

Charity Registration No. 1186780 (England and Wales)

Charity Registration No. SC049982 (Scotland)

Company Registration No. 12341200 (England and Wales)

Council of Deans of Health

Report and financial statements

For the year ended

31 July 2025

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Reference and administrative information

Company number 12341200
Country of incorporation United Kingdom

Charity number 1186780, SC049982
Country of registration England & Wales, and Scotland

Registered office and operational address Woburn House
 20 Tavistock
 Square London
 WC1H 9HD

Trustees Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows:

Professor Alison Machin, Chair
 Professor Marc Griffiths, Vice Chair (from 1 August 2025)
 Dr Norma Barry, Vice Chair (to 31 July 2025)
 Samuel Armstrong
 Professor Michael Brown (from 10 October 2025)
 Alison Carr (resigned 31 July 2025)
 Dr David Cousens (from 10 October 2025)
 Professor Carol Curran (resigned 30 September 2025)
 Professor Paula Holt MBE DL
 Dr Mohammed Jakhara
 Satbinder Sanghera
 Angela Shimada
 Juliet Tizzard (from 15 September 2025)
 Professor Debra Towse (resigned 31 July 2025)
 Raluca Oaten
 Robert Waterson

Key management personnel Ed Hughes, Chief Executive

Bankers National Westminster Bank
 plc 250 Bishopsgate
 London
 EC2M 4AA

Solicitors Womble Bond Dickinson (UK)
 LLP Helix
 The Spark
 Draymans
 Way
 Newcastle Upon
 Tyne NE4 5DE

Auditor Gibson Whitter
 Larch House
 Parklands Business Park
 Denmead
 Waterlooville
 Hampshire
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Introduction by the Chief Executive and Chair

We are pleased to share the annual report and accounts for the Council for 2024-25. The year brought to a conclusion our four-year strategy focused around influencing policy, creating sustainable sector networks and advancing healthcare education which laid the foundations for the Council as a maturing independent charity, with robust governance processes and effective stewardship of our resources. The report highlights the continued achievements of the Council as a membership body representing over 100 universities and colleges delivering healthcare education and research in a complex policy, funding and regulatory environment. It also demonstrates the further steps taken by the Board to provide purposeful and proportionate governance in pursuit of the Council's new strategic aims.

The past year has brought the importance of the Council's work into sharp focus. The general election in July 2024 brought a new administration into Westminster with fresh perspectives on health and education policy priorities in England, seen most clearly in the development of a new 10 Year Health Plan to which we contributed. These political changes came at the same time as our members were experiencing significant challenges to financial sustainability across the higher education sector in all four nations. Subsequently, widespread organisational restructuring and prioritisation within universities, is impacting on the jobs and careers of people working in higher education, including in health school and faculties. The wider malaise in public finances, and policy priorities in other areas, have limited the scope of the new government to enhance their support of health education, students and universities during this period. In short, for many of our members it has been a tough year.

The Council supported its members to navigate these challenges in a number of ways set out below.

In partnership with our members and stakeholders, we have developed a new Strategy to guide the Council's work over the next five years. As part of this we have refreshed our vision, mission and values. Our new Strategy 2030 sets out our commitment to three mutually reinforcing strategic priorities which put maximising the value of our work to our members, their staff, students and those who work with them, at its heart.

We have invested in our communications which has significantly increased our presence on social media and amplified our messaging to key stakeholders. Refreshing our branding and building a new website were significant projects which enable us to showcase the work of our members more effectively and will yield value over the long-term as the basis for interaction between our members, particularly amongst our policy and region groups.

We have delivered a high-quality programme of events for our members, including our Digital Summit which provided an opportunity for our members to discuss the transformative opportunities presented by data, digital, simulation and Artificial Intelligence; all key tools in making both our health education and healthcare systems more efficient and effective. We are continually reviewing our events offer – both in-person and online to ensure it offers value for money for our members whilst continuing to deliver content that meets members' needs.

2024-25 also saw the conclusion of our long-running and highly successful Student Leadership Programme, with the final cohort of students funded by the Burdett Trust for Nursing and NHS England completing the programme. We are very grateful for the long-standing partnerships which enabled the programme, and as part of our new strategy we are looking at how we can create opportunities for student engagement in the future. We recognise the importance of the voice of students in shaping our policy discussions about health education, and it is vital that we continue to bring their perspective into our work.

Alongside our work with and for students, we know that the Council has a critical role to play in advocating for the healthcare academic workforce, especially in these challenging times for the sector. It was very timely that we were able to secure funding from NHS England to produce two reports on the academic health workforce across the UK, for nurses and midwifery and the allied health professions respectively. These were underpinned by large scale surveys of our members and highlighted some of the vulnerabilities, threats and opportunities across the academic workforce. Part of our refreshed offer to members seeks to address some of the leadership and career progression issues raised by this work.

Clinical academic careers, combining education, research and clinical practice responsibilities, are a crucial part of the health academic workforce. We were delighted to have the opportunity to facilitate a task and finish group on clinical academic careers in nursing, midwifery and allied health, chaired by Professor Dame Jessica Corner, a former Council of Deans of Health Chair and now Executive Chair at Research England. This work provides real impetus to our commitment to support research careers in health and is now being taken forward through a cross-UK and multi-professional collaborative group with key stakeholders which the Council has convened. We are grateful to Professor Jane Coad for taking forward leadership of this group on the Council's behalf.

Alongside these important external programmes of work, the Council has continued to strengthen its own governance. We commissioned AdvanceHE to undertake an independent review of our governance structures and processes, which gave clear evidence of the strong underpinnings the Council already has, as well as some important recommendations for greater transparency and connectivity between our strategic aims and governance processes. The Board is committed to taking these recommendations forward as part of our commitment to continuous improvement.

The Board itself has continued to change and evolve. Professor Marc Griffiths has taken over as Vice Chair following Dr Norma Barry's term in office. We are extremely grateful for Norma's work as Vice-Chair and her continued support and wise counsel as a Trustee. The Board has been refreshed with several new appointments, bringing expertise from both the higher education sector and the NHS onto the Board.

Collaboration across health and education has never been so important and we will continue to work with our stakeholders nationally, regionally and locally around our shared priorities. As ever, we remain grateful to all the Trustees and Committee members who volunteer their time to provide oversight of the Council's work, sharing their time, energy and insights to help us maximise our impact and deliver our vision for a thriving health, education and research sector delivering a high-quality nursing, midwifery and allied health professional workforce.

Alison Machin
Chair

Ed Hughes
Chief Executive

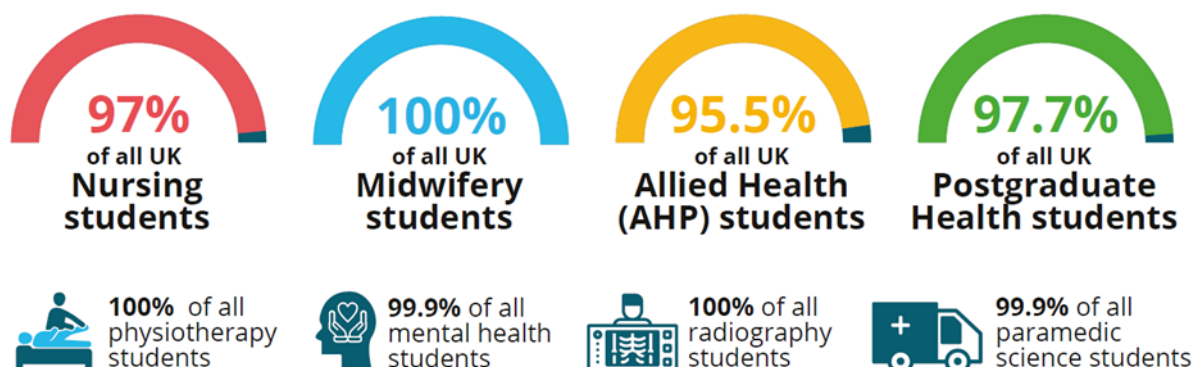
Report of the Trustees

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

The financial statements comply with current statutory requirements, the articles of association, the requirements of a directors' report as required under company law, and the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

About the Council of Deans of Health

The Council of Deans of Health (the Council) represents the UK's strategic academic leaders in healthcare education and research. Our membership comprises over 100 university and further education faculties across every region and nation of the United Kingdom. They are based in England, Northern Ireland, Scotland, Wales, the Channel Islands, the Isle of Man, and Gibraltar. Our members deliver the overwhelming majority of British-educated nurses, midwives and allied health professionals, the future workforce of the NHS. At any one time they will be educating around 200,000 current and future health professionals and will carry out research that improves the population's health and wellbeing.



**representative figures from 2020/21 HESA data return*

Our vision, mission and values

To set the direction for our new Strategy 2030 we have refreshed our vision, mission and values.

Our vision is for a thriving health education and research sector delivering a high-quality nursing, midwifery and allied health professional workforce.

Our mission is to be the collective voice of nursing, midwifery and allied health professions in education and research, positively influencing and impacting policy.

Our values of integrity, impact, collaboration and inclusion drive the way we will work with our members and our partners.

Objects

The only objects for which the Charity is established are to advance and promote education and research for the public benefit in particular by:

- Informing and influencing UK health and social care education policy and practice to promote positive outcomes for those who benefit from the Charity's work and promoting innovations across the sector;
- Enhancing the skills, expertise and knowledge base of those engaged in delivering high quality education and research outcomes for the benefit of students;
- Encouraging and promoting collaboration between Members and/or Associate Members and policy makers, regulators, employers and others doing work relevant to the sector both in the UK and globally in order to share sector knowledge and expertise and promote innovation; and
- Any such ancillary and incidental exclusively charitable activities as the Trustees from time to time think fit.

Beneficiaries of our services and public benefit

The work we support, influence and deliver as part of our charitable objects leads to better outcomes for our beneficiaries in healthcare education and across the healthcare research workforce. This includes healthcare students, our current and future professionals, and their employers. More widely, our work underpins the sustainability of healthcare education, and therefore healthcare itself in the United Kingdom, benefitting the NHS, patients, communities and country at large.

We engage with employers of academic staff delivering research and education for healthcare professions proactively as part of our policy work and we will commit to increase our involvement with the social care sector. We seek to engage students with policy development through participation in stakeholder meetings where possible and will work to develop further mechanisms to bring the student voice into our policy work more strongly in future.

Strategy and policy priorities

The Council 2030 Strategy identifies three aims that help deliver progress in these policy areas:

- Supporting our member organisations across the education system
- Building our community of leaders in health education and research
- Driving system change in health education through our policy and influencing work.

The Council's strategic policy areas are:

- Equality, diversity and inclusion
- Innovation in education
- Regulation
- Research.

Achievements and performance

This reporting period was the last for the Council's [Strategy 2025](#) and the transition to [Strategy 2030](#).

The Council 2025 Strategy identified three key aims:

- Influence policy across the UK promoting the essential contribution of our sector to health and social care.
- Offer excellent services to our members creating sustainable sector networks.
- Advance healthcare education and research by strengthening our sector and organisation.

The Council's work over this time responded to the growth of challenges facing members, particularly in terms of financial sustainability and general sector uncertainty. Influencing work sought to raise, and address, these concerns to governments and bodies across the UK while the Council's convening power brought members together through groups, networks and events for peer support and policy development

The Charity's activities focus on advancing and promoting education and research and are undertaken to further the Council of Deans of Health's charitable purposes for the public benefit.

An [impact report](#) on the previous strategy was published and helped inform the development of the new strategy.

Strategy 2030

The new Council strategy was launched to members at the AGM in June and publicly at the end of July 2025. The Strategy was developed in consultation with members, trustees and staff to understand their priorities and vision for the Council and a set of fundamental principles were tested with members to inform our strategic positioning reflected in our commitments to members.

Recognising that, like others in the tertiary education system, our members face significant financial constraints we have focused our strategy on key priorities, underpinned by our commitment to maximising the value of our offer to members, and our drive to increase the impact of our work.

The strategy sets out how we will achieve our vision and mission in line with our values. We have committed to three mutually reinforcing strategic priorities:

- Supporting our member organisations across the education system.
- Building our community of leaders in health education and research.
- Driving system change in health education through our policy and influencing work.

These are supported by three strategic enablers:

- Championing inclusion in our policy and practice.
- Working in partnership to leverage our impact.
- Maintaining effective and sustainable operations.

New website

The Council's new website was launched in April 2025 along with new branding for the Council. The website will allow the Council to better showcase its work and priorities and communicate more widely with members and stakeholders.

Influencing policy across the UK

The Council continued to closely engage with the devolved administrations as well as the new government in Westminster, building on the policy priorities set out in our manifesto document and increasing calls for closer collaboration between the health and education sectors at local and national levels.

Our reach and influence have broadened further through collaboration with partners. For example, we worked with other higher education representative and mission groups to deliver an open letter to the Health Secretary to better engage universities as part of the 10-Year Workforce Plan we collaborated with Skills for Care to promote careers in social care nursing. An inaugural Parliamentary Reception also brought members together in Parliament to celebrate their work and engage MPs and Peers.

The Council continued its close engagement with health and education partners, holding regular meetings with regulators, unions, professional bodies and NHS organisations while facilitating their engagement with members through private roundtables, online and in-person events and our Nation and Strategic Policy Groups.

The Council responded to challenges facing members and obstacles to meeting with government by ramping up political engagement through regular attendance at the major party conferences, introducing a new political monitoring service, an inaugural annual parliamentary reception and closer engagement with political parties.

Publications

Highlights of the Council's publications included:

- Briefings and comment on the annual UCAS cycle and A-Level results day
- [Anti-racism in AHP Education: Building an Inclusive Environment](#)
- [Impact of the cost-of-living on recruitment and retention of healthcare professionals: An EDI perspective](#)
- [Clinical researchers in the United Kingdom: Building capacity to improve population health and promote economic growth](#) (supported by the Council of Deans of Health)
- [Strategy to enable social care placements for student nurses and nursing associates](#) (in partnership with Skills for Care)
- [Nursing and Midwifery Academic Survey Report](#)
- [Allied Health Professions Academic Survey Report](#)

Events and campaigns

The Council delivered an extensive programme of conferences and webinars for its members. Alongside the Autumn, Spring and Summer Conferences, the Council held its first Digital Summit in January 2024. The four conferences attracted nearly 350 delegates, and 740 delegates attended the 14 online events. The Council's events supported the development of networks among its members, the sharing of good practice, discussion of some of the key issues facing the sector, policy insights, and presentations from major stakeholders. The webinars provided an opportunity to focus on specific areas and attract a more diverse audience from within member organisations.

The Council's themed campaign months included Equity Month, Research Month and Innovation Month. These campaigns featured social media output and engagement, podcasts, blogs and webinars and helped support the delivery of the Council's policy work in these important areas.

Student Leadership Programme

The Council continued to advance the promotion and development of leadership skills amongst student nurses, midwives and allied health professionals by delivering the final year of its highly successful #150Leaders Student Leadership Programme to a cohort of 60 students drawn from across all four home nations, representing 18 professions.

As the programme concluded a long-term impact evaluation was started for publication in November 2025 to coincide with the final celebration event.

Since 2017 the Council has worked with the Burdett Trust for Nursing to deliver this programme which has seen over 450 students representing 18 different professions from all four home nations of the UK participate. This included representatives from all four fields of nursing, midwifery and all the allied health professions. The funding from the Burdett Trust for Nursing ensured that places for successful applicants were fully subsidised and there was no cost to the students to participate. NHS England provided funding for additional places for AHP students as part of their work to promote and support AHP leadership.

The Programme was co-designed with students to ensure it focused on areas not covered in current pre-registration curricula. It offered events with practical exercises, groupwork and lectures, along with presentations from senior leaders within the healthcare and healthcare higher education sectors. Students also received individual coaching scheme with access to healthcare leaders, two exclusive online events, and an online community made of discussions and workshop addressing diverse topics linked with leadership by leaders in the sector. Students were encouraged to put leadership skills in practice by undertaking a personal leadership project of their choice.

Plans for the future

The Council will continue to deliver the aims of the new Strategy 2030, working with members, partners and governments across the United Kingdom to influence policy and provide a voice for our membership.

With major elections in Scotland and Wales and the anticipated 10-Year Workforce Plan due for publication in 2026, the Council will assess and respond to policy changes that impact our members.

The new Strategy 2030 sets out our plans to renew our groups, refreshing the Strategic Policy Groups (SPGs) while also creating new member networks to further reflect member priorities in our policy and influencing work. Three new member networks are being established. These new networks will support Political Engagement by our members, work in Remote and Rural communities, and our members in Crown Dependencies and British Overseas Territories respectively. These will join the existing Nation Groups and SPGs as key elements of our work with members to influence policy.

Our policy work will focus on:

- Peer support for members in political engagement via our events, new network and parliamentary reception.
- Highlighting the challenges faced by Council members, particularly as regards their financial sustainability and viability of healthcare courses.
- Engaging closely with potential regulatory reform to tailor proficiencies to the country's needs while safeguarding the standards and competencies that delineate professions. We will continue to encourage better join-up between health and education regulators to reduce unnecessary overlap.
- Supporting our members to recruit, retain and sustainably plan for the students needed to deliver the workforce needed in health and social care.
- Enhancing research capacity to promote the impact of healthcare research in society, including advancing work on clinical academic careers.
- Advancing work on clinical academic research careers in Nursing, Midwifery and Allied Health.
- Supporting social mobility through equality, diversity and inclusion activities and continuing to develop our partnership working across the tertiary education system.
- Supporting and promoting our members' and sector innovation to address the future needs of the health and care workforce, particularly in respect of AI and digital technologies;

community-based healthcare; prevention and public health; and health care delivered in social care settings

- Support the refreshed Strategic Policy Groups, new Member Networks and ongoing work of the Nation and Regional Groups.
- Maintain and grow our relationships with key stakeholders across health and education and communicate what we learn effectively with members.

Our member engagement will include:

- Rolling out our leadership development programme.
- Member visits to understand the needs of different HEIs.
- Using our conferences, events, website and social media to promote the work of our members widely across health faculties.
- Developing the members area of the website.
- Running campaign months, including Equity Month, Research Month and Innovation Month.
- Developing our student engagement work following the end of the Student Leadership Programme.

Financial review

The total incoming resources of the charity were £1,289k (2024: £1,235k). Of the total income £1,277k (2024: £1,205k) was unrestricted and £12k (2024: £30k) restricted.

Unrestricted income predominantly includes income from members, in the form of subscriptions and event income. The restricted income relates to projects and further details of these are provided in note 15 to the financial statements.

Total expenditure for the year was £1,231k (2024: £1,083k) of which £848k (2024: £751k) was staff costs.

The movement in funds for the year ended 31 July 2025 was £577k.

The funds at 31 July 2025 amounted to £950k (2024: £893k) of which £934k (2024: £810k) were unrestricted funds and £16k (2024: £83k) were restricted funds. All funds are held as net current assets with none tied up in fixed assets.

Principal risks and uncertainties

The Board is responsible for ensuring that the Council has in place an effective and robust risk management framework to enable the organisation to manage and mitigate risks effectively.

Identified strategic risks relate to:

- Operational effectiveness, effective governance and financial sustainability.
- Policy and influencing in a time of competing priorities across government.

Specific activities carried out to proactively mitigate and control risks include:

Operational effectiveness, effective governance and financial sustainability

- Conducting medium-term financial planning and reviewing the reserves policy.
- Annual renewal of Cyber Essentials certification and ongoing work with IT supplier Xperience Group to identify and implement improvements to cyber security.
- Cyber security training throughout the year for all staff using the KnowBe4 service which includes random phishing attacks and security training campaigns.
- Regular reviews of key governance processes; implementing the conclusions of the externally led governance effectiveness review.
- New strategy used to shape board agendas, risk register and performance monitoring framework to enhance connections between strategic aims and governance processes.
- Careful consideration given to any increases in costs for membership and events to ensure that the Council brings in sufficient income whilst maintaining affordability for members.
- Monitoring of member engagement and satisfaction via member satisfaction surveys and engagement tracking.

Policy and influencing

- The Council engages closely with relevant government departments, regulators and public bodies across the four nations, and with UK-wide funding and regulatory bodies. We forge constructive relationships with officials which enable us to influence informally as well as contributing to consultations and calls for evidence. We collaborate with other representative bodies on issues of sector wide importance to leverage our impact.
- Proactive stakeholder engagement with partners across the health and education sectors maintained through our policy team, at Senior Leadership Team level, and with the Chair and leading members to ensure the voice of practitioners is properly represented. Participation in high-level working and advisory groups to build consensus on major issues. Collaboration to produce joint public facing statements where this can add value to our individual efforts.
- Increased focus on sector sustainability in policy work and engagement with stakeholders in partner organisations and governments, responding to Long Term Workforce Plan.
- Council of Deans of Health nation groups are well established, there is regular policy engagement with UK and devolved nations governments and all professions; deployment of staff resources, expertise in all areas; and management of member expectations.

Reserves policy and going concern

The reserves policy is reviewed annually by the trustees. Currently a target of four to six months of unrestricted expenditure is deemed appropriate to ensure sufficient funds are available to meet current commitments and allowing for uncertain income streams and/ or exceptional expenditure. The range is calculated between £410K and £615K. The actual reserves at 31 July 2025 are £950,099. The excess reserves held are to allow future investment in IT, staffing developments and initiatives to support the delivery of the Council's strategy. A designated reserve has been established to support the implementation of the new strategy.

The trustees have considered whether the charity has the ability to continue as a going concern. The trustees have made appropriate enquiries and consider that the charity has adequate resources to continue in operational existence for the foreseeable future. For this reason, it continues to adopt the going concern basis in preparing the financial statements.

Fundraising

The Council does not engage in fundraising from individuals but derives its income from member subscriptions and events, events sponsorship, and grant funding for the delivery of specific projects.

Governance and management

The organisation is a charitable company limited by guarantee, incorporated on 29 November 2019 and registered as a charity on 5 December 2019 in England and Wales and on 25 February 2020 in Scotland. The company was established under articles of association which established the objects and powers of the charitable company and is governed under its articles of association.

Trustees

The Board is comprised of up to six Member Trustees, six Independent Trustees and a Chair and normally meets four times per year. Trustees are appointed for a three-year term. At the end of each term a trustee who remains able and willing to do so and whose reappointment is supported by the Nominations and Remuneration Committee, may be reappointed. All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 7 to the accounts.

Trustee induction and training

New trustees received information supporting their induction, which includes relevant Charity Commission documents on the role of a trustee, trustee role description, a copy of the Articles of Association, scheme of delegation, Nominations and Remuneration Committee terms of reference, conflict of interest policy, nation group terms of reference, and the Strategic Plan. This was supported by an in-person induction with members of the senior leadership team and one-to-one meetings with the CEO and Chair. It is the aim of the organisation to update trustees and members on any new legislation that may affect the governance of the charity and to offer on-going support through additional training when required. Annual appraisals are carried out for all trustees.

Remuneration policy for key management personnel

The Chief Executive leads a Senior Leadership Team comprising the Director of Membership and Operations and the Director of Policy and External Affairs. Senior Leadership Team pay is determined at the discretion of the Nominations and Remuneration Committee, supported by external reward remuneration advice and benchmarking, and approved by the Board of Trustees.

Statement of responsibilities of the trustees

The trustees (who are also directors of the Council of Deans of Health for the purposes of company law) are responsible for preparing the trustees' annual 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 of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards and statements of recommended practice 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 charity will continue in operation.

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

In so far as the trustees are aware:

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

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

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 July 2025 was 109. The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Gibson Whitter was appointed as the charitable company's auditor during the year.

The directors' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The trustees' annual report has been approved by the trustees on 11 March 2026 and signed on their behalf by

A handwritten signature in dark ink, appearing to read 'A Machin', with a stylized flourish at the end.

Professor Alison Machin

Chair, Council of Deans of Health

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF COUNCIL OF DEANS OF HEALTH

Opinion

We have audited the financial statements of Council of Deans of Health (the 'charitable company') for the year ended 31 July 2025 which comprise the Statement of Financial Activities, the Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 July 2025 and of its incoming resources and application of resources, including its result, 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 charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least 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.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF COUNCIL OF DEANS OF HEALTH

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Trustees has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF COUNCIL OF DEANS OF HEALTH

Our 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 a Report of the Independent Auditors 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.

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

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.

Based on our understanding of the charitable company and sector, we identified that the principal risks of non-compliance with laws and regulations related to breaches of employment law, data protection and anti-bribery and corruption legislation, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the financial statements such as the Charities acts, Companies Act 2006 and UK tax legislation. We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journal entries to overstate profit and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Discussions with management and Trustee Directors, including consideration of known or suspected instances of non-compliance with laws and regulations and fraud;
- Identifying and testing journal entries, in particular any journal entries posted with unusual account combinations;
- As required by ISA 240, incorporating an element of unpredictability into our audit testing.


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

A further description of our responsibilities 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 Report of the Independent Auditors.

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF COUNCIL OF DEANS OF HEALTH

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 the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Gavin Whitter (Senior Statutory Auditor)
for and on behalf of Gibson Whitter Limited
Statutory Auditors
Larch House
Parklands Business Park
Denmead
Hampshire
PO7 6XP

Date: 18/3/26

COUNCIL OF DEANS OF HEALTH

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JULY 2025

	Notes	Unrestricted funds £	Restricted funds £	Total 2025 £	Total 2024 £
<u>Income:</u>					
Charitable activities	2	1,273,360	12,075	1,285,435	1,233,622
Investments	3	3,237	-	3,237	1,470
Total income		1,276,597	12,075	1,288,672	1,235,092
<u>Expenditure:</u>					
Charitable activities	4	1,152,973	78,477	1,231,450	1,083,805
Net income/(expenditure) for the year/ Net movement in funds		123,624	(66,402)	57,222	151,287
Total funds brought forward		810,316	82,561	892,877	741,590
Total funds carried forward		933,940	16,159	950,099	892,877

The notes on pages 24 to 34 form part of these financial statements.

All income and expenditure derive from continuing activities.

COUNCIL OF DEANS OF HEALTH

BALANCE SHEET

AS AT 31 JULY 2025

	Notes	2025 £	£	2024 £	£
Fixed assets					
Intangible assets	10		38,647		-
Tangible assets	11		-		-
			<u>38,647</u>		<u>-</u>
Current assets					
Debtors	12	76,780		64,550	
Cash at bank and in hand		903,524		908,086	
		<u>980,304</u>		<u>972,636</u>	
Creditors: amounts falling due within one year	13	(68,852)		(79,759)	
Net current assets			<u>911,452</u>		<u>892,877</u>
Total assets less current liabilities			<u>950,099</u>		<u>892,877</u>
Income funds					
Restricted funds	15		16,159		82,561
Unrestricted funds			<u>933,940</u>		<u>810,316</u>
			<u>950,099</u>		<u>892,877</u>

The notes on pages 24 to 34 form part of these financial statements.

The financial statements were authorised and approved by the Trustees on 11 March 2026 and signed on their behalf by:


.....

Professor Alison Macin
Trustee

COUNCIL OF DEANS OF HEALTH

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 JULY 2025

	Notes	2025 £	£	2024 £	£
Cash flows from operating activities					
Cash provided by operations	17		33,121		98,728
Cash flows from investing activities					
Purchase of intangible assets		(40,920)		-	
Interest received		3,237		1,470	
Net cash (used in)/generated from investing activities			(37,683)		1,470
Net (decrease)/increase in cash and cash equivalents			(4,562)		100,198
Cash and cash equivalents at beginning of year			908,086		807,888
Cash and cash equivalents at end of year			903,524		908,086

COUNCIL OF DEANS OF HEALTH

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

1 Accounting policies

Charity information

Council of Deans of Health is a private company limited by guarantee incorporated in England and Wales. The registered office is Woburn House, 20 Tavistock Square, London, WC1H 9HD, United Kingdom.

Accounting convention

The financial statements have been prepared in accordance with the Trust's governing document, the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and "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) – (Charities SORP (FRS 102)).

Council of Deans of Health meets the definition of a public benefit entity under FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the Trust. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note. The principal accounting policies adopted are set out below.

Going concern

At the time of approving the financial statements, the Trustees have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. Thus the Trustees continue to adopt the going concern basis of accounting in preparing the financial statements. The Trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern.

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 the notes to the financial statements.

Incoming resources

Income is recognised when the Trust is 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.

Cash donations are recognised on receipt. Other donations are recognised once the Trust has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Subscriptions are recognised over the period to which they relate.

Conference fees and other income are recognised on an accruals basis.

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

1 Accounting policies (Continued)

Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs relating to that category. Where costs cannot be directly attributable to a particular heading, they have been allocated to activities on a basis consistent with the use of the resource.

Direct costs, including directly attributable salaries, are allocated on the basis of time to the key strategic areas of activity.

Overheads and other salaries are allocated between activities on the bases of usage, ie the same basis as expenditure incurred directly in undertaking the activity.

Governance costs are those incurred in connection with the management of the Trusts' assets, the trusts' administration and compliance with constitutional and statutory requirements.

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs are allocated on an appropriate basis as set out in note 5.

Intangible fixed assets other than goodwill

Website development costs are recognised as intangible assets when the website is expected to generate future economic benefits and the costs can be measured reliably. These costs are capitalised only if they relate to the development phase and the website is intended to provide operational functionality (e.g. donation processing, service delivery, or e-commerce). The amortisation period and method are reviewed annually to ensure they remain appropriate.

Amortisation is recognised so as to write off the cost of assets over their useful lives on the following bases:

Development costs	3 years straight line
-------------------	-----------------------

Costs incurred during the planning, research, or maintenance phases are expensed as incurred.

Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses. Capital expenditure below £5,000 is not capitalised.

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

Fixtures and fittings	Over 4 years
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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.

Impairment of fixed assets

At each reporting end date, the Trust reviews the carrying amounts of its tangible and intangible 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).

Cash and cash equivalents

Cash and cash equivalents include cash in hand and deposits held at call with banks.

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

1 Accounting policies (Continued)

Financial instruments

The Trust only has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value. Liabilities are recognised on an accruals basis.

Basic financial assets

Short term debtors are measured at transaction price, less any impairment.

Basic financial liabilities

Creditors are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors are normally recognised at their settlement amount after allowing for any trade discounts due.

Derecognition of financial liabilities

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

Retirement benefits

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

Leases

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

Company limited by guarantee

In the event of the Trust being wound up, the liability in respect of the guarantee is limited to £1 per member of the Trust.

2 Charitable activities

	2025 £	2024 £
Subscriptions from membership	1,191,910	1,190,072
Fundraising income	8,000	2,850
Grant and contract income	85,525	40,700
	<u>1,285,435</u>	<u>1,233,622</u>
Analysis by fund		
Unrestricted funds	1,273,360	1,203,622
Restricted funds	12,075	30,000
	<u>1,285,435</u>	<u>1,233,622</u>

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

3 Investments

	Unrestricted funds £	Restricted funds £	Total 2025 £	Total 2024 £
Interest receivable	3,237	-	3,237	1,470

4 Charitable activities

	2025 £	2024 £
Staff costs	848,187	751,584
Conference costs	161,107	146,116
Office rent	49,674	52,581
Rates	1,790	1,710
Travel and accommodation	16,103	9,400
Printing, postage and stationery	682	676
Telecommunications	3,164	2,605
Information technology	53,906	36,927
Cleaning	1,643	903
Repairs and maintenance	2,761	2,764
Meeting expenditure	1,618	2,417
Insurance	5,045	4,554
Bank charges	731	845
Recruitment and staff training costs	15,795	18,259
Sundry costs	7,975	4,854
Amortisation	2,273	-
Governance costs (see note 5)	58,996	47,610
	<u>1,231,450</u>	<u>1,083,805</u>
Analysis by fund		
Unrestricted funds	1,152,973	1,059,011
Restricted funds	78,477	24,794
	<u>1,231,450</u>	<u>1,083,805</u>

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

5 Support costs

The charity only has one activity and as such there is no apportionment of support costs required. The charity recognises the following costs as governance costs, all of which are presented gross of VAT:

	2025 £	2024 £	Basis of allocation
Audit fees	6,000	9,480	Governance
Accountancy	28,012	23,334	Governance
Legal and professional	24,984	14,796	Governance
	<u>58,996</u>	<u>47,610</u>	
Analysed between Charitable activities	<u>58,996</u>	<u>47,610</u>	

6 Net movement in funds

	2025 £	2024 £
Net movement in funds is stated after charging		
Fees payable to the company's auditor for the audit of the company's financial statements net of VAT	6,000	9,480
Amortisation of intangible assets	2,273	-
Operating lease charges	<u>49,674</u>	<u>52,581</u>

7 Trustees

The total expenses paid to or on behalf of the trustees during the year was £2,767 (2024: £1,361) to six trustees (2024: four trustees). This represented travel and subsistence expenses incurred in attending trustee meetings.

No trustee received remuneration in the year (2024: £nil) for their role as a trustee.

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

8 Employees

Number of employees

The average monthly number employees during the year was:

	2025 Number	2024 Number
Charitable activities	16	13

Employment costs

	2025 £	2024 £
Wages and salaries	716,293	622,898
Social security costs	60,951	64,862
Other pension costs	70,943	63,824
	848,187	751,584

The number of employees whose remuneration for the period was £60,000 or more were:

	2025 Number	2024 Number
£60,000 - £69,999	-	2
£70,000 - £79,999	2	-
£120,000 - £129,999	1	1

The key management personnel of the charity comprises the Chief Executive Officer. Total employee benefits for the key management personnel were £147,953 (2024: £147,305).

9 Taxation

The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects.

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

10 Intangible fixed assets

Development costs

£

Cost

At 1 August 2024

-

Additions - separately acquired

40,920

At 31 July 2025

40,920

Amortisation and impairment

At 1 August 2024

-

Amortisation charged for the year

2,273

At 31 July 2025

2,273

Carrying amount

At 31 July 2025

38,647

At 31 July 2024

-

11 Tangible fixed assets

Fixtures and fittings

£

Cost

At 1 August 2024

23,130

Additions

-

Disposals

(23,130)

At 31 July 2025

-

Depreciation and impairment

At 1 August 2024

23,130

Eliminated in respect of disposals

(23,130)

At 31 July 2025

-

Carrying amount

At 31 July 2025

-

At 31 July 2024

-

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

12 Debtors

	2025 £	2024 £
Trade debtors	24,793	15,214
Prepayments and accrued income	51,987	49,336
	<u>76,780</u>	<u>64,550</u>

13 Creditors: amounts falling due within one year

	Notes	2025 £	2024 £
Trade creditors		3,042	20,124
Other taxation and social security		21,244	17,860
Deferred income	14	24,785	15,205
Other creditors		-	5,495
Accruals		19,781	21,075
		<u>68,852</u>	<u>79,759</u>

14 Deferred income

	2025 £	2024 £
Deferred income at 1 August	15,205	42,405
Released from previous years	(15,205)	(42,405)
Resources deferred in the year	24,785	15,205
	<u>24,785</u>	<u>15,205</u>

Deferred income relates to subscriptions and events. Income received in advance is deferred until the relevant period or the event takes place. Deferred income at the end of the year is all recognised in the following year.

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

15 Restricted funds

The income funds of the charity include restricted funds comprising the following unspent balances of donations and grants held on trust for specific purposes:

	Balance at 1 August 2024 £	Movement in funds		Balance at 31 July 2025 £
		Incoming resources £	Resources expended £	
Burdett Trust for Nursing	82,561	-	(73,397)	9,164
Skills for Care	-	12,075	(5,080)	6,995
	<u>82,561</u>	<u>12,075</u>	<u>(78,477)</u>	<u>16,159</u>
	<u><u>82,561</u></u>	<u><u>12,075</u></u>	<u><u>(78,477)</u></u>	<u><u>16,159</u></u>
	Balance at 1 August 2023	Incoming resources	Resources expended	Balance at 31 July 2024
Burdett Trust for Nursing	77,355	30,000	(24,794)	82,561
	<u>77,355</u>	<u>30,000</u>	<u>(24,794)</u>	<u>82,561</u>
	<u><u>77,355</u></u>	<u><u>30,000</u></u>	<u><u>(24,794)</u></u>	<u><u>82,561</u></u>

Unrestricted funds

Unrestricted funds represents resources available for general purposes that fall within the charitable objectives of the charity.

Restricted funds

Burdett Trust for Nursing

The Burdett Trust for Nursing funds the Council to run the Student Leadership Programme which promotes and develops leadership skills among the future healthcare workforce through a year long programme full of events, coaching and exclusive opportunities.

Skills for Care

The project is intended to support Skills for Care in promoting social care nursing as a career amongst student nurses – growing awareness of social care as both an employment option and as an effective learning environment for student nurses on placement.

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

16 Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds £
Fund balances at 31 July 2025 are represented by:			
Intangible fixed assets	38,647	-	38,647
Debtors	76,780	-	76,780
Cash at bank and in hand	887,365	16,159	903,524
Current liabilities	(68,852)	-	(68,852)
	<u>933,940</u>	<u>16,159</u>	<u>950,099</u>
Fund balances at 31 July 2024 are represented by:			
Debtors	55,927	8,623	64,550
Cash at bank and in hand	834,148	73,938	908,086
Current liabilities	(79,759)	-	(79,759)
	<u>810,316</u>	<u>82,561</u>	<u>892,877</u>

17 Cash generated from operations

	2025 £	2024 £
Net movement in funds for the year	57,222	151,287
Adjustments for:		
Investment income recognised in statement of financial activities	(3,237)	(1,470)
Amortisation and impairment of intangible assets	2,273	-
Movements in working capital:		
(Increase) in debtors	(12,230)	(21,154)
(Decrease) in creditors	(20,487)	(2,735)
Increase/(decrease) in deferred income	9,580	(27,200)
Cash generated from operations	<u>33,121</u>	<u>98,728</u>

18 Operating lease commitments

At the reporting end date the Trust had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2025 £	2024 £
Within one year	44,864	44,864
Between one and five years	1,869	46,733
	<u>46,733</u>	<u>91,597</u>

COUNCIL OF DEANS OF HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 JULY 2025

19 Related party transactions

There are no related party transactions to disclose for the current or previous financial year.

Remuneration of key management personnel is disclosed in note 8 of the financial statements.