

Registered number: 04358614
Charity number: 1090329

THE NHS CONFEDERATION
(A company limited by guarantee)

TRUSTEES' REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

THE NHS CONFEDERATION

LEGAL AND ADMINISTRATIVE INFORMATION
FOR THE YEAR ENDED 31 MARCH 2025

Trustees	Lord Victor Adebowale Prof Joseph Harrison Nanda Ratnavel Marie Gabriel Valerie Morton Dr Pramit Patel Dame Jackie Daniel Dr Peta Foxall Emma Woollett Paul Davies Jonathan Patton Jonathan Morgan Foluke Ajayi (appointed 17 February 2025) Ifti Majid (resigned 27 March 2025) Fiona Edwards (resigned 27 March 2025)
Charity number	1090329
Company number	04358614
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Auditor	BHP LLP 1 st Floor, Mayesbrook House Lawnswood Business Park Redvers Close Leeds LS16 6QY
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Senior Executive Staff

Matthew Taylor
Chief Executive, NHS Confederation

Danny Mortimer
Deputy Chief Executive, NHS Confederation/Chief Executive NHS Employers

Daniel Reynolds
Director of Communications

Darren Hughes
Director, Welsh NHS Confederation

Heather Moorhead
Director, Northern Ireland Confederation for Health and Social Care

Joan Saddler
Director of Partnerships and Equality

John O'Brien
Commercial Director

Layla McCay
Director of Policy

Marie Pritchard
Director of People and Governance

Nikki Barraclough
Director of Finance and IT

Rory Deighton
Director, Acute Network

Ruth Rankine
Director of Primary Care

Sarah Walter
Director, ICS Network

Habib Naqvi
Chief Executive, Race and Health Observatory

Sean Duggan (resigned May 2024)
Chief Executive, Mental Health Network

Rebecca Gray (appointed January 2025)
Chief Executive, Mental Health Network

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TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT AND STRATEGIC REPORT) FOR THE YEAR ENDED 31 MARCH 2025

The trustees present their report and the audited consolidated financial statements for the year ended 31 March 2025.

The trustees are pleased to present their annual trustees' report (which is also prepared to meet the requirements for a directors' and strategic report) together with the consolidated financial statements of the charity and its subsidiary for the year ended 31 March 2025. The financial statements have been prepared in accordance with the Charities Act 2011, Companies Act 2006, the organisation's articles of association and the Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), published in October 2019.

The directors of the charitable company are its trustees for the purpose of charity law.

About us

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ over 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities. We support our members in three main ways:

- We represent organisations and sectors, to ensure local organisations and systems work in the best interests of service users, citizens and staff.
- We connect the whole healthcare system, to boost system working and develop solutions to shared challenges.
- We support leaders to develop and hone their leadership skills, equipping leaders with tools, ideas and insights and connecting them with a community of leaders.

Our work is underpinned by our values which help us to achieve our vision of a healthier population supported by high-quality health and care services that benefit everyone. We are respectful, inclusive, bold, collaborative and we act with integrity.

The NHS Confederation includes NHS Employers, the employers' organisation for the NHS in England. We host two organisations: the NHS Race and Health Observatory, which works to identify and tackle ethnic inequalities in health and care by facilitating research, making health policy recommendations and enabling long-term transformational change; and Understanding Patient Data, which aims to make the way patient data is used more visible, understandable and trustworthy, for patients, the public and health professionals.

Key achievements for 2024/25

Our influencing work continued at pace throughout 2024/25, ensuring that our members in England, Wales and Northern Ireland were supported to respond to challenges and deliver the best outcomes for their communities. With a continued and further strengthened focus on improvement, we also worked to secure the resources members need to make positive changes and equipped them with the tools, capabilities and insights to deliver change.

What follows below is a snapshot of our achievements over the year.

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Influence**Engaging with the new government**

We have established strong relationships with the new government and are in regular discussion about its NHS reform agenda. We've established good relationships with ministers at the Department of Health and Social Care (DHSC), the Cabinet Office, Treasury, No.10 and the new chair of the Health and Social Care Select Committee, among others. This followed an effective general election strategy in which we engaged with political parties and prospective parliamentary candidates from across the board and published a manifesto representing members' views. Many of our asks were taken forward in the Labour party manifesto and we have since published a number of influential reports to inform our engagement with the new government's wider health mission.

Stabilising NHS finances

The government's first Budget in October 2024 resulted in a better settlement than expected for the NHS and followed months of advocacy by the NHS Confederation on behalf of our members. We also furthered our call for capital investment by publishing an options paper for government setting out ways to raise the capital funding we have said is needed to improve productivity. More recently, we have been supporting our members as they contend with significant efficiency savings as a result of the government's decision to cut integrated care board (ICB) budgets by 50 per cent and for NHS trusts to cut their corporate costs.

Ten-year health plan

We continue to influence the upcoming ten-year health plan to reflect the needs of our members. We are having regular discussions with senior officials leading on developing the plan and have convened them with our members. We have representatives across three of the plan's working groups and have briefed into several others. We have also brought together members across all the working groups to help develop and test our key policy proposals for the ten-year health plan.

Care closer to home

We developed a strategy to support our members to deliver the government's aim of moving care closer to home within their own system. Our work has included an examination of payment mechanisms to support the shift and identifying the factors to enable a neighbourhood health and care system. We also launched our integrated neighbourhood working partnership with Local Trust to promote and test community-led approaches to health and wellbeing in some of England's most deprived neighbourhoods, with the aim of improving population health and reducing inequalities through joined up, community-led approaches.

Shifting from treatment to prevention

In the autumn, we concluded two key projects focused on enabling the government's third intended shift for the NHS, from treatment to prevention, looking into the economic return on investment for key preventative interventions and setting out how the government can create the conditions for integrated care systems (ICSs) to shift to a truly preventative approach.

Analogue to digital

We called on the government and NHS England to recognise the importance and challenge of digitising the NHS in sharing and using data across different organisations. We examined member experience of converging electronic patient record (EPR) systems, and the conditions our members need to implement EPR. Our report, produced with Ethical Healthcare Consultancy, led to influential conversations with the government and NHS England on resources, support and funding needed. Our advocacy contributed to the government's pledge to support analogue to digital funding in the 2024 Budget.

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Influencing the regulatory landscape

After our consistent advocating, this year's operational planning guidance contained fewer national priorities focused on key areas of recovery as well as reform. We have worked to shape national regulation and oversight processes, including sitting on the ten-year health plan accountability and oversight working group, and have worked closely with NHS England on developing guidance around system oversight and clarifying the role of ICBs in provider oversight. We are now working with CQC to ensure its approach to ICS assessments adds value for systems and the public.

Winter pressure influencing

We worked to ensure that the extremely challenging winter faced by our members, and the public, remained high in both the media and political arenas. We were one of the most prominent commentators in the media, highlighting the need for extra support and reforms to ensure that patients, as well as NHS staff, do not have to face another winter like the last few.

Elective recovery

Our influence continued with our work in partnership with Carnall Farrar that analysed the nature and extent of the elective backlog. The analysis showed that doing more activity without changing the way we work will not solve the problem of ever-increasing demand. The report and our recommendations were publicly welcomed by the Secretary of State for Health and Social Care, influencing the government's two other shifts towards digitisation and prevention.

Systems and commissioning

Based on extensive member engagement, our ICS Network has been working with ICB leaders and system partners to shape the future of commissioning in a system context. Our research on the lessons learned from early delegation of specialised services will highlight the opportunities that it can bring to support integrated care.

Our evidence-based report on the progress of ICSs demonstrated that ICS leaders are positive about the progress their local systems are making against their four purposes but also revealed key barriers to moving to a prevention-based approach, including financial constraints and short-term targets.

Primary and community care

To maximise our impact on influencing national policy, our Primary Care Network and Community Network facilitated a meeting with a selection of our members and the DHSC's second permanent secretary Tom Riordan, to discuss national ambitions around neighbourhood working and scaling up best practice. We expect our influencing to be reflected in the content of the ten-year plan.

Our Primary Care Network met with the government and senior healthcare officials to support a shift to a Neighbourhood Health Service and launched a new partnership with Local Trust to promote and test community-led approaches to health and wellbeing in some of England's most deprived neighbourhoods. We engaged with key officials within DHSC and NHS England post-election, providing briefings on specific topics including GPs in the Additional Roles Reimbursement Scheme (ARRS), collective action and neighbourhood health centres. Our input influenced changes to the ARRS, and recommendations for future contract changes have been put forward on behalf of our members as part of ten-year plan influencing.

Mental health

Following our sustained lobbying, the new government included reforming the Mental Health Act in its first King's Speech. Following meetings with Baroness Merron, DHSC civil servants and peers, an amendment was tabled to the mental health bill to highlight the need for effective planning and resourcing to implement the reforms, particularly around services for people with learning disabilities and autistic people.

Our Mental Health Network worked in partnership with Centre for Mental Health to develop a revised figure for the social and economic costs of mental ill health of £300 billion. This up-to-date understanding of the economic, human and health

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and care costs can support more targeted spending at a local and national level. They also worked with the wider sector and used our collective voice to ensure the government upheld its commitment to the Mental Health Investment Standard, which has been key in starting to address the high level of unmet need.

Representing employers and the workforce

Through NHS Employers we continue to use intelligence from employers to inform the development of the ten-year health plan, the reform of skills and education policy, the apprenticeship levy and the proposed new employment rights bill. In its role as secretariat to the NHS Staff Council, medical negotiating committees and the Social Partnership Forum, NHS Employers has contributed to the effective completion of the non-pay commitments to the Agenda for Change 2023 pay deal.

Making the case for women's health

Our research project on women's health economics reflected the views of hundreds of experts by experience, making a clear case for investment in women's health as a key plank of the government's growth mission. The project concluded with a parliamentary launch of the research findings, which were welcomed by many leading stakeholders in both the women's and health sectors.

Wales

Ahead of the Senedd election in May 2026, the Welsh NHS Confederation (WNHSC) launched an election briefing, setting out NHS leaders' calls for the next Welsh Government. This followed significant engagement with members, including a comprehensive survey and focus groups. The five priorities centre around prevention, workforce, performance and financial frameworks, social care and estates and infrastructure.

Northern Ireland

The Northern Ireland Confederation for Health and Care (NICON) this year has developed our improvement work, specifically leading work across systems facilitating the establishment of a provider collaborative approach. In addition, we have strengthened our relationship with the Department of Health NI and investment in our media activity has resulted in a much higher public profile over the year.

International

Through our European office we represented England at EU level on the Transforming Health and Care Partnerships Horizon Europe programme that will result in 2030 in a virtual health system analysis and knowledge platform accessible to trusts. We also represented members' interests in the review of the UK and EU Trade and Co-operation Agreement and engaged with EU-level healthcare and health policy leaders to share best practice and influence on topics with potential impacts on the NHS, including for critical medicines supply, research and innovation and life sciences.

Improvement

We hold firm in our view that a stronger and more sustainable NHS requires continuous development and support for its leaders and embedding of improvement as a mainstream part of how it works. This is why we have further developed our leadership and improvement offers for members, using our unique position as convenor of leaders across the whole health system to support our members in a more focused and practical way.

At system level, our aim is to support leaders in achieving the Hewitt review recommendations that ICSs become 'self-improving systems' and we are doing this through helping to build a culture of continuous learning and improvement.

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To this end, in partnership with the Health Foundation and the Q community we are supporting leaders to both create the context and conditions for change and delivering transformation. In 2024, we delivered the first year of the Learning and Improving Across Systems peer learning programme. This nine-month programme offered support to leaders to build greater understanding of improving across systems; increase awareness and confidence to use different improvement frameworks, tools and approaches; and facilitate peer connections for learning and support. We brought together 168 leaders with a focus on improvement across 38 ICSs, NHS trusts and health boards, local authorities, and voluntary organisations across England, Scotland, Wales and Northern Ireland. Those who took part benefited from time for reflection and providing a structured approach for effective sharing, learning and relationship building. We are looking forward to onboarding a second cohort in 2025.

In addition, practical workshops and development sessions from our ICS Network have helped system leaders make the most of their integrated care partnership as a vehicle for setting strategic priorities. Our work with place leaders has explored how place and neighbourhood working can be further developed, and our newly launched community of practice is supporting place leaders and others with developing leadership within neighbourhood health.

In addition to supporting system leaders, we have looked to work with members on cross-sector challenges within systems. For instance, our Interface Improvement Programme, delivered by our Acute Network and Primary Care Network, has supported 11 teams to date to understand, develop, implement and sustain solutions to the challenges of working at the interface of primary and secondary care within their areas. From the programme, we have built a hub of materials, case studies and best practice on our website for others to use to develop their practice in this space.

We have played an active role in supporting members to develop their leadership and deliver **improvement to tackle inequalities**:

- Our partnership and equalities team launched the Tackling Inequalities Leadership Programme to support EDI directors and senior leaders in addressing workforce and health inequalities within the NHS. By building a peer network and providing essential tools and insights, the programme empowers leaders to advocate for tackling inequalities and to integrate EDI into their organisations' core strategies.
- The Health and Care Network of LGBTQ+ Networks supported over 270 LGBTQ+ network chairs and leads with training and a safe space to connect and discuss challenges. Partnering with the University of York, the network delivered a free pilot training programme to enhance leadership in purpose, impact, and integrity.
- The BME Leadership Network published Excellence Through Equality: Anti-Racism as a Quality Improvement Tool, to tackle persistent racial inequalities in NHS services by highlighting effective anti-racist initiatives. The resource offers guidance for members on best practices, outlines a systematic approach for implementing anti-racism strategies, and emphasises community engagement in decision-making.
- We have also held a number of focused leadership and improvement events, including our eighth annual Health and Care Women Leaders Network conference in which over 150 delegates gained insights on how women and allies can collaborate to break barriers and drive innovative solutions for gender equity. Delegates collected valuable tools for their leadership journeys, drew inspiration from established leaders and experts, and connected with senior and aspiring leaders in health and care.

NHS Employers has continued to support all provider NHS organisations in England to improve workforce and employment practice. Networks with chief people officers and their teams provide a space to discuss and shape policy implementation and delivery and facilitate the sharing of workforce and OD expertise and best practice. Satisfaction survey results showed that over 90 per cent of members either agree or strongly agree that these networks have benefited them.

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The Welsh NHS Confederation has been convening leaders from across Wales to discuss how services could look in the future. Led by the chief executive management team, the events gathered views and consensus around future services. In addition, through the NHS Leadership National Programme and peer group chairs, vice chairs and CEOs groups, the Welsh NHS Confederation has facilitated national conversations, connecting NHS leaders from across Wales and the UK. This programme of support has improved knowledge sharing and expertise across executive director peer groups and has further improved understanding of whole-system priorities, creating the impetus to explore shared challenges and develop collective solutions.

NICON supported leadership development through facilitating regular work with a senior leadership coach and HSC chairs, trust chief executives, and specialist ALB chief executives, and we continued to work to build a strong collective leadership agenda. In an approach supported by NICON, HSC trust chief executives have begun meeting with regional executive officers (REOs) in the Republic of Ireland, in a move to improve cross-border working and strengthen an All-Ireland approach to health and social care.

Through a variety of expert and member-led discussion sessions and workshops, NICON facilitated a range of topical issues such as integrated care systems NI, provider collaboratives, prevention, hospital reconfiguration and budget briefings.

Finally, we have also delivered sector or topic specific improvement support to upskill members and develop their practice:

- Primary care leaders have gained knowledge and insight from leadership programmes, conferences and workshops including the Leading Teams Through Change programme for the Greater Manchester Primary Care Provider Board, a conference in the south east supporting integrated neighbourhood working, and an online workshop for members on PCN-level relationships and conflict resolution.
- Expert webinar sessions from the Primary Care Network have delivered insight on topics including optometry, mental health, community pharmacy and neighbourhood working, as well as health inequalities in collaboration with NHS England and a session with Dr David Unwin on the low-carbohydrate approach to achieving type 2 diabetes remission.
- Our six-part webinar series on health economic partnerships helped acute trusts articulate their critical leadership role in driving economic and social development. Topics included the role of trusts in anchor systems, what devolution means for the NHS, quantifying the economic impact of the NHS, and how to bring health to the high street.

Commercial activity

We have continued to increase the amount of income we generate from commercial revenue streams, to reduce the burden of fees on our members. We delivered the third NHS ConfedExpo, our joint event with NHS England over two days in Manchester, attracting our highest ever attendance with 5,696 attendees and increased income from sponsorship and exhibitions by £165,000. Delegates had the opportunity to pick from 183 sessions and 567 speakers. After the conference, 93 per cent of delegates stated that they had already shared learning with colleagues as a result of attending NHS ConfedExpo, or were likely to.

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We continued to develop new income channels, including new leadership and improvement offers, as well as our first clients for our event management service and our new communications agency offer. We also ended a lease for offices in Leeds and secured new premises, reducing our running costs by £250,000 per year.

Finally, throughout the year we delivered 130 events, engaging 19,000 delegates in our work on behalf of the NHS.

Plans for 2025/26

For 2025/26, we have taken a more collective approach to planning and delivering influencing and improvement work for our members, recognising the need to respond to large cross-cutting issues that impact all networks. This includes focusing on developing thinking and understanding of the work our members are already doing around the shifts due in the ten-year plan, as well the more immediate issues around the sustainability and performance, the refresh of the overall operating role and the role of NHS England and systems within that.

Crucially, we will concurrently maintain the strong core focus on our member offer. This means both the strong engagement work of network teams to understand and respond to needs and ensure that we are responding to changing structures and interests of members, as they work more and more across traditional sector boundaries.

Putting the NHS on a sustainable footing

We will inform the government's comprehensive spending review to push for a long-term settlement for the NHS that enables the service to be placed on a more sustainable footing. That includes continuing to make the case for the extra capital investment that is required to enable NHS organisations to improve productivity.

We will explore how existing constitutional standards and other performance measures shape the NHS; how these interact with the three shifts; if meeting them is a realistic prospect; what the value of the data being collected is; and how they could evolve. This will provide the government with both the space and the insight needed to change standards where necessary, including to build in more measures relating to the patient experience, such as primary care continuity.

In line with our members' near-unanimous support for reforming adult social care (ASC), a workforce plan that recognises the interdependence of NHS and ASC needs, and reducing demand on the NHS, we will:

- partner with ADASS to influence the Casey Commission and the workforce plan, including inviting them to be part of an NHS ConfedExpo mainstage session and developing joint positions as Casey unfolds
- build relationships with existing coalitions working on the six key drivers of NHS demand: bad housing, cheap alcohol, junk food, under-18s on social media, vaping and online gambling.

We know that improved data benchmarking would support members to understand the flow of activity and resources around their trusts, empowering them to pursue and evidence improvement at scale. So, to enable this, we are partnering with Beamtree, an Australian health data analytics company, to develop The Evolve Collaborative, to support data-driven improvement.

Shifting from hospital to community

For members to deliver the hospital-to-community shift, they will need access to practical tools and infrastructure. Their voices must be reflected in the next phase of work and the implementation of guidance. To achieve this, we will influence NHS England on the standard offer for community health services. We will provide a vital building block in measuring the impact/ value of community health services that is needed to make the case to central government about the potential ROI.

Leaders must also feel confident and supported in order to make care closer to home a reality in their system. To help them achieve this, we will:

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- establish a community of practice for primary care, community and place members who are leading on the development of neighbourhood health
- support provision of the NHS England / DHSC National Improvement Programme for neighbourhood health with partners
- deliver a programme of action research for neighbourhood health, involving in-depth work with five Big Local areas to improve relationships between public sector and communities over a period of 12-18 months.

To achieve our objectives of more money (as percentage of budget) being spent on primary and community care by the end of the parliament, we will:

- develop positioning on the capital requirements of community and primary care
- develop a set of policy proposals in order to measure a left shift of resources.

To ensure patients receive a greater percentage of care closer to home, we will:

- deliver a programme for members focused on reducing out-of-area placements in mental health and developing best practice and policy solutions.

We will also need to ensure our members have access to practical tools and infrastructure to help them to deliver the hospital-to-community shift. To achieve this, we will:

- influence NHS England on the role of place, developing a clear narrative on how place fits into the system architecture and operating model
- influence NHS England on the development of a Neighbourhood Health Service, developing a clear narrative on what a Neighbourhood Health Service should include and proposals for implementation.

Moving from treatment to prevention

Preventative healthcare and tackling health inequalities need to be core business and the main focus of the future healthcare system. This requires systematic prioritisation and incentivisation. To enable this, we will support and develop cross-government and local system capability and capacity on early intervention and prevention through proactive models of physical and mental care to reduce inequalities and improve population health.

We will:

1. support systems and organisations to better understand how the drivers of ill health interact with how care is delivered.
2. make the case for commitment to well-evidenced interventions in primary and secondary prevention
3. help leaders develop their own understanding and skills to achieve change by peer learning through sharing effective practice
4. work with leaders to 'unstick' particularly challenging areas of work that would have high impact in relation or prevention of ill health
5. influence the financial and regulatory decisions of central government and local systems which could support prevention.

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Shifting from analogue to digital

Fundamental to how we deliver on the above approaches is the use of digital, technology and innovation. The shift from analogue to digital is not merely about adopting new technologies; it serves as a crucial enabler for moving care into the community and focusing on prevention. By digitising patient records, streamlining communication and using improved data analytics, the NHS can provide more personalised and proactive care. This shift is the vital backbone in how we empower healthcare professionals to identify and address health issues earlier, improve patient outcomes, and ultimately deliver a more sustainable, effective and efficient healthcare system.

To support this in 2025/26, we will focus on the following:

1. Learning and collaboration on where digital has been successfully used to improve population mental health.
2. Accelerating system and pathway transformation through effective industry partnerships.
3. Evaluation of hospital at home models in the community.
4. Accelerating the uptake and implementation of digital and innovative models of care and new innovations such as AI, medicines and MedTech.
5. Learning and influencing based on Federated Digital Platform pilot sites.
6. Helping digital embed within a whole system to support digital transformation.
7. Ensuring the life sciences ecosystem is fit for purpose and reflects the needs of the system as well as industry.
8. Supporting, showcasing and enabling positive digital programmes that are inclusive and accessible.

Delivering a strategy for national health and prosperity

In 2025/26 we aim to influence the government to adopt a joined-up approach to health creation and reducing health inequalities, leading to improved health outcomes for populations, reduction of duplication and fragmentation of services, and co-designed services that are tailored to local needs and priorities. To support this, we will:

- conduct original research and lobby for a national strategy for health that spans different government departments
- support and deliver a National ICP Forum with partners
- continue to provide the voice of health leaders in national policy debate on public service reform and 'total place', both publicly and privately, ensuring that place, health and the public pound are at the heart of public service reform, focused on efficiency and improvement in public services.

Supporting the workforce

Through NHS Employers we will continue to represent employers to develop a sustainable workforce and be the best employers they can be. We will continue to deliver all requirements under the DHSC contract and have submitted our tender to win the revised contract for 2026 and beyond.

We will strengthen the employee offer for the NHS by:

- developing a case for flexibility in the NHS Pension Scheme with the Scheme Advisory Board
- implementing deals with medical and Agenda for Change unions
- supporting effective job evaluation practice
- promoting good employment practice, especially in relation to flexible working
- strengthening partnership working.

To support the supply and education of the NHS workforce, we will:

- influence the Skills England agenda
- promote widening participation programmes and activity with particular focus on anchor systems and refugee employment

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- promote 'one workforce' through continuing our Integrated Workforce Thinking work programme, neighbourhood team policy, and support to social care fair pay
- take part in the medical rotation review project.

And to support leadership and leadership culture, we will deliver the Do OD programmes for NHS England.

Supporting health and care systems in Wales and Northern Ireland

The Welsh NHS Confederation

There are two major priority areas of work for the Welsh NHS Confederation:

1. Creating a sustainable health and social care system

WNHSC will:

- create consistent messaging on the benefits of change in providing sustainable services through enabling members to articulate what a system of the future might look like, including through greater alignment of cross-NHS Wales national and regional working
- work closely with chair and executive peer groups on key strategic issues to help enable delivery of their respective priorities and service change
- implement an events plan, including annual conference, Wellbeing for Wales webinars and member-only sessions to promote thought leadership, which delivers on income targets and involves close working with chair and executive peer groups.

2. Senedd election influencing:

WNHSC will:

- implement the Senedd election plan through external affairs work and engagement with political parties to ensure members' priorities are taken forward into party manifestos and the new programme for government, improvement is delivered, and there is a greater understanding of the Welsh Confederation.

NICON (Northern Ireland)

NICON received strong member support to deliver a new, expanded mandate to support the HSC system in the challenges ahead. Reflecting this renewed mandate, NICON will strengthen its positioning within the system through focusing on the following key areas, to ensure NICON's continued stability, growth and development:

- Continuing to build trust with the Department, particularly following the appointment of the new interim Permanent Secretary.
- Working on a set of proposals, developed by NICON's director, to support this mandate. The work will include support for key system transformation initiatives, such as work on the public narrative, development of provider collaboratives, reviewing and improving commissioning arrangements, and a potential new primary care offering.
- Continuing to support leadership development, with Julia Simon replacing Mike Farrar as lead on this work.
- Strengthening NICON's system voice and influencing role by building on the momentum of increased media presence, renewing the secondment of a NICON spokesperson one day a week, and continuing to invest in informing the public narrative.
- Strengthening and connecting groups to ensure line of sight for leaders, supporting systems thinking and collaboration.

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- Strengthening relationships with associate members and proactively tapping into their expertise via plans to expand membership and improve outreach with new, quarterly engagement sessions.
- Improving cross-Confed working arrangements with England and Wales.

Improvement and leadership development

We are developing a central function to support and lead our priority to grow work around improvement and leadership development. This will help us to coordinate, standardise and boost the quality of design and delivery of offers in this space, as well as hold and develop influencing messaging and policy lines across teams. This will also become the home of our methodologies, tools, processes and how we evaluate and learn as an organisation.

Our work on improvement and leadership centres on supporting and developing strong leaders able to lead complex change at scale and enabling them through evidenced approaches and methodologies that can be adopted to deliver change across contexts.

The central function will support projects aligned and delivered within the priority areas set out above in addition to a few additional cross-cutting offers that play to our USPs as an organisation:

- System-level improvement support across strategy development and mobilisation, peer learning, and leadership development for teams across contexts, underpinned by methodology developed with our expert partners (Q Community) and the sector.
- At-scale change as covered in other areas such as work and health, and accelerating scale and spread through best practice sharing on national policy priorities by supporting the AZ Change Academy.
- Specialist support through offers delivered to employers, such as job evaluation, EDI leadership development programmes and support for comms leads.
- Influencing the implementation of the ten-year plan and development of leadership support and improvement approaches for the sector.

Commercial activity

We are well on track for NHS ConfedExpo 2025, our fourth annual conference and exhibition in partnership with NHS England, with the exhibition and all partnership opportunities being sold nine weeks ahead of the event. We are also working across the organisation to connect our strategic policy work with industry partners who will both co-fund but also co-create this work to support members. We start the year in a strong position, with nearly £800,000 funding secured or out to proposal.

Structure, governance and management

The charity is a company limited by guarantee and was incorporated on 23 January 2002. The charity's latest articles of association and byelaws were adopted at a general meeting of members on 16 June 2021.

The charity has a subsidiary called The NHS Confederation (Services) Company Limited incorporated as a company limited by guarantee (company number: 05252407).

About us

The NHS Confederation is an independent membership body. Membership is open to any statutory NHS or health and social care service organisation within the UK, and any other health or social care body that is approved by the board of

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trustees. Our membership is drawn from the full breadth of organisations that oversee, commission and provide healthcare services in England, Wales and Northern Ireland, including acute and community trusts, integrated care systems, mental health trusts, independent providers and statutory NHS bodies in Northern Ireland and Wales. We also represent ambulance trusts through the Association of Ambulance Chief Executives.

The NHS Confederation helps its members commission and deliver high-quality, patient-focused care for the public by enabling them to learn from each other, acting as their public voice and the voice of the whole healthcare system and helping to shape the system in which they operate. We do this by providing strong voices for our members through the different networks and devolved jurisdictions that form the NHS Confederation, including the Acute & Community Network, the Mental Health Network, the Primary Care Network, the Integrated Care Systems Network, the Welsh NHS Confederation, and the Northern Ireland Confederation for Health and Social Care.

All our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services. We uphold our duty of public benefit by being an outstanding membership organisation that brings together and speaks on behalf of organisations that plan, commission, and provide NHS services in England, Northern Ireland and Wales.

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the Charity Commission's guidance on public benefit as outlined here.

Board of trustees

The charity's existing articles of association allow for a board size of no less than 3 and no more than 15 trustees.

Following a change to the NHS Confederation's articles and byelaws in June 2021, the board is able to appoint nominated trustees from networks and devolved jurisdictions, and co-opt additional trustees for their skills and experience, provided that the board size does not exceed 15. The trustee nomination and appointment system as set out in the byelaws took effect from July 2022. The changes in June 2021 also confirmed that the trustees are the only members of the charity ("Company Law Members") and any member decision required under company law will be reserved for Company Law Members.

Recruitment of trustees

During the financial year, we recruited one new Trustee and Vice Chair to the board. This Trustee and Vice Chair was recruited through a competitive recruitment process, with advertisement posted on our website and circulated on different channels.

Induction of new trustees

New trustees have induction meetings with the board chair, the CEO, and relevant members of the senior management team. Inductions are tailored as per requirements of the trustees and their prior knowledge or engagement with NHS Confederation prior to appointment. From time to time, lawyers or other advisers are invited to attend board meetings to update trustees on charity governance issues and remind the board of their legal and fiduciary duties.

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FOR THE YEAR ENDED 31 MARCH 2025

Strategic report

Trustees

The following trustees, who are also the directors of the charity for the purpose of company law, served during the year and up to the date the financial statements were signed.

- Lord Victor Adebowale, Chair
- Prof Joseph Harrison
- Nanda Ratnavel
- Valerie Morton
- Dame Marie Gabriel
- Dr Pramit Patel
- Dame Jackie Daniel
- Ifti Majid (resigned 27 March 2025)
- Dr Peta Foxall, Senior Independent Trustee
- Emma Woollett (transferred to serve as an Independent Trustee for the remainder of their term)
- Fiona Edwards (resigned 27 March 2025)
- Paul Davies
- Jonathan Patton
- Jonathan Morgan
- Foluke Ajayi (appointed 27 March 2025)

Attendance of trustees at NHS Confederation board meetings

The board of trustees formally met on 16 May 2024, 25 July 2024, 3 October 2024, 5 December 2024 and 27 March 2025. The attendance record from formal board meetings is as shown below.

Name	Attendance
Lord Victor Adebowale, Chair	5/5
Prof Joseph Harrison	3/5
Nanda Ratnavel	4/5
Valerie Morton	5/5
Dame Marie Gabriel	5/5
Dr Pramit Patel	4/5
Dame Jackie Daniel	5/5
Ifti Majid (resigned on 27 March 2025)	2/5
Dr Peta Foxall, Senior Independent Trustee	5/5
Emma Woollett	4/5
Fiona Edwards (resigned on 27 March 2025)	2/5
Paul Davies	5/5
Jonathan Patton	4/5
Jonathan Morgan	4/5
Foluke Ajayi (appointed on 27 March 2025)	1/1

Scheme of delegation

A scheme of delegation lays out trustees' responsibilities and those delegated to the board's subcommittees, senior management and staff. This, together with a full set of operational policies and procedures, determines the conduct of senior management and other employees.

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Committees of the board

The board had three sub-committees in 2024/25: the audit and risk committee, the remuneration committee, and the finance and operations committee.

The audit and risk committee is comprised of two trustees and two independent members and is responsible for advising the board on the charity's annual accounts, including compliance with statutory and other legal requirements, the oversight of risk and the associated control structure, and for managing the relationship with internal and external auditors.

Audit and risk committee attendance record

Nanda Ratnavel, Chair of Audit and Risk Committee	5/5
Mark Stevenson, Independent Committee Member	4/5
Peta Foxall, Trustee Committee Member	5/5
Weiyen Hung, Independent Committee Member	5/5

The remuneration committee is comprised of three trustees. It is responsible for determining the executive pay framework and agreeing specific recommendations relating to executive pay; determining the policy for and scope of the annual cost-of-living or performance-related award for all NHS Confederation staff, and ensuring that application of this remuneration policy is equitable, fair and transparent; ensuring that contractual terms on termination and any payments made are fair to the individual and the organisation and that failure is not rewarded; and reviewing remuneration trends across the organisation.

Remuneration committee attendance record

Valerie Morton, Chair of Remuneration Committee	3/3
Prof Joseph Harrison, Trustee Committee Member	3/3
Peta Foxall, Trustee Committee Member	2/3

The finance and operations committee is comprised of three trustee members. Its remit is to give the board a closer and clearer understanding of the charity's core financial and operational processes, while ensuring the regular review of its financial performance and delivery of infrastructure projects. The committee also advise the board on the charity's investment strategy. To ensure that the work of the finance sub-committees is aligned, the chair of the audit and risk committee is also a member of the finance and operations committee.

Finance and operations committee attendance record

Nanda Ratnavel, Trustee Committee Member/Chair of Audit & Risk Committee	5/5
Emma Woollett, Trustee	4/5
Paul Davies, Trustee/Chair of the Committee	5/5

Network and country boards

In accordance with the existing articles of association and scheme of delegation, the board delegates specific powers to the boards of the networks and countries, which entitles them to manage their own affairs subject to the reasonable requirement of the trustees.

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TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT AND STRATEGIC REPORT) FOR THE YEAR ENDED 31 MARCH 2025

Pensions and remuneration package

The organisation operates three pension schemes.

The organisation operates a Scottish Widows salary exchange defined contribution pension scheme. The organisation contributes 6 per cent with staff contributing a minimum of 3 per cent. For a small number of staff who were in the scheme prior to auto enrolment in 2012, the organisation contributes 9 per cent with staff contributing a minimum of 6 per cent. There are also a range of other benefits available to all employees including flexible working; non-contributory life assurance cover; childcare vouchers and a cycle-to-work scheme (via a salary sacrifice scheme).

The NHS Confederation (through a direction body agreement) maintains access to the NHS Pension Scheme (for a maximum of five years) and the Civil Service Pension Schemes for staff who are recruited from these sectors (or are employed on protected terms) and already contribute to these defined benefit schemes. The organisation contributes 14.38 per cent to the NHS Pension Scheme and 28.97 per cent to the Civil Service Scheme. We currently have 43 staff who are on the NHS Pension Scheme and 6 in the Civil Service Scheme.

Chief executive and director pay

The remuneration committee is responsible for setting the pay for the chief executive and directors. A framework based on the Korn Ferry job evaluation methodology is used to determine the range of director and chief executive pay and total remuneration is agreed by the remuneration committee.

Related parties

Marie Gabriel, a trustee, is remunerated through monthly payments for their term as chair of the Race and Health Observatory. This was established in accordance with the organisation's trustee remuneration policy where the board of trustees, excluding the trustee in question, must satisfy themselves that the payment is justified and compliant with Charity Commission regulations.

The NHS Confederation is the sole controller of the trading subsidiary The NHS Confederation (Services) Company Limited, registered company number 05252407. The company exists to provide a range of non-charitable activities on behalf of the NHS Confederation, including:

- organising and delivering the NHS Confederation annual conference and exhibition
- a range of other conferences and events
- delivering sponsorship and exhibition services for the NHS Confederation and third parties
- delivering leadership development and improvement services, primarily within the NHS

The directors of the subsidiary company are Emma Woollett (chair of the subsidiary board and charity trustee), Matthew Taylor (subsidiary board director and CEO of the charity), John O'Brien (subsidiary board director and commercial director of the charity), Nikki Barraclough (subsidiary board director and director of finance and IT at the charity), Paul Davies (trustee and chair of the finance and operations committee), Zoe Bedford (non-executive director of the subsidiary) and Philip Kenmore (non-executive director of the subsidiary). The NHS Confederation has no financial or controlling interest in any other organisation.

Certain costs incurred by the charity are recharged to the subsidiary, reflecting an estimation of their usage. The methodology for this recharge is agreed by both parties as part of the budget-setting process each year, or is set out in the Resource Sharing Agreement.

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Trustee remuneration

In accordance with the articles of association and consent from the Charity Commission, the NHS Confederation chair/ interim chair is remunerated at £50,000 per annum for eight to ten days per month. The senior independent trustee is responsible for liaising with the other trustees to set the annual objectives for the chair and for reviewing performance annually.

As detailed above in related parties, Marie Gabriel, another trustee, is remunerated for their term as chair of the Race and Health Observatory.

No other trustees received remuneration for their services.

In 2024/25 the total expenses incurred by eleven (2024: seven) of our trustees in relation to travel, accommodation, and subsistence costs while on NHS Confederation business was £4,482 (2024: £3,590).

Governance review and Charity Governance Code

Trustees conducted the review of the Terms of References of the various Committees that concluded in March 2025. Overall, the findings and update included ensuring uniformity in Committees' membership and clarification around the role of each of the Committees.

Data protection

The NHS Confederation is fully committed to meeting requirements of the Data Protection Act 2018 and the UK General Data Protection Regulation 2021. Mandatory data protection training for staff and trustees is delivered through an e-learning module and staff are encouraged to attend one of the quarterly run virtual training sessions via Teams. Compliance reports on data breaches and subject access requests are provided to the audit and risk committee at each of its meetings.

Risk management and board assurance

The trustees of the NHS Confederation are aware of their responsibilities relating to risk management under the requirements of the Statement of Recommended Practice for Accounting and reporting by Charities (SORP).

The trustees are responsible for considering the strategic risks, which are documented on a risk register that evaluates the residual risk (post-mitigating action) against the risk appetite set by the trustees. The register also contains the board assurance framework, outlining three lines of 'defence' in providing assurance. Trustees revisit and set the risk appetite annually.

The register and the mitigating actions are reviewed at every meeting of the audit and risk committee to ensure the actions are having the desired impact and that the risk is therefore at an acceptable level. At each meeting, the committee conducts a 'deep dive' into a risk area to gain assurance that the risk is correctly understood, and the mitigations are proportionate. At an operational level, operational risks are considered within departments and mitigated against. Trustees have set a clear risk policy, revised in March 2025, which is underpinned by risk management practices across the organisation. In September 2024 external organisation, Forvis Mazars conducted an internal audit of our risk management approach and provided a moderate opinion.

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The risk register outlines 17 strategic risks, with the principal risks being summarised as:

Risk	Mitigation and assurance
Loss of, or significant reduction in income to the charity – either through contracts, membership income or success in commercial ventures	Effective relationship and contract management Implementation of commercial and income strategy to develop new income streams Formal contract management meetings Governance and reporting on programmes Regular financial forecasting Governance-level oversight of all key income activity
Reduced influence in achieving positive outcomes for objectives - inc inability to respond to policy changes, ineffective representation of our members, or changes politically	Effective relationship management and member engagement Membership insights and effective renewal management. Clear prioritisation of our policy work and where we can add best value. Broad engagement of political parties, government departments and key stakeholders.
Reduced reputation, leading to reduced impact- either through a non-compliance issue, recruitment and retention of staff, ineffective management or cyber attack	Clear compliance programme in place, clear governance and project management frameworks. Positive staff engagement centred around our values and behaviours.

How directors have engaged with staff

Communication

Once a month we have an all-staff briefing for all employees at the NHS Confederation, this briefing is chaired by the Chief Executive, or in their absence another member of the group executive.

We hold an in-person staff conference once a year. Usually, the day will include a session which is focused on directors/group executive, with the Chief Executive addressing all staff and holding a Q&A session.

All staff and directors have access to an internal intranet, where corporate news is shared on a regular basis to inform staff of important things happening across the organisation, such as policy changes, pay updates, corporate events etc. Finance updates are shared both on the intranet and at all-staff briefings.

Throughout April and May 2025, Matthew Taylor and other members of the Group Executive are delivering sessions to all staff to update them on the Confed's strategy and vision. The purpose of these sessions is to bring staff along and help them understand the journey the organisation is on, the shifts and changes we are making and why, what our focus is and what this means to them as individuals. These sessions also provide opportunity for two-way dialogue between the group executive and staff.

Trade unions

The NHS Confederation recognises two trade unions for the purpose of collective bargaining and any contractual employment policy matters. Our recognised unions are Unite and Unison.

The Joint Negotiating Committee is the formal meeting during which negotiations between management at the NHS Confederation and trade union representatives take place. The meeting is chaired by the Deputy Chief Executive and the

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Director of People and Governance is the vice chair. Meetings are held at least quarterly and more frequently when needed.

Staff engagement

At the NHS Confederation we have a staff engagement group. This group is formed of staff who represent different staff groups from across the organisation, and they meet quarterly with the Chief Executive. The purpose of the group is to provide a platform for informal, open dialogue between the Chief Executive and staff to support improved engagement.

Every two years the NHS Confederation runs a staff engagement survey. It is designed to capture all aspects of our employees' experience working here and what it feels like to work at the Confederation. It also gives us a picture of how we are progressing between each survey – capturing data on purpose, wellbeing, reward, diversity, equality and inclusion, sustainability, and culture.

Disabled policy

The NHS Confederation recruitment policy and processes are committed to ensuring that legislative and equality responsibilities are met, the process will be fair and transparent at every stage and ensure equality of opportunity for all applicants and all appointment decisions can be evidenced as free from any form of bias. This includes the following:

- Advert wording must be inclusive and avoid bias to prevent the exclusion of any individuals with protected characteristic
- The most suitable applicants based on the essential criteria for the role. A minimum of two people (the panel) is required to shortlist, independent of each other, to reduce the possibility of bias
- Blind shortlisting where information to identify protected characteristics are hidden from shortlisting panel as part of our EDI recruitment practice.
- Representative panel – mixed panel with 1 panel member from a protected characteristic
- Reasonable adjustment - In accordance with the Equality Act 2010, all candidates are asked to advise if there are any arrangements or reasonable adjustments that could be made to allow them to participate fully in the selection process. Reasonable adjustments in place for applicants such as providing Interview questions and assessments in advance for Neurodiverse candidates or extra time if required.
- All offers of employment are subject to a health questionnaire to ensure the candidate is fit to fulfil all the requirements of the role and to identify any reasonable adjustments which may be required.

The Confederation has many supportive measures in place for staff who become disabled such as our health and wellbeing hub, manager tools to support their team members, access to EAP, counselling and Occupational health and access to the 24/7 spectrum health app. They would also be supported through our managing health and wellbeing policy and absence policy which supports individuals with time off for appointments and any disability related absence is not accounted for when looking at time off and absence triggers.

Our Disability Inclusion Group is a member of Purple Space, a development hub for disabled employees. There is ongoing training and support for staff such as EDI training, neurodiversity week and a health & Wellbeing hub with access to Employee Assistance and wellbeing app. Neurodiversity training for all managers/ staff provided during neurodiversity training week included supporting Comms and blogs to raise awareness about making adjustments to support staff with disabilities in collaboration with Disability Inclusion Group. Disability essentials training was launched for all staff.

All staff with a disability have equal opportunities to access training, career development and promotion, which is supported through the Employee Impact and continuous improvement policy.

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Finance review**Going concern**

At the time of approving the financial statements, the trustees have a reasonable expectation that the group has adequate resources to continue in operational existence for the foreseeable future. Reassurance is achieved through the 12-month forward-looking cash flow, and the annual review of the three-year plan. The most recent version of the three-year plan estimated an overall deficit position of £0.7m for 2025/26, however the budgeted position came out as a deficit of £1.3m due to various spending from reserves that was approved by Trustees at budget setting. We have sufficient reserves to cover this planned deficit, with expectation that we will achieve breakeven operating position for 2026/27 onwards.

Our membership income remains robust and commercial income opportunities are budgeted to increase as our conference, event and income diversification activity increases.

A significant contract (~£8m per year) was put out to tender during 2024/25, with the winning bidder taking the new contract on from 1st January 2026. Should we fail to win this tender, we would need to change the structure of the organisation to reduce costs in line with the reduced income. Any changes would be implemented during 2025/26 onwards.

Income and expenditure

Income for the year increased by £0.2 million to £24.0 million (2024: £23.8 million) due to increased income across our membership and commercial income streams. The Charity does not carry out significant fundraising activities and there have been no complaints in the year.

Expenditure for the year was £24.6 million (2024: £24.7 million). The increase is due to delivering more events, and investment in our pay structure.

After gains on our investments of £0.1m (2024: gain of £0.5m), the operating deficit for the year was £0.6 million (2024: deficit of £0.4 million).

Reserves policy

The target for free reserves continues to be based on the closure costs for the organisation alongside some ringfenced amounts to cover known contract risk, the calculation of which is reviewed annually by trustees. The target figure for reserves is £6.2 million. At 31 March 2025, the total funds balance stood at £8.5 million (2024: £9.1 million), with the amount of free reserves (those not represented by fixed assets) standing at £8.4 million (2024: £9 million). This is higher than the range stated in our reserves policy. The 2025/26 budget is a deficit of £1.3 million, which includes spending of £0.9 million on high impact one-off projects.

This high reserves balance needs to be viewed in light of the upcoming financial risk of potential loss of contract income linked to the significant contract going out to tender in 2024/25, alongside other contract income risk and the increasingly difficult financial context for the NHS, which could impact our membership income. It is likely some reserves will be needed to facilitate a smooth change process in the event that funding is reduced. The reserves target currently includes some contract risk provision, so this target will reduce when it is reviewed in September 2025. At this point, further consideration will be given as to how best to use any remaining reserves balance to bring it more in line with policy.

Investment policy

The trustees determine that the objective of holding the investment portfolio is to secure a balance between income and long-term capital growth, achieving total returns in real terms over a five-to-seven-year timeframe. The portfolio is currently managed by Sarasin and Partners LLP, a firm of investment managers, and the funds continue to be held in the Sarasin Climate Active fund. The finance and operations committee continues to review the investment policy and objectives and performance of the investment portfolio.

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As a charity that is closely associated with the NHS and health generally, careful consideration is given to ethical factors in the choice of investments. Where it is felt that an investment conflicts with the charity’s objective of promoting better healthcare, no investment will be made. For example, tobacco companies. Similarly, investments will not be made in any companies involved in controversial industries such as armaments, gambling, alcohol, or pornography. Discretion may be exercised where the core business of a company is consistent with our ethical position. For example, a supermarket selling a wide range of products, including tobacco. The investment fund manager is tasked with providing regular updates to the finance and operations committee on its compliance with the agreed ethical guidelines.

The investment portfolio achieved a gain of £0.1 million for 2024/25 compared with a gain of £0.5m in 2023/24. The investments generated £225,706 of investment income in the year (£222,247 in 2023/24). At the end of this financial year, the investment portfolio was valued at £6.93 million (2024: £6.87 million).

The trustees recognise and accept the risks involved in making investments in order to generate capital growth to protect the funds against inflation, as well as providing a modest income.

Qualifying third party indemnity provisions

The charitable company has made qualifying third party indemnity provisions for the benefit of its trustees during the year. These provisions remain in force at the reporting date.

Streamlined Energy and Carbon Reporting (SECR) Statement

As a large company, we are required to report on energy and carbon data in our annual report, as per the Companies (Directors’ Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018.

The table below shows the energy consumption and associated emissions for the year ended 31st March 2025. Note that there is no prior year comparison data as this is the first year we have fallen under these requirements. Emission factors are sourced from UK Government GHG Conversion Factors for Company Reporting 2024.

	1 April 2024 to 31 March 2025
<u>Energy consumption used to calculate emissions</u> - Purchased electricity - Business travel in employee-owned vehicles where company has reimbursed a mileage claim	106,829 kWh 23,441 kWh
<u>Scope 2 emissions in tCO₂e</u> - Purchased electricity	18.65 tCO ₂ e
<u>Scope 3 emissions in tCO₂e</u> - Business travel in employee-owned vehicles where company has reimbursed a mileage claim	5.46 tCO ₂ e
Total gross tCO ₂ e based on above	24.11 tCO ₂ e
Intensity ratio tCO ₂ e per staff member (based on average headcount for the year of 272)	0.09

From 2023/24, we have worked with an external environmental consultant to calculate our operational carbon footprint each year so we can understand all of our emissions and wider impact. Carbon reduction targets have been set with the aim of aligning with the goal of the NHS to achieve net zero by 2040. We have a staff group called the Sustainability Group which aims to engage with staff and increase awareness of our environmental impact, alongside sharing tips and best practice to live more sustainably outside of work. From January 2025, we moved to a smaller office space in Leeds to

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reduce office related emissions. Our conference centre space, Horizon, is working towards achieving the Green Meetings accreditation.

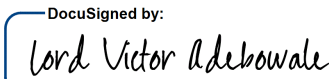
Auditor

In accordance with the existing articles of association, a resolution proposing that BHP LLP be reappointed as auditor of the company will be put to a General Meeting.

Statement of disclosure to auditor

So far as each person who was a trustee at the date of approving this report is aware, there is no relevant audit information of which the company’s auditor is unaware. Additionally, each trustee has taken all the necessary steps to make themselves aware of all relevant audit information and to establish that the company’s auditor is aware of that information.

The trustees’ report is prepared under the Charities Act 2011, which also contains all information required in a directors’ report by the Companies Act 2006 and the incorporated strategic report prepared under the Companies Act 2006, were approved by the board of trustees and signed on their behalf by:

DocuSigned by:

Signed:9E71B691D9854A6.....

Name: Lord Victor Adebowale
Trustee

07-Aug-2025 | 14:15 BST
Date:

THE NHS CONFEDERATION

STATEMENT OF TRUSTEES' RESPONSIBILITIES *FOR THE YEAR ENDED 31 MARCH 2025*

The trustees, who are also directors of the NHS Confederation for the purpose of company law, are responsible for preparing the trustees' 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 which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that year.

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

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities SORP
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company 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 group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE NHS CONFEDERATION

Opinion

We have audited the financial statements of The NHS Confederation (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Charity balance sheet, the Consolidated statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the parent charitable company's affairs as at 31 March 2025 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council'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 Group's or the parent charitable company's ability to continue as a going concern for a period of at least twelve 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.

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INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE NHS CONFEDERATION (CONTINUED)

Other information

The other information comprises the information included in the Annual report other than the financial statements and our Auditors' report thereon. The Trustees are responsible for the other information contained within the Annual report. 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.

Opinion 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 including the Strategic report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report and the Strategic report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of our 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 Trustees' report including the Strategic report.

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

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

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INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE NHS CONFEDERATION (CONTINUED)

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 Group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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 Auditors' 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:

- The engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- We identified the laws and regulations applicable to the group and parent charitable company through discussions with management and directors, and from our knowledge and experience of this organisation;
- We focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the group and parent charitable company, including the Charities Act 2011, the Companies Act 2006, data protection, health and safety legislation and employment law;
- We assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and trustees;
- Identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit of the group and parent charitable company

We assessed the susceptibility of the group and parent charity's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by;

- Making enquiries of management and directors as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations

To address the risks of fraud through management bias and override controls, we:

- Performed analytical procedures to identify any unusual or unexpected variances;
- Tested journal entries to identify unusual transactions;

THE NHS CONFEDERATION
(A company limited by guarantee)

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE NHS CONFEDERATION (CONTINUED)

- Assessed whether judgements and assumptions made in determining the accounting estimates set out in note 2 were indicative of potential bias; and
- Investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

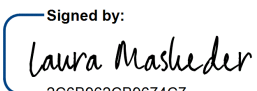
- Agreeing financial statement disclosures to underlying supporting documentation;
- Reading the minutes of those charged with governance;
- Enquiring of management as to actual and potential litigation and claims.

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.

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

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 Auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members, as a body, for our audit work, for this report, or for the opinions we have formed.

Signed by:

2C6B962CB9674C7...
Laura Masheder (Senior statutory auditor)
 for and on behalf of
BHP LLP
 Statutory Auditor
 Chartered Accountants
 1st Floor, Mayesbrook House
 Lawnswood Business Park
 Redvers Close
 Leeds
 LS16 6QY

Date: 07-Aug-2025 | 15:51 BST

THE NHS CONFEDERATION
(A company limited by guarantee)

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2025

	Note	Unrestricted funds 2025 £	Restricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Income from:					
Charitable activities	4	17,383,303	495,949	17,879,252	18,481,502
Other trading activities	5	5,506,709	-	5,506,709	4,743,165
Investments	6	565,036	-	565,036	563,685
Total income		23,455,048	495,949	23,950,997	23,788,352
Expenditure on:					
Raising funds	7	4,532,773	-	4,532,773	4,077,076
Charitable activities	8	19,617,123	495,949	20,113,072	20,629,059
Total expenditure		24,149,896	495,949	24,645,845	24,706,135
Net expenditure before net gains on investments		(694,848)	-	(694,848)	(917,783)
Net gains on investments		48,966	-	48,966	503,263
Net movement in funds		(645,882)	-	(645,882)	(414,520)
Reconciliation of funds:					
Total funds brought forward		9,126,254	-	9,126,254	9,540,774
Net movement in funds		(645,882)	-	(645,882)	(414,520)
Total funds carried forward		8,480,372	-	8,480,372	9,126,254

The Consolidated statement of financial activities includes all gains and losses recognised in the year.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006. All income and expenditure derive from continuing activities.

The notes on pages 35 to 61 form part of these financial statements.

THE NHS CONFEDERATION**(A company limited by guarantee)**

REGISTERED NUMBER: 04358614

**CONSOLIDATED BALANCE SHEET
AS AT 31 MARCH 2025**


	Note	2025 £	2024 £
Fixed assets			
Intangible assets	13	21,796	41,960
Tangible assets	14	67,856	80,760
Investments	15	6,930,122	6,871,550
		<u>7,019,774</u>	<u>6,994,270</u>
Current assets			
Debtors	16	10,677,328	6,580,993
Cash at bank and in hand		4,771,490	8,145,154
		<u>15,448,818</u>	<u>14,726,147</u>
Current liabilities			
Creditors: amounts falling due within one year	17	(13,775,639)	(12,300,716)
Net current assets		<u>1,673,179</u>	<u>2,425,431</u>
Total assets less current liabilities		<u>8,692,953</u>	<u>9,419,701</u>
Provisions for liabilities	18	(212,581)	(293,447)
Total net assets		<u><u>8,480,372</u></u>	<u><u>9,126,254</u></u>
Charity funds			
Restricted funds	19	-	-
Unrestricted funds	19	8,480,372	9,126,254
Total funds		<u><u>8,480,372</u></u>	<u><u>9,126,254</u></u>

THE NHS CONFEDERATION
(A company limited by guarantee)
REGISTERED NUMBER: 04358614

CONSOLIDATED BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2025

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:

DocuSigned by:

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Lord Victor Adebowale

Date: 07-Aug-2025 | 14:15 BST

The notes on pages 35 to 61 form part of these financial statements.

THE NHS CONFEDERATION**(A company limited by guarantee)**

REGISTERED NUMBER: 04358614

CHARITY BALANCE SHEET*AS AT 31 MARCH 2025*

	Note	2025 £	2024 £
Fixed assets			
Intangible assets	13	21,796	41,960
Tangible assets	14	13,189	80,760
Investments	15	6,930,122	6,871,550
		<u>6,965,107</u>	<u>6,994,270</u>
Current assets			
Debtors	16	8,214,292	5,497,397
Cash at bank and in hand		3,483,174	5,634,789
		<u>11,697,466</u>	<u>11,132,186</u>
Current liabilities			
Creditors: amounts falling due within one year	17	(11,377,900)	(9,884,225)
		<u>319,566</u>	<u>1,247,961</u>
Net current assets			
		<u>7,284,673</u>	<u>8,242,231</u>
Total assets less current liabilities			
Provisions for liabilities	18	(99,950)	(213,001)
		<u>7,184,723</u>	<u>8,029,230</u>
Total net assets			
Charity funds			
Restricted funds	19	-	-
Unrestricted funds	19	7,184,723	8,029,230
		<u>7,184,723</u>	<u>8,029,230</u>
Total funds			

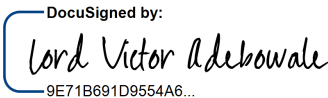
The charity's net movement in funds for the year was £(844,507) (2024 - £(118,773)).

THE NHS CONFEDERATION
(A company limited by guarantee)
REGISTERED NUMBER: 04358614

CHARITY BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2025

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:

DocuSigned by:

9E71B691D9554A6...
Lord Victor Adebowale

Date: 07-Aug-2025 | 14:15 BST

The notes on pages 35 to 61 form part of these financial statements.

THE NHS CONFEDERATION
(A company limited by guarantee)

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2025

	Note	2025 £	2024 £
Cash flows from operating activities			
Net cash used in operating activities	22	(3,868,442)	298,904
Cash flows from investing activities			
Dividends and interest received		565,036	563,685
Proceeds from the sale of tangible fixed assets		9,446	-
Purchase of tangible fixed assets		(70,098)	(4,246)
Proceeds from sale of investments		9,563	-
Purchase of investments		(19,169)	(9,358)
Net cash provided by investing activities		494,778	550,081
Change in cash and cash equivalents in the year		(3,373,664)	848,985
Cash and cash equivalents at the beginning of the year		8,145,154	7,296,169
Cash and cash equivalents at the end of the year	23	4,771,490	8,145,154

The notes on pages 35 to 61 form part of these financial statements

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

1. General information

The NHS Confederation is a private limited by guarantee incorporated in England and Wales. The registered office is 2nd Floor, 18 Smith Square, London, England, SW1P 3HZ.

2. Accounting policies

2.1 Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) - Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The NHS Confederation meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

The Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the charity and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

The charity has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of financial activities in these financial statements.

2.2 Going concern

The group's results for the year was a deficit of £645,882 (2024: deficit of £414,520). At the time of approving the financial statements, the trustees have a reasonable expectation that the group has adequate resources to continue in operational existence for the foreseeable future. Reassurance is achieved through the review of the three-year plan, forecast data and a 12-month, forward-looking cash flow. Thus, the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

2.3 Income

Income is recognised when the charitable company is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Income is measured at the fair value of the consideration received or receivable, net of discounts and value added tax.

Membership subscriptions

Income is all recognised in the first month of the financial year in which it relates to. Our membership period runs in line with our financial year, April to March.

Contract income

Income is recognised based on delivery under the terms of the contract. Where contracts span more than one year, revenue is recognised based on costs incurred or using a percentage of work delivered, whichever method is deemed more appropriate.

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. Accounting policies (continued)

2.3 Income (continued)

Investment income

Income is recognised when the right to receive payment is established.

Events, sponsorship, exhibition, and delegate income

Income is recognised at the date of the event.

Grant income

Grant income is recognised when the charity has entitlement to the funds and is recorded in accordance with the grant terms.

Deferred income

Income invoiced in advance is accounted for as deferred income in the balance sheet and released to the statement of financial activities in the year in which it relates. Deferred income will also arise when work is incomplete at the year end and the customer agrees for this work to be completed in the following year.

Government grants

Government grants have been received in the year relating to various projects (see note 4 for more detail). These are recognised in "Income from charitable activities" within income and expenditure in the same period as the related expenditure.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

2.4 Expenditure

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

All expenditure is accounted for on an accrual basis and is classified under headings that aggregate all costs related to each category of expenses shown in the statement of financial activities.

Expenditure on charitable activities comprises those costs incurred influencing on behalf of our members, representing NHS organisations on workforce issues, and bringing those organisations and members together to share learning. It includes both costs that can be allocated directly to those activities and those costs of an indirect nature to support them.

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include finance, IT, human resources, office accommodation, and governance costs which support the charity programmes and activities. They are allocated based on direct costs of each activity as a percentage of total direct costs.

Expenditure is shown net of VAT but includes any irrecoverable VAT, which is charged against the category of expenses for which it was incurred.

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. Accounting policies (continued)

2.5 Intangible assets and amortisation

Intangible fixed assets are initially measured at cost and subsequently measured at cost, net of amortisation and any impairment losses.

Amortisation is recognised so as to write off the cost of assets less their residual values over their useful lives on the following basis:

System development	-	20 % straight line
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Intangible assets are derecognised from the balance sheet on disposal or when no future economic benefits are expected from their use or disposal. The gain or loss arising from the derecognition of an intangible asset is recognised in net income/(expenditure) for the year.

2.6 Tangible fixed assets and depreciation

Tangible fixed assets are initially measured at cost and subsequently measured at cost, net of depreciation and any impairment losses. Individual assets with a value of less than £2,000 are not capitalised but charged to expenditure in the year of purchase.

Depreciation is recognised so as to write off the cost of assets less their residual values over their useful lives on the following bases:

Fixtures and fittings	-	Over the term of the lease (up to break clause)
Computer and other equipment	-	33% straight line

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in net income/(expenditure) for the year.

2.7 Investments

Fixed asset investments are initially measured at transaction price and are subsequently measured at fair value (market value) at each reporting date. Changes in fair value are recognised in net income/(expenditure) for the year.

2.8 Impairment of fixed assets

At each reporting end date, the charitable company reviews the carrying amounts of its intangible and tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

2.9 Cash and cash equivalents

Cash and cash equivalents comprise funds held in current and notice deposit bank accounts.

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. Accounting policies (continued)

2.10 Financial instruments

The charitable company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charitable company's balance sheet when the charitable company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include trade debtors, other debtors, accrued income, amounts due from fellow group undertakings and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Other financial assets

Other financial assets, including investments in equity instruments which are not subsidiaries, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in net income/(expenditure).

Impairment of financial assets

Financial assets, other than those held at fair value through income and expenditure, are assessed for indicators of impairment at each reporting date. Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected.

If an asset is impaired, the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in net income/(expenditure) for the year.

If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been, had the impairment not previously been recognised. The impairment reversal is recognised in net income/(expenditure) for the year.

Derecognition of financial assets

Financial assets are derecognised only when the contractual rights to the cash flows from the asset expire or are settled, or when the charitable company transfers the financial asset and substantially all the risks and rewards of ownership to another entity, or if some significant risks and rewards of ownership are retained but control of the asset has transferred to another party that is able to sell the asset in its entirety to an unrelated third party.

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. Accounting policies (continued)

2.10 Financial instruments (continued)

Basic financial liabilities

Basic financial liabilities, including trade and other creditors and accruals, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities.

Provision for liabilities

An amount is recognised on the face of the balance sheet for the cost of dilapidations relating to our office spaces and conference centre. This is worked out based on estimated cost per square footage and the total square footage. The provision is reviewed at each reporting date and adjusted to reflect the current best estimate of the settlement amount. Any adjustments to this provision is recognised in net income/(expenditure) for the year.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charitable company's contractual obligations expire or are discharged or cancelled.

2.11 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charitable company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

2.12 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

Multi-employer plans

The charity participates in two unfunded defined benefit pension schemes for its employees, as outlined in note 25. Both schemes are unfunded schemes backed by the Exchequer, they are therefore treated as defined contribution schemes for accounting purposes and the contributions recognised in the period to which they relate which is in accordance with FRS 102.

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. Accounting policies (continued)

2.13 Taxation

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

2.14 Operating Leases

Rentals payable under operating leases, including any lease incentives received, are charged to the income and expenditure account on a straight line basis over the term of the relevant lease.

2.15 Custodian arrangements

The charity acts as custodian for the NI Public Sector Chairs forum and also as custodian for the Developing Excellence in Medical Education conference (event date December 2025). Related receipts and subsequent payments are excluded from the statement of financial activities to the extent that the charity does not have a beneficial interest in the individual transactions. Where funds have not been fully applied in the year then an amount will be included in other creditors.

2.16 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives unless the funds have been designated for other purposes.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in note 19.

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

3. Critical accounting estimates and areas of judgment

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The charity makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Impairment of debtors

The charitable company makes an estimate of the recoverable value of trade and other debtors. When assessing impairment of trade and other debtors, the trustees consider factors including the ageing profile of the debtor. See note 16 for the net carrying amount of the debtors.

Useful economic lives of intangible and tangible assets

The annual amortisation charge for intangible assets and the annual depreciation charge for tangible assets are sensitive to changes in the estimated useful economic lives and residual values of the assets. The useful economic lives and residual values are reassessed annually. They are amended when necessary to reflect current estimated, based on technological advancement, future investments, economic utilisation, and the physical condition of the assets. See notes 13 and 14 for the carrying amount of the intangible and tangible fixed assets and note 1 for the useful economic lives for each class of assets.

Critical areas of judgment:

Revenue recognition

Revenue received during the year for contracts is recognised based on the contract price (net of VAT) and on agreement with the customer that the services have been provided in line with the specification. Where contracts are part completed at the year-end date, revenue is recognised by measuring costs incurred to date and with reference to progress against contract deliverables. In this instance, deferred income arises on agreement with the customer that work may be delivered in the following year.

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

4. Income from charitable activities

	Unrestricted funds 2025 £	Restricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Membership subscriptions	4,574,153	-	4,574,153	4,763,848
Contract delivery	12,512,915	-	12,512,915	12,569,161
Grant income	-	495,949	495,949	285,614
Training and other income	296,235	-	296,235	862,879
	<u>17,383,303</u>	<u>495,949</u>	<u>17,879,252</u>	<u>18,481,502</u>
Total 2024	<u>18,195,888</u>	<u>285,614</u>	<u>18,481,502</u>	

5. Income from other trading activities

Income from non charitable trading activities

	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Publications and AV	546	546	16,159
Membership subscriptions	151,808	151,808	155,653
Events and partnerships	4,395,194	4,395,194	3,777,399
Conference centre income	653,818	653,818	712,901
Sub-let of surplus office space	-	-	24,731
Other trading income	305,343	305,343	56,322
	<u>5,506,709</u>	<u>5,506,709</u>	<u>4,743,165</u>
Total 2024	<u>4,743,165</u>	<u>4,743,165</u>	

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

6. Investment income

	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Income from listed investments	225,706	225,706	222,247
Bank interest receivable	339,330	339,330	341,438
	565,036	565,036	563,685
Total 2024	563,685	563,685	

7. Expenditure on raising funds

Fundraising trading expenses

	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Membership subscriptions	19,686	19,686	17,979
Events and partnerships	3,498,000	3,498,000	2,982,596
Conference centre	700,509	700,509	706,174
Other administrative expenses	314,578	314,578	370,327
	4,532,773	4,532,773	4,077,076
Total 2024	4,077,076	4,077,076	

THE NHS CONFEDERATION
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

8. Analysis of expenditure on charitable activities

Summary by fund type

	Unrestricted funds 2025 £	Restricted funds 2025 £	Total 2025 £	Total 2024 £
Membership subscriptions	5,995,780	-	5,995,780	6,372,602
Contract delivery	13,409,338	-	13,409,338	13,568,820
Grants	-	495,949	495,949	285,617
Training and other activities	212,005	-	212,005	402,020
	19,617,123	495,949	20,113,072	20,629,059
Total 2024	20,343,445	285,614	20,629,059	

9. Analysis of expenditure by activities

	Activities undertaken directly 2025 £	Support costs 2025 £	Total funds 2025 £	Total funds 2024 £
Membership subscriptions	4,916,908	1,078,872	5,995,780	6,372,602
Contract delivery	10,996,482	2,412,856	13,409,338	13,568,820
Grants	495,949	-	495,949	285,617
Training and other delivery	173,857	38,148	212,005	402,020
	16,583,196	3,529,876	20,113,072	20,629,059
Total 2024	17,460,733	3,168,326	20,629,059	

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FOR THE YEAR ENDED 31 MARCH 2025

9. Analysis of expenditure by activities (continued)

Analysis of support costs

	Total funds 2025 £	Total funds 2024 £
Management	434,875	318,323
Governance costs	334,464	325,973
Finance	607,429	439,460
Information technology	778,718	747,044
Human resources	527,273	446,020
Accommodation	847,117	891,506
	<u>3,529,876</u>	<u>3,168,326</u>

Support costs are allocated based on direct costs of each activity as a percentage of total direct costs.

10. Net income/(expenditure)

This is stated after charging:

	2025	2024
Fees payable to the company's auditor and its associates in respect of both audit and non-audit services are as follows:	£	£
- Audit	43,600	40,185
- Other non-audit services (tax compliance services)	900	3,848
- Other non-audit services (accountancy)	4,100	-
Depreciation of owned tangible fixed assets	72,809	90,629
Amortisation of intangible fixed assets	20,164	20,164
Operating lease charges	475,450	546,652
Government grant income	<u>167,116</u>	<u>151,932</u>

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11. Staff costs

	Group 2025 £	Group 2024 £	Company 2025 £	Company 2024 £
Wages and salaries	13,717,035	12,990,653	13,717,035	12,990,653
Social security costs	1,478,016	1,392,641	1,478,016	1,392,641
Contribution to defined contribution pension schemes	1,101,238	1,057,481	1,101,238	1,057,481
	16,296,289	15,440,775	16,296,289	15,440,775

In addition, total expenditure includes seconded and agency staff of £431,264 (2024: £443,445)

During the year, termination payments were paid to no employees (2024: two employees) totalling £nil (2024: £14,946)

The average number of persons employed by the charity during the year was as follows:

	Group 2025 No.	Group 2024 No.
Employees	273	265

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	Group 2025 No.	Group 2024 No.
In the band £60,001 - £70,000	26	18
In the band £70,001 - £80,000	16	14
In the band £80,001 - £90,000	11	9
In the band £90,001 - £100,000	5	4
In the band £100,001 - £110,000	5	3
In the band £110,001 - £120,000	2	3
In the band £120,001 - £130,000	4	2
In the band £130,001 - £140,000	2	2
In the band £140,001 - £150,000	-	2
In the band £160,001 - £170,000	1	-
In the band £180,001 - £190,000	1	1
In the band £190,001 - £200,000	1	1

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12. Trustees' remuneration and expenses

During the year, the NHS Confederation chair Victor Abelowale was remunerated £50,000 (2024: £50,000) in accordance with the articles of association and the permission granted by the Charity Commission. Marie Gabriel, a trustee, was remunerated £20,000 (2024: £20,000) for their work as chair of the Race and Health Observatory.

Expenses incurred on behalf of the charitable company and reimbursed to eleven trustees (2024: seven trustees) or paid directly to third parties during the year amounted to £4,482 (2024: £3,590), relating to travel, accommodation and subsistence costs.

13. Intangible assets

Group and Company

	System development £
Cost	
At 1 April 2024	100,818
At 31 March 2025	100,818
Amortisation	
At 1 April 2024	58,858
Charge for the year	20,164
At 31 March 2025	79,022
Net book value	
At 31 March 2025	21,796
At 31 March 2024	41,960

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14. Tangible fixed assets

Group	Fixtures and fittings £	Office equipment £	Total £
Cost or valuation			
At 1 April 2024	759,656	13,286	772,942
Additions	56,585	13,513	70,098
Disposals	(408,461)	(4,545)	(413,006)
At 31 March 2025	407,780	22,254	430,034
Depreciation			
At 1 April 2024	678,896	13,286	692,182
Charge for the year	72,809	747	73,556
On disposals	(399,015)	(4,545)	(403,560)
At 31 March 2025	352,690	9,488	362,178
Net book value			
At 31 March 2025	55,090	12,766	67,856
At 31 March 2024	80,760	-	80,760

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14. Tangible fixed assets (continued)

Company	Fixtures and fittings £	Office equipment £	Total £
Cost or valuation			
At 1 April 2024	759,656	13,286	772,942
Additions	-	13,513	13,513
Disposals	(408,461)	(4,545)	(413,006)
At 31 March 2025	351,195	22,254	373,449
Depreciation			
At 1 April 2024	678,896	13,286	692,182
Charge for the year	70,891	747	71,638
On disposals	(399,015)	(4,545)	(403,560)
At 31 March 2025	350,772	9,488	360,260
Net book value			
At 31 March 2025	423	12,766	13,189
At 31 March 2024	80,760	-	80,760

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15. Fixed asset investments

Group and charity	Listed investments £	
Cost or valuation		
At 1 April 2024		6,871,550
Additions		19,169
Disposals		(9,563)
Revaluations		48,966
At 31 March 2025		6,930,122
Net book value		
At 31 March 2025		6,930,122
At 31 March 2024		6,871,550
	2025	2024
	£	£
Investments at fair value comprise:		
Fixed income	670,843	862,773
Equities	4,803,321	5,082,052
Property	250,254	244,844
Alternative investments	670,593	440,303
Liquid assets	535,111	241,578
	6,930,122	6,871,550

At 31 March 2025, the historical cost of investments was £6,219,666 (2024: £6,211,615) with net unrealised gains of £710,456 (2024: £659,935).

Valuations are based on bid price at the close of business on the valuation date. Investments are included at their fair value at the year-end date.

The charity is the single corporate member of The NHS Confederation (Services) Limited, a company limited by guarantee. The results and net assets of this company are disclosed in note 27 of these financial statements.

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NOTES TO THE FINANCIAL STATEMENTS
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16. Debtors

	Group 2025 £	Group 2024 £	Company 2025 £	Company 2024 £
<i>Due after more than one year</i>				
Prepayments and accrued income	113,557	42,731	3,808	8,336
	113,557	42,731	3,808	8,336
<i>Due within one year</i>				
Trade debtors	9,513,953	5,575,560	7,838,687	4,733,736
Amounts owed by group undertakings	-	-	-	419,227
Other debtors	18,543	4,980	18,543	4,980
Prepayments and accrued income	1,031,275	957,722	353,254	331,118
	10,677,328	6,580,993	8,214,292	5,497,397

17. Creditors: Amounts falling due within one year

	Group 2025 £	Group 2024 £	Company 2025 £	Company 2024 £
Trade creditors	383,202	874,999	301,518	722,035
Amounts owed to group undertakings	-	-	828,575	-
Other taxation and social security	1,120,424	867,168	1,120,424	867,588
Other creditors	635,084	625,055	448,026	363,582
Accruals and deferred income	11,636,929	9,933,494	8,679,357	7,931,020
	13,775,639	12,300,716	11,377,900	9,884,225

Deferred income comprises both income invoiced in advance and instances where work is incomplete at the year end and the customer agrees for this work to be completed in the following year.

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NOTES TO THE FINANCIAL STATEMENTS
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17. Creditors: Amounts falling due within one year (continued)

	Group 2025 £	Group 2024 £	Company 2025 £	Company 2024 £
	Group 2025 £	Group 2024 £	Company 2025 £	Company 2024 £
Deferred income at 1 April 2024	9,232,809	8,300,669	7,435,405	7,135,644
Amount released to Statement of Financial Activities	(9,232,809)	(12,314,324)	(7,435,405)	(11,115,929)
Amounts deferred in year	10,823,832	13,246,464	8,099,088	11,415,690
	10,823,832	9,232,809	8,099,088	7,435,405

18. Provisions

Group

	Conference Centre £	Leeds Office £	London Office £	Cardiff Office £	Total £
At 1 April 2024	80,446	71,062	120,150	21,789	293,447
Movement	32,185	(71,062)	(20,200)	(21,789)	(80,866)
	112,631	-	99,950	-	212,581

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18. Provisions (continued)

Charity

	Leeds Office £	London Office £	Cardiff Office £	Total £
At 1 April 2024	71,062	120,150	21,789	213,001
Movement	(71,062)	(20,200)	(21,789)	(113,051)
	-	99,950	-	99,950

The dilapidation provision relates to the expected cost payable on vacating our office spaces and conference centre. Provisions have been discounted where the cost is not expected to be incurred for some years (conference centre).

Of the provisions above, the £112,631 relating to the conference centres sits in the trading subsidiary, The NHS Confederation (Services) Company Limited. All other provisions sit in the charity The NHS Confederation.

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NOTES TO THE FINANCIAL STATEMENTS
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19. Statement of funds

Statement of funds - current year

	Balance at 1 April 2024 £	Income £	Expenditure £	Transfers £	Gains/ (Losses) £	Balance at 31 March 2025 £
Unrestricted funds						
Funds represented by fixed assets	122,720	-	-	(33,068)	-	89,652
General unrestricted funds	9,003,534	23,455,048	(24,149,896)	33,068	48,966	8,390,720
	9,126,254	23,455,048	(24,149,896)	-	48,966	8,480,372
Restricted funds						
Restricted grants	-	495,949	(495,949)	-	-	-
Total of funds	9,126,254	23,950,997	(24,645,845)	-	48,966	8,480,372

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NOTES TO THE FINANCIAL STATEMENTS
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19. Statement of funds (continued)

Statement of funds - prior year

	Balance at 1 April 2023 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2024 £
Unrestricted funds						
Funds represented by fixed assets	229,368	-	-	(106,648)	-	122,720
General unrestricted funds	9,311,406	23,502,738	(24,420,521)	106,648	503,263	9,003,534
	9,540,774	23,502,738	(24,420,521)	-	503,263	9,126,254
Restricted funds						
Restricted grants	-	285,614	(285,614)	-	-	-
Total of funds	9,540,774	23,788,352	(24,706,135)	-	503,263	9,126,254

Income of £495,949 relating to restricted funds was received during the year ended 31 March 2025 but had all been spent by the year-end date, meaning balance on restricted funds at this date was £nil (2024: £nil). Restricted funds related to grants received for a specific purpose, such as Understanding Patient Data.

20. Summary of funds

Summary of funds - current year

	Balance at 1 April 2024 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2025 £
General funds	9,126,254	23,455,048	(24,149,896)	-	48,966	8,480,372
Restricted funds	-	495,949	(495,949)	-	-	-
	9,126,254	23,950,997	(24,645,845)	-	48,966	8,480,372

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20. Summary of funds (continued)

Summary of funds - prior year

	Balance at 1 April 2023 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2024 £
General funds	9,540,774	23,502,738	(24,420,521)	-	503,263	9,126,254
Restricted funds	-	285,614	(285,614)	-	-	-
	<u>9,540,774</u>	<u>23,788,352</u>	<u>(24,706,135)</u>	<u>-</u>	<u>503,263</u>	<u>9,126,254</u>

21. Analysis of net assets between funds

Analysis of net assets between funds - current year

	Unrestricted funds 2025 £	Total funds 2025 £
Tangible fixed assets	67,856	67,856
Intangible fixed assets	21,796	21,796
Fixed asset investments	6,930,122	6,930,122
Debtors due after more than one year	113,557	113,557
Current assets	15,335,261	15,335,261
Creditors due within one year	(13,775,639)	(13,775,639)
Provisions for liabilities and charges	(212,581)	(212,581)
Total	<u>8,480,372</u>	<u>8,480,372</u>

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21. Analysis of net assets between funds (continued)

Analysis of net assets between funds - prior year

	Unrestricted funds 2024 £	Total funds 2024 £
Tangible fixed assets	80,760	80,760
Intangible fixed assets	41,960	41,960
Fixed asset investments	6,871,550	6,871,550
Debtors due after more than one year	42,731	42,731
Current assets	14,683,416	14,683,416
Creditors due within one year	(12,300,716)	(12,300,716)
Provisions for liabilities and charges	(293,447)	(293,447)
Total	9,126,254	9,126,254

22. Reconciliation of net movement in funds to net cash flow from operating activities

	Group 2025 £	Group 2024 £
Net expenditure for the year (as per Statement of Financial Activities)	(645,882)	(414,520)
Adjustments for:		
Depreciation charges	73,556	90,629
Amortisation charges	20,164	20,164
Gains on investments	(48,966)	(503,263)
Dividends and interest from investments	(565,036)	(563,685)
Loss on the sale of fixed assets	-	101
Decrease/(increase) in debtors	(4,096,335)	86,604
Increase in creditors	1,394,057	1,582,874
Net cash (used in)/provided by operating activities	(3,868,442)	298,904

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23. Analysis of cash and cash equivalents

	Group 2025 £	Group 2024 £
Cash in hand	2,771,490	6,145,154
Notice deposits (32 days)	2,000,000	2,000,000
Total cash and cash equivalents	4,771,490	8,145,154

24. Analysis of changes in net debt

	At 1 April 2024 £	Cash flows £	At 31 March 2025 £
Cash at bank and in hand	8,145,154	(3,373,664)	4,771,490
	8,145,154	(3,373,664)	4,771,490

25. Pension commitments

The organisation contributes to a number of pension schemes.

The NHS Confederation is able to maintain access to the NHS Pension Scheme (for a maximum of five years) and the Civil Service Pension Scheme for staff who are recruited from these sectors and already contribute to these schemes. Both of these schemes are unfunded schemes backed by the exchequer, accordingly these schemes are accounted for as defined contribution schemes in accordance with FRS 102.

The organisation makes a contribution of either 6 per cent or 9 per cent (staff contributing 3 per cent or 6 per cent) to a defined contribution pension scheme (Scottish Widows) for all employees unless they opt out.

Contribution amounting to £166,589 (2024: £166,541) were payable to the schemes at 31 March 2025 and are included within other creditors and accruals.

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26. Operating lease commitments

At 31 March 2025 the Group and the charity had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	Group 2025 £	Group 2024 £	Company 2025 £	Company 2024 £
Not later than 1 year	370,664	495,892	370,664	495,892
Later than 1 year and not later than 5 years	1,631,616	590,016	1,631,616	590,016
	2,002,280	1,085,908	2,002,280	1,085,908

27. Results and net assets of the subsidiary

The wholly owned trading subsidiary, The NHS Confederation (Services) Company Limited (company number 05252407) is incorporated in England and Wales and has a registered office address of 2nd Floor, 18 Smith Square, London, SW1P 3HZ. The subsidiary provides a range of non-charitable activities on behalf of the NHS Confederation.

The summary financial performance of the subsidiary alone is:

	2025 £	2024 £
<i>The NHS Confederation (Services)</i>		
Income	5,570,364	4,831,527
Expenditure	(4,614,192)	(3,920,981)
Profit/(loss) for the year	956,172	910,546
Fixed assets	54,667	-
Current assets	4,579,928	4,013,189
Current liabilities	(3,226,314)	(2,835,718)
Provision for liabilities	(112,631)	(80,446)
Net assets/(liabilities)	1,295,650	1,097,025

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28. Related party transactions

The remuneration of key management personnel, being the senior executive team listed on pages 3 and 4, is as follows:

	2025 £	2024 £
Aggregate compensation	2,049,439	2,220,697
	<u>2,049,439</u>	<u>2,220,697</u>

During the year, the group had the following related party transactions due to a trustee or co-opted committee member (or close relation of) being on the board or an employee of another organisation.

2024/25		Charity Income £	Charity Expense £	Subsidiary Income £	Charity Debtor £	Subsidiary Debtor £
Related Party	Description of Relationship					
Accenture (UK) Limited	Trustee is Contractor	-	-	100,000	-	120,000
Accurx	Spouse of Trustee is Board member	-	-	22,050	-	-
Airedale NHS Foundation Trust	Trustee is CEO	9,200	-	-	9,200	-
Cwm Taf Morgannwg University Health Boar	Trustee is Chair	69,070	-	1,515	69,070	378
Eli Lilly and Company Ltd	Spouse of Director is Key Account Manager	-	-	175,200	-	-
Health Innovation Research Alliance NI	Trustee is Non Executive Dir	-	-	450	-	-
Milton Keynes University Hospital NHS FT	Trustee is CEO	10,650	-	104	10,650	-
NHS Beds, Luton and Milton Keynes ICB	Trustee is Board Member	28,900	-	184	25,900	-
NHS Charities Together	Deputy CEO was Trustee of	-	-	113,750	-	-
NHS Frimley ICB	Trustee is CEO	18,160	-	1,122	18,160	95
NHS Lancashire and South Cumbria ICB	Trustee is Chair	68,500	-	-	34,800	-
NHS North East London ICB	Trustee is Chair	64,200	-	-	39,200	-
NHS Nottingham and Nottinghamshire ICB	Trustee is Board Member	63,000	-	419	28,000	-
NHS Surrey Heartlands ICB	Trustee is PCN Leader	26,500	-	419	-	-
Nottinghamshire Healthcare NHS FT	Trustee is CEO	17,950	-	419	17,950	-
Nuffield Health	Trustee is Board Member	9,750	-	-	9,750	-
Pharmaceutical Society NI	Trustee was Vice President	500	-	-	500	-
Royal Free London NHS Foundation Trust	Director is Non Executive Dir	27,750	-	-	28,350	-
South Eastern Health and Social Care Tru	Trustee is Chair	20,663	-	6,022	-	693
Swansea Bay University Health Board	Trustee was Chair	65,420	-	504	65,420	-
ZPB Associates	Trustee is Director & CEO	-	-	950	-	1,140
UK Health Security Agency	Trustee is Non Executive Associate	-	69,416	-	-	-
Responsible Leadership Foundation Limite	Spouse of CEO is Senior Director	3,750	53,054	-	-	-

During the year the subsidiary The NHS Confederation (Services) Company Limited gift aided profits of £757,547 to the parent charity (2024: £1,045,244) and at the year end there was a balance owed to the subsidiary of £828,575 (2024: balance owed from subsidiary of £419,227).

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29. Custodian arrangements

The charity acts as custodian for the NI Public Sectors Chairs forum. In the financial year ended 31 March 2025, the charity received £92,893 (2024: £48,632) and disbursed £48,632 (2024: £54,932) in its role as custodian. An amount of £86,106 (2024: £41,845) is included in other creditors relating to unrestricted funds held as custodian at 31 March 2025.

The trading subsidiary, The NHS Confederation (Services) Company Limited, acts as custodian for the Developing Excellence in Medical Education conference, which will be held in December 2025. The subsidiary holds all funds and administers payments on behalf of the organisers of the event. In the financial year ended 31 March 2025, the trading subsidiary received £17,250 (2024: £642,224) and disbursed £91,665 (2024: £461,002) in its role as custodian. An amount of £187,058 (2024: £261,473) is included in other creditors relating to unrestricted funds held as custodian as at 31 March 2025.