



Foundation Trust Network operating as  
NHS PROVIDERS

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TRUSTEES' ANNUAL REPORT  
AND ACCOUNTS  
FOR THE YEAR ENDED  
31 MARCH 2017

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## REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2017

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 2017. 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 2016 until 31 March 2017.

## CHAIR'S REPORT

NHS Providers has had a successful year supporting and representing one of the most important set of organisations in our national life – the 233 NHS acute hospital, ambulance, community and mental health foundation trusts and trusts who provide healthcare to England's 53 million population.

Trusts have come under greater financial and operational pressure this year and, as evidenced through our member and stakeholder surveys, we have increased the effectiveness of our support to them.

I am grateful to my fellow trustees – 20 busy trust chairs and chief executives – for their time and commitment over a busy year. The board as a whole would also like to thank our staff team for their hard work and our members for their continuing support.

### **Dame Gill Morgan**

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 and trade association supporting the NHS trusts and foundation trusts who provide frontline healthcare to England's population of 53 million. Our members include NHS acute hospitals, mental health, community and ambulance service foundation trusts and trusts that, together, interact with more than two million patients and service users a week, employ over one million of its 1.3 million staff, and account for £73bn 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 general guidance on public benefit, *Charities and public benefit*. NHS Providers' public benefit is enshrined in its charitable objectives as outlined above.

## Our vision

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

## Our three year mission

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

## Our three year strategic objectives

Our four strategic objectives, drawn from our three-year (2016-19) strategy, are:

- **Influence:** to shape the financial, policy, quality, workforce, governance and regulatory system and environment in which our members operate.
- **Voice:** to be the collective voice of NHS healthcare 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.
- **Professional:** creating an organisation that is fit for purpose, provides outstanding value for money to our members and continually improves.

## KEY ACHIEVEMENTS AND PERFORMANCE

Throughout 2016/17 we have been committed to supporting trusts through the increased financial, structural and reputational challenges they have faced. Building on the strong foundations we have established in previous years, we have effectively influenced policymakers and NHS leaders across a number of key areas that are critical to the long-term success of trusts and the wider health system. The following details our key achievements in each of our four strategic objectives: influence, voice, support and professional. In each area we have delivered on the key priorities for 2016/17 that we set out in our last annual report.

### Influence

During 2016/17 we aimed to shape the financial, quality, workforce, governance and regulatory policy, system and environment in which trusts operated, as well as offering solutions to the challenges they faced.

#### NHS finances

- We have been one of the most prominent organisations calling for more honesty and realism about the funding challenges facing the NHS. Based on a front page story in the Observer newspaper, along with a comment piece from our chief executive Chris Hopson and an interview with him on *The Andrew Marr Show*, we informed and generated debate on what the NHS can deliver within its available funding. We followed this up by writing to the health select committee to express concern about the state of NHS finances. This led to an inquiry by the committee and a subsequent report that echoed many of our concerns.
- We followed this up in March with our report, *Mission impossible: the NHS provider delivery ask for 2017/18*, which highlighted the need for realism, flexibility and support on performance targets and financial balance to help trusts manage the 2017/18 year. This was informed by a survey of finance directors which outlined how reliant many trusts are on one-off, non-recurrent savings to meet

their savings targets. Our interventions on funding have, in part, contributed to NHS England and NHS Improvement dropping routine financial penalties for trusts failing to meet elective and cancer waiting time targets.

- Finally, along with other organisations, we consistently pushed for greater investment in social care in the run up to the autumn statement and spring budget. We highlighted the impact of a lack of resources in local government on healthcare delivery, including in our flagship report, *The state of the NHS provider sector*, in November. The government announced it would be investing an extra £2bn on adult social care services over the next three years. Our focus has now switched towards ensuring that this extra funding goes towards activities that alleviate pressure on the NHS, particularly on measures that help to reduce delayed transfers of care that are due to a lack of care and support in the community.

### Transformation

- Sustainability and transformation partnerships (STPs) continue to be the main driver of transformation at a local level and we have played a prominent role in supporting, as well as raising concerns about, their development. We highlighted the governance challenges inherent in STPs and have called for a more tailored approach so that STPs can progress at the right pace with the right level of support. We convened a group of trust chairs to provide solutions to these governance issues. More generally, we have stressed the need for the STP process to have realistic ambitions.

### Workforce

- We have undertaken a number of activities that have sought to push workforce policy challenges much higher up the agenda. The survey we conducted for our flagship report, *The state of the NHS provider sector*, revealed that worries over staffing are becoming even greater and more urgent for trust chairs and chief executives than concerns over funding. In addition, we also worked hard with system leaders to resolve the junior doctors' contract dispute. Alongside other organisations, we played a prominent role in the cancellation of the early September 2016 strikes.

We had significant media exposure on this issue and used these opportunities to reiterate junior doctors' vital contribution and the need to move to end the strikes as well as the overall case for NHS contract reform, as highlighted by our members. We followed this up by convening a seminar in February 2017 with junior doctors and trust and NHS system leaders. This seminar discussed the steps needed to engage the workforce and demonstrate their value.

## Regulation

- One of our objectives has been to ensure regulatory frameworks are fit for purpose, support new ways of delivering care and take account of provider autonomy. We secured early engagement with NHS Improvement to influence its new single oversight framework, balancing a new regulatory approach with maintaining provider autonomy. Our work with the CQC has contributed directly to its more risk-based inspection approach and we remain vocal on the impact of the high level of CQC fees. Many of these activities were informed by our latest annual regulation survey, published in spring 2017. Our survey found that most trusts feel the demands from regulators are still too high in number and provide poor value for money. Two thirds of trusts (68%) reported an increase in demand from regulators including NHS Improvement and the CQC. However, there was encouraging evidence that regulators are getting better at coordinating their approaches.

## Mental health

- We continue to argue for increased focus on mental health and ours has been one of the voices ensuring mental health has risen up the agenda. However, moving from well meaning rhetoric to action, particularly when it comes to ensuring vital funding reaches the front line, has proved challenging. To keep up the momentum we surveyed mental health trusts to identify how much of the promised funding is reaching the frontline. Using the results of the survey we wrote to system leaders to highlight the ongoing challenge to mental health trusts of delivering the NHS *Five year forward view* without full funding. This is an ongoing issue that we are monitoring and engaging with system leaders on.

## Brexit

- Following the EU referendum in June 2016, we became one of the founding members of the Cavendish Coalition and have worked with our fellow members to make the case for clarity on the status of EU workers. We have been tracking and monitoring the likely impact of Brexit on NHS trusts, as well as regularly providing our members with comprehensive briefings.

## Voice

Over the last year we continued to be a strong, collective voice for trusts by reflecting the diversity of our membership, and championing their interests to government, across the NHS and wider healthcare community, and in the media.

- We are firmly established as the go-to organisation for commentary on the provider sector. Over the last year we have secured high-profile appearances on topics including NHS finances, performance standards, winter pressures, social care funding, the junior doctors' contract and mental health. Our intervention on NHS funding led to an appearance by our chief executive Chris Hopson on *The Andrew Marr Show*, along with a front-page story and comment piece in the Observer. Our reports, *The state of the NHS provider sector* and *Mission impossible: the NHS provider delivery ask for 2017/18*, generated widespread national print and broadcast coverage. Our survey on mental health funding led to coverage in the Guardian. More generally, we have seen our media mentions double over the last year. The quality and impact of our coverage has also improved with regular appearances for a wider range of staff on national programmes such as BBC Radio 4 Today, World at One, Newsnight and the Daily Politics. We are now regularly courted for our views on key issues facing the wider NHS.
- We have increased the number of expert opinion pieces in national print and trade media, with more of our policy team contributing to the debate around NHS finance, performance, workforce and other issues such as STPs. More than 30 comment pieces authored by our staff have been published in the national and trade media.

- The depth and quality of our digital activities have improved considerably over the past year. We are producing a range of new digital products, such as reports in digital formats, that are easier to read on tablets and mobile. A survey of our website visitors conducted in March 2017 rated our website highly, with seven out of ten saying they could easily access the content they wanted to. We have also enhanced our social media activities – this has helped to increase our number of followers on Twitter to almost 10,000.
- More generally, we have continued to be a strong advocate of the interests of trusts, and the patients they care for, by representing their views at many of the most important national policy forums. We were represented on almost 30 advisory groups, including several of the NHS *Five year forward view* implementation boards. As our independent stakeholder perceptions research conducted by Ipsos MORI indicates, we are able to balance being a supportive system influencer with being a muscular, influential and effective advocate of our members' interests.

## Support

During 2016/17 we aimed to help trusts drive improvement and innovation through shared development, support and learning. This included:

### 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 2016/17 we held 98 events which were attended by more than 3,370 delegates, with over 92% of delegates rating the events as either good or excellent.
- Our annual conference and exhibition in Birmingham, *Fit for the future*, attracted 600 senior executives and governors from NHS trusts, as well as politicians, stakeholders and exhibitors. Keynote speakers included the secretary of state for health, Rt Hon Jeremy Hunt MP; NHS England chief

executive Simon Stevens; and NHS Improvement chief executive Jim Mackey.

- Our annual lecture, delivered by former health secretary Lord Lansley, opened a timely debate on what aspects of the Health and Social Care Act that he helped to design are working well and should be retained, as well as what elements should be changed. Lord Lansley focused on the extent to which the reforms linked to the Act are being implemented, or not, and their continuing relevance to tackling the problems facing the NHS. It was well received by the stakeholders and individuals from our member trusts that attended.
- We held a number of roundtable events that brought together trust chief executives and chairs with key senior figures in the Department of Health and its arms length bodies. These forums demonstrated the vital conduit we are between national leaders and those running trusts.
- We supported a second cohort of NHS leaders to undertake our development programme for aspiring chief executives. This programme is providing a route to leadership roles for the next generation of chief executives.

### Briefings and analysis

- One of our most valued services is the rapid analysis we produce for trusts at times of major policy developments. In 2016/17 we produced over 73 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, analysis of the autumn statement and budget announcements, as well as covering key publications and announcements from NHS Improvement, NHS England, the Care Quality Commission, National Audit Office, select committees and the Department of Health.
- In January 2017 we published a new briefing on the pressures facing accident and emergency departments. This followed substantial media coverage of the unprecedented levels of demand that trusts were facing. With waiting times at their highest level and long trolley waits increasing, we gave an informed overview of how trusts were responding and what these severe pressures meant for the whole provider sector.

- In November 2016 we launched our major new report series – *The state of the NHS provider sector*. This gave a comprehensive overview of the key data on quality and access, finances, workforce and transformation for the provider sector in 2016, combined with views from trust chairs and chief executives. Other notable reports published over this period included three reports disseminating learning and good practice from the new care models. *New care models: lessons learned so far and tips for moving forward*, was a collaboration with Hempsons exploring governance and organisational form. Two case study reports captured good practice from vanguard programmes in the areas of prevention and staff engagement. These reports are part of a wider programme that we have been running jointly with the NHS Confederation, NHS Clinical Commissioners and the Local Government Association.
- Finally, evidence from the frontline forms a key part of our influencing programme and our support to member trusts. Over the last year we have carried out 25 member surveys; our annual survey on remuneration again provided invaluable data to boards, and our surveys on intermediate care and mental health have supported our influencing work. We also surveyed our members to inform both our submission to the health committee on the impact of leaving the EU and our written submission to the NHS pay review bodies. We also undertook surveys to understand the development needs of lead governors, and trusts' experiences of the 2016/17 contracting round. The results of our survey into quarter one 2016/17 finances were used to inform our influencing work with NHS Improvement and share intelligence with members.

## Professional

During 2016/17 we aimed to deliver high professional standards across our work, ensuring that we are an organisation that is fit for purpose and provides outstanding value for money to our members.

- With a total of 226 members, NHS Providers has 97% of the 233 eligible foundation trusts and trusts in membership. More than two thirds (70%) of members responded to our annual membership survey, with 93% saying they were very or fairly satisfied with our work. Ninety-six per cent felt it was important for their organisation to be a member of NHS Providers.
- We completed the first year of our new three-year strategy for 2016-19, following a consultation with the NHS Providers board, staff and our members. We have a strategy in place that is fit for purpose and supported by trusts in our membership.
- Our annual survey of how our stakeholders perceive us showed we have a very strong reputation with our stakeholders and nearly all would speak highly of us. The Ipsos MORI survey said stakeholders believed us to be a valued representative body, having clarity of purpose and that we are assertive on behalf of our members. The independent research demonstrated that we have a very strong reputation with policymakers and other stakeholders, and are regarded as a key influencer on the development of policies that affect trusts.
- In line with commitments made in our 2016-2019 strategy, we have embarked on developing our commercial strategy. The first step is the imminent launch of our associate membership scheme for commercial organisations.
- Our key asset is our staff and we have taken forward a number of developments to enhance 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 trusts in our membership span 97% of the 233 acute hospital, mental health, community and ambulance trusts in England. Our priorities for 2017/18 as set in April 2017, are outlined below in our four strategic objectives of: influence, voice, support and professional.

### Influence

We will continue to shape the financial, policy, quality, workforce, governance and regulatory system and environment in which NHS foundation trusts and trusts operate. As well as continuing to provide our regular activities in this area, we will also continue to expand our proactive policy work into a 'thought leadership' function that identifies solutions to the major challenges facing the NHS. We will help to set the policy agenda where trusts need it to be set; use the insights and experiences of those leading trusts to draw out practical solutions; and deliver rigorous, evidence-based thinking and analysis. The following outlines some of our key priorities in this area:

- **Shaping the delivery of care:** we will work with trusts, stakeholders, policy-makers and opinion formers to influence the shape of the health service and inform policies that are developed to improve the way care services are organised and delivered. In particular, we will seek to play a major role in informing debate and discussion in the run up to the snap election that has been called for 8 June. We will engage with the main political parties in the run up to polling day, as well as supporting our members in their local conversations with candidates. We will brief members on the main parties' manifestos, and the key outcomes and appointments after the election. Following the election, we will look to inform the new government's policies on health and care, beginning with a document outlining our recommendations for what we believe the main priorities for action to be.

- **Finance and sustainability:** we will support trusts to move back to financial balance and provide a strong voice on their behalf to policymakers on the future direction of finance policy and the need for honesty and realism in what policymakers ask of the service given its budget. In particular, we will inform decisions on the NHS's payment systems by publishing a major new research report in partnership with the Health Foundation. We will also continue to survey finance directors to understand the progress they are making towards meeting even more challenging control totals.
- **Quality of care:** we will support trusts to deliver effective leadership and assurance that supports continuous improvement in the quality of care, as well as providing practical tools and resources for trusts to share and spread best practice. We will aim to influence the national policy and regulatory agenda on quality, helping develop sector-led support to complement government-led initiatives and to share good practice in delivering quality of care. In particular, we will focus on the role of the trust board in leading quality and creating a quality improvement culture. In June we will host a major one-day conference on quality of care. This will explore how NHS quality culture can be embedded, adaptable and resilient, supporting greater collaboration and innovation to improve care.
- **The NHS workforce:** we will focus on supporting the NHS at large in its workforce planning, as well as helping to bring about the more strategic approach to workforce planning that is needed. We will address issues of strategic planning, workforce supply, contract reform and wider pay issues – all in the context of the move to seven-day services. More specifically, we will be conducting a significant piece of work that diagnoses the priority workforce policy challenges facing trusts, as well as identifying the solutions. We will publish a major report on this in time for our annual conference in November 2017.
- **Transformation:** we will continue to be active in debates and discussions on the implementation of the NHS *Five year forward view* and move to new models of care, as well as the development of STPs. We will also take forward the second year of a wider programme on new care models

that we have been running jointly with the NHS Confederation, NHS Clinical Commissioners and the Local Government Association. The purpose of the programme is to spread emerging learning from the vanguards to other parts of the NHS, as well as ensuring the learning informs the development of STPs. This will include a range of outputs, including two reports, two events, factsheets, animations and articles.

- **Mental health:** we will continue to work with mental health trusts to examine whether much-needed funding for mental health is reaching the frontline. We will also publish the findings from a significant survey of chairs and chief executives into the challenges facing mental health trusts. This is the centerpiece of the next report in our series: *The state of the NHS provider sector* which will be published in late June 2017.
- **Regulation:** working with the key regulators the Care Quality Commission and NHS Improvement, we will help ensure the NHS' regulatory systems are proportionate and that the burdens of regulation do not grow unduly. We will work with trusts and the regulators to shape the overall regulatory framework and help to ensure that regulation supports rather than hinders providers to deliver high-quality services to patients. In particular, we will focus on the need for clarity of the different regulators' roles, especially the regulatory and improvement functions of NHS Improvement.
- **Governance:** good governance is central to high performing providers meeting their challenges. We will continue to keep a strong focus on governance and promote the principles underpinning the foundation trust model; highlight and support the important leadership and accountability role of trust boards; and to make the clear connections between regulation and governance.
- **Brexit:** working through the Cavendish Coalition we will continue to make the case for clarity on the status of EU workers. We will continue to provide our members with regular and comprehensive briefings as the government takes forward the negotiations ahead of the March 2019 deadline.

## Voice

We will continue to be a strong, collective voice for NHS healthcare providers by championing their interests to government, across the NHS and 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 forcefully on behalf of trusts as they strive to restore financial balance, meet tough performance targets, and deliver transformational change. We will be prominent on 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 provide more opportunities for promoting the views of the senior leaders of trusts in our membership by publishing the first reports in a new publication series called *Provider voices*. This will feature interviews with trust chairs and chief executives on some of the most critical challenges facing the NHS and how they can be met. We will promote debate and discussion on these key topics and ensure policymakers and stakeholders are engaged in the content. The first report in the series will be on the future of commissioning and it will be published in June 2017. This will be followed in the autumn with a second report on public health and prevention.
- We will publish the second and third reports in our flagship series, *The state of the NHS provider sector*. These reports will continue to provide a high-profile platform for chairs and chief executives of trusts to articulate the key issues of concern to them and the solutions they would like to see developed, backed up by commentary and analysis from NHS Providers.
- We will deliver further enhancements to our digital and social media activities by developing our website, widening our reach on social media channels, and providing more commentary and analysis via our blog.

## 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:

- **Expanding our provider support, development and improvement offer:** we run a range of development programmes and courses to equip and support trusts and the individuals that run them in their roles. We already provide support to trust boards that are preparing for foundation trust status, but over the next year we will build on our expertise and our existing programmes by expanding the support we provide in this area. In conjunction with NHS Improvement, we will launch a new board development programme that supports trusts to deliver their strategic, financial and transformational challenges. In addition, we will continue to deliver *GovernWell* – a national training programme that provides support for NHS foundation trust governors.
- **We will be launching a new report series** that aims to provide useful learning for trusts on some of the most critical areas of challenge they are facing. The series will take a topical approach to outlining the innovative practice that trusts are leading when it comes to tackling issues such as, for example, reducing agency spend and meeting challenging performance targets. It will also help to articulate a strong and effective system-level narrative of how the provider sector is delivering improved performance across a wide range of different areas.
- **Delivering new care models:** there is broad consensus behind the vision of the NHS Five year forward view and the move to develop new models of care, such as accountable care organisations. We will provide support to trusts on how they can move to new care models – both to improve quality of care and the patient experience, as well as meeting the efficiency challenge. We will support trusts as they move to new organisational forms, and we will tailor our membership offer to fully understand and meet the needs of these new organisations (while remaining a membership organisation for NHS providers). We will also spread learning from the vanguards to all

providers and other parts of the system as part of our joint project with the NHS Confederation, NHS Clinical Commissioners and the Local Government Association.

- **Networking and support:** more generally, we will continue to support trusts to develop and improve through shared learning and enabling them to come together to explore solutions to the challenges they face now and into the medium and long-term future. We will continue to run 13 networks that provide trusts with the opportunity to keep up to date with latest developments in health policy, hear from peers and external experts on emerging good practice, and engage in dialogue with system leaders. In 2017/18 we will continue to promote debate and discussion through, for example, our flagship annual conference and exhibition in November 2017. On top of this, we will run a number of roundtables that bring chairs and chief executives together with key stakeholders to improve policymaking and practice.

## Professional

We will continue to enhance NHS Providers as a high performing and sustainable organisation so that we can demonstrate our value to the trusts we represent and sustain and grow our membership. The following outlines some of our key priorities in this area:

- **Member engagement:** NHS Providers will continue to provide high-quality support and services to our members. As part of this, we will continue to improve our systems to capture and deploy intelligence about trusts in our membership, and introduce an extended member visit plan for our senior leadership team.
- **Strengthening our commercial partnerships and activities:** we recognise the significant contribution that commercial organisations can make in ensuring trusts deliver exceptional care. We will formally launch our new associate membership scheme for commercial organisations. This will enable us to deepen our relationships with those organisations and enable trusts to benefit from their knowledge and expertise.

- **Staff satisfaction:** we will endeavor to sustain the high levels of staff satisfaction that we currently enjoy at NHS Providers. In our most recent annual survey, 100% of NHS Providers staff said they would recommend the organisation as a place to work and the same number believed that their colleagues were committed to delivering high quality services.
- **Relationship with the NHS Confederation:** following the appointment of a new NHS Confederation chief executive, we will explore how our two organisations can work most effectively together for the benefit of trusts and other parts of the system. We will endeavor to minimise duplication and maximise value to our respective members.
- **General data protection regulation:** we will carefully monitor the implications of the new general data protection regulation prior to its application in May 2018, to ensure that all our systems are appropriately compliant within the UK's new European relationships.

## Further information and contact details

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## FINANCIAL REVIEW

NHS Providers, as a membership organisation, receives the majority of its recurring income from membership subscriptions. Additional annual income is derived from providing workshops and training services to members – as well as from commercial agreements including (but not limited to) event sponsorship. NHS Providers does not raise funds directly from the public, although it would accept unsolicited donations. NHS Providers received income from NHS Improvement to run the board development programme. All of these funding sources enable the charity to deliver its objectives of voice, influence, support and professional.

Under its current strategy, NHS Providers aims to:

- fully utilise its subscription income in the delivery of its services to members
- fully utilise any grant income/contracts for services rendered in accordance with the terms of the agreement
- make a surplus or to achieve break-even on the provision of any additional commercial services to members, such as workshops and training.

Income included within charitable activities has decreased by 24% to £576,101 (2016: £764,995). This is almost entirely due to the decrease in income received from NHS Improvement to conduct the board development programme. In the past this has been fully funded through an annual contract, initially with the Department of Health and latterly through the NHS Trust Development Authority (TDA). The TDA joined forces with Monitor in late 2016 to become NHS Improvement. This transition in administration slowed down all development activities and caused a substantial time delay in approval of the funds to deliver the programme in 2017. The income we therefore received in 2017 reduced to £118,508 (2016: £315,000).

Our subscription income increased by 3.8% to £3,386,223 in 2017 compared to 2016. This was due to the annual increase in membership fees alongside recruitment of new members.

Expenditure decreased by 7% to £4,143,519 (2016: £4,448,285) due to a concerted effort to achieve efficiencies and savings. NHS Providers realised a consolidated surplus of £200,722 for the year ended 31 March 2017 (2016: £123). In addition to deliberate cost efficiencies there were also a number of unplanned cost savings made up by salary savings due to delays in filling posts, some at middle to senior level. Other reasons for the higher than anticipated surplus are the full recoverability of VAT inputs on the board development costs (a change from the prior year). Additional expenditure on board development fell due to the decline in income.

The charity's wholly-owned subsidiary, FTN Trading Limited, continued to trade well but experienced a fall in revenue of 11%. Income fell from £418,721 to £372,059 for the year ended 31 March 2017. For 2016 FTN Trading Limited realised a surplus of £79,221 (2016: £68,156). Costs reduced by 16% which more than offset the decline in income.

### Reserves policy

In the trustees' view, the 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, taking into account 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. In the event that the charity were to cease, 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 cover five to six months of liabilities in the event of winding up and includes a calculation of the cost of redundancy payments. This approach is considered prudent in the current climate. 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 £1,379,083, well in excess of the reserve level set. The level of restricted reserves at year end was an adverse balance of £7,986 and relates to the board development programme. The adverse balance arises due to the deferral of income of £40,000 which will be recognised in the 2017/18 financial year. There is recognition by the board that excess free reserves can be utilised as an investment in the sustainability of the organisation in particular in IT infrastructure and talent retention.

The board will review the amount of reserves on an annual basis to ensure that they are sufficient to meet the group's continuing obligations and ensure the most appropriate utilisation of any excess reserves.

## 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. 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 operating. The accounts have therefore been prepared on a going concern basis.

## 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:

- ongoing 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 monthly.

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 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 financial resources:** the charity is reliant on a high level of subscription income to deliver services to members and cover operational costs. We proactively manage the membership subscription renewal process, assessing the overall likelihood of individual members not renewing

and mitigating accordingly. We are cogniscent of the pressures the external environment exerts on our membership income and therefore structure our membership tariffs to seek to minimise any potential adverse impact on our financial resources. We are also devising a strategy to diversify the 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 could meet the costs of winding down its operations.

- **Reputational:** ongoing assessment of reputation is undertaken through a number of 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 have developed an explicit strategy to mitigate the medium to long-term risk of falling subscription revenue due to the increasing number of members who are merging, or forming chains and consequently seeking discounts on their membership fees.

The three-year strategic plan and governance review are designed to ensure a future proofed membership structure. Other external factors such as competition are regularly reviewed and appropriate offerings and/or alliances are created to mitigate their effect.

- **Operational:** ongoing review of IT infrastructure and cyber security to ensure business continuity and safeguard information.

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

## STRUCTURE, GOVERNANCE AND MANAGEMENT

This is the sixth annual report and audited financial statements of the Foundation Trust Network since it became an independent organisation on 1 April 2011. The organisation is now operating as NHS Providers. Details of the organisation's incorporation as a private company limited by guarantee and registration as a charity are given on page 22. The company is governed by its articles of association, the latest version agreed 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

### Board of trustees

NHS Providers is governed by a board of trustees. Trustees who served during the period 2016/17 and to the date of this report are listed on page 17. Senior executive staff and external advisors are detailed on page 22.

During 2016/17 the board comprised 21 trustees:<sup>1</sup>

- ten board members representing acute foundation trusts
- four board members representing mental health foundation trusts
- two board members representing community foundation trusts

- two board members representing ambulance service foundation trusts
- two board members representing NHS trusts
- one chair.<sup>2</sup>

Trustees are drawn from chairs and chief executives of member organisations and are therefore already familiar with both board procedures and the activities of NHS Providers. Upon election, trustees go through an induction process to ensure that they understand the specific duties and responsibilities of being a charity trustee – in particular the importance of acting as trustees of the charity and representing the views of all members, not the views of their own organisation. Following a board evaluation exercise in 2015/16, a new induction process, more focused on the role of the trustee and associated legal obligations, has been introduced. The feedback from these sessions has been good and it will be repeated in July 2017 for trustees recently elected to the board.

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 additional oral declarations of interest are taken at the start of each meeting of the NHS Providers board.

During the period covered by this report, the NHS Providers board met a total of nine times. Details of trustees and their attendance at board meetings and at board sub-committees where relevant are listed below.

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1 In March 2017 members agreed amendments to our memorandum and articles of association which mean that, in future, all board positions apart from the appointed chair will be open to chairs/chief executives of both foundation trusts and trusts. The two places reserved for trusts will be replaced by two further members representing mental health foundation trust and trusts.

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2 Appointed following open competition and a national search in line with Article 20 of the organisation's articles of association.

TRUSTEES	TERM	ATTENDANCE AT BOARD	* ATTENDANCE AT FINANCE AND GENERAL PURPOSES COMMITTEE	^ ATTENDANCE AT REMUNERATION COMMITTEE
John Adler	appointed 1/7/15, retired 25/7/17	3/7		
John Anderson	appointed 1/6/13	9/9		
Ingrid Barker ^	re-appointed 1/7/15	7/9		2/2
Ian Black *	appointed 1/7/15	6/9	7/7	
Susan Brain England	appointed 1/7/17	2/2		
Elisabeth Buggins ^	re-appointed 1/7/15, retired 30/6/16	0/1		0/1
Thomas Cahill ^	re-appointed 1/7/15	6/9		1/2
Della Cannings *	re-appointed 1/7/15, retired 30/6/16	1/1	0/2	
Nicola Cole	appointed 1/7/16, retired 1/10/17	7/8		
Paula Clark ^	appointed 1/7/15	7/9		1/2
Susan Davis ^	re-appointed 1/7/15	8/9		1/2
Gillian Easson *	appointed 1/7/14, retired 31/3/17	2/6	2/5	
Jeffrey Ellwood	retired 30/6/16	0/1		
Alan Foster	appointed 1/7/15	7/9		
William Hancock *	appointed 2/7/14	8/9	4/7	
Joseph Harrison *	appointed 1/7/15	7/9	5/7	
Angela Hillery	appointed 1/7/17	2/2		
John Lawlor	appointed 1/7/15	8/9		
Nicholas Marsden	appointed 1/7/16	9/9		
Sir Graham Meldrum	appointed 1/7/15	7/9		
Patricia Miller	appointed 1/7/16	6/8		
Nicholas Moberly	appointed 1/7/16	3/8		
Gillian Morgan ^	appointed as chair 1/1/14	9/9		2/2
Christine Outram	appointed 2/11/16	6/6		
Elizabeth Padmore *	retired 30/6/16	1/1	1/2	
Angela Pedder	retired 30/6/16	0/1		
Jagtar Singh	re-appointed 1/7/17	8/8		
Anthony Spotswood ^	retired 30/6/16	1/1		1/1
Tracy Taylor	re-appointed 1/7/15	6/9		
Sandra Betney *	co-opted to finance and general purposes committee	N/A	6/7	

In addition to the trustees (who have full voting rights at board meetings), the NHS Providers board is also attended by the chief executive, director of policy and strategy, director of development and operations and director of communications 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 2016/17 comprised a varying number of trustees (between five and seven) and a co-opted finance director member. The committee met five times during 2016/17 and 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.

Both the NHS Providers chair and chief executive have standing invitations to the committee.

The remuneration committee met twice during 2016/17. A detailed remuneration report including further information on the role of the remuneration committee and its work in 2016/17 can be found on pages 19 to 21.

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.

A full remuneration report is set out below.

## REMUNERATION REPORT

### Statement of general approach to remuneration and governance

NHS Providers ensures that its staff are remunerated fairly and in a way that allows the organisation to attract and retain people with the skills needed to deliver its charitable objectives. 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 2016/17, met twice. This committee is chaired by a trustee and comprises five additional trustees, including the organisation's vice chair and the chair who is an ex-officio member of the committee. The NHS Providers chief executive and director of development and operations are invited to attend but are 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.

### 2016/17 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 £17,843. The organisation's lowest salary in 2016/17 was £23,000.

Over the past few years, with the agreement of the remuneration committee and board, the executive has been in negotiations with staff to move from an inherited pay system offering annual set increments to a more affordable, performance-related pay system. 2014/15 was the first year of the new system which offered increments of 1.9% (reduced from 3.8%) dependent on satisfactory performance. This was further refined in 2015/16 by the elimination of fixed increments and moving to an annually determined base increment dependent on satisfactory performance and taking account of organisational success, affordability and any cost of living rises. Staff meeting the appropriate performance conditions were awarded a pay rise of 1.8% in 2016/17.

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 2016 indicated that NHS Providers' salaries are largely in line with or below market rates. The next benchmarking review will take place during 2019/20. 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 with the ratio between its highest and median salary being 1:4.

### 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 has resulted in the board agreeing a small uplift to two directors' salaries for 2017/18 which will be reflected in next year's report.

The results of the pay policy in relation to total remuneration, including salary and pension contributions, for 2016/17 and 2015/16 are reflected in the table on page 21.

### 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 the 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 1% 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)
- 97% of staff being satisfied with their job; 100% thinking their colleagues are committed to delivering high-quality services and 97% recommending it as a good place to work (NHS Providers staff 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.

	2016/17 remuneration		2015/16 remuneration	
	Salary	Pension contribution	Salary	Pension contribution
Dame Gill Morgan chair	£55,000	£0	£55,000	£0
Chris Hopson chief executive	£205,838	£18,525	£203,800	£18,342
Ben Clacy director of development and operations	£94,628	£8,517	£92,627	£8,336
Saffron Cordery director of policy and strategy	£99,920	£8,993	£97,808	£8,803
Nick Samuels director of communications	–	–	*£59,614 (£92,627)	*£5,365 (£8,336)
Daniel Reynolds director of communications	£95,000	£13,300	*£17,295 (£95,000)	*£2,421 (£13,300)

\* pro rata amount for portion of year worked.

Please note:

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

For information, C Hopson, S Cordery, B Clacy and D Reynolds were all employees of the company during 2016/2017 and directors of FTN Trading Ltd.

N Samuels left NHS Providers on 13 November 2015 and D Reynolds was appointed as his replacement on 26 January 2016. D Reynolds was appointed as a director of FTN Trading Ltd on 25 May 2016.

<b>The number of employees whose emoluments exceeded £60,000 for the period was:</b>	<b>2017</b>	<b>2016</b>
£60,000 – £70,000	1	4
£90,001 – £100,000	3	2
£200,001 – £210,000	1	1

During the year retirement benefits accrued to five higher paid employees under a defined contribution scheme.

## REFERENCE AND ADMINISTRATIVE DETAILS

### Trustees/non-executive directors

Refer to page 17.

### Senior executive staff/directors

Chris Hopson	Chief executive
Saffron Cordery	Director of policy and strategy
Ben Clacy	Director of development and operations
Daniel Reynolds	Director of communications

### Auditors

Saffery Champness LLP  
71 Queen Victoria Street  
London EC4V 4BE

### Bankers

The Co-operative Bank  
80 Cornhill  
London EC3V 3NH

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

### Principal and registered address

One Birdcage Walk  
London SW1H 9JJ

### Solicitors

DAC Beachcroft  
Portwall Place, Portwall Lane  
Bristol BS99 7UD

Hempsons  
The Exchange, Station Parade  
Harrogate HG1 1DY

### **The Foundation Trust Network**

Charity registration number: 1140900  
Company registration number: 07525114

## STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities' SORP (FRS102);
- 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 1 November 2017 and signed on its behalf by:



**Dame Gill Morgan**  
Chair, NHS Providers

## INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF NHS PROVIDERS FOR THE YEAR ENDED 31 MARCH 2017

We have audited the financial statements of NHS Providers for the year ended 31 March 2017 set out on pages 26-43. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102.

This report is made solely to the 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 company's members and trustees those matters we are required to state to them in an auditors' 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 company's members and trustees as a body, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of trustees and auditors

As explained more fully in the statement of trustees' responsibilities in relation to the financial statements, the trustees (who are also the directors of the 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.

We have been appointed as auditors under the Charities Act 2011 and the Companies Act 2006 and report in accordance with those Acts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the group's and the parent charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the report of the trustees to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

## Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charity's affairs as at 31 March 2017 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 and the Charities Act 2011.

## 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 report of the trustees, incorporating the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the report of the trustees, incorporating the strategic report, has been prepared in accordance with applicable legal requirements.

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

In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the report of the trustees, incorporating the strategic report.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 require us to report to you if, in our opinion:

- the parent charity 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 charity 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.



**Liz Hazell**

Senior statutory auditor

For and on behalf of Saffery Champness LLP

Date: 17 November 2017

Saffery Champness LLP  
Chartered Accountants  
Statutory Auditors  
71 Queen Victoria Street  
London EC4V 4BE

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

## CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

Incorporating the consolidated income and expenditure account  
for the year ended 31 March 2017

	Note	£ Unrestricted funds	£ Restricted funds	£ Total 2017	£ Total 2016
<b>Income from</b>					
Charitable activities	2	457,593	118,508	576,101	764,995
Subscription and other trading activities	3	3,758,282	–	3,758,282	3,680,961
Investments	4	9,859	–	9,859	2,452
<b>Total income</b>		4,225,734	118,508	4,344,242	4,448,408
<b>Expenditure on</b>					
Trading activities	3	293,106	–	293,106	353,017
Charitable activities	5, 6, 7	3,661,480	188,934	3,850,414	4,095,268
<b>Total expenditure</b>		3,954,586	188,934	4,143,520	4,448,285
<b>Net income/(expenditure) and net movement in funds for the year</b>		271,148	(70,426)	200,722	123
<b>Total funds brought forward</b>	16	1,203,042	62,440	1,265,482	1,265,359
<b>Total funds carried forward</b>	16	1,474,190	(7,986)	1,466,204	1,265,482

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 30 - 43 form part of these financial statements.

## GROUP BALANCE SHEET 31 MARCH 2017

	Note	£ 2017	£ 2016
<b>Fixed assets</b>			
Tangible assets	12	95,106	103,958
<b>Current assets</b>			
Debtors	14	267,804	283,341
Cash at bank and in hand		1,435,491	1,209,242
		<b>1,703,295</b>	<b>1,492,583</b>
<b>Creditors</b>			
Amounts falling due within one year	15	(332,197)	(331,059)
<b>Net current assets</b>		<b>1,371,098</b>	<b>1,161,524</b>
<b>Net assets</b>		<b>1,466,204</b>	<b>1,265,482</b>
<b>Funds</b>			
Restricted funds	16	(7,986)	62,440
Unrestricted funds	16	1,474,190	1,203,042
		<b>1,466,204</b>	<b>1,265,482</b>

The notes on pages 30 - 43 form 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. As permitted by section 408 of the Companies Act 2006, the charity has not presented its own profit and loss account and related notes. The charity's net movement in funds for the year was £200,722 (2016: £123).

Approved and authorised for distribution by the board of trustees on 1 November 2017 and signed on its behalf by:



**Dame Gill Morgan**  
 Chair

Registered Company No. 07525114

## CHARITY BALANCE SHEET 31 MARCH 2017

	Note	£ 2017	£ 2016
<b>Fixed assets</b>			
Tangible assets	12	95,106	103,958
Investments	13	1	1
		95,107	103,959
<b>Current assets</b>			
Debtors	14	331,115	472,117
Cash at bank and in hand		1,363,338	996,792
		1,694,453	1,468,909
<b>Creditors</b>			
Amounts falling due within one year	15	(323,356)	(307,386)
<b>Net current assets</b>		1,371,097	1,161,523
<b>Net assets</b>		1,466,204	1,265,482
<b>Funds</b>			
Restricted funds	16	(7,986)	62,440
Unrestricted funds	16	1,474,190	1,203,042
		1,466,204	1,265,482

The notes on pages 30 - 43 form part of these financial statements.

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

Approved and authorised for distribution by the board of trustees on 1 November 2017 and signed on its behalf by:



**Dame Gill Morgan**  
 Chair

Registered Company No. 07525114

## CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2017

	<b>Note</b>	£ <b>2017</b>	£ <b>2016</b>
<b>Cash flows from operating activities</b>			
Net cash provided by/(used in) operating activities	21	279,840	(294,295)
<b>Cash flows from investing activities</b>			
Interest income		9,591	2,452
Purchase of tangible fixed assets		(63,182)	(68,451)
Net cash used in investing activities		(53,591)	(65,999)
<b>Cash flows from financing activities</b>			
Repayments of borrowing		–	–
Net cash inflows from new borrowing		–	–
Net cash provided by/(used in) financing activities		226,249	(360,294)
<b>Change in cash and cash equivalents in the reporting period</b>			
Cash and cash equivalents at the beginning of the reporting period		1,209,242	1,569,536
Increase /(decrease) in cash and cash equivalents in the year		226,249	(360,294)
Cash and cash equivalents at the end of the reporting period		1,435,491	1,209,242

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2017

## 1. Accounting policies

### 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 (FRS102), the Charities Act 2011 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 Statement of Financial Activities (SOFA) in accordance with the charities SORP FRS102 income recognition criteria of entitlement, probability and measurement. For 2016 and 2017 subscription income is invoiced in the 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.

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

### Classification of expenditure

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

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

- Expenditure on trading activities comprises 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 the NHS pensions scheme which is an unfunded scheme and contributions are calculated so as to spread the cost of pensions over employees' 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 31 March 2017.

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

### Tangible fixed assets and depreciation

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

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

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

### 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 amounts 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

	£ <b>Unrestricted funds</b>	£ <b>Restricted funds</b>	£ <b>2017</b>	£ <b>2016</b>
<b>Grants</b>				
NHS Trust Development Authority*	–	–	–	315,000
<b>Contracts income</b>				
NHS Improvement	–	118,508	118,508	–
<b>Foundation trusts and trusts</b>				
Course fees and recharge income	457,593	–	457,593	449,995
<b>Total income from charitable activities</b>	457,593	118,508	576,101	764,995

\* Now NHS Improvement

### 3. Income from subscription and other trading activities

	£ Unrestricted funds	£ Restricted funds	£ 2017	£ 2016
Subscriptions	3,386,223	–	3,386,223	3,262,240
Trading income	372,059	–	372,059	418,721
<b>Total income from other trading activities</b>	<b>3,758,282</b>	<b>–</b>	<b>3,758,282</b>	<b>3,680,961</b>

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:

	£ 2017	£ 2016
Turnover	372,059	418,721
Cost of sales and administration costs	(293,106)	(353,017)
Interest receivable	268	2,452
Net profit	79,221	68,156
Amount gift aided to the charity	(79,221)	(68,156)
Retained in the subsidiary	–	–
The assets and liabilities of the subsidiary were:		
Current assets	130,955	297,230
Current liabilities	(130,954)	(297,229)
Total net assets	1	1
Aggregate share capital and reserves	1	1

### 4. Investment income

	£ Unrestricted funds	£ Restricted funds	£ 2017	£ 2016
Interest	9,859	–	9,859	2,452

## 5. Analysis of expenditure on charitable activities

	£ Direct costs	£ Grant funding	£ Support	£ Governance	£ Total 2017	£ Total 2016
Influence	1,041,919	–	710,005	9,273	1,761,197	1,711,171
Voice	476,900	–	236,667	3,091	716,658	723,828
Support	800,009	140,982	426,004	5,564	1,372,559	1,660,269
<b>Total expenditure</b>	<b>2,318,828</b>	<b>140,982</b>	<b>1,372,676</b>	<b>17,928</b>	<b>3,850,414</b>	<b>4,095,268</b>

Expenditure on charitable activities was £3,850,414 (2016: £4,095,268) of which £3,661,480 (2016: £3,681,093) was unrestricted and £188,934 (2016: £414,175) was restricted. Support and governance costs of £1,372,676 (2016: £1,376,100) and £17,928 (2016: £24,410) are analysed in note 6 below, totalling £1,390,604 (2016: £1,400,510). They relate to overhead costs generated by the fourth strategic objective, professional, which supports the activities of influence, voice and support.

## 6. Analysis of governance and support costs

	£ Influence	£ Voice	£ Support	£ Total 2017	£ Total 2016
IT	71,284	23,761	42,770	137,815	104,893
Accountancy fees	4,356	1,452	2,614	8,422	3,880
Premises	71,923	23,974	43,154	139,051	140,714
Human resources	356,620	118,872	213,972	689,464	709,917
General office	174,573	58,191	104,744	337,508	351,497
Governance	9,273	3,091	5,564	17,928	24,410
Legal	788	263	473	1,524	3,693
Irrecoverable VAT	13,100	4,367	7,860	25,327	18,868
Professional fees	17,361	5,787	10,417	33,565	42,638
	<b>719,278</b>	<b>239,758</b>	<b>431,568</b>	<b>1,390,604</b>	<b>1,400,510</b>

Each category of costs 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.

## 7. Total expenditure

	£ 2017	£ 2016
<b>Net income/expenditure is stated after charging:</b>		
Auditor's remuneration:		
Audit	12,400	15,000
Tax advisory, compliance	4,748	3,880
Depreciation	72,034	81,790
Operating leases	135,513	135,513

## 8. Trustees

One trustee, Gill Morgan was reimbursed for expenses relating to travel and accommodation amounting to £16,866 (2016: £16,024) and remuneration of £55,000 (2016: £55,000) for the year. There is no contribution to a pension fund. The legal authority conferring authority to make payment is provisioned for in the articles of association. The clause was ratified at an EGM on 10 September 2013 under consultation with the Charity Commission. No other trustees received remuneration for services rendered or reclaimed expenses. The company incurred a cost of £599 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, are not remunerated), the chief executive and the directors as the key management personnel.

	£ 2017	£ 2016
Key management personnel emoluments	599,721	569,069

Three of the directors were in the NHS Pension scheme which is a defined benefit pension scheme (2016-four) and one was in a personal defined contribution pension scheme to which the charity contributes (2016-one).

## 10. Staff costs

	£ <b>2017</b>	£ <b>2016</b>
Wages and salaries	1,847,523	2,000,470
Social security costs	212,517	224,177
Defined contribution pension costs	234,037	231,575
Defined benefit pension costs	13,876	15,115
	<b>2,307,953</b>	<b>2,471,337</b>

## 11. Staff numbers

The average number of monthly full-time equivalent employees (including part-time staff) during the year were 36 (2016: 43).

The average monthly number of full-time equivalent employees during the year analysed by activity was:

	<b>2017</b>	<b>2016</b>
Influence	15	20
Voice	5	7
Support	16	16
	<b>36</b>	<b>43</b>

The bandings for employees who receive more than £60,000 are set out on page 21.

## 12. Fixed assets – group and charity

	£	£	£	£	£
	<b>Leasehold property improvements</b>	<b>Fixtures and fittings</b>	<b>Office equipment</b>	<b>Computer equipment</b>	<b>Total</b>
<b>Cost</b>					
At 1 April 2016	49,187	78,985	31,361	165,037	324,570
Additions	–	2,158	–	61,024	63,182
At 31 March 2017	49,187	81,143	31,361	226,061	387,752
<b>Depreciation</b>					
At 1 April 2016	33,534	63,044	29,440	94,594	220,612
Charge for the year	9,838	11,419	1,873	48,904	72,034
At 31 March 2017	43,372	74,463	31,313	143,498	292,646
<b>Net book value at 31 March 2017</b>	5,815	6,680	48	82,563	95,106
<b>Net book value at 31 March 2016</b>	15,653	15,941	1,921	70,443	103,958

## 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
Aggregate capital and reserves	£1
Surplus/(deficit) for year	£ nil

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

## 14. Debtors

	Group		Charity	
	£ 2017	£ 2016	£ 2017	£ 2016
Debtors	142,727	123,452	137,560	103,305
Other debtor	45,651	50,848	45,648	50,848
Prepayments	79,426	109,041	27,865	41,861
Amounts due from FTN Trading Limited	–	–	120,042	276,103
	267,804	283,341	331,115	472,117

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

## 15. Creditors – amounts falling due within one year

	Group		Charity	
	£ 2017	£ 2016	£ 2017	£ 2016
Trade creditors	105,965	98,897	99,350	81,028
Social security and other taxes	62,614	73,524	64,355	73,596
Other creditors	22,499	24,456	22,834	24,456
Accruals	141,119	122,556	136,817	117,541
Deferred income	–	11,626	–	10,765
	332,197	331,059	323,356	307,386

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	
	£ 2017	£ 2016	£ 2017	£ 2016
Brought forward	11,626	–	10,765	–
Deferred	–	11,626	–	10,765
Released	(11,626)	–	(10,765)	–
Carried forward	–	11,626	–	10,765

There is no deferred income for 2017/2018. The comparative relates to training courses scheduled for 2016/2017.

## 16. Restricted and unrestricted funds

<b>Group</b>	£ <b>Balance 1 April 2016</b>	£ <b>Incoming resources</b>	£ <b>Resources expended</b>	£ <b>Funds 31 March 2017</b>
Board development programme	62,440	118,508	(188,934)	(7,986)
<b>Total restricted funds</b>	62,440	118,508	(188,934)	(7,986)
<b>Unrestricted funds</b>	1,203,042	4,225,734	(3,954,586)	1,474,190
	1,265,482	4,344,242	(4,143,520)	1,466,204

<b>Charity</b>	£ <b>Balance 1 April 2016</b>	£ <b>Incoming resources</b>	£ <b>Resources expended</b>	£ <b>Funds 31 March 2017</b>
Board development programme	62,440	118,508	(188,934)	(7,986)
<b>Total restricted funds</b>	62,440	118,508	(188,934)	(7,986)
<b>Unrestricted funds</b>	1,203,042	4,225,734	(3,954,586)	1,474,190
	1,265,482	4,344,242	(4,143,520)	1,466,204

The board development programme (previously preparation programme) represents the income and costs of managing the NHS Improvement (previously Trust Development Authority) sponsored programme to provide support to trusts on governance and improvement issues.

## 17. Analysis of net assets between funds

<b>Group</b>	£ <b>Restricted funds</b>	£ <b>Unrestricted funds</b>	£ <b>Total 2017</b>	£ <b>Total 2016</b>
Tangible fixed assets	–	95,106	95,106	103,958
Net current assets	(7,986)	1,379,084	1,371,098	1,161,524
	(7,986)	1,474,190	1,466,204	1,265,482

<b>Charity</b>	£ <b>Restricted funds</b>	£ <b>Unrestricted funds</b>	£ <b>Total 2017</b>	£ <b>Total 2016</b>
Tangible fixed assets	–	95,107	95,107	103,959
Net current assets	(7,986)	1,379,083	1,371,097	1,161,523
	(7,986)	1,474,190	1,466,204	1,265,482

## 18. Financial commitments

As at 31 March 2017 the charity was committed to making the following payments under non-cancellable operating leases in the following periods:

	£ <b>2017</b>	£ <b>2016</b>
Payable in respect of leases expiring:		
Within the year	170,130	135,513
Between the second and fifth year inclusive	763,600	542,052
Over five years from the balance sheet date	71,588	191,977

## 19. Liability of members

At 31 March 2017 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 paid under gift aid a donation of £79,221 (2016: £68,156) to NHS Providers. At the year end NHS Providers was owed £40,821 (£276,103) by FTN Trading Limited.

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

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

There are no other related party transactions during the year.

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

	£ <b>Total 2017</b>	£ <b>Total 2016</b>
Net income for the reporting period (as per the statement of financial activities)	200,722	123
Add back: depreciation	72,034	81,790
Deduct interest income shown in investing activities	(9,591)	(2,452)
Decrease/(increase) in debtors	15,537	(173,003)
Increase/(decrease) in creditors	1,138	(200,753)
Net cash inflow/(outflow) from operating activities	279,840	(294,295)

## 22. Financial Instruments

<b>Group</b>	<b>Note</b>	£ <b>2017</b>	£ <b>2016</b>
<b>Financial assets measured at amortised cost</b>			
Debtors	14	188,378	174,300
Cash		1,435,491	1,209,242
<b>Financial liabilities measured at amortised cost</b>			
Creditors due within one year	15	269,583	245,909

<b>Charity</b>	<b>Note</b>	£ <b>2017</b>	£ <b>2016</b>
<b>Financial assets measured at amortised cost</b>			
Debtors	14	183,208	154,153
Cash		1,363,338	996,792
<b>Financial liabilities measured at amortised cost</b>			
Creditors due within one year	15	259,001	233,790

## 23. Comparative statement of financial activities – 2016

	£ <b>Total 2017</b>	£ <b>Unrestricted funds</b>	£ <b>Restricted funds</b>	£ <b>Total 2016</b>
<b>Income from</b>				
Charitable activities	576,101	449,995	315,000	764,995
Subscription and other trading activities	3,758,282	3,680,961	–	3,680,961
Investments	9,859	2,452	–	2,452
<b>Total income</b>	4,344,242	4,133,408	315,000	4,448,408
<b>Expenditure on</b>				
Trading activities	293,106	353,017	–	353,017
Charitable activities	3,850,414	3,681,093	414,175	4,095,268
<b>Total expenditure</b>	4,143,520	4,034,110	414,175	4,448,285
<b>Net income/(expenditure) and net movement in funds for the year</b>	200,722	99,298	(99,175)	123
<b>Total funds brought forward</b>	1,265,482	1,103,744	161,615	1,265,359
<b>Total funds carried forward</b>	1,466,204	1,203,042	62,440	1,265,482

**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 98% of all trusts in membership, collectively accounting for £74bn of annual expenditure and employing over one million staff.

Foundation Trust Network operating as  
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