



The Foundation Trust Network operating as
NHS PROVIDERS

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

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2024

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

Strategic report

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

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

About us

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

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

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

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

CHAIR'S REPORT

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

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

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

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

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



Sir Ron Kerr
Chair, NHS Providers

OUR OBJECTIVES AND ACTIVITIES

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

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

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

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

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

Our vision

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

Our mission

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

Our strategic objectives

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

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

Our values

At NHS Providers, we are:

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

TRUST VISITS

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

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

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



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



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



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



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



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

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



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



CASE STUDIES

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

Urgent and emergency care and urgent community response

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

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

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

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

Elective recovery

Cheshire and Merseyside acute and specialist trusts collaborative

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

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

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

Capital development

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

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

Mental health

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

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

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

A blog featuring:

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

Providers Deliver

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

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

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

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

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

KEY ACHIEVEMENTS AND PERFORMANCE

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

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

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

Influence

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

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

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

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

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

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

Sector focus

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

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

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

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

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

In total during the year we:

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

Voice

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

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

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

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

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

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

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

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

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

Support

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

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

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

Excellent organisation

The last year of our current four-year strategy

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

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

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

Shared values and behaviours

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

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

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

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

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

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

Office environment

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

Feedback from members and stakeholders

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

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

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

Staff wellbeing and support

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

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

OUR PLANS FOR THE FUTURE

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

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

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

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

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

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

Influence

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

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

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

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

Sector focus

(all priorities run across the year)

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

Voice

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

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

Support

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

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

Excellent organisation

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

Further information and contact details

Sir Julian Hartley, chief executive NHS Providers
157-197 Buckingham Palace Road
London SW1W 9SP

Tel: 020 3973 5999

Email: enquiries@nhsproviders.org

Web: www.nhsproviders.org

FINANCIAL REVIEW

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

Under its current strategy, NHS Providers aims to:

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

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

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

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

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

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

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

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

Reserves policy

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

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

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

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

Restricted funds

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

Unrestricted designated funds

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

The year-end designations comprise:

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

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

General unrestricted funds

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

Going concern

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

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

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

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

Fundraising

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

Principal risks and uncertainties

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

The risk management strategy comprises:

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

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

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

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

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

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

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

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

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

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

STRUCTURE, GOVERNANCE AND MANAGEMENT

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

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

GOVERNANCE

Appointment and induction of new trustees

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Partnerships

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

Employees

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

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

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

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

REMUNERATION REPORT

Statement of general approach to remuneration and governance

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

Remuneration committee

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

The main responsibilities of the committee are to:

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

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

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

2023/24 Approach to pay

Staff pay

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

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

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

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

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

Chief executive and director pay

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

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

Chair's fees

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

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

Pensions and total remuneration package

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

Impact of remuneration policy

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

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

Summary of remuneration: key management personnel

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

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

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

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

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

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

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

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

Fluctuations are due to changes in the senior management team.

Banding

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

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees/non-executive directors

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

Senior executive staff/directors

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

Auditors

Saffery LLP
71 Queen Victoria Street
London EC4V 4BE

Bankers

The Co-operative Bank
80 Cornhill
London EC3V 3NH

Principal and registered address

157-197 Buckingham Palace Road
London, SW1W 9SP

Solicitors

Hempsons
The Exchange, Station Parade,
Harrogate HG1 1DY

The Foundation Trust Network

Charity registration number: 1140900
Company registration number: 07525114

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

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

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

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

In so far as the trustees are aware:

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

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

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

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



Sir Ron Kerr
Chair, NHS Providers

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

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Conclusions related to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group or the parent charitable company's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact.

We have nothing to report in this regard.

Other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of the trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

Audit response to risks identified:

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

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

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

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

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

Use of our report

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

Saffery LLP

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

Statutory Auditors
71 Queen Victoria Street London
EC4V 4BE

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

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

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

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

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

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

GROUP BALANCE SHEET 31 MARCH 2024

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

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

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

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

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



Sir Ron Kerr
Chair

Registered Company No. 07525114

CHARITY BALANCE SHEET 31 MARCH 2024

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

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

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

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



Sir Ron Kerr
Chair

Registered Company No. 07525114

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

	Note	£ 2024	£ 2023
Cash flows from operating activities			
Net cash provided by operating activities	21	(625,980)	602,956
Cash flows from investing activities			
Interest income		73,743	25,069
Purchase of tangible fixed assets		(84,893)	(398,472)
Disposals of fixed assets		–	–
Purchase of intangible fixed assets		(100,253)	–
Net cash (used in) investing activities		(111,403)	(373,403)
		(737,383)	229,553
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		3,741,978	3,512,425
(Decrease)/Increase in cash and cash equivalents in the year		(737,383)	229,553
Cash and cash equivalents at the end of the reporting period		3,004,595	3,741,978

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

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

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

1. Accounting policies

Company Information

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

Basis of accounting

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

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

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

Group accounts

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

Incoming resources

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

Accrued and deferred income

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

Fund accounting

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

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

Classification of expenditure

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

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

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

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

Allocation of support and governance costs

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

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

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

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

Pension costs

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

Tangible fixed assets and depreciation

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

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

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

Intangible fixed assets and depreciation

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

Operating leases

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

Taxation

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

Key assumptions and estimation uncertainty

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

Financial instruments

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

2. Income from charitable activities

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

3. Income from trading activities

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

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

The performance summary of the subsidiary:

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

4. Investment income

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

5. Analysis of expenditure on charitable activities

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

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

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

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

6. Analysis of governance and support costs

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

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

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

7. Total expenditure

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

8. Trustees

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

9. Key management personnel

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

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

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

10. Staff costs

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

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

11. Staff numbers

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

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

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

12. Fixed assets – group and charity

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

13. Fixed assets investments

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

FTN Trading Limited

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

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

14. Debtors

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

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

15. Creditors – amounts falling due within one year

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

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

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

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

16. Restricted and unrestricted funds

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

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

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

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

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

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

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

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

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

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

17. Analysis of net assets between funds

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

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

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

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

18. Financial commitments

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

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

19. Liability of members

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

20. Related party transactions

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

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

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

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

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

22. Comparative statement of financial activities 2023

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

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

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



157-197 Buckingham Palace Road
London SW1W 9SP

020 3973 5999

enquiries@nhsproviders.org

www.nhsproviders.org

[@NHSProviders](https://twitter.com/NHSProviders)

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157-197 Buckingham Palace Road, London SW1W 9SP