NICE
National Institute for Health and Care Excellence

National Institute for Health and Care Excellence

Annual Report and Accounts 2023/24

HC 22

National Institute for Health and Care Excellence (non-departmental public body)

Annual report and accounts 2023/24

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Performance report

Overview

This section describes the role of NICE, explains what we do, and lists our achievements in 2023/24.

Chairman's foreword

Sharmila Nebhrajani OBE
Chairman

This year marks the 25th anniversary of NICE, an important milestone in the history of the organisation, and one that presents the opportunity to reflect on our journey.

NICE was established in 1999: to tackle a perceived 'postcode lottery' in health and care, and to help evaluate the cost effectiveness of high price interventions. We quickly gained a status as a world-renowned organisation, producing evidence-based, rigorously evaluated guidance on clinical pathways, using health economics and the concept of the quality-adjusted life year (QALY) to assess the optimal use of NHS funds.

A quarter of a century on, our objective fundamentally remains the same. We help practitioners and commissioners get the best care to people fast, while ensuring value for the taxpayer.

Fostering innovation in a changing health and care system

But the health and care landscape we now operate in is markedly different.

An avalanche of innovative, and potentially transformative, novel treatments creates huge opportunities to improve population health. But distinguishing between the best and the rest – and signposting commissioners to the most clinically and cost-effective interventions, while simplifying life for clinicians at the point of care – is a task of accelerating complexity.

Practitioners operate in an environment of unprecedented NHS workforce, financial and capacity pressures, set amidst changing demographics. To foster innovation and its adoption, and to encourage the introduction of new drugs and pathways into an already stretched health system where demand vastly exceeds supply, requires care.

The challenges are daunting. But they also present opportunities. Opportunities to embrace new, transformative technologies. Opportunities to learn from system data to tackle the areas that matter most, such as the pernicious impact of health inequalities. And opportunities to identify the most promising innovations that can make prevention, self-care and shared decision-making a reality across our country.

Focusing on what matters most

This year, to help busy commissioners and clinicians work out where to focus their budget, we have redesigned the way we prioritise topics.

Our new approach, developed in close discussion with system partners, uses a common prioritisation framework across disease areas to identify areas of greatest clinical need and the most promising interventions. This centralised approach, presents a more coordinated and efficient way of ensuring we are addressing the areas that matter most to the system.

Creating high-quality relevant clinical guidance, and identifying the best new products, is a central part of our work. It is critical that our recommendations are subsequently implemented and acted on by the system. For this reason, supporting the adoption of our guidance is now an essential focus. A new programme will develop, generate, publicise and

interpret data on the adoption of the most clinically useful innovations. This will help identify where data is strong and where it is less so, to help focus efforts on the even implementation of guidance across the country.

Ensuring we produce timely, usable guidance

We are making progress in speeding up our decisions without compromising quality.

England ranks 6th out of 37 countries in Europe on time, in days, from regulatory approval to reimbursed access to evaluate new drugs, with a far larger programme of work than comparable countries. We are contributing to timeliness through introducing a 45% faster streamlined process for the lowest risk treatments, allowing us to refocus our resources on areas that are more complex.

We are also clearly setting out the data submission timeline companies must follow for medicines on an expedited pathway. For these 'optimal medicines', with clear data dossiers and timelines at the outset, NICE aims to publish final guidance 90 days after Medicines and Healthcare products Regulatory Agency (MHRA) marketing authorisation. In 2023/24 we increased the proportion of optimal medicine appraisals completed within 90 days. And we know we can be even faster if all company submissions are in place. This year, for 2 treatments, we published guidance at the same time as MHRA marketing authorisation – glofitimab for a rare form of blood cancer and etrasimod for ulcerative colitis.

Of course, not all topics will be optimal. Some of the most innovative may require a longer, more deliberative process. By identifying early those products likely to 'diverge' from the optimal, we can devise tailored pathways reflecting their complexity. System change for effective implementation can then be put in place to increase the chance of approved products being successfully adopted.

A renewed focus on innovation

In recognition of the power of digital technologies to enable people to take more responsibility for their own care, we have expanded our digital health programme.

In the past year, we assessed over 100 digital technologies, including 13 digital therapies for depression and anxiety disorders with a combined potential to help more than 7 million people.

Most recently we produced guidance on 5 digital technologies, for use in the NHS while more evidence is generated, to help manage non-specific low back pain. Such technologies may reduce pain, improve ability to function or return to work while potentially reducing prescribing costs, waiting lists for GPs, physiotherapy and potentially surgery.

NICE continues to contribute solutions to some of the most challenging global health problems of our time. We have worked with NHS England to develop a new evaluation and payment model for antimicrobials, to stimulate vital investment in new drugs that overcome resistance to existing options. Through this model, which will be implemented across the whole of the UK, payments made to companies are based on the value to the NHS and not linked to the volumes sold.

Anticipating the challenges and opportunities of the future

The adaptations we are making to our processes will strengthen our role and make us more agile in the face of an evolving health and care landscape.

And the advance of AI will no doubt challenge us to adapt even further. AI-mediated interventions that learn, interpret and modify in real-time, test traditional models of static, data-driven recommendations. We will also need to consider ethical questions, such as the priority we give to AI interventions that retain a 'human in the loop', against autonomous models.

The promise of AI is such that it could fundamentally alter long-established models of clinical trials. But generative AI's powers and the lack of explainability may also cause us to understand less. Our analysis will need to be able to respond to these innovations, signposting clinicians quickly to the most (and least) valuable interventions, without losing the evidence-based rigour on which our decisions are made.

NICE has achieved much since its formation in 1999. Yet there is much still to do. I am confident that the organisation will rise to the challenges and opportunities ahead, to ensure that innovative, effective and valuable treatments continue to reach people in a timely manner.

Chief executive's foreword

Dr Sam Roberts
Chief executive

I'm delighted to present NICE's annual report and accounts, which summarises our key achievements and financial activity from April 2023 to March 2024.

This report is my third as chief executive, and it lands in the year that NICE marks its 25th anniversary.

We're proud of the impact that we've had on the health and care system over the past 25 years. We've published more than 460 technology appraisals on cancer conditions alone, we've developed a whole suite of guidance on mental health, and we've helped put together a pioneering payment model for antimicrobials that led to the approval of 2 new drugs.

These are just a few of the achievements we've marked in our 25th year. And they are testament to the principles of independence, transparency and rigour that we have maintained during our history.

But as you are well aware, the health and care system is rapidly changing. Digital health technologies, with the potential to transform healthcare, are constantly emerging. Evidence-based healthcare is evolving. The amount of health and care data has grown exponentially. And the healthcare system is facing unprecedented workforce and capacity pressures.

So last year we launched our ambitious transformation plan. The plan ensures we'll maintain our core values. But we'll now also focus on:

- relevance
- timeliness
- usability
- impact.

As I reflect on our achievements of the past financial year, it is clear we've made significant progress in meeting each of these new principles.

Relevance – ensuring we focus on what matters most

Through our transformation activity, we're helping practitioners and commissioners tackle the most pressing issues in health and care.

In March, we announced that we're developing a new way of prioritising our guidance topics. This significant change to our processes will see the creation of a central integrated prioritisation board. It will apply a common prioritisation framework, so that we consider all topics and products in a transparent and consistent way. This means we will be able to produce guidance that is relevant, timely, accessible, and has demonstrable impact.

We are acutely aware of the unprecedented pressures faced by colleagues in health and care. Over the past 12 months, we have supported the system through guidance that can help reduce waiting lists, save practitioners' time and help improve productivity.

In the autumn, we launched our first guidance and resources on virtual wards to help practitioners and commissioners implement this new model of care. The guidance supports healthcare professionals in managing people with acute respiratory infection safely in their homes, rather than being in hospital.

We recommended home tests for colorectal cancer, which could lead to around 100,000 fewer colonoscopies taking place each year. And positive recommendations on digital weight-management technologies could save up to 145,000 hours of clinician time.

We are also rapidly expanding our digital health programme, assessing more than 100 digital technologies this year. This is a 30-fold increase on the number of technologies we assessed in 2022.

Timeliness

We're continuing to refine our methods and processes to ensure our guidance is timely, and the most effective medicines reach people fast.

We have achieved our target of timeliness for optimal topics, which are medicines satisfying criteria that allow us to publish guidance within 90 days of marketing authorisation. This year, there was a 57% increase in number of optimal topics published and they were published 50% quicker on average, compared with 2022/23.

Our commitment to help people get the best treatment fast was shown in a first for NICE. This year, on 2 occasions, we delivered guidance on treatments that coincided with them receiving licences from the Medicines and Healthcare products Regulatory Agency (MHRA).

In October, we launched the first modular update to our health technology evaluations manual. The update formally includes our proportionate approach to technology appraisals, which we piloted in 2022-23. Through this streamlined approach, we have been able to produce guidance up to 45% faster than standard processes, benefitting around 380,000 people.

Impact

In November, we held our first annual conference since 2019. The event was a personal highlight of my year. We heard remarkable first-hand stories from those delivering and commissioning care, on how our guidance is having an impact on the system. Some of those stories are peppered across this report – from improving the uptake of measles, mumps and rubella vaccine in coastal communities, to how we worked with a company to deliver draft guidance ahead of MHRA marketing authorisation.

Behind the scenes, we are developing new systems and processes to strengthen the impact of our guidance.

This year, we established better ways of measuring and maximising our impact, to develop further in the coming year. On measurement, we developed a new uptake data directory that illustrates uptake for prioritised quality standard measures and medicines across 19 topics at a national level. The directory consists of 147 quality standard statements and 32 medicines at a national level, that are routinely updated. The directory will support NICE's topic selection and implementation efforts, as can be seen in the example we have highlighted on exploring access to antenatal appointments. We also established a system for routine feedback from uptake data and piloted an approach for automated reporting of NICE guidance which we will develop further this year as part of our ambition to support a learning health system.

We are maximising the impact of our guidance through working with our partners. We're continuing the impactful engagement we have already undertaken, and carrying out measures to inform a new approach which aims to be more curious about what matters to people and communities. To deliver this, we have developed a new strategic approach for how we work with people and communities which will be implemented from 2024/25.

We've listened to our stakeholders and industry partners who tell us they would like a simpler route to engaging with NICE. So, in November we launched our new NICE Advice service. NICE Advice preserves our highly valued scientific advice, health system engagement and educational services. But it now offers even greater flexibility for all customers and more tailored support for healthtech companies.

Usability

We are simplifying our product portfolio and improving the presentation of our guidance to provide the best experience of using our guidance.

This year, we completed foundational work to improve the usability of our guidance. Central to this is our aim to bring our guidance together by topic so it is clearer to understand and easier to access. To deliver this, we developed interim methods and processes to incorporate technology appraisals in our guidelines, enabling us to start systematically incorporating appraisals of medicines into guidelines in 2024/25. As a result, you'll be able to access all our guidance on a topic in one place.

We also developed and piloted new methods to assess health technologies that are already in widespread use in the NHS, to inform clinical decision making, commissioning and procurement decisions. This will support practitioners, managers and commissioners to use NHS resources as effectively as possible, to ensure patient and system benefits are maximised, and to secure value for money.

Thank you

I would like to conclude by giving my thanks to the practitioners, commissioners, patient representatives, industry partners and stakeholders for all your contributions to our work. It is through your support and valuable input, that we have been able to make the significant progress in our transformation plan this year. I would also like to thank our chairman and board for their unwavering support in helping us to develop new priorities while we carry out our core role of delivering guidance. And I would like to express my heartfelt gratitude to the staff of NICE, for your energy, diligence and commitment to excellence as the organisation undergoes a period of profound change.

Our 25th year has been one of growth, transformation and excitement. I look forward to the progress we make in delivering our mission in the years ahead.

Who we are and what we do

NICE helps health and care practitioners and commissioners get the best care to people fast, while ensuring value for the taxpayer.

We do this by:

- producing useful and usable guidance for health and care practitioners
- providing rigorous, independent assessment of complex evidence for new health technologies
- developing recommendations that focus on what matters most and drive innovation into the hands of health and care practitioners
- encouraging the uptake of best practice to improve outcomes for everyone.

NICE in 2023/24

Relevant, timely, useful and impactful

Our streamlined approach for low-risk treatments is

45% faster

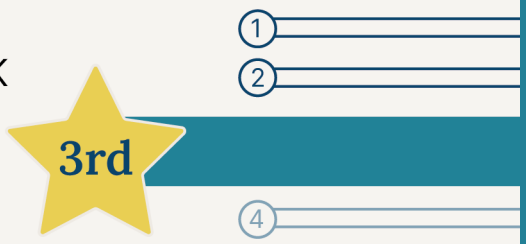
than normal processes and has benefitted 380,000 people so far.

36 days:

average time to medicines access following regulatory approval in optimal* appraisals.

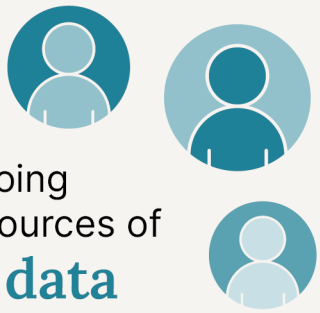
*Medicines satisfying criteria allowing NICE to publish final guidance within 90 days of marketing authorisation.

The UK is now



among OECD countries for new medicines launched.

2023 PhRMA Global Access to New Medicines Report



Established ongoing access to new sources of

real-world data

to improve our guideline and indicator development.

Our digital health programme is

30 times bigger

than in 2021/22, assessing **105 digital products** in 2023/24.

We refreshed our support service for the life sciences industry.

NICE Advice

brings several functions together – making it easier for companies to engage with NICE.

Improving care and changing lives

We recommended **life-changing hybrid closed loop technology**. This has the potential to benefit

150,000

adults and children with type 1 diabetes.

We recommended an innovative drug from a new class of treatments to prevent migraine, making it available to

145,000

people.

Home tests, which we recommended for people with signs of colorectal cancer, could result in

100,000

fewer colonoscopies annually and reduce waiting times.

We made **positive recommendations** in

86% **of our completed technology appraisal guidance**

83% **of our highly specialised technologies guidance**

Up to

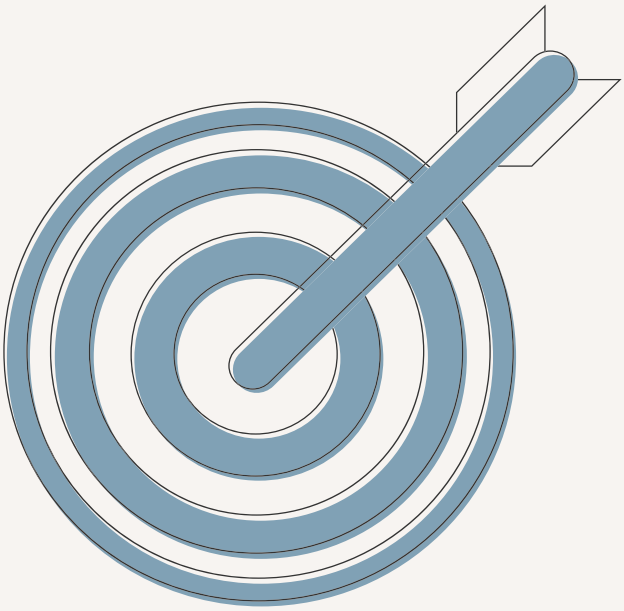
150,000

people in England with a type of chronic heart failure are set to benefit from a new treatment following its approval by NICE.

We recommended

13 digital therapies

for depression and anxiety disorders with the combined potential to help more than **7 million people**.



Relevance

It is important that our advice continues to be relevant and addresses the evolving pressures of the health and care system.

So, we are making sure that we're focusing on what matters most.

This year, we've carried out activity that tackles the most pressing issues in health and care – from easing system pressures, to introducing a new support service for industry, and expanding our guidance programme on digital health technologies.

A new approach to prioritising our guidance

As part of our transformation as an organisation, we are making sure we focus on the topics that matter most to the health and care system.

A significant way that we're doing this is through our new approach to prioritising guidance.

We began by re-evaluating our topic selection process.

Prior to our new approach, we had 6 different topic selection processes, with little central oversight of topic prioritisation. This presented an opportunity for us to centralise our approach, so that it is more coordinated, efficient and avoids the risk of duplication.

This year, we're implementing a new way of prioritising our guidance topics.

Through a centralised approach, we aim to produce guidance that is relevant, timely, accessible, and has demonstrable impact.

The approach will see the creation of:

- A central prioritisation board. This will use a common prioritisation framework to decide priorities and coordinate delivery.
- A common prioritisation framework that will be applied to all topics and products considered by NICE in a consistent and transparent way.
- Strategic principles for public health, social care, and rare diseases.

We will also be publishing a new resource on our website that outlines the guidance topics we're prioritising each year.

We launched a consultation on the new approach in March 2024, and published our response to the consultation in May 2024.

NICE ADVICE | National Institute for Health and Care Excellence

NICE Advice: A refreshed support service for the life sciences industry

As the NHS in England's health technology assessment body, NICE is uniquely placed to help life sciences companies demonstrate the value of their product effectively and optimise their market access strategy.

In November 2023, we launched our refreshed support service for pharmaceutical and healthtech companies seeking to enter the NHS market - NICE Advice. Its aim is to drive innovation into the hands of health and care professionals to enable best practice.

NICE Advice brings together several advice, insight and education functions under one umbrella – making it easier for pharmaceutical and healthtech companies to engage with NICE. The service preserves our highly valued scientific advice, health system engagement and educational services, yet now offers greater flexibility for all customers and more tailored support for healthtech companies.

> **NICE Advice helped us think about a more robust way to create our economic model. This helped minimise delays to the appraisal process.**

Simon Shohet, vice president international market access at Amicus Therapeutics

From value proposition to evidence generation and market access, NICE Advice works collaboratively with industry partners to drive innovation into the hands of health and care professionals.

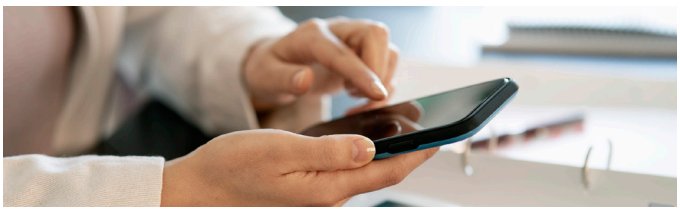
All the services provided are confidential and provided independently of NICE's guidance producing programmes. This ensures there are no conflicts of interest.

Following the launch of NICE Advice this year, we received an **81% uplift** in enquiries and an increase in awareness of our services by **17%**.

> **The META tool report [evidence gap analysis service] proved invaluable for strengthening our UK evidence generation strategy.**

Victor Barzey, digital health product lead at Otsuka

Increasing guidance on digital diagnostics and treatments



Digital treatments and diagnostics have had a transformative impact on health and care over recent years.

The devices have the potential to empower people so that they have a greater role in their own treatment decisions.

At NICE, we are producing increasing amounts of guidance on digital products that range from mental health therapies, to treatments for cardiovascular disease.

This year we have expanded our digital health programme by 30 times since 2022, assessing more than 100 digital technologies in 2023.

Case study

Digital apps for weight loss

In October 2023, we published early value assessment guidance on digital weight-management technologies. Our guidance said the technologies can be used in the NHS while more evidence is generated.

Early value assessment (EVA) guidance rapidly provides recommendations on promising health technologies that have the potential to address national unmet need. NICE has assessed early evidence on these technologies to determine if earlier patient and system access in the NHS is appropriate while more evidence is generated.

Our final guidance says 16 digital weight management technologies can be used in the NHS while more evidence is generated.

Mark Chapman, interim director of medical technology and digital evaluation at NICE, said: "Traditional face-to-face services treating people living with obesity are unable to keep up with demand. Waiting lists are long, some areas do not have a service, and people need a solution.

"These platforms could provide an option to access weight management support to those people who live in an area with no specialist weight management services or for those who are on a waiting list and are happy to be treated safely outside a hospital setting.

> **By using these platforms over the next four years, NICE can learn from the evidence generated to ensure that when we carry out a full assessment, we can ensure that we are balancing delivering the best care and getting value for money for the taxpayer.**
>
> **Mark Chapman, interim director of medical technology and digital evaluation at NICE**

Health and Social Care Secretary, Steve Barclay, said: "Technology is transforming healthcare and helping to cut NHS waiting times – one of the government's 5 priorities.

"The use of apps in weight management services will improve access to support that, alongside life-changing drugs, can help tackle obesity – which costs the NHS billions every year and is the second biggest cause of cancer.

"The newest obesity medicines have the potential to help people lose significant amounts of weight and reduce related conditions, but it's vital they are used alongside diet, physical activity, and wider behavioural support to help stop people regaining weight."

Helping a health and care system under pressure

We recognise that the health and care system is under exceptional pressure.

So, we have been carrying out a range of activity that can support practitioners and commissioners with improving productivity and recovering core services.

New guidance and resources on virtual wards

Virtual wards (also known as hospital at home) allow people to get the care they need at home safely and conveniently, rather than being in hospital.

The NHS is increasingly introducing virtual wards to support people at the place they call home, including care homes.

We recognise the potential benefits they have in releasing capacity. But we're also aware of the challenges they may raise and that the evidence is still evolving.

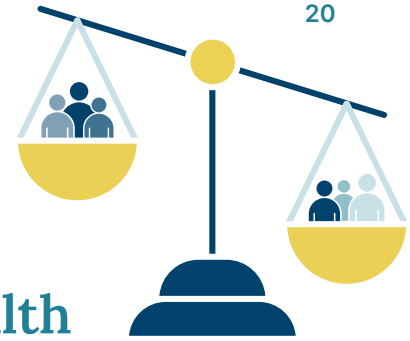
This year, we launched a range of guidance and resources to help practitioners and commissioners implement this new model of care.

In 2023, we began by looking at the acute respiratory infection (ARI) pathway, aiming to help reduce pressure on the NHS over the winter. We have published a suite of guidance and resources to help manage people with ARI safely in their homes.

We've also been listening to the health and care professionals, learning from their experience, and sharing it while they implement virtual wards.

We published reflections from Bushra Alam, acute medicine consultant and clinical lead for virtual wards. Bushra explained the benefits and challenges of implementing virtual wards across Greater Manchester.

Find out more about our virtual wards programme.



Reducing health inequalities

Health inequalities are differences in health across the population, and between different groups in society, that are systematic, unfair and avoidable.

They are caused by the conditions in which we are born, live, work and grow. These conditions influence how we think, feel and act and can affect both our physical and mental health and wellbeing.

At NICE reducing health inequalities is a core part of our DNA. It's one of our core principles. Our guidance supports strategies that improve population health as a whole, while offering particular benefit to the most disadvantaged.

In 2023, we revised our equalities and health inequalities assessment (EHIA). The revised EHIA is enabling us to better capture health inequalities issues during guideline development. This has resulted in specific recommendations to address differential access to treatments, experience of services and health outcomes.

We also piloted health inequality briefings and a prototype equity tool which have helped to shape recommendations in our guideline updates.

We are working with partners to ensure that NICE guidance is embedded in national programmes to reduce health inequalities.

Projects include working with the Care Quality Commission to help them evidence approaches to addressing health inequalities in their single assessment framework. We are also collaborating with the Race and Health Observatory and NHS England to address unwarranted variation in access to NICE recommended antenatal care among some ethnic groups.

Our health inequalities web resource continues to receive high engagement with our users. The resource maps our guidance recommendations to existing health inequalities frameworks such as the adapted Labonte model and Core20PLUS5.

The resource has received around 60,000 page views since its launch in 2022, and is regularly updated to ensure it captures the latest relevant guidance and advice.

Case study:

Guidance on game-changing advice for type 1 diabetes

According to the National Diabetes Audit 2021-22 for England and Wales there are 270,935 people in England and 16,090 people in Wales living with type 1 diabetes.

Around 10% of the entire NHS budget is spent on diabetes, so it is important that NICE focuses on this area, to ensure the best value for money technologies are available.

In December 2023, we launched guidance on hybrid closed systems for managing blood glucose levels in type 1 diabetes.

Also known as 'artificial pancreas', hybrid closed loop systems comprise a continuous glucose monitor sensor attached to the body. This transmits data to a body-worn insulin pump. It calculates how much insulin needs to be automatically delivered into the body to keep blood glucose levels within a healthy range.

People can use these systems to continue normal activities without the need for regular finger prick testing or injecting themselves with insulin to control their blood sugar levels. Keeping blood sugar levels under tight control greatly reduces the risk of complications such as blindness and amputations.

Professor Jonathan Benger, chief medical officer and interim director of the centre for guidelines at NICE, said: "Using hybrid closed loop systems will be a game changer for people with type 1 diabetes. By ensuring their blood glucose levels are within the recommended range, people are less likely to have complications such as disabling hypoglycaemia, strokes and heart attacks, which lead to costly NHS care. This technology will improve the health and wellbeing of people."

Professor Partha Kar, national specialty adviser for diabetes at NHS England, said: "This is amazing news for people living with type 1 diabetes and this announcement can be made possible thanks to the hard work of the NHS, once again trialling and testing the best and latest innovations for the benefit of our patients.

"This tech might sound sci-fi like but it will have a dramatic impact on the quality of people's lives, not to mention outcomes – it is as close to the holy grail of a fully automated system as science can provide at the moment, where people with type 1 diabetes can get on with their lives without worrying about glucose levels or medication."

Case study:

Increasing the uptake of MMR vaccines in coastal regions

In January 2023, the NHS launched a campaign to encourage greater uptake of the measles, mumps and rubella (MMR) vaccine. The drive occurred as cases of measles were rising across the country.

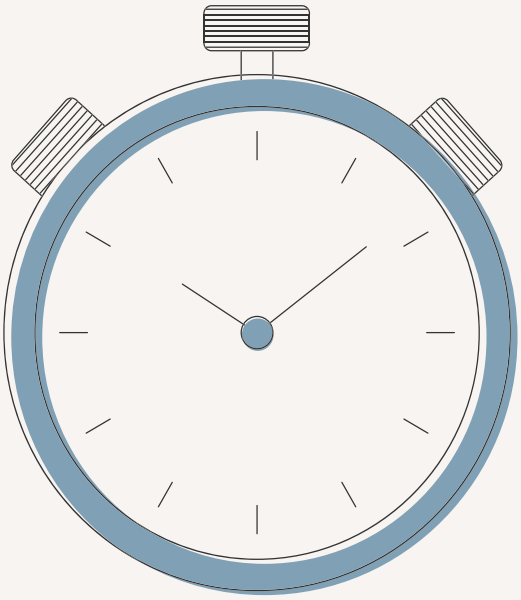
This year, we highlighted how an NHS England team in south-west England used NICE products to support increasing uptake of the MMR vaccine across the region.

The team referred to NICE's guideline and quality standard on vaccine uptake to support its work.

By using NICE's baseline assessment tool, the team was able to benchmark current practice. They then identified areas where practice could be improved. The team shared this learning with its stakeholders through a webinar, to support local action to maximise vaccination uptake.

Lucy Bond, screening and immunisation manager at NHS England south west said: "NICE gave us the evidence base and assurance that underpins the work we're doing. It provided us with a lever to influence commissioning – so that we're directly targeting the communities where we know vaccine uptake is low.

"It also provides us with a holistic view – allowing data to work alongside real-world evidence to influence practice."



Timeliness

Helping to get the best care to people fast

The UK remains competitive when compared with other countries in Europe in terms of access decisions.

However, we know that there is more we can do to improve and sustain our position on timeliness of access to innovative treatments. People want and expect faster access to new treatments, even in cases where NICE needs more data to make a final decision.

So, we are carrying out a range of projects to help improve the timeliness of our guidance.

Formally including a streamlined approach in our methods and processes

In 2023, we launched the first modular update to our health technology evaluations manual.

The update includes our proportionate approach to technology appraisals, which we piloted in 2022.

Through a proportionate approach, NICE can apply light-touch, faster evaluations to simpler, low-risk treatments. This allows faster guidance to be produced on these topics.

So far, NICE has published final guidance on 11 treatments through a proportionate approach. The guidance was produced up to 45% faster than standard processes, benefitting around 380,000 people.

The proportionate approach also releases capacity for NICE, ensuring it continues to have enough time for complex areas that need tailored support.

The update covers information on several aspects of the proportionate approach, including:

- its cost comparison process
- streamlined committee decision-making.

As part of the proportionate approach, we tested a 'pathways' model that would allow us to evaluate medicines for a disease area in a single economic model. We piloted the creation of 2 economic models in renal cell carcinoma and non-small-cell lung cancer. Following feedback on the pilot projects for the pathways approach, NICE is currently assessing what principles and lessons from the pathways pilot it will incorporate into future processes.

We continued our work on enabling earlier patient access to the most promising new technologies by agreeing new principles with NHS England that could facilitate rapid entry to managed access. This would build on the UK's world-leading experience in managed access through the Cancer Drugs Fund and the principles which have been formally established through the launch of the Innovative Medicines Fund.

Publishing guidance on medicines at the same time as licences are issued

This year, we have significantly reduced the mean and median number of days between marketing authorisation and guidance publication.

And we increased the percentage of medicine appraisals completed within 90 days by 28% compared to 22/23.

We also achieved a significant milestone in providing guidance on a new treatment at the same time as it received its licence from the Medicines and Healthcare products Regulatory Agency (MHRA).

We recommended glofitimab for people with advanced lymphoma, which works by encouraging the healthy cells in the body that are responsible for the immune system to destroy the cancer cells.

Shortly after, we published guidance on a new 1-a-day pill as an option for treating sever ulcerative colitis. The guidance was published on the same day that the treatment was granted a licence by the MHRA, in what was a first for NICE.

Faster access to innovative technologies

In 2023, a new pilot project for faster access to innovative technologies was launched.

The Innovative Devices Access Pathway (IDAP) is an initiative between NICE and a range of partner organisations. The aim of this pathway is to support the rapid development of innovative technologies that can be introduced into the NHS to address unmet clinical needs for people and healthcare professionals at the earliest opportunity, without compromising on standards of safety, quality, and effectiveness. Eight technologies have been selected into the pilot phase.

Along with NICE, the IDAP partners consists of:

- Department of Health and Social Care
- Health Technology Wales
- Medicines and Healthcare products Regulatory Agency
- NHS England
- Office for Life Sciences
- Scottish Health Technologies Group, part of Healthcare Improvement Scotland.

> **At NICE we're committed to focussing on what matters most to people and healthcare providers.**
>
> **This pathway will offer companies the direction they need to properly demonstrate the value of innovations that have the potential to address unmet need in the system.**
>
> **The opportunity for developers of game changing health technologies to access expertise from both regulators and health technology appraisers is a unique aspect of IDAP.**

Jeanette Kusel, director of NICE Advice

Learn more about IDAP.

Case study

Delivering guidance to the NHS at an unprecedented rate

In August 2023, we produced guidance, at a faster rate than ever before, on a new medicine for a rare condition.

Through collaboration with stakeholders, we were able to publish draft guidance on a treatment for Pompe disease ahead of it gaining marketing authorisation by the MHRA. This is the first time that such an event has happened in the history of NICE.

One of the reasons that the guidance was issued so quickly, is because it was one of the first medicines that used the Innovative Licensing and Access Pathway (ILAP).

The ILAP is a partnership that aims to streamline patient access to safe, financially sustainable and innovative medicines. It is open to both commercial and non-commercial developers of medicines.

Through the ILAP, manufacturers can engage with key stakeholders early and often in the journey from development to patient access. NICE is a key strategic partner in this work and several of our programmes help us deliver ILAP.

In the case of cipaglucosidase alfa with miglustat, we could direct the manufacturer to our services that would support the product through the decision process.

"The challenges of developing innovative treatments for people living with rare and very rare diseases highlight the fact that there is a need for a new approach," says Charlie Galvin, vice president international affiliates at Amicus Therapeutics.

She adds: "We have a moral obligation to develop the best medicines and ensure that every person who may benefit has access to them.

"Amicus is dedicated to partnering with the healthcare systems to find new ways of working that will reduce the time to diagnosis and treatment for people living with rare disease."

> **ILAP enabled regular and open dialogue with NICE which was crucial in ensuring patients were able to access this medicine as early as possible.**
>
> **Charlie Galvin, vice president international affiliates at Amicus Therapeutics**

In their preparations for submitting evidence as part of the appraisal process, Amicus chose to use the NICE Advice health economic model peer review service.

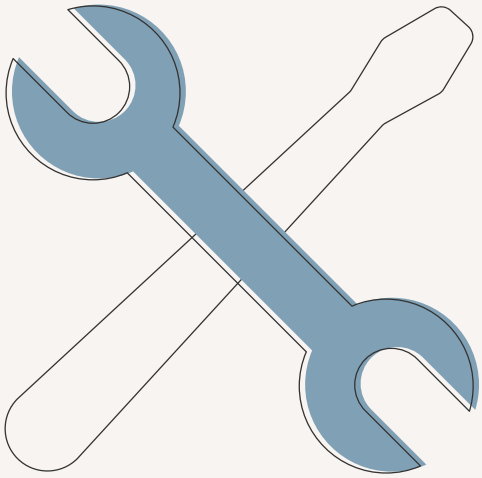
The service provides an independent, critical review and quality assessment of a company's economic model. It also provides a technical report detailing model optimisation recommendations.

Simon Shohet, vice president international market access at Amicus Therapeutics, explains: "NICE suggested that we consult with their health economic model peer review service early in the process as part of the ILAP discussions.

"The opportunities and benefits of this consultation proved to be incredibly helpful. NICE Advice offers suggestions on a manufacturer's draft economic model at an early stage before the full evidence submission has been made.

"We were able to use the learnings from the NICE Advice service to feed into our economic modelling approach and evidence submission."

Read Amicus Therapeutics case study.



Usability

Making sure our guidance is useful and useable

Our guidance has been used by countless health and care practitioners and commissioners, helping thousands of people in the process.

But we know that the needs of the health and care system are changing. So, to ensure our guidance continues to be relevant, we're adapting our processes to ensure it is useful and useable.

Including published technology appraisals in our guidelines

We're bringing our guidance together by topic, so that it's all in one place, clearer to understand and easier to access.

This key project, which began in 2023, will allow us to include our published technology appraisals guidance in our guidelines. This means you'll be able to access all our guidance on a topic in one place.

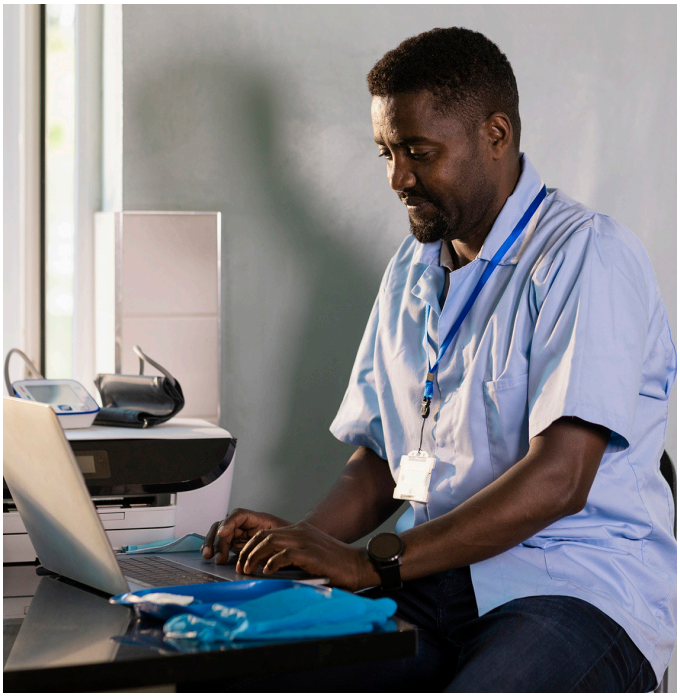
Currently, we produce guidance products separately, as technology appraisals and guidelines.

Through this project, we're looking to include our published technology appraisals guidance in our guidelines.

This will mean:

- it's easier for commissioners, practitioners and people to access and decide on treatment options
- there's better adoption of promising new treatments across the NHS.

We expect the project will help support the uptake of promising, cost-effective medicines and treatments in the NHS. This will lead to a more effective use of NHS resources, and better outcomes for people.



Advice on health technologies already in use

We are developing new ways of assessing technologies that are already in widespread use in the NHS, to support commissioning and procurement decisions.

This project will help clinical practitioners, managers and commissioners to use NHS resources as effectively as possible, to ensure patient and system benefits are maximised, and to secure value for money.

With around 500,000 technologies in regular use in the NHS, it can be difficult for clinicians, managers and commissioners to identify which products offer genuine innovation and good value.

Both people and healthcare professionals can benefit from choice of technology. But more choice can make it difficult to identify the right technology, for the right patient, at the right price.

Furthermore, over time, technologies in use often undergo changes and adaptations. But there is little consistency in how these are valued and recognised.

Through this project, we will assess which technologies in a category represent value for money and whether price variations are justified by the incremental differences and changes.

The topics will be selected in collaboration with the Department for Health and Social Care. The technologies considered for this include those that have:

- high annual cost to the NHS
- existing procurement frameworks for the category in the NHS
- price variation between technologies in the market
- incremental innovation and performance claims that have led to incremental price increases.

We consulted on our plans for this project in March 2024, and we will assess 8 topics this year and will explore our approach.

Creative solutions to complex problems in health technology assessment

The number, range and complexity of technologies we review has never been greater. The way these technologies are regulated is also developing rapidly.

This poses a challenge to NICE when we're assessing some products. The pace of innovation can sometimes mean using our existing methods alone might not meet the needs of people, the public, and health and care system partners.

It's our duty to keep ahead of these developments to make sure people gain rapid access to the newest and most promising treatments.

To address these challenges, we've established the HTA Lab, which allows us to:

- develop technical and policy solutions that enable us to evaluate innovative health technologies
- make sure that our guidance is useful and useable, particularly for technically complex and disruptive technology.

This year the HTA Lab has contributed to work on virtual wards, rapid entry to managed access and methods for the evaluation of diagnostics used in multiple care pathways.

Disease modifying treatments for dementia

Estimates indicate there are over 850,000 people with dementia in the UK. The most common type of dementia is Alzheimer's disease.

Recent breakthroughs in our understanding of the disease have begun to shed light on its complex nature and new treatments have begun to emerge including disease-modifying dementia treatments.

These treatments aim to alter the course of disease progression and reduce its substantial impact.

In 2023, we published a report that concluded that our methods and processes for evaluating the new class of Alzheimer's drugs in the NHS are appropriate, while acknowledging that key issues need to be considered.

Read the HTA Lab's report.

Ensuring the voice of people and communities remains central to our work

We know the value that the expertise and experiences of people and communities bring to our work at NICE, and in our recommendations to the health and care system.

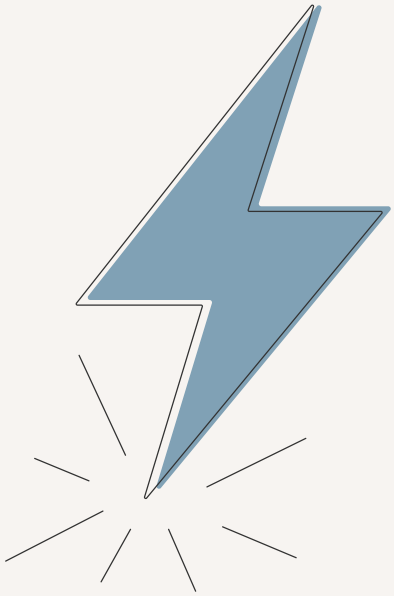
To help us understand what we were doing well, and what could be improved, we commissioned an independent review and listening exercise to reflect on how we currently involve and engage people and communities.

This work has underpinned the development of a new 3-year strategy: 'Working alongside people and communities at NICE', which will be published in the summer of 2024. Our vision is to have a best-practice approach, to improve the impact of our guidance and ensure the best care for people and communities.

We will deliver this vision through 5 key areas of focus:

1. **Impactful involvement and engagement:** involve the right people, at the right time, in the right way.
2. **Tailored approaches:** tailor the way in which people and our communities can engage with NICE.
3. **An innovative culture:** test with, and learn from, new and innovative ways to work alongside people and communities.
4. **Productive partnerships:** transform our approach and ways of working with people and communities.
5. **Focus on people first:** embed an ethos of curiosity for involvement and engagement across NICE.

Following publication, we will translate this new strategy into specific annual deliverables and activities, in partnership with the people, communities and partners we work alongside.



Impactful work

Over the past 25 years, our guidance has had a wide-ranging and significant impact on improving the lives of people.

In 2023/24 we have begun a range of activity that will maximise the impact of our advice.

We're working with partners to increase the uptake of NICE's recommendations and we're increasing the contribution of real-world evidence to our guidance.

Making the most of real-world evidence

Real-world data can improve our understanding of health and social care delivery. It offers important insights into patient health and experiences, and the effects of interventions on patient and system outcomes in routine settings.

At NICE, using real-world data to resolve gaps in knowledge is one of our key priorities.

In 2022, we launched our real-world evidence framework to help deliver on this ambition. It does this by:

- identifying when real-world data can be used to reduce uncertainties and improve guidance
- clearly describing best practices for planning, conducting and reporting real-world evidence studies to improve the quality and transparency of evidence.

This year a review of the impact of real-world evidence at NICE found:

- more than 95% of evidence reviews in our clinical guidelines make use of real-world data in their cost-effectiveness modelling
- a review of single technology appraisals for cancer drugs found 96% appraisals used real-world data in their cost-effectiveness modelling
- across all appraisal programmes at NICE, published between 2022-2023, real-world evidence featured in almost 3-quarters of committee discussions.

Case study

Using real-world evidence to inform our guidelines on cardiovascular disease

Cardiovascular disease (CVD) is the leading cause of death worldwide, accounting for almost 18 million deaths each year (over 30% of all global deaths). Around 7 million people in the UK have CVD. Over 70 million prescriptions for statins are dispensed in England each year, costing the NHS around £100 million. The total healthcare cost of CVD in England is estimated to be £7.4 billion.

Despite the weight of conclusive research and consistent national and international guidelines, many people at significant risk of CVD do not receive cholesterol-lowering treatment, or they receive inadequate treatment.

In December 2023, we launched updated guidelines on CVD which were informed by real-world evidence.

We used primary care records linked to hospital and death registry data to describe the UK population in CVD secondary prevention. This included their rates of subsequent CVD events, such as stroke and myocardial infarction, and their cholesterol levels.

This data helped us to estimate the cost-effectiveness of different cholesterol targets for secondary prevention in the UK.

We were then able to identify a new optimal cholesterol target, which will be used to determine whether and when a person with CVD who is on a statin should be escalated to more expensive cholesterol-reducing therapies. The target was included in the new national guideline, and also a new indicator for GP performance.

Maximising the impact of our work

We're carrying out a range of activity to support practitioners and commissioners to improve the uptake of our guidance.

This year, we have begun using data-led insights to increase guidance uptake. We're doing this by looking at data in areas that are health and care system priorities including 14 quality standard topics and 7 medicine groups.

Over the past 12 months, we have developed a data directory based on 21 health and care priorities. We are using this directory to:

- measure 147 quality standard statements and 32 medicines at a national level, that will be routinely updated
- determine the potential for analysis of data across the country, including availability of geographic and demographic breakdowns.

We have collated data from across the health and care system which tells us how well our guidance is being used, and we developed insights from this to inform how we prioritise our implementation activities. We are working with practitioners and topic experts to identify areas with unwarranted variation and clinically significant trends.

Over the course of 2024, we will deliver quarterly insight snapshot reports across the agreed priority areas, to inform implementation and topic selection functions.

Case study

Measuring the uptake of booking appointments for pregnant women

One of the statements in our quality standard on antenatal care is that pregnant women are supported to access antenatal care by 10 weeks of pregnancy.

The rationale for this is it enables early identification of potential medical, obstetric, and social risks, allowing care to be planned accordingly.

It also allows for early sharing of information on lifestyle factors, such as smoking.

However, we found that there is significant variation in the implementation of this. In some providers, over 80% of women have their booking appointment by 10 weeks of pregnancy. At others, this is less than 20%.

Furthermore, the proportion of white women who have a booking appointment by 10 weeks of pregnancy is 22% higher than that of Black or Black British women.

As a result, we have met with external experts to further understand the data and develop plans to address this.

We have developed a proposed partnership approach with the NHS Race and Health Observatory (RHO), focused on variation by ethnicity and deprivation. We are developing an awareness-raising resource in collaboration with the RHO. The resource will be aimed at practitioners that aims to highlight health inequalities and prompt action. We aim to complete this work by autumn 2024.

In addition to this topic specific work, we are also working together with the RHO to develop a memorandum of understanding (MOU) for future ways of routinely working together. This is to ensure health inequalities are considered and maximised in all our work. The MOU will be in place by August 2024 and include agreed objectives and an associated action plan.

Digital adaptation kit for chronic kidney disease

Measuring the uptake of our guidance is a critical first step to supporting its implementation and ultimately understanding our impact.

To make this happen, we've made important progress this year by developing an approach to how NICE can deliver 'computable guidance'.

Computable guidance is a representation of written guideline recommendations in computer interpretable format – and by making our recommendations computer-readable, they will be more usable in clinical practice.

To develop our approach to computable guidelines, informed by the World Health Organisation smart guidelines approach, we've focused on developing a Digital Adaption Kit (DAK). This is a software-neutral, operational, and structured data model. We have developed a DAK for our quality standard on chronic kidney disease.

The resource provides a structured way of making our recommendations more computable across systems used by professionals in healthcare settings.

We developed this resource though collaborating with clinicians, academics and industry experts working in computable guidance.

We are exploring ways in which DAKs can be used in health and care, including the potential to test with primary care practitioners.

NICE and international collaboration

NICE is at the global forefront of health technology assessment and guideline development. We recognise that we can contribute to the improvement of health and care outcomes in other countries. We also appreciate that there is much we can learn from international partners to shape and improve our own work.

NICE International

NICE International supports countries to improve their nation's health and wellbeing, helping to drive improvements in evidence-based decision-making. 2023/24 saw the successful delivery of 41 engagements to 23 different countries.

This year, the team provided technical training and other bespoke support to the Ukrainian Ministry of Health, helping to improve their health technology assessment processes.

They have also begun a long-term collaboration with Taiwan's Centre for Drug Evaluation (CDE) and National Health Insurance Administration (NHIA). In December 2023, Taiwan's CDE and NHIA launched the Centre for Health Policy and Technology Assessment. This significant milestone brings Taiwan a step closer to establishing its own independent health technology assessment agency.

The team also supported the Ministry of Health in Cyprus to contextualise clinical guidelines. In June 2023, Cyprus published a clinical guideline and quality standard on the diagnosis and management of atrial fibrillation. They adapted this from our own publications.

> **I look forward to our continued partnership, working together to improve patient access to effective treatments and care.**

Oresta Piniazhko, director of the health technology assessment department at the State Expert Centre within the Ukrainian Ministry of Health

> **From the establishment of Taiwan's Cancer Drugs Fund, to setting up our dedicated health technology assessment centre, by working together, we are improving access to clinically and cost-effective new medicines.**

Chung-Liang Shih, director general of Taiwan's National Health Insurance Administration

Current international collaborative projects

We are involved in a range of international methodological research and other projects. These partnerships help us to keep improving how we work. They also help us anticipate and adapt to policy developments, including changes in health and social care delivery.

During 2023/24, our science policy and research team joined 6 new EU-UK research projects. From defining the evidence requirements for new interventions being developed for Alzheimer's disease (the AD-RIDDLE project), to helping to create the first European digital health technology assessment framework (the EDiHTA project), these new projects cover various aspects of methods research and a range of therapeutic areas.

In September 2022, the World Health Organization launched the Novel Medicines Platform. This initiative aims improve patient access to effective, novel, high-cost medicines. NICE is the UK's nominated partner for this project. During 2023/24, we have been involved in working groups on transparency and sustainability.

In April 2023, we agreed a consistent approach to handling clinical data with health technology evaluation partners in America and Canada. Working in collaboration with the Institute for Clinical and Economic Review in America and CADTH, Canada's drug and health technology agency, we published a joint statement setting out the changes. The agreement aims to strike a balance between ensuring transparency of decision-making and protecting confidential information.

In August 2023, our international collaboration with 6 health technology assessment bodies welcomed 2 further organisations. The addition of Institut national d'excellence en santé et en services sociaux in Quebec and Pharmac in New Zealand could see more than 134 million people benefitting from the group's work. The collaboration prioritised work sharing, horizon scanning, and science and methods development as its 3 priority work areas in 2023/2024.

Guidance highlights

> **Poorly controlled type 2 diabetes, with its associated additional health risks, is a huge challenge for those living with the condition and the NHS. This recommendation will offer fresh hope for many and provide value for money for the taxpayer.**
>
> **Helen Knight, director of medicines evaluation at NICE**

Around 180,000 could benefit from new treatment option for type 2 diabetes

In October 2023, we published final guidance recommending tirzepatide, also known as Mounjaro and developed by Eli Lilly, for treating poorly controlled type 2 diabetes in adults alongside diet and exercise.

According to research by Diabetes UK, more than 5 million people in the UK are living with diabetes. The charity estimates around 90% of people with diabetes have type 2.

The independent NICE committee recognised the importance of new treatment options as almost 2 in 3 people with type 2 diabetes do not have it under control with current medicines. Poor control can lead to serious complications including kidney disease, eye problems (including blindness), stroke and heart attack.

Evidence from clinical trials showed using tirzepatide resulted in significant reductions in blood sugar levels and body weight compared with semaglutide, insulin therapy or a placebo. The evidence showed using tirzepatide resulted in 81% to 97% of people reaching better glucose control and 54% to 88% reaching a 5% or greater reduction in body weight, which were significantly more than any of the comparators.

The committee was able to make the positive recommendation following additional analyses and modelling on clinical and cost-effectiveness provided by the company after the initial consultation.

Helen Knight, director of medicines evaluation at NICE, said:

"There are very few new medicines being developed to treat difficult to manage type 2 diabetes. Our committee recognised the potential tirzepatide has to provide an effective and good value treatment option for all those living with poorly controlled type 2 diabetes.

"Poorly controlled type 2 diabetes, with its associated additional health risks, is a huge challenge for those living with the condition and the NHS. This recommendation will offer fresh hope for many and provide value for money for the taxpayer."

Updated guidance on sepsis

An analysis of data by the UK Sepsis Trust in 2017 showed that there were 200,000 admissions to hospitals in England where sepsis was diagnosed.

In March 2024, we updated our guidance on sepsis. The guidance recommended better targeting of antibiotics for suspected sepsis to ensure the right people receive treatment as soon as possible but the medicines are not overused, which can lead to antibiotic resistance.

National Early Warning Score (NEWS2) is the NHS England endorsed system to identify acutely ill people, including those with sepsis.

Our guidance recommends using NEWS2 to help assess people with suspected sepsis who are aged 16 or over, are not and have not recently been pregnant, and are in an acute hospital setting, acute mental health setting or ambulance.

This recommendation is included in a partial update of NICE's recognition, diagnosis, and early management of suspected sepsis guideline alongside further advice on assessing people most at risk, when to give antibiotics and identifying the source of infection.

The guideline states people graded by NEWS2 as being the most severely ill should be prioritised and continue to receive broad-spectrum antibiotics within an hour.

As a result of the updated NEWS2 warning scores, it is expected that more people will be graded at a lower risk level where treatment should begin within 3 hours and the diagnosis clarified before antibiotics are given, targeted at a specific infection if possible.

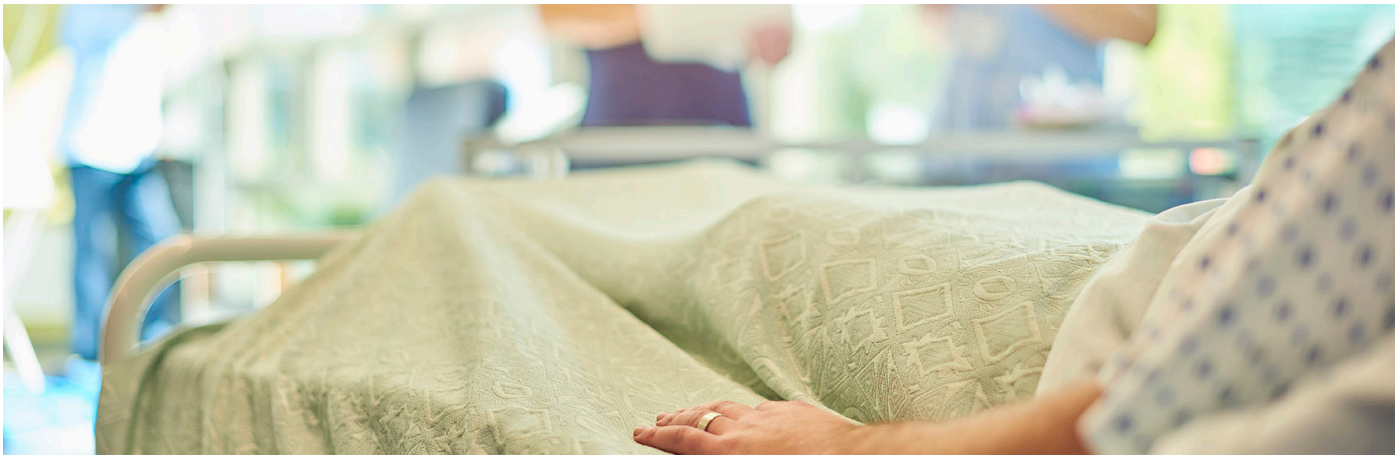
> **This update is the latest part of the process to ensure NICE guidance is as current as possible. We recognise this is a vital and rapidly evolving area, so this is the latest in a series of planned updates to our guidance.**
>
> **Professor Jonathan Benger, NICE chief medical officer and interim director of the centre for guidelines**

This will help to reduce the risk of antibiotic resistance and give healthcare professionals more time to investigate those who are less severely ill, so they receive the right treatment.

Professor Jonathan Benger, NICE chief medical officer and interim director of the centre for guidelines said: "This useful and useable guidance will help ensure antibiotics are targeted to those at the greatest risk of severe sepsis, so they get rapid and effective treatment. It also supports clinicians to make informed, balanced decisions when prescribing antibiotics.

"We know that sepsis can be difficult to diagnose, so it is vital there is clear guidance on how NEWS2 can be used to identify serious illness, ensure people receive the right treatment in the right clinical setting and save lives.

"This update is the latest part of the process to ensure NICE guidance is as current as possible. We recognise this is a vital and rapidly evolving area, so this is the latest in a series of planned updates to our guidance."



First guidelines on gambling

In November 2023, we published our first draft guidance on harmful gambling.

Around 300,000 adults experience 'problem gambling'. An estimated 3.8 million adults, children and young people in Great Britain are 'affected others', people who have personally experienced negative effects from another person's gambling.

NHS England has opened 12 gambling treatment clinics across England since 2019, with a further 3 due to open in the coming months.

Our guideline includes recommendations support consistent best practice for the treatment of harmful gambling.

The guideline says health and social care practitioners should consider asking people about gambling if they attend a health check or GP appointment, in a similar way to how people are asked about their smoking and alcohol consumption.

Professor Jonathan Benger, NICE's chief medical officer and interim director of the centre for guidelines, said:

"Harmful gambling causes immense misery to all those who experience it. We want those needing help or who are at risk to be identified sooner and receive appropriate help.

"The independent committee who made these draft recommendations included both clinicians and people with personal experience of harmful gambling. They scrutinised all the available evidence to identify treatments and therapies that have been shown to work and offer good value for money.

"The result is this useful and usable advice to help NHS clinics as they develop their service."

> **Harmful gambling causes immense misery to all those who experience it. We want those needing help or who are at risk to be identified sooner and receive appropriate help.**
>
> **Professor Jonathan Benger, NICE's chief medical officer and interim director of the centre for guidelines**

NHS England's mental health director, Claire Murdoch, said:

"Gambling addiction is a cruel disease that destroys people's lives, and the NHS is already playing its part in treating it with 4 new specialist clinics opening in recent months and a further 3 opening later this year, so if you're struggling, please come forward for help.

"We will work with NICE on this consultation process and while this new guidance will ensure the NHS can help even more people struggling with gambling addiction to receive evidenced based treatment, it is vital that the billion-pound industry also takes action in line with the government's White Paper to stop people coming to harm in the first place."

Up to 14,000 people could benefit from the first NICE-recommended treatment for severe alopecia

Thousands of people with severe hair loss due to alopecia areata are set to benefit from a new 1-a-day capsule to help treat the condition. Ritlecitinib (also known as Litfulo and made by Pfizer) is recommended by NICE as an option for treating severe alopecia areata in people aged 12 and over.

The treatment, taken as a daily pill at home, works by reducing the enzymes that cause inflammation and subsequent hair loss at the follicle. It is the first treatment for severe alopecia areata recommended by NICE for use on the NHS.

Evidence from clinical trials shows that ritlecitinib is more effective than placebo at improving hair regrowth and that response rates continued to improve for people taking ritlecitinib for up to 2 years.

Helen Knight, director of medicines evaluation at NICE, said:

“Our committee heard how severe alopecia areata can have a significant impact on people’s health and quality of life. I’m delighted that we are now able to recommend this innovative treatment, the first time a medicine for severe alopecia areata has been recommended by NICE for use in the NHS.

“It is especially pleasing that we have been able to recommend ritlecitinib just 16 weeks after it was granted a licence by the Medicines and Healthcare products Regulatory Agency, demonstrating NICE’s commitment to getting the best care to people fast.”

Our committee heard how severe alopecia areata can have a significant impact on people’s health and quality of life. I’m delighted that we are now able to recommend this innovative treatment, the first time a medicine for severe alopecia areata has been recommended by NICE for use in the NHS.

Helen Knight, director of medicines evaluation at NICE

Performance analysis

Our outputs

In 2023/24 NICE produced the guidance and advice shown in the following table:

Core advice and guidance	2023/24 planned outputs	2023/24 actual
Guidelines (new or updated)	17	37
Technology appraisals and highly specialised technologies guidance	110	93
Health technologies programme guidance*	50	51
Quality standards updates	6	7

*Health technologies programme guidance incorporates, interventional procedures, diagnostics and medical technologies guidance

Financial review

Accounts preparation and overview

Our accounts consist of primary statements (which provide summary information) and accompanying notes. The primary statements comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity. The accounts were compiled according to the standards set out in the Government Financial Reporting Manual (FReM) issued by HM Treasury, which is adapted from International Financial Reporting Standards (IFRS), to give a true and fair view of the financial position.

NICE is a non-departmental public body (NDPB) with the majority of funding coming through grant-in-aid from the Department of Health and Social Care (70% of total 2023/24 operating expenditure). The remaining funding comes from NHS England and our income generating activities (technology appraisal and highly specialised technologies charging, NICE Advice and research grants). This funding and how it was used is explained in more detail below.

The Department of Health and Social Care has approved NICE's business plan for 2024-25 (available to view at www.nice.org.uk/ about/who-we-are/corporate-publications) and has provided details of indicative funding levels for the next financial year. It is therefore considered appropriate to prepare the 2023/24 financial statements on a going concern basis.

How is NICE funded?

NICE's total revenue funding from the Department of Health and Social Care for 2023-24 was £58.1 million. This comprised:

- £45.5 million administration grant-in-aid funding.
- £11.0 million programme grant-in-aid funding. This is primarily funding to purchase and distribute the BNF on behalf of the NHS (both in print and digital versions), and to support the Medical Technologies Evaluation Programme, in particular the cost of the external assessment centres.
- £1.1 million ring fenced right of use asset depreciation.
- £0.5 million ring-fenced depreciation limit. This is non-cash funding for the annual depreciation and amortisation costs of our assets.

In addition to the revenue resource limit, NICE's capital resource limit was £1.2 million for 2023/24.

The total amount of cash available to be drawn down from the Department of Health and Social Care during 2023/24 was £61.3 million (made up of administration funding [£45.6 million], programme funding [£11.0 million], lease payments associated with right of use asset [£1.3 million], capital funding [£1.2 million] and further additional cash for 2022/23 pay award [£2.2 million])

The actual amount of cash drawn down in 2023/24 was £61.0 million. This was £0.3 million lower than the amount available because of underspends on vacancies across the organization, and lower capital spend than forecast.

Other income

NICE also received £22.9 million operating income from other sources, as follows:

- NHS England provided £1.7 million funding to continue supporting a number of programmes:
  - activities supporting the Cancer Drugs Fund and managed access
  - supporting the Rapid Evidence Summaries Programme
  - quality assure and update clinical decision support tools.
- A further £3.7 million was received from NHS England (previously from Health Education England) to fund national core content (such as journals and databases) on the NICE Evidence Search website for use by NHS employees.
- £10.0 million was received in fees for technology appraisals and highly specialised technologies.
- £2.0 million was received from the devolved administrations and other government departments to contribute to the cost of producing NICE guidance and publication of the BNF.
- Trading activities from NICE Advice and intellectual property royalties generated £3.4 million gross income and receipts.
- £0.6 million was received from charges to sub tenants of the Manchester and London offices.
- £1.5 million was received from other sources, including grants for supporting academic research and recharges for staff seconded to external organisations.

How the funding was used

Total net expenditure in 2023-24 was £57.8 million (£57.8 million in 2022-23), which resulted in an underspend of £0.3 million against a total revenue resource limit of £58.1 million (see table below).

Summary of financial outturn

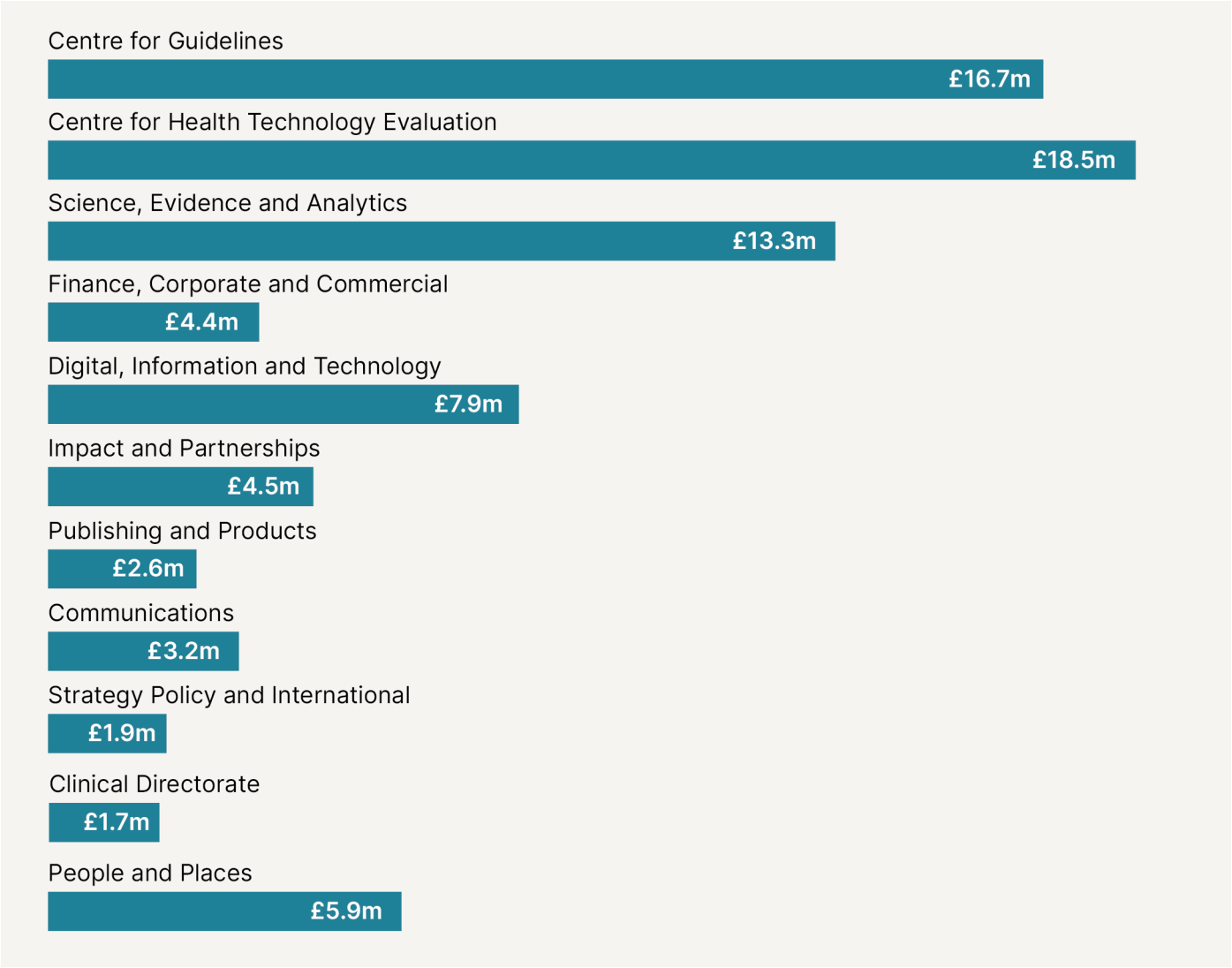
2023/24 Financial outturn	Resource limit (£m)	Net expenditure (£m)	Variance (£m)
Grant-in-aid	56.5	56.2	0.3
Depreciation and amortisation	1.6	1.6	0.0
Total comprehensive expenditure for the year ended 31 March 2024	**58.1**	**57.8**	**0.3**

2022/23 Financial outturn	Resource limit (£m)	Net expenditure (£m)	Variance (£m)
Grant-in-aid	55.6	57.6	2.0
Depreciation and amortisation	0.4	0.2	(0 .2)
Total comprehensive expenditure for the year ended 31 March 2023	**56.0**	**57.8**	**1.8**

The organisation is structured into 5 guidance and advice-producing directorates and 6 corporate support functions.

The following chart shows how the gross expenditure is spread across NICE.

Gross expenditure by centre and directorate: £80.6 million



Figures exclude non-cash items such as deprecation and provision adjustments.

Capital expenditure

The Capital budget during 2023/24 was £1,220k (2022/23: £480k). The actual spend for 2023/24 was £1,040k (2022/23: £226k). Of the total capital budget £470k related to Cyber funding, these monies were provided late in financial year by DHSC hence why all the monies couldn't be spent in year.

Of this, £385k was spent on purchasing new laptops, £355k transferring existing laptops to capital from revenue (NICE updated its capital policy to include capitalisation of laptops in year). £300k of this was used to purchase virtual appliances to protect with Cyber Security.

Better payment practice code

As a public sector organisation, NICE is required to pay all non-NHS trade creditors in accordance with the Better Payment Practice Code. The target is to pay 95% of all valid invoices by the due date or within 30 days of receipt of the goods, whichever is the later. NICE's performance against this code is shown in the following table.

Payment statistics

Payment statistics	Number	£000
Total non-NHS bills paid 2023/24	1,502	19,601
Total non-NHS bills paid within target	1,432	19,035
Percentage of non-NHS bills paid within target	**95.3%**	**97.1%**

Payment statistics	Number	£000
Total NHS bills paid 2023/24	336	6,708
Total NHS bills paid within target	327	6,554
Percentage of NHS bills paid within target	**97.3 %**	**97.7 %**

The amount owed to trade creditors at 31 March 2024, in relation to the total billed by suppliers in the year expressed as creditor days, is 17 days (16 days in 2022/23).

Future developments

To deliver NICE's purpose of helping practitioners and commissioners get the best care to people fast, ensuring good value for the taxpayer, in 24/25 we will build on the foundational work completed in 23/24 and:

- Balance speedy access to innovation, while considering significant pressures in the health and care system and health inequalities.
- Collaborate with key partners such as the Medicines and Healthcare products Regulatory Agency, the Department of Health and Social Care and NHS England to improve the innovation ecosystem, including collaboration on MHRA's international recognition procedure, NHSE's reviews of the commercial medicines framework and the innovation ecosystem and consultations with NHSE on a medtech pathway and budget impact test for medicines.

We will deliver these aims by:

- Providing high quality, timely advice, including in key areas of new innovation (for example obesity and dementia). We will improve the time taken to develop and update our guidance by aligning and digitising our guidance producing processes and introducing continuous improvement methods. We will explore opportunities to improve our assessment of value in areas such as health inequalities and severity and pilot two new programmes that improve assessment of value in the late stage of the innovation lifecycle.
- Ensuring our advice is relevant to people and communities and the health and care system. We will prioritise topics for NICE guidance using criteria on which we have consulted with the public and sustain the growth in our healthtech programme, aiming to link it into a seamless pathway from regulation to reimbursement.
- Improving the useability of our advice by including recommendations about new medicines and healthtech (where no further analysis is required) in our guidelines within 6 months of first publication and making the right advice easier to find.
- Increasing the impact of our advice by working with partners to increase the uptake of NICE's recommendations and expanding the ways in which people and communities can contribute to our guidance.

These will be delivered while ensuring financial balance, maintaining staff engagement and external reputation, and increasing diversity of our workforce.

Information on our objectives and strategic plans can be found in the business plan, available on our website (www.nice.org.uk/About/Who-we-are/Corporate-publications)).

Human rights

NICE prides itself on being a good employer, and in our last employee survey our average engagement score was 68% which is defined as 'good' by our survey provider. We maintain and implement practices and policies to protect the human rights of our staff, including policies on bullying, harassment and victimisation, grievance, and whistleblowing. We have put in place a range of diversity initiatives which are designed to prevent discrimination and we recognise a trade union that staff are welcome to join.

Signed:

Dr Sam Roberts
Chief executive and accounting officer
10 July 2024

Sustainability report

Social, community and environmental issues

NICE occupies a floor of a shared building in Manchester and part of a floor in a shared building in London. Both landlords in these buildings provide services and encourage behaviour that meets sustainability requirements. This includes recycling, energy efficiency and other facilities.

We have created a staff network, ECO-NICE which is active in promoting sustainability issues in and out of the workplace.

We consider environmental and sustainability issues when procuring goods and services. Staff are encouraged to travel on NICE business in the most sustainable and cost-effective way. Staff are also encouraged to commute using public transport by offering a rail season ticket scheme including the Metrolink network in Manchester. NICE is also a member of the Cycle to Work scheme, which provides tax efficient incentives for employees to use bicycles to travel to work. We have also enhanced our cycling facilities at both offices ensuring we provide excellent storage and changing amenities.

Climate-related financial disclosures

NICE has reported on climate-related financial disclosures consistent with HM Treasury's Task Force on Climate-Related Financial Disclosures (TCFD) aligned disclosure application guidance, which interprets and adapts the framework for the UK public sector. NICE considers climate to be a principal risk, and has therefore complied with the TCFD recommendations and recommended disclosures around:

- Governance - recommended disclosures (a) and (b)
- Risk Management - recommended disclosures (a) to (c)
- Metrics and Targets - recommended disclosures (a) to (c)

This is in line with the central government's TCFD-aligned disclosure implementation timetable for Phase 2. NICE plans to provide recommended disclosures for strategy in future reporting periods in line with the central government implementation timetable.

Governance

NICE's work to support the environmental sustainability of the health and care system is summarised on the sustainability page on the NICE website. Items relating to environmental sustainability and climate change are reviewed and discussed at the NICE board meetings, and by the executive team and other senior management groups and on an ad hoc basis, as and when the need for discussion, decision or sign-off arises.

In 2023/24, this occurred on the following occasions:

In May 2023 the board reviewed an overview of NICE's programme of activity on environmental sustainability, including the findings and recommendations from the NICE Listens deliberative engagement on environmental sustainability. The board noted the findings of the NICE Listens project and discussed what NICE will, should and could do to support the environmental sustainability of the health and care system, following prior consideration by the executive team in April 2023.

In August 2023, NICE's guidance executive signed off the publication of a NICE evidence summary on desflurane for maintenance of anaesthesia. The purpose of the evidence summary is to inform NHS England's policy on decommissioning desflurane on grounds of its high global warming potential.

Risk management

Climate related risks are identified and assessed through NICE's risk management process set out in the risk management policy. The following climate-related risk is included in the strategic risk register:

- NICE fails to sufficiently support the government's ambition to tackle climate change due to a lack of internal strategy and/or other priorities for methods development leading to a missed opportunity to support the health and care system to reduce its environmental impact.

As with all strategic risks, this is reviewed by the executive team monthly, the audit and risk committee quarterly, and the board twice a year. Further information on the risk management process is set out in the governance statement.

Mitigating climate change: working towards Net Zero by 2050

We continue to support and promote climate change issues across the London and Manchester offices and are working toward the Greening Government Commitments 2021 to 2025 targets. We are already meeting some of these, such as:

- Reducing domestic flights. Staff members take domestic flights only in exceptional circumstances. Domestic business flights were lower in 2023/2024 than 2022/2023 but have increased since 2021/2022. We have reduced our domestic business flights by over 30% from the 2017/ 2018 baseline.
- We have eliminated waste to landfill and have increased the proportion of waste which is recycled to 63% of overall waste.
- We continue our commitment to eliminate consumer single use plastics from our offices. We have implemented several measures to stop the use of disposable plastic items, reduce waste and encourage the use of reusable or recyclable materials. We are working with our cleaning team to find a replacement to their plastic bin bags and gloves.
- We have introduced reuse schemes to dispose of obsolete audio-visual equipment and other items.
- We have reduced our office copier by over 98% from our 2017/18 baseline from 3,134 reams to 60 reams.
- We have updated our organisational travel policy to ensure staff consider lower carbon options as alternatives when making travel arrangements.

NICE's performance is summarised in tables below but note:

- Estate information is for the Manchester office only, this includes the tenants the Cabinet office, Regulatory of Social Housing, Care Quality Commission (CQC). For the London office, DHSC report on all 7 arms length bodies on the floor at 2 Redman Place which include NICE, CQC, Human Fertilisation & Embryology Authority, Human Tissue Authority, Health Research Authority, Healthwatch and National Guardian.
- Financial information was not separately available for office estate waste because the cost is included in the building service charge.
- Weight of waste is now estimated pro rata on floor area of total building waste produced as all waste for the building is collected and measured together.
- Financial information was not separately available for office estate water use because the cost is included in the overall service charge. There are no other uses of finite resources where the use is material.
- NICE currently has no scope 1 carbon emissions, which are from sources owned by the organisation such as fleet vehicles.
- Printing weight and expenditure includes Manchester office printing and the printing of the BNF and the BNFC.

Sustainable development – summary of performance

Activity	Unit	2021/22	2022/23	2023/24
Business travel including international air travel (kilometres)	Kilometres	279,200	1,325,220	1,240,640
Business travel including international air travel (kilometres)	Expenditure (£)	90,323	£450,996	£504,399
Office estates energy (Manchester only)	Consumption (kWh)	535,176	633,531	554,269
Office estates energy (Manchester only)	Expenditure (£)	126,425	£228,600	£244275
Office estates waste (Manchester only)	Production (tonnes)	9.6	22.37	32
Printing	Paper (tonnes)	207	160.24	-
Printing	Expenditure (£)	620,776	£637,776	-

Estimated carbon emissions

Activity	Outturn 2021/22	Carbon tonnes 2021/22	Outturn 2022/23	Carbon tonnes 2022/23	Outturn 2023/24	Carbon tonnes 2023/24
Mains Green Tariff Electricity (kWh) Manchester only	535,176	124	633,531	133.72	554,269	124.70
Scope 2 total emissions Relating to emissions from energy consumed that is supplied by another party	535,176	124	633,531	133.72	554,269	124.70
Rail travel (km)	260,265	9.24	961,597	34.13	915,725	32.47
Air travel – domestic (km)	7,665	1.00	32,369	4.21	24,007	4.03
Air travel – international (km)	5,184.8	0.41	287,568	24.24	288,501	35.79
Car travel (km)	6,085	1.04	43,686	7.22	11,407	1.77
Printing (tonnes)	207	325	160.24	150.95	-	-
Scope 3 total emissions Relating to emissions from official business paid for by the NICE	-	**337**	-	**220.75**	-	**74.06+**
Total	-	**461**	-	**354.47**	-	-

Waste

Waste	2021/22	2022/23	2023/24
Total recycled (tonnes)	2.0	13.78	20
Total incinerated with energy recovery (tonnes)	7.7	8.59	12
Total waste (tonnes)	**9.7**	**22.37**	**32**
Total waste to landfill	0%	0%	0%

Section B

Accountability report

Corporate governance report

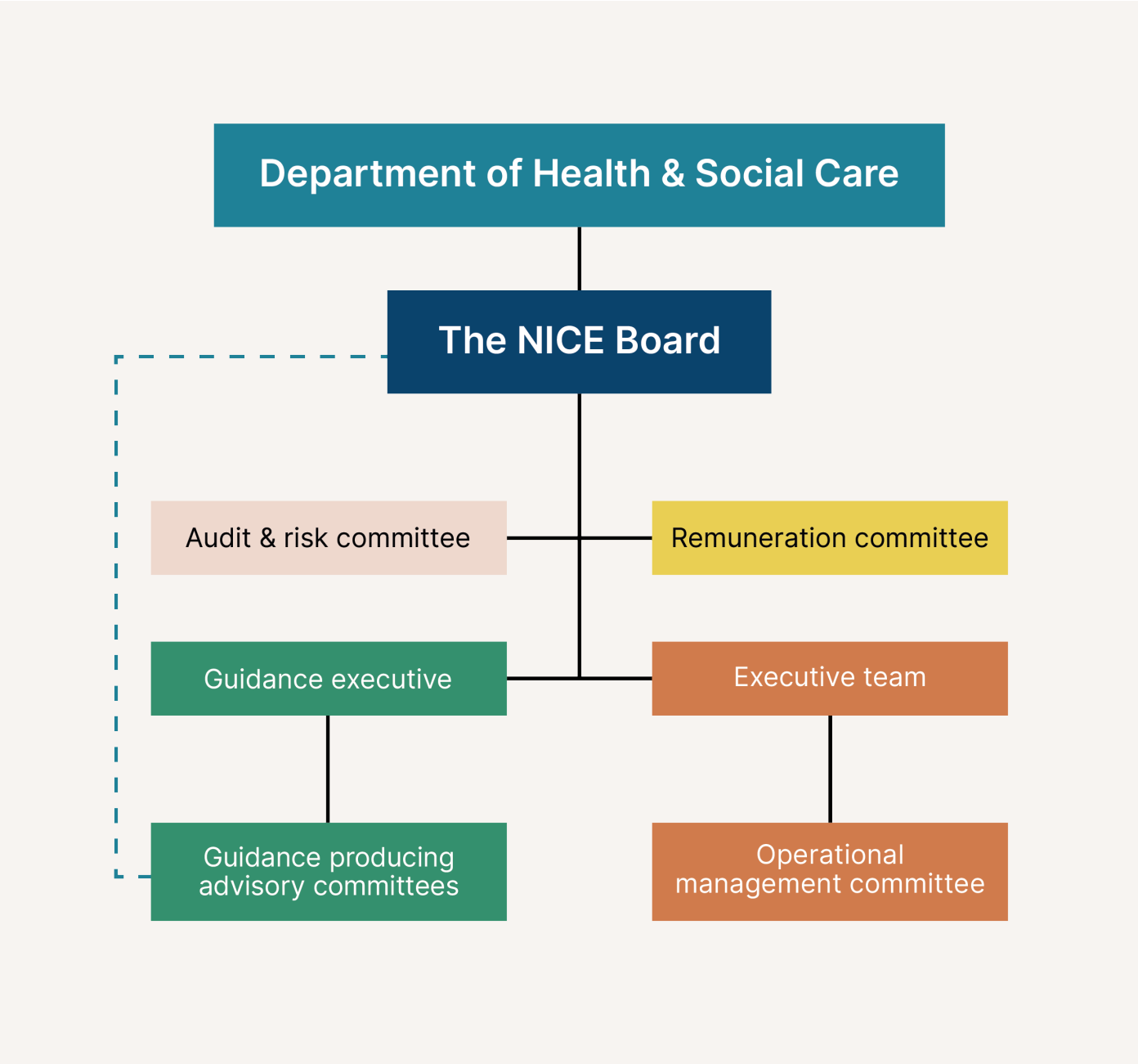
The purpose of the corporate governance report is to explain NICE's governance structures and how they support the achievement of its objectives.

It comprises 3 sections:

Directors' report

The directors' report as per the requirements of the Government Financial Reporting Manual (FReM) requires certain disclosures relating to those having authority or responsibility for directing or controlling the entity including details of their remuneration and pension liabilities.

Governance structure



Board roles

Chairman

The chairman is responsible for leading the board in an open and positive way, representing NICE to the health and social care communities, life sciences industry and the public.

Other responsibilities include:

- Leading the board in formulating NICE's strategy
- Ensuring the board puts policies in place to secure the effective management and development of staff, and is clear about the values it holds as an organisation
- Encouraging and enabling all board members to make a full contribution to the board's affairs and work effectively as a team
- Ensuring the board discharges its statutory duties to the highest standards of propriety
- Setting the tone for excellent working relationships between NICE and key stakeholders responsible for the successful operation of the health and social care system, and supporting innovation and the UK life sciences
- Representing NICE externally
- Advising the Department of Health and Social Care (DHSC) on the performance of the non-executive directors

Non-Executive Directors

Our board has a majority of non-executive directors, all of whom bring extensive skills and external experience to the board. This ensures a good balance of skills is available to NICE in discharging our duties and responsibilities, in addition to establishing NICE's policy and strategic direction and its resourcing framework.

Chief executive

The board has delegated responsibility for the day-to-day running of NICE to the chief executive and the executive team (ET). The ET ensures that the strategy, policies and behaviours set at board level, are effectively communicated and implemented across NICE.

The permanent secretary at the Department of Health and Social Care has designated the chief executive as NICE's accounting officer. This appointment carries duties and responsibilities in respect of regularity, propriety, value for money and good financial management, and the safeguarding of public funds. The chief executive has specific responsibilities for ensuring compliance with the terms of the Framework Agreement with DHSC. She must also ensure that proper accounting records are maintained, and she must sign the annual accounts.

Executive Directors

NICE has up to five executive directors (including the chief executive), who are officer members of the NICE board. In addition, other members of the executive team who lead directorates attend the board meeting in a non-voting capacity.

NICE's board and executive team

Non-executive directors who served on the board in 2023/24 were:

Sharmila Nebhrajani OBE

Chairman and non-executive board member
Remuneration committee chair

Tenure served:
4 years

Appointed to the NICE board as chairman in May 2020.

Sharmila began her career in strategy consulting and has broad sectoral experience across health, media, utilities and financial services from both the private and public sectors. She serves as a non-executive director at Halma plc, ITV plc, Coutts Bank and Severn Trent plc. She is appointed by HM Treasury to chair the sovereign grant audit committee and sits as non-executive director for the Lord Chamberlain's committee of the Royal Household. She also serves as trustee of both the Governing Council of Oxford University where she chairs the audit and scrutiny committee and the Thomson Reuters Founders Share Company.

In her executive career, Sharmila spent 15 years at the BBC, latterly as chief operating officer for BBC Future Media and Technology, the division that built the iPlayer, and was most recently chief executive at Wilton Park, an executive agency of the UK Foreign and Commonwealth Office convening international dialogues for senior policy makers from around the world with a special focus on global health.

Sharmila read medicine at the University of Oxford and has been a world fellow at the University of Yale since 2007. She is also a chartered accountant and was awarded an OBE in 2014 for services to medical research.

Dr Mark Chakravarty

Vice chair and non-executive board member
Audit and risk committee member
Lead non-executive director for technology appraisals and highly specialised technologies appeals

Tenure served:
3 years

Appointed to the NICE board in April 2021.

Mark is a business leader and physician, who brings more than 20 years' experience in innovation, healthcare and business. He serves on the boards of the Care and Quality Commission and Health Innovation Manchester in addition to being a board advisor to a range of technology start-ups.

His international career spans life sciences, healthcare, and consumer goods sectors and he has held senior leadership positions in Procter and Gamble and Novartis. Most recently, he was the chief communications and patient officer for Novartis Pharmaceuticals.

Tenure served:
1 year

Dr Michael Borowitz

Non-executive board member
Audit and risk committee member

Appointed to the NICE board in September 2022.

Michael is a public health physician with a medical degree and a master's in public health as well as a health economist with a doctorate. Michael is a member of the World Health Organization (WHO) technical advisory group (TAG) on universal health coverage and was previously chief health economist at the Global Fund for fight against AIDS, tuberculosis and malaria. In addition, Michael has worked in numerous global institutions beyond the Global Fund including the OECD, World Bank, Department for International Trade and directed a 5-country health reform project in Central Asia for USAID.

Tenure served:
3 years

Jackie Fielding

Non-executive board member
Remuneration committee member

Appointed to the NICE board in April 2021.

Jackie has been in the healthcare industry for around 30 years, including 28 years with Medtronic Inc. She was their vice president for the last 10 of those years leading a multi-million pound business in a dynamic and competitive environment and held a number of external posts, including vice chair of the ABHI.

Jackie joined NEOSS as a non-executive director in 2016 and held this position for 2 years. In 2019, she joined the board of 3D Insight Surgery as a non-executive director.

Since leaving full time employment Jackie now holds a number of non-executive director roles in the private and public sector. She has recently been appointed to sit on the patient safety committee at South Tyneside and Sunderland FT.

Jackie is passionate about authentic leadership and a strong believer that culture drives results. She also speaks about women in leadership and the value of diversity, inclusion, and engagement in the workplace.

Professor Gary Ford CBE, FMedSci

Non-executive board member
Remuneration committee member

Tenure served:
3 years

Appointed to the NICE board in April 2021.

Gary is chief executive officer of Health Innovation Oxford and Thames Valley (previously Oxford Academic Health Science Network). He is also a consultant stroke physician at Oxford University Hospitals NHS Foundation Trust, and professor of stroke medicine at Oxford University. He was the chair of the 15 Academic Health Science Networks across England from 2021 to 2023.

He has been part of many service innovations in UK stroke care in the last 20 years. This includes developing the first thrombolysis protocol for acute stroke in England and the Face Arm Speech Test.

Gary was director of the National Institute for Health Research (NIHR) stroke research network from 2005 to 2014. He was awarded a CBE in 2013 for services to research in stroke medicine. In 2018, Gary was identified as one of 7 NIHR research legends whose work has transformed care in the NHS.

Alina Lourie

Senior independent director and non-executive board member
Audit and risk committee chair
Remuneration committee member

Tenure served:
3 years

Appointed to the NICE board in April 2021.

Alina has had a long career in publishing and information within the private sector, including 16 years at Thomson Reuters. Her leadership has focused on the digital transformation of information for professional markets, including health. She was previously the managing director of the publishing arm of the Royal Pharmaceutical Society, which publishes a wide range of digital medicines information, including the British National Formulary (BNF).

Today, Alina holds a portfolio of board and advisory positions across several professional and academic bodies. These include special advisor to the Institute of Engineering and Technology, and board member at Agrimetrics.

Professor Bee Wee CBE

Non-executive board member
Remuneration committee member
Lead non-executive director for workforce engagement

Tenure served:
2 years

Appointed to the NICE board in December 2021.

Bee is a consultant in palliative medicine at Sobell House and Katharine House Hospices, Oxford University Hospitals NHS Foundation Trust and associate professor at University of Oxford. She is a governing body fellow of Harris Manchester College.

Originally from Malaysia, Bee qualified from Trinity College Dublin in 1988, trained in general practice in Dublin, then moved into palliative medicine in Ireland, Hong Kong and the UK. She was elected president of the Association for Palliative Medicine of Great Britain and Ireland from 2010-2013. She chaired a NICE quality standards advisory committee for 7 years from its inception in 2012. As national clinical director for palliative and end of life care at NHS England from 2013-2023, she led the Leadership Alliance for the Care of Dying People and co-led the national 34-member Ambitions Partnership for Palliative and End of Life Care.

She is a visiting professor at Lewis-Manning Hospice, Bournemouth University and Sichuan University, and was awarded an honorary doctorate by Oxford Brookes University in 2018.

She was awarded a CBE in 2020 for services to palliative and end of life care.

Dr Justin Whatling

Non-executive board member
Audit and risk committee member

Tenure served:
3 years

Appointed to the NICE board in April 2021.

Dr Justin Whatling is a medical doctor with 25 years' experience in using technology and informatics to transform outcomes for patients. He leads health and life sciences for Palantir internationally. Prior to that he established and led Cerner's population health business outside of the USA. Justin held previous roles in BT Health, Accenture and ran a health outcomes business on behalf of Bupa.

Justin is a health & social care council member for techUK industry body. He is a fellow of the British Computer Society (BCS) and a member of their Academy of Computing board, where he represents BCS on the management committee of the BMJ Health and Care Informatics journal.

He is a past chair for BCS Health when he founded the Federation of Informatics Professionals. He was previously an independent member of the NHS's National Information Board, a non-executive director of the BMJ publishing group, and has sat on the healthcare strategic advisory team of the Engineering and Physical Sciences Research Council.

Executive directors who served on the board in 2023/24:

Tenure served:
2 years

Dr Sam Roberts

Executive board member
Chief executive and accounting officer

Date appointed February 2022.

Before joining NICE in February 2022, Sam was the managing director of health and care at Legal and General, a financial services firm. In this role, she had responsibility for identifying promising areas for investment across health and care.

Prior to that, Sam was the first chief executive of the Accelerated Access Collaborative. This is a national umbrella organisation for health innovation, hosted by NHS England and NHS Improvement (NHSEI).

She originally trained as a doctor and practiced medicine in South Africa, the UK, and Australia before undertaking an MBA. She then joined McKinsey and Company, where she worked in a wide range of industries before specialising in healthcare.

After McKinsey, Sam moved into the NHS as a senior manager at University College London Hospitals NHS Foundation Trust. She was also a director in UCLPartners, an Academic Health Sciences Centre and Network.

Over the last 5 years Sam has become involved in research, working with health economic models to inform evidence-based policy at the London School of Economics. She then moved to the University of Oxford where she undertook a DPhil (Doctor of Philosophy).

Professor Jonathan Benger CBE MD FRCS FRCEM

Executive board member
Caldicott guardian
Chief medical officer
Interim director, centre for guidelines

Tenure served:
1 year

Date appointed January 2023.

Jonathan joined NICE in January 2023 as chief medical officer and in March 2023 became interim director of the centre for guidelines.

Prior to this he was the interim chief clinical information officer (CCIO) at NHS England (2022), the chief medical officer (CMO) of NHS Digital (2019 to 2022), and the national clinical director for urgent and emergency care at NHS England (2013 to 2019).

In his clinical work, Jonathan is a consultant in emergency medicine at the Bristol Royal Infirmary and also undertakes regular shifts with the Great Western Air Ambulance, which he established as its first medical advisor between 2007 and 2011.

Jonathan is professor of emergency care in the school of health and social wellbeing at the University of the West of England, and a National Institute for Health Research (NIHR) senior investigator. His main research interests relate to cardiac arrest, emergency and pre-hospital care, service organisation and delivery, and design research.

Mark Chapman

Executive board member
Interim director, medical technology and digital evaluation

Tenure served:
1 year

Date appointed May 2022.

Mark joined NICE in 2022 as interim director for medical technology and digital evaluation. This includes diagnostics, digital and medtech that can be implantable or assistive. Mark has 30 years of experience in the medtech arena. He initially trained as a clinical physiologist, and worked for 10 years within the UK NHS, Tertiary Cardiac Care, with a specialist interest in complex cardiac devices.

Moving into Industry in 2001, holding various clinical and commercial roles. In parallel, he has held roles, including committee member on our technology appraisal programme and is a past member of the External Advisory Board, University of Leeds EPSRC Centre for innovative manufacturing of medical devices. Mark undertook a secondment within the UK Government's Office for Life Science as a MedTech Policy Advisor. Previously, Mark was the director of health economics and commissioning for UK & Ireland at Medtronic.

Helen Knight

Executive board member
Director, medicines evaluation

Tenure served:
1 year

Date appointed director of medical evaluation March 2022.

Helen is the director of medicines evaluation at NICE having joined the organisation in 2007. She is responsible for designing and operating methods and systems to produce national guidance and other advice on medicines and other relevant therapies for the NHS in England. With an academic background in biochemistry and health economics, and over 20 years of experience in health technology assessment, she has extensive knowledge of the principles of evidence-based healthcare, methods and processes of health technology assessment and experience over a wide range of technologies and disease areas.

Boryana Stambolova

Executive board member
Senior information risk owner
Interim director, finance

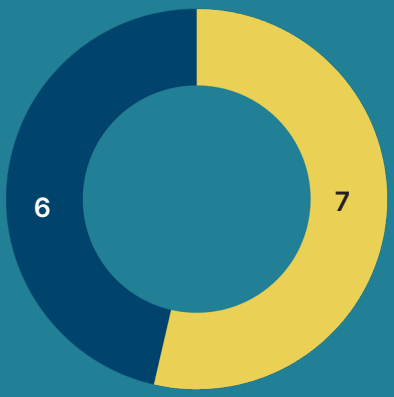
Tenure served:
1 year

Date appointed interim finance director October 2022.

Boryana joined NICE in 2021 as the deputy director of finance, strategy and commercial. In October 2022 she took up the role of interim director of finance with remit that covers finance, commercial, corporate governance and resource impact.

Boryana is a CIMA-qualified finance executive with broad-based finance and commercial skills. She spent most of her professional career working for a top FTSE company where she progressed from an entry-level role to a senior finance executive and leader of people. She has held senior finance and leadership positions in global businesses of large scale and complexity in manufacturing, B2B marketing and retail, and has worked both in the UK and internationally. She moved to the public sector in 2018 initially taking up a role at MHRA as a finance director. She has a strong strategic and operational record of delivering value & driving change & transformation through performance improvement, turnaround & restructuring.

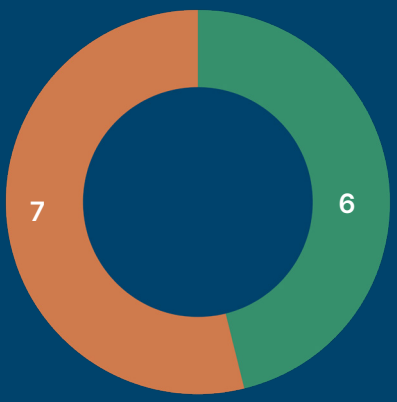
Tenure of board members



< 3 years

3 – 5 years

Gender of board members



Female

Male

Directors who were members of the executive team during 2023/24 were:

Helen Brown

Chief people officer

Date appointed January 2023.

Helen has over 25 years of experience in human resources and has held a variety of HR roles. Initially Helen built her career in the retail industry and then worked within MedTech for Medtronic. At Medtronic Helen served as the HR director looking after three business units across Europe in Neuroscience. Prior to this Helen partnered with the business as HR director for the UK and Ireland.

In her roles Helen has ensured close alignment with the business strategies and has been heavily involved in transformation. Helen is a true partner with the business and is particularly passionate about talent management. Helen strongly endorses a culture where people at all levels feel fulfilled and included.

A fellow of the CIPD Helen holds a Diploma in HR Management and a BA (Hons) in Sociology and Social Policy from Durham University and has also completed a certificate programme in organisational development with NTL.

Jane Gizbert

Director, communications

Date appointed September 2008.

Jane is responsible for the delivery of our strategic communications programme. Jane graduated from the University of New Brunswick in Canada with a BA Honours degree in political science. She subsequently obtained an MA in this field from Carleton University in Ottawa and went on to undertake a graduate journalism programme at the same university.

Jane was previously the head of corporate communications at the Medical Research Council, the UK's largest publicly funded medical research organisation. Her remit covered the full spectrum of corporate communications, including strategic development, public involvement and consultation, media relations and brand management.

Jane has worked extensively in the political field in Canada, including as press secretary for the official opposition and former prime minister of Canada and as director of communications for the Canadian Federation of Labour. Jane has also held senior positions in charitable organisations including the Scout Association and the International Planned Parenthood Federation.

Dr Nick Crabb

Interim director, science, evidence and analytics

Date appointed director, science, evidence and analysis August 2023.

Nick had a 20-year career in analytical science, process technology and general management in the chemical, pharmaceutical and contract laboratory industries prior to joining NICE in 2010. His initial role was to establish and manage the diagnostics assessment programme and he was later appointed programme director, scientific affairs. Nick currently oversees NICE's science, evidence and analytics directorate.

He has broad scientific and policy interests relating to the evaluation of technologies and interventions to support the development of clinical, public health and social care guidance. His experience includes consideration of health technology assessment (HTA) issues arising from the availability of novel new products such as cell and gene therapies and work on methods issues relating to the evaluation of antimicrobials.

Nick was the NICE lead on a collaborative pilot project with NHS England to develop and test innovative models for the evaluation and purchase of antimicrobials. Nick also has interests around the alignment of regulatory and HTA processes and collaborates closely with national and international regulators.

Dr Clare Morgan

Director, implementation and partnerships

Date appointed December 2022.

Clare joined us in December 2022 as director of implementation and partnerships, leading on collaboration with key stakeholders to enable effective implementation of NICE products across health and social care. Her portfolio also includes patient involvement & participation.

Clare was previously the director of strategy at Liverpool University Hospitals NHS Foundation Trust; leading on organisation and system wide strategy, transformation and partnerships in an integrated care system responsible for tackling some of the worst health inequalities in the UK and Europe. Prior to this Clare was the national life sciences industry and research director for the NIHR Clinical Research Network for thirteen years, during which she spent a year in the South Yorkshire & Bassetlaw Integrated Care System leading on research and innovation. She also brings significant experience of the clinical research ecosystem, gained through roles in contract research organisations, the pharmaceutical industry and within academia.

Clare has a Doctorate of Philosophy (PhD) in Immunology and an academic background in biomedical sciences.

Raghunath Vydyanath

Chief information officer

Date appointed October 2023.

As chief information officer, Raghu leads the digital, data and technology directorate with a particular focus on technology-enabled business transformation.

Raghu was previously the director of corporate IT and smarter working at NHS England, where he directed the digital and IT service. This service is composed of infrastructure, cyber security, application development, contract and service management and smarter working (digital adoption/ change management) across NHS England and other arms-length bodies. It is a shared service with a blended team of employees, local and offshore partners. During his time at NHS England, in addition to his operational responsibilities, Raghu was also accountable for various national services such as the non-clinical IT and unified service desk for COVID vaccination centres and booster programme, ambulance digitisation programme and digital and IT systems and services that underpin the cancer screening programmes in England.

Raghu has an eMBA and is a BCS fellow and chartered IT professional doctorate, CHIME certified healthcare CIO (CHCIO).

Dr Felix Greaves

Director, science, evidence and analytics

Took up an external secondment in July 2023.

Alexia Tonnel

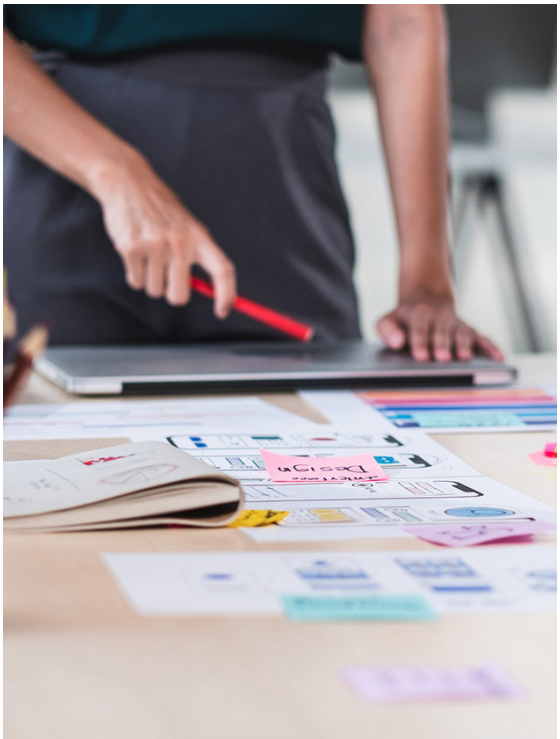
Executive director, digital, information and technology

Took up an external secondment in May 2023.

Board attendance during the 2023/24 financial year

Table 1

Name	Role	Attendance
Sharmila Nebhrajani OBE	Chairman	6/6
Dr Mark Chakravarty	Vice chair	5/6
Alina Lourie	Senior independent director	6/6
Michael Borowitz	Non-executive director	5/6
Professor Gary Ford CBE, FMedSci	Non-executive director	6/6
Jackie Fielding	Non-executive director	6/6
Professor Bee Wee CBE	Non-executive director	5/6
Dr Justin Whatling	Non-executive director	5/6
Dr Sam Roberts	Chief executive and accounting officer	6/6
Professor Jonathan Benger CBE	Executive director	6/6
Mark Chapman	Executive director	5/6
Boryana Stambolova	Executive director	6/6
Alexia Tonnel (until May 2023)	Executive director	1/1
Helen Brown	Director	6/6
Jane Gizbert	Director	5/6
Dr Felix Greaves (until July 2023)	Director	3/3
Dr Nick Crabb (from August 2023)	Director	3/3
Helen Knight	Director	5/6
Dr Clare Morgan	Director	6/6
Raghunath Vydyanath (from October 2023)	Director	2/2



Executive team

The NICE board and its committees are supported by an internal governance structure led by the executive team.

The executive team is responsible for providing leadership to the organisation within the authority delegated by the board. It:

- develops strategic options for the board's consideration and approval
- prepares NICE's annual business plan for approval by the board and Department of Health and Social Care
- oversees delivery of the objectives set out in the business plan
- ensures arrangements are in place to secure the proper and effective control of NICE's resources
- approves proposals for material changes to NICE's outputs, including proposals for discontinuing products or establishing new areas of work

- approves expenditure and changes to policies and staff terms and conditions where these exceed the delegations to individual directors or the operational management committee
- ensures effective relationships with partner organisations and maintains good communications with the public, the NHS, social care and local government and with the life sciences industries
- identifies and mitigates the strategic risks facing NICE
- reviews the financial position and planning for future years.

Guidance executive

The guidance executive approves, on behalf of the board, NICE guidance and products developed by the independent advisory committees. These products include NICE guidelines; quality standards; technology appraisals; highly specialised technology guidance; and medical technologies guidance.

The guidance executive is responsible for consulting on, and making decisions about, variations to the funding requirement for technologies assessed by the technology appraisal and highly specialised technologies programmes. It also formally receives and takes action on appeal decisions regarding the technology appraisal and highly specialised technologies programmes, as well as agreeing any changes to NICE's methods and processes for guidance development prior to approval by the board (subject to the need for board approval and public consultation). It reviews topic pipelines across all NICE programmes and ensures implementation and patient safety considerations inform guidance production.

Operational management committee

The committee acts under delegated authority of the executive team to consider operational issues with a cross-organisation impact. It has senior representation for all the centres and directorates.

Its role is to consider new corporate policies; business cases for proposed expenditure below £250k (which are outside of the approved business plan and budget); issues relating to NICE's health and safety, emergency planning and business continuity arrangements; review proposals for any management of change; review the operational risk register and escalate any emerging threats to the executive team; and approve the management response to internal audit recommendations where these have cross-organisational impact/implications.

The committee has a number of sub-groups which report into it giving oversight of key operational areas. They are the health & safety committee, information governance steering group and the digital, information and technology assurance board.

Independent advisory committees

The advisory committees develop and update our guidance that helps practitioners and commissioners get the best care to patients fast and ensure value for the taxpayer.

Membership of these committees includes healthcare professionals working in the NHS and local authorities, social care practitioners and people who are familiar with issues that affect those who use health and social care services, their families and carers. The committees seek the views of organisations that represent people who use health and social care services, and professional and industry groups, and their advice is independent of any vested interest.

During 2023/24 the standing committees were:

- technology appraisal committees, chaired by Dr Radha Todd, Dr Charles Crawley, Professor Stephen O'Brien, and Dr Megan John
- highly specialised technologies evaluation committee, chaired by Dr Peter Jackson (until December 2023) and Dr Paul Arundel (from January 2024)
- interventional procedures advisory committee, chaired by Professor Thomas Clutton-Brock
- diagnostics advisory committee, chaired by Dr Brian Shine
- medical technologies advisory committee, chaired by Dr Jacob Brown
- indicator advisory committee, chaired by Dr Ronny Cheung
- quality standards advisory committees, chaired by Dr Sunil Gupta and Dr Rebecca Payne.

Independent academic centres and information-providing organisations

NICE works with independent academic centres funded by the National Institute for Health Research to review the published and submitted evidence when developing technology appraisal, highly specialised technologies guidance and the diagnostics assessment programme.

We currently work with:

- Health Economics Research Unit and Health Services Research Unit, University of Aberdeen
- Liverpool Reviews and Implementation Group, University of Liverpool
- School of Health and Related Research (ScHARR), University of Sheffield
- Centre for Reviews and Dissemination and Centre for Health Economics, University of York
- Peninsula Technology Assessment Group (PenTAG), University of Exeter
- Southampton Health Technology Assessment Centre (SHTAC), University of Southampton
- Kleijnen Systematic Reviews Ltd
- BMJ Evidence Centre, BMJ Group
- Warwick Evidence, Warwick Medical School, University of Warwick
- Bristol Technology Assessment Group, University of Bristol
- Newcastle NIHR TAR Team, Newcastle University

We commission independent academic centres and other institutions to support advanced evidence synthesis and economic analysis in the development of guidelines. The Centre for Guidelines in 2023/24 worked with the following organisations:

- Technical Support Unit, University of Bristol
- Anna Freud National Centre for Children and Families Charity
- University College London.

External assessment centres

We commission external assessment centres to work with the Centre for Health Technology Evaluation on projects related to the work programmes on medical devices, diagnostics and interventional procedures and provide methodological support to the evaluation of all technology types.

The centres are:

- CEDAR, Cardiff and Vale University Health Board
- Imperial College Health Partners
- King's Technology Evaluation Centre (KiTEC), King's College London
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Decision Support Unit, School of Health and Related Research (ScHARR), University of Sheffield
- University of Exeter (PenTAG)
- York Health Economics Consortium

Annual governance statement

Accountability summary

As accounting officer, and working together with the NICE board, I have responsibility for maintaining effective governance and a sound system of internal controls that support the achievement of NICE's aims and objectives, while safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

NICE's role

NICE was established as the National Institute for Clinical Excellence on 26 February 1999 as a special health authority and became operational on 1 April 1999. The Health and Social Care Act 2012 re-established NICE as an England-only national advisory body with the status of non-departmental public body (NDPB) with effect from 1 April 2013. It became known as the National Institute for Health and Care Excellence.

Our role is to balance the best care with value for money across the NHS and social care, to deliver for both individuals and society as a whole.

We evaluate new health technologies for NHS use, considering clinical effectiveness and value for money. We also produce useful and usable guidance, helping health and care practitioners deliver the best care.

We do this by:

- providing rigorous, independent assessment of complex evidence to produce guidance and advice for health and social care practitioners
- developing recommendations that focus on what matters most and drive innovation into the hands of health and care practitioners
- encouraging the uptake of best practice to improve outcomes for everyone.

Governance arrangements

NICE is lead by a unitary board comprising:

- a non-executive chairman appointed by the Secretary of State for Health and Social Care;
- a minimum of 5 other non-executive members appointed by the Secretary of State, one of which is appointed by the board as the vice chair;
- a chief executive appointed by the non-executive members with the approval of the Secretary of State; and
- between 2 and 4 other executive members appointed by the non-executive members.

The board members collectively have a range of skills and experience appropriate to the board's responsibilities to provide leadership and strategic direction for the organisation.

Board membership

Non-executive membership of the NICE board remained stable throughout 2023/24. The chart on page 60 shows the tenure of the non-executive directors. There were no new appointments in the year.

Sharmila Nebhrajani's four year tenure ended in May 2024. She was re-appointed as chairman by the Secretary of State for a further four year term which will run until May 2028. Gary Ford's tenure ended on March 2024, and he was re-appointed for a further three year term until March 2027.

The role of the NICE board

The board:

- sets the strategic direction and risk appetite of the organisation and is the ultimate decision-making body for matters of NICE-wide strategic or reputational significance
- ensures through its governance framework, decision making at the correct level ensuring there is accountability and long term value for tax payers
- provides oversight of the management of NICE's resources
- identifies and manages risks and ensures a sound system of internal controls is in place
- approves NICE's annual report and accounts.

A summary of the types of topics the board has reviewed in the year

Table 2

Topics	Month
Setting and monitoring strategic objectives	-
NICE Charter	March
Annual business plan	May
Performance reporting	All meetings
NICE methods and processes	-
Quality standards interim process guide	March
Developing NICE guidelines – updates to the manual	July
Guidance methods and process review	December
Routine arrangements for anti-microbials	December
Developing and supporting staff	-
NICE equality, diversity and inclusion 5 year roadmap	March
Gender pay gap	May
Talent management	July
Annual equality report	September
Governance and compliance	-
Audit and risk committee annual assurance report and terms of reference review	May
Environmental sustainability	May
Annual report and accounts	June and July
Modern slavery and human trafficking	July
Board effectiveness review	September
Remuneration committee terms of reference	September
Patient safety report	September
Risk management policy	December
Revisions to standing orders and standing financial instructions	December

Public board

The board meets formally five times a year in public, with an additional meeting held in private to approve the annual report and accounts. The public meetings are open for the public to observe via a webinar, with the ability to submit questions in real time that are answered during the meeting.

Informal seminars and workshops

In addition to the formal public meetings, the board holds an informal strategy away-day in October each year.

Board members also hold informal non-decision making seminars to explore strategic issues and developments.

Register of interests

A register of interests is maintained to record declarations of interest of the board members, the executive team and all other staff. The register includes details of all directorships and other relevant and material interests which relate to NICE's work, as required by our standing orders and policy on declaring and managing interests.

Board members and employees are required to reconfirm their declared interests annually, in addition to declaring any changes in-year as they arise. At the start of each board meeting, the board and executive team members confirm the register is up to date and they do not have any conflicts relating to the items on the agenda.

NICE also has a separate policy on declaring and managing interests for its advisory committee members. Both policies and the register of interests

of board members and the executive team can be found on the NICE website.

Information on transactions with organisations with which our directors are connected are detailed in the related parties note in the annual report and accounts.

Board effectiveness and development

The board is committed to the highest standards of corporate governance and in line with good practice, reviews its effectiveness annually. In 2023/24, Campbell Tickell were appointed to undertake an externally facilitated board effectiveness review, in line with the scope set out in the Cabinet Office guidance.

The review included observation of the board and audit and risk committee meetings in May 2023; a desktop review of governance documentation; a confidential survey of board and executive team members; and one to one interviews with board and executive team members, the associate director, corporate office (who is the board secretary), and the Department of Health and Social Care sponsor team.

The overall findings were positive, with Campbell Tickell noting that they found a culture of good governance and an effective and highly competent performing board.

The report highlighted areas to further strengthen the board's effectiveness in the areas of ensuring that board time is appropriately balanced to take account of both internal and external change; continuing to strengthen the sense of shared endeavour and inclusion in the boardroom; and continuing to develop the approach to risk and assurance.

An action plan was put in place and agreed by the board, with progress regularly monitored.

Compliance with the code of governance

A self-assessment against the HM Treasury and Cabinet Office code of good governance practice (2017) concluded that NICE was compliant with all relevant principles, with the exception of principle 5.5, 'the head of internal audit should periodically be invited to attend board meetings'. This requirement is not applicable to NICE; it relates to government departments.

Accountability to the Department of Health and Social Care

Annual accountability meetings are held between NICE's chief executive and chairman and the sponsoring minister at the Department of Health and Social Care (DHSC). In addition, quarterly accountability meetings take place between our sponsor team at the DHSC, members of NICE's executive team and NICE's chairman.

Board administration

The administration of the board is the responsibility of the associate director, corporate office who is the board secretary. The board secretary maintains and keeps up to date the main procedures and policies of the board, corporate records and the terms of reference of the board committees. The secretary also maintains and keeps under review NICE's corporate governance framework including the standing orders and, in consultation with the finance director, the standing financial Instructions. The agenda and supporting papers are distributed to board and committee members, as appropriate, approximately one week in advance of the meeting via a secure digital portal.

Board committees

To help the board fulfil its duties, it is supported by 2 committees – the remuneration committee and the audit and risk committee.

Remuneration committee

The committee:

- agrees the remuneration and terms of service for the chief executive, members of the executive team, and any other staff on the executive and senior manager pay framework
- ensures there is a system of performance review, talent management and succession planning in place for the chief executive and executive team
- reviews the succession planning talent pipeline for the chief executive and executive team roles.

Members serving on the committee in 2023/24

Name	Role	Attendance
Sharmila Nebhrajani OBE	Non-executive chair	3/3
Professor Gary Ford CBE, FMedSci	Non-executive director	3/3
Jackie Fielding	Non-executive director	3/3
Alina Lourie	Non-executive director	2/3
Professor Bee Wee CBE	Non-executive director	2/3

The remuneration committee met three times in 2023/24. It approved the salaries for senior roles within its remit; it agreed which members of the executive team should receive a non-consolidated performance related pay award for 2022/23, and the allocation of the 2023/24 consolidated pay awards within the framework set by the Department of Health and Social Care; reviewed the arrangements for the upcoming talent management and succession planning exercise; and reviewed its terms of reference and effectiveness.

Audit and risk committee

The committee:

- provides an independent and objective review of arrangements for risk management, internal control and corporate governance
- reviews the annual report and accounts, prior to approval by the board
- ensures there is an effective internal and external audit function in place
- reviews the findings of internal and external audit reports and management's response to these.

Members serving on the committee in 2023/24

The committee's membership was stable in the year.

- Amanda Gibbon (non-executive independent member) was re-appointed in March 2024 for a further three year term until March 2027.

Name	Role	Attendance
Alina Lourie	Non-executive chair	5/5
Dr Michael Borowitz	Non-executive director	4/5
Dr Mark Chakravarty	Non-executive director	5/5
Dr Justin Whatling	Non-executive director	3/5
Amanda Gibbon	Independent committee member	5/5

Overview

The committee meets quarterly and has formally agreed terms of reference which are reviewed annually. It reports independently to the board on:

- the adequacy of NICE's governance arrangements;
- assurance and the risk management framework and the associated control environment;
- oversight of the financial reporting process; and all types of fraud, and whistle-blowing arrangements.

The audit and risk committee also agrees the annual internal audit plan. The plan is designed to systematically review different areas of the business and provide assurance to the executive team and the audit and risk committee that any identified weaknesses in controls, are addressed and strengthened.

The committee has private sessions with the internal audit provider - Government Internal Audit Agency (GIAA), and external auditors, KPMG and the National Audit Office (NAO), without the NICE executives being present. Both the internal and external auditors have direct access to the committee chair if they wish to raise anything which they feel is not appropriate to raise directly with the executives.

During the 2023/24, internal audit services were provided by the GIAA. The GIAA team operates to Public Sector Internal Audit Standards and the internal audit plan included the following six reviews. Two reviews received an opinion of limited assurance:

- Training - learning and development: The key recommendations related to putting in place a strategic approach to assessing, identifying and prioritising learning and development needs, and also clarifying roles and responsibilities for learning and development across the organisation.
- Controls framework: The report recognised the work to strengthen governance and controls but noted these would take time to embed. The recommendations were aimed at providing a more comprehensive framework of assurances building on the work to date.

These areas for improvement, and those identified in the other audit reviews, have either been addressed, or are being addressed, by senior management, with progress reviewed by the audit and risk committee.

The internal auditor gave an overall opinion of moderate assurance for the year.

Business area	Assurance rating	Recommendations made		
-	-	High	Med	Low
Technology appraisals	Moderate	-	6	3
Payroll, expenses and staff benefits	Moderate	-	4	6
Training – learning and development	Limited	1	3	1
Speaking up	Moderate	1	6	2
Controls framework	Limited	2	5	1
Data Security and Protection Toolkit Risk assessment	Moderate	-	-	-
Confidence level	High	-	-	-
Total recommendations = 41		**4**	**24**	**13**
(2022/23 = 39)		6	19	14

Committee activities

The work of the committee follows an agreed annual work programme, with the committee allocating its time in 2023/24 to the following key topics:

- financial reporting and related matters
- annual report and accounts
- governance, including updates to committee terms of reference and the Standing Financial Instructions framework
- risk management
- internal audit
- external audit
- cyber security (IT, physical and personal security)
- incident reports
- other control reports (e.g. fraud, whistleblowing, freedom to speak up and complaints)

Areas of particular focus for the committee in 2023/24 were:

- a review of the strategic risk register at every meeting and to hear from the chief executive and directors about the current risks facing NICE and any emerging risks
- a report on the action taken to strengthen internal controls
- the annual review and update of NICE's standing orders and standing financial instructions
- monitoring the financial accounting performance, including the financial controls and reporting processes in place
- the annual review of committee's effectiveness and its terms of reference
- 'deep dive' reviews of high rated risks to scrutinise risk management arrangements, test assurances, and challenge actions where appropriate
- the findings from internal and external audit reviews and the management response to these
- annual assurance reports on information governance, cyber security and resilience, counter fraud, compliance with functional standards, whistle-blowing, and management of complaints

The risk and control framework

System of internal control

The chief executive, as Accounting Officer, has ultimate responsibility for maintaining a sound system of internal control that supports the achievement of NICE's aims and objectives. The audit and risk committee has oversight of the system of internal control which has been in place at NICE for the year ended 31 March 2024 in accordance with HM Treasury guidance.

Strengthening internal controls

The external audit of the 2022/23 annual report and accounts identified that the secondment of a senior member of NICE staff to an NHS organisation which had commenced earlier that year required approval from the Department of Health and Social Care (DHSC) and HM Treasury (HMT) due to the terms of the agreement. This approval was granted retrospectively and reported in the 2022/23 annual report and accounts.

A second secondment arrangement was transacted in April 2023 before the issues were identified in the 2022/23 audit. Under the terms of the arrangement the Director was seconded for 18 months to an NHS organisation, with NICE committing to absorb all costs related to the secondment. Secondment to an NHS organisation, as part of an exit agreement, along with novel and contentious arrangements require prior approval from DHSC and HMT. As NICE had not obtained prior approval for the arrangement, a retrospective case was submitted to DHSC for approval. The DHSC Accounting Officer decided not to provide retrospective approval for the second case and therefore not to seek HMT approval. The expenditure is therefore 'irregular' (incurred without authority).

Multi-team lessons learnt reviews were completed to learn from these control failures. Steps have been taken to strengthen internal controls, drawing on the '3 lines of defence' model, updating the Standing Financial Instructions, reviewing delegated authorities, a tailored 'Managing Public Money' training session for the executive team, and better sharing of information between teams. The 2023/24 internal audit plan was amended to include an audit of the controls framework to help identify areas for improvement and strengthen the support and assurance provided to the Accounting Officer.

An investigation reported to the audit and risk committee in May 2023 identified the loss of 19 new unallocated laptops valued at £18,088.95 plus VAT, from the Manchester office. In response to the incident actions were taken to strengthen controls around IT stock, including changes to the supervision of temporary staff, enhanced security for the IT storeroom, and revised asset management arrangements. The suspected thefts were reported to the police who concluded there was insufficient evidence to pursue the case further. Following further inquiries by NICE it was not possible to recover the laptops and therefore this has been recorded as a financial loss.

Risk management framework

The audit and risk committee provides an independent and objective view of the arrangements for the management of risk. It advises the board on the co-ordination and prioritisation of risk management across NICE and advises the board on the effectiveness of the internal control system.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks. It can therefore only provide reasonable and not

absolute assurance of effectiveness. It is based on a continuous review process designed to identify and prioritise the risks to the achievement of organisational aims and objectives.

NICE's risk management policy defines risk, outlines roles and responsibilities for managing risks and explains how risks are categorised, assessed, escalated and de-escalated. It uses a 5×5 risk scoring matrix in line with HM Treasury guidance.

Risk appetite

The board has ultimate responsibility for risk management including major decisions affecting NICE's risk profile or exposure. The board approves the risk management policy and determines the risk appetite – the extent to which we will tolerate known risks, in return for the benefits expected from a particular action or set of actions.

During the year, the board reviewed the risk management policy, including the risk appetite statement taking account of the recommendations from the board's annual effectiveness review. On recommendation from the audit and risk committee, the board updated the risk register format to more clearly articulate the controls and sources of assurance (based on the three lines of defence model), and comprehensively updated the risk appetite statement with greater detail on the differing appetite depending on the nature of the risk. This work was in line with the guidance in HM Treasury's 'Orange book on risk management'.

The audit and risk committee reviews the strategic risk register at each of its quarterly meetings and also undertakes a 'deep dive' discussion of one of the risks.

Strategic risk 'deep dives' undertaken by the committee in 2023/24 were:

- topic selection and prioritisation
- the internal transformation programme
- the financial position and funding

In May 2024, the board held a further risk management session, similar to last year's, facilitated by an external risk expert from another government body. The purpose of this session was to review how NICE's approach to risk management was maturing in terms of the use of the 'bow tie' analysis to structure deep-dives on individual risks, agreeing risk appetite and risk tolerance, and developing indicators to give early indication of whether a risk may be materialising.

Directors, in conjunction with their senior teams, are also responsible for ensuring risks in their directorate are identified, assessed and entered into an operational risk register which is monitored by the operational management committee (OMC). The OMC reviews the operational risks bi-monthly and escalates risks that are increasing in threat level, to the executive team for considering their inclusion in the strategic risk register.

Key risks facing NICE

In 2024/25 NICE will continue to focus on delivering the priorities set out in its 5-year strategy. The three highest rated risks are:

Key risks	Key mitigations
Cyber security and technology resilience A cyber security incident and/or unplanned major technology system outage leads to data loss, reduction in operational productivity, and inability to recover services, data or systems, resulting in reputational damage and inability to support the health and care system.	Multi-factor authentication, proactive monitoring and penetration testing; mandatory cyber security awareness training for staff (including phishing campaigns), annual completion of the Data Security and Protection Toolkit (DSPT), new backup solution procured and implemented, and purchase of new laptops to refresh old stock.
Relevance NICE's guidance and advice does not help the health and care system deliver its priorities due to: • Insufficient focus on topics that matter most to the system; • methods and processes for guidance development not taking account of the system context; and/or • lack of engagement with stakeholders on the system's priorities; leading to stakeholders looking to other sources of advice, variations in care, and reduction in NICE's impact	Developing a unified strategy and agreed process for consistent topic selection; developing a single horizon scanning function across NICE; and quarterly eco-system prioritisation discussions with National Institute for Health Research, NHS England and the Department for Health and Social Care.
Internal controls The internal transformation and move to new ways of working undermines the internal control framework, leading to a failure to utilise resources in accordance with our obligations and potential reputational damage.	Revised Standing Financial Instructions to include all external approval requirements, introduced mandatory budget holder and contract manager training, new iProc system implemented which requires full authorisation of requisitioner, a budget holder and a PO to proceed, moved to Atamis (DHSC's contract management system), and commissioned an internal audit review of NICE's control framework.

Information governance

NICE adopts a risk-based approach to information governance, aligned to official guidance from relevant bodies, notably the Information Commissioner's Office and NHS England. Board-level responsibility for the management of information risk rests with the Director of Finance who is nominated Senior Information Risk Owner (SIRO). NICE has nominated the Head of Information Governance and Records Management as its Data Protection Officer, with responsibilities outlined in the UK General Data Protection Regulation (GDPR).

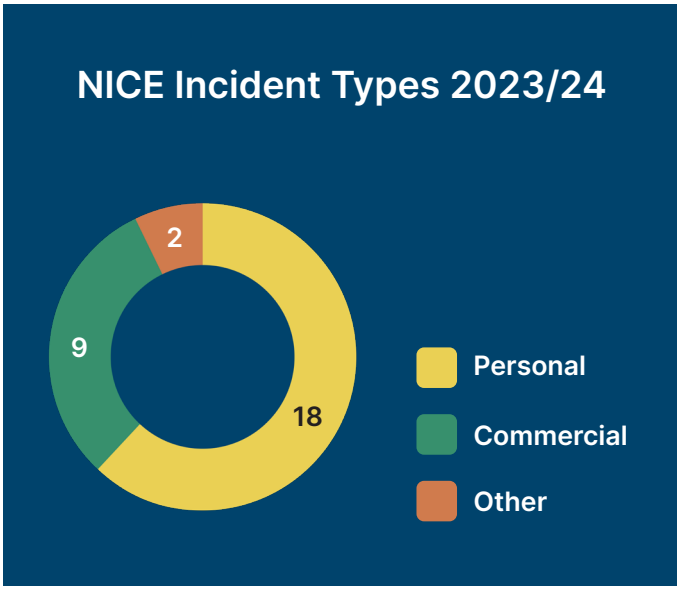
Policies and procedures for the management of personal data and corporate data are reviewed internally by an Information Governance Steering Group, ensuring that policies and procedures are in line with best practice, relevant standards, and legislation. The group is chaired by the SIRO and includes Information Asset Owners (IAO) from each directorate. The Chief Medical Officer has been appointed as the Caldicott Guardian, responsible for ensuring any patient data is used legally and within confidentiality guidelines. The information governance arrangements are supported by a working group, comprised of Deputy IAOs. Information risks are considered within the risk management framework at NICE and reported to the Information Governance Steering Group.

All employees, including board members, are required to complete annual information governance and records management training. Staff training compliance as of March 2024 was 93.5% with processes in place to improve this above 95%.

The audit and risk committee review information governance arrangements on an annual basis, through provision of an annual report, which provides assurance relating to requirements of the Data Security and Protection Toolkit.

There were 29 information governance incidents reported within NICE during 2023/24 with a breakdown of the types of incidents NICE has had in the last year provided below. All incidents reported were graded as minor with low risk scores.

There were no significant lapses in information governance arrangements or serious incidents involving personal data that required reporting externally.



Assurance of business-critical analytical models

NICE makes extensive use of health economic models in producing guidance. The models may be developed inhouse, by academic partners or by companies in submissions to NICE. NICE ensures quality assurance (QA) measures are in place for the various guidance producing programmes. NICE considers these measures compliant with the Macpherson report recommendations and the Government's Aqua Book.

Counter fraud, bribery and corruption

NICE makes quarterly submissions to the DHSC Anti Fraud Unit in compliance with the government counter fraud functional standard GovS 013: counter fraud.

There were no losses due to fraud identified in 2023/24. A formal peer review assessment (led by the DHSC Anti Fraud Unit) of our compliance with the counter fraud functional standard confirmed that NICE met all 12 of the mandatory requirements.

In 2022/23, NICE took part of the Government's National Fraud Initiative to improve our counter fraud investigatory activity for the first time. We were notified of 248 data matches which our finance team investigated and concluded that all the matches were NICE staff and stakeholders who had dual roles, and were not related to mis-payment errors or any indication of fraud.

We remain active members of the DHSC's Anti Fraud Unit and ALB counter fraud network, which provides a forum for the health ALB counter fraud leads to share their acknowledge and also provides specialist expertise, if needed, to investigate suspected fraud.

Government functional standards

Of the 14 functional standards, we have self-assessed NICE as meeting the mandatory elements in 11 of 13 standards that are applicable to NICE. The standard which is not applicable is grants, the reason being NICE does not award grants. The standards which have not yet been self-assessed are human resources and debt. Management have agreed with the audit and risk committee that it would be helpful to identify areas of good HR practice, which NICE could measure itself against. The finance team will also be undertaking an assessment against the debt standard. This work will be completed in 2024/25.

Whistleblowing

All staff are made aware of NICE's whistleblowing policy as part of their induction programme. The policy was updated in February 2024 to include job applicants, in line with legislation. The chair of the audit and risk committee oversees the whistleblowing policy and can be contacted if staff feel the initial reporting routes are not appropriate or have failed to resolve their concerns.

There were no whistleblowing cases in 2023/24.

To support the whistleblowing policy, NICE has three nominated Freedom To Speak Up (FTSU) guardians, and six FTSU ambassadors to whom staff can speak in confidence about any issue that concerns them at work. There is a FTSU page on the NICE intranet where details of all the nominated staff can be found and details of their role. The guardians periodically attend an executive team meeting to talk about the number of cases and types of concerns that have been raised with them, and they produce an annual report.

An internal audit review of the speaking up arrangements was undertaken in March/April 2024 which received a 'moderate' assurance rating.

Modern Slavery

NICE is committed to tackling the serious issue of modern slavery. We do not tolerate slavery or human trafficking in our business or supply chains, and we take action to identify risks in our contracts and our contract managers work with suppliers to monitor and manage them effectively. We publish an annual modern slavery statement on our website.

Statement of the board's and chief executive's responsibilities

Under the Health and Social Care Act 2012, the Secretary of State for Health and Social Care with the consent of HM Treasury has directed the National Institute for Health and Care Excellence (NICE) to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of NICE and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by the Secretary of State for Health and Social Care, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts
- prepare the accounts on a going concern basis
- confirm that the Annual Report and Accounts as a whole are fair, balanced and understandable, and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that they are fair, balanced and understandable.

The Accounting Officer for the Department of Health and Social Care (DHSC) has appointed the chief executive of NICE as the Accounting Officer for NICE. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding NICE's assets, are set out in Managing Public Money published by HM Treasury.

As chief executive and Accounting Officer, I confirm that I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NICE's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Significant internal control weaknesses

The secondment arrangements for a senior member of staff without the required approval from DHSC and HMT represented a weakness in the internal control framework. As noted above, steps have been taken to address this, and improving the control framework more generally has been an area of focus for senior management and the board, through the audit and risk committee. I can confirm there were no further significant weaknesses in NICE's system of internal controls in 2023/24 that affected the achievement of NICE's key aims and objectives.

Signed:

Dr Sam Roberts
Chief executive and accounting officer
10 July 2024

Remuneration and staff report

The remuneration and staff report provides details of the remuneration (including any non-cash remuneration) and pension interests of board members and the directors who regularly attend board meetings. The content of the tables are subject to audit.

Senior staff remuneration

The remuneration of the chairman and non-executive directors is set by the Secretary of State for Health and Social Care. The salaries of the staff employed on NHS conditions and terms of service are subject to direction from the Secretary of State for Health and Social Care.

The remuneration of the chief executive and all executive senior managers (ESMs) is first subject to independent job evaluation and then approved by NICE's remuneration committee with additional governance oversight from the DHSC remuneration committee. Any salary in excess of £150,000 requires both Secretary of State and DHSC remuneration committee approval. The remuneration of the executives and senior managers is detailed in the table on p80-82.

Membership of the remuneration committee and its work can be found on page 69.

Performance appraisal

A personal objective-setting process that is aligned with the business plan is agreed with each member of staff annually and all staff are subject to an annual performance appraisal called 'my contribution'. NICE is a designated body for the revalidation of medical staff and has implemented a robust appraisal and revalidation process for its medical workforce that complies with the guide for good medical practice and the General Medical Council's framework for medical appraisal and revalidation.

Summary and explanation of policy on duration of contracts, and notice periods and termination payments

Terms and conditions: chairman and non-executives

For chairman and non-executive directors of NICE the terms and conditions are laid out below.

Statutory basis for appointment

The chairman and non-executive directors of non-departmental public bodies (NDPBs) hold a statutory office under the Health and Social Care Act 2012. Their appointment does not create any contract of service or contract for services between them and the Secretary of State for Health and Social Care or between them and NICE.

Employment law

The appointments of the chairman and non-executive directors of NICE are not within the jurisdiction of employment tribunals. Neither is there any entitlement for compensation for loss of office through employment law.

Reappointments

The chairman and non-executive directors are eligible for reappointment at the end of their period of office, but they have no right to be reappointed. DHSC will usually consider afresh the question of who should be appointed to the office.

Termination of appointment

A chairman or non-executive director may resign by giving notice in writing to the Secretary of State for Health and Social Care. Alternatively, their appointment will terminate on the date set out in their appointment letter unless terminated earlier in accordance with any of the grounds under paragraph 2 of schedule 16 to the Health and Social Care Act 2012, as follows:

- incapacity
- misbehaviour, or
- failure to carry out his or her duties as a non-executive director.

Remuneration

Under the Act, the chairman and non-executive directors are entitled to be remunerated by NICE for so long as they continue to hold office.

There is no need for provision in NICE's annual accounts for the early termination of any non-executive director's appointment.

Conflict of interest

The Code of Conduct for Board Members of Public Bodies published by the Cabinet Office applies to NDPB boards. The code requires chairs and board members to declare, on appointment, any business interests, positions of authority in a charity or voluntary body in health and social care, and any connection with bodies contracting for NHS services. These must be entered into a register that is available to the public. Any changes should be declared as they arise.

Indemnity

NICE is empowered to indemnify the chairman and non-executive directors against personal liability they may incur in certain circumstances while carrying out their duties.

Terms and conditions: NICE executive team

Basis for appointment

Executive directors and other directors who are members of the executive team, are normally appointed on a permanent basis under a contract of service at an agreed annual salary with eligibility to claim allowances for travel and subsistence costs, at rates set by NICE, for expenses incurred on its behalf. Appointments may be made on an interim or acting basis to cover vacancies or for other operational reasons, with agreed arrangements for travel and subsistence costs. During 2023/24, there were two directors who were appointed on an interim or acting basis.

Termination of appointment

The current notice period for directors who are members of the executive team ranges from 12 weeks to 6 months. There is no need for provision for compensation included in NICE's annual accounts for the early termination of any executive director's contract of service in 2023/24.

During the year, NICE put in place an arrangement whereby a director was seconded for 18 months to an NHS organisation with NICE committing to absorb all costs related to the secondment. See disclosure note 4 on page 82 for remuneration received during this period.

Single total figure of remuneration – board members' and directors' remuneration (subject to audit)

2023/24

Name	Title	Salary and allowances (bands of £5,000) £000	All taxable benefits total to nearest £100 £	Performance pay and bonuses (bands of £5,000) £000	Accrued pension benefits to nearest £1,000 £000	TOTAL (bands of £5,000) £000
Sharmila Nebhrajani OBE	Chairman	70 to 75	900	Nil	Nil	70 to 75
Dr Mark Chakravarty	Non executive director	5 to 10	Nil	Nil	Nil	5 to 10
Jackie Fielding	Non executive director	5 to 10	300	Nil	Nil	5 to 10
Professor Gary A Ford, CBE	Non executive director	5 to 10	300	Nil	Nil	5 to 10
Alina Lourie[1]	Non executive director, ARC chair	10 to 15	Nil	Nil	Nil	10 to 15
Dr Justin Whatling	Non executive director	5 to 10	Nil	Nil	Nil	5 to 10
Dr Michael Borowitz	Non executive director	5 to 10	Nil	Nil	Nil	5 to 10
Prof Bee Wee CBE[2]	Non executive director	5 to 10	Nil	Nil	Nil	5 to 10
Dr Sam Roberts	Chief executive	205 to 210	Nil	Nil	50 to 52.5	255 to 260
Mark Chapman[3]	Interim director, medical technology and digital evaluation	110 to 115	Nil	5 to 10	25 to 27.5	140 to 145
Helen Brown	Chief people officer	120 to 125	Nil	Nil	27.5 to 30	150 to 155
Helen Knight	Director, medicines evaluation	130 to 135	Nil	5 to 10	Nil	135 to 140
Alexia Tonnel[4]	Director, digital, information and technology	20 to 25	Nil	Nil	Nil	20 to 25
Jane Gizbert	Director, communications	130 to 135	Nil	Nil	Nil	130 to 135
Dr Felix Greaves[5]	Director, science, evidence and analytics	40 to 45	Nil	Nil	12.5 to 15	55 to 60
Boryana Stambolova	Interim director, finance	125 to 130	Nil	Nil	30 to 32.5	155 to 160
Dr Clare Morgan	Director, implementation and partnerships	135 to 140	Nil	Nil	30 to 32.5	170 to 175
Professor Jonathan Benger CBE[6]	Chief medical officer and interim director, centre for guidelines	125 to 130	Nil	Nil	Nil	125 to 130
Raghunath Vydyanath[7]	Chief information officer	60 to 65	500	Nil	15 to 17.5	75 to 80
Dr Nick Crabb[8]	Interim director of science, evidence and analytics	80 to 85	Nil	Nil	Nil	80 to 85
Alison Liddell[9]	Interim, DIT director	35 to 40	Nil	Nil	12.5 to 15	50 to 55

Single total figure of remuneration – board members' and directors' remuneration (subject to audit)

2022/23

Name	Title	Salary and allowances (bands of £5,000) £000	Non-cash benefits total to nearest £100 £	Performance pay and bonuses (bands of £5,000) £000	Accrued pension benefits to nearest £1,000 £000	TOTAL (bands of £5,000) £000
Sharmila Nebhrajani OBE	Chairman	70 to 75	200	Nil	Nil	70 to 75
Dr Mark Chakravarty	Non executive director	5 to 10	100	Nil	Nil	5 to 10
Jackie Fielding	Non executive director	5 to 10	500	Nil	Nil	5 to 10
Professor Gary A Ford, CBE	Non executive director	5 to 10	100	Nil	Nil	5 to 10
Alina Lourie[1]	Non executive director, ARC chair	10 to 15	100	Nil	Nil	10 to 15
Dr Justin Whatling	Non executive director	5 to 10	Nil	Nil	Nil	5 to 10
Dr Michael Borowitz	Non executive director	0 to 5	Nil	Nil	Nil	0 to 5
Prof Bee Wee CBE[2]	Non executive director	5 to 10	Nil	Nil	Nil	5 to 10
Dr Sam Roberts	Chief executive	195 to 200	Nil	Nil	37.5 to 40	235 to 240
Mark Chapman[3]	Interim director, medical technology and digital evaluation	85 to 90	Nil	Nil	20 to 22.5	105 to 110
Helen Brown	Chief people officer	25 to 30	Nil	Nil	5 to 7.5	30 to 35
Helen Knight	Director, medicines evaluation	110 to 115	Nil	5 to 10	52.5 to 55	170 to 175
Alexia Tonnel[4]	Director, digital, information and technology	125 to 130	Nil	Nil	32.5 to 35	160 to 165
Jane Gizbert	Director, communications	115 to 120	Nil	Nil	10 to 12.5	125 to 130
Dr Felix Greaves[5]	Director, science, evidence and analytics	125 to 130	Nil	Nil	25 to 27.5	150 to 155
Boryana Stambolova	Interim director, finance	50 to 55	Nil	Nil	10 to 12.5	60 to 65
Dr Clare Morgan	Director, implementation and partnerships	40 to 45	Nil	Nil	45 to 47.5	85 to 90
Professor Jonathan Benger CBE[6]	Chief medical officer and interim director, centre for guidelines	20 to 25	Nil	Nil	Nil	20 to 25
Raghunath Vydyanath[7]	Chief information officer	Nil	Nil	Nil	Nil	Nil
Dr Nick Crabb[8]	Interim director of science, evidence and analytics	Nil	Nil	Nil	Nil	Nil
Alison Liddell[9]	Interim, DIT director	Nil	Nil	Nil	Nil	Nil

1 Additional pay for Chair of Audit and Risk Committee role

2 Remuneration is paid to Oxford University Hospitals NHS Foundation Trust

3 Currently employed as 0.8 of a FTE. The full year equivalent salary range is £130K - £135K

4 In continuing employment with an NHS provider organisation for 18 months from 31/05/2023 and at the end of the secondment, will leave NICE's employment. The secondment is fully funded by NICE and the total cost to NICE for this arrangement is £240k to £245k including costs falling in the 24/25 financial year

5 Works 0.9 of a FTE and moved onto external secondment on 01/08/2023. The full year equivalent salary range is £130k to £135k

6 Seconded in from University Hospitals Bristol and Weston NHS Foundation Trust on 0.75 FTE. The full year equivalent salary range is £155k to £160k

7 Joined NICE on 16/10/2023. The full year equivalent salary range is £130k to £135k

8 Acting up from 01/08/2023. The full year equivalent salary range is £120k to £125k

9 Acting up from 01/06/2023 until 15/10/2023. Part Year Figures reflected. The full year equivalent salary range is £105k to £110k

Individuals affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

In line with framework set by the Department of Health and Social Care, NICE's remuneration committee agreed both consolidated & non-consolidated (where a Directors pay exceeded the exception zone maximum for their ESM grade) pay uplifts of 5% to eligible directors paid under the executive and senior manager pay framework, backdated to 1 April 2023. 1 Director received clinical excellence awards (1 at £12k).

2 non-consolidated performance related pay awards were allocated (total £11k). In 2022/23, 1 director received non-consolidated related pay award (total £6k).

Pension Benefits – Senior Management (Subject to audit)

Name	Title	Real increase / (decrease) in pension at pension age (bands of £2,500) £000	Real increase / (decrease) in pension at lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2024 (bands of £5,000) £000	Lump sum at pension age related to accrual pension at 31 March 2024 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2023 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2024 £000
Dr Sam Roberts	Chief executive	2.5 to 5	Nil	20 to 25	Nil	190	68	304
Mark Chapman	Interim director, medical technology and digital evaluation	0 to 2.5	0 to 2.5	5 to 10	15 to 20	113	33	172
Helen Brown	Chief people officer	0 to 2.5	Nil	0 to 5	Nil	6	17	40
Helen Knight	Director, medicines evaluation	0	30 to 32.5	25 to 30	65 to 70	350	122	524
Alexia Tonnel[1]	Director, digital, information and technology	0	Nil	25 to 30	Nil	353	4	429
Jane Gizbert	Director, communications	0	Nil	30 to 35	Nil	Nil	Nil	Nil
Dr Felix Greaves[2]	Director, science, evidence and analytics	0 to 2.5	Nil	45 to 50	Nil	468	35	644
Boryana Stambolova	Interim director, finance	0 to 2.5	Nil	5 to 10	Nil	68	31	123
Dr Clare Morgan	Director, implementation and partnerships	2.5 to 5	Nil	10 to 15	Nil	87	35	148
Raghunath Vydyanath[3]	Chief information officer	0 to 2.5	Nil	15 to 20	Nil	183	2	221
Dr Nick Crabb[4]	Interim director of science, evidence and analytics	0	Nil	30 to 35	Nil	484	12	568
Alison Liddell[5]	Interim, DIT director	0 to 2.5	Nil	10 to 15	Nil	121	0	146
Professor Jonathan Benger CBE[6]	Chief medical officer and interim director, centre for guidelines	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1 Left NICE on 31 May 2023

2 Seconded out on 01 August 2023

3 In post from 16 October 2023

4 Acting up from 01 August 2023

5 Acting up between 01 June 2023 till 15 October 2023

6 Seconded into NICE - Salary not paid by NICE

There is no CETV (cash equivalent transfer value) for those members who are over the age of 60 (1995 Section of the NHS Pension Scheme) and members over 65 (2008 Section).

Any members affected by the Public Service Pensions Remedy were reported in the 2015 scheme for the period between 1 April 2015 and 31 March 2022 in 2022-23, but are reported in the legacy scheme for the same period in 2023-24.

NHS Pensions have confirmed the factors used to calculate CETV values increased on the 30/03/2023, and this will have an affect on the calculation of the real increase in CETV.

No lump sum for senior managers who only have membership in the 2008/2015 Section of the NHS Pension Scheme.

Individuals affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Salary

'Salary' includes gross salary; overtime; reserved rights to London weighting or London allowances; recruitment and retention allowances and any other allowance to the extent that it is subject to UK taxation. This report is based on accrued payments made by NICE and thus recorded in these accounts.

Benefits in kind

The monetary value of benefits in kind covers any benefits provided by NICE and treated by HM Revenue and Customs as taxable.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension because of inflation and contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement), and uses common market valuation factors for the start and end of the period.

Fair pay disclosure (subject to audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and the 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The branded remuneration of the highest paid director in NICE in the financial year 2023/24 was £205k-£210k (2022/23: £195k-£200k). This was a 5.06% change year on year (in 2022/23 this was 2.6% change). The mean salary percentage change for employees of NICE (excluding the highest paid director) was 2.87% in 2023/24 (in 2022/23 this was 5.81%).

Total remuneration includes salary, non-consolidated performance-related pay, and benefits in kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The relationship to the remuneration of the organisation's workforce is disclosed in the below table:

2023/24	Lower Quartile (25th percentile)	Median Pay	Higher Quartile (75th Percentile) Pay
Total remuneration (£)	43,742	50,952	59,865
Salary component of total remuneration (£)	43,742	50,952	59,865
Pay ratio information	4.74	4.07	3.47

2022/23	Lower Quartile (25th percentile)	Median Pay	Higher Quartile (75th Percentile) Pay
Total remuneration (£)	43,528	50,099	58,737
Salary component of total remuneration (£)	43,528	50,099	58,737
Pay ratio information	4.54	3.94	3.36

In 2023-24 no employees (2022-23: nil) received remuneration in excess of the highest-paid director. Remuneration ranged from £18k to £207k (2022/23: £14k to £198k).

Other information about pay includes:

- As can be seen from the table above, the pay ratios for all quartiles in 2023/24 has increased from the ratios in 2022/23. This can be attributed to the NHS pay award for 2023/24 being a 5% increase to pay compared to the 2022/23 pay award being a flat rate.
- All eligible executive senior managers received a 5% inflationary pay award.
- 2 bonuses were paid in 2023/24.
- Incremental pay progression was applied, under NHS Terms and Conditions of service.
- Average staff numbers have slightly decreased from 818 in 2022/23 to 785 in 2023/24; the cost and composition of permanent and other staff can be seen in the tables below.

Staff Turnover

Our staff turnover for 2023/24 (measured on 31/03/24) was 12.36% (8.5 % in 2022/23).

The turnover rate includes 7.23% voluntary turnover and 5.13% of non-voluntary.

Staff numbers and related costs (subject to audit)

Costs	2023/24 Permanently employed £000	2023/24 Other £000	2023/24 Total £000	2022/23 Permanently employed £000	2022/23 Other £000	2022/23 Total £000
Salaries and wages	43,493	535	44,028	43,490	802	44,292
Social security costs	5,331	0	5,331	4,885	0	4,885
Employer contributions to NHSPA	8,633	0	8,633	8,019	0	8,019
Apprentice Levy	216	0	216	193	0	193
Termination Benefits	1,175	0	1,175	105	0	105
Total	**58,848**	**535**	**59,383**	**56,692**	**802**	**57,494**
Less recoveries in respect of outward secondments	(328)	0	(328)	(328)	0	(328)
Total net costs	**58,520**	**535**	**59,055**	**56,364**	**802**	**57,166**

Average number of persons employed (subject to audit)

The average number of whole-time equivalent persons employed (excluding non-executive directors) during the year was as follows:

Employment	Permanently employed staff	Other	2023/24 Total	2022/23 Total
Directly employed	803	7	810	818

Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

An outline of these follows:

a. Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b. Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Feature or benefit	NHS Staff Practice and Approved Employer Staff	NHS Staff Practice and Approved Employer Staff	Practitioners NHS Medical and Ophthalmic Practitioners
Scheme	1995	2008	1995
Member contributions	Tiered contribution rates	Tiered contribution rates	Tiered contribution rates
Type of scheme	Final salary based on the best of the last 3 years' pensionable pay	Final salary based on the average of the best 3 consecutive years within the last 10 years	Earnings accrual. The final value of pensionable earnings after adding all years' earnings and applying revaluation factors
Pension	A pension worth 1/80th of pensionable pay per year and pro rata for any part year of membership	A pension worth 1/60 of reckonable pay per year and pro rata for any part year of membership	A pension based on 1.4% of total uprated earnings
Retirement lump sum	3 x pension. Option to exchange part of pension for more cash up to 25% of capital value	Option to exchange pension for a lump sum, up to 25% of capital value. Certain members may have a compulsory amount of lump sum	3 x pension. Option to exchange part of pension for more cash up to 25% of capital value
Normal pension age (NPA)	60 (55 for Special Class/MHO)	65	60
Maximum age	75	75	75
Maximum membership	Non Special Class/MHO 45 years in total. Special Class/MHO 40 years at age 55 & 45 years overall	45 years	-
Minimum pension age	Age 50 if joined pre 6/4/2006 and not had a break of 5 years or more, otherwise age 55	Age 55	Age 50 if joined pre 6/4/2006 and not had a break of 5 years or more, otherwise age 55
Actuarially reduced early retirement	Yes	Yes	Yes
Late retirement	No late retirement factors applied	Late retirement factors applied to pension earned before age 65	No late retirement factors applied
Pensionable reemployment following payment of pension	Yes if eligible	Yes if eligible	Yes if eligible
Partial retirement	No	Yes	No
Ill health tier 1	Built up benefits paid without reduction	Built up benefits paid without reduction	Built up benefits paid without reduction
Ill health tier 2	Tier 1 plus an enhancement of 2/3rds of prospective membership to NPA	Tier 1 plus an enhancement of 2/3rds of prospective membership to NPA	Tier 1 plus an enhancement of 2/3rds of prospective membership to NPA
Increasing your pension	Purchase of additional pension in units of £250	Purchase of additional pension in units of £250	Purchase of additional pension in units of £250

Details can be found on the pension scheme website at www.nhsbsa.nhs.uk/pensions.

Feature or benefit	Practitioners NHS Medical and Ophthalmic Practitioners	All NHS workers and Approved Employer Staff
Scheme	2008	2015
Member contributions	Tiered contribution rates	Tiered contribution rates
Type of scheme	Earnings accrual. The final value of pensionable earnings after adding all years' earnings and applying revaluation factors	Career average re-valued earnings based on a proportion of pensionable earnings in each year of membership
Pension	A pension based on 1.87% of total uprated earnings	A pension worth 1/54th of each year's pensionable earnings, revalued at the beginning of each following scheme year in line with a rate set by Treasury plus 1.5 % while in active membership
Retirement lump sum	Option to exchange pension for a lump sum, up to 25% of capital value. Certain members may have a compulsory amount of lump sum	Option to exchange part of pension for a lump sum up to 25% of capital value
Normal pension age (NPA)	65	Equal to an individual's state pension age or age 65 if that is later.
Maximum age	75	75
Maximum membership	45 years	No limit
Minimum pension age	Age 55	Age 55
Actuarially reduced early retirement	Yes	Yes
Late retirement	Late retirement factors applied to pension earned before Age 65	Late retirement factors applied to all pension earned until retirement
Pensionable reemployment following payment of pension	Yes if eligible	Yes if eligible
Partial retirement	Yes	Yes
Ill health tier 1	Built up benefits paid without reduction	Built up pension paid without reduction
Ill health tier 2	Tier 1 plus an enhancement of 2/3rds of prospective membership to NPA	Tier 1 plus an enhancement of 1/2 of prospective pension to NPA
Increasing your pension	Purchase of additional pension in units of £250	Purchase of additional pension in units of £250

Details can be found on the pension scheme website at www.nhsbsa.nhs.uk/pensions.

Pensions indexation

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in consumer prices in the 12 months ending 30 September in the previous calendar year.

Options to increase pension benefits

The NHS Pension Scheme provides different ways for members to increase their standard pension benefits. They are also able to contribute to money purchase additional voluntary contributions run by the scheme's approved providers.

Transfer of pension benefits

Scheme members have the option to transfer their pension into the NHS Pension Scheme providing they apply within 12 months of becoming eligible to join. Should they leave pensionable employment or decide to opt out of the NHS Pension Scheme they are able to transfer their accrued benefits out of the scheme to another pension provider.

Preserved benefits

Where a scheme member ceases NHS employment with more than 2 years' service they can preserve their accrued NHS pension for payment when they reach retirement age.

Retirements due to ill health

This note discloses the number and additional pension costs for individuals who retired on ill-health grounds during the year.

There were no retirements during 2023/24 (2022/23: no retirements).

Ill health retirement costs are met by the NHS Pensions Scheme.

Redundancies and terminations

During 2023/24 there were 20 redundancies/terminations totalling £1,261k (2022/23: 5 cases at £243k).

Exit packages (subject to audit)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s	Total number of exit packages	Total cost of exit packages £000s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £000
Less than £10,000	4 (0)	25 (0)	0 (0)	0 (0)	4 (0)	25 (0)	0	0
£10,000 – £25,000	1 (2)	16 (34)	1 (0)	14 (0)	2 (2)	30 (34)	0	0
£25,001 – £50,000	4 (1)	137 (49)	0 (0)	0 (0)	4 (1)	137 (49)	0	0
£50,001 – £100,000	7 (1)	450 (96)	0 (1)	0 (65)	7 (2)	450 (161)	0	0
£100,001 – £150,000	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0	0
£150,001 – £200,000	4 (0)	633 (0)	0 (0)	0 (0)	4 (0)	633 (0)	0	0
More than £200,000	0 (0)	0 (0)	1 (0)	245 (0)	1 (0)	245 (0)	0	0
Totals	**20 (4)**	**1261 (179)**	**2 (1)**	**259 (65)**	**22 (5)**	**1520 (244)**	**0**	**0**

Figures in brackets are prior year 2022/23 figures.

There were no special payments agreed for any of the departures.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pensions Scheme. Exit costs in this note are accounted for in full in the year of departure. Where NICE has agreed early retirements, the additional costs are met by NICE and not by the NHS Pension Scheme. This disclosure reports the number and value of exit packages agreed within the year. Note: the expenses associated with these departures may have been recognised in part or in full in a previous period.

Exit package breakdown

Other departures	Number of agreements	Total value of agreements £000s
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirement in the efficiency of service contractual costs	0	0
Contractual payments in lieu of notice[1]	1	14
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval[2]	1	245
Total	**2**	**259**

As a single exit package can be made up of several components each of which will be counted separately in this note, the total number of departures will not necessarily match the total number of exit packages.

1 any non-contractual payments in lieu of notice are disclosed under 'non-contractual payments requiring HMT approval' below.

2 includes any non-contractual severance payment following judicial mediation and £ relating to non-contractual payments in lieu of notice. For the above case retrospective HMT approval wasn't given.

There were no non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that report.

Health and safety

We are committed to adhering to the Health and Safety at Work Act 1974 and other related requirements to ensure that staff and visitors enjoy the benefits of a safe environment. There were 3 accidents, 3 incidents and 3 near misses reported during the year, which were risk assessed and appropriate action was taken. There were no days lost due to injury at work during 2023/24.

Employee consultation

NICE is committed to consulting and communicating effectively with employees. NICE has policies in place to ensure that, for all changes that affect the organisation there is open, honest and consistent 2-way consultation with UNISON and staff representatives. Information about proposed change, its implications and potential benefits are communicated clearly to all affected staff, who are encouraged to contribute their own ideas and to voice any concerns with their managers. Also, all policy development for employment policies is carried out in partnership with trade union representatives at NICE. We believe that communication with employees is essential, and keep employees updated and informed via the weekly NICE newsletter. Monthly staff meetings are held which are chaired by the chief executive to enable high levels of communication and consultation.

Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
11	11

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	0
1–50%	11
51% – 99%	0
100%	0

Percentage of pay bill spent on facility time

Facility time/pay bill	Cost / Percentage
Total cost of facility time	£32,858
Total pay bill	£59,055,109
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) × 100	0.06%

Paid trade union activities

Paid trade union activities	Percentage
Time spent on paid trade union activities as a percentage total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours) X100	0.61%

Equality and diversity

NICE is committed to equality of opportunity for both current and prospective employees, and in the recruitment of committee and group members. Everyone who works for NICE, applies to work at NICE or applies to join a committee or group, is treated fairly, and valued equally.

NICE complies with legislation and statutory codes of practice that relate to equality and diversity. In accordance with the Equality Act 2010, all workers are treated fairly and equally regardless of age, disability, race, religion or belief, gender, marriage or civil partnership, pregnancy and maternity, sexual orientation, or gender reassignment.

NICE has published equality objectives for the period 2024-29, which were agreed by the organisations Board in March 2024.The equality data of the NICE workforce, and performance against our equality objectives, is reported on an annual basis in the Annual Equality Report. This report also incorporates WRES (NHS Workforce Race Equality Standard) and WDES (NHS Workforce Disability Equality Standard) data, as well as our gender pay gap reporting. In March 2024 we published a workforce EDI 5 Year Road Map setting out our aspirations and approach for the next 5 years.

Each year we develop an Annual workforce EDI action plan, which also includes areas of improvement identified in the WRES and WDES data. The areas of focus for 2024/5 include: taking steps to better understand the experiences of colleagues working with disabilities/ neurodiversity, using insights to develop plans and implement actions; work to address bullying, harassment and discrimination; launching of a trans/non-binary and a menopause policy.

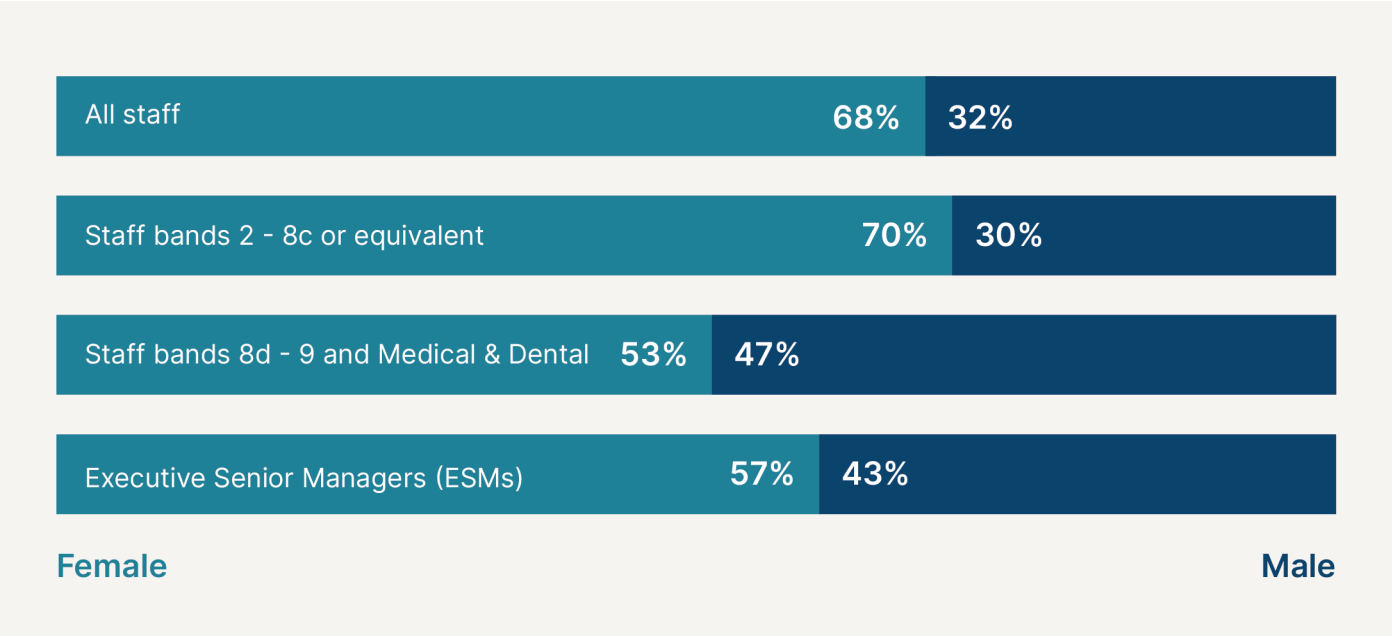
We are committed to building staff voice into everything we do, and we have 4 staff led Staff Networks: the Race Equality Network; the Disability Advocacy and Wellbeing Network; NICE and proud (for LGBTQ+ staff), and Women in NICE. We will continue to solicit input from our staff networks and those with lived experience, wherever possible.

Staff composition

NICE employs 78 staff at a grade equivalent to senior civil servants of which 64 are at band 8d, band 9 or engaged on Medical & Dental terms and conditions; and 12 are on the Executive Senior Manager (ESM) payscale (including 1 on an external secondment).

NICE's workforce is 68.2% female and 31.8% male. Our staff composition by salary band is shown in the figure below.

Staff composition by gender to nearest whole %



Gender pay gap

NICE's gender pay gap for the reporting year 2022/3 (snapshot date 31st March 2024) is 7.4 in favour of male staff. This is significantly below the national average for this period which is 14.3. We have a positive approach to family friendly policies and practices (including flexible working). In May 2023 we launched a new Women's Network, which is already making a significant contribution to supporting our aspiration to apply more focus to our gender equality work.

Sickness absence

During the period January to December 2023, the number of days lost as a result of sickness by full-time equivalent employees was 5.1 days, or 1.40% (2022 1.88%). The Department of Health and Social Care considers the annual figures to be reasonable proxy for financial year equivalents.

Effectiveness of whistleblowing arrangements

The review of the Whistleblowing Policy was completed in 2023/24 as planned. There were no whistleblowing cases reported in 2023/24.

Review of tax arrangements of public sector appointees – off-payroll engagements

As part of the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, NICE must publish information about off-payroll engagements.

Off-payroll engagement longer than 6 months

For all off-payroll engagements as of 31 March 2024, for more than £245 per day	Number
Number of existing engagements as of 31st March 2024	1
Of which have existed for less than 1 year at time of reporting	0
Of which have existed for between 1 and 2 years at time of reporting	0
Of which have existed for between 2 and 3 years at time of reporting	1
Of which have existed for between 3 and 4 years at time of reporting	0
Of which have existed for 4 or more years at time of reporting	0

New off-payroll engagements

For all new off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day	Number
Number of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	4
Of which number not subject to off-payroll legislation	3
Of which number subject to off-payroll legislation and determined as in-scope of IR35	1
Of which number subject to off-payroll legislation and determined as out of scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following review	0

Off-payroll board members / senior official engagements

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024	Number
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements	2

Expenditure on consultancy

During the year NICE spent £298k primarily to continue to develop and improve our digital workplace, through transformational change programmes and expert advice (1.8m in 2022/23).

Parliamentary accountability and audit report

The purpose of the parliamentary accountability and audit report is to bring together the key parliamentary accountability documents within the Annual Report and Accounts, much of this has historically formed part of the Financial Statements.

It is comprised of:

- losses and special payments, remote contingent liabilities, gifts or any other significant payments; and
- Certificate and Report of the Comptroller and Auditor General to the Houses of Parliament.

The information in this section of the report is subject to audit.

Losses and special payments

NICE did not have any losses or special payments that meet the disclosure requirements (2022/23: none).

Fees and charges

The following table provides an analysis of charging for technology appraisals and highly specialised technologies:

Charging activity	Income £000	Full cost £000	Deficit £000
2023/24	(10,032)	12,658	2,626
2022/23	(10,200)	12,608	2,408

Fees are made in accordance with UK Statutory Instrument 2018 No.1322 to cover the cost of producing technology appraisals and highly specialised technologies guidance. Fees are set to recover the costs incurred, other than a 75% discount for small companies which is subsidised by NICE through grant-in-aid funding from DHSC.

The full cost relating to chargeable activities includes predominantly staff costs but also other costs including committee meetings and overheads. It was expected that the programme would achieve close to full cost recovery in 2023/24. However, an increase in changes due to regulatory delays and topics being rescheduled due to availability of evidence, the aim of meeting full cost recovery was not met. The deficit is funded through grant-in-aid. In future years, the programme is expected to recover all its cost through the fees, apart from the discount for small companies which will continue to be funded through grant-in-aid. The increase in the charging costs have begun to have an impact as milestones are completed for new evaluations.

Remote contingent liabilities

As at 31 March 2024, NICE had no remote contingent liabilities (2022/23: none).

Gifts

NICE did not have any gifts or other significant payments that meet the disclosure requirements (2022/23: none).

Signed:

Dr Sam Roberts
Chief executive and accounting officer
10 July 2024

The Certificate and Report of the Comptroller and Auditor General to the Houses Of Parliament

Opinion on financial statements

I certify that I have audited the financial statements of the National Institute for Health and Care Excellence for the year ended 31 March 2024 under the Health and Social Care Act 2012.

The financial statements comprise the National Institute for Health and Care Excellence's

- Statement of Financial Position as at 31 March 2024;
- Statement of Comprehensive Net Expenditure, Statement of Cash Flows and Statement of Changes in Taxpayers' Equity for the year then ended; and
- the related notes including the significant accounting policies.

The financial reporting framework that has been applied in the preparation of the financial statements is applicable law and UK adopted international accounting standards.

In my opinion, the financial statements:

- give a true and fair view of the state of the National Institute for Health and Care Excellence's affairs as at 31 March 2024 and its net comprehensive expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care Act 2012 and Secretary of State directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects, the income and expenditure recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs UK), applicable law and Practice Note 10 Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom (2022). My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my certificate.

Those standards require me and my staff to comply with the Financial Reporting Council's Revised Ethical Standard 2019. I am independent of the National Institute for Health and Care Excellence in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK. My staff and I have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the National Institute for Health and Care Excellence's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the National Institute for Health and Care Excellence'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.

My responsibilities and the responsibilities of the Chief Executive as Accounting Officer with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for the National Institute for Health and Care Excellence is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which requires entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises information included in the Annual Report, but does not include the financial statements and my auditor's certificate and report thereon. The Accounting Officer is responsible for the other information.

My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my certificate, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with Secretary of State directions made under the Health and Social Care Act 2012.

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

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with Secretary of State directions made under the Health and Social Care Act 2012; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with the applicable legal requirements.

Matters on which I report by exception

In the light of the knowledge and understanding of the National Institute for Health and Care Excellence and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability Reports.

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept by the National Institute for Health and Care Excellence or returns adequate for my audit have not been received from branches not visited by my staff; or
- I have not received all of the information and explanations I require for my audit; or
- the financial statements and the parts of the Accountability Report subject to audit are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual have not been made or parts of the Remuneration and Staff Report to be audited is not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of the Board and Chief Executive for the financial statements

As explained more fully in the Statement of the Board's and Chief Executive's Responsibilities, the Board and Chief Executive are responsible for:

- maintaining proper accounting records;
- providing the C&AG with access to all information of which management is aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- providing the C&AG with additional information and explanations needed for his audit;
- providing the C&AG with unrestricted access to persons within the National Institute for Health and Care Excellence from whom the auditor determines it necessary to obtain audit evidence;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;

- preparing financial statements which give a true and fair view in accordance with Secretary of State directions issued under the Health and Social Care Act 2012;
- preparing the annual report, which includes the Remuneration and Staff Report, in accordance with Secretary of State directions issued under the Health and Social Care Act 2012; and
- assessing the National Institute for Health and Care Excellence'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 Accounting Officer anticipates that the services provided by the National Institute for Health and Care Excellence will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Social Care Act 2012.

My 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 certificate that includes my 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.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations including fraud

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which my procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

Identifying and assessing potential risks related to non-compliance with laws and regulations, including fraud

In identifying and assessing risks of material misstatement in respect of non-compliance with laws and regulations, including fraud, I:

- considered the nature of the sector, control environment and operational performance including the design of the National Institute for Health and Care Excellence's accounting policies.
- inquired of management, the National Institute for Health and Care Excellence's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the National Institute for Health and Care Excellence's policies and procedures on:
    - identifying, evaluating and complying with laws and regulations;
    - detecting and responding to the risks of fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the National Institute for Health and Care Excellence's controls relating to the National Institute for Health and Care Excellence's compliance with the Health and Social Care Act 2012 and Managing Public Money;

- inquired of management, the National Institute for Health and Care Excellence's head of internal audit and those charged with governance whether:
    - » they were aware of any instances of non-compliance with laws and regulations;
    - » they had knowledge of any actual, suspected, or alleged fraud;
- discussed with the engagement team and the relevant internal specialists, regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, I considered the opportunities and incentives that may exist within the National Institute for Health and Care Excellence for fraud and identified the greatest potential for fraud in the following areas: revenue recognition, posting of unusual journals, bias in management estimates and significant transactions that are unusual or outside the normal course of business. In common with all audits under ISAs (UK), I am required to perform specific procedures to respond to the risk of management override. I obtained an understanding of the National Institute for Health and Care Excellence's framework of authority and other legal and regulatory frameworks in which the National Institute for Health and Care Excellence operates. I focused on those laws and regulations that had a direct effect on material amounts and disclosures in the financial statements or that had a fundamental effect on the operations of the National Institute for Health and Care Excellence. The key laws and regulations I considered in this context included the Health and Social Care Act 2012, Managing Public Money, employment law, tax and pensions legislation.

I considered whether the National Institute for Health and Care Excellence had obtained appropriate approval for sampled transactions under the Cabinet Office spend controls and Managing Public Money.

Audit response to identified risk

To respond to the identified risks resulting from the above procedures:

- I reviewed the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described above as having direct effect on the financial statements;
- I enquired of management and the Audit and Risk Assurance Committee concerning actual and potential litigation and claims;
- I reviewed minutes of meetings of those charged with governance and the Board and internal audit reports;
- I addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and other adjustments; assessing whether the judgements on estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business
- I performed substantive testing on a sample of revenue transactions where I was unable to rebut the risk of fraud, agreeing back to source documentation.

I communicated relevant identified laws and regulations and potential risks of fraud to all engagement team members including internal specialists and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

A further description of my 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 my certificate.

Other auditor's responsibilities

I am required to obtain sufficient appropriate audit evidence to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

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

Report

I have no observations to make on these financial statements.

Gareth Davies
Comptroller and Auditor General
15 July 2024

National Audit Office
157-197 Buckingham Palace Road
Victoria
London
SW1W 9SP

Section C

Financial statements

Statement of comprehensive net expenditure for the year ended 31 March 2024

Statement of comprehensive net expenditure for the year ended 31 March 2024	2023/24 Total £000	2022/23 Total £000	Notes to accounts
Revenue from contracts with customers	**(20,113)**	(20,678)	6
Other operating income	**(2,804)**	(2,770)	6
Total operating income	**(22,917)**	(23,448)	-
Staff costs	**59,383**	57,494	5
Purchase of goods and services	**19,540**	21,926	3
Depreciation and impairment charges	**1,566**	1,829	3
Provision expense	**2,666**	(68)	3
Total operating expenditure	**83,155**	81,181	-
Finance expense	**35**	91	-
Net comprehensive expenditure for the year ended 31 March 2024	**60,273**	57,824	-

There was no other comprehensive expenditure for the period ended 31st March 2024.

The notes at pages 111 to 133 form part of these accounts.

Statement of financial position as at 31 March 2024

Statement of financial position as at 31 March 2024	Total 31 March 24 £000	Total 31 March 23 £000	Notes to accounts
Non-current assets	**-**	-	-
Property, plant and equipment	**1,296**	1,014	7
Intangible assets	**300**	2	7
Right of use Asset	**2,403**	6,435	7
Total non-current assets	**3,999**	7,451	-
Current assets	**-**	-	-
Trade and other receivables	**5,199**	5,016	8
Cash and cash equivalents	**14,813**	9,506	9
Total current assets	**20,012**	14,522	-
Total assets	**24,011**	21,973	-

Current liabilities	Total 31 March 24 £000	Total 31 March 23 £000	Notes to accounts
Trade and other payables	**(16,674)**	(13,768)	10
Lease Liability	**(374)**	(1,286)	10
Provisions for liabilities and charges	**(3,169)**	(249)	11
Total current liabilities	**(20,217)**	(15,303)	-
Non-Current assets less net current liabilities	**3,794**	6,670	-

Non-current liabilities	Total 31 March 24 £000	Total 31 March 23 £000	Notes to accounts
Provision for liabilities and charges	**0**	(494)	11
Lease Liability	**(2,040)**	(5,149)	10
Total non-current liabilities	**(2,040)**	(5,643)	-
Total assets less total liabilities	**1,754**	1,027	-

Taxpayers' equity	Total 31 March 24 £000	Total 31 March 23 £000
General fund	**1,754**	1,027
Total taxpayers' equity	**1,754**	1,027

The notes at pages 111 to 133 form part of these accounts.

The financial statements were approved by the board and signed by:

Dr Sam Roberts
Chief executive and accounting officer
10 July 2024

Statement of cash flows for the year ended 31 March 2024

Cash flows from operating activities	2023/24 Total £000	2022/23 Total £000	Notes to accounts
Net operating expenditure	**(60,273)**	(57,824)	-
Adjustments for non-cash transactions	**4,233**	1,760	3
Adjustment for net finance costs	**35**	91	3
(Increase)/Decrease in trade and other receivables	**(183)**	(1,815)	8
Increase/(Decrease) in trade and other payables	**2,906**	986	10
Use of provisions	**(240)**	(71)	11
Net cash outflow from operating activities	**(53,522)**	(56,873)	-

Cash flows from investing activities	2023/24 Total £000	2022/23 Total £000	Notes to accounts
Purchase of property, plant and equipment	**(740)**	(226)	7
Purchase of intangible assets	**(300)**	0	7
Net cash inflow/(outflow) from investing activities	**(1,040)**	(226)	-

Cash flows from financing activities	2023/24 Total £000	2022/23 Total £000
Net Grant in aid	**61,000**	55,500
Capital element of lease payments	**(1,131)**	(1,620)
Net cash flow from financing activities	**59,869**	53,880
Net increase/(decrease) in cash and cash equivalents in the period	**5,307**	(3,219)

Net increase/(decrease) in cash equivalents in the period	2023/24 Total £000	2022/23 Total £000	Notes to accounts
Net increase/(decrease) in cash equivalents in the period	**5,307**	(3,219)	-
Cash and cash equivalents at the beginning of the period	**9,506**	12,725	9
Cash and cash equivalents at the end of the period	**14,813**	9,506	9

The notes at pages 111 to 133 form part of these accounts.

Statement of changes in taxpayers' equity for the year ended 31 March 2024

Statement of changes in taxpayers' equity	General Fund[1] £000
Balance at 1 April 2022	3,351

Changes in taxpayers' equity for 2022/23	General Fund[1] £000
Grant in aid funding from DHSC	55,500
Comprehensive net expenditure for the year	(57,824)
Balance at 1 April 2023	1,027

Changes in taxpayers' equity for 2023/24	General Fund[1] £000
Grant in aid funding from DHSC	61,000
Comprehensive net expenditure for the period	(60,273)
Balance at 31 March 2024	1,754

The notes at pages 111 to 133 form part of these accounts.

1 The General fund represents the net assets vested in NICE (stated at historical cost less accumulated depreciation at that date), the surplus or deficit generated from notional charges and trading activities and grant-in-aid funding provided. It also includes surpluses generated from commercial activities. Further information on these activities is described in note 2.

Notes to accounts

1. Accounting policies

The Annual Report and Accounts have been prepared and issued by NICE, under directions given by the Secretary of State, with the approval of HM Treasury, in accordance with the Health and Social Care Act 2012. The financial statements have been prepared in accordance with the 2023/24 Government Financial Reporting Manual (FReM) issued by HM Treasury. The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context.

Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of NICE for the purpose of giving a true and a fair view has been selected. The particular policies adopted by NICE are described below. They have been consistently applied in dealing with items that are considered material to the accounts.

1.1 Going concern

The going concern basis of accounting for NICE is adopted in consideration of the requirements set out in International Accounting Standards as interpreted by HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

The functions and purpose of NICE are delivered in accordance with the Health and Social Care Act 2012 and the Framework Agreement between the Department of Health and Social Care (DHSC) and NICE which sets out NICE's role to provide guidance and support to providers and commissioners to help them improve outcomes for people using the NHS, public health and social care services. NICE has no reason to assume that its current functions and purpose within the NHS, public health and social care services will not continue.

At the reporting date NICE had a net asset position and a strong cash position of £14.8m. NICE is mainly financed by grant-in-aid funding from DHSC. DHSC has confirmed that the funding of NICE will continue and next year's funding has been agreed. As an arms-length body sponsored by DHSC, NICE has no reason to assume that future funding will not be forthcoming. Our going concern assessment is made up to 12 months from the date the accounts are signed. This includes the first quarter of the 2025/26 financial year. DHSC operating and financial guidance is not yet issued for that year, and so NICE has assumed that funding will continue beyond the 2024/25 financial year broadly in line with

current levels and the NICE modelling of future cash flows demonstrates that the organisation will have sufficient available cash to meet needs for the period of our assessment. As an arms-length body of DHSC, interim financial support can be accessed from DHSC if it were required, but there is currently no such identified requirement.

NICE does not consider there to be any material estimation uncertainty over the valuation of assets and liabilities at the reporting date as disclosed within the financial statements. In conclusion, these factors, and the anticipated continuation of future provision of services in the public sector, support the NICE's adoption of the going concern basis for the preparation of the accounts.

1.2 Income

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- NICE does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- Similarly, NICE does not disclose information where revenue is recognised in line with the practical expedient offered in the Standard, where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in the Standard that requires NICE to reflect the aggregate effect of all contracts modified before the date of initial application.

Revenue in respect of services provided is recognised when performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred. Payment terms are standard reflecting cross government principles.

Operating income is income that relates directly to the operating activities of NICE. It principally comprises fees and charges for services provided on a full-cost basis to external customers, but it also includes other income such as that from the DHSC, the devolved administrations (Wales, Scotland and Northern Ireland), NHS England and Health Education England. It includes both income appropriated-in-aid and income to the Consolidated Fund which HM Treasury has agreed should be treated as miscellaneous income.

NICE receives grants from other UK and overseas government departments, philanthropic organisations and development banks. On a monthly basis a work in progress calculation is completed according to contract dates with income being accrued or deferred in line with this calculation.

Other funding

The main source of funding for NICE is grant-in-aid funding from the DHSC, from Request for Resources within an approved cash limit, and is credited to the General Fund. Grant-in-aid funding is recognised in the financial period in which the cash is received. The 2024/25 NICE business plan has been approved by DHSC and details of indicative funding for the next financial year have been provided.

The value of the benefit received when NICE accesses funds from the Government's apprenticeship service is recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.3 Taxation

NICE is not liable to pay corporation tax and most activities are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.5 Non-current assets

A. Capitalisation

All assets falling into the following categories are capitalised:

i. Intangible assets where they are capable of being used for more than 1 year and have a cost, individually or as a group, equal to or greater than £5,000.

ii. Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred per license.

iii. Property, plant and equipment assets which are capable of being used for more than 1 year, and which:

- Individually have a cost equal to or greater than £5,000
- collectively have a cost of at least £5,000, and an individual cost of more than £250, where the assets are functionally interdependent, and had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control
- form part of the initial setting-up cost of a new building, irrespective of their individual or collective cost.

B. Valuation

Intangible assets

Intangible assets held for operational use are valued at amortised historical cost as a proxy for market value in existing use given the immaterial balance. The accounts are therefore materially consistent with the FReM. Surplus intangible assets are amortised and valued at the net recoverable amount.

The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition, and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Property, plant and equipment

All property, plant and equipment (PPE) are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at depreciated historic cost as this is considered to be not materially different from fair value. The carrying values of PPE assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Leasehold Improvement assets in the course of construction are valued at current cost. These assets include any assets under the control of a contractor.

C. Depreciation and amortisation

Depreciation is charged on each individual fixed asset as follows:

i. Intangible assets are amortised, on a straight line basis, over the estimated lives of the assets: 3-10 years

ii. Purchased computer software licences are amortised over the shorter of the term of the licence and their useful economic lives: 3-10 years

iii. Assets under construction are not depreciated

iv. Leasehold improvements are depreciated over 10 years, except where the lease will not be renewed in which case it will be the remaining life of the lease.

v. Each equipment asset is depreciated evenly over the expected useful life:

- Furniture: 5-10 years
- Office, information technology and other equipment: 3-5 years

vi. Right of use lease asset is depreciated on the remaining life of the lease

NICE has updated its capital policy and has capitalised laptops in year.

1.6 Financial instruments

NICE's financial assets are simple debt instruments held in order to collect contractual cash flows. NICE's material financial liabilities are trade payables and accruals. Under IFRS 9 financial instruments are measured at amortised cost.

1.7 Foreign exchange

Transactions which are denominated in a foreign currency are translated into sterling at the spot exchange rate on the date of the transaction. Resulting exchange gains and losses are recognised in the period in which they arise.

1.8 Leases

IFRS 16 'Leases' replaced IAS 17 'Leases' with effect from 1 April 2022. We presented 2022/23 annual accounts on the new IFRS 16 basis for the first time as reported by FReM, this year's accounts will show comparative years unlike prior year. These changes have significantly increased both total assets and total liabilities and impacts the statement of cash flows.

Initial recognition

NICE began the year with 10-year leases for the use of office space in Manchester and London which commenced in 2017 and 2020 respectively. These leases are now recognised as a right of use asset and a liability for the future lease payment commitments, which is recognised in the Statement of Financial Position.

The Manchester lease was due to expire by December 2027 with an option of a lease break in December 2023. NICE exercised the lease break and has provided confirmation to the landlord to terminate the Lease. NICE is currently working on moving to a smaller premises within Manchester to reduce estate costs. As at 1 April 2024 the value of asset and liability has reduced significantly, close to NIL.

The London lease is due to expire by November 2030, and as at 1 April 2024 the value of asset and liability recognised is at £2.38 million.

IFRS 16 also requires the total cash outflow for leases to be disclosed, this can be seen in note 13.

HM Treasury incremental borrowing rate (a nominal rate) of 0.95% is applied for leases commencing or transitioning in the 2022 calendar year under IFRS 16. NICE will continue to use the borrowing rate of 0.95% for the remainder of the lease period for these leases unless there are significant change to these leases.

Scope and exclusions

NICE applies the short-term lease recognition exemption to those leases that have a lease term of 12 months or less and the low value exemption of leases of assets below the materiality threshold of £5,000. These types of leases are recognised as an expense over the lease term on a straight-line basis.

NICE subleases a small portion of the Manchester office to other governing bodies, these are not formed part of the IFRS 16 sublease calculation as the agreement for these contracts is 12 months or less and therefore don't meet the criteria of IFRS 16 Leases.

Extension options and break clauses

NICE has applied judgement to determine the lease term for those lease contracts that include a renewal or break option. The assessment of whether NICE is reasonably certain to exercise a renewal option or reasonably certain not to exercise a break option significantly impacts the value of lease liabilities and right-of-use assets recognised on the balance sheet.

NICE currently recognises the London lease until the expiry period of its contract, no further extensions have been exercised at this stage.

1.9 Provisions

Provisions are recognised when NICE has a present legal or constructive obligation as a result of a past event, it is probable that NICE will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

All general provisions are subject to different discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 4.26% (2022/23 rate was 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 4.03% (2022/23 rate was 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

1.10 Pensions

Past and present employees are covered by the provisions of the NHS Pensions Schemes. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

These schemes are unfunded defined benefit schemes that cover NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to NICE of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time NICE commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.11 Key areas of judgement and estimates

NICE has made estimates in relation to provisions, useful economic lives of its assets and depreciation and amortisation. These estimates were informed by legal opinion, specialist knowledge of managers and senior staff, and length of property leases.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. The components that make up cash and cash equivalents are not analysed in the financial statements as NICE holds only cash.

1.13 Early adoption of standards, amendments and interpretations

NICE has not adopted any IFRSs, amendments or interpretations early.

Standards, amendments and interpretations in issue but not yet effective or adopted

International Accounting Standard 8, accounting policies, changes in accounting estimates and errors, requires disclosure in respect of new IFRSs, amendments and interpretations that are, or will be, applicable after the accounting period. There is one IFRS issued by the International Accounting Standards Board that are effective for financial statements after this accounting period.

IFRS 17 Insurance Contracts

IFRS 17 has not been adopted by the HM Treasury FReM, and early adoption is not therefore permitted. The adoption of this standard is unlikely to have any impact on NICE.

IFRS 18 Presentation and Disclosure in Financial Statements

IFRS 19 Subsidiaries without Public Accountability: Disclosures

Both these standards are to be adopted to an annual reporting period beginning on or after 1 January 2027.

2. Analysis of net expenditure by activities

2.1 Operating segments

NICE operates 3 reportable operating segments that meet specified criteria as defined within the scope of IFRS 8 (Segmental Reporting), where each reportable segment accounts for either 10% of the reported income, surplus/deficit or net assets of the entity.

The largest reportable segment is for the core activities of NICE, funded mainly through grant-in-aid from the Department of Health and Social Care. NICE also receives funding from other sources, notably from NHS England (which now includes Health Education England (HEE)). Activity associated with this funding is not business activity as defined in IFRS 8, therefore it is not shown as a separate operating segment here. Note 6 provides a detailed breakdown of funding and income received to support NICE activities.

The next largest reportable segment is the technology appraisals and highly specialised technologies programme. It operates on a full cost recovery basis with any deficit funded by grant-in-aid. In 2023/24 it accounted for 43.8% (43.5% in 2022/23) of operating income (excluding grant-in-aid) received and is therefore shown as a separate reporting segment below.

The final operating segment is the NICE Advice programme which provides fee-for-service consultation and education to pharmaceutical and healthtech companies on product development plans and market access strategy. It operates on a full cost recovery basis and receives no exchequer funding. In 2023/24 it accounted for 12.9% (14.2% in 2022/23) of operating income (excluding grant-in-aid) received and is therefore shown as a separate reporting segment below.

2023/24	NICE £000	Technology Appraisals & HST £000	NICE Scientific Advice £000	Total £000
Gross expenditure	67,423	12,658	3,108	83,190
Income	(9,927)	(10,032)	(2,958)	(22,917)
Net expenditure	**57,496**	**2,626**	**150**	**60,273**

2022/23	NICE £000	Technology Appraisals & HST £000	NICE Scientific Advice £000	Total £000
Gross expenditure	65,736	12,608	2,928	81,272
Income	(9,913)	(10,200)	(3,335)	(23,448)
Net expenditure	**55,823**	**2,408**	**(407)**	**57,824**

2.2 Reconciliation of net assets held within the general fund

With the agreement of the DHSC as sponsor the net assets (cash held in reserve arising from surplus income generation) of the NICE Advice operating segment are to be held separately within the General Fund.

The fees for technology appraisal and HST topics are charged before we begin each topic and we recognise the income as milestones are reached in the appraisal process.

Therefore, the Statement of Financial Position does include cash (current asset) in the bank on the 31 March in each financial year (£11,931k in 23/24 £7,004k in 22/23) relating to partially completed appraisal topics, but these amounts are offset by an equal and opposite amount of contract liabilities (included in trade and other payables). Therefore, the Technology Appraisals and HST segment has nil net assets.

2023/24	NICE £000	Technology Appraisals & HST £000	Scientific Advice £000	Total £000
Balance at 1 April 2023	(967)	-	1,994	1,027
Increase / (Decrease) in net assets	877	-	(150)	727
Segment net assets (as at 31 March 2024)	**(90)**	**-**	**1,844**	**1,754**

2022/23	NICE £000	Technology Appraisals & HST £000	Scientific Advice £000	Total £000
Balance at 1 April 2022	1,764	-	1,587	3,351
Increase / (Decrease) in net assets	(2,731)	-	407	(2,324)
Segment net assets (as at 31 March 2023)	**(967)**	**-**	**1,994**	**1,027**

3. Operating costs

Operating costs	2023/24 £000	2022/23 £000	Notes to accounts
Staff costs (before recovery of outward secondments)	59,383	57,494	5
Guideline Development Centres	0	0	-
British National Formulary	4,489	4,666	-
External contractors	3,956	6,881	-
Medical Technology External Assessment Centres	999	829	-
Healthcare Library Services	3,456	3,414	-
Premises and fixed plant	3,793	3,525	-
Rentals under operating leases	0	0	-
Establishment expenses	331	330	-
Supplies and services - general	450	225	-
Education Training and Conferences	616	726	-
Chair and non-executive directors' costs	143	150	-
Travel expenditure	593	515	-
Internal audit expenditure	66	54	-
Legal fees	564	522	-
Auditor's remuneration: audit fees *	84	89	-

* No non-audit fees were charged

Non-cash items	2023/24 £000	2022/23 £000	Notes to accounts
Depreciation on right of use lease asset	**1,105**	**1,530**	7
Depreciation on property, plants and buildings	**459**	**297**	7
Amortisation	**2**	**2**	7
Interest	**35**	**91**	-
Provisions (sum of arising in year, prior year unused and change in discount rate)	**2,666**	**(68)**	11
Non-cash items total	**4,268**	**1,853**	-
Total	**83,190**	**81,272**	-

4. Reconciliation

4.1 Reconciliation of net operating cost to net resource outturn

Item	31 March 24 £000	31 March 23 £000
Net operating cost	**57,848**	57,824
Net resource outturn	**57,848**	57,824
Revenue resource limit	**58,135**	56,000
(Over)/underspend against limit	**287**	(1,824)

4.2 Reconciliation of Gross Capital Expenditure to Capital Resource Limit

Item	31 March 24 £000	31 March 23 £000
Gross capital expenditure	**1039**	226
Net capital resource outturn	**1039**	226
Capital resource limit	**1220**	480
(Over)/underspend against limit	**181**	254

5. Staff costs

Costs	2023/24 Permanently employed £000	2023/24 Other £000	2023/24 Total £000	2022/23 Permanently employed £000	2022/23 Other £000	2022/23 Total £000
Salaries and wages	43,493	535	44,028	43,490	802	44,292
Social security costs	5,331	0	5,331	4,885	0	4,885
Employer contributions to NHSPA	8,633	0	8,633	8,019	0	8,019
Apprentice Levy	216	0	216	193	0	193
Termination Benefits	1,175	0	1,175	105	0	105
Total	**58,848**	**535**	**59,383**	**56,692**	**802**	**57,494**
Less recoveries in respect of outward secondments	(328)	0	(328)	(328)	0	(328)
Total net costs	**58,520**	**535**	**59,055**	**56,364**	**802**	**57,166**

Please also see the remuneration and staff report (p78).

Other staff costs related to agency and seconded staff into NICE from other organisations.

6. Income

6.1 Revenue from contracts with customers

NICE receives contractual income from several separate sources, as shown below in accordance with IFRS 15.

Contract income from related NDPBs and Special Health Authorities	2023/24 £000	2022/23 £000
NHS England	5,407	2,120
Health Education England	0	3,561
Contract income from other sources	**2023/24 £000**	**2022/23 £000**
Technology Appraisals and Highly Specialised Technologies	10,032	10,200
NICE Advice	2,958	3,335
Research grant receipts	943	794
Office for Market Access	286	208
Copyright and licence fees	107	122
Income received for staff seconded out (including overheads)	333	292
Income from higher education	47	46
Total revenue from contracts with customers	**20,113**	**20,678**

Contract income from related NDPBs and Special Health Authorities shows the income from other NHS organisations whose parent is the Department of Health and Social Care. The funding from NHS England relates to several programmes that NICE delivers or contributes to. Health Education England (HEE), which has now merged with NHS England, fund the cost of core content (e.g. journals and databases) that is available on the NICE Evidence Search website (available at http://www.nice.org.uk/about/what-we-do/evidence-services).

2023/24 was the fifth year of charging fees for technology appraisals and highly specialised technologies. The amount of income recognised has reduced compared to 2022/23 (£10m in 2023/24 £10.2m in 2022/23).

The NICE Advice and Technology Appraisals and Highly Specialised Technologies (TAHST) programmes are operating segments under IFRS 8 (Segmental Reporting). See Note 2 for further details. Copyright and license fees income includes receipts relating to intellectual property and NICE content, charged in the UK and internationally.

The Office for Market Access provides expert advice for the life sciences industry in engaging with the NHS on a not for profit basis.

We receive funding from a number of research projects, much of which is funded by the European Union and Innovate UK. The income from higher education relates to a payment by JISC Collections for access to the Cochrane library online resource hosted on the NICE website.

6.2 Other operating income

Other operating income	2023/24 £000	2022/23 £000
Income from devolved administrations	**1,953**	**1,974**
Other income sources	**2023/24 £000**	**2022/23 £000**
Office sublet income	637	604
Contribution to UK Pharmascan costs	10	10
Other income	18	68
Apprenticeship training grant (non cash)	186	114
Total other operating income	**2,804**	**2,770**

Income from Devolved Administrations is a contribution of funds from Wales, Scotland and Northern Ireland to provide certain NICE products and services in those countries.

Other income includes receipts from subletting part of the Manchester Office, a contribution to the cost of running the UK Pharmascan database, plus travel reimbursements and honorariums for speaking engagements at conferences and seminars.

7. Non Current assets

7.1 Property, plant and equipment

Cost or valuation 2023/24	Leasehold improvements £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
At 1 April 2023	2,537	59	2,249	541	5,386
Additions – purchased	0	0	740	0	740
At 31 March 2024	**2,537**	**59**	**2,989**	**541**	**6,126**

Depreciation 2023/24	Leasehold improvements £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
At 1 April 2023	2,230	59	1,634	449	4,372
Charged during the year	95	0	323	41	459
At 31 March 2024	**2,325**	**59**	**1,957**	**489**	**4,830**
Net book value at 31 March 2024	**212**	**0**	**1,032**	**52**	**1,296**
Net book value at 31 March 2023	307	0	615	92	1,014

All of NICE's assets are owned.

Cost or valuation 2022/23	Leasehold improvements £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
At 1 April 2022	2,537	59	2,023	541	5,160
Additions – purchased	0	0	226	0	226
At 31 March 2023	**2,537**	**59**	**2,249**	**541**	**5,386**

Depreciation 2022/23	Leasehold improvements £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
At 1 April 2022	2,137	58	1,472	408	4,075
Charged during the year	93	1	162	41	297
At 31 March 2023	**2,230**	**59**	**1,634**	**449**	**4,372**
Net book value at 31 March 2023	**307**	**0**	**615**	**92**	**1,014**
Net book value at 31 March 2022	400	1	551	133	1,085

7.2 Intangible assets

Cost or valuation	Total software licenses £000
At 1 April 2023	166
Additions – purchased	300
At 31 March 2024	**466**

Amortisation	Total software licenses £000
At 1 April 2023	164
Charged during the year	2
Disposals	0
Revaluation	0
At 31 March 2024	**166**
Net book value at 31 March 2024	**300**

All of NICE's assets are owned.

Cost or valuation	Total software licenses £000
At 1 April 2022	166
Additions – purchased	0
Disposals	0
At 31 March 2023	**166**

Amortisation	Total software licenses £000
At 1 April 2022	162
Charged during the year	2
Disposals	0
At 31 March 2023	**164**
Net book value at 31 March 2023	**2**

7.3 Right of use leased assets

Right of use leased asset	£000
Right of use leased asset as at 1 April 2023	7,965
Right of use leased asset - re-measurement of lease*	(2,927)
Additions	-
At 31 March 2024	**5,038**
Depreciation	-
At 1 April 2023	1,530
Charged during the year	1,105
Disposals	0
Revaluation	0
At 31 March 2024	**2,635**
Net book value at 31 March 2024	**2,403**

Right of use leased asset	£000
Right of use leased asset as at 1 April 2022	7,965
Depreciation	-
At 1 April 2022	0
Charged during the year	1,530
Disposals	0
Net book value at 31 March 2023	6,435

* The Manchester lease was due to expire in December 2027 with an option of a lease break in December 2023. NICE exercised the lease break and has provided confirmation to the landlord to terminate the Lease. The Lease with the existing landlord terminated on 10 April 2024 and a shorter new lease with a government body has been has been agreed until December 2024.

NICE adopted IFRS16 Leases standard for the first time in 2022/23 financial year, these leases are recognised on-balance sheet as right-of use assets and lease liabilities.

7.4 Quantitative disclosure around lease liabilities

Obligations under finance leases comprise:	**2023/24 £000**
Buildings not later than one year	**403**
Buildings later than one year and not later than five years	**1508**
Buildings later than five years	**579**
Total	**2490**
Less Interest element	**(87)**
Present value of obligations	**2,403**

7.5 Quantitative disclosures around elements in the Statement of Comprehensive Net Expenditure

Leases	**2023/24 £000**
Variable lease payments not included in lease liabilities	**0**
Discount in-year	**35**
Expense related to low-value assets leases (exc. short term)	**0**
Total cash outflow for leases	**1,139**

8. Trade receivables and other current assets

Amounts falling due within 1 year	2023/24 £000	2022/23 £000
Contract receivables invoiced	**3,373**	2,674
Contract receivables not yet invoiced	**693**	332
Other receivables	**243**	235
Prepayments	**890**	1,775
Accrued income	**0**	0
Total	**5,199**	5,016

NICE does not hold any contract assets.

The amount of contract receivable not yet invoiced relating to EU funding is £324,000 (£104,000 in 2022/23.

9. Cash and cash equivalents

Cash and cash equivalents	2023/24 £000	2022/23 £000
Balance at 1 April	**9,506**	12,725
Net change in cash and cash equivalent balances	**5,307**	(3,219)
Balance at period end	**14,813**	9,506

The following balances at March were held:

Government Banking Service	**14,813**	9,506
Balance at period end	**14,813**	9,506

10. Trade and other payables including Lease Liability

Amounts falling due within one year	2023/24 £000	2022/23 £000
Trade payables	**(475)**	(1,374)
VAT	**(145)**	0
Accruals	**(3,925)**	(4,701)
Contract liabilities	**(12,129)**	(7,693)
Lease Liability	**(374)**	(1,286)
Total	**(17,048)**	(15,054)

Amounts falling due after more than one year	2023/24 £000	2022/23 £000
Lease Liability	**(2,040)**	(5,149)

11. Provision for liabilities and charges

Provisions for liabilities and charges	Total £000
Balance at 1 April 2022	882
Arising during the year	196
Utilised during the year	(71)
Provision not required written back	(208)
Unwinding of Discount	(56)
Balance at 1 April 2023	**743**
Arising during the year	2,743
Utilised during the year	(240)
Provision not required written back	(9)
Unwinding of Discount	(68)
At 31 March 2024	**3,169**

Analysis of expected timing of cash flows	Total £000
Within 1 year to (period to Mar 2023)	3,169
1-5 years (period Apr 2023 - Mar 2027)	0
Over 5 years (period Mar 2027+)	0
Total	3,169

As at 31 March 2024 NICE had provisions of £749k in relation to staff redundancy (£249k in 22/23) and £2,000k in respect of expected dilapidations (£494k 22/23).

The dilapidation relates to NICE's contractual liability at the end of the Manchester office lease to reinstate the premises to the same state as the start of the lease. The amount of liability provision represents the termination schedule of dilapidations recieved. The provisions have been discounted at 4.26% for short term (upto 5 years) and 4.03% for medium terms (5-10 years). £240k in relation to staff redundancy, was utilised in 23/24 and £9k was written back as at 31 March 2024.

12. Capital Commitments

NICE has no contracted capital commitments as at 31 March 2024 for which no provision has been made (31 March 2023 £nil).

13. Commitments under leases

Total future minimum lease payments under IFRS 16 leases are given in the table below, analysed according to the period in which the lease expires.

Obligations under finance leases comprise:	2023/24 £000	2022/23 £000
Buildings not later than one year	**403**	1,286
Buildings later than one year and not later than five years	**1,508**	3,822
Buildings later than five years	**579**	1,327
Total	**2,490**	6,435
Other leases not later than one year	**0**	7
Other leases later than one year and not later than five years	**0**	0
Other leases later than five years	**0**	0
Total	**0**	7

NICE leases office space in London and Manchester.

The Manchester lease expires April 2024, NICE exercised the lease break in December 2023.

The London Lease is sublet from DHSC and expires November 2030 alongside the head lease.

The rent is due to be reviewed in August 2024 and 5 yearly thereafter.

14. Other financial commitments

The Institute has entered into non-cancellable contracts (which are not leases or PFI contracts), for services. The payments to which the Institute is committed during 2023-24 analysed by to the period during which the commitment expires are as follows.

Other financial commitments	2023/24 £000	2022/23 £000
Not later than one year	**550**	492
Later than one year and not later than five years	**288**	445
Later than five years	**0**	0
Total	**838**	937

15. Related parties

NICE is sponsored by the DHSC, which is regarded as a related party. During the year, NICE has had various material transactions with DHSC itself and with other entities for which the DHSC is regarded as the parent entity. These include NHS England, the Care Quality Commission, the Human Fertilisation and Embryology Authority, NHS Business Services Authority, Integrated Care Boards, NHS trusts and NHS foundation trusts.

In addition, NICE has had transactions with other government departments and central government bodies. These included Homes England, the Regulator of Social Housing, the Government Property Agency, and the British Council. During the 12 months ended 31 March 2024, no Board members, members of senior management, or other parties related to them have undertaken any material transactions with NICE except for those shown in the table below.

It is important to note that the financial transactions disclosed were between NICE itself and the named organisation. The individuals named in the table have not benefited from those transactions. Any compensation paid to management, expense allowances and similar items paid in the ordinary course of operations is included in the notes to accounts and in the Remuneration and Staff Report.

Related parties 2023/24

Related party appointment	NICE Board member or senior manager	NICE appointment	Interest	Value of goods and services provided to related party £000	Value of goods and services purchased from related party £000	Amounts owed to related party £000	Amounts due from related party £000
NHS England	Prof Bee Wee CBE	Non-executive director	National clinical director for End of Life Care	5,648.0	0.0	0.0	128.0
Faculty Of Medical Leadership & Management	Prof Bee Wee CBE	Non-executive director	Co-opted trustee to the faculty of medical leadership and management board	0.0	10.0	0.0	0.0
Oxford University Hospitals NHS Foundation Trust	Prof Bee Wee CBE	Non-executive director	Consultant and senior lecturer in palliative medicine	0.0	73.0	35.0	0.0
Oxford University Hospitals NHS Foundation Trust	Gary Ford CBE	Non-executive director	Professor of stroke medicine	0.0	0.0	0.0	0.0
Bristol Myers Squibb/Pfizer	Gary Ford CBE	Non-executive director	Non-executive director - NICE (remuneration paid via a charge from Northern Care Alliance)	1,362.0	0.0	16.0	319.0
Novartis	Mark Chakravarty	Non-executive director	Novartis shares/options which are either blocked or managed under a blind mandate	680.0	0.0	0.0	224.0
Care Quality Commission	Mark Chakravarty	Non-executive director	Non-executive director	0.0	13.0	0.0	0.0
Blackpool Teaching Hospital NHS Foundation Trust	Mark Chapman	Interim director of medical technology evaluation	Spouse is service manager, respiratory & sleep physiology, Blackpool Teaching Hospital NHS Foundation Trust (remunerated)	0.0	5.0	0.0	0.0
University Hospitals Bristol and Weston NHS Foundation Trust	Jonathan Benger	Chief medical officer & interim director, centre for guidelines	Consultant in emergency medicine, University Hospitals Bristol and Weston NHS Foundation Trust (remunerated)	0.0	201.0	39.0	0.0

Related parties 2022/23

Related party appointment	NICE Board member or senior manager	NICE appointment	Interest	Value of goods and services provided to related party £000	Value of goods and services purchased from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Harvard School of Public Health	Felix Greaves	Non-Executive Director	Visiting Faculty, Harvard School of Public Health, Applied AI for health systems. (remunerated)	0.0	4.0	0.0	0.0
University College London	Justin Whating	-	Visiting Professor in health informatics	65.0	287.5	0.0	29.2
NHSE and NHSI	Prof Bee Wee CBE	Non-Executive Director	National Clinical Director for End of Life Care	1886.4	7	21.8	757.6
Oxford University Teaching Hospital Foundation Trust	Prof Bee Wee CBE	Non-Executive Director	Consultant and senior lecturer in palliative medicine	0.0	62.2	0.0	0.0
Faculty of Medical Leadership and Management Board	Prof Bee Wee CBE	Non-Executive Director	Co-opted Trustee	0.0	6.0	4.0	0.0
Liverpool University Hospitals NHS Foundation Trust	Dame Elaine Inglesby-Burke DBE	Non-Executive Director	Chief Nursing Officer	2.0	50.0	0.0	0.0
Northern Care Alliance NHS Group (Salford Royal NHS Foundation Trust and Pennine Acute NHS Trust)	Dame Elaine Inglesby-Burke DBE	Non-Executive Director	Non-Executive Director - NICE (remuneration paid via a charge from Northern Care Alliance)	0.0	7.9	0.0	0.0
Bristol Myers Squibb/Pfizer	Gary Ford CBE	Non-Executive Director	Non-Executive Director - NICE (remuneration paid via a charge from Northern Care Alliance)	1,421.7	0.0	0.0	348.8
CSL Behring Consultancy	Gary Ford CBE	Non-Executive Director	Advice for stroke trial design	142.8	0.0	0.0	0.0
Novartis	Mark Chakravarty	Non-Executive Director	Novartis shares/options which are either blocked or managed under a blind mandate	556.4	0.0	0.0	2.4
Blackpool Teaching Hospital NHS Foundation Trust	Mark Chapman	Interim Director of Medical Technology Evaluation	Spouse is Service Manager, Respiratory & Sleep Physiology, Blackpool Teaching Hospital NHS Foundation Trust (remunerated)	0.0	3.0	0.0	0.0
Greater Manchester ICB	Mark Chapman	Interim Director of Medical Technology Evaluation	Sister is Corporate Affairs and Governance Manager	0.0	72.3	28.7	0.0
University of Oxford	Sharmila Nebharjani	-	General Council Member	0.0	12.0	0.0	0.0
University of Oxford	Gary Ford	Non-Executive Director	Professor of Stroke Medicine	0.0	12.0	0.0	0.0
University of Oxford	Prof Bee Wee	Non-Executive Director	Official fellow	0.0	12.0	0.0	0.0
University Hospitals Bristol and Weston NHS Foundation Trust	Jonathan Benger	Chief Medical Officer & interim Director, Centre for Guidelines	Consultant in Emergency Medicine, University Hospitals Bristol and Weston NHS Foundation Trust (remunerated)	0.0	45.6	45.3	0.0
Medicines and Healthcare Products Regulatory Agency	DHSC Group	-	DHSC Group	37.4	144.6	0.0	1.2
NHS Confederation	DHSC Group	-	DHSC Group	0.0	17.5	0.0	0.0

16. Events after the reporting period

There have been no significant events between the Statement of Financial Position and the date of authorising these financial statements.

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