in) operating activities	21	415,721	(625,980)
<b>Cash flows from investing activities</b>			
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)
<b>Change in cash and cash equivalents in the reporting period</b>			
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
<b>Analysis of changes in net debt</b>				
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
<b>Award agreement</b>				
The Health Foundation	–	–	–	30,000
<b>Projects and other income</b>				
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
<b>Total projects and other income</b>	<b>1,147,125</b>	<b>–</b>	<b>1,147,125</b>	<b>1,332,462</b>
<b>Foundation trusts and trusts</b>				
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
<b>Total income from charitable activities</b>	<b>1,987,161</b>	<b>–</b>	<b>1,987,161</b>	<b>2,084,300</b>
<b>Subscription income</b>	<b>6,361,160</b>	<b>–</b>	<b>6,361,160</b>	<b>6,217,280</b>

### 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
<b>The financial position of the subsidiary</b>		
Current assets	324,791	256,110
Current liabilities	(148,569)	(151,321)
<b>Total net assets</b>	<b>176,222</b>	<b>104,789</b>
Share capital	1	1
Retained earnings	176,218	104,788
<b>Total shareholder's equity</b>	<b>176,222</b>	<b>104,798</b>

## 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
<b>Total expenditure</b>	<b>5,948,242</b>	<b>2,821,105</b>	<b>77,602</b>	<b>8,846,949</b>	<b>9,117,444</b>

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
<b>Total expenditure</b>	<b>6,111,999</b>	<b>2,975,956</b>	<b>29,489</b>	<b>9,117,444</b>

## 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
<b>Total support</b>	<b>1,648,284</b>	<b>483,118</b>	<b>767,305</b>	<b>2,898,707</b>	<b>3,005,445</b>

\*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
<b>Total support</b>	<b>898,825</b>	<b>533,677</b>	<b>1,572,943</b>	<b>3,005,445</b>

## 7. Total expenditure

	£ Total 2025	£ Total 2024
<b>Net income/expenditure is stated after charging:</b>		
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 personnels' 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

	£ <b>Intangible fixed assets</b>	£ <b>Fixtures and fittings</b>	£ <b>Computer equipment</b>	£ <b>Total</b>
<b>Cost</b>				
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
<b>Depreciation</b>				
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
<b>Net book value at 31 March 2025</b>	149,988	287,255	45,252	482,495
<b>Net book value at 31 March 2024</b>	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
<b>Total restricted funds</b>	–	–	–	–	–
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)	–
<b>Designated funds</b>	951,777	–	(169,469)	(221,098)	561,210
General other unrestricted	2,227,583	8,960,825	(8,774,752)	–	2,413,656
<b>Total unrestricted funds</b>	3,179,360	8,960,825	(8,944,221)	(221,098)	2,974,866
<b>Total funds</b>	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
<b>Total restricted funds</b>	–	–	–	–	–
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)	–
<b>Designated funds</b>	951,777	–	(169,469)	(221,098)	561,210
General other unrestricted	2,122,792	8,571,025	(8,456,382)	–	2,237,435
<b>Total unrestricted funds</b>	3,074,569	8,571,025	(8,625,851)	(221,098)	2,798,645
<b>Total funds</b>	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
<b>Total restricted funds</b>	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
<b>Designated Funds</b>	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
<b>Total unrestricted funds</b>	3,740,967	8,744,736	(9,306,343)	–	3,179,360
<b>Total funds</b>	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
<b>Total restricted funds</b>	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
<b>Designated funds</b>	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
<b>Total unrestricted funds</b>	3,649,740	8,365,606	(8,940,777)	–	3,074,569
<b>Total funds</b>	3,666,407	8,525,606	(9,117,444)	–	3,074,569

## 17. Analysis of net assets between funds

<b>Group</b>	£ <b>Unrestricted funds</b>	£ <b>Total 2025</b>	£ <b>Total 2024</b>
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
	<b>2,974,866</b>	<b>2,974,866</b>	<b>3,179,360</b>

<b>Charity</b>	£ <b>Unrestricted funds</b>	£ <b>Total 2025</b>	£ <b>Total 2024</b>
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
	<b>2,798,645</b>	<b>2,798,645</b>	<b>3,074,569</b>

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

<b>Charity</b>	£ <b>Unrestricted funds</b>	£ <b>Total 2024</b>
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
	<b>3,074,569</b>	<b>3,074,569</b>

## 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
<b>Income from</b>			
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
<b>Total income</b>	8,744,736	160,000	8,904,736
<b>Expenditure on</b>			
Trading activities	365,566	–	365,566
Charitable activities	8,940,777	176,667	9,117,444
Other	–	–	–
<b>Total expenditure</b>	9,306,343	176,667	9,483,010
<b>Net income/(expenditure) and net movement in funds for the year</b>	(561,607)	(16,667)	(578,274)
Transfers between funds	–	–	–
<b>Total funds brought forward</b>	3,740,967	16,667	3,757,634
<b>Total funds carried forward</b>	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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**NHS PROVIDERS**

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Registered in England & Wales as company 7525114  
Registered Office  
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