



The Foundation Trust Network operating as
NHS PROVIDERS

TRUSTEES' ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

CONTENTS

Trustees' report for the year ended 31 March 2020	3
Administrative details of the charity, its trustees and advisers	23
Independent auditors' report	25
Consolidated statement of financial activities	28
Group balance sheet	29
Charity balance sheet	30
Consolidated cash flow	31
Notes to the financial statements	32

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2020

The trustees are pleased to present their annual trustees' report together with the consolidated financial statements of the charity and its subsidiary for the year ended 31 March 2020. 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).

Strategic report

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

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

About us

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

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

About the period covered by this report

This report covers all the group's activities from 1 April 2019 until 31 March 2020.

CHAIR'S REPORT

NHS Providers has had another successful year acting as the membership organisation of the 217 NHS acute hospital, ambulance, community and mental health foundation trusts and trusts who provide healthcare to England's 56 million population.

The trusts we represent have had another busy year treating record numbers of patients, driving a wide range of improvements and making good progress in recovering the sector's finances. And, as the year ended, they were required to mobilise in an unprecedented way to meet the biggest public health crisis in a generation as the global pandemic of COVID-19 spread. At the same time, NHS Providers has been able to adapt to this fast changing situation and continues to provide trusts with the support they need. Core activities have been adapted to provide alternative solutions for members, in particular by moving all events and networking opportunities into the virtual environment. The organisation adapted to home working with no interruption in operations and we continue to focus on ensuring the health and wellbeing of the staff. Looking forward into the next year and beyond, NHS Providers remains in a strong financial position despite the challenges of the pandemic.

As the continuing excellent results in our member, staff and stakeholder surveys show, NHS Providers has continued to deliver for our members and the wider service across all four elements of our strategy – voice, influence, support and excellent organisation.

This is my first annual report since taking over as chair and I am grateful to my fellow trustees – 20 busy trust chairs and chief executives – for their time and commitment over a busy year. I would also like to pay tribute to my predecessor Dame Gill Morgan for her support and for her leadership of the organisation over 6 years. The board as a whole would also like to thank our staff team for their hard work and our members for their continuing support.



Sir Ron Kerr
Chair, NHS Providers

OUR OBJECTIVES AND ACTIVITIES

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

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

We uphold our duty of public benefit by being an outstanding membership organisation supporting the NHS trusts and foundation trusts who provide frontline healthcare to England's 56 million population. Our members include NHS acute hospitals, community, mental health and ambulance service foundation trusts and trusts that, together, interact with more than 5 million patients and service users a week, employ more than 800,000 of the NHS's 1.2 million staff, and account for £65bn of the £110bn spent by the NHS.

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

Our vision

To support members to deliver high quality, sustainable NHS care for their patients and service users.

Our three year mission

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

Our three year strategic objectives

Our four strategic objectives drawn from our three-year (2019-22) strategy, are:

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

KEY ACHIEVEMENTS AND PERFORMANCE

Throughout 2019/20 we have sought to influence the policy environment in which trusts operate with a focus on sustainability, the development of system working, tackling workforce challenges, and later in the year, doing all we could as a representative organisation to support our membership during the unprecedented times of the coronavirus pandemic.

As a representative body we always have to prioritise how we invest limited resources. The outbreak of the coronavirus pandemic meant we refocused much of our activity on support for trusts and media work in the last quarter of the year and placed a number of our more longer term influencing programmes on hold.

Below we summarise key achievements against each of our four strategic objectives: influence, voice, support and excellent organisation, and the priorities we set out for 2019/20 in our previous annual report.

Influence

Funding, planning and delivery

We continued to voice our concern about whether the NHS long term plan would prove to be deliverable within the funding envelope available and argue for realism about the challenges facing trusts and the health and care sector. In October we published the fourth in our *State of the provider sector* series which highlighted providers' concerns at emerging funding gaps in capital investment, social care and public health. 91% of trust leaders wanted a full, frank and open national conversation about the severe pressures facing the NHS.

Our *Rebuild the NHS* campaign was particularly successful, calling for sufficient capital funding for all trust types, and a better system of prioritisation, allocation and monitoring. Our recommendations were all echoed by the National Audit Office (NAO) in its report on capital funding and our profile on this important topic informed a number of subsequent government announcements confirming additional investment in trust capital schemes.

We share trusts' views on the first sustainability and transformation partnerships/integrated care systems planning process and remain active in shaping the financial architecture for trusts, working closely with colleagues at NHS England and Improvement (NHSE/I) prior to the pandemic on revisions to the tariff and the development of blended payments.

Workforce

Workforce challenges continue to be the number one concern for our members. We have played a key role in the development of the NHS People Plan, which aims to provide solutions to the growing challenge of increasing workforce pressures and widespread vacancies across the NHS. We advocated for long-term solutions, but also argued that short-term solutions are urgently needed to address immediate shortages. We continue to support and encourage local and national steps to make the NHS a great place to work for all members of staff.

We also offered challenge and insight into the development of the Kark recommendations and on the subsequent group tasked to develop recommendations to the secretary of state for implementation.

We argued for appropriate pay, terms and conditions for the NHS workforce, providing written and oral evidence to the pay review bodies. Our annual remuneration survey continues to provide excellent benchmarking data for trusts on pay, terms and conditions. We were also one of few organisations to engage with politicians and national policy makers and gain significant media traction campaigning for NHS pension flexibilities (initially made available to clinicians) to be made available to all staff.

Our series of case studies, *Providers Deliver* demonstrate how trusts and their partners are working together within local systems to develop workforce strategies and to deploy staff as effectively as possible.

Care delivery and transformation

In July we published *The future of NHS providers in a world of system working*, outlining how NHS Providers sees its own role evolving as system working develops and how we can continue to play an equally effective role as the NHS moves to greater system working and as health and care services integrate at a local level.

A key part of transitioning to an integrated, sustainable health and care system is increasing focus on prevention, with a better interface between primary and secondary care and stronger links with social care. In support of this, we developed a prevention framework with the Provider Public Health Network, setting out principles for a population health approach for trusts and ways for trusts to bolster their role in prevention through collaborative working. We also began to explore links with National Association of Primary Care (NAPC) and the growing number of large-scale primary care providers.

We were closely engaged with the development of the clinical standards review over the course of the year. We published a think piece urging politicians and the NHS national bodies to be mindful of the multiple functions which national constitutional targets fulfil within the NHS and to ensure any proposed changes were clinically led and subject to rigorous testing and consultation.

We used our winter watch series to track the sector's performance over a difficult winter. Our report examining winter performance encouraged the national bodies to address wider capacity challenges as part of their response to seasonal pressures, including in social and primary care.

Local-central relationships

We invested considerable time in engaging effectively with NHSE/I on their proposals for legislative change to ensure sufficient flexibility and appropriate autonomy for the provider sector and to argue for good governance, local autonomy and clear accountability. Those conversations will continue this year as we expect the Bill may be laid in early 2021.

We quickly established relationships between our senior leaders and each of the new regional directors and continued to facilitate dialogue between trusts and NHSE/I about the development of the role and functions of the new regional tier.

We sustained our focus on proportionate regulation, engaging with the Care Quality Commission (CQC) with a key focus on supporting and helping to shape their own strategy development for regulation in future years. We reflected trusts' feedback in our annual regulation survey of the need for an appropriate oversight framework operating at the system level. We were beginning more detailed engagement with NHSE/I on the shape of their new oversight framework when the pandemic broke and we will be prioritising that work again in 2020/21.

Sector focus

We continued to highlight the scale of funding, workforce and integration challenges faced by mental health, ambulance and community services and seek to ensure that parity in principle translates to increased funding, a strategy for addressing workforce gaps, more effective commissioning and improved delivery at the frontline.

Mental health: Our well-regarded report *Mental health services: addressing the care deficit*, based on survey findings from our members, highlighted the wider socio-economic drivers of demand for these key services and the subsequent need for greater investment. We continued to play a key role in national level conversations, through our mental health leaders network by shaping policy conversations productively, arguing for additional capital funding for mental health and highlighting rising demand and skills shortages.

Community services: We continued our support for the community network, jointly hosted by NHS Confederation and NHS Providers, securing national funding for a project to share the learning from neighbourhood integration. This focused on how trusts could support the interface between primary care networks (PCNs), and community service providers. We had a direct impact in securing the Agenda for Change uplift for NHS staff delivering local authority commissioned services, and are an active member of the NHS Confederation led 'Health for Care' coalition, seeking a sustainable settlement for social care.

Ambulance: We have deepened our partnership with the Association of Ambulance Chief Executives (AACE) over the year working together on a roundtable to explore the interface between ambulance services and PCNs, and developing proposals for a joint publication which was unfortunately delayed due to the pandemic. We look forward to continuing to build our working partnership in the year ahead.

Specialised services: In February we published *Specialised services: transforming delivery for patients* which highlighted the key role these services play in leading patient care, supporting innovation, deploying new treatments and harnessing digital technology. We have also sought to engage with NHSE/I on the future development of specialised commissioning, and partnered with the Federation of Specialist Hospitals and the Shelford Group to run two member engagement roundtables on this topic.

Brexit

We continued to work through the Cavendish Coalition and the Brexit Healthcare Alliance to ensure greater consideration of the impact of Brexit on the NHS within the Government's Brexit preparations. We have tracked, monitored and commented on immigration policy where it is relevant to enabling the health and care sector to support, attract and retain sufficient staff of the right quality and skill mix, domestically from the EU or internationally.

Influencing the policy framework during the pandemic

In the last month of the financial year, we refocused our influencing activity to support trusts in their work during the coronavirus pandemic. Much of that work continues in 2020/21 however at the end of the last financial year, we facilitated regular communication between trusts and NHSE/I in particular and highlighted any challenges arising from national policy approaches at the frontline. We have helpfully focused on the NHS' extraordinary achievements in transforming services rapidly to avoid being overwhelmed, on initial issues with the supply and distribution of PPE, on the emergence of the government's testing strategy and the test and trace regime, the impact of the pandemic on demand, and the impact of the pandemic on NHS staff. Our core focus on reflecting trusts' achievements, sharing learning from the innovations introduced during the pandemic, and supporting trusts to protect their staff and patients as they restart services will continue throughout the year ahead.

Relationships with key stakeholders

Our influencing work is underpinned by constructive, open relationships with a number of stakeholders. Over the year we have maintained relationships with the ministerial team, the opposition health team, the Liberal Democrats, and a broad range of parliamentarians. We continue to maintain the strong relationships we have with a range of influential stakeholders in the health and care sector, including: think tanks, royal colleges, patient groups, charities and other representative bodies such as the NHS Confederation, NHS Clinical Commissioners, the Mental Health Network, Shelford Group, Association of Ambulance Chief Executives, National Association of Primary Care, large scale primary care providers and the Local Government Association.

Voice

We have continued our role as the strong, collective voice for NHS healthcare providers by championing their interests to government, across the NHS and wider healthcare community, and in the media. We have confirmed our reputation as the leading organisation for commentary on the provider sector.

We have had more than 6,500 media mentions and placed 35 commentary pieces authored by our staff and experts from partnership organisations or members. We have been a leading commentator on regulation, pensions, and the tariff. National articles included two in the Times, one asking politicians not to weaponise the NHS in election campaigns, and a separate piece in the Independent on the Queen's Speech.

We received widespread coverage in our campaign calling for a multiyear capital settlement, particularly during the weeks preceding the general election. We published a report on the state of the NHS provider sector, and a briefing on the impact of the pensions taxation issue. Our comments on the NHS Funding Bill, Brexit, car parks and, more recently, coronavirus have also received prominent coverage.

Engagement with our digital activities have continued to grow and we have seen our Twitter followers increase to more than 19,000. We are using video, podcasts and LinkedIn to further increase our reach across digital platforms.

Support

During 2019/20 we have built on our drive to support trusts to improve and innovate through providing opportunities for shared development, support and learning.

Events, networking and programmes

- As well as the policy work we have undertaken to provide a strong voice for trusts, we have also provided a number of networking forums, conferences and programmes that have supported trust boards and the individuals that lead them. In 2019/20 we held 199 events which were attended by 3,587 delegates, with 98% rating the events as good or excellent.
- Our annual conference and exhibition in Manchester attracted over 700 delegates including staff from NHS trusts as well as stakeholders, politicians, journalists and exhibitors. Keynote speakers included the secretary of state for health and social care, Matt Hancock MP, NHS England chief executive Simon Stevens, and NHS Improvement chair Baroness Dido Harding.
- Our highly regarded networks continue to provide the opportunity for trusts to keep up to date with the latest health policy developments, exchange ideas with peers and hear from external experts and system leaders.

Briefings and analysis

- In 2019/20 we produced 94 briefings – a large number of these were issued on the day of major announcements, thereby giving trusts access to instant analysis. These included regular updates on Brexit, the NHS long term plan, system working, major financial announcements such as the budget, and key publications and announcements from NHS Improvement, NHS England, CQC, National Audit Office, select committees and the Department of Health and Social Care.
- For the third year running we ran our *NHS winter watch* campaign over the period of the 14-weeks of winter performance reporting by the NHS. This provided rapid analysis of the weekly NHS England sitrep data alongside views from trusts and stakeholders on how winter feels 'on the ground'.
- Evidence from the frontline continued to form a key part of our influencing programme and our support to trusts. Over the last year we carried out 21 member surveys.

Excellent organisation

During 2019/20 we aimed to deliver high professional standards across all our work, ensuring that we are an organisation that is fit for purpose and provides outstanding value for money to our members. By the end of the 2019/20 financial year, NHS Providers had 100% of the 217 eligible foundation trusts and trusts in membership.

In the most recent members survey 95% of respondents were 'very' or 'fairly satisfied' with the work of NHS Providers; with 57% indicating they are 'very satisfied' - the highest ever figure from five years' worth of surveys. 97% felt it was 'very' or 'fairly important' for their organisation to be a member of NHS Providers. Overall, 92% felt it was 'very' or 'fairly important' for them individually, rising to 97% for chairs and chief executives. 96% would speak positively about NHS Providers.

We have also been able to maintain high levels of satisfaction among our stakeholders. Our independent survey of 20 health and political leaders and the media – conducted on our behalf by Ipsos MORI – found that stakeholders regard engagement with NHS Providers as extremely valuable. They recognise that we are the go-to organisation for the views of the provider sector.

In July we published *The future of NHS providers in a world of system working*, outlining how NHS Providers sees its own role evolving as system working develops and how we can continue to play an equally effective role as the NHS moves to greater system working and as health and care services integrate at a local level.

We have continued to invest in support and recognition for our staff and receive positive feedback that staff feel valued and would recommend NHS Providers as a place to work.

PLANS FOR THE FUTURE

We are working across the full range of issues that affect trusts, drawing on the perspectives and experience of the trusts in our membership. We are uniquely placed to do this given that we continue to have all of the 217 hospital, mental health, community and ambulance trusts in England in membership. Our priorities for 2020/21, as set in April 2020, are outlined below in our four strategic objectives of influence, voice, support and excellent organisation.

In our 2019-22 three-year strategy, we stated that our overarching strategic objectives are:

Influence

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

Voice

To be the collective voice of NHS providers, reflecting the diversity of our membership, and championing their interests in the media, government, the NHS and wider healthcare community.

Support

To help our members 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.

Influence

We will aim to influence the shape of the system in which trusts operate, respond to a new government and anticipate key developments to promote and protect members' interests and offer solutions to the challenges they face. We will do this by developing constructive relationships with a broad range of stakeholders, developing evidence based policy, campaigning on specific issues and developing our role as respected thought leaders.

We will seek to address specific sectoral concerns for acute, ambulance, community, mental health and specialist members within the following areas of focus:

- **NHS response to coronavirus** – with a focus on influencing government and NHS policy, we will help to reset the relationship between national bodies and trusts constructively, will build the case for realistic expectations as we establish a 'new normal', will promote the achievements of trusts and their staff, will learn from innovation and transformation and we will share good practice. We also expect to contribute to any formal lessons learned.
- **NHS funding and finance** – with a focus on provider finances and capital investment, payment systems and financial architecture, highlighting structural inequities for mental health and community services, financial regulation and contracting and the impact of system working.
- **Workforce** – with a focus on strategic workforce planning, supply of clinical staff, pay, terms and conditions.
- **Regulation and oversight** – with a focus on the future roles of CQC and NHSE/I and the role of the regions, provider consolidation, burden and proportionate regulation, overlap with improvement functions, a return to earned autonomy, and the balance between organisational regulation and system oversight.
- **Governance** – with a focus on the role of the unitary board, the relationship between governance and regulation, equalisation between trusts and FTs, and the development of accountability structures in the context of system working.

- **Quality** – with a focus on board leadership, culture, quality improvement methodologies and patient safety.
- **Operational performance** – with a focus on performance pressures facing the NHS across all sectors of our membership including the impact of the pandemic, operational resilience, capacity and winter preparedness, and the clinical review of standards.
- **The role of systems** – with a focus on understanding and shaping the national health and care architecture; reshaping of the NHS long term plan post pandemic, the development of integrated care systems (ICSs) as a vehicle for change; the development of integrated care models and the emergence of new provider models such as integrated care providers and a focus on partnerships with primary care and social care.
- **Forthcoming legislation** – we expect to contribute significantly to emerging thinking on NHS legislation as it develops, building on the detailed work we did as part of NHSE/I's exercise to develop NHS-led draft legislative proposals last year.
- **Digital** – with a focus on digital leadership within trusts and representing trusts' views on informatics and the digital agenda to NHSE/I, NHSX and NHS Digital.
- **Brexit** - with a focus on sustaining our work with partners to assess and respond to the impact of Brexit on trusts and their workforce.

Voice

We will continue to be a strong, collective voice for NHS healthcare providers by championing their interests to government, across the NHS and the wider healthcare community, and in the media. The following outlines some of our key priorities in this area:

- We will be the go-to voice on issues affecting NHS providers, speaking truth to power about the consequences of the current pressures on providers and what the sector can be reasonably expected to deliver. We will be prominent in a range of national forums and in the media to ensure the views and needs of trusts are understood at the highest levels. As part of this, we will be a constructive partner with government, all parts of the health and social care system, voluntary sector and wider public sectors.
- We will strive to continue to be seen as the recognised commentator for provider issues in the national and trade media and ensure we have significant reach and profile across digital and social media channels and make sure our proactive and reactive commentary and analysis has maximum impact.
- We will provide more opportunities for promoting the views of the senior leaders of trusts in our membership by publishing further editions of our flagship series *Provider voices*.
- We will deliver further enhancements to our digital and social media activities by enhancing the way we present information on our website, widening our reach on social media channels and increasing our use of video, ensuring we are providing information to our members and stakeholders in ways that best suit them.
- We will further develop our *Providers Deliver* campaign work, focusing on the innovation, quality improvement and achievements being delivered by our members. This will include case studies, blogs and a report to be published at our annual conference and exhibition focused on how our members responded to the coronavirus pandemic.

Support

We will continue to help trusts drive improvement and innovation through shared development, support and learning. The following outlines some of our key priorities in this area:

- We will continue to support our members to develop new ways of delivering care through transformation and improve shared learning, ensuring they have a clear understanding of the national context and direction of travel, can tailor their responses to meet local circumstances and play an informed role as local system leaders. We will develop our support offer to ensure it meets the requirements of the new post-covid19 era, with a strong emphasis on virtual, online, delivery. We will, for example, take our key networks online and host our first ever virtual Annual Conference and Exhibition in October 2020.
- We will develop our new, Health Education England funded support programmes to support boards in leading digital transformation.
- We will develop our emerging programme to support boards to meet the emerging requirement to adopt a formal approach to improvement, drawing on a range of emerging trust best practice.
- We will extend our existing board support offer building on the key strengths of our current offer, using partnership funding and based on principles of sharing best practice and peer support.
- In partnership with NHS Confederation, we will continue to build up the community network, to ensure it continues to offer a strong and unified voice for community services, that can influence at a national level.

Excellent organisation

Member engagement

NHS Providers will continue to provide high quality support and services to trusts in membership. As part of this, we will continue to improve our systems to capture and deploy intelligence about trusts in our membership.

Strengthening our commercial partnerships and activities

We recognise the significant contribution that commercial organisations can make in ensuring trusts deliver exceptional care. We will continue to support our NHS Connect programme, through FTN Trading Limited. NHS Providers Connect is a scheme enabling commercial partners to form a closer relationship with our members – helping to solve healthcare’s toughest problems.

We will also continue to develop our associate membership scheme, aimed at commercial suppliers in the NHS by providing information that helps them better meet the needs of our members.

We will also develop an associate membership offer for STP/ICS chairs and leads later in the year.

Staff satisfaction

We will endeavour to sustain the high levels of staff satisfaction that we currently enjoy at NHS Providers.

Relationships with key stakeholders

We will continue to maintain the strong relationships we have with a range of influential stakeholders in the health and care sector, including: think tanks, royal colleges, patient groups, charities and other representative bodies such as the NHS Confederation, NHS Clinical Commissioners, the Mental Health Network, Shelford Group, Association of Ambulance Chief Executives, National Association of Primary Care, large scale primary care providers and the Local Government Association.

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FINANCIAL REVIEW

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

Under its current strategy, NHS Providers aims to:

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

Income from charitable activities increased by 18% to £787,044 (2019: £669,137). This reflects the significant increase in the number of collaborative partner projects we were involved in during the year. These projects included:

- an initial scoping project with HEE on supporting boards to lead digital transformation, (which has laid the platform for securing a more extensive project spanning three years),
- a collaboration with NHS Confederation, ADASS and NAPC to deliver support on integrated care at local level – the Neighbourhood Integration Project (NIP),
- an award from the Health Foundation to develop a programme to support boards to lead trust wide improvement (TWI).

Funding was also secured to continue work on developing a peer support offer for local systems for the second year since inception. The delivery of courses under our very successful board development programme continues to grow year on year reflected by an 8% increase in income since 2019.

Subscription income increased by 15% from 2019 to 2020, as outlined in our three-year strategy. The increase was designed to enable NHS Providers to grow its capacity and extend support to members via an upfront increased investment and increase in subscription fees.

Revenue of the charity's wholly owned subsidiary, FTN Trading Limited, increased by 14% from £346,438 to £395,350 for the year ending 31 March 2020. This is attributable to an uplift in attendance numbers at the annual conference and exhibition but mainly due to the very significant increase in conference and sponsorship income of 27% compared with the prior year. Other commercial income streams, such as the NHS Providers Connect programme and associate income brought in £51,813 (2019:£57,676). In 2020, FTN Trading Limited broke even (compared to 2019 where there was surplus of £18,259).

Overall expenditure increased by 10% to £5,189,665 (2019: £4,739,415). The higher level of expenditure reflects an agreed expansion in terms of the expanded offer to support members, including agreed spend on capital and Sustainability and Transformation partnerships, (STP's) activities. Expenditure in the last months of the year was lower than expected due to the coronavirus pandemic and reduction in some items of planned expenditure as a result.

NHS Providers realised a surplus of £313,600 (2019: £69,473) for the year. This is broken down as a surplus on unrestricted funds of £251,903 (2019: £36,723) and a surplus on restricted funds of £61,697 (2019: £106,196). The surplus reflects the result of a successful year in terms of income generation, due to the increase in collaborative projects undertaken as well as continued member support. The restricted surplus will, as intended, be retained, and spent in the forthcoming financial year on our system working peer review support offer. The unrestricted surplus will give NHS Providers added stability for the 2020/21 year given the financial uncertainties due to the coronavirus pandemic.

Reserves policy

In the trustees' view, the charity's reserves should provide the charity with adequate financial stability and the means for it to meet its charitable objectives should a shortfall in income occur, considering potential risks. Reserves are also maintained to further the strategic aims of the charity and to maximise business growth opportunities, subject to approval by the finance and general purposes committee. If the charity was to cease operating, reserves are set at a level that allows the charity to meet all necessary obligations and commitments to staff and third parties.

To meet the above objectives, it has been agreed by the board that free reserves should not fall below £1,000,000. This was set at a level sufficient to meet our statutory obligations in the event of an orderly winding up. The level of free reserves for the group is defined as general unrestricted funds excluding tangible fixed assets which cannot be readily liquidated.

At year-end, the group had a level of free reserves of £1,618,756, well in excess of the reserve level set. The board has sanctioned expenditure of £200,000 of these reserves on our work stream supporting members to work in local health and care systems and develop integrated models of care. These funds have been earmarked as designated and £52,251 of these funds were spent in 2020 on this project. In June 2019, the board ratified a further £100k on running a campaign to secure an adequate multi-year capital settlement for the trust sector. During 2020 £77,135 was spent on this work.

The finance and general purposes committee will review the amount of reserves on an annual basis to ensure that they are sufficient to meet the group's continuing obligations.

Going concern

We have adequate financial resources and are proactive in identifying and mitigating business risks. Our planning process, including financial projections, considers the current economic climate and its potential impact of various sources of income and expenditure. NHS Providers has been pro-active in adapting to the changes brought about by the Covid pandemic. To ensure uninterrupted support to members we are delivering conferences and events virtually. Endorsement of our members support is evidenced by retention of 100% of our membership (20/21). These measures safeguard our revenue and cashflow enabling us to provide assurance about our financial stability notwithstanding the impact of Covid. The charity has a strong balance sheet with a high level of net current assets due to the cash reserves held.

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

Fundraising

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

Principal risks and uncertainties

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

The risk management strategy comprises:

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

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

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

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

- **Sufficient finances:** the charity is reliant on member subscription income to deliver services to members and cover operational costs. We proactively manage the membership subscription renewal process, assessing the overall likelihood of individual members not renewing and mitigating accordingly. We strive to diversify our income mix and expand commercial income. Resources are dedicated to active membership engagement to maintain high levels of service delivery and member retention. Costs are monitored through a robust financial reporting process and monthly variance analysis. Pre-emptive action can be taken if any variation against expected financial outcomes occurs during the year. Additionally, an adequate reserves policy is maintained so that the charity can meet the costs of winding down its operations.
- **Human resource:** to mitigate the risks of poor staff retention, inadequate succession planning and under-resourcing impacting adversely on timeous work-delivery, adequate investment is made in staff development and remuneration is regularly benchmarked against the market.
- **Reputational:** on going assessment of reputation is undertaken through several channels including senior management and the board.
- **External environment:** environmental factors may change the provider structure affecting our ability to deliver service to members and a resultant decline in income. We monitor the increasing number of members who are merging, forming groups or sharing leadership structures and take account of any possible negative impact of this on member subscriptions through an annual review of the membership fee structure. Additionally, our strategy aims to develop commercial income to further mitigate the risk of reducing subscription income.

The three-year strategic plan and governance review are designed to ensure a future proofed membership structure. The strategic plan, along with the annual business plan, ensures NHS Providers remains responsive and representative of member need in a rapidly changing environment. Other external factors such as competition are regularly reviewed and appropriate offerings and or alliances are created to mitigate their effect.

- **Operational:** on-going review of and investment in IT infrastructure and cyber security to ensure business continuity and safeguard information.
- **Covid-19:** the risks and mitigations identified due to the pandemic are: prioritisation of staff safety and well-being; provision of sufficient and adaptive support solutions to members; on-going review of conference dates where venues have been pre-booked and deposits paid , by re-scheduling events to reduce or remove probability of cancellation fees and regular monitoring of any potential income reduction so that business planning can adapt accordingly. NHS Providers is tracking all these risks regularly to maintain an agile and reactive response.

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

STRUCTURE, GOVERNANCE AND MANAGEMENT

This is the ninth annual report and audited financial statements of the Foundation Trust Network, operating as NHS Providers, since it became an independent organisation on 1 April 2011. Details of the organisation's incorporation as a private company limited by guarantee and registration as a charity are given on page 3. The company is governed by its articles of association, the latest version of which was approved by members in March 2017.

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

GOVERNANCE

Appointment and induction of new trustees

NHS Providers is governed by a board of elected trustees. Trustees who served during the period 2019/20 and to the date of this report are listed on page 18, senior executive staff and external advisors are detailed on page 22.

During 2019/20 the board comprised of 22 trustees:

- ten board members from trusts/foundation trusts providing acute services
- six board members from trusts/foundation trusts providing mental health services
- two board members from trusts/foundation trusts providing community services
- two board members from trusts/foundation trusts providing ambulance services
- one independent chair¹
- one co-opted trustee²

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 that they are up to date with the activities of NHS Providers and that they understand the specific duties and responsibilities of being a charity trustee - in particular the importance of acting as trustees of a charity and representing the views of all members, not the views of their own organisation.

1. On 1 January 2020, Sir Ron Kerr took over from Dame Gill Morgan as chair of NHS Providers. He was appointed following open competition and a national search in line with Article 20 of the organisation's articles of association.

2. Due to Alan Foster's resignation as chief executive of North Tees and Hartlepool NHS Foundation Trust to focus on leading his regional ICS, he could no longer serve as a trustee of NHS Providers in the acute trust category. However, in order to ensure appropriate focus on and input from the ICS/STP perspective, at its meeting in May 2019, the board approved Alan's co-option to the board, as permitted by the Articles of Association. He therefore continues as a co-opted trustee.

In addition to the induction process, from time to time external training is provided to trustees specifically on the role of the trustee in a charity and the associated legal obligations. Such training was last provided by Hempsons Solicitors in a session following the 2019 July board meeting. This was very well received by trustees, particularly those newly elected to the board.

The governance standards of the organisation are continuously monitored to assure compliance with the Charity Governance Code. In 2019, a full review of the governance standards of the organisation was carried out, with a board sub-committee convened to take this work forward. This group asked an external expert consultant to carry out a review of the board's governance arrangements against the 7 principles of the Charity Governance Code 2017. The resulting report concluded that there exists sound evidence of compliance with the charities code across the full range of principles and, from this, it is fair to infer detailed compliance. There was just one recommendation in the area of risk. Specifically, it suggested that the board should agree a process to escalate and de-escalate risk and to evidence better that strategic horizon scanning takes place. This has been incorporated into our regular risk management process through which the board reviews and monitors the organisation's risk.

The governance review also considered the organisation's membership to explore how it might adapt to reflect the changing NHS environment as the focus shifts to integrated local health and care system working. Following consultation, it was agreed that associate membership would be offered to STPs/ICs. Details of this offer are now being explored.

The organisation maintains a register of interests for trustees, as well as senior executives. The trustees' and senior executives' interests registers are reviewed annually and when there are substantial changes to the registers, such as following trustee elections. Additional oral declarations of interest are taken at the start of each meeting of the NHS Providers board and board sub committee meetings.

During the period covered by this report, the NHS Providers board met a total of six times. Details of trustees and their attendance at Board meetings and at board sub committees where relevant up until the date of this report are listed below. It should be noted that, under the normal trustee appointment cycle, there should have been elections carried out in June. However, due to the COVID-19 crisis, the board took a decision at its May meeting that these elections would be delayed by three months. The six trustees whose terms of office were coming to an end, all agreed to remain in post for this period.

TRUSTEES	TERM	ATTENDANCE AT BOARD	ATTENDANCE AT FINANCE AND GENERAL PURPOSES COMMITTEE	ATTENDANCE AT REMUNERATION COMMITTEE
John Anderson	Appointed 1/6/13, Retired 28/06/19	1/1		
Ingrid Barker	Appointed 14/10/13, Re-appointed 1/7/18	7/9		1/1
Sarah Boulter	Appointed 1/7/18, Retired 28/09/19	0/1		
Ann Beasley	Appointed 25/5/20	3/3		
Beatrice Fraenkel	Appointed 06/11/19	4/6	3/6	
Susan Brain England	Appointed 1/7/17	7/9		
Jayne Brown	Appointed 9/1/18, Retired 28/09/19	0/1	0/1	
Daniel Elkeles	Appointed 28/06/19	8/8		
Dean Fathers	Appointed 1/7/18, Retired 31/12/19	2/4		
Alan Foster	Appointed 1/7/15, Re-appointed 1/7/18	5/9		
William Hancock	Appointed 2/7/14	5/9	5/8	
Angela Hillery	Appointed 1/7/17	5/9	5/9	
Nicholas Hulme	Appointed 1/7/18	9/9		
Sir Ron Kerr	Appointed 1/1/20	5/5	3/5	0/1
Brent Kilmurray	Appointed 6/11/19	3/6		
John Lawlor	Appointed 1/7/15, Re-appointed 1/7/18, Retired 01/01/20	1/3		
Heather Lawrence	Appointed 6/11/19	5/7		
Harriet Llewelyn-Davies	Appointed 10/1/18	7/9	6/9	
Nicholas Marsden	Appointed 1/7/16, Retired 28/06/19	2/2	2/2	
Lance McCarthy	Appointed 06/11/19	5/6		
Patricia Miller	Appointed 1/7/16	5/9		0/1
Gill Morgan	Appointed as Chair 1/1/14, Re-appointed 1/1/17, Retired 31/12/19	4/4	3/4	
Christine Outram	Appointed 2/11/16, Re-appointed 30/06/19	6/9		
Linda Pollard	Appointed 30/06/19	6/8		0/0
Amanda Pritchard	Appointed 1/7/18, Retired 28/10/19	2/2		
Colin Scales	Appointed 8/1/18	5/9		
Jagtar Singh	Appointed 1/7/16, Re-appointed 1/7/17	7/9		0/1
Karamjit Singh	Appointed 30/06/19	7/8	4/7	
Tracy Taylor	Appointed 1/7/15, Re-appointed 1/7/18	7/9		1/1
Melanie Walker	Appointed 1/7/18	5/9		
Sandra Betney	Co-opted to Finance & General Purposes Committee, Retired 31/3/20	N/A	3/5	

In addition to the trustees (who have full voting rights at board meetings), the NHS Providers board is also attended by the chief executive, deputy chief executive, interim chief operating officer, director of policy and strategy, director of communications and assistant director of corporate services as non-voting attendees. A scheme of delegation clearly lays out the respective responsibilities of the trustees, directors and management. This, together with a full set of operational policies and procedures, determines the conduct of all executives and other employees.

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

The Finance and General Purposes Committee's membership during 2018/19 comprised six trustees and a co-opted finance director member, Sandra Betney. Sandra came to the end of her term of office at the end of March 2020 and a process is underway to co-opt a replacement. We would like to thank Sandra for her contribution to the work of the committee. Appointment of her replacement has been delayed by the COVID-19 crisis.

The committee met 5 times during the period of this report. It is responsible for providing scrutiny and advice to the NHS Providers board on the oversight of:

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

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

The Remuneration Committee met once during 2019/20. A detailed remuneration report including further information on the role of the remuneration committee and its work can be found on pages 20 to 22.

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

Partnerships

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

Employees

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

To support its members, in line with the strategic objectives set out on page 4 the organisation needs to maintain a team of expert specialist staff covering areas as diverse as governance, benchmarking, clinical and functional networks, healthcare policy and economics.

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

A full remuneration report is set out overleaf.

REMUNERATION REPORT

Statement of general approach to remuneration and governance

NHS Providers ensures that its staff are remunerated fairly and in a way that allows the organisation to attract and retain people with the skills needed to deliver its charitable objects. To ensure this report meets the requirements of both the Charities SORP and the guidance published by the National Council for Voluntary Organisations it has been reviewed against these requirements by the chair, chief executive, directors and the Finance and General Purposes Committee.

Remuneration committee

NHS Providers has a Remuneration Committee which, in 2019/20, met once. This committee is chaired by a trustee and comprises five trustees, including the organisation's chair who is an ex-officio member of the committee. The NHS Providers chief executive is invited to attend but, along with other members of the executive in attendance, is excluded from discussions of their individual pay. Likewise, the chair is not present for any discussion relating to their fees.

The main responsibilities of the committee are to:

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

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

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

Approach to pay

Staff Pay

Staff are primarily policy and communications experts, recruited from these sectors, with administration, support, event management and corporate services staff recruited from a wide range of different sectors. The organisation recruits relatively few of its staff directly from NHS frontline organisations. NHS Providers is committed to paying all staff the London living wage, currently set at £19,890. The organisation's lowest salary in 2019/20 was £23,000.

In line with the criteria agreed by the remuneration committee for determining an annual salary increment, staff meeting the appropriate conditions were awarded a pay rise of 2.1% to take effect from April 2020.

Salaries, at all levels, are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. The last review carried out by CELRE in December 2018 indicated that NHS Providers' staff salaries are largely in line with or below market rates. The next benchmarking review will take place during 2020/21. No bonuses are paid to any members of staff nor to directors.

The ratio of salary between the organisation's highest and lowest paid member of staff is 1:9.5 with the ratio between its highest and median salary being 1:5.

Chief executive and director pay

The remuneration committee sets chief executive and director pay individually each year, taking account of individual and organisational performance. The remuneration committee is provided with information to ensure awareness of published salary rates for roles in similar organisations such as the Local Government Association and the NHS Confederation and, in the case of the chief executive, the salaries paid to chief executives of member organisations and relevant arm's length bodies. Director salaries are benchmarked every two to three years against those offered by similar organisations to ensure competitiveness. The last review carried out by CELRE in December 2016 resulted in the board agreeing a small uplift to two directors' salaries.

The results of the pay policy in relation to total remuneration, including salary and pension contributions, for 2019/20 and 2018/19 are reflected in the table on page 22.

Chair's fees

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

- chair fees in similar organisations such as NHS Confederation
- chair fees of foundation trust members
- chair or chair equivalent fees for the organisation's key stakeholders.

Pensions and total remuneration package

The organisation has now passed the 'staging date' for implementation of the new pension rules and has set up 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:

- 90% overall member satisfaction with our work, described by Ipsos MORI as a particularly high score for an organisation of our type
- staff perceived as supportive, professional and knowledgeable with members being positive about their relationship with NHS Providers (Ipsos MORI member survey).

Summary of remuneration - individual highest paid staff

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

	2019/20 remuneration		2018/19 remuneration	
	Salary	Pension contribution	Salary	Pension contribution
Dame Gill Morgan, chair*	£41,250	–	£55,000	–
Ron Kerr, chair*	£13,750	–	–	–
Chris Hopson, chief executive	£218,436	£19,659	£213,943	£19,255
Adam Brimelow, director of communications*	£94,443	£8,500	£50,727	£4,565
Saffron Cordery, director of policy and strategy and deputy chief executive	£120,923	£10,883	£118,436	£10,659
Kevin Rennie, interim chief operating officer*	£6,057	£182	–	–
Mark Stevenson, chief operating officer*	£51,125	£4,601	–	–
Ben Clacy, director of development and operations *	–	–	£73,507	£6,616
Miriam Deakin, director of policy and strategy*	£94,443	£9,425	£40,879	£4,035
Daniel Reynolds, director of communications	–	–	£71,977	£9,755

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

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

Gill Morgan ended her five year term on 31 December 2019, Ron Kerr was appointed in her stead from the 1 January 2020.

For information, Chris Hopson, Adam Brimelow, Saffron Cordery, Ben Clacy, Miriam Deakin, and Mark Stevenson were all employees of the company during 2019/2020 and directors of FTN Trading Ltd. Kevin Rennie was an employee of the company during 2019/20.

It should be noted that Chris Hopson has voluntarily asked to freeze his pay from April 2020. This freeze will be permanent for the duration of his employment at NHS Providers subject to exceptional circumstances such as a significant increase in the level of inflation. The remuneration committee and the board supported this proposal.

Banding

The number of employees whose emoluments exceeded £60,000 for the period was:	2020	2019
£60,000 – £70,000	5	6
£70,001 – £80,000	1	2
£90,001 – £100,000	2	–
£100,001 – £110,000	–	1
£120,001 – £130,000	1	–
£210,001 – £220,000	1	1

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees/non-executive directors

Refer to page 18.

Principal and registered address

One Birdcage Walk
London SW1H 9JJ

Senior executive staff/directors

Chris Hopson	Chief executive
Saffron Cordery	Deputy chief executive
Mark Stevenson	Chief operating officer (appointed 3 June 2019, resigned 12 February 2020)
Adam Brimelow	Director of communications
Miriam Deakin	Director of policy and strategy (appointed 1 November 2018)
Kevin Rennie	Interim chief operating officer (appointed 10 March 2020)

Solicitors

Hempsons
The Exchange, Station Parade
Harrogate HG1 1DY

The Foundation Trust Network

Charity registration number: 1140900
Company registration number: 07525114

Auditors

Saffery Champness LLP
71 Queen Victoria Street
London EC4V 4BE

Bankers

The Co-operative Bank
80 Cornhill
London EC3V 3NH

Barclays Business
1st Floor, 27 Soho Square
London W1D 3QR

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of the charitable company, for the purposes of company law) are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities' Statement of Practice (SORP FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company and group will continue in business.

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

In so far as the trustees are aware:

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

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

The Report of the Trustees and incorporated strategic report was approved by the NHS Providers board on 4 November 2020 and signed on its behalf by:



Sir Ron Kerr
Chair, NHS Providers

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF NHS PROVIDERS FOR THE YEAR ENDED 31 MARCH 2020

Opinion

We have audited the financial statements of NHS Providers for the year ended 31 March 2020 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 a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the affairs of the group and the parent charitable company as at 31 March 2020 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 the 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

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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.

In connection with our audit of the financial statements, 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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 have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and its 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:

- the group or parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out on page 24, the trustees (who are also the directors of the 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's and 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 that Act.

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

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

Use of our report

This report is made solely to the charitable company's members and the trustees, 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 charitable company's members and trustees 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 charitable company, the charitable company's members and trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Liz Hazell (Senior Statutory Auditor)
For and on behalf of Saffery Champness LLP

Date:

Chartered Accountants

Statutory Auditors

71 Queen Victoria Street

London

EC4V 4BE

16 November 2020

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

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(Incorporating the consolidated income and expenditure account)
for the year ended 31 March 2020

	Note	£ Unrestricted funds	£ Restricted funds	£ Total 2020	£ Total 2019
Income from					
Charitable activities	2	600,044	187,000	787,044	669,137
Subscription income		4,317,290	–	4,317,290	3,789,421
Other trading activities	3	395,350	–	395,350	346,438
Investments	4	3,581		3,581	3,892
Total income		5,316,265	187,000	5,503,265	4,808,888
Expenditure on					
Trading activities	3	288,726	–	288,726	289,839
Charitable activities	5,6,7	4,775,636	125,303	4,900,939	4,449,576
Total expenditure		5,064,362	125,303	5,189,665	4,739,415
Net income/(expenditure) and net movement in funds for the year	7,16	251,903	61,697	313,600	69,473
Total funds brought forward	16	1,595,545	106,196	1,701,741	1,632,268
Total funds carried forward	16	1,847,448	167,893	2,015,341	1,701,741

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 32-46 form part of these financial statements.

GROUP BALANCE SHEET 31 MARCH 2020

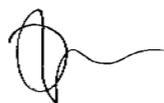
	Note	£ 2020	£ 2019
Fixed assets			
Intangible fixed assets	12	162,231	231,535
Tangible assets	12	66,462	38,731
		228,692	270,266
Current assets			
Debtors	14	252,761	501,774
Cash at bank and in hand		2,033,777	1,733,437
		2,286,538	2,235,211
Creditors			
Amounts falling due within one year	15	(499,889)	(803,736)
Net current assets		1,786,649	1,431,475
Net assets		2,015,341	1,701,741
Funds			
Restricted funds	16	167,893	106,196
Unrestricted funds	16	1,847,448	1,595,545
		2,015,341	1,701,741

The notes on pages 32-46 form part of these financial statements.

The total income of the charity as an individual entity for the year was £5,197,646 (2019:£4,462,450) and its net income was £206,960 (2019:£12,874). A statement of financial activities for the charity as an individual entity is not included using the exemption given in section 408 of the Companies Act 2006.

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

Approved and authorised for distribution by the board of trustees on 4 November 2020 and signed on its behalf by:



Sir Ron Kerr
 Chair

Registered Company No. 07525114

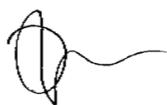
CHARITY BALANCE SHEET 31 MARCH 2020

	Note	£ 2020	£ 2019
Fixed assets			
Intangible fixed assets	12	162,231	231,535
Tangible assets	12	66,461	38,731
Investments	13	1	1
		228,693	270,267
Current assets			
Debtors	14	329,863	741,570
Cash at bank and in hand		1,901,510	1,477,190
		2,231,373	2,218,760
Creditors			
Amounts falling due within one year	15	(444,726)	(787,287)
Net current assets		1,786,647	1,431,473
Net assets		2,015,340	1,701,740
Funds			
Restricted funds	16	167,893	106,196
Unrestricted funds	16	1,847,447	1,595,544
		2,015,340	1,701,740

The notes on pages 32-46 form a part of these financial statements.

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

Approved and authorised for distribution by the board of trustees on 4 November 2020 and signed on its behalf by:



Sir Ron Kerr
 Chair

Registered Company No. 07525114

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

	Note	£ 2020	£ 2019
Cash flows from operating activities			
Net cash provided by operating activities	21	381,685	299,460
Cash flows from investing activities			
Interest income		3,581	3,892
Purchase of tangible fixed assets		(59,096)	(19,734)
Disposals of fixed assets		–	4,673
Purchase of intangible fixed assets		(25,830)	(181,110)
Net cash used in investing activities		(81,345)	(192,279)
		300,340	107,181
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		1,733,437	1,626,256
Increase in cash and cash equivalents in the year		300,340	107,181
Cash and cash equivalents at the end of the reporting period		2,033,777	1,733,437

The notes on pages 32-46 form part of these financial statements.

	£ As at 1 April 2019	£ Cash flows	£ Other non-cash changes	£ As at 31 March 2020
Analysis of changes in net debt				
Cash and cash equivalents	–	–	–	–
Cash	1,733,437	300,340	–	2,033,777
Cash equivalents	–	–	–	–
Overdrafts	–	–	–	–
	1,733,437	300,340		2,033,777

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2020

1. Accounting policies

Company Information

The charity is a registered charity (number 1140900) and a company (number 07525114) limited by guarantee. The registered office is One Birdcage Walk, London, SW1H 9JJ.

Basis of accounting

The financial statements have been prepared on the going concern basis under the historical cost convention. The financial position, liquidity and management of risk as outlined in the strategic report indicate that the Group has adequate resources and that there are no material uncertainties relating to events or conditions that may cast significant doubt about its ability to continue as a going concern.

The financial statements have been prepared in accordance with the Statement of Recommended Practice-Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (SORP FRS 102) 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 or the funder.

Classification of expenditure

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure and it can be reliably measured.

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category:

- expenditure on trading activities comprise the costs of the commercial trading, which includes the costs of hosting the annual conference
- expenditure on charitable activities comprises those costs incurred supporting and developing its members, promoting shared learning and lobbying on behalf of its members. It includes both costs that can be allocated directly to those activities and their associated support costs. These costs have been analysed into activities associated with the charity's three strategic objectives of influence, voice and support.

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

Allocation of support and governance costs

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

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

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

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

Pension costs

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

The charity contributes to the NHS pensions scheme in relation to one member of staff. This is an unfunded scheme and contributions are calculated so as to spread the cost of pensions over employee's working lives with NHS providers in such a way that the pension cost is a substantially level percentage of current and future pensionable payroll. The scheme is considered to be a multi-employer defined benefit scheme as the charity is unable to identify its share of the underlying assets and liabilities. Therefore, the contributions, which are fixed annually and payable monthly, are charged to the SOFA when payable and the charity has no further potential liability. The date of the most recent actuarial valuation is the 31 March 2020.

Tangible fixed assets and depreciation

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

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

Short leasehold property improvements	20% straight line basis
Fixtures and fittings	Over three years straight line basis
Office equipment	Over three years straight line basis
Computer equipment	Over three years straight line basis

Intangible fixed assets and depreciation

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

Operating leases

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

Taxation

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

Key assumptions and estimation uncertainty

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

Financial instruments

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

2. Income from charitable activities

	£	£	£	£
	Unrestricted funds	Restricted funds	2020	2019
Projects & other income				
Digital transformation	20,000	–	20,000	20,000
Peer support	–	187,000	187,000	190,000
Trust wide improvement	57,648	–	57,648	–
Network integrated project	116,822	–	116,822	–
Recharge income	10,010	–	10,010	47,435
Total projects & other income	204,480	187,000	391,480	257,435
Other sundry income	1,244	–	1,244	44,625
Foundation trusts and trusts				
Course fees	394,320	–	394,320	367,077
Total income from charitable activities	600,044	187,000	787,044	669,137

In 2019 peer support income of £190,000 was restricted .

3. Income from trading activities

The wholly owned subsidiary FTN Trading Limited is incorporated in the United Kingdom (company number 07940647) and pays all of its taxable profits to the charity under the gift aid scheme. FTN Trading Limited operates the Annual Conference and all commercial sponsorship associated with that event.

The summary performance of the subsidiary is:

	£	£
	2020	2019
Turnover	395,350	346,438
Cost of sales and administration costs	(395,350)	(328,180)
Net profit	–	18,258
The assets and liabilities of the subsidiary were:		
Current assets	188,698	279,491
Current liabilities	(188,697)	(279,490)
Total net assets	1	1
Aggregate share capital and reserves	1	1

4. Investment income

	£ Unrestricted funds	£ Restricted funds	£ 2020	£ 2019
Interest	3,581	–	3,581	3,892

All 2019 investment income was unrestricted.

5. Analysis of expenditure on charitable activities

	£ Direct costs	£ Support	£ Governance	£ Total 2020	£ Total 2019
Influence	1,097,420	653,881	14,535	1,765,836	1,701,692
Voice	565,870	237,771	5,285	808,926	743,074
Support	1,475,469	832,208	18,500	2,326,177	2,004,810
Total expenditure	3,138,759	1,723,860	38,320	4,900,939	4,449,576

Expenditure on charitable activities was £4,900,939 (2019: £4,449,576) . In 2020 £125,303 (2019: £83,804) of these costs were restricted.

Support and governance costs of £1,723,860 (2019: £1,378,098) and £38,320 (2019: £31,792) are analysed in note 6 below, totalling £1,762,180 (2019: £1,409,890).

They relate to overhead costs incurred on the fourth strategic objective, excellent organisation, which supports the activities of influence, voice and support.

	£ Direct costs	£ Support	£ Governance	£ Total 2019
Influence	1,165,933	523,678	12,081	1,701,692
Voice	545,691	192,932	4,451	743,074
Support	1,328,062	661,488	15,260	2,004,810
Total expenditure	3,039,686	1,378,098	31,792	4,449,576

6. Analysis of governance and support costs

	£ Influence	£ Voice	£ Support	£ Total 2020	£ Total 2019
IT	44,474	16,172	56,603	117,249	142,777
Premises	79,675	28,972	101,403	210,050	210,258
Human resources	449,918	163,605	572,621	1,186,144	856,083
General office	69,947	25,434	89,023	184,404	141,072
Legal	254	92	323	669	–
Irrecoverable VAT	9,613	3,496	12,235	25,344	27,908
Total Support	653,881	237,771	832,208	1,723,860	1,378,098
Governance	14,535	5,285	18,500	38,320	31,792
Total Support	668,416	243,056	850,708	1,762,180	1,409,890

*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 is some overlap in activities.

	£ Influence	£ Voice	£ Support	£ Total 2019
IT	54,255	19,989	68,533	142,777
Premises	79,898	29,436	100,924	210,258
Human resources	325,312	119,851	410,920	856,083
General office	53,608	19,749	67,715	141,072
Irrecoverable VAT	10,605	3,907	13,396	27,908
Total Support	523,678	192,932	661,488	1,378,098
Governance	12,081	4,451	15,260	31,792
Total Support	535,759	197,383	676,748	1,409,890

7. Total expenditure

	£ 2020	£ 2019
Net income/expenditure is stated after charging:		
Auditor's remuneration:		
Audit	13,400	12,875
Tax advisory, secretarial services	1,960	3,275
Depreciation	126,500	52,368
Operating leases	204,532	204,532

8. Trustees

Gill Morgan completed her six year term on 31 December 2019. Ron Kerr was appointed in her stead from 1 January 2020. Trustees were reimbursed for expenses relating to travel and accommodation amounting to £5,367 (2019:£10,787) and remuneration of £55,000, pro-rata'd, for the year. There is no contribution to a pension fund. The legal authority conferring authority to make payment is provisioned for in the articles of association. The clause was ratified at an EGM on 10 September 2013 under consultation with the Charity Commission. No other trustees received remuneration for services rendered or reclaimed expenses. The company incurred a cost of £622 in respect of annual indemnity insurance for the trustees.

9. Key management personnel

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

	£ 2020	£ 2019
Key management personnel emoluments	693,799	679,354

Five of the directors were in the NHS Pension scheme which is a defined contribution pension scheme (2019-5) and one was in a personal defined contribution pension scheme to which the charity contributes (2019-1).

10. Staff costs

	£ 2020	£ 2019
Wages and salaries	2,517,950	2,304,410
Social security costs	286,273	260,886
Defined contribution pension costs	303,357	262,887
Defined benefit pension costs - NHS pension scheme	8,809	8,420
	3,116,389	2,836,603

11. Staff numbers

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

	2020	2019
Influence	22	19
Voice	8	7
Support	28	24
	58	50

The bandings for employees who receive more than £60,000 are set out on page 22.

12. Fixed assets – group and charity

	£	£	£	£	£	£
	Intangible fixed assets	Leasehold property improvements	Fixtures and fittings	Office equipment	Computer equipment	Total
Cost						
At 1 April 2019	434,487	49,187	88,594	26,688	76,588	675,544
Additions	25,830	3,384	3,445	–	52,267	84,926
At 31 March 2020	460,317	52,571	92,039	26,688	128,855	760,470
Depreciation						
At 1 April 2019	202,952	48,486	83,866	26,688	43,286	405,278
Charge for the year	95,134	1,041	4,230	–	26,095	126,500
At 31 March 2020	298,086	49,527	88,096	26,688	69,381	531,778
Net book value at 31 March 2020	162,231	3,044	3,943	–	59,474	228,692
Net book value at 31 March 2019	231,535	701	4,728	–	33,302	270,266

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	
	£ 2020	£ 2019	£ 2020	£ 2019
Debtors	133,418	403,775	116,287	402,901
Other debtor	14,957	7,759	14,940	8,189
Prepayments	104,386	90,240	65,101	71,229
Amounts due from FTN Trading Limited	–	–	133,535	259,251
	252,761	501,774	329,863	741,570

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	
	£ 2020	£ 2019	£ 2020	£ 2019
Trade creditors	85,850	248,481	71,684	243,047
Social security and other taxes	90,878	106,525	89,119	110,049
Other creditors	24,486	25,227	24,484	25,221
Accruals	197,728	147,101	172,873	142,231
Deferred income	100,947	276,402	86,566	266,739
	499,889	803,736	444,726	787,287

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	
	£ 2020	£ 2019	£ 2020	£ 2019
Brought forward	276,402	–	266,739	–
Deferred	100,947	276,402	86,566	266,739
Released	(276,402)	–	(266,739)	–
Carried forward	100,947	276,402	86,566	266,739

16. Restricted and unrestricted funds

Group	£ Balance 1 April 2019	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2020
Peer support review	106,196	187,000	(125,303)	–	167,893
Total restricted funds	106,196	187,000	(125,303)	–	167,893
Designated STP fund	132,031	–	(52,251)	–	79,780
General unrestricted	1,463,514	5,316,265	(5,012,111)	–	1,767,668
Total unrestricted funds	1,595,545	5,316,265	(5,064,362)	–	1,847,448
	1,701,741	5,503,265	(5,189,665)	–	2,015,341

Charity	£ Balance 1 April 2019	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2020
Peer support review	106,196	187,000	(125,303)	–	167,893
Total restricted funds	106,196	187,000	(125,303)	–	167,893
Designated STP fund	132,031	–	(52,251)	–	79,780
General unrestricted	1,463,513	5,027,539	(4,723,385)	–	1,767,667
Total unrestricted funds	1,595,544	5,027,539	(4,775,636)	–	1,847,447
	1,701,740	5,214,539	(4,900,939)	–	2,015,340

During the year NHS Providers continued its work to deliver a peer support offer for local systems working in partnership with relevant membership bodies. It received restricted funding from NHS England to lead on the project in 2019 and 2020. The funds relating to peer support activities are treated as restricted in both financial years. In 2019 a designated fund was created to support activities relating to STP expenditure, this work continued during 2020.

Group	£ Balance 1 April 2018	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2019
Peer support review	–	190,000	(83,804)	–	106,196
Total restricted funds	–	190,000	(83,804)	–	106,196
Designated STP fund	–	–	(67,969)	200,000	132,031
General unrestricted	1,632,268	4,618,888	(4,587,642)	(200,000)	1,463,514
Total unrestricted funds	1,632,268	4,618,888	(4,655,611)	–	1,595,545
	1,632,268	4,808,888	(4,739,415)	–	1,701,741

Charity	£ Balance 1 April 2018	£ Incoming resources	£ Resources expended	£ Transfers	£ Funds 31 March 2019
Peer support review	–	190,000	(83,804)	–	106,196
Total restricted funds	–	190,000	(83,804)	–	106,196
Designated STP fund	–	–	(67,969)	200,000	132,031
General unrestricted	1,650,526	4,310,790	(4,297,803)	(200,000)	1,463,513
Total unrestricted funds	1,650,526	4,310,790	(4,365,772)	–	1,595,544
	1,650,526	4,500,790	(4,449,576)	–	1,701,740

17. Analysis of net assets between funds

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2020	£ Total 2019
Intangible fixed assets	–	162,231	162,231	231,535
Tangible fixed assets	–	66,462	66,462	38,731
Net current assets	167,893	1,618,755	1,786,648	1,431,475
	167,893	1,847,448	2,015,341	1,701,741

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2020	£ Total 2019
Intangible fixed assets	–	162,231	162,231	231,535
Tangible fixed assets	–	66,461	66,461	38,731
Investments		1	1	1
Net current assets	167,893	1,618,754	1,786,647	1,431,474
	167,893	1,847,446	2,015,340	1,701,741

Group	£ Restricted funds	£ Unrestricted funds	£ Total 2019
Intangible fixed assets	–	231,535	231,535
Tangible fixed assets	–	38,731	38,731
Net current assets	106,196	1,325,279	1,431,475
	106,196	1,595,545	1,701,741

Charity	£ Restricted funds	£ Unrestricted funds	£ Total 2019
Intangible fixed assets	–	231,535	231,535
Tangible fixed assets	–	38,731	38,731
Investments	–	1	1
Net current assets	106,196	1,325,278	1,431,474
	106,196	1,595,545	1,701,741

18. Financial commitments

As at 31 March 2020 the charity was committed to making the following payments under non-cancellable operating leases in the following periods:

	£ 2020	£ 2019
Payable in respect of leases expiring:		
Within the year	204,540	204,540
Between the second and fifth year inclusive	282,617	485,783

19. Liability of members

At 31 March 2020 the charity had 223 members. The liability of each member to contribute to the assets of the charity is limited to £1.

20. Related party transactions

For this year, FTN Trading Ltd did not pay a donation under gift aid to NHS Providers (2019: nil). FTN paid a management charge of £106,640 to its parent charity during the year (2019: £38,339). At the year end NHS Providers was owed £133,535 (2019: £259,251) by FTN Trading Limited.

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

All elected board members are either chairs or chief executives of member organisations. Gill Morgan and Ron Kerr were the remunerated chairs of the trust for the respective periods of the year for which they served.

There are no other related party transactions during the year.

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

	£ 2020	£ 2019
Net income for the reporting period (as per the statement of financial activities)	313,600	69,473
Add back: depreciation	126,500	52,368
Deduct interest income shown in investing activities	(3,581)	(3,892)
Decrease/(Increase) in debtors	249,013	(182,654)
(Decrease)/Increase in creditors	(303,847)	364,165
Net cash inflow from operating activities	381,685	299,460

22. Financial Instruments

Group	Note	£ 2020	£ 2019
Financial assets measured at amortised cost			
Debtors	14	148,374	411,534
Cash		2,033,777	1,733,437
Financial liabilities measured at amortised cost			
Creditors due within one year	15	409,011	697,211

Charity	Note	£ 2020	£ 2019
Financial assets measured at amortised cost			
Debtors	14	131,227	411,090
Cash		1,901,510	1,477,190
Financial liabilities measured at amortised cost			
Creditors due within one year	15	355,607	677,238

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

NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.



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NHS Providers is the operating name of the
Foundation Trust Network
Registered charity 1140900
Registered in England and Wales as company
7525114

Registered Office
One Birdcage Walk,
London SW1H 9JJ

Foundation Trust Network operating as
NHS PROVIDERS
