

ANNUAL REPORT 2024/2025

Includes Trustees' Report,
Strategic Report and S172 Statement

BRITISH PREGNANCY ADVISORY SERVICE

Company Number: 01803160

(A company limited by guarantee)

BPAS 
British Pregnancy Advisory Service

“

I have nothing but admiration for BPAS and all the clinicians/ staff that work there. I felt really well cared for and had everything explained that all helped me make an informed choice about what I wanted. It's not a position I've ever been in before, nor would I like to ever be in it again, but knowing there is incredible support out there is a huge comfort. Thank you so much.

BPAS patient quote

”



We are an independent healthcare charity which, for more than 55 years, has been advocating and caring for women and couples who decide to end a pregnancy.

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In 2024/2025 we provided:

110,078

Abortions

108,316

Telemedicine consultations

20,389

Face-to-face consultations

65,014

Pills by post

578

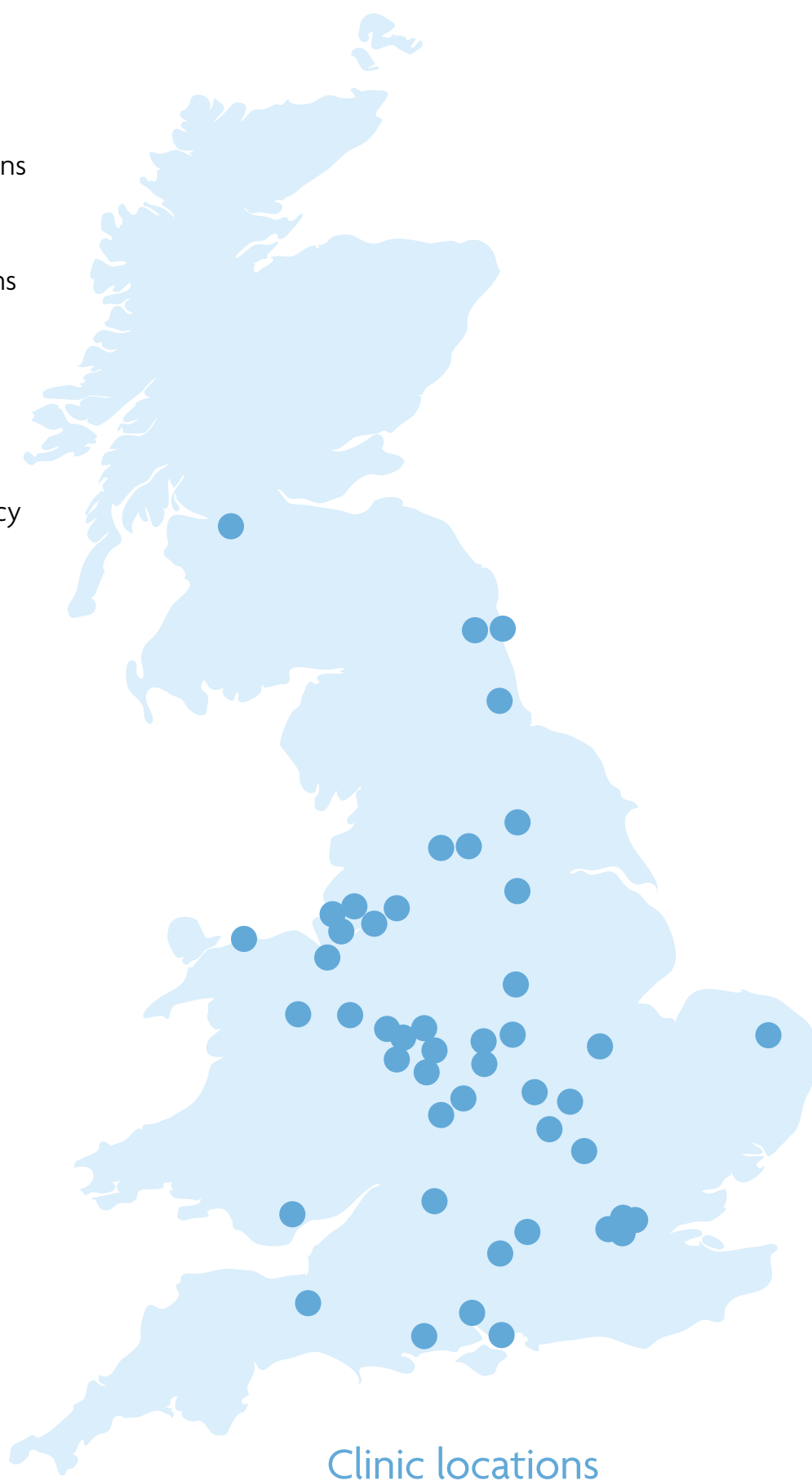
Terminations of pregnancy
for fetal anomaly

40,682

Patients with
contraception

1,430

Vasectomies



MESSAGE FROM CHIEF EXECUTIVE AND CHAIR

BPAS is immensely proud to be one of the UK's largest abortion care providers; partnering with the NHS and standing with women as they exercise their right to choose.

Our responsibility to the women and patients we treat extends beyond the care we provide, to how we use our voice in advocating for the continued protection and expansion of sexual and reproductive rights.

We feel this responsibility now more than ever, as we see rights and access to safe sexual and reproductive healthcare under attack around the world.

In 2024/2025 we worked to deliver outstanding care, and used our voice to ensure people's reproductive rights were protected and advanced here in the UK, an overwhelmingly pro-choice society with the most progressive Parliament we have seen in modern times.

2024/2025 was a year of change and renewal at BPAS. We responded with urgency to the CQC well-led review, which was a catalyst for significant change in our organisation.

We welcomed New Trustees, and a refreshed leadership team. This new partnership, coupled with stronger approaches to oversight, governance, audit and risk, allowed us to advance our change programme with confidence.

We created a new organisational strategy – Board of Trustees and Chief Officers working in partnership with BPAS colleagues to co-create a plan that will now guide us through the next three years. This strategy is built on a foundation of financial resilience, which, in turn, must enable essential investment in our workforce, clinical estate and digital infrastructure.

In April 2024 the CQC lifted the Section 29 regulatory notice, citing the rapid improvement journey we have been on, and in March 2025 NHS England stood down the BPAS Quality Governance Improvement Group (QGIG), recognising the significant improvements we have made.

This is testament to the work of colleagues at every level of BPAS. Our people rose to the challenge and delivered for our patients. We continue this transformation journey – operating as a clinically-led organisation with a renewed sense of purpose and pride in our mission.

Thanks to the successful implementation of the agreed financial recovery plan, we closed the 2024/2025 financial year in a position of strength. We met our reserves policy and were able to invest in our digital infrastructure and clinical estate – including opening two new clinics.

This effective financial management further allowed for investment in our workforce – with an overall increase of 11.5%, and a clinical workforce increase of 12.7%. Moreover, we made significant investment in our clinical leadership, where we now see clarity and strength in the clinical oversight of our services and care. This was evidenced in the publication of our Patient Safety Incident Response Plan, and the launch of our clinical strategy.

Our people have always been, and will continue to be, our greatest asset, and it is right that we not only invested but also reflected on how we work. This was underpinned by a set of new values, co-created with colleagues, encapsulating what it means to be part of the team at BPAS.

MESSAGE FROM CHIEF EXECUTIVE AND CHAIR

Our staff survey evidenced some progress in meeting colleague expectations but indicated more to be done on our Freedom to Speak Up capabilities, our approach to Equity, Diversity and Inclusion (EDI) and overall colleague communication and engagement. We are committed to accelerating progress here and delivering for our people.

Our mission to eliminate barriers to care, and modernising abortion law continued at pace across all four nations. Safe Access Zone legislation is now on the statute books of every nation in the UK, and through rigorous coalition building and cross-party working we made significant strides in our campaign for the decriminalisation of abortion in England and Wales.

We initiated a new national conversation on contraception, with the publication “Contraception: The Unfinished Revolution”. Our report featured exclusive research highlighting the unacceptable lack of choice, and the overwhelming barriers women face when trying to access contraception in the UK. Under a new integrated strategy, the BPAS’ Research and Innovation team continued to shape the abortion and contraception research agenda allowing BPAS, and others, to break new ground in how abortion and contraception services are designed and delivered.

As abortion rates continue to rise, and waiting times for contraception reach unacceptable levels, BPAS’ expertise and voice are needed now, more than ever. We will keep delivering high quality, compassionate abortion care for those who need it, when they need it, freely and without judgement. We will make sure their voice is heard as we strive to make our services better and more responsive to their needs. We will build new technical infrastructure to enable a digital transformation that will keep BPAS at the forefront of reproductive healthcare innovation. And we will do all of this in partnership with our people, our patients and the wider pro-choice movement of which we are proud to be part.

Lucy Moore, Chair and Heidi Stewart, CEO



Lucy Moore, Chair



Heidi Stewart, CEO

WHO WE ARE

We are British Pregnancy Advisory Service; we are an independent reproductive healthcare charity in the UK. BPAS exists to support and enable people to make their own reproductive choices. We believe women are the ones best placed to make their own choices in pregnancy, from contraception, to pregnancy and birth choices, using unbiased, evidence-based information to support their decisions, and high-quality services to exercise them. We have been providing women-centred reproductive healthcare for more than 55 years, mostly on behalf of the NHS.

We continue to advocate, educate and campaign to defend and extend reproductive healthcare services to better suit the needs of women in the UK. We pride ourselves on being an integral part of the change in legislation, allowing greater access to abortion care and implementing safe access zones. Where barriers prevent women accessing reproductive healthcare exist, we will remove them.

Key facts:

98% of our patients would recommend us.

We provide access to termination of pregnancy from 52 clinics and 5 Telemedicine Hubs across the UK.

We hold 42 contracts and 18 provision arrangements across the UK and British Isles.

We have 1,023 contracted staff (750.9 FTE) at 31 March 2025.

99.4% of the treatments provided were funded by the NHS.

We provided care in 67 different languages.

We used our charitable funds to help 259 patients travel to safely access abortion services.

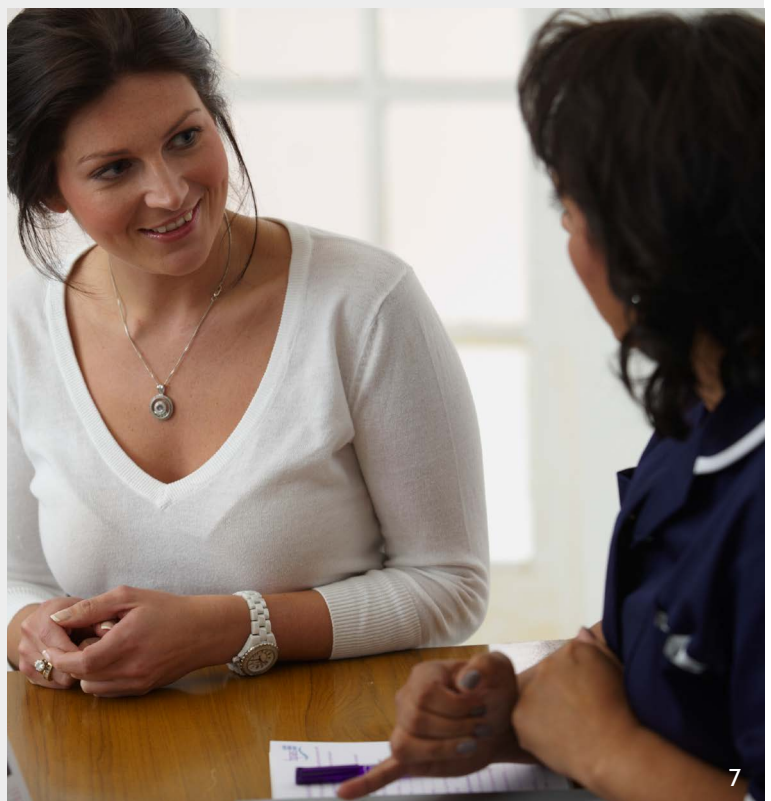
Our overall satisfaction score for 2024/25 from the patient satisfaction survey was 9.52 out of 10.

OUR AMBITION

A future where every woman can exercise reproductive autonomy and is empowered to make her own decisions about pregnancy.

OUR PURPOSE

To remove all barriers to reproductive choice and to advocate for and deliver high quality, woman-centred sexual reproductive healthcare.





ABORTION CARE ACROSS THE UK

Abortion numbers across England and Wales continue to rise with 2022 recording the highest numbers since the Abortion Act was introduced with medical abortions accounting for 86% of all abortions. The majority of abortions (80%) are carried out by Independent Sector providers (ISPs). 98% of abortions were funded by the NHS in 2022 (99% in 2021). The remaining 2% were privately funded.

The proportion performed in the independent sector under NHS contract has increased almost every year since this information was first collected in 1981, while the proportions of NHS hospital and private abortions has fallen over this period. There are regional variations within England by region of residence.

BPAS has provided late surgical services to women from Scotland for over 20 years. All Scottish Trusts now provide medical abortion to 20 weeks. Surgical services are less well-supported with few going beyond 14 weeks. Since 2021, we have actively campaigned for the Scottish Government to provide mid-trimester abortion care within Scotland, and successfully secured a commitment to commission a mid-trimester service centrally to ensure that no woman must travel out of the country for treatment.

Abortion care differs between North and South Wales, and there is no availability of surgical abortion beyond 12-15 weeks in any of the Health Boards, meaning that significant numbers of women have no choice about the type of abortion procedure they receive. Women in Wales outside of the locally determined gestational limit are referred to BPAS. We provide surgical services from BPAS Cardiff and clinics across England.

Following the decriminalisation of abortion in Northern Ireland in 2019, for a short period of time BPAS provided a Pills-by-Post EMA service until local services emerged and the law determined the service had to be delivered from NI.

Free abortion services in the Republic of Ireland commenced on 1 January 2019, following legalisation which became law on 20 December 2018. Abortion care is managed by the Health Service Executive (HSE). Women can still choose to travel and pay for their abortion care in the UK.

STRATEGIC REPORT

OUR STRATEGY

Our vision for 2030

By 2030 BPAS will be the leading provider of equitable, high-quality sexual reproductive healthcare, integrating digital innovation and research driven practices. We will empower informed reproductive choices, advocate for modernised laws, ensure sustainable growth, and eliminate barriers to reproductive autonomy through enhanced facilities, supported staff, and expanded access to care.

2025 – 2028 Strategy

1

Our people

Build a healthy, capable and diverse workforce where employees feel valued, supported and empowered to contribute to a resilient and agile organisation.

2

Our care

Streamline abortion and reproductive healthcare services and deliver pioneering digital services, improving patient access, and delivering better patient-centred care, standards and outcomes.

3

Our voice

Lead in reproductive health and rights advocacy – speaking up for our patients and staff, pushing for legal and regulatory reforms, addressing systemic barriers faced by our patients and working with partners to broaden our reach beyond abortion care.

4

Our finances

Secure long-term financial stability by building reserves to reinvest in our people and services, optimising costs, diversifying income, and ensuring positive contract contributions, while maintaining quality and compliance.

5

Research & innovation

Position BPAS as an organisation where opportunities for involvement in research and innovation and accessible to all and where we are recognised as research and thought-leaders in abortion and reproductive healthcare.

6

Our infrastructure

Implement a modern, fit-for-purpose infrastructure strategy to consolidate and optimise clinical estate usage and use of data. Reducing patient delays, and meeting growing demand.

OUR ACHIEVEMENTS 2024/2025

Our people

1. Following a period of staff engagement including workshops to explore and define our values, our refreshed values were presented to the Board in March 2025.
2. Significantly invested in staff, increasing our workforce by 11.5%.
3. We launched a new Induction Day for all of our new starters to improve the start of their journey with BPAS.

Our care

1. We have improved access to care from referral to treatment, with 93.5% of patients now receiving treatment within 7 days of consultation for early medical abortion.
2. BPAS rolled out a Picture Archive and Communications System (PACS) across ultrasound services which ensures safe storage of high-quality diagnostic images resulting in a seamless and efficient pathway through clinic for our patients and a reliable review process.
3. There has been a significant increase in clinical workforce across the organisation of 12.7% reflecting our journey towards being clinically-led, supporting improvements in safe and high-quality care.

Our voice

1. Following a hard-fought campaign, in October 2024, the government implemented safe access zones in England and Wales. Zones were also brought into place in Scotland following work from BPAS alongside Back Off Scotland.
2. BPAS continued to lead a coalition of more than 40 leading medical bodies, legal experts, and women's rights groups calling for abortion to be removed from the criminal law.
3. BPAS published "Contraception: The Unfinished Revolution", followed by the launch of a new Contraception Hub on our website to provide more information about contraceptive options.

Our finances

1. BPAS has continued to generate a surplus in 2024/25 (£5.0m) which now means the organisation is back to a healthy financial position and is meeting its reserves policy.
2. The Board approved a 3-year financial plan in March 2025 with a financial planning goal to generate a modest surplus each year in order to generate funds to reinvest.
3. We've significantly invested in both IT infrastructure and our estate during 24/25 through our capital expenditure plan.

Research and innovation

1. Published 19 academic papers including 'Assessing the Impact of Routine Requirement for In-Person Abortion Care for Adolescents in England and Wales: A Prepost Evaluation' and contributed to the evidence base for many more.
2. Developed and launched a new Integrated Research and Innovation Strategy for 2025-2030 to ensure we, as a research centre, can meet the needs of our staff and patient population alongside the wider sector.
3. We hosted a key event 'Experiences and Expectations of Pain with Early Medical Abortion'. The research priorities and clinical development areas identified during this event will support healthcare providers, academics and third-sector organisations.

Our infrastructure

1. Approved and commenced the build of two new clinics in Leeds and Luton to improve patient choice and reduce waiting times.
2. Significantly improved the resilience of BPAS' core IT services through investment in our Infrastructure Refresh Programme.
3. Invested in our Birmingham South clinic to enable surgical abortion up to the legal limit, improving patient experience by reducing the number of patients who have to travel out of area to receive care.

OUR VALUES

At BPAS our values are the foundation of everything we do. Our values are more than just words on a page; they are the essence of our identity.

During 2024/25 we embarked on a review of our values and engaged significantly with our people to ensure the refreshed values were co-produced and meaningful.

Our refreshed values aim to place our people at the heart of BPAS. Our values are the guiding principles that define who we are, what we do, and what's most important to us. Our behaviours put our values into practice, turning them into everyday actions and shape our BPAS culture.

Be people and patient focused - We value, support, and empower every patient and employee, making sure their voices shape the care and workplace experiences we provide.

Be kind and considerate - We listen to each other and our patients and build relationships based on kindness, dignity, trust and respect.

Be courageous and dedicated - We believe women are best placed to make decisions about their bodies and we will advocate for the changes needed to enable this.

Be innovative and pioneering - We will push boundaries and challenge the status quo in pursuit of practical excellence and equity in reproductive healthcare.

Be people and patient focused

Be kind and considerate

Be courageous and dedicated

Be innovative and pioneering

Be BPAS



GOVERNANCE

BPAS is a company limited by guarantee (No. 01803160) and a Registered charity (No. 289145). As such, we are subject to audit by Bishop Fleming Audit Ltd and submit audited annual financial statements to Companies House and an annual return and accounts to the Charity Commission.

BPAS is governed by its Memorandum and Articles of Association dated 26 March 1984 and last updated by special resolution on 15 March 2022. The memorandum and articles of association were reviewed by the Board of Trustees in 2025, and amendments have been proposed to the Charity Commission. The Trustees have complied with the duty to have due regard to the Charity Commission's guidance on public benefit in their administration of the charity, including setting our strategic objectives and planning future activities.

Board of Trustees and Committees

The role of the Board is specifically to direct and oversee the strategy and operations of the Charity. The Chief Executive and Chief Officers are responsible to the Board of Trustees for the day-to-day running of BPAS and for delivering our organisational strategy and policies. We ensure that our governance structure, documents and practices are aligned with relevant Charity Commission guidance, including the Charity Governance Code and we continue to improve our governance framework.

The Trustees meet formally at least 3 times a year. Decisions are made at either a full Board of Trustees meeting or via discussion and agreement between formal meetings. Where it is more appropriate for a smaller group of Trustees to meet and agree on more specialist subjects, then a Trustee sub-committee is mandated to make decisions outside of the full board.

During 2024/25 we had 3 standing sub-committees:

- Governance, Remuneration & Nominations (GRN)
- Finance, Audit and Risk (FAR)
- Clinical Governance Committee (CGC)

The Trustees are legally responsible for making sure that resources are used prudently and only in support of our objectives and for public benefit, for stewardship of our assets and for ensuring that BPAS complies with all relevant legislation and regulation. We have a conflicts of interest policy, a declaration of interest form is completed annually by Trustees and new declarations are made and recorded at the start of every Board meeting.

BPAS uses a recruitment consultant to support the recruitment and selection of new Trustees and ensure recruitment of candidates who provide a breadth of skill and experience. Final Trustee recruitment decisions are made by a panel of Trustees, including the Chair. Key management remuneration is set by the Governance, Remuneration and Nominations Committee based upon reviews of market rates along with recruitment and retention requirements.

All Trustees are invited to attend the BPAS induction session, receive a range of briefing materials relating to BPAS and the Charity Commission and join supported visits to our clinics. In 2024/25, the Trustees that joined BPAS received a specific trustee induction briefing.

The Board is supported in its duties by professional advisers. A list of the main professional advisers appears on page 35. Bishop Fleming Audit Ltd was appointed as auditors by the Board of Trustees in March 2025.

Regulation and oversight

BPAS is also regulated by the Care Quality Commission (CQC), which regularly visits registered treatment units in England and the Healthcare Inspectorate in Wales. BPAS operates under licenses for healthcare provision from NHS England and for abortion services from the Department of Health and Social Care.

Coming into 2023/24, BPAS received a report from the CQC on a targeted inspection undertaken at a national level on the 'well-led' key question. This report raised concerns about governance and leadership capability and capacity. As a result, a Section 29 regulatory notice was issued which required BPAS to undertake a number of actions before reinspection.

In response to the report, BPAS received support from the improvement arm of NHS England, and undertook a detailed improvement plan to deliver on the changes required. Reinspection took place on 16 April 2024 and the S29 was lifted. The report from the CQC cited the rapid improvement journey BPAS had been on, while recognising that there were ongoing streams of work which would continue to deliver improvement in 2024/25 and beyond.

In March 2025, NHSE stood down the BPAS Quality Governance Improvement Group (QGIG) recognising the improvements that have been made over 2024/25 and with the focus now on embedding changes. Oversight from NHSE has reduced to quarterly meetings with the Independent Provider Team.

BPAS S172 Statement

The Trustees of BPAS understand that their duty as individuals and collectively is to act in good faith and within their powers to promote the success of the Charity for the benefit of our patients, people and wider stakeholders. As such, Trustees take a number of factors into consideration when making decisions and carrying out their duties:

a the likely consequences of any decision in the long term

BPAS operates in line with agreed strategic objectives as detailed in this report. Detailed objectives are developed into an annual business plan to assist achievement of its long-term plans in-year, and the Trustees consider decisions based on their impact on the long-term success of the Charity, including financial sustainability. BPAS operates under a risk management framework as set out on page 28, which ensures Trustees are informed across all areas of risk when considering decision-making.

b the interests of the company's employees

Our people are our strongest asset, and we are proud of the care each of them delivers. Given the challenges we have experienced in the last 3 years, Trustees have had to make decisions that resulted in our people going through a lot of changes. We recognise the need to invest more in our people; their development and the environments they work in and have made this a priority in our Strategy.

c the need to foster relationships with patients, suppliers and others

Providing the best care at BPAS is dependent on our Trustees and staff working in partnership with our patients, our commissioners and our neighbouring NHS organisations. This joint working allows us to not only respond to our patients' feedback, but it also provides opportunities to learn and develop our pathways across local systems. We have welcomed a Patient Safety Partner this year providing a valuable opportunity to elevate the patient voice as we plan and execute improvement activity.

BPAS also maintains positive relationships with suppliers, engaging through regular contact meetings and ensuring all non-disputed invoices are paid in line with agreed payment terms.

d the impact of BPAS on the community and the environment

We continue to advocate, educate and campaign to defend and extend Sexual Reproductive Healthcare services to better suit the needs of women in the UK. We pride ourselves on being an integral part of the change in legislation allowing greater access to abortion care. Where barriers preventing women from accessing Sexual Reproductive Healthcare exist, we will continue to remove them.

BPAS recognises our responsibility to reduce our carbon and environmental footprints and commit to being an environmentally responsible, sustainable healthcare provider and charity. We are mindful of the impact we have on the environment through the delivery of our services and our environmental approach, in compliance with the Streamlined Energy and Carbon Reporting (SECR), is detailed on page 32. We will be looking at how we can incorporate sustainability into our decision-making process in a more intentional and structured way.

e maintaining a reputation for high standards of business conduct

The Trustees are committed to complying with all relevant regulations, laws, and good governance requirements. The Trustees consider whether they have sufficient information when making decisions and actively seek external advice from trusted third-party advisers or bodies such as NHSE and regulators where necessary. The Trustees have engaged RSM as the Charity's internal audit partner and have an annual plan to support compliance and good practice across BPAS.

f the need to act fairly between members of the company

BPAS does not operate under a membership scheme and, therefore, Trustees do not believe this element of Section 172 applies to the Charity.

OUR STAKEHOLDERS

People:

A number of engagement and feedback mechanisms for our employees are well established - the main vehicle being our People Forum, where elected employee representatives from across the organisation meet with senior leadership on a quarterly basis to discuss a varied agenda which might include pertinent matters of the day, collaboration and contribution to operational and strategic issues, proposed consultations with staff on changes to terms and conditions and reviewing and ratifying all people-related policies.

Outside of this forum, a quarterly 'All Staff Conference' takes place, where topics and speakers range between timely updates, areas of special interest and responses to requests for further information. It's also an opportunity for staff to ask questions in real-time. Elsewhere, the BPAS workforce has opportunities to champion areas of work, whether related to service provision or research initiatives.

BPAS conducts an annual employee survey via a third-party supplier and enjoys an uncommonly high level of response. We publish both headline and full results, invite employees to reflect on these and feed back into a National Action Plan each year.

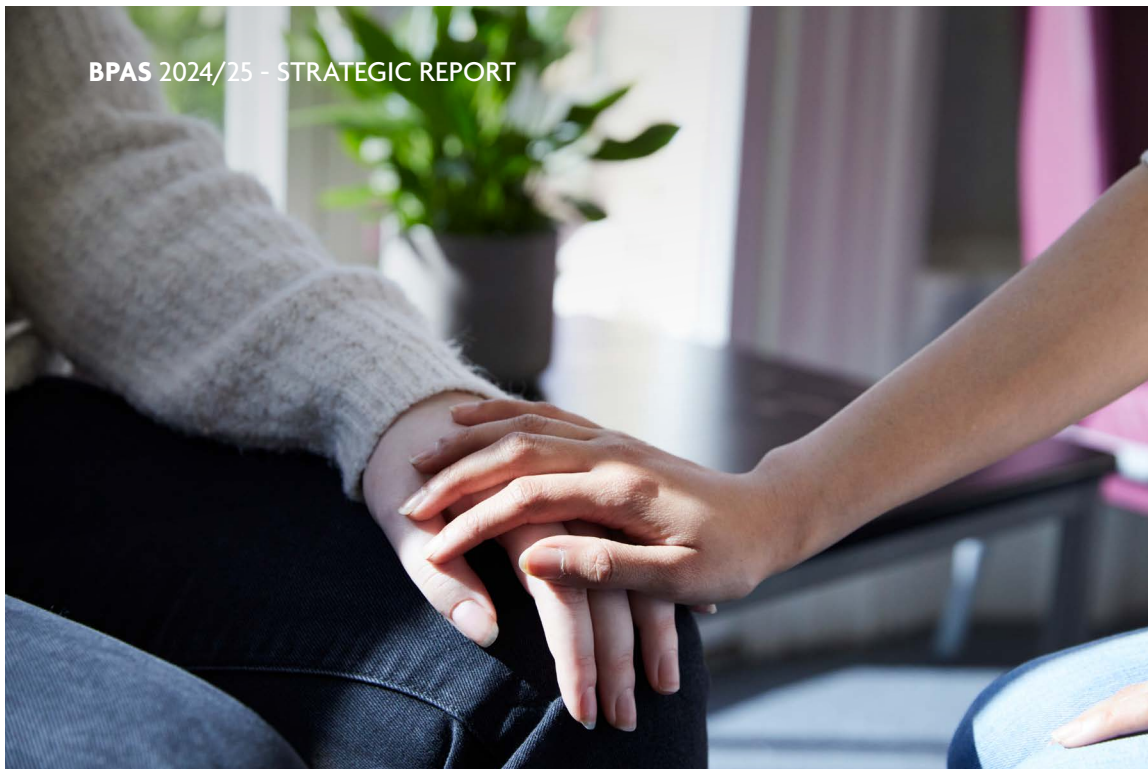
Customers (Commissioners and Patients):

The majority of BPAS' income is provided through contracts with NHS Integrated Commissioning Boards (ICBs). Engagement is key to maintaining commissioner/ provider relationships and the BPAS Business Development team meet regularly with each ICB that we hold a contract with. Quarterly Contract Review Meetings are held where activity and performance are reviewed with subject matter experts from both parties contributing to the discussion.

Where possible we involve commissioners in our service development and research and innovation activities whilst also engaging with wider Sexual Health and community stakeholders.

BPAS's ultimate customers are the patients that we serve. BPAS ensures that all patients have their voices heard, to enable us to provide services that are responsive to their needs. BPAS does this by:

- Ensuring local and formal complaints are managed appropriately and to agreed timelines;
- Sharing learning within the organisation and policies/procedures are updated in response, where appropriate, to be responsive to patient needs;
- Providing a mechanism to gauge patient satisfaction with the services they receive;
- Carrying our research and service evaluations that amplify the patient voice to drive improvements;
- Carrying our duty of candour to expected time frames and always invite direct conversations between the service provider and patient.
- Welcoming a Patient Safety Partner in accordance with our Patient Safety Incident Response Plan (PSIRP), providing a valuable opportunity to elevate the patient voice as we plan and execute improvement activity.



During the last year we have maintained a high standard of positive feedback using the Friends and Family Test score. We have seen a slight reduction in the number of formal complaints, with no escalations to the Parliamentary and Health Services Ombudsman (PHSO). Over the same period there has been an increase in the number of locally-resolved complaints, which is a positive step demonstrating that patients feel empowered to raise their concerns and that we can respond accordingly avoiding the need for further escalation.

Suppliers:

BPAS engages with its key suppliers through regular contract review meetings both on and off site to review supplier KPIs and SQAs (Supplier Quality Assessments). Where possible, our aim is to dual-source as many line items as possible to reduce the possibility of a stock-out within our supply chain which could result in a service disruption.

We continually benchmark our contracts and costs to ensure we are getting value for money whilst sourcing similar quality products which offer BPAS savings and regularly engage our suppliers in key service change discussions.

Regulators:

BPAS works with a number of regulators including:

- The Charities Commission
- Care Quality Commission (CQC)
- NHS England (NHSE) (as a 'Hard to Replace' provider)
- Healthcare Inspectorate Wales (HIW)
- Healthcare Improvement Scotland (HIS)
- Regulation and Quality Improvement Authority (RQIA) (in Northern Ireland)
- Home Office

Regular discussion is had with each of these bodies and their input into key issues and decision-making is often sought.

BPAS meets with both NHSE and CQC on a regular basis. Our CEO holds meetings with the NHSE to discuss issues ranging from commissioning to surgical capacity and wider workforce development. We also attend a quarterly tri-party meeting with NHSE and MSI (Marie Stopes International), the other largest provider in our sector. This ensures an open and collaborative approach to ensuring service access and choice for our patients.

During 2024/25 we have been part of enhanced oversight from the team at NHSE following the CQC Well-Led Inspection and these bi-monthly meetings included NHSE and ICBs to give assurance that we are delivering on the key metrics within our improvement plan. The level of oversight was reduced in March 2025 and these meetings moved to quarterly given the progress we have made.

We foster an open and positive relationship with the CQC and meet on a regular basis to discuss a range of topics including clinical governance and patient safety. Outside of these meetings, we proactively engage our regulators if there is a matter of concern we want to seek guidance on.

Parliament:

With the general election in July 2024 we took the opportunity to begin building strong relationships with a new generation of MPs, including through local clinic visits, providing support for topical questions and discussions, and taking part in parliamentary drop-in sessions on reproductive rights. We worked particularly closely on a cross-party basis with Tonia Antoniazzi MP, Alex Brewer MP, and Baroness Sugg to continue our campaign to remove women from the criminal law related to abortion.

Partnerships:

In line with our charitable objective to advance and promote health and healthcare, we built and led a coalition of more than 40 healthcare, violence against women and girls, trade union, and women's rights organisations in support of the removal of women from the criminal law on abortion. This was part of our long-term strategic commitment to reforming the law on abortion and involved a period of active engagement with other organisations and campaigners with similar goals.

After a decade-long campaign led by BPAS to introduce a new law to prevent the harassment of abortion staff and patients outside clinics, safe access zones were brought into force around abortion clinics across England and Wales. We led work with other abortion providers to produce guidance on monitoring and enforcing the zones and worked closely with statutory partners including the police to ensure that the new law was working well.

DECISION EXAMPLES

Examples of principal decisions made during 2024/25 that demonstrate the above approach are outlined below:

Decision
To expand provision of services in Birmingham South to provide increased surgical capacity to 23+6 weeks offering General Anaesthetic (GA).
S172 factors considered
  
Stakeholder groups affected
People, commissioners, patients, regulators,
Description
Investing in a full refurbishment of our clinic to ensure women are not having to travel long distances to receive care, a Business Case was approved by the Board of Trustees in Sept 2024.
Impact of decision
Our patients would have reduced wait times and more choices local to home. Our people would have more opportunities to train and upskill improving retention. Our commissioners would have compliance with our contractual arrangements. Our regulators would oversee the improvements to our service.

Decision
To refresh our BPAS Values
S172 factors considered
  
Stakeholder groups affected
People, patients, regulators
Description
Following financial and regulatory challenges at BPAS and changes in leadership, a need was identified to refresh our BPAS Values in collaboration with our people to be aligned with our mission and connect in a meaningful way with our people and our patients. This was supported by the Board of Trustees throughout the year with the final draft presented to Board in March 2025.
Impact of decision
Our people are engaged and listened to, collaborating on what BPAS Values should be. Our patients will benefit from improved morale of staff who behave in line with our values. Our regulators will oversee the improvements to our service.

DECISION EXAMPLES

Decision
To invest in the IT infrastructure refresh
S172 factors considered
a b
Stakeholder groups affected
People, patients
Description
The Board of Trustees approved the investment into the Infrastructure Refresh Programme. In addition to significantly increasing the resilience of BPAS' core IT services, it improved the service we provided through faster access to booking and patient records systems and the new servers are more energy efficient.
Impact of decision
Our people would have access to more resilient IT services Our patients would receive a more efficient and more reliable service

Decision
To open a new BPAS clinic in Leeds
S172 factors considered
a b c d e
Stakeholder groups affected
People, commissioners, patients, regulators, suppliers
Description
Patients were previously having to travel to BPAS Doncaster, other BPAS clinics or Any Qualified Providers in the area for surgical treatment. New premises were identified to be able to meet the contractual obligation to provide surgical services in Leeds and the Board of Trustees approved the mobilisation of these premises.
Impact of decision
Our patients would have increased choice local to home, reduced waiting times and an enhanced patient journey. Our people would work in an improved environment increasing retention and wellbeing. Our commissioners would have compliance with contractual arrangements. Our regulators would oversee improvements to our service. Our suppliers will support the move and new requirements for surgical treatment at this site.

RESEARCH AND INNOVATION

It has been an exceptional year for the Centre for Reproductive Research and Communication (CRRRC), and we are proud of all we have accomplished.

In 2024-25 we published 19 academic papers including 'Assessing the Impact of Routine Requirement for In-Person Abortion Care for Adolescents in England and Wales: A Prepost Evaluation' and 'Patient experiences of undergoing abortion with and without an ultrasound scan in Britain'. We also contributed to the evidence base through papers such as 'Patient and public involvement in abortion research: reflections from the Shaping Abortion for Change (SACHA) study' and 'Self-reported contraceptive method use at conception among patients presenting for abortion in England: a cross-sectional analysis comparing 2018 and 2023'.

A new Integrated Research and Innovation Strategy for 2025-2030 was also developed by the team, which was launched in March 2025. In the development stage of the strategy, our team engaged with a wide range of stakeholders. This was to ensure we, as a research centre, can meet the needs of our staff and patient population alongside the wider sector. To disseminate the strategy, we launched internally at a BPAS conference, hosted an event with 50 stakeholders from the sector, and visited clinics and telehubs within BPAS to encourage staff involvement.

In addition to our internal projects, we continue to facilitate external research. We are currently supporting a master's student, with her study: 'Exploring the lived experiences of black women in London who have had a termination of pregnancy, a qualitative study.' Alongside this, we are supporting a staff member's project: 'mixed-methods study evaluating the implementation of the London Measure of Unplanned Pregnancy during abortion care'.

Beyond our publication and research strategy work, we also hosted a key event 'Experiences and Expectations of Pain with Early Medical Abortion'. We brought together abortion providers, researchers, public health professionals, health service managers and representatives from NHS England to explore both challenges and opportunities in abortion pain research, clinical practice and policy. The research priorities and clinical development areas identified during this event will support healthcare providers, academics and third-sector organisations. Our goal going forward from this event is to improve the EMA experience and empower patients to make informed, evidence-based decisions about their care.

Looking ahead to 2025/26 we are excited to continue our work on our studies Improving At-Home Medical Abortion Experience with a Digitally Enabled AI Chatbot: A Scoping Study and Uptake of contraceptive counselling and methods after medical abortion via telemedicine: A cross-sectional evaluation of anticipated and actual use six weeks post-abortion, among others.

ADVOCACY, CAMPAIGNS AND COMMUNICATIONS

Buffer zones

In June 2024, Scotland's safe access zone law was passed by 118-1 votes. During the debates at various stages, BPAS was mentioned and thanked for its work.

In October 2024, the government implemented safe access zones in England and Wales, protecting women and staff from harassment from anti-abortion protesters outside clinics around the country. This achievement marks the culmination of a hard-fought campaign in which BPAS has been at the forefront and it is significant that these vital protections have finally been delivered. BPAS worked closely with the College of Policing and drafted guidance which was co-badged by organisations including RCOG, FSRH, and other providers, on how to monitor and manage any breaches of the law.

This means that safe access zone legislation is on the statute books in every nation of the United Kingdom, which is a very long way from where we were even two years ago.

Decriminalisation

BPAS continued to lead a coalition of more than 40 leading medical bodies, legal experts, and women's rights groups calling for abortion to be removed from the criminal law. We worked closely with Dame Diana Johnson MP on an amendment to the Criminal Justice Bill, which our work strongly indicated would pass and become law, but unfortunately this was unable to progress due to the July 2024 General Election.

This work continued after the election alongside a cross-party group of parliamentarians, with a view to bringing forward similar changes to a bill making its way through parliament during 2025.

In Scotland, BPAS joined as a member of the Scottish Government's Expert Working Group on abortion law reform to create proposals for a new, updated abortion law – with an expectation that these proposals will be brought forward in 2025 with a view to potential law change in the next parliament.

MP clinic visits

We held a rolling programme of MP engagement, inviting those with BPAS clinics in their constituencies to visit our facilities. These visits provide an opportunity for MPs to meet our dedicated local teams, learn about the specific health needs of their constituencies, and discuss our ongoing work in Westminster.

Contraception

BPAS published "Contraception: The Unfinished Revolution", a report based on our survey of 1,000 women and people needing contraception in the UK aged 18-45 years, as well as our analysis of public health datasets. It looks at women's past and present contraceptive experiences, as well as their future preferences, with a particular focus on the need for urgent contraceptive innovation.

Alongside this report, we launched a new Contraception Hub on our website to provide more information about contraceptive options. Our CEO, Heidi Stewart, was invited on BBC Radio 4's Woman's Hour to discuss the importance of women being able to access contraceptive options that are right for them.

Improving access for women in Scotland and Wales

In addition to our work on safe access zones in Scotland, we have been working with the Scottish Government and local abortion providers to address the lack of surgical abortion services in Scotland which currently results in nearly 100 women every year travelling to England for surgical abortion care at later gestations.

We spoke at the Scottish Abortion Care Provider Network's annual conference in February and received a recommitment from the Scottish Government to end the practice of sending women to English clinics for routine abortion care. Following work between the advocacy, operations, and business teams, we have streamlined the pathway for women having to travel to a BPAS clinic in England for care – improving access to funding and ensuring more women who need to travel can do so.

BPAS serves as the Secretariat of the Welsh Senedd's Cross Party Group on Women's Health, coordinating meetings and a programme of work that helps to advance access to high-quality reproductive healthcare in Wales. Recent meetings have included topics such as women's health hubs, endometriosis, and Wales' new Women's Health Plan, the latter of which government Minister Sarah Murphy MS attended.

BPAS has also been working with Plaid Cymru MS, Sioned Williams and Welsh abortion police leads who have been championing the cause of expanding mid-trimester abortion care in Wales, which currently faces issues similar to those in Scotland. As a result of this work, there were several commitments to improving abortion care in the Welsh Women's Health Plan published in December 2024, including the creation of an all-Wales pathway to deliver 24-week services within Wales.

QUALITY CARE

BPAS is committed to providing high quality care in line with external and internal quality standards. NICE Abortion Care Quality Standards (2021) set baseline expectations for performance monitoring, care provision, compliance and effectiveness and these are routinely reported to our commissioners.

We measure the quality of our services under three broad categories and have aligned our quality standards to these categories.

- Patient safety – this includes enhanced safety; workforce development; evidence-based practice; managing complex cases and safeguarding; infection prevention and control; medicines management; and audit.
- How effective patient treatments are – this includes informed consent; contraception and sexually transmitted infection (STI) testing; and access to services.
- Patient feedback about care provided – including our response to this through quality improvement activity.

Our investment in workforce during 2024 has resulted in an overall workforce increase of 11.5%, and a clinical workforce increase of 12.7%. Clinical leadership is facilitated through adoption of a triumvirate model which ensures medical, nursing and operational ownership in divisional and national teams.

From April 2024 to March 2025, access to consultation and treatment for abortion improved on average from 84% to 90% following an increase in surgical capacity across the country in 11 locations. We continue to develop training and support across our clinical services to provide timely, high quality and responsive care for abortion, contraception and vasectomy.

Key achievements during 2024/25 include:

- publication of our Patient Safety Incident Response Plan in line with national patient safety priorities.
- the development of bespoke online platforms for improving oversight and engagement with learning responses, risk management, clinical audit and complaints management.
- launch of our clinical strategy and its associated workstreams which aim to provide comprehensive patient-centred pathways that eliminate barriers to reproductive choice.

Our quality priorities are described in more detail in the BPAS Quality Account 2024/25, which can be found on our website. We are focusing this year on using data to drive improvements in care; embedding a framework for accountability and assurance; and continuing to strengthen the patient voice across all elements of care.

DELIVERING FINANCIAL SUSTAINABILITY

Overview

Following a challenging financial period in 2022/2023 and the successful implementation of a financial recovery plan which led to a surplus position in 2023/24, BPAS has continued to generate a surplus in 2024/25, which now means the organisation is back to a healthy financial position and is meeting its reserves policy.

As part of the BPAS longer-term strategy, and in order to maintain strong financial control and financial sustainability, the Board approved a 3-year financial plan in March 2025 with a financial planning goal to generate a modest surplus each year in order to generate funds to reinvest in updating the organisation's digital infrastructure and estate.

Financial results

Funding is received through fees charged for abortion, vasectomy, contraception and sexual health services provided to the NHS and Local Authorities and a limited number of individual paying clients. There are also small funding streams through donations and research grants.

The financial results of the company's activities are summarised on pages 45 to 57.

	24/25	23/24	Movement from PY
	£'000	£'000	%
Income	64,387	56,647	13%
Expenditure	59,481	51,063	16%
Surplus/(Deficit)	4,906	5,584	
Gains on revaluation	83	115	
Net movement in funds	4,989	5,699	

Policy on reserves

The Boards objective is, over a period of time, to generate modest surpluses in order to facilitate investment in the infrastructure of the Charity, and to develop and maintain sufficient general reserves to mitigate cash flow risks and seasonality in the profile of income. The current reserve policy was approved in March 2025 which is to hold at least 3 months’ worth of expenditure in total funds and at least 2 months’ worth of expenditure in working capital/ liquid assets. The Trustees monitor the level of reserves and have recognised that reserves have been eroded over previous periods.

The financial recovery actions taken in 2023/24 and 2024/25 have led to generated surpluses in both years which has led to the organisation now meeting its reserves policy. The Trustees consider that the current level of reserves at the year end, coupled with the action taken, to be more than adequate to mitigate cash flows and seasonality of income in year.

£9.3m is held in a fixed asset reserve, fixed assets are included in the organisation reserves total but can only be liquidated in the medium term. £3.9m of the reserves is designated for the approved board capital expenditure plan and the remaining £7.4m is held in the general reserve. At this point in time the organisation does not hold any restricted reserves.

As described above the reserves policy currently has two metrics, one around total funds held which includes the value of fixed assets and one around liquidity. One month average expenditure in 2024/25 equates to approximately £5.0m. Performance against the two metrics at the end of 2024/25 is shown below and shows the organisation is currently meeting its reserves policy.

TOTAL FUNDS			LIQUIDITY		
Requirement (3 months expenditure)	Actual (total funds)	Total Funds Excess / (shortfall)	Requirement (2 months expenditure)	Actual (net current assets/ working capital)	Total Funds Excess/ (shortfall)
£15.0m	£20.6m	£5.6m	£10.0m	£13.2m	£3.2m
✓			✓		

The reserve category changes between years reflect the increased overall fund but also the revised reserves policy and improved presentation of reserves to aid clarity around use. The reserves policy states that designated reserves should be allocated for specific board approved projects. In accordance with Charity Commission guidance the BPAS Board operates a risk-based policy that enables the Charity

to safely reduce reserves, when appropriate, in order to invest in solutions and projects recommended in the Significant Risk Register.

The Trustees review the reserves policy on a regular basis to ensure that reserves are maintained at a level that ensures financial sustainability.

Risk management

The Trustees have considered the risks to which the Charity is exposed and 6 principal risks are identified in the Board Assurance Framework (set out in the table below). These are discussed at every subcommittee and Board meeting and are regularly monitored.

Reference	Principal risk
PR1	If we do not model and live our values, there is a risk that we will not be able to build the organisational culture and structure that we want and will have problems recruiting and retaining high performing staff.
PR2	If we do not deliver new models of care alongside pioneering digital services, we will cease to be an effective provider of abortion and reproductive healthcare services and risk failing to meet regulatory standards for quality and safety.
PR3	If we fail to effectively engage and work collaboratively with all our wider stakeholders including patients, staff, media and Government we will not be able to address those barriers faced by our patients nor influence transformation and reform.
PR4	If we do not meet our financial objectives, we will not be able to provide sustainable services.
PR5	If we do not engage in a wide range of research and innovation opportunities, we will fail to grow and deliver leading edge reproductive healthcare.
PR6	If we fail to utilise our resources in an efficient, effective and sustainable manner it could impact negatively on the quality and safety of our services.

The Board Assurance Framework is reviewed every quarter by the Chief Officer risk owners and then at the relevant sub-committees before the full BAF is reviewed at the Board of Trustees meeting. Each principal risk is broken down into strategic threats, all of which have actions for the 2025/26 year and progress against these actions and the trajectory for reducing the risk is monitored quarterly.

Sitting below principal risk 4 regarding the organisation finances are a number of significant threats that are monitored through both the significant risk register and the finance departmental risk register. These include:

- Risks around contractual income due to short-term contracts with large NHS Integrated Commissioning Boards (ICBs) and varying pricing agreements
- Risk around loss of or volatile caseload
- Risk around medical workforce capacity due to shortages in the market

Actions have been identified to mitigate these risks, these include the development of a multiyear cost improvement programme, an increase in resource by implementing a finance business partner model, the development of a demand and capacity model and a business development pipeline with contract contribution analysis.

Going concern

Relevant Trustees regularly revisit the going concern assessment at Finance, Audit and Risk Committee and make a self-certification each year to NHS England as part of NHS Provider Licensing Arrangements.

The financial recovery plan approved at the Board in September 2022 was successfully delivered during 2022/23 and price negotiations in particular have resulted in healthy financial surpluses and cash balances in both 2023/24 and 2024/25. As a result, BPAS is now meeting its approved reserves policy, fairer pricing with NHS commissioners has contributed significantly to a much more sustainable financial position and internally financial processes and policy have been strengthened.

The financial budget approved for 2025/26 also shows a small forecast in year surplus and positive cash balance.

The Trustees have also approved a further 24-month forecast of income & expenditure, capital and cashflow to 31 March 2028 with scenarios modelled around loss of income. The Trustees feel that within the most likely range of scenarios that continuing prudent financial control will ensure that BPAS continues to operate within its financial resources.

Notwithstanding that the Trustees recognise that there remains a degree of uncertainty surrounding short-term contract arrangements with the NHS, and ongoing inflationary pressures, this does not pose a material uncertainty that would cast doubt on the Charity's ability to continue as a going concern. After considering the projections of cash flow and profitability to support cash balances the Trustees have a reasonable expectation that the charity will have adequate resources to continue for the foreseeable future, which is for a period of at least 12 months from the signing of these accounts. For this reason, it continues to adopt the going concern basis in preparing the financial statements.

LEADERSHIP

Our Trustees

IN POST AT MARCH 2025	IN YEAR CHANGES
Dr Lucy Moore, Chair	Executive Chair up to 5 November 2024
Sam Smethers, Deputy Chair	
Julian Atkins	
Graham Colbert	
Dr Edgar Dorman	
Dawn Johnston	
Siobhan Kenny	
Professor Sheelagh McGuinness	
Sanjay Shah	
Dr Caroline Turner	
Natasha Walton	
Ian Hill	Appointed December 2024
Professor Iain Cameron	Resigned June 2024
Debra Holloway	Resigned September 2024

Chief Executive Officer

Heidi Stewart

Chief Officers

From January 2025
Mary Sexton – Chief Clinical Officer
Laura Clare – Chief Finance Officer
Jo Deans – Chief People Officer
Nigel Acheson – Interim Chief Medical Officer (from February 2025)
Adam Ward – Chief Technology Officer (from March 2025)
Incoming April 2025 – Chief Operating Officer
Incoming April 2025 – Chief Strategic Communications Officer

Executive Leadership Team

April 2024 – December 2024
Heidi Stewart – CEO
Rosemary Cutmore – Business Development Director and SIRO
Patricia Lohr – Research & Innovation Director
Rachael Clarke – Chief of Staff
Jo Deans – HR Director
Laura Clare – Finance & Corporate Services Director
Verity Jowett – Head of Corporate Governance & Company Secretary (resigned Sept 24)
Cheryl Crosby – Director of Operations (resigned Sept 24)
Mary Sexton – Clinical Director

Streamlined Energy and Carbon Reporting (SECR)

UK energy use and associated greenhouse gas emissions

Current UK based annual energy usage and associated annual greenhouse gas (“GHG”) emissions are reported pursuant to the Companies (Directors’ Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018 (“the 2018 Regulations”) that came into force 1st April 2019.

Organisational boundary

In accordance with the 2018 Regulations, the energy use and associated GHG emissions are for those assets owned or controlled within the UK only as defined by the operational control boundary. This includes 57 clinics, a central booking information centre and head office, and two warehouses located in Redditch. Recently, a new clinic was established at Ridley Place in Newcastle, along with the addition of another warehouse in Redditch. This report also includes company owned vehicles and personal vehicles utilised for business mileage (referred to as “grey fleet”).

Reporting period

The annual reporting period is 1st April to 31st March each year and the energy and carbon emissions are aligned to this period.

Quantification and reporting methodology

The 2019 UK Government Environmental Reporting Guidelines and the GHG Protocol Corporate Accounting and Reporting Standard (revised edition) were followed. The 2024 UK Government GHG Conversion Factors for Company Reporting were used in emission calculations as these relate to the majority of the reporting period. The report has been reviewed independently by Zenengi Limited (trading as Briar Consulting Engineers Limited).

Electricity and gas consumption were based on invoice records, where invoices did not cover the reporting period, the direct comparison estimation technique was used to calculate consumption. Mileage was used to calculate energy and emissions from fleet vehicles and grey fleet. Electric vehicles (EVs) are included as part of the organisation’s overall electricity consumption, as they are charged using the company’s electricity supply. Average pence per kWh was used to calculate electricity consumption for the Middlesbrough site based on invoice costs. Gross calorific values were used except for mileage energy calculations as per Government GHG Conversion Factors.

The emissions are divided into mandatory and voluntary emissions according to the 2018 Regulations, then further divided into the direct combustion of fuels and the operation of facilities (scope 1), indirect emissions from purchased electricity (scope 2) and further indirect emissions that occur as a consequence of company activities but occur from sources not owned or controlled by the organisation (scope 3).

Estimations

Estimates of energy consumption have been applied where data has not been made available from suppliers or landlords to keep the methodology consistent from the 2023/24 report. The estimation method is based on a company-specific kWh per square meter benchmark for leased and rented clinics where actual consumption data is unavailable. In certain instances, techniques such as pro-rata adjustments have been applied to align the data with the reporting period or reflect changes in building occupancy, such as when a clinic has opened or closed partway through the reporting period.

Energy efficiency action during current financial year

In the period 1 April 2024 to 31 March 2025, the Company have undertaken the following actions to improve energy efficiency:

- Energy management system processes were enhanced across the Doncaster, Merseyside, and Reading sites, resulting in estimated savings of 28,878 kWh.
- Toasters were removed from all locations due to fire risk concerns and a change in policy. Feasibility and impact assessment are currently awaiting confirmation.
- Radiator temperatures were reduced at the Merseyside site, leading to energy savings of 2,800 kWh.
- Improved control of heating and operational times at the Merseyside site achieved energy savings of 51,408 kWh.
- A car sharing initiative was introduced where feasible to support sustainable commuting. Energy savings are currently unquantified.
- Staff across all sites were engaged through awareness campaigns focused on energy-saving behaviours, contributing to an estimated 46,013 kWh in energy savings.

Breakdown of energy consumption used to calculate emissions (kWh):

Energy type	2023/24	2024/25
<u>Mandatory:</u>		
Gas	882,784	1,043,848
Oil	131,966	145,662
Purchased electricity	1,212,219	1,082,170
Transport fuel	1,289,426	884,395
Total energy (mandatory)	3,516,395	3,156,075

Breakdown of emissions associated with the reported energy use (tCO₂e):

Emission source	2023/24	2024/25
<u>Mandatory:</u>		
Scope 1		
Gas	161.5	190.9
Oil	34.3	37.4
Company owned vehicles	196.2	89.7
Scope 2		
Purchased electricity (location-based)	251.0	224.1
Scope 3		
Category 6: Business travel (grey fleet)	114.7	126.0
Total gross emissions (mandatory)	757.8	668.0

Note: figures may not sum due to rounding

1: The inclusion of Oil energy consumption is now mandatory and has been integrated into the correct reporting framework.

Intensity ratio

The intensity ratio is total gross emissions in metric tonnes CO₂e (mandatory emissions) per total million-pound (£m) turnover. This financial metric is considered the most relevant to the Company's energy consuming activities and provides a good comparison of performance over time and across different organisations and sectors.

Intensity ratios	2023/24	2024/25
<u>Mandatory emissions only:</u>		
Tonnes of CO₂e per million-pound turnover	12.8	10.38

CONTACT DETAILS

Registered office

Orion House
2 Athena Drive
Tachbrook Park Drive
Royal Leamington Spa
Warwick
CV34 6RQ
Company Number 01803160
Registered Charity 289145

Auditors

Bishop Fleming Audit Ltd
Salt Quay House
4 North East Quay
Sutton Harbour
Plymouth
PL4 0BN

Bankers

HSBC Bank UK PLC Level 8
1 Centenary Square
Birmingham
B1 1HQ

Principal solicitors

Reynolds Porter Chamberlain Tower Bridge House
St Katherine's Way
London
E1W 1AA

TRUSTEES' RESPONSIBILITIES STATEMENT

The Trustees are responsible for preparing the Annual report including the Strategic Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the Trustees to prepare financial statements for each financial year. Under Company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the applicable Charities SORP 2019 (FRS 102).
- Make judgements and accounting estimates that are reasonable and prudent.
- State whether applicable UK accounting standards have been followed.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence 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.

This report was approved by the board on 26 September 2025 and signed on its behalf by

Lucy Moore - Chair of Trustees

A handwritten signature in black ink, appearing to read 'Lucy Moore', written in a cursive style.

AUDITOR'S REPORT AND ACCOUNTS

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF BRITISH PREGNANCY ADVISORY SERVICE

Opinion

We have audited the financial statements of British Pregnancy Advisory Service (the 'charitable company') for the year ended 31 March 2025 which comprise the Statement of Financial Activities (incorporating an Income and Expenditure Account), the Balance Sheet, the 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 charitable company's affairs as at 31 March 2025, and of its 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 responsibilities for the audit of the financial statements section of our report. We are independent of the 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 relating 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 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 other information comprises the information included in the Trustees' annual report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information. 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.

Opinions on 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' Report, which incorporates the Strategic Report and the Directors' Report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic Report and the Directors' Report included within the Trustees' Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Strategic Report or the Directors' Report included within the Trustees' Report.

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

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of 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 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 charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed under the Companies Act 2006 and report in accordance with this Act.

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

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 extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We have considered the nature of the industry and sector, control environment and business performance;
- We have considered the results of our enquiries of management and those charged with governance about their own identification and assessment of the risk of irregularities;
- We have considered the matters discussed among the audit engagement team regarding how and where fraud might occur in the financial statements and potential indicators of fraud.

We also obtained an understanding of the legal and regulatory frameworks that the charitable company operates in, focusing on provisions of those laws and regulations that had a direct effect on the determination of material amounts and disclosures in the financial statements.

The key laws and regulations we considered in this context included the Charities SORP (FRS 102) – Accounting and Reporting by Charities and the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). In addition, we have considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which may be fundamental to the charitable company's ability to operate or to avoid a material penalty. These include data protection regulations, health and safety regulations and employment legislation.

As a result of these procedures, we have considered the opportunities and incentives that may exist within the organisation for fraud and identified the highest area of risk to be in relation to income recognition, with a particular risk in relation to year-end cut off. In common with all orders under ISAs (UK) we are also required to perform specific procedures to respond to the risk of management override.

Our procedures in respect of the above included:

- Documenting and validating the control environment for income and carrying out walk through testing;
- Undertaking substantive sample based testing to ensure revenue has been recognised appropriately and accurately, and in the correct period;
- Performing analytical procedures to identify any unusual unexpected relationships that may indicate risks of material misstatement; and
- In addressing the risk of fraud through management override of controls, testing the appropriateness of general entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias in evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.]⁷

A further description of our responsibilities is available on the FRC's website at: <https://www.frc.org.uk/library/standards-codes-policy/audit-assurance-and-ethics/auditors-responsibilities-for-the-audit/#description-of-the-auditors-responsibilities-for-the-audit-of-the-financial-statements-aef17638>.

This description forms part of our auditor's report.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Use of our report

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

Bishop Fleming Audit Limited

Craig Sullivan (Senior Statutory Auditor)

for and on behalf of

Bishop Fleming Audit Ltd

Plymouth

Date: 26 September 2025

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)

For the year ended 31 March 2025

	Unrestricted 2025 £'000	Restricted 2025 £'000	Total 2025 £'000	Total 2024 £'000
INCOME:				
Incoming from:				
Donations and Legacies	128	4	132	109
Grants	-	15	15	6
Incoming from charitable activities:				
Fees for services	63,967	-	63,967	56,423
Other Income:				
Bank Interest	270	-	270	71
Profit on sale of Fixed Assets	2	-	2	38
Total Income	64,368	19	64,387	56,647
EXPENDITURE ON:				
Charitable activities				
Advice, Treatment and Care	58,213	15	58,228	50,133
Education Advocacy and Research	1,244	-	1,244	930
Donations paid	6	4	10	-
Total Resources Expended	59,462	19	59,481	51,063
Net income/(expenditure)	4,906	-	4,906	5,584
Gains on revaluation of fixed assets				
Unrealised	83	-	83	115
Net movement in funds	4,989	-	4,989	5,699
Fund Balances brought forward at 1 April	15,605	-	15,605	9,906
Fund balances carried forward 31 March	20,594	-	20,594	15,605

All gains and losses recognised in the year are included in the Statement of Financial Activities.
The notes on pages 45 to 57 form part of these financial statements.

BALANCE SHEET (Company No. 01803160)

As at 31 March 2025

	Notes	£'000	2025 £'000	£'000	2024 £'000
FIXED ASSETS					
Tangible Assets	5		9,321		8,553
CURRENT ASSETS					
Stock	6	1,030		971	
Debtors	7	6,938		5,581	
Cash at bank & in hand		10,172		5,964	
		<u>18,140</u>		<u>12,516</u>	
CREDITORS					
Amounts falling due within one year	8	(4,942)		(4,070)	
NET CURRENT ASSETS			<u>13,198</u>		<u>8,446</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>22,519</u>		<u>16,999</u>
CREDITORS					
Amounts falling due after more than one year	8		(178)		(322)
Provisions for liabilities	9		(1,747)		(1,072)
NET ASSETS			<u>20,594</u>		<u>15,605</u>
FUNDS OF THE CHARITY					
Fixed assets	12		9,321		8,553
Designated	13		3,877		9,721
General/Unrestricted	14		7,396		(2,669)
Restricted	15		-		-
TOTAL FUNDS			<u>20,594</u>		<u>15,605</u>

The notes on pages 45 to 57 form part of these financial statements.

Approved by the Board on 26 September 2025 and signed on its behalf:

Lucy Moore - Chair



CASH FLOW STATEMENT

For the year ended 31 March 2025

	2025 £'000	2024 £'000
Net cash generated from operating activities	6,276	7,084
Cash flows from investing activities:		
Purchase of property, plant and equipment	(1,927)	(651)
Proceeds from sale of property, plant and equipment	6	65
Net cash (used in) investing activities	(1,921)	(586)
Cash flow from financing activities		
Repayment of finance leases	(147)	(170)
Net cash (used in) financing activities	(147)	(170)
Change in cash and cash equivalents in the year	4,208	6,328
Cash and cash equivalents at the start of the year	5,964	(364)
Cash and cash equivalents at the year end	10,172	5,964
Change in cash and cash equivalents in the year	4,208	6,328

The notes on pages 45 to 57 form part of these financial statements.

1. ACCOUNTING POLICIES

A) Basis of Accounting

The financial statements have been prepared in accordance with the Companies Act 2006, applicable accounting standards on the going concern basis, and under the historic cost convention, as modified for the market value of investments and freehold land and buildings. The accruals concept of accounting is used throughout. The Trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The financial statements also comply with best practice as recommended by the Charities SORP (FRS102), issued by the Charity Commission.

The Financial statements have been prepared on a going concern basis.

British Pregnancy Advisory Service, a public benefit entity, is registered in the UK and incorporated in England and Wales as a company limited by guarantee not having a share capital.

B) Income & Expenditure Account

BPAS has not published a separate Income and Expenditure Account as the Statement of Financial Activities complies with FRS 102 and is equivalent.

All income is derived in the United Kingdom and the financial statements are presented in pounds sterling, which is the entity's functional and presentation currency.

C) Incoming Resources & Resources Expended

Incoming resources are analysed according to the activity that produces the resources. They are recognised on a receivable basis. Income generated in furtherance of the Charity's objectives is based on fees for the provision of reproductive health services. Income from activities for the generation of funds comprises investment income and donations which are also recognised on a receivable basis.

Resources expended are analysed according to the activity to which it relates on an accruals basis.

Governance costs include audit costs, governance meeting expenses and legal advice to the Trustees.

Grants are accounted for on an accruals basis.

VAT is partially recovered based on the nature of the services provided by the organisation.

D) Land and Buildings

FRS 102 requires fixed assets that are carried at re-valued amounts to be shown at their current value at the balance sheet date. To achieve this land and buildings are subject to valuations carried out on a rolling basis, by an independent valuer over a five-year period, unless a more frequent valuation is required to reflect material changes in the property market.

BPAS continues to apply a policy of regularly testing the assets for impairment.

E) Fixed Assets and Depreciation

BPAS has a policy of capitalising individual equipment purchases over £5,000 unless the equipment is part of the infrastructure of the building.

BPAS has a policy of capitalising improvements to short-term leasehold premises where these improvements make the property fit for use.

Depreciation of Fixed Assets is on a straight-line basis calculated on annual rates to write off each asset over the term of its estimated useful life. The depreciation charge is adjusted to actual in the year of disposal.

The estimated lives in use are as follows:

Motor vehicles	5 years
Medical equipment	5 to 10 years
Fittings & Office equipment	5 years
IT Infrastructure	5 years
IT Hardware	5 years
Freehold Buildings	50 years

Freehold Land is not depreciated

Short leasehold premises improvements are depreciated over the term of the lease.

F) Stocks

Stocks have been valued at replacement cost after making due allowance for obsolete items. Stock consists of medical consumables and accordingly no overheads are included in the stock valuation.

G) Debtors

Where clients undertake to repay fees over an extended period and find themselves unable to continue repayments, the balance is written off. A provision is made for clients who may be unable to repay loans outstanding at the end of the financial period.

H) Repairs and Renewals

These are charged to the Statement of Financial Activities in the year in which expenditure is incurred.

I) Foreign Exchange

BPAS accepts payment in both sterling and euros. Translation of euro transactions is undertaken monthly with foreign exchange gains and losses being recognised when realised.

Foreign currency monetary assets and liabilities are translated at the rates ruling at the balance sheet dates. Any differences are taken to the Statement of Financial Activities.

J) Pensions Costs

The Charity operates a defined contribution scheme to which all employees are auto-enrolled and costs are accounted for in the year in which they occur.

K) Fund Accounts

The charity has created designated funds in order to ring fence the historic value of Fixed Assets, designated funds for investment in new assets, and restricted funds in relation to grants received for specific purposes.

L) Leased Assets

Where assets are financed by leasing agreements that give rights approximating to ownership (finance leases), the assets are treated as if they had been purchased outright. The amount capitalised is the present value of the minimum lease payments payable during the lease term. The corresponding lease commitments are shown as amounts payable to the lessor. Depreciation on the relevant assets is charged to the income and expenditure account.

Lease payments are analysed between capital and interest components. The interest element of the payment is charged to the income and expenditure account over the period of the lease and is calculated so that it represents a constant proportion of the balance of capital repayments outstanding. The capital part reduces the amount payable to the lessor.

All other leases are treated as operating leases. Their annual rentals are charged to the income and expenditure account on a straight-line basis over the term of the lease.

M) Judgments in applying accounting policies and key sources of estimation

- Determine whether leases entered into by the charity either as a lessor or a lessee are operating or finance leases. These decisions depend on an assessment of whether the risks and rewards of ownership have been transferred from the lessor to the lessee on a lease-by-lease basis, and to whether any dilapidations are required as a result of these leases. Any dilapidations that are considered necessary by the Trustees at this time, are included in these accounts.

- Determine whether there are indicators of impairment of the company's tangible assets. Factors taken into consideration in reaching such a decision include the economic value in use, whether there are expected future cash flows to be created by the entity, and whether there is any evidence of obsolescence or damage.
- As described in Note 1 D) above, the Charity obtained independent third-party property valuations from Bruton Knowles Limited. On the basis of the information provided the Trustees consider that there is sufficient information available to measure the value of freehold land and buildings at the balance sheet date.

N) Financial Instruments

The Charity only 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 settlement value.

O) Provisions

The Charity provides for the uninsured amount of any medical malpractice or data protection claims as soon as it becomes aware of such a claim, the amount provided is based upon an assessment of how likely the claim is to be successful. Property dilapidations are also provided for units we are planning to vacate.

NOTES TO THE CASH FLOW STATEMENT

For the year ended 31 March 2025

	2025 £'000	2024 £'000
Reconciliation of net income to net cash flow from operating activities		
Net income (expenditure) for the year	4,906	5,584
Adjustments for:		
Depreciation	1,238	1,228
(Increase) in stocks	(59)	(62)
(Increase)/Decrease in debtors	(1,357)	409
Increase/(Decrease) in creditors	875	(497)
Increase in provisions	675	460
(Profit) on sale of Fixed Assets	(2)	(38)
Net cash provided by operating activities	6,276	7,084

	1st April 2024 £'000	Cash flows £'000	31st March 2025 £'000
Analysis of Net Debt			
Cash at bank and in hand	5,964	4,208	10,172
Total	5,964	4,208	10,172

	1st April 2023 £'000	Cash flows £'000	31st March 2024 £'000
Cash at bank and in hand	8	5,956	5,964
Bank overdraft	(372)	372	-
Total	(364)	6,328	5,964

2. Charitable expenditure

BPAS is a charity that provides abortion advice, treatment and care services to clients and its resources expended are directly related to the provision of these services except costs incurred for education & research, administrative costs necessarily incurred in running the charity. Support costs have been allocated to activities on the basis of staff time incurred to support of the activity, costed on a full cost basis.

	2025 £'000	2025 £'000	2025 £'000	2024 £'000	2024 £'000	2024 £'000
	Service Provision	Head office & Support	Total	Service Provision	Head office & Support	Total
Advice, treatment and care costs include:						
Salaries, Fees &						
Related Staff Costs	32,894	6,718	39,612	29,108	4,173	33,281
Consumables	4,961	(5)	4,956	5,143	73	5,216
Infrastructure Costs	6,985	6,528	13,513	6,004	5,632	11,636
	44,840	13,242	58,081	40,255	9,878	50,133

	2025 £'000	2025 £'000	2025 £'000	2024 £'000	2024 £'000	2024 £'000
	Service Provision	Head office & Support	Total	Service Provision	Head office & Support	Total
Education and Research costs include costs associated with staff training:						
Salaries, Fees &						
Related Staff Costs	-	736	736	-	519	519
Consumables	-	-	-	-	-	-
Infrastructure Costs	2	663	665	4	407	411
	2	1,399	1,401	4	926	930

Governance costs	2025 £'000	2024 £'000
Included in the above		
Audit	73	72
Meeting expenses	20	22
Legal	299	326
	392	420

Amounts paid under operating leases were £2,131,000 (2024 £1,624,000).

3. Staff costs

	2025 £'000	2024 £'000
Wages & Salaries	32,575	27,563
Social security costs	3,281	2,705
Other Pension Costs	2,051	1,637
	37,907	31,905

Included in the above are redundancy payments of £18,000 (2024 - £65,000).

Average monthly number of full and part time employees during the year:

Advice Treatment & Care	972	884
Education & Research	11	11
	983	895

Due to the large number of part-time employees of the Charity this equates to contracted whole time equivalents:

717	642
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The number of employees earning over £60,000 p.a. excluding pension contributions was:

	2025	2024
£60,001 - £70,000	25	12
£70,001 - £80,000	45	12
£80,001 - £90,000	2	5
£90,001 - £100,000	2	5
£100,001 - £110,000	3	2
£110,001 - £120,000	3	3
£120,001 - £130,000	6	2
£130,001 - £140,000	3	1
£140,001 - £150,000	1	-
£150,001 - £160,000	-	2
£160,001 - £170,000	-	1
£170,001 - £180,000	1	-

Pension contributions for the above staff amounted to £550,000 (2024 - £323,000).

During the year fourteen trustees have been paid remuneration or has received other benefits from an employment with the charity. Dr E.Dorman is a trustee and also a doctor with practising privileges operating for BPAS on a daily rate, usually one day per week, he received £67,000 for his work as a surgeon and nothing for his work as a trustee (2024 - £71,200 and nil). During the period Dr L. Moore continued in her role as a permanent employee as Executive Chair, which had been approved by the Charity Commission, and was remunerated £46,200 (2024 - £32,400). This contract of employment ended on 5 November 2024. She received nothing for her work as a Trustee (2024 - nil). During the year the Charity made no pension payments on behalf of the Trustees.

Aggregate remuneration of key management personnel was £1,228,000 (2024 - £1,216,000) with pension contributions of £155,000 (2024 - £108,000).

Fourteen of the trustees have claimed expenses or had their expenses met by the charity. Re-imbursement of expenses, which are subsistence costs, incurred by all the Trustees in attending meetings totalled £19,600 (2024 - £20,700).

4. Pensions

The Charity operates a defined contribution scheme. The assets are held separately from those of the charity in independently administered funds. Contributions payable by the Charity to the fund amounted to £2,051,000 (2024 - £1,637,000). Employee Group Personal Pension Contributions between 5% and 7% attract an employer contribution between 4.5% and 5.5% with BPAS covering the administration expenses and the cost of death in service benefits. This scheme is stakeholder compliant and is open to all members of staff. Contributions amounting to £255,000 (2024 - £205,000) were payable to the fund and are included in creditors.

5. Tangible fixed assets

	Freehold Land & Buildings	Short Leasehold Land & Buildings	Motor Vehicles	Equipment	Assets under Construction	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Cost or Valuation						
At 1 April 2024	4,960	2,336	368	9,699	201	17,564
Additions	-	287	-	1,179	461	1,927
Disposals	-	(441)	(28)	(1,492)	-	(1,961)
Revaluations	-	-	-	-	-	-
At 31 March 2025	4,960	2,182	339	9,386	662	17,529
Depreciation						
At 1 April 2024	-	1,867	277	6,867	-	9,011
Charge for the year	84	163	32	959	-	1,238
On disposals	-	(441)	(27)	(1,489)	-	(1,957)
Revaluations	(84)	-	-	-	-	(84)
At 31 March 2025	-	1,589	282	6,337	-	8,208
Written down values						
At 31 March 2024	4,960	469	91	2,832	201	8,553
At 31 March 2025	4,960	593	57	3,049	662	9,321

a) Land and Buildings included at valuation would have been included on an historical value basis at £947,000 (2024 - £959,000).

b) All of the freehold land and buildings were re-valued in the year. There were no changes to the valuation of the properties. These valuations were undertaken by a professional firm of chartered surveyors, Bruton Knowles LLP.

6. Stocks

	2025 £'000	2024 £'000
Medical Consumables	<u>1,030</u>	<u>971</u>

7. Debtors

	2025 £'000	2024 £'000
Trade Debtors	3,354	3,668
Prepayments & Accrued Income	<u>3,584</u>	<u>1,913</u>
	<u>6,938</u>	<u>5,581</u>

All amounts fall due within one year.

8. Creditors

	2025 £'000	2024 £'000
Amounts falling due within one year:		
Trade Creditors	2,038	1,289
Taxation & Social Security	1,066	894
Accruals and deferred income	1,694	1,740
Obligation under finance leases	<u>144</u>	<u>147</u>
	<u>4,942</u>	<u>4,070</u>
Amounts falling due after more than one year		
Obligation under finance leases	<u>178</u>	<u>322</u>

9. Provisions

	2025 £'000	2024 £'000
As at 1 April	1,072	612
Transferred from Accruals	-	145
Paid during year	(394)	(167)
New provision made	1,070	482
Closing Balance 31 March	1,747	1,072

The provisions relate to the uninsured part of claims and potential claims under our indemnity insurance, data protection insurance, and provisions for dilapidations for properties due to be vacated in the next 12 months.

10. Bank account

An overdraft facility agreed by the Charity with its bankers was secured by way of a debenture comprising fixed and floating charges over all of the assets and undertaking of the Charity, as well as first legal charge over one of the freehold properties. The facility was cancelled shortly after the financial year end, as this was no longer required

11. Taxation

The charitable company meets the definition of a charity in schedule 6 Finance Act 2010 and accordingly is entitled to exemptions set out in Part II Corporation Tax Act 2010 and section 256 Taxation of Chargeable gains Act 1992 to the extent that its income and gains are applied for charitable purposes.

12. Fixed asset reserve

The policy on reserves was reviewed in the year to contain two metrics, one around total funds held, which includes the value of fixed assets, and one around liquidity. Therefore the value of fixed assets held is being shown in a separate reserve to allow for greater transparency around liquid reserves available to use.

Prior year numbers have been restated to allow for comparison

During the year the revaluation reserve has increased from £4,001,000 to £4,013,000.

During the year all of the freehold properties were re-valued.

	2025 £'000	2024 £'000
Fixed assets property		
Balance at 1 April	4,960	4,925
Movement in Funds		
Depreciation of Buildings	(71)	(68)
Disposal of revalued property	-	-
Revaluation of Properties	83	115
Change in WDV of properties	(12)	(12)
Balance at 31 March	<u>4,960</u>	<u>4,960</u>

	2025 £'000	2024 £'000
Fixed assets other		
Balance at 1 April	3,593	4,117
Movement in Funds		
Additions	1,927	650
Disposals	(4)	(27)
Depreciation	(1,155)	(1,147)
Balance at 31 March	<u>4,361</u>	<u>3,593</u>

13. Designated reserve

	2025 £'000	2024 £'000
Balance at 1 April	9,721	10,385
Transfer (to)/from General Reserve	(5,844)	(664)
Balance at 31 March	<u>3,877</u>	<u>9,721</u>
Analysis of Designated Reserve	£'000	
Unit moves	1,487	
Unit and equipment upgrades	880	
IT projects	1,510	
	<u>3,877</u>	

Designated reserves is split between three major categories. Unit moves is for a planned replacement of an existing unit to an alternative location, unit and equipment upgrades are for planned investment in new equipment or maintenance on owned or leased buildings, and IT projects which could be software or hardware replacements or improvements.

In accordance with Charity Committee guidance the BPAS board operates a risk-based policy that enables the Charity to safely reduce designated reserves in order to invest in solutions and projects recommended in the Strategic Risk Register. In March 2025 the Board approved a new reserves policy which changed the classification of reserves. The designated reserve now shows reserves that are held for specific Board approved projects, with the balance of reserves split between fixed asset reserve and general reserve.

14. General reserves

	2025 £'000	2024 £'000
Balance at 1 April	-	(4,433)
Add revaluation reserve	-	3,954
Reclassify to fixed asset reserve	-	(9,042)
Revised Balance at 1 Apr	(2,669)	(9,521)
Realised surplus / (deficit) for the year	4,989	5,699
Transfer (to)/from fixed asset reserve (Note 12)	(768)	489
Transfer (to) / from designated reserve (Note 13)	5,844	664
Balance at 31 March	<u>7,396</u>	<u>(2,669)</u>

£5.8m was transferred from designated reserves to general reserves during the year to better reflect money allocated to specific projects as detailed in note 13.

15. Restricted reserve

	2025 £'000	2024 £'000
Balance at 1 April	-	-
Grants Received	(15)	6
Resources expended	15	(6)
Balance at 31 March	<u>-</u>	<u>-</u>

16. Indemnity insurance

BPAS carries indemnity insurance cover for all employees providing protection for BPAS against mainly medical negligence claims up to a limit of £10 million at a cost of £477,000 p.a. (2024 - £467,000). A separate policy provides Directors and Officers indemnity cover of £3 million at a cost of £8,000 p.a. (2024 - £8,000).

17. Commitments under operating leases

The company had commitments under non-cancellable operating leases as set out below:

	Land & Buildings 2025 £'000	Others 2025 £'000	Land & Buildings 2024 £'000	Others 2024 £'000
Operating leases which expire:				
Within one year	2,200	139	2,026	137
In two to five years	3,148	160	2,810	549
After five years	447	-	680	23
	5,795	299	5,516	709
	£'000	£'000	£'000	£'000
Lease payments recognised as an expense in the current financial year	1,984	147	1,476	148

18. Members' liability

BPAS does not have share capital and each director/member guarantees a sum not exceeding £10 during his or her membership for one year thereafter.

19. Auditor's remuneration

Auditor's remuneration for the year was £73,000 including VAT (2024 - £72,000) for audit services and £2,000 (2024 - £nil) for non-audit services.

20. Related party transactions

During the year there were related party transactions with Dr E.Dorman and Dr L. Moore. Details of the type of transaction and amounts are included in note 3. There were related party transactions for the prior year, which are also detailed in note 3.

21. Analysis of net assets between funds

2025	Unrestricted Funds £'000	Restricted Funds £'000	Total £'000
Financial assets			
Tangible Fixed Assets	9,321	-	9,321
Net Current Assets	13,198	-	13,198
Long Term Liabilities	(178)	-	(178)
Provisions	(1,747)	-	(1,747)
	20,594	-	20,594
2024	Unrestricted Funds £'000	Restricted Funds £'000	Total £'000
Financial assets			
Tangible Fixed Assets	8,553	-	8,553
Net Current Assets	8,446	-	8,446
Long Term Liabilities	(322)	-	(322)
Provisions	(1,072)	-	(1,072)
	15,605	-	15,605

22. Post balance sheet events

There were no post balance sheet events.

www.bpas.org

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Registered Charity 289145 as British Pregnancy Advisory Service
BPAS is registered and regulated by the Care Quality Commission

September 2025