NICE

National Institute
for Health and
Care Excellence

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Care Excellence

Annual Report and Accounts 2024 to 2025

HC 1049

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

Annual report and accounts 2024 to 2025

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Section A

Performance report

Overview

This section describes the role of NICE, explains what we do, and lists our achievements in 2024 to 2025.

Chairman's foreword

Sharmila Nebhrajani OBE
Chairman

NICE was 25 years old in 2024. So, in my foreword for this year's report, I will look back a little further than usual in my reflections. The chief executive will consider organisational developments in the past year, but I will take the opportunity afforded by a significant anniversary to look at our work in that longer context.

NICE's 25th anniversary marks a milestone. Such is the state of semi-permanent flux in the machinery of government that many organisations created do not survive for 25 years. Some disappear; some have their functions and responsibilities changed significantly; some merge or continue in some markedly different form. NICE has endured and - barring a change in its name to reflect its wider remit for social care - has done so as recognisably the same body that it was in 1999. It tackles problems around balancing the efficacy and value of health and care treatments – issues that would be familiar to its founders.

Our continuity testifies to an enduring mission. We provide guidance and direction to practitioners and commissioners throughout the health and care system, as they try to set and adjust priorities for care and treatment to patients in a way that remains affordable while maximising successful outcomes and benefits. We continue to bring intellectual and methodological rigour to our work. And we operate with considerable transparency so that the dialogue between all the many and various parties remains lively and well-informed.

Addressing new and existing challenges in the health and care system

The problems in the health and care system over this past year have hardly been new. Scarcity in resources is a constant theme of our work. We will never reach the point where all healthcare needs can be met – where recommending new treatments will not inevitably lead to some existing ones being displaced. Our contribution has been, and continues to be, the provision of a framework in which the decisions about allocating finite resources are made within a rational context based on sound information and analysis. The specifics change over time, with new treatments for existing conditions and new illnesses to provide new challenges. In this past year, much attention has been devoted to examining the potential value of emerging treatments for dementia and obesity. But our purpose has remained constant, and our methods continue to evolve to ensure that purpose is met.

A transformation delivering quality and timeliness

As an organisation we cannot remain static in how we operate. Our plan to improve our efficiency has continued through the past year, and we are now 3 years into a major transformation programme with demonstrable success in quality and timeliness. The transformation project is enabling the organisation to evolve to meet changing, and in some cases new, challenges. It also allows us to evaluate the opportunities that some of the finest minds on the planet can offer as possible healthcare solutions; solutions which might ameliorate patients' symptoms, transform their experiences, or radically improve their lives. In my fifth year as chairman, following my reappointment for a second term in May 2024, the chance to see the pace and scale of therapeutic innovation, and contribute to evaluating it at first hand, remains a stimulating and fascinating privilege.

Thank you

That privilege is enhanced by the exceptional quality of the board that has come together to lead and direct our work. The respect and admiration our board commands was demonstrated when all members who had completed their terms were reappointed - notably by ministers of the new government, showing strong cross-party recognition of their value. That indicates how we have adapted to a new government with relative ease. To all board colleagues, I would like to reiterate my gratitude for their invariably thoughtful contributions and their collegiate spirit.

We are also fortunate to be served by a dedicated and capable team of executives and staff and to enjoy the support of the many committee members who assess specific applications across such a wide range of their professional specialisms. Without both sources of support our work would be impossible and on behalf of all my board colleagues, I wish to reiterate our genuine thanks and appreciation to them.

Chief executive's foreword

Dr Sam Roberts
Chief executive

I am delighted to present NICE's annual report and accounts for the 2024 to 2025 financial year. As I look back on our achievements, I am proud of the progress we have made in what is my third year as chief executive.

Since 1999, we have helped get the best care to people, fast, while ensuring value for the taxpayer. Through delivering this mission, we've earned a global reputation based on our founding principles of independence, transparency, and rigour.

However, the world we operate in has changed considerably since our inception. Countries across the globe face the same challenge: how can we embrace innovative health technologies that are rapidly emerging, while ensuring the health and care system remains sustainable and accessible for all?

As I write this foreword, work is well underway to finalise the NHS' 10-year plan, which aims to address these systemic issues. NICE has fed into this important work alongside patients, communities, practitioners. Together, we are shaping a shared vision of the NHS that emphasises prevention, is community-orientated, and digitally enabled.

To help deliver this vision, NICE as an organisation must change. We will not compromise the founding principles through which we have earned our reputation. But we will adapt to focus on our:

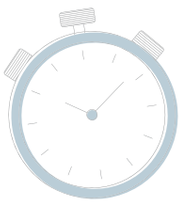
- relevance
- timeliness
- impact
- usability.

We're in the third year of delivering these priorities as part of our ambitious transformation plan, through which we will support the NHS as it embarks on its new vision for health and care.

Relevance

As NICE has grown as an organisation, so has the number and range of topics on which we produce guidance. However, we cannot cover everything that is of interest to the health and care system. So, we must ensure that we are focusing on the areas that matter most.

To facilitate this, in 2024, we established a new prioritisation board. The board reviews and decides which topics NICE should prioritise based on system demand. It has made more than 75 decisions so far, and published our first ever forward view, which highlights the areas we are prioritising over the coming year.



As the NHS moves from analogue to digital, we too have shifted our energies to expand our portfolio of guidance on digital health technologies. Our digital health programme is now more than 30 times bigger than it was in 2021 to 2022, with 100 digital technologies evaluated this year, including treatment for chronic tic disorders and Tourette syndrome, with which 1 school child in every 100 is affected.

We're transforming how we evaluate health technologies that include diagnostics, devices and digital technologies, and AI. The plans will enable more products to be evaluated, and remove the requirement for medical devices to be cost saving for them to be recommended for use in the NHS. This will allow us to improve and accelerate the adoption of innovative health technologies into the NHS, to help transform patient lives.

We're aware of the growth of AI across health and care and are taking active steps to facilitate its safe and efficient uptake in the NHS. This year, we became the first health technology assessment body in the world to produce a position on the synthesis and generation of evidence in AI and we published a statement of intent for our guidance on AI technologies. We also published guidance recommending 4 new technologies to help professionals detect fractures in urgent care settings, which has the potential to speed up diagnosis and reduce follow-up appointments.

The arrival of genomics medicine brings great promise and the potential to transform our understanding of health and care. We have more than 2 decades of experience in this area, most recently recommending a genetic test that can offer personal care to people who have had a stroke. We are now building on this by partnering with NHS England on a national genomics pathway.

Timeliness

NICE plays an essential role in getting promising innovative treatments to the people who need them, at speed. Indeed, England is now the 5th fastest country in Europe for making new health technologies available after regulatory approval.

Beyond our 25th anniversary, we celebrated another landmark – the publication of our 1,000th technology appraisal. While it took us 18 years to publish the first 500 appraisals, we've doubled the total in the last 6 years.

This year, the timeliness of our medicines guidance has improved by 26% year-on-year, and we have improved the timeliness of our health technology guidance by 11%.

Our NICE Advice service is helping improve the timeliness of our appraisals. We know that engaging with the service can reduce appraisal timelines by nearly 3 months.

Impact

Once our guidance is published, it is important that it is then implemented by our colleagues in the health and care system.

Our data show that the largest number of people on record (5.3 million) are now benefitting from NICE-recommended statins to reduce heart attacks and strokes following our updated guidance.

This is the biggest annual increase since 2016 to 2017. It coincides with the introduction of new cholesterol indicators in the GP Quality and Outcomes Framework and the release last year of updated NICE guidance on cardiovascular disease.

We have also identified that we have made 48 positive recommendations for lung cancer treatments in the last 10 years – 6 times more than in the previous decade.

To help health and care professionals put our guidance into practice, we're developing implementation toolkits in high profile areas such as obesity. And this year, we have started tracking the uptake of our recommendations in 20 priority topics to increase the impact of our advice.

Usability

Our guidance has been downloaded more than 11.5 million times this year. But we know that more can be done to make sure it is up to date, practical and accessible.

We're bringing together our guidance by topic so that it is all in one place and easy to find. This means we're including our published technology appraisals in our guidelines – making it easier to view and decide on treatment options. By April 2025, we incorporated 183 of our technology appraisals into relevant guidelines, which is 35% of the catalogue.

In 2024, we worked with our users to streamline the way we word our medicines and healthtech recommendations from 33 different options into 4 structured types of recommendations. These shorter and less complex recommendations are designed to aid implementation across all our medicines and healthtech guidance products, and help our users understand them quickly.

Uniting to get the best care to people, fast, while ensuring value for the taxpayer

I'd like to finish by offering my sincerest thanks to all the practitioners, commissioners, patient and community representatives, industry partners and collaborators who have helped us achieve our strategic priorities this year. During a period of sustained pressure, growth and change, you have remained steadfast in your support for NICE and our shared goal; of getting the best care to people, fast, while ensuring value for the taxpayer.

Thank you to our chairman and our board for their insight and contributions in helping us deliver our transformation plan. I'd also like to offer my heartfelt thanks to NICE's staff who display an unwavering commitment to our purpose. Through acting as one team, united behind this shared purpose, with a laser-like focus on the needs of our users, and open to different perspectives, we've continued to make a positive difference to the nation's health and care.

NICE remains committed as ever to its founding mission while embracing innovation and transformation. Together with our partners across health and care, we will continue to ensure that the next 25 years of NICE deliver even greater benefits for patients, practitioners, and the public, fulfilling our promise of better care for all.

Key facts and figures

Relevant

We recommended the **world's first gene editing therapy** for treating severe beta-thalassaemia – the first country in Europe to do so.

Our new **severity modifier** has been applied more widely than the end-of-life modifier and is resulting in a higher proportion of positive recommendations.

Timely

Since April 2024, we've improved the speed of our appraisals by:

26% for medicines
11% for healthtech

The average time to medicines access following regulatory approval is now **48 days** in optimal appraisals.

Impactful

Up to **5.3 million people** are now benefitting from NICE-recommended statins or ezetimibe to reduce heart attacks and strokes, following updated guidance.

We've made **6 times more lung cancer treatment recommendations** over the past 10 years than in the previous decade.

Usable

We have incorporated around **a third of our technology appraisals** into our guidelines, making our guidance easier to use.

We've streamlined and simplified our recommendation types across healthtech and medicines guidance **from 33 to 4**, to help users of our guidance implement it and understand it more quickly.

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.

Relevance

Prioritising our guidance topics

The number of new and innovative health technologies being developed continues to grow at an unprecedented rate. To ensure that the health and care system delivers the best outcomes, it is important that the NHS only adopts health technologies that are clinically and cost effective.

For NICE, this means that we must focus on what matters most. To help achieve this, we have developed a new, centralised approach to prioritising our guidance topics. Through this approach, we can make sure that we produce guidance that is relevant, timely, accessible, and on the areas that have the most impact.

This year, we launched our new prioritisation board. The board's role is to:

- Review and discuss topics, which will enable effective decision-making for guidance prioritisation.
- Maintain a forward view of topics and a rolling plan in response to changes in system need and demand.
- Publish its decisions, ensuring visibility and transparency to enable effective sharing of information with our stakeholders.

The prioritisation board uses a consistent, common framework to inform its decisions. All decisions are also published on our website to ensure transparency. Since its formation in 2024, the prioritisation board has made decisions on more than 75 topics.

Since its formation in 2024, the prioritisation board has made decisions on more than 75 topics.

We also now publish an annual forward view that highlights the areas NICE will be prioritising over the coming year. During 2024 to 2025, NICE focused on innovations that address:

- mental health
- early cancer detection and diagnosis
- diabetes
- musculoskeletal conditions
- women's health
- respiratory conditions
- neurology.

We recently refreshed our forward view and will be publishing an updated version in autumn 2025, following the publication of the new 10-year plan for the NHS.

Reducing health inequalities

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

At NICE, reducing health inequalities is one of our core principles, and a priority we're committed to as part of our 5-year strategy.

This year, we took further steps to ensure that reducing health inequalities is firmly embedded within our processes.

In January 2025, we consulted on updates to our methods and processes that will provide coherent guidance to committees, technical teams and stakeholders on how health inequalities should be considered.

The update seeks to clarify what health inequalities evidence is relevant for technology evaluations and how committees will consider this evidence.

The proposals follow a similar update to our guidelines manual in 2024. The guidelines update ensures that health inequalities are taken into account systematically during the development process and via quantitative analysis when data allows. We are currently refining the planned update by addressing comments received as part of the consultation.

Case study:

Collaborating with the NHS Race and Health Observatory

As part of our drive to reduce health inequalities, this year we formalised our partnership with the NHS Race and Health Observatory (RHO).

In November 2024, we signed a new, collaborative agreement with the RHO. The agreement sets out a framework for close and collaborative ways of working between the 2 organisations. It will support strategic objectives and shared commitments to reducing ethnic health inequalities.

The agreement builds on existing work NICE has carried out with the RHO.

This includes the development of a maternity and neonatal implementation support package to improve the attendance of women and pregnant people at their first antenatal appointment.

Research shows that white women have consistently been the most likely (67% in 2023 to 2024) to attend booking by 10 weeks, and black women have been the least likely (46% in 2023 to 2024).

Our support package aims to address this variation in care experienced by mothers and babies, and to enable services to deliver the best quality care. We are working with partners and stakeholders such as the RHO to develop the support package as part of our new suite of implementation toolkits.

Supporting the shift from analogue to digital

This year, we worked with NHS England and the Department of Health and Social Care (DHSC) to develop plans for a new, predictable and more consistent pathway through which NICE-recommended healthtech is commissioned and funded in the NHS.

In May 2024, we undertook a 12-week public consultation setting out plans for the new pathway, which aimed to fast-track clinically and cost-effective products into the NHS.

After the consultation was completed, the new government announced a focus on 3 key shifts in the NHS – from hospital to community, analogue to digital, and treatment to prevention – with healthtech set to play a vital role in delivering each of them.

In this new policy context, we are now working with DHSC and NHS England to ensure that the feedback we received informs the policies that will deliver these shifts – including the NHS 10-year plan and the life sciences sector plan.

Driving more technology into the NHS

Healthtech is evolving at unprecedented speed, with new digital and AI solutions, diagnostic tools and medical devices emerging all the time. Our role in putting these transformative technologies into the hands of patients and practitioners is more critical than ever.

But we heard that our evaluation programmes were sometimes too confusing and not flexible enough. That's why this year we've transformed how we work: we've evolved our health technology evaluation processes to be simpler, faster and more relevant to NHS priorities.

Key changes include:

- Merging 3 existing programmes - diagnostics assessment, interventional procedures and medical technologies evaluation - into a single healthtech programme.
- Removing the requirement for technologies to be cost saving, prioritising instead innovative solutions that address what the NHS needs most.
- Introducing a lifecycle evaluation approach to consider technologies for early or routine use in the NHS, as well as those already in use.
- Making multi-tech assessments of similar technologies, with the same purpose, standard practice in order to support patient and practitioner choice.

To implement these changes we've developed a new healthtech manual setting out a single set of processes for all healthtech guidance development. We consulted on these changes at the beginning of 2025 and will embed the new ways of working later in the year.

Clarifying the criteria we use to assess technologies for ultra rare diseases

Our Highly Specialised Technologies (HST) Programme helps encourage research and innovation in areas where gathering robust evidence can be challenging. It also helps to ensure fair and equitable access to treatments for very small patient populations.

Ultra-rare conditions are defined as those that affect 1 in 50,000 people or fewer. Over the past 5 years, we have approved 19 new treatments for ultra-rare diseases.

The HST criteria describe the exceptional circumstances in which new technologies should be assessed as part of the HST Programme, rather than through the standard technology appraisal route.

Following a public consultation in early 2025, we have refined the wording of the 4 HST criteria to ensure more consistent, predictable and fairer decisions. We've also included new definitions to help with extra clarity and transparency.

> **The improvements to the HST routing criteria approved by the board demonstrate our commitment under the Rare Diseases Action Plan to encourage innovation and support the rapid adoption of effective new treatments for NHS patients with rare diseases.**
>
> 
> **Professor Jonathan Benger, chief medical officer at NICE**

The purpose of refining the criteria is not to change the number of medicines currently routed through the HST Programme. There are no limits on the number of treatments that can be appraised through this route.

However, the criteria are crucial in helping to ensure that the focus remains on improving access to treatments for ultra-rare conditions, encouraging research and innovative treatments while also managing the inevitable wider impact for the NHS.

The refined HST criteria were implemented from 1 April 2025.

New, improved methods for calculating value

In 2022, we launched a new update to our methods and process. This included an algorithm we call the severity modifier.

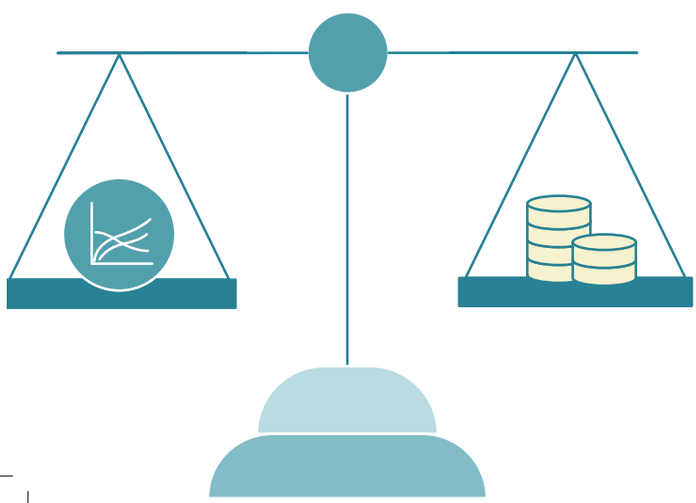
We use the severity modifier to make sure that our technology appraisals continue to be fair and effective.

Prior to this, we used an end-of-life modifier.

The end-of-life modifier provided a higher cost-effectiveness threshold for medicines that improve patient outcomes in the last few months and years of life. It increased the likelihood that we would recommend such treatments, which were often for cancer.

The severity modifier benefits people with a broader range of severe conditions than the end-of-life modifier.

It means that our independent committees can now give greater weight to severe conditions and conditions characterised by a poor quality of life, such as hepatitis D and cystic fibrosis.



More positive recommendations since severity modifier introduced

In 2024, we conducted research to review the effectiveness of the severity modifier.

Since introducing the severity modifier, we have been saying ‘yes’ to more cancer treatments:

The proportion of positive recommendation decisions for cancer treatments overall is higher (80% compared to 75%).

The proportion of positive recommendation decisions for advanced cancer treatments is higher (81% compared to 69%).

We also introduced the severity modifier because it aligns with the values held by society.

Evidence shows that people in the UK highly value health benefits from treatments for the most severe diseases. In addition, responses to 2 public consultations showed that stakeholders, including the life sciences industry, broadly supported the concept of a severity modifier.

NICE’s board has agreed to continue to monitor the impact of the severity modifier.

As part of this work, NICE will commission additional research into what society’s preferences are in terms of valuing medicines that treat severe diseases.

Case study:

‘Groundbreaking’ one-off gene therapy approved for severe sickle cell disease

In January 2025, we approved exagamglogene autotemcel (exa-cel), a groundbreaking one-off gene therapy for severe sickle cell disease (SCD) in England.

This therapy uses CRISPR gene editing technology and offers a potential cure for individuals with severe SCD. It will be available under a managed access scheme for patients aged 12 and over with specific types of severe SCD.

Exa-cel involves collecting a patient's stem cells, editing them to produce non-sickling red blood cells, and infusing the edited cells back into the patient, eliminating the risk of rejection.

The approval of exa-cel is a major advance in addressing health inequalities, as SCD is more prevalent among people of African, Caribbean, Middle Eastern, or South Asian descent. The therapy provides hope for patients who previously had limited treatment options with intolerable side effects.

NICE’s independent committee heard from a patient expert who described how the distressing lifelong disease had affected them and that treatment with exa-cel had made them "healthier, fitter and stronger than at any point in my life before".

“

Exa-cel could represent a potential cure for some people with severe sickle cell disease, freeing people from the burden of complications as well as addressing NICE’s aim of reducing health inequalities associated with the condition and getting the best care to patients fast.

Dr Samantha Roberts, NICE chief executive

Case study:

First joint guideline on asthma recommends combination treatments for new diagnoses

In November 2024, we collaborated with partners to produce new guidelines on asthma.

Through this collaboration, we produced the first unified set of national guidelines on asthma, ensuring that people receive consistent and effective care across the UK.

The guideline recommends that chronic asthma should be diagnosed by healthcare professionals when people first show symptoms by using simple tests.

It also says that newly-diagnosed people, and those whose asthma is not well controlled, should have a combination preventer and reliever inhaler rather than the old-style blue ‘reliever-only’ inhaler.

The guideline was produced by NICE in collaboration with the British Thoracic Society (BTS) and the Scottish Intercollegiate Guidelines Network (SIGN).

Dr Paul Walker, chair of BTS, said: “BTS and respiratory professionals welcome the new asthma guideline and the impact it will have on asthma care across the whole United Kingdom. The change in diagnostic investigations will simplify diagnostic processes and help with current diagnostic delays for adults, children and young people.

"The treatment changes represent a true pivot in the principles of asthma care and will contribute to improved outcomes.”

Professor Jonathan Benger, chief medical officer and interim director of the Centre for Guidelines at NICE, said: “I am delighted BTS, NICE and SIGN have collaborated to develop this useful and usable guideline. It aims to help ease the pressure on the health service by reducing hospital admissions due to asthma and lowering the use of less effective monitoring tests.”

Timeliness

Improving the timeliness of our guidance production

Supporting health and care practitioners to deliver the best care to people, fast, through our guidance, while ensuring taxpayer value, is at the heart of what we do.

England now ranks 5th fastest in Europe for making new health technologies available after regulatory approval. However, we know that more can be done to ensure people receive promising treatments at the earliest possible opportunity.

To address this, we have created a new 2-year programme aimed at improving the timeliness of our guidance production. This programme will transform the way we produce guidance by completely refreshing our systems and principles, introducing new technology and processes to revolutionise how we:

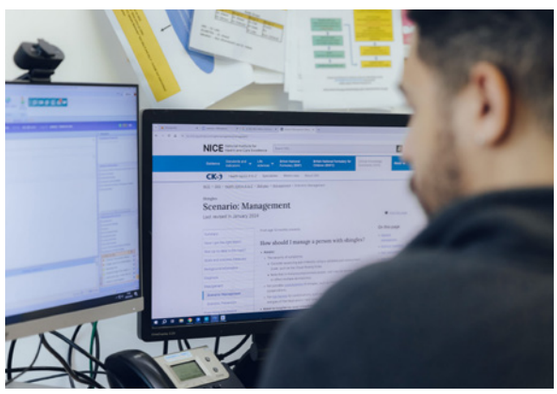
- work internally across NICE
- collaborate with committees and stakeholders
- manage the guidance production process from start to finish.

Additionally, this programme is the first within NICE to benefit from the Model for Improvement- a systematic approach to creating and accelerating positive change. The Institute for Healthcare Improvement have pioneered this model across health and care, and we've worked closely with them to successfully embed it within the programme. This methodology allows us to develop and test high-impact ideas that scale up to deliver big improvements not only within this programme, but across all our activities.

We've reduced the mean time between NICE guidance and MHRA marketing authorisation by 26%.

In our first year, we've reduced the administrative burden of guidance production by making improvements in managing committee documentation, stakeholder records, topic timelines, and more. By using data more effectively to improve process adherence, we've reduced the mean time between NICE guidance and Medicines and Healthcare products Regulatory Agency marketing authorisation by 26%.

As we move into the second and final year of the programme, we'll focus on the guidance development process and content creation to bring our guidance to publication even faster.



Bringing the 4 nations together to get the best care to people, fast

This year, NICE actively engaged with a UK-wide cross-government working group, including industry trade bodies, to improve patient access to innovative health technologies.

Known as the Medicines and Medical Devices (MMD) Access Initiative, the group aims to ensure good connectivity between regulatory, health technology assessment, and commercial processes. The initiative was set up as part of the voluntary scheme for branded medicines pricing, access and growth (VPAG scheme).

This group consists of health service bodies that are united by a common goal to improve patient access to safe, clinically and cost-effective healthcare products.

The initiative seeks to develop more aligned frameworks for the introduction of innovative health technologies that are used consistently across the UK. In addition, it will share intelligence across the four nations, to ensure that technologies reach patients in a timely manner and that there is no variation in access.

The MMD Access Initiative is overseen by a steering committee function. This creates a forum for the partners to consider how the healthcare ecosystem can collectively improve patient access across all 4 nations.

The initiative currently has 2 working groups: 1 for medicines and 1 for medical devices – with both groups having horizon scanning and information sharing within their remit.

As the MMD Access Initiative evolves, it will communicate the purpose, activities and outputs of the initiative to different audiences, while assessing the potential for future partnerships.

Bringing together cross-functional expertise and experience from all 4 nations across the UK, supported by industry trade associations, under one initiative will provide much-needed cohesion in a rapidly developing and dynamic life sciences environment.

NICE ADVICE | National Institute for Health and Care Excellence

Case study:

Study shows NICE Advice can reduce appraisal timelines by 3 months

NICE Advice is an independent and confidential advisory service for healthtech and pharmaceutical companies seeking to enter the NHS market.

A study published in November 2024 revealed that companies working with NICE Advice may experience a significantly faster path to guidance publication.

The research examined 230 technology appraisal and highly specialised technologies guidance documents published between June 2020 and May 2023. It found that of these, the 51 technologies that had received support from NICE Advice's scientific advice service progressed from marketing authorisation to guidance publication in a median time of 312 days, compared to 400 days for those without – nearly 3 months faster.

These findings support earlier research which showed similar benefits when looking at guidance published between 2009 and 2019.

"This study reinforces the value of engaging with NICE Advice early in product development," said Andrew Walsh, associate director of the service. "Our insights can help companies prepare effectively for evaluation."

The support you need is right here, closely connected to the NHS. People at NICE want to help you. They're passionate about bringing the latest innovations to market.

Sarah Brown, access lead for the UK and Ireland at Organon

Impactful work

Improving the implementation and impact of our guidance

Our recommendations help practitioners and commissioners get the best care to people, fast, while ensuring value for the taxpayer.

To measure and monitor the use of our guidance for this purpose, we created a new uptake data directory in 2024.

The directory covers approximately 150 quality standard measures and 30 medicines across 20 priority topic areas. We chose the priority areas – which include cancer, cardiovascular conditions and diabetes – through a comprehensive mapping process. This mapping aligns our guidance with national policy areas such as the NHS operational planning and contracting guidance, Core20PLUS5, and a review of integrated care board performance reporting priorities.

We used multiple sources of data in the directory, including national audits, NHS routine data, and prescribing data. It also includes national level data and tracks change over time where possible.

Measuring the uptake of our guidance

We are analysing these sources of data to understand the uptake of our guidance, and act in areas where uptake is low. Our analysis identifies areas of improvement through categories such as age and social demographics, and by region. We then use this data to increase the uptake and adoption of our guidance.

Our data directory has already helped us identify areas where health inequalities can be addressed, and we are working in partnership with the Race and Health Observatory to address these variations in uptake.

We also know from the data that there are uptake and adoption challenges in relation to cardiovascular conditions. We are working closely with the health innovation networks and integrated care boards across England to address these challenges.

The uptake data directory, and the action that we take in partnership with NHS decision makers and partner organisations, helps ensure our recommendations are impactful, improving health and care outcomes for everyone.

We will continue to develop our data directory over the coming year, in partnership with NHS decision makers and our partner organisations, to help ensure our recommendations are impactful, improving health and care outcomes for everyone.

Case study:

Record numbers of people are benefitting from NICE-recommended statins

In October 2024, we published new data which found that around 5.3 million people in England were given a NICE-recommended statin or ezetimibe by their GP to help reduce their cholesterol during 2023 to 2024.

This is the largest number of people on record and almost 900,000 more than in 2022 to 2023. It is also the largest annual increase since 2016 to 2017. The increase coincides with the introduction of new cholesterol indicators in the GP Quality and Outcomes Framework (QOF) and the release last year of updated NICE guidance on cardiovascular disease (CVD).

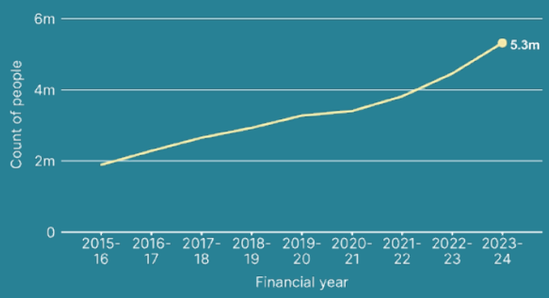
CVD is responsible for over a quarter of all deaths in England, 1 death every 4 minutes on average. People living in the most deprived areas or with severe mental illness are at higher risk of CVD.

We have recommended statins at the most effective doses for preventing and treating CVD since 2014. NICE recommends ezetimibe, or ezetimibe with bempedoic acid as alternative treatments when statins are not suitable. Ezetimibe is also one of several treatment options recommended for people who may need additional help in managing their cholesterol levels.

Thousands of heart attacks, strokes, and deaths could be prevented by taking medication to lower cholesterol. Data suggests that if 95% of adults with CVD were on cholesterol lowering treatment, around 17,800 cardiovascular events such as strokes and heart attacks, and 2,000 deaths could be avoided.

Adding a statin to lifestyle changes (such as stopping smoking, being more active and eating a better diet) reduces the chance of first CVD events happening in people at high risk and reduces the risk of further events if they do occur.

The number of people given NICE-recommended statins or ezetimibe in primary care in England increased 19% from 2022 to 2023 to 2023 to 2024 and has nearly tripled since 2015 to 2016.



CVD is the biggest area where we can save lives over the next 10 years.

The wider use of these tablets to lower cholesterol is a key part of our plans to help prevent thousands of heart attacks and strokes, reduce health inequalities, and make best use of NHS resources.

Helen Williams, NHS national clinical director for cardiovascular disease prevention

Working alongside people and communities

The expertise and lived experience of people and their communities is crucial to the development of our guidance. Through their valued input, we are able to understand what we are doing well, what could be improved and whether our guidance is having the desired impact on the health and care system.

This year, we published a new 3-year strategy, which aims to have a best practice approach to involvement and engagement, increase the impact of our guidance, and ensure the best care for people and communities.

This year, we have started delivering this through actions that include:

- Testing new ways of working using a quality improvement plan.
- Strengthening the established networks for the voluntary and community sector, and people and communities, and developing a new network for NICE staff to support the delivery of the NICE strategy across the organisation.
- Setting up an oversight group and nominating a non-executive director responsible for the strategy at board level.

Over the next 3 years we will measure, monitor, and share our progress in delivering this vision and its aims.

Our vision will be delivered through 5 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.**

NICE International

NICE International supports countries to improve their nation's health and wellbeing, helping to drive improvements in evidence-based decision-making. 2024 to 2025 saw the successful delivery of 40 engagements to 24 different countries.

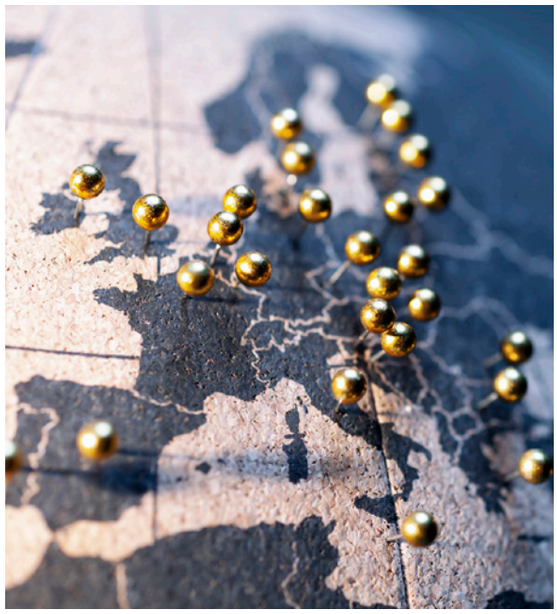
Highlight projects over the past year include:

- NICE International has been supporting 11 different countries (Brazil, Kenya, Colombia, Peru, Ecuador, Mongolia, Pakistan, Nigeria, Egypt, Ukraine and China) through the Department for Business and Trade's Regulatory fund for growth programme. This programme recognises the work that NICE International achieves in supporting other countries to make improvements to their methods and processes in evaluating health technologies. It also contributes to the resolution of some of the market access barriers that UK companies face when trying to access overseas markets, consequently contributing to the government's health and growth missions.
- Supporting the adaptation of NICE guidelines in Cyprus: NICE International worked with Cyprus' Health Insurance Organisation to modify 3 NICE guidelines and their associated quality indicators for the Cypriot context.

NICE International has also been continuing its work with Taiwan's Centre for Drug Evaluation and National Health Insurance Administration. The project supported Taiwan in the improvement of their health technology assessment processes and methods, with key topics including:

- AI in health technology appraisal and the evaluation of healthtech
- implementation of commercial and managed access in Taiwan, which this year created a new fund similar to the UK's Cancer Drug Fund.

NICE International has continued its partnership with South Africa's National Department of Health (NDOH) on the practical implementations of changes in their guidelines and health technology assessment processes and methods. Key milestones include updates to the South Africa's NDOH's prioritisation framework directly influenced by our experience with the NICE prioritisation board.



NICE joins international collaboration on health technology assessment methods research

Our international work extends beyond knowledge partnerships to collaborative ways of exploring new health technology assessment methods.

This year we partnered with the US-based Institute for Clinical and Economic Review and Canada's Drug Agency (CDA-AMC) to establish the Health Economics Methods Advisory (HEMA).

HEMA is a new international initiative to research and assess health technology assessment methods.

HEMA's aim is to critically and independently research some of the most pressing topics in global health economics and health technology assessment methods. The collaboration brings together leading research experts and academics in health economics. A steering committee of patient representatives and life sciences professionals from the three countries will guide the selection and prioritisation of research topics.

This partnership strengthens our position at the forefront of health technology assessment methodology development and demonstrates our commitment to working with international partners to improve healthcare decision-making.

Case study:

Improving care and survival rates for people with spinal cancer

Once our guidance is published, it is important that it is then implemented by our colleagues in the health and care system.

The Clatterbridge Cancer Centre in Liverpool is one example of an organisation that is putting our guidance into practice to improve the lives of people with serious conditions.

In 2024, the service updated NICE with its progress since implementing its model of best practice, which aligns with and has informed our guidance. Since introducing this model, the centre has improved early detection rates, and increased the average survival rates of people with metastatic spinal cord compression (MSCC).

Developing a coordinated service for MSCC

MSCC is rare, but very serious. About 3 to 5 in 100 people with cancer develop it. Any type of cancer can lead to spinal cord compression, but it is more common in people with breast cancer, lung cancer, prostate cancer, lymphoma or myeloma.

NICE guidance on MSCC places emphasis on the importance of coordinated care pathways for MSCC.

In 2017, the Clatterbridge Cancer Centre developed a new service with a single coordinator, which aligns with recommendations from NICE.

This means the centre can provide a single point of contact for the earlier diagnosis of MSCC. It offers consultant oncologist advice, and coordinated multi-professional diagnostic care and management.

Data collected through the service so far shows:

- The MSCC service has reduced delays, shortened inpatient stays and improved patient experience and quality of care.
- There has been a significant increase in average survival from 30 days at baseline to 7 months in 2021.
- Around 40% of people referred into the pathway have a suspected spinal urgency rather than an emergency.
- Earlier detection and intervention has improved survival and functional outcomes.
- Better planned care has reduced the burden on emergency services and had an important positive economic impact.

Case study:

A 6-fold increase in lung cancer recommendations

Lung cancer is the third most common cancer in the UK. Around 95 people die of lung cancer every day in the UK. It is the most common cause of cancer death and kills more women than breast and ovarian cancer combined.

The treatment landscape for lung cancer has changed considerably in the last decade, and survival rates have improved.

This year, we published new data which found that in the last 10 years, NICE has made 48 positive recommendations for lung cancer treatments, 6 times more than in the previous decade.

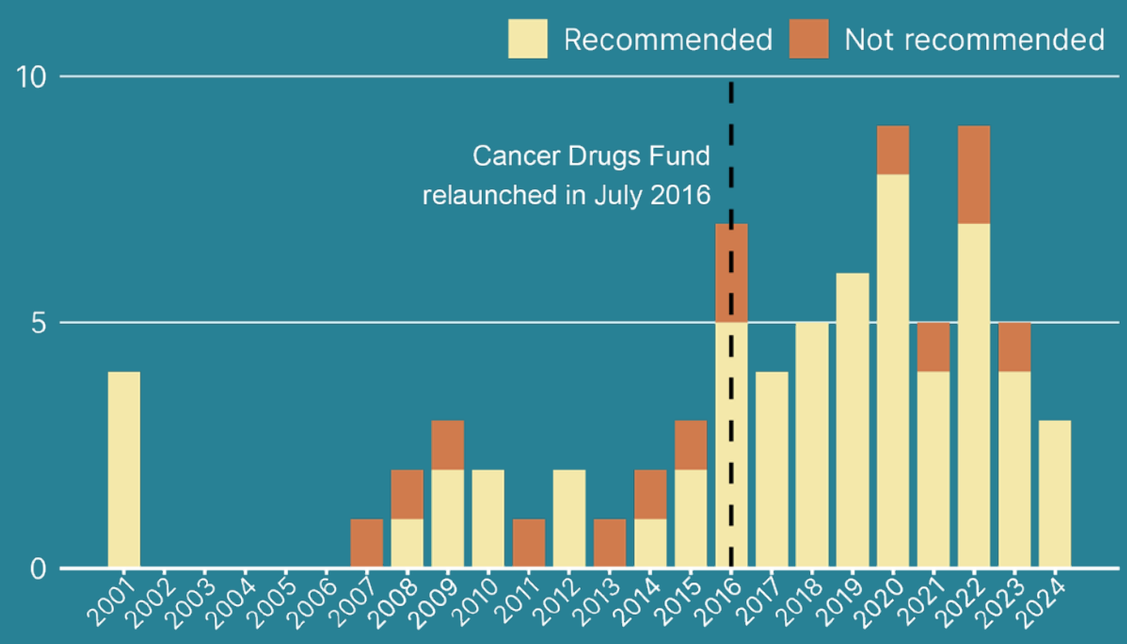
This includes innovative treatments such as targeted therapies - that are given as a tablet and work against specific mutations - and immunotherapy, which uses the body's immune system to attack the cancer.

Dr Lynn Campbell, consultant medical oncologist at Belfast City Hospital and committee member for the NICE lung cancer guidelines said: "When I started as a consultant back in 2010, for most stage 4 lung cancer patients the conversation would be around a 6 to 9-month survival. Whereas now with all the additional therapies available, we have stage 4 patients surviving 6 to 7 years."

NICE has published an interactive treatment pathway. It's designed to help clinicians navigate the many different options so that they can find the right one for their patient.

Commenting on the guidelines, Dr Jesme Fox, medical director of the Roy Castle Lung Cancer Foundation, said: "It is crucial that we all keep up to date with what is available, and the NICE treatment pathway for non-small cell lung cancer has made a huge difference. It is a very easy way to keep track of recommended treatments."

Number of lung cancer treatment recommendations made by NICE, 2001 to 2024



Usability

Including technology appraisals in our guidelines

This year, we are bringing our guidance together by topic, so that it's all in one place, clearer to understand and easier to access.

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

Through this project, we're adding our published technology appraisals guidance into our guidelines.

This will mean:

- It's easier for commissioners, practitioners and patients to access and decide on treatment options.
- There is improved adoption of promising new treatments across the NHS.
- It's easier for health and care professionals to achieve the best outcomes for patients while making the best use of NHS resources.

By 31 March 2025, we have successfully incorporated about a third (33%) of our technology appraisals.

Going forward, we will continue to review and update our approach to the more complex cases, where further analysis is required before incorporation of the technology appraisals can meet the needs of our guideline users.

We will undertake further work with stakeholders to develop our methods and process in this area, and we will test how easy new approaches will be to implement.

Simplifying our recommendations so they're easier to follow

We're simplifying the language we use when making recommendations in our guidance.

We're ensuring we produce clear, directive and actionable guidance that is easy to understand and put into practice by practitioners, commissioners and providers.

In 2024, we worked with our users to streamline our recommendations from 33 different options into 4 structured recommendations. These shorter and less complex recommendations are designed to aid implementation across all our medicines and healthtech guidance products, and help our users understand them quickly.

The 4 types of recommendation we can now make are:

- Can be used.
- Can be used during either:
    - a managed access period (for technology appraisals and highly specialised technologies), or
    - evidence generation period (for medical technologies, diagnostics, early value assessments and interventional procedures).
- More research is needed.
- Should not be used.

Our recommendations are prepared by independent advisory committees comprised of both health professionals and people who are familiar with the issues that can affect patients and carers.

We've published examples of how we use the recommendations and what they look like in practice.

Simplifying our recommendations is the first step in a wider piece of work making our guidance more usable. This work is planned for 2025 to 2026 and will involve changing the way our guidance is created, structured, stored and presented for our users.

A shared commitment to public involvement in research

Working alongside people and communities is essential in helping to improve the impact of our guidance. It means our products are focused on the people most directly affected by our recommendations.

We are committed to achieving a best-practice approach to this important work, so this year we joined the Health Research Authority, the National Institute for Health and Care Research, and others in signing up to a shared commitment to public involvement in health and social care research.

Jointly, we will work to improve the extent and quality of public involvement in research across the sector so that it is consistently excellent. People's lived experiences should be a key driver for health and social care research.

Working together, we plan to:

- Listen to and learn from the people and communities we involve and apply and share that learning.
- Build and share the evidence of how to involve the public and the impact this has.
- Support improvements in equality, diversity, and inclusion in public involvement.

This collaboration fosters a best-practice approach to working alongside people and communities and is an important forum for sharing learnings.

Performance analysis

This section considers in more depth NICE's performance against delivery of the key priorities in the 2024 to 2025 business plan.

Our performance

In 2024 to 2025 NICE produced the guidance and advice shown in the following tables:

Relevant

KPI	2024/25 outturn	2024/25 target	2023/24 outturn	Change since 2023/24
% of positive decisions made by the Prioritisation Board align to key NHS and social care priorities, including those described in our annual Forward View	74%	90%	N/A - new indicator	N/A - new indicator
95% of responses to Regulation 28 reports, Health Services Safety Investigation Body (HSSIB) safety recommendations and safety alerts within specified and/or statutory timeframes	100%	95%	95%	5 percentage point (pp) improvement

Timely and high quality

KPI	2024/25 outturn	2024/25 target	2023/24 outturn	Change since 2023/24
Medicines - Mean time between marketing authorisation and NICE recommendation to fall from 452 days (optimal and divergent)[1]	335 days	Improvement on 23/24 baseline	452 days	26% improvement
Medicines - Median time between marketing authorisation and NICE recommendation to fall from 322 days (optimal and divergent)	328 days	Improvement on 23/24 baseline	322 days	2% slower
Medicines - Mean time between marketing authorisation and NICE recommendation (optimal)	48 days	90 days	36 days	33% slower
Medicines - Median time between marketing authorisation and NICE recommendation (optimal)	44 days	90 days	43 days	2% slower
Medicines - Mean time between marketing authorisation and NICE recommendation (divergent)	410 days	Improvement on 23/24 baseline	540 days	24% improvement
Medicines - Median time between marketing authorisation and NICE recommendation (divergent)	413 days	Improvement on 23/24 baseline	365 days	13% slower
Medicines - Percentage of optimal topics published in 2024/25	21%	Improvement on 23/24 baseline	17.5%	3.5 pp improvement
HealthTech - Mean time to publish HealthTech guidance to fall from 490 days	437 days	Improvement on 23/24 baseline	490 days	11% improvement
HealthTech - Median time to publish HealthTech guidance to fall from 402 days	400 days	Improvement on 23/24 baseline	402 days	0.5% improvement
Centre for Guidelines – percentage of quality standard updates published alongside guideline updates	100%	30%	N/A - new indicator	N/A - new indicator
Percentage of Technology Appraisals (TAs) retrospectively incorporated into guidelines by end of 24/25	35%	33%	N/A - new indicator	N/A - new indicator

1 Our ability to publish final technology appraisal or highly specialised technologies guidance within 90 days of a medicine gaining marketing authorisation depends on whether it is classified as 'optimal' or 'divergent'. Optimal topics are those where it is possible to publish final guidance within 90 days of marketing authorisation. Divergent topics are one where it is not possible based to publish final guidance within 90 days of marketing authorisation.

Usable

KPI	2024/25 outturn	2024/25 target	2023/24 outturn	Change since 2023/24
Number of users accessing NICE website for guidance and advice	18.8m	Increase on 23/24	18.3m	3% improvement
Clicks on guidance products from the NICE corporate website	78,700	95,700	83,200	5% reduction

Impactful

KPI	2024/25 outturn	2024/25 target	2023/24 outturn	Change since 2023/24
All agreed priority areas have targeted implementation support package in place	3	5	N/A - new indicator	N/A - new indicator
New partnerships (including Voluntary and Community Sector organisations) to amplify the impact of NICE guidance in agreed priority areas.	5	5	N/A - new indicator	N/A - new indicator

Brilliant organisation

KPI	2024/25 outturn	2024/25 target	2023/24 outturn	Change since 2023/24
Media coverage of NICE that is positive in sentiment	81%	80%	80%	1 pp improvement
Media coverage that is generated by NICE includes at least one NICE key message	52%	60%	54%	2 pp reduction
Workforce representation: Ethnic minority staff	21%	20.3%	18.21%	+2.79pp
Workforce representation: Staff with a disability	11%	10.44%	9.49%	+1.51pp
Workforce representation: LGBTQ+ staff	9.1%	9.17%	8.34%	+0.76pp
Number of informal employee relations resolutions	56	32 (50% increase)	21	166% increase
Financial position*	£2.35m underspend	No deficit, surplus <£1m	Surplus <£1m	N/A

*This excludes ring fenced element e.g. depreciation charges.

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 state of affairs.

NICE is a non-departmental public body with the majority of funding coming through grant-in-aid from the Department of Health and Social Care (70% of total 2024 to 2025 operating expenditure). The remaining funding comes from other NDPBs (NHS England) and our income generating activities (TA & HST 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 to 2025 (available to view at https://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 2024 to 2025 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 2024 to 2025 was £61.9 million. This comprised:

- £48.6 million Administration grant-in-aid funding.
- £11.3 million Programme grant-in-aid funding. Baseline funding of £7.6m is primarily funding to purchase and distribute the BNF on behalf of the NHS (digital only), and to support the HealthTech Programme, in particular the cost of the external assessment centres. In addition, NICE received non-recurrent funding for late-stage assessment pilots (£1.5m), Innovative Devices Access Pathway (IDAP) activity (£1.1m) and funding from the voluntary scheme for branded medicines pricing, access, and growth (VPAG) investment facility (£1.1m).
- £1.4 million ring fenced for right of use asset depreciation.
- £0.6 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 £0.6 million for 2024 to 2025. (This excludes the non-cash CDEL for creation of the lease (new Manchester office) under IFRS16 Leases as a Right Of Use Asset).

The total amount of cash available to be drawn down from the Department of Health and Social Care during 2024 to 2025 was £61.1 million (made up of Administration funding [£50.0 million], Programme funding [£7.5 million], capital funding [£0.5 million] and further additional cash for Med Tech, OLS, and VPAG funding [£3.1 million]).

The actual amount of cash drawn down in 2024 to 2025 was £60.3 million. This was £0.9 million lower than the amount available due to above plan income generation and underspends on vacancies across the organisation.

Other income

NICE also received £28.0 million operating income from other sources, as follows:

- £13.7 million was received in fees for technology appraisals and highly specialised technologies.
- NHS England provided £7.7m funding:
    - £6.3m to fund national core content (such as journals and databases) on the NICE Evidence Search website for use by NHS employees.
    - £1.3m to fund activities supporting the Cancer Drugs Fund and Managed Access.
    - £0.1m supporting the Rapid Evidence Summaries programme.
- Trading activities from NICE Advice and intellectual property royalties generated £3.0 million gross income and receipts.
- £1.9 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.
- £0.2 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

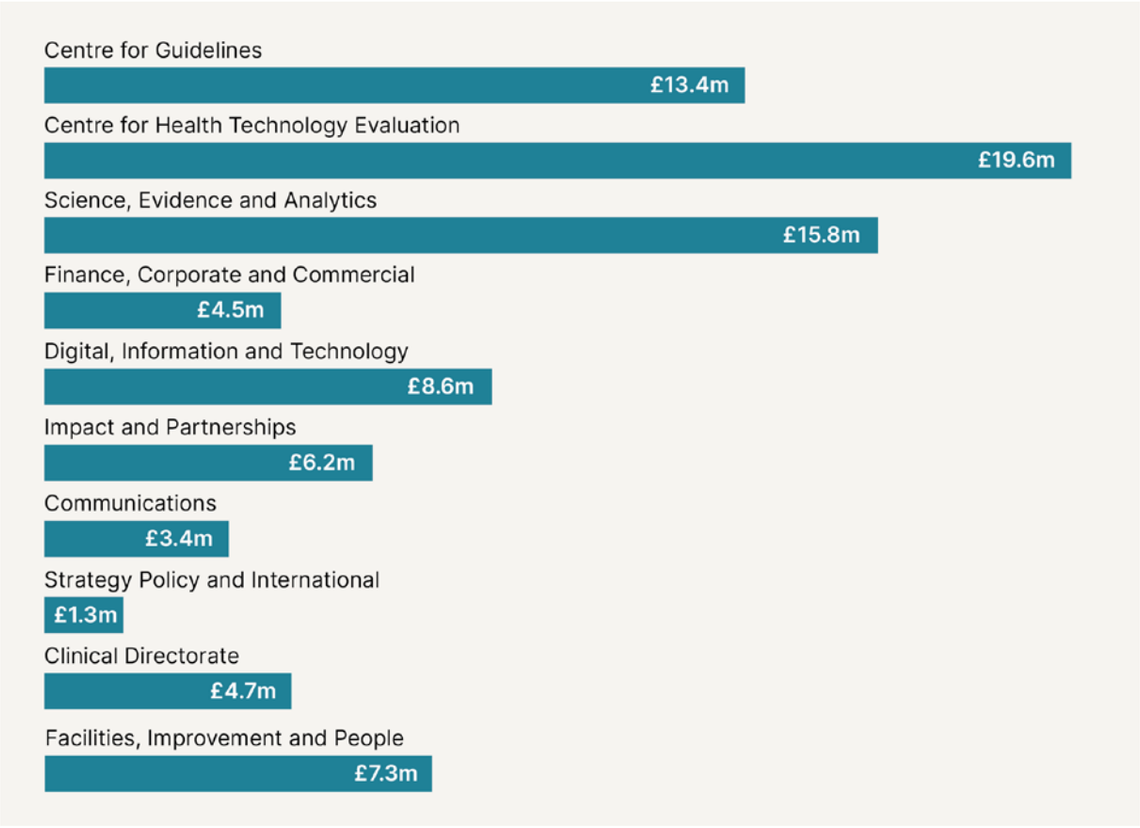
Total net expenditure in 2024 to 2025 was £58.9 million (£57.8 million in 2023 to 2024), which resulted in an underspend of £3.0 million against a total revenue resource limit of £61.9 million (see table below).

Summary of financial outturn

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

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

Gross expenditure by centre and directorate: £84.8 million



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

Capital expenditure

The Capital budget during 2024 to 2025 was £562k (2023 to 2024: £1,220k). The actual spend for 2024 to 2025 was £487k (2023 to 2024: £1,040k). The underspend in 2024 to 2025 related to NHSX AI Investment Fund. NICE also recognised the new office lease as a Right Of Use Asset under IFRS16 Leases, totalling £2,973k.

Of this, £100k was spent on purchasing new laptops, £246k was spent on new servers for both offices (Manchester and London), £141k of this was spent in the new Manchester office as fit-out costs.

NICE disposed £208k (2023 to 2024: Nil) of assets that were no longer required due to moving to smaller offices.

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 2024/25	1336	20,605
Total non-NHS bills paid within target	1306	20,487
Percentage of non-NHS bills paid within target	**97.8%**	**99.4%**

Payment statistics	Number	£000
Total NHS bills paid 2024/25	290	7,154
Total NHS bills paid within target	274	7,061
Percentage of NHS bills paid within target	**94.5%**	**98.7%**

The amount owed to trade creditors at 31 March 2025, in relation to the total billed the year expressed as creditor days, is 19 days (17 days in 2023 to 2024).

Future developments

As we enter the third year of our transformation journey, it's time to build on the foundations we've laid, continue the journey we've started, and bring our transformation to fruition. Our purpose remains unwavering: helping practitioners and commissioners get the best care to people fast, while ensuring value for the taxpayer.

To fulfil this purpose, our aims remain the same too, seeking to provide guidance that is:

- High quality and timely - Developing and updating recommendations faster while maintaining our rigour.
- Relevant - Focusing on what matters most to people and the health and care system.
- Usable - Ensuring our guidance is useful, clear and user-friendly, getting the right information to the right people at the right time.
- Impactful - Focusing on how the system implements our guidance so it makes a real-world difference to people.
- Brilliant NICE - Building an organisation as brilliant as the people in it.

We will seek to build on the work already begun through the following priority projects:

- Improving timeliness programme.
- A rules-based pathway for HealthTech.
- A whole lifecycle approach to guidance.
- Improving our approach to funding variations.
- Developing our approach to artificial intelligence.
- New guidance content management and publication platform.
- Implementing a single programme of support for guidance uptake.
- Building financial and commercial agility.
- Strengthening our reputation and influence.
- Embedding improvement.

These will be delivered whilst 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 69%, 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
27 June 2025

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. The landlords in these buildings provide services and encourage behaviour that meets sustainability requirements. This includes recycling, energy efficiency and other facilities.

Both buildings are BREEAM (Building Research Establishment Environmental Assessment Method) rated. Manchester is rated excellent, and London is rated outstanding. BREEAM is an international sustainability assessment which evaluates buildings' performance across various categories, including energy and water use, materials, waste, ecology.

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. NICE supports staff 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 the next reporting period 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 our website. Items relating to environmental sustainability and climate change are reviewed and discussed at NICE board meetings, and by the executive team and other senior management groups on an ad hoc basis, as and when the need for discussion, decision or sign-off arises.

NICE's work to support the environmental sustainability of the health and care system in 2024 to 2025 is summarised below:

- We disseminated our evidence summary on the clinical and resource use impacts of using desflurane with stakeholder groups and the health outcomes research community, including at

the ISPOR (International Society for Pharmacoeconomics and Outcomes Research) Europe conference in November 2024. Desflurane is a general anaesthetic agent with a significant global warming potential – compared with other agents in two populations. Our evidence summary, which has published in March 2024, was commissioned by NHS England and informed NHS England's desflurane decommissioning and clinical use guidance.

- In March 2024, we presented a report to our Guidance Executive appraising options for NICE to use environmental impact data to support system environmental sustainability. It was agreed to (1) scope and implement NICE republishing or citing company-level environmental impact data; and (2) scope work to explore the use of environmental impact data in the evaluation of selected technologies. Both activities are currently in progress.
- The exploration of the use of environmental impact data in the evaluation of selected technologies is being taken forward within our Health Technology Assessment Innovation Laboratory (HTA Lab). We're looking into how feasible it is to assess the environmental impacts of competing medicines and health technologies, setting aside any differences in health or cost outcomes. We're testing proportionate and pragmatic ways to do this.
- In May 2024, we introduced a new NICE-wide topic prioritisation process, supported by a prioritisation framework that includes an environmental sustainability criterion. This will ensure that environmental considerations feed into our process for identifying and prioritising new guidance topics and updates to existing NICE guidance.
- We continued to engage with external stakeholders such as Greener NHS and international peer agencies to share learnings and insights on environmental sustainability issues. We also provided advice and information to researchers working on sustainable healthcare research and presented the findings of our environmental work at conferences such as the Health Technology Assessment International (HTAi) annual meeting and, as noted above, the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) European congress.

Risk management

Climate related risks are identified and assessed through NICE's risk management process set out in the risk management policy. During 2024 to 2025 the following climate-related risk has been 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.

This remains as a principal risk moving into 2025 to 2026 and planned actions to mitigate the risk include:

- The development of a climate and sustainability strategy focused on NICE's own emissions.
- Participating in Health Economic Methods Advisory (with Canada and the USA) via the Canada Drug Agency and the Institute for Clinical and Economic Review.
- Plans to engage leading experts in multi-year work programmes on our methods and value frameworks through our Science, Evidence and Analytics team's business plan.

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

Sustainability metrics

We continue to work towards the Greening Government Commitments (GGC) 2021 to 2025 targets. These outline the necessary actions for UK government departments and their agencies to minimise their environmental impact. The specific targets and NICE's performance are detailed below:

Target	Headline	Sub targets	Status	Commentary
A: Mitigating climate change: working towards net zero by 2050	Reduce the overall greenhouse gas emissions from a 2017 to 2018 baseline and also reduce direct greenhouse gas emissions from estate and operations from a 2017 to 2018 baseline.	Reduce the emissions from domestic business flights by at least 30% from a 2017 to 2018 baseline, and report the distance travelled by international business flights, with a view to better understanding and reducing related emissions where possible.	Met	Staff members take domestic flights only in exceptional circumstances. We have reduced the emissions from our domestic business flights from the 2017/ 2018 baseline which was 20.37 carbon tonnes to 4.18 in 2024/25 - a 79% reduction.
		Update organisational travel policies so that they require lower carbon options to be considered first as an alternative to each planned flight.	Met	We have updated our travel policy so we require lower carbon options to be considered first as an alternative to each planned flight.
B: Minimising waste and promoting resource efficiency	Reduce the overall amount of waste generated by 15% from the 2017 to 2018 baseline.	Reduce the amount of waste going to landfill to less than 5% of overall waste.	Met	No waste goes to landfill.
		Increase the proportion of waste which is recycled to at least 70% of overall waste.	Not met	In 2024/25, 59% of waste in the Manchester office and 65% of waste in the London office was recycled. We are working with our building landlords to further increase these rates.
		Remove consumer single use plastic (CSUP) from the central government office estate.	Not met	Extensive work was undertaken to successfully remove CSUP from both offices. However, plastic bin bags are now defined as CSUP and so we are looking at sourcing non-plastic alternatives.
		Measure and report on food waste by 2022.	Met	We measure and report on food waste in both the London and Manchester office, adhering to the new government initiative Simpler Recycling obligations. However, due to the shared buildings we do not have NICE-level data.
		Report on the introduction and implementation of reuse schemes.	Met	We reuse and recycle old office furniture and during the recent Manchester office move we donated furniture and equipment to 15 charities.
		Reduce paper use by at least 50% from a 2017 to 2018 baseline.	Met	We have reduced our office copier paper by over 98% from our 2017/18 baseline from 3,134 reams to 55 reams in 2024/25.
C: Reducing our water use	Reduce water consumption by at least 8% from the 2017 to 2018 baseline.	Ensure all water consumption is measured.	Not met	Measuring water consumption is challenging because both offices occupy leased floors within a larger building, where toilets and showers are located in shared public areas.
		Provide a qualitative assessment to show what is being done to encourage the efficient use of water.	Met	We identified and implemented various water-saving initiatives as part of our commitment to environmental responsibility.

Target	Headline	Sub targets	Status	Commentary
D: Procuring sustainable products and services	Continue to buy more sustainable and efficient products and services with the aim of achieving the best long-term, overall value for money.	Report on the systems in place and the action taken to buy sustainably, including to: • embed compliance with the Government Buying Standards in facilities procurement contracts • understand and reduce supply chain impacts and risks	Met	We have completed the Commercial Continuous Improvement Assessment Framework (CCIAF). The CCIAF ensures compliance with the Government Buying Standards (GBS) and assesses NICE performance along with a route for improvement.
E: Nature recovery – making space for thriving plants and wildlife	Consider what we can do to support the government's commitment to improve nature.	n/a	Met	Neither office has rented outdoor space, but we strive to create a pleasant environment with indoor plants.
F: Adapting to climate change	Develop an organisational Climate Change Adaptation Strategy across estates and operations: • conduct a Climate Change Risk Assessment across their estates and operations to better understand risk and to target areas that need greater resilience • develop a Climate Change Adaptation Action Plan, including existing or planned actions in response to the risks identified.	Accountability - establish clear lines of accountability for climate adaptation in estates and operations and engage in wider governance and risk structures when appropriate.	In progress	We take climate change seriously, and it is included in our strategic risk register.
		Transparent Reporting - in the annual report and accounts, provide a summary of how we are developing and implementing a climate change Adaptation Strategy.	In progress	The annual report and accounts outlines our progress in reducing our environmental footprint and a strategy focused on reducing NICE's emissions will be developed in 2025/26.
G: Reducing environmental impacts from Information Communication Technology (ICT) and digital	• Report on the adoption of the Greening Government: ICT and Digital Services Strategy and associated targets and provide membership to the Sustainable Technology Advice and Reporting (STAR) team, who manage and deliver the Greening Government Commitments ICT reporting. • Deliver annual ICT and digital footprint, waste and best practice data.	n/a	In progress	Our digital team deliver this as part of their STAR commitments. In 2024, we downsized our Manchester office, and replaced the Manchester servers; this created ICT waste which was disposed of by a waste electrical and electronic (WEEE) accredited company that undertake recycle, reuse and recovery. Some items were donated to charity and to staff members where appropriate.

Further detail on NICE's performance is outlined in the tables on the next page.

Sustainable development – summary of performance

Activity	Unit	2022/23	2023/24	2024/25	Change since last year
Business travel including international air travel (kilometres)	Kilometres	1,325,220	1,240,640	1,620,899	Increased
Business travel including international air travel	Expenditure (£)	£450,996	£504,399	£337,581.51	Improved
Office estates energy (Manchester only)	Consumption (kWh)	633,531	554,269	496,959	Improved
Office estates energy (Manchester only)	Expenditure (£)	£228,600	£244275	£125,343	Improved
Office estates waste (Manchester only)	Production (tonnes)	22.37	32	37	Increased

Estimated carbon emissions

Activity	Outturn 2022/23	Carbon tonnes 2022/23	Outturn 2023/24	Carbon tonnes 2023/24	Outturn 2024/25	Carbon tonnes 2024/25	Change since last year
Mains Green Tariff Electricity (kWh) Manchester only	633,531	133.72	554,269	124.70	496,959	111.99	Improved
Scope 2 total emissions Relating to emissions from energy consumed that is supplied by another party	633,531	133.72	554,269	124.70	496,959	111.99	Improved
Rail travel (km)	961,597	34.13	915,725	32.47	1,048,168	37.17	Increased
Air travel – domestic (km)	32,369	4.21	24,007	4.03	25,949	4.18	Increased
Air travel – international (km)	287,568	24.24	288,501	35.79	545,353	63.55	Increased
Car travel (km)	43,686	7.22	11,407	1.77	5,272	0.74	Improved
Scope 3 total emissions Relating to emissions from official business paid for by the NICE	-	220.75	-	74.06	-	105.22	Increased
Total	**-**	**354.47**	**-**	**198.76**	**-**	**229.92**	**Increased**

Waste

Waste	2022/23	2023/24	2024/25	Change since last year
Total recycled (tonnes)	13.78	20	22	Increased
Total incinerated with energy recovery (tonnes)	8.59	12	15	Increased
Total waste (tonnes)	**22.37**	**32**	**37**	**Increased**
Total waste to landfill	0%	0%	0%	No change

Notes:

- Estate information is for the Manchester office only, this includes our tenants, Cabinet Office and Regulatory of Social Housing (RSH). For the London office, DHSC report on all 7 Arms Length Bodies on the floor.
- We measure and report on food waste in both the London and Manchester office, adhering to the new government initiative Simpler Recycling obligations. However, due to the shared buildings we do not have NICE-level data.
- Financial information is not separately available for office estate waste because the cost is included in the building service charge.
- Weight of waste is estimated pro rata on floor area of total building waste produced as waste for the building is collected and measured together.
- Financial information is not separately available for office estate water use because the cost is included in the 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.

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.

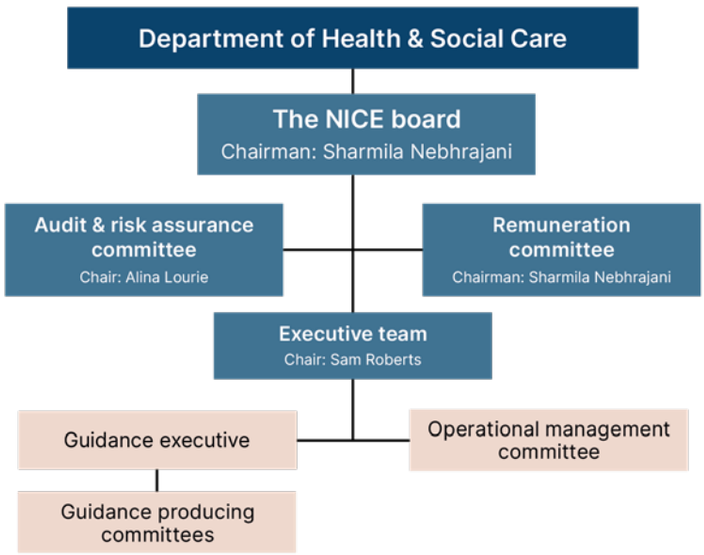
It comprises 3 sections:

- directors' report
- the governance statement
- statement of the board's and chief executive's responsibilities.

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 DHSC 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 meetings in a non-voting capacity.

NICE's board and executive team

Non-executive directors who served on the board in 2024 to 2025 were:

Sharmila Nebhrajani OBE

- Chairman and non-executive board member
- Remuneration committee chair

Appointed to the NICE board as chairman in May 2020.

Sharmila began her career in strategy consulting and has broad 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 assurance committee member
- Lead non-executive director for technology appraisals and highly specialised technologies appeals

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 board of 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.

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 Association of British HealthTech Industries.

Since leaving full time employment Jackie now holds a number of non-executive director roles in the private and public sector, including the role of associate non-executive director at South Tyneside and Sunderland NHS Foundation Trust where she is also a member of the patient safety committee.

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

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.

Gary holds a number of roles across the health service and was recently appointed as a non-executive director of South Central Ambulance NHS Foundation Trust.

Alina Lourie

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

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).

Alina holds a portfolio of board and advisory positions across several professional and academic bodies. These include being appointed as a non-executive director with Tellmi, and special advisor to the Institute of Engineering and Technology

Professor Bee Wee CBE

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

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 to 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 to 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 assurance committee member

Appointed to the NICE board in April 2021.

Dr Justin Whatling is an experienced global healthcare and IT leader with a medical background. He excels in growing businesses, operationalising complex value propositions, and leading organisational transformations with over 25 years' experience in using technology and informatics to transform outcomes for patients. He is CEO of OptumUK, and holds a number of advisory roles as a member of the Health & Social Care Council for techUK, a member of the BCS Academy of Computing board representing BCS on the management committee of the BMJ Health and Care Informatics journal, and a member of the CW+ innovation advisory board the official charity of Chelsea & Westminster Hospital NHS Foundation Trust. Justin is a Fellow of BCS The Chartered Institute for IT and a Leading Practitioner Federation of Informatics Professionals.

Prior to his role in Optum, Justin was managing director health and life sciences for Palantir. Previous roles include leading Cerner's population health business outside of the USA, BT Health, Accenture and ran a health outcomes business on behalf of Bupa. 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.

Dr Michael Borowitz

- Non-executive board member
- Audit and risk assurance committee member

Michael was appointed to the NICE board in September 2022 and resigned in September 2024 to take up a role at the UK Health Security Agency (UKHSA).

Executive directors who served on the board in 2024 to 2025

Dr Sam Roberts

- Chief executive and accounting officer

Appointed to the NICE board in 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 – the national umbrella organisation for health innovation that was hosted by NHS England and NHS Improvement (NHSEI).

Sam 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.

Sam then became involved in research, working with health economic models to inform evidence-based policy at the London School of Economics, before undertaking a DPhil (Doctor of Philosophy) at the University of Oxford.

Professor Jonathan Benger CBE MD FRCS FRCEM

- Executive board member
- Caldicott guardian
- Chief medical officer, deputy chief executive and interim director, centre for guidelines

Appointed to the NICE board in May 2023.

Jonathan joined NICE in January 2023 as chief medical officer and in March 2023 became interim director of the centre for guidelines. Jonathan was subsequently appointed deputy chief executive in May 2024.

Before joining NICE, Jonathan 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

- Director, medical technology

Appointed to the NICE board in May 2023.

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, including as director of health economics and commissioning for UK & Ireland at Medtronic.

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. He then moved into Industry in 2001, holding various clinical and commercial roles. In parallel, he has held a number of 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 also undertook a secondment within the UK Government's Office for Life Science as a MedTech Policy Advisor.

Helen Knight

- Director, medical evaluation

Appointed to the NICE board in May 2023.

Since March 2022 Helen has been 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.

Pete Thomas

- Senior information risk owner
- Director, finance

Appointed to the NICE board in July 2024.

Pete joined NICE as director of finance in July 2024, as an experienced NHS and DHSC Arm's-Length Body (ALB) director of finance and corporate services with a track record of leading effective and efficient delivery and large-scale change.

Between January 2013 and January 2016, Pete was commercial director at NHS Yorkshire and Humber Commissioning Support Unit (CSU) and was previously interim chief financial officer at NHS West Yorkshire CSU. He worked for many years in professional services, focusing on financial management and corporate and project finance, and advising public and private sector organisations including the DHSC and the NHS.

Pete joined NHS England in February 2023 as director of finance following its merger with NHS Digital. Prior to the merger, he was chief financial officer and previously finance director and commercial director at NHS Digital from January 2016. In both organisations he led teams through periods of significant change and sustained pressure on delivery.

Boryana Stambolova

- Interim director, finance

Boryana was appointed interim finance director in October 2022 and left the NICE Board in July 2024.

Tenure of board members

- <3 years
- 3 to 5 years

Gender of board members

- Male
- Female

Directors who were members of the executive team during 2024 to 2025

Helen Williams

- 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

- Chief scientific officer

Date appointed interim director, science, evidence and analysis in August 2023 and then chief scientific officer in June 2024.

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. As chief scientific officer Nick 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, impact 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 people and communities involvement and engagement.

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. 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).

Board attendance during the 2024 to 2025 financial year

Table 1

Name	Role	Attendance
Sharmila Nebhrajani	Chairman	6/6
Mark Chakravarty	Vice chair	5/6
Alina Lourie	Senior independent director	5/6
Michael Borowitz (to Sept)	Non-executive director	1/3
Gary Ford	Non-executive director	5/6
Jackie Fielding	Non-executive director	6/6
Bee Wee	Non-executive director	6/6
Justin Whatling	Non-executive director	6/6
Sam Roberts	Chief executive and accounting officer	6/6
Jonathan Benger	Executive director	5/6
Mark Chapman	Executive director	5/6
Helen Knight	Executive director	5/6
Pete Thomas (from July)	Executive director	3/3
Boryana Stambolova (to July)	Executive director	3/3
Helen Williams	Director	4/6
Jane Gizbert	Director	4/6
Nick Crabb	Director	6/6
Clare Morgan	Director	6/6
Raghunath Vydyanath	Director	5/6

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 DHSC
- 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
- identifies and mitigates the strategic risks facing NICE
- reviews the financial position and planning for future years
- 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.

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 from all the centres and directorates.

Its role is to approve new or materially amended corporate policies; oversee NICE's health and safety, emergency planning and business continuity arrangements; review proposals for any management of change affecting more than 5 staff to consider the implications for the wider organisation; 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. It also receives regular performance data relating to people and financial key performance indicators.

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 2024 to 2025 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 Paul Arundel
- 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 committee, chaired by 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 2024 to 2025 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 arrangements 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. NICE helps 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.

Governance arrangements

NICE is led 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 mostly stable throughout 2024 to 2025, with one person standing down. The chart on page 51 shows the tenure of the non-executive directors. There were no new appointments in the year.

Mark Chakravarty's and Justin Whatling's tenure ended in March 2025 and both were reappointed for a further four-year term. Jackie Fielding's and Alina Lourie's tenure also ended March 2025 and both were re-appointed for a further three-year term. Bee Wee's tenure ended November 2024, and she was re-appointed for a further three-year term.

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 taxpayers
- 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	-
Annual business plan	May 2024
People and communities three-year strategy for involvement and engagement	Jul 2024
Performance reporting	All meetings
NICE methods and processes	-
Topic prioritisation and the strategic principles for public health, social care and rare diseases	May 2024
Framework for a modular approach to updating NICE manuals	May 2024
Late-stage assessment interim methods and process statement	May 2024
Improving the timeliness of guidance production	Jul 2024
Inclusion of NICE technology appraisal guidance in guidelines	Jul 2024
Severity modifier implementation review	Sep 2024
HealthTech manual consultation	Dec 2024
Integrated rules-based Medtech pathway	Dec 2024
Prioritisation activity report	Dec 2024
Refinement of highly specialised technologies (HST) routing criteria	Dec 2024 & Mar 2025
Strategy for improving the uptake and adoption of NICE guidance	Mar 2025
Collaboration in guidelines	Mar 2025
Developing and supporting staff	-
Workforce engagement update	Jul & Dec 2024
Staff survey results and action plan	Sep 2024
Annual equality report	Sep 2024
Governance and compliance	-
Audit and risk assurance committee minutes	Quarterly
Audit and risk assurance committee annual assurance report and terms of reference review	May 2024
Annual report and accounts	Jun & Jul 2024
Revisions to the policy for declaring and managing interests for board members and employees	Jul 2024
Modern slavery and human trafficking	Jul 2024
Patient safety annual report	Dec 2024
External equality, diversity and inclusion spend	Dec 2024
Cyber security and business continuity update	Dec 2024
Risk appetite	Dec 2024
Remuneration committee terms of reference and annual review	Dec 2024
Revisions to standing orders and standing financial instructions	Mar 2025

Public board

The board usually 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 usually hold 5 informal non-decision-making seminars each year 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.

The policy on declaring and managing interests for board members and employees was reviewed in July 2024 in line with the three-year review cycle. The main changes related to the financial interests that can be held by employees and NEDs (recognising the different nature of these two roles) and strengthening the safeguards in the limited circumstances when blind trusts are used. Other changes including clarifying the interests that need to be declared.

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

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.

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 2024 to 2025, the board carried out a self-assessment of its effectiveness, having undertaken an externally facilitated review in 2023 to 2024. The board discussed the results in September 2024 and noted that overall, the feedback was very positive and a further improvement on the already positive responses in the previous year's externally facilitated assessment.

Compliance with the code of governance

A self-assessment against the HM Treasury and Cabinet Office code of good governance practice 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 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 members 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 assurance 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 2024 to 2025

Name	Role	Attendance
Sharmila Nebhrajani	Non-executive chair	2/2
Gary Ford	Non-executive director	2/2
Jackie Fielding	Non-executive director	2/2
Alina Lourie	Non-executive director	1/2
Bee Wee	Non-executive director	2/2

The remuneration committee met twice in 2024 to 2025 and has formally agreed terms of reference that are reviewed annually. It approved the salaries for senior roles within its remit and agreed which members of the executive team should receive a non-consolidated performance related pay award for 2023 to 2024, and the allocation of the 2024 to 2025 consolidated pay awards within the framework set by the DHSC. It reviewed the outcome of the talent management and succession planning exercise for the executive team members and reviewed its terms of reference and effectiveness.

Audit and risk assurance 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 2024 to 2025

The committee's membership reduced in the year following the resignation of Michael Borowitz as a non-executive director in September 2024. A new member is expected to join the committee in 2025 to 2026 once the DHSC appoint new non-executives to the NICE board, which would return the membership to five non-executives and an independent member.

Name	Role	Attendance
Alina Lourie	Non-executive chair	4/5
Michael Borowitz	Non-executive director	0/2
Mark Chakravarty	Non-executive director	4/5
Justin Whatling	Non-executive director	4/5
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;
- cyber security and IT resilience.

The audit and risk assurance 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 assurance 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 2024 to 2025, internal audit services were provided by the GIAA. The GIAA team operates to Public Sector Internal Audit Standards.

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 assurance committee.

The internal audit plan included the following audits:

Business area	Assurance rating	Recommendations made		
-	-	High	Med	Low
Health and safety	Moderate	-	3	4
Purchase to pay (P2P)	Moderate	-	6	2
Enquiry handling and freedom of information (FOI)	Moderate	1	5	1
Topic prioritisation	Moderate	-	7	5
Cyber security	Moderate	-	6	-
Data Security and Protection Toolkit (DSPT)	Moderate	-	-	-
Total recommendations = 40	**-**	**1**	**27**	**12**
(2023/24 = 41)	-	4	24	13

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

* A moderate assurance rating means some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

Committee activities

The work of the committee follows an agreed annual work programme, with the committee allocating its time in 2024 to 2025 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, including risk appetite
- internal audit
- external audit
- cyber security (IT, physical and personal security)
- counter fraud strategy and policy
- incident reports
- other control reports (e.g. fraud, whistleblowing, freedom to speak up and complaints)

Areas of particular focus for the committee in 2024 to 2025 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
- comprehensive reviews of NICE's cyber security arrangements and IT system resilience including disaster recovery and business continuity planning
- the annual review and update of NICE's standing orders and standing financial instructions
- approval of a revised counter fraud strategy and policy and a new fraud response plan
- 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, health and safety, 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 assurance committee has oversight of the system of internal control which has been in place at NICE for the year ended 31 March 2025 in accordance with HM Treasury guidance.

Building on improvement work achieved in 2024 following an internal audit review of the internal control framework in 2023 to 2024, no internal control breaches were reported in 2024 to 2025 and no expenditure required retrospective approval from DHSC and/or Cabinet Office.

As recommended in the internal audit, a new year-end assurance process was introduced for 2024 to 2025 which required each director to complete a comprehensive checklist of control measures to confirm compliance with the key controls within their responsibility. This information provided the chief executive with evidence-based assurance to support the effectiveness of the internal controls system in place and the conclusions in this annual governance statement.

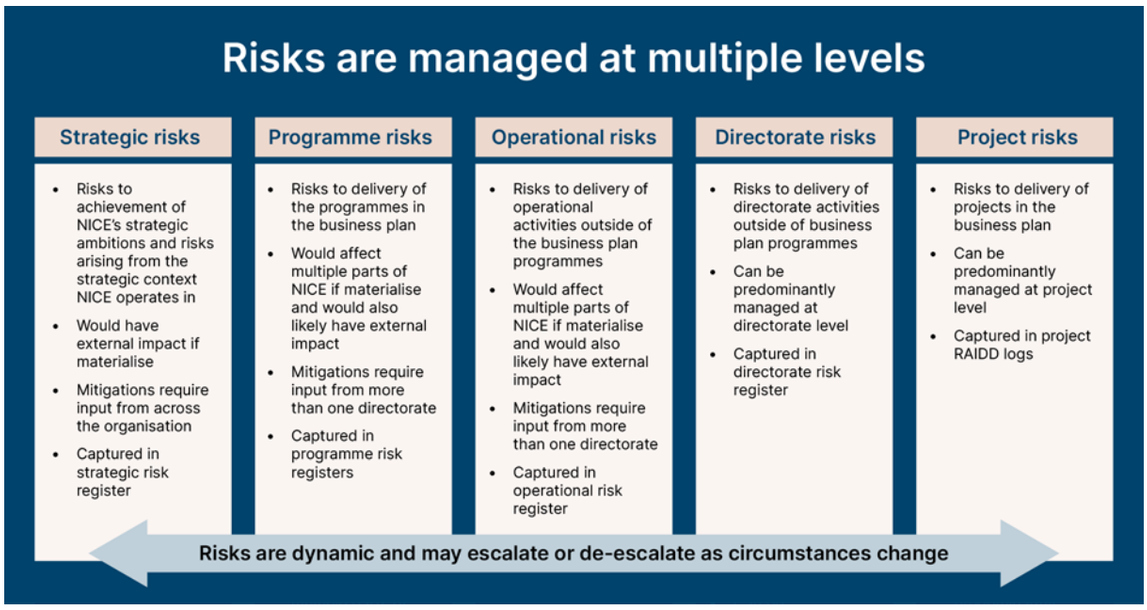
Risk management framework

The audit and risk assurance 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 at different levels 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.

NICE's risk management framework is set out below:



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.

The board reviews its risk appetite statement annually to reflect the changing environment within which NICE operates. During 2024 to 2025 there were minor amendments agreed to clarify NICE's approach to reputation risk and to highlight the need to consider the implications for NICE's independence when working with partners.

The audit and risk assurance 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 2024 to 2025 were:

- cyber security (September 2024)
- strategic approach to learning and development (September 2024)
- cyber security follow up (November 2024)
- financial sustainability and agility (January 2025)

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 2025 to 2026 NICE will continue to focus on delivering the priorities set out in its 5-year strategy. The three highest rated risks are:

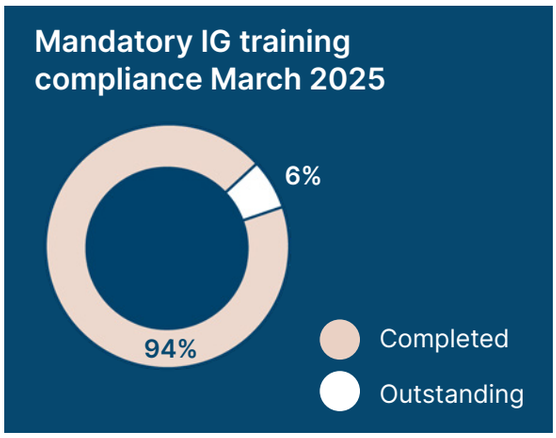
Key risks	Key mitigations
Cyber security and technology resilience A cyber security incident and/or unplanned major technology system outage which leads to data loss, reduction in operational productivity, and inability to recover services, data or systems, resulting in reputational damage and inability to support the health and care system.	Multi-factor authentication, proactive monitoring and penetration testing; mandatory cyber security awareness training for staff, regular phishing campaigns, annual completion of the Data Security and Protection Toolkit (DSPT), new backup solutions procured and implemented, upgraded infrastructure and cyber essential certification.
Producing relevant, timely, usable and impactful guidance Our guidance does not help practitioners and commissioners get the best care to patients fast due to it: not reflecting the system's priorities or available resources, not being produced in a timely manner in response to new evidence; and/or not being presented in a usable format, leading to stakeholders looking to alternative sources of advice, or NHS spend not being focused on technologies that are most clinically and cost effective, and a decline in the quality of care and reputation of NICE.	A prioritisation board, integrated topic intelligence and monitoring team and a unified horizon scanning function that is working across NICE, the Department of Health and Social Care and NHS England. A usable guidance product strategy for structured guidance recommendations, templates, and content governance and adoption of a strategy to improve the uptake and adoption of NICE guidance. Comprehensive programme of work to improve timeliness of NICE's guidance.
Financial sustainability and agility The uncertainty over our Grant In Aid (GIA) and non-GIA income alongside a fixed cost base and the requirements of the financial framework and spend controls means we may not have the financial agility or longer-term sustainability needed to deliver our strategy, and at the same time meet the changing, dynamic needs of national system partners in health and social care to effectively support the NHS 10-year plan.	Finance business partners work closely with budget holders to regularly review performance against key indicators and prioritise investment decisions. A non-GIA commercial income generation strategy being developed, putting flexible resourcing and supplier support contracts in place, and improving resource planning and financial forecasting accuracy. Working closely with the DHSC sponsor team and developing a long-term financial plan.

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 the designated Senior Information Risk Owner (SIRO). The Head of Information Governance and Records Management is the designated Data Protection Officer, with responsibilities outlined in the UK General Data Protection Regulation (GDPR).

Policies and procedures for the management of personal and corporate data are reviewed internally by an Information Governance Steering Group, ensuring these 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.

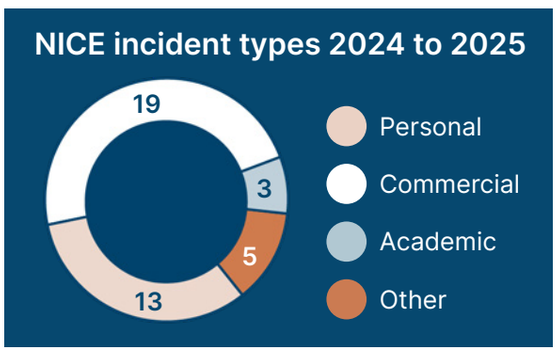
All employees, including non-executive board members, are required to complete annual information governance and records management training. Staff training compliance as of March 2025 was 94% with processes in place to improve this above 95%.



The audit and risk assurance committee reviews 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 40 information governance incidents reported within NICE during 2024 to 2025 with a breakdown of the types of incidents NICE has had in the last year provided below. Of the 40 incidents, 39 were graded as minor with low risk scores.

One incident was graded as moderate where an unauthorised actor gained access to two documents (one of which contained personal data of stakeholders that NICE has engaged with), after a successful phishing attack on two members of staff. Individuals affected by this incident were informed, and in line with NICE's data breach management and reporting procedure, the incident was notified to the Information Commissioner's Office (ICO). As at the end of May 2025, NICE awaits the ICO's formal response.



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

In 2024 to 2025 we comprehensively updated our counter fraud, bribery and corruption strategy and policy in line with the Government's continuous improvement and assessment framework (CIAF). This work included the development of a separate counter fraud response plan to fully meet the requirements of the CIAF.

We remain active members of the DHSC's Anti Fraud Unit and ALB counter fraud network and NICE makes the required 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 2024 to 2025.

In 2024 to 2025, NICE took part of the Government's National Fraud Initiative to improve our counter fraud investigatory activity for the second time. We were notified of 182 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.

Government functional standards

We have undertaken a self-assessment of the mandatory elements in 13 of the 14 standards. The grants standard is not applicable to NICE.

In 2024 to 2025, we submitted an updated commercial continuous improvement assessment framework for a second peer review. The compliance rating of 54% demonstrated that improvements have been made since the original submission in January 2023 scored a 45% compliance rating.

Whistleblowing

All staff are made aware of NICE's whistleblowing policy as part of their induction programme. The chair of the audit and risk assurance 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 2024 to 2025.

To support the whistleblowing policy, NICE has four 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.

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 have taken action during the year 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

I can confirm there were no significant weaknesses in NICE's system of internal controls in 2024 to 2025 that affected the achievement of NICE's key aims and objectives.

Therefore, I 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.

Signed:

Dr Sam Roberts
Chief executive and accounting officer
27 June 2025

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 p72-74.

Membership of the remuneration committee and its work can be found on page 61.

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 2024 to 2025, there were no new 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. During 2024 to 2025 one interim director received a loss of office payment.

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

2024 to 2025

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	1,200	Nil	Nil	75 to 80
Dr Mark Chakravarty	Non-executive director	5 to 10	300	Nil	Nil	5 to 10
Jackie Fielding	Non-executive director	5 to 10	1,200	Nil	Nil	5 to 10
Professor Gary A Ford, CBE	Non-executive director	5 to 10	900	Nil	Nil	5 to 10
Alina Lourie[1]	Non-executive director, ARAC chair	10 to 15	200	Nil	Nil	10 to 15
Dr Justin Whatling	Non-executive director	5 to 10	Nil	Nil	Nil	5 to 10
Dr Michael Borowitz[2]	Non-executive director	0 to 5	Nil	Nil	Nil	0 to 5
Prof Bee Wee CBE[3]	Non-executive director	5 to 10	300	Nil	Nil	5 to 10
Dr Sam Roberts[4]	Chief executive	190 to 195	Nil	Nil	15 to 17.5	205 to 210
Mark Chapman[5]	Director, medical technology and digital evaluation	110 to 115	Nil	Nil	35 to 37.5	145 to 150
Helen Williams (Nee Brown)	Chief people officer	125 to 130	Nil	5 to 10	30 to 32.5	165 to 170
Helen Knight	Director, medicines evaluation	130 to 135	Nil	Nil	15 to 17.5	145 to 150
Jane Gizbert	Director, communications	130 to 135	Nil	Nil	75 to 77.5	205 to 210
Boryana Stambolova[6]	Interim director, finance	40 to 45	Nil	Nil	10 to 15	50 to 55
Dr Clare Morgan	Director, impact and partnerships	135 to 140	Nil	5 to 10	35 to 37.5	175 to 180
Professor Jonathan Benger CBE[7]	Deputy CEO & chief medical officer, interim director of centre for guidelines	160 to 165	Nil	Nil	Nil	160 to 165
Raghunath Vydyanath	Chief information officer	125 to 130	1,000	Nil	32.5 to 35	160 to 165
Dr Nick Crabb	Chief scientific officer	125 to 130	Nil	0 to 5	32.5 to 35	165 to 170
Pete Thomas[8]	Director of finance	95 to 100	Nil	Nil	27.5 to 30	125 to 130

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

2023 to 2024

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, ARAC 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[2]	Non-executive director	5 to 10	Nil	Nil	Nil	5 to 10
Prof Bee Wee CBE[3]	Non-executive director	5 to 10	Nil	Nil	Nil	5 to 10
Dr Sam Roberts[4]	Chief executive	205 to 210	Nil	Nil	50 to 52.5	255 to 260
Mark Chapman[5]	Director, medical technology and digital evaluation	110 to 115	Nil	5 to 10	25 to 27.5	140 to 145
Helen Williams (Nee 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
Jane Gizbert	Director, communications	130 to 135	Nil	Nil	Nil	130 to 135
Boryana Stambolova[6]	Interim director, finance	125 to 130	Nil	Nil	30 to 32.5	155 to 160
Dr Clare Morgan	Director, impact and partnerships	135 to 140	Nil	Nil	30 to 32.5	170 to 175
Professor Jonathan Benger CBE[7]	Deputy CEO & chief medical officer, interim director of centre for guidelines	125 to 130	Nil	Nil	Nil	125 to 130
Raghunath Vydyanath	Chief information officer	60 to 65	500	Nil	15 to 17.5	75 to 80
Dr Nick Crabb	Chief scientific officer	80 to 85	Nil	Nil	Nil	80 to 85
Pete Thomas[8]	Director of finance	Nil	Nil	Nil	Nil	Nil

1 Additional pay for Chair of Audit and Risk Assurance Committee role

2 Left NICE 11/09/24 - The full year equivalent salary range is £5k - £10k

3 Remuneration is paid to Oxford University Hospitals NHS Foundation Trust

4 Moved to 0.6 FTE from 01/06/24 to 31/07/24 - The full year equivalent salary range is £205k to £210k

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

6 Stepped down from Interim role on the 22/07/2024. The full year equivalent salary range is £130k - £135k

7 Seconded in from University Hospitals Bristol and Weston NHS Foundation Trust on 0.75 FTE to 31/5/24, increasing to 0.85 WTE from the 1/6/24. The full year equivalent salary range is £185k to £190k.

8 Joined NICE 22/07/24 - The full year equivalent salary range is £135k - £140k

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 2024.

3 non-consolidated performance related pay award was allocated (total £17k). In 2023 to 2024, 2 directors received non-consolidated related pay award (total £11k).

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 2025 (bands of £5,000) £000	Lump sum at pension age related to accrual pension at 31 March 2025 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2024 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2025 £000
Dr Sam Roberts	Chief executive	0 to 2.5	Nil	20 to 25	Nil	304	7	355
Mark Chapman	Director, medical technology and digital evaluation	0 to 2.5	Nil	10 to 15	15 to 20	172	26	223
Helen Williams (Nee Brown)	Chief people officer	0 to 2.5	Nil	5 to 10	Nil	40	19	77
Helen Knight	Director, medicines evaluation	0 to 2.5	Nil	25 to 30	65 to 70	524	9	585
Jane Gizbert	Director, communications	2.5 to 5	Nil	35 to 40	Nil	Nil	Nil	Nil
Boryana Stambolova[1]	Interim director, finance	0 to 2.5	Nil	5 to 10	Nil	123	10	181
Dr Clare Morgan	Director, impact and partnerships	2.5 to 5	Nil	10 to 15	Nil	148	24	199
Raghunath Vydyanath	Chief information officer	0 to 2.5	Nil	15 to 20	Nil	221	25	276
Dr Nick Crabb	Chief scientific officer	2.5 to 5	Nil	35 to 40	Nil	568	38	660
Pete Thomas[2]	Director of finance	0 to 2.5	Nil	30 to 35	Nil	384	19	454
Professor Jonathan Benger CBE[3]	Deputy CEO & chief medical officer, interim director of centre for guidelines	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1 Stepped down from interim role 22/07/24

2 Joined NICE 22/07/24

3 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).

Where a senior manager is entitled to a choice of benefits for the remedy period under the McCloud ruling, benefits in respect of their remediable service are valued as being in the 1995/2008 Scheme. Where the member was affected by 'rollback' benefits for year ending 2025 these are again based on the rollback position in line with year ending 2024.

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

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 2024 to 2025 was £205k-£210k (2023 to 2024: £205k-£210k) this was a 0.00% change year on year (in 2023 to 2024 this was 5.06% change). The mean salary percentage change for employees of NICE (excluding the highest paid director) was 6.07% in 2024 to 2025 (in 2023 to 2024 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:

2024/25	Lower Quartile (25th percentile)	Median Pay	Higher Quartile (75th Percentile) Pay
Total remuneration (£)	46,148	54,082	66,246
Salary component of total remuneration (£)	46,148	54,082	66,246
Pay ratio information	4.48	3.83	3.12

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

In 2024 to 2025 no employees (2023 to 2024: nil) received remuneration in excess of the highest-paid director. Remuneration ranged from £18k to £207k (2023 to 2024: £18k to £207k).

Other information about pay includes:

- As can be seen from the table above, the pay ratios for all quartiles in 2024 to 2025 have decreased from the ratios in 2023 to 2024. This can be attributed to the highest paid directors pay remaining at the same rate from 2023 to 2024 to 2024 to 2025
- All eligible executive senior managers received a 5% inflationary pay award
- 3 bonuses were paid in 2024 to 2025 (2023 to 2024: 2)
- Incremental pay progression was applied, under NHS Terms and Conditions of service
- Average staff numbers have slightly decreased from 785 in 2023 to 2024 to 780 in 2024 to 2025; the cost and composition of permanent and other staff can be seen in the tables below.

Staff Turnover

Our staff turnover for 2024 to 2025 (measured on 31/03/25) was 10.40% (12.36% in 2023 to 2024).

The turnover rate includes 7.29% voluntary turnover and 3.11% of non-voluntary.

Staff numbers and related costs (subject to audit)

Costs	2024/25 Permanently employed £000	2024/25 Other £000	2024/25 Total £000	2023/24 Permanently employed £000	2023/24 Other £000	2023/24 Total £000
Salaries and wages	44,778	520	45,298	43,493	535	44,028
Social security costs	5,251	0	5,251	5,331	0	5,331
Employer contributions to NHSPA	10,120	0	10,120	8,633	0	8,633
Apprentice Levy	210	0	211	216	0	216
Termination Benefits	526	0	526	1,175	0	1,175
Total	**60,885**	**520**	**61,406**	**58,848**	**535**	**59,383**
Less recoveries in respect of outward secondments	(123)	0	(123)	(328)	0	(328)
Total net costs	**60,762**	**520**	**61,283**	**58,520**	**535**	**59,055**

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	2024/25 Total	2023/24 Total
Directly employed	774	6	780	810

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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 (considering recent demographic experience), and to recommend the contribution rate payable by 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.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

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 1 retirement during 2024 to 2025 at a cost of £661K (2023 to 2024: no retirements).

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

Redundancies and terminations

During 2024 to 2025 there were 20 redundancies/terminations, totalling £1,221k (2023 to 2024: 20 cases at £1,261K).

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	1 (4)	8 (25)	1 (0)	4 (0)	2 (4)	12 (25)	0	0
£10,000 – £25,000	5 (1)	87 (16)	2 (1)	30 (14)	7 (2)	117 (30)	0	0
£25,001 – £50,000	4 (4)	155 (137)	0 (0)	0 (0)	4 (4)	155 (137)	0	0
£50,001 – £100,000	6 (7)	454 (450)	0 (0)	0 (0)	6 (7)	454 (450)	0	0
£100,001 – £150,000	3 (0)	357 (0)	0 (0)	0 (0)	3 (0)	357 (0)	0	0
£150,001 – £200,000	1 (4)	160 (633)	0 (0)	0 (0)	1 (4)	160 (633)	0	0
More than £200,000	0 (0)	0 (0)	0 (1)	0 (245)	0 (1)	0 (245)	0	0
Totals	**20 (20)**	**1221 (1261)**	**3 (2)**	**34 (259)**	**23 (22)**	**1255 (1520)**	**0**	**0**

Figures in brackets are prior year 2023 to 2024 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.

Analysis of other departures

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]	3	34
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval[2]	0	0
Total	**3**	**34**

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.

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 7 accidents, 1 incident and 3 near misses reported during the year, all of which were risk assessed and appropriate action was taken. There were no days lost due to injury at work during 2024 to 2025.

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 will continue to review our processes and procedures to improve change management in consultation with Unison and the business. 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
15	12

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	0
1-50%	15
51-99%	0
100%	0

Percentage of pay bill spent on facility time

Facility time/pay bill	Cost / Percentage
Total cost of facility time	£40,796
Total pay bill	£61,281,480
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) × 100	6.66%

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	0.79%

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 to 2029, 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. The areas of focus for 2025 to 2026 include: the establishment of directorate levels EDI action plans; work to address bullying, harassment and discrimination; taking steps to better understand the experiences of colleagues working with disabilities/ neurodiversity, using insights to develop plans and implement actions; developing and embedding a NICE-wide approach to Inclusive Leadership.

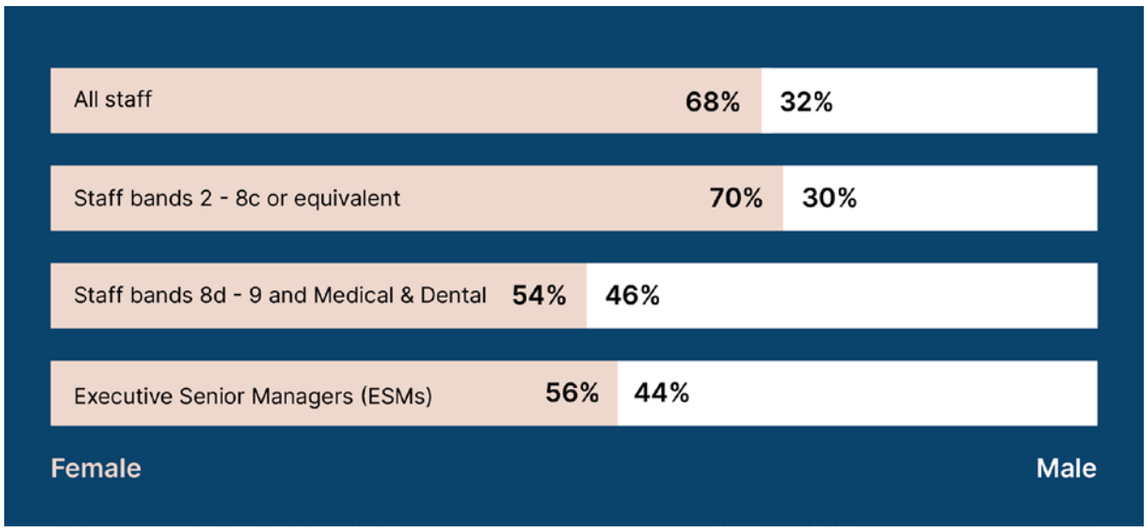
We are committed to building staff voice into everything we do, and we have 4 staff led Staff Networks: The Race Equality Network; the Disability Advocacy and Wellbeing Network; NICE and proud (for LGBTQ+ staff), and Women in NICE. We will continue to solicit input from our staff networks and those with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

Staff composition

NICE employs 74 staff at a grade equivalent to senior civil servants of which 65 are at band 8d, band 9 or engaged on Medical & Dental terms and conditions; and 9 are on the Executive Senior Manager (ESM) payscale (excluding 1 on a secondment into the organisation).

NICE's workforce is 68.0% female and 32.0% 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 2023 to 2024 (snapshot date 31st March 2024) is 9.46% in favour of male staff. This is an increase from last year, but below the national average for this period which is 13.1%. In 2025 to 2026, we commit to establishing a new working group to better understand the issues currently contributing to our GPG, and gender inequality more broadly. We will embed our new Menopause Policy, and progress work to prevent and address sexual harassment. We will also continue our work to develop and embed fair and inclusive recruitment and career development practices and establish a systematic approach to talent identification and development.

Sickness absence

During the period January to December 2024, the number of days lost as a result of sickness by full-time equivalent employees was 6.5 days, or 1.78% (2023 1.40%). 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 to 2024 as planned. There were no whistleblowing cases reported in 2024 to 2025.

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.

For all off-payroll engagements as of 31st March 2025, for more than £245 per day

Number of existing engagements as of 31st March 2025	Number
Of which have existed for less than one year at time of reporting	5
Of which have existed for between one and two years at time of reporting	0
Of which have existed for between two and three years at time of reporting	0
Of which have existed for between three and four years at time of reporting	0
Of which have existed for four years or more years at time of reporting	0
Declaration that all of the above appointments have been subject to a risk based assessment regarding the payment of correct tax (Please enter Y or N)"	Y

For all off-payroll engagements between 1 April 2024 and 31st March 2025, for more than £245 per day

Number of temporary off-payroll workers engaged between 1 April 2024 and 31st March 2025	Number
Of which no. not subject to off-payroll legislation	0
Of which no. subject to off-payroll legislation and determined as in-scope of IR35	5
Of which no. subject to off-payroll legislation and determined as out of scope of IR35	0
Of which no. of engagements reassessed for compliance or assurance purposes during the year	0
Of which no. of engagements that saw a change to IR35 status following review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31st March 2025

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025	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	3

Expenditure on consultancy

During the year NICE spent £0.3m primarily to continue to develop and improve our digital workplace, through transformational change programmes and expert advice (£0.3m in 2023 to 2024).

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 (2023 to 2024: 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
2024/25	(13,701)	14,862	1,161
2023/24	(10,032)	12,658	2,626

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. Cost recovery performance has improved compared to 2023 to 2024 (92% in 2024 to 2025, 79% in 2023 to 2024). This improvement in performance is due to an increase in activity. The remaining 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.

Remote contingent liabilities

As at 31 March 2025, NICE had no remote contingent liabilities (2023 to 2024: none).

Gifts

NICE did not have any gifts or other significant payments that meet the disclosure requirements (2023 to 2024: none).

Signed:

Dr Sam Roberts
Chief executive and accounting officer
27 June 2025

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 2025 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 2025;
- 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 Heath and Care Excellence's affairs as at 31 March 2025 and it's net comprehensive expenditure for the year then ended; and
- have been properly prepared in accordance with 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 (2024)*. 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 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 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 Annual Report 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 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 Accounting Officer 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 National Institute for Health and Care Excellence's compliance with the Health and Social Care Act 2012 and Managing Public Money.
- inquired of management, 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, 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, complex transactions and bias in management estimates. 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 Health and Social Care Act 2012, Managing Public Money, employment law, pensions and tax legislation.

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, the Audit and Risk 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; assessed 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; and
- 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 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
4 July 2025

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 2025

Statement of comprehensive net expenditure for the year ended 31 March 2025	2024/25 Total £000	2023/24 Total £000	Notes to accounts
Revenue from contracts with customers	**(25,657)**	(20,113)	6
Other operating income	**(2,327)**	(2,804)	6
Total operating income	**(27,984)**	(22,917)	-
Staff costs	**61,405**	59,383	5
Purchase of goods and services	**23,102**	19,540	3
Depreciation and impairment charges	**1,340**	1,566	3
Loss on disposal	**208**	0	3
Provision expense	**44**	2,666	3
Total operating expenditure	**86,099**	83,155	-
Finance expense	**93**	35	3
Net comprehensive expenditure for the year ended 31 March 2025	**58,208**	60,273	-

There was no other comprehensive expenditure for the period ended 31st March 2025.

The notes at pages 100 to 124 form part of these accounts.

Statement of financial position as at 31 March 2025

Statement of financial position as at 31 March 2025	Total 31 March 25 £000	Total 31 March 24 £000	Notes to accounts
Non-current assets	**-**	-	-
Property, plant and equipment	**1,087**	1,296	7
Intangible assets	**200**	300	7
Right of use Asset	**5,203**	2,403	7
Total non-current assets	**6,490**	3,999	-
Current assets	**-**	-	-
Trade and other receivables	**11,881**	5,199	8
Cash and cash equivalents	**14,603**	14,813	9
Total current assets	**26,484**	20,012	-
Total assets	**32,974**	24,011	-

Current liabilities	Total 31 March 25 £000	Total 31 March 24 £000	Notes to accounts
Trade and other payables	**(21,316)**	(16,674)	10
Lease Liability	**(977)**	(374)	10
Provisions for liabilities and charges	**(2,469)**	(3,169)	11
Total current liabilities	**(24,762)**	(20,217)	-
Non-Current assets less net current liabilities	**8,212**	3,794	-

Non-current liabilities	Total 31 March 25 £000	Total 31 March 24 £000	Notes to accounts
Provision for liabilities and charges	**(369)**	0	11
Lease Liability	**(3,997)**	(2,040)	10
Total non-current liabilities	**(4,366)**	(2,040)	-
Total assets less total liabilities	**3,846**	1,754	-

Taxpayers' equity	Total 31 March 25 £000	Total 31 March 24 £000
General fund	**3,846**	1,754
Total taxpayers' equity	**3,846**	1,754

The notes at pages 100 to 124 form part of these accounts.

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

Dr Sam Roberts
Chief executive and accounting officer
27 June 2025

Statement of cash flows for the year ended 31 March 2025

Cash flows from operating activities	2024/25 Total £000	2023/24 Total £000	Notes to accounts
Net operating expenditure	**(58,208)**	(60,273)	SoCNE
Adjustments for non-cash transactions	**1,592**	4,233	3
Adjustment for net finance costs	**93**	35	3
(Increase)/Decrease in trade and other receivables	**(6,682)**	(183)	8
Increase/(Decrease) in trade and other payables	**4,642**	2,906	10
Use of provisions	**(743)**	(240)	11
Net cash outflow from operating activities	**(59,306)**	(53,522)	-

Cash flows from investing activities	2024/25 Total £000	2023/24 Total £000	Notes to accounts
Purchase of property, plant and equipment	**(364)**	(740)	7
Purchase of intangible assets	**0**	(300)	7
Net cash inflow/(outflow) from investing activities	**(364)**	(1,040)	-

Cash flows from financing activities	2024/25 Total £000	2023/24 Total £000
Net Grant in aid	**60,300**	61,000
Capital element of lease payments	**(840)**	(1,131)
Net cash flow from financing activities	**59,460**	59,869
Net increase/(decrease) in cash and cash equivalents in the period	**(210)**	5,307

Net increase/(decrease) in cash equivalents in the period	2024/25 Total £000	2023/24 Total £000	Notes to accounts
Net increase/(decrease) in cash equivalents in the period	**(210)**	5,307	-
Cash and cash equivalents at the beginning of the period	**14,813**	9,506	9
Cash and cash equivalents at the end of the period	**14,603**	14,813	9

The notes at pages 100 to 124 form part of these accounts.

Statement of changes in taxpayers' equity for the year ended 31 March 2025

Statement of changes in taxpayers' equity	General Fund[1] £000
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	(60,274)
Balance at 31 March 2024	1,753

Changes in taxpayers' equity for 2024/25	General Fund[1] £000
Grant in aid funding from DHSC	60,300
Comprehensive net expenditure for the period	(58,208)
Balance at 31 March 2025	3,845

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 2024 to 2025 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 £14.6m. 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 2026 to 2027 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 2025 to 2026 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) and NHS England.

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 2025 to 2026 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

NICE has two offices which are classed as a IFRS16 Leases one office in London and the other in Manchester.

Initial recognition

At the commencement of a lease, NICE recognises a right-of-use asset and a lease liability based on the lease term, the lease payment and the HM Treasury incremental borrowing rate (a nominal rate) is applied for leases commencing under IFRS 16.

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.

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 statement of the financial position.

NICE currently recognises both leases 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 4.03% (2023 to 2024 rate was 4.26%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 4.07% (2023 to 2024 rate was 4.03%) 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 are three 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. 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 2024 to 2025 it accounted for 49.0% (43.8% in 2023 to 2024) 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 2024 to 2025 it accounted for 10.2% (12.9% in 2023 to 2024) of operating income (excluding grant-in-aid) received and is therefore shown as a separate reporting segment below.

2024/25	NICE £000	Technology Appraisals & HST £000	NICE Advice £000	Total £000
Gross expenditure	67,925	14,862	3,404	86,191
Income	(11,424)	(13,701)	(2,859)	(27,984)
Net expenditure	**56,501**	**1,161**	**545**	**58,207**

2023/24	NICE £000	Technology Appraisals & HST £000	NICE 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**

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 (£15,580k in 2024 to 2025, £11,931k in 2023 to 2024) 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.

2024/25	NICE £000	Technology Appraisals & HST £000	NICE Advice £000	Total £000
Balance at 1 April 2024	(90)	-	1,844	1,754
Increase / (Decrease) in net assets	2,637	-	(545)	2,092
Segment net assets (as at 31 March 2025)	**2,547**	**-**	**1,299**	**3,846**

2023/24	NICE £000	Technology Appraisals & HST £000	NICE 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**

3. Operating costs

Operating costs	2024/25 £000	2023/24 £000	Notes to accounts
Staff costs (before recovery of outward secondments)	61,405	59,383	5
Guideline Development Centres	0	0	-
British National Formulary	3,790	4,489	-
External contractors	3,788	3,956	-
Medical Technology External Assessment Centres	1,129	999	-
Healthcare Library Services	6,112	3,456	-
Premises and fixed plant	5,451	3,793	-
Rentals under operating leases	0	0	-
Establishment expenses	263	331	-
Supplies and services - general	428	450	-
Education Training and Conferences	756	616	-
Chair and non-executive directors' costs	145	143	-
Travel expenditure	665	593	-
Internal audit expenditure	68	66	-
Legal fees	417	564	-
Auditor's remuneration: audit fees *	90	84	-

* No non-audit fees were charged

Non-cash items	2024/25 £000	2023/24 £000	Notes to accounts
Depreciation on right of use lease asset	**751**	**1,105**	7
Depreciation on property, plants and buildings	**489**	**459**	7
Amortisation	**100**	**2**	7
Interest	**93**	**35**	-
(Profit)/loss on disposal	**208**	**0**	7
Provisions (sum of arising in year, prior year unused and change in discount rate)	**44**	**2,666**	11
Non-cash items total	**1,685**	**4,268**	-
Other operating costs: Interest	0	0	-
Total	**86,192**	**83,190**	-

4. Reconciliation

4.1 Reconciliation of net operating cost to net resource outturn

Item	31 March 25 £000	31 March 24 £000
Net operating cost	**58,908**	57,848
Net resource outturn	**58,908**	57,848
Revenue resource limit	**61,911**	58,135
(Over)/underspend against limit	**3,003**	287

4.2 Reconciliation of Gross Capital Expenditure to Capital Resource Limit

Item	31 March 25 £000	31 March 24 £000
Gross capital expenditure	**487**	1,039
Creation of a new Manchester Lease (non-cash)	**2,973**	0
Re-measurement of London Lease (non-cash)	**249**	0
NBV of assets disposed	**(209)**	0
Net capital resource outturn	**3,500**	1,039
Capital resource limit	**3,535**	1,220
(Over)/underspend against limit	**35**	181

5. Staff costs

Costs	2024/25 Permanently employed £000	2024/25 Other £000	2024/25 Total £000	2023/24 Permanently employed £000	2023/24 Other £000	2023/24 Total £000
Salaries and wages	44,778	520	45,298	43,493	535	44,028
Social security costs	5,251	0	5,251	5,331	0	5,331
Employer contributions to NHSPA	10,120	0	10,120	8,633	0	8,633
Apprentice Levy	210	0	210	216	0	216
Termination Benefits	526	0	526	1,175	0	1,175
Total	**60,885**	**520**	**61,405**	**58,848**	**535**	**59,383**
Less recoveries in respect of outward secondments	(123)	0	(123)	(328)	0	(328)
Total net costs	**60,762**	**520**	**61,282**	**58,520**	**535**	**59,055**

Please also see the remuneration and staff report on p70.

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	2024/25 £000	2023/24 £000
NHS England	7,712	5,407
Contract income from other sources	**2024/25 £000**	**2023/24 £000**
Technology Appraisals and Highly Specialised Technologies	13,701	10,032
NICE Advice	2,859	2,958
Research grant receipts	1,112	943
Office for Market Access	0	286
Copyright and licence fees	103	107
Income received for staff seconded out (including overheads)	123	333
Income from higher education	47	47
Total revenue from contracts with customers	**25,657**	**20,113**

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. This includes funding 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).

2024 to 2025 was the sixth year of charging fees for technology appraisals and highly specialised technologies. The amount of income recognised has increased compared to 2023 to 2024 (£13.7m in 2024 to 2025, £10.0m in 2023 to 2024).

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. The Office for Market Access was subsumed into NICE Advice during 2023 to 2024.

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	2024/25 £000	2023/24 £000
Income from devolved administrations	**1,864**	**1,953**
Other income sources	**2024/25 £000**	**2023/24 £000**
Office sublet income	155	637
Contribution to UK Pharmascan costs	10	10
Other income	95	18
Apprenticeship training grant (non cash)	203	186
Total other operating income	**2,327**	**2,804**

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 sources 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. Due to the relocation of the Manchester office, NICE will no longer receive sublet income.

7. Non current assets

7.1 Property, plant and equipment

Cost or valuation 2024/25	Leasehold improvements £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
At 1 April 2024	2,537	59	2,989	541	6,126
Additions – purchased	120	0	367	0	487
Disposals	(2,538)	(59)	(1,503)	(302)	(4,402)
At 31 March 2025	**119**	**0**	**1,853**	**239**	**2,211**

Depreciation 2024/25	Leasehold improvements £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
At 1 April 2024	2,325	59	1,957	489	4,830
Charged during the year	44	0	429	16	489
Disposals	(2,364)	(59)	(1,505)	(267)	(4,195)
At 31 March 2025	**5**	**0**	**881**	**238**	**1,124**

Net book value at 31 March 2025	**114**	**0**	**972**	**1**	**1,087**
Net book value at 31 March 2024	212	0	1,032	52	1,296

All of NICE's assets are owned.

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

7.2 Intangible assets

Cost or valuation	Total software licenses £000
At 1 April 2024	466
Additions – purchased	0
Disposals	(155)
At 31 March 2025	**311**
Amortisation	**Total software licenses £000**
At 1 April 2024	166
Charged during the year	100
Disposals	(155)
Revaluation	0
At 31 March 2025	**111**
Net book value at 31 March 2025	**200**

All of NICE's assets are owned.

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**

7.3 Right of use leased assets

Right of use leased asset	£000
Right of use leased asset as at 1 April 2024	5,038
Right of use leased asset - re-measurement of lease*	249
Right of use leased asset - Creation of a new lease **	2,973
Dilapidation	329
At 31 March 2025	**8,589**
Depreciation	-
At 1 April 2024	2,635
Charged during the year	751
At 31 March 2025	**3,386**
Net book value at 31 March 2025	**5,203**

* The re-measurement includes the rent review for our London lease which took place in August 2024

** Creation of the new Manchester lease as we moved into new smaller offices end of September 2024

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)
At 31 March 2024	**5,038**
Depreciation	-
At 1 April 2023	1,530
Charged during the year	1,105
Disposals	0
At 31 March 2024	**2,635**
Net book value at 31 March 2024	**2,403**

*** NICE Exercised the lease break in the Manchester office (City Tower)

7.4 Quantitative disclosure around lease liabilities

Obligations under finance leases comprise:	2024/25 £000
Buildings not later than one year	**1,157**
Buildings later than one year and not later than five years	**4,218**
Buildings later than five years	**275**
Total	**5,650**
Less Interest element	**(447)**
Present value of obligations	**5,203**

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

Total cash outflows for leases were £840k in year, of which £93k went to the Statement of Comprehensive Net Expenditure.

7.6 Profit/(loss) on disposal of Fixed Assets

Profit/(loss) on disposal of Fixed Assets	2024/25 £000	2023/24 £000
Profit/(loss) on disposal of Intangible Assets	**0**	0
Profit/(loss) on disposal of property, plant and equipment *	**(208)**	0
Total	**(208)**	0

* Disposals are relating to assets not required due to moving into a new smaller office

8. Trade receivables and other current assets

Amounts falling due within 1 year	2024/25 £000	2023/24 £000
Contract receivables invoiced	**9,092**	3,373
Contract receivables not yet invoiced	**1,294**	693
Other receivables	**297**	243
Prepayments	**1,198**	890
Accrued income	**0**	0
Total	**11,881**	5,199

NICE does not hold any contract assets.

The amount of contract receivable not yet invoiced relating to EU funding is £502,000 (£324,000 in 2023 to 2024).

9. Cash and cash equivalents

Cash and cash equivalents	2024/25 £000	2023/24 £000
Balance at 1 April	**14,813**	9,506
Net change in cash and cash equivalent balances	**(210)**	5,307
Balance at period end	**14,603**	14,813

The following balances at March were held:

Government Banking Service	**14,603**	14,813
Balance at period end	**14,603**	14,813

10. Trade and other payables including Lease Liability

Amounts falling due within one year	2024/25 £000	2023/24 £000
Trade payables	**(1,499)**	(475)
Capital creditors	**(123)**	0
VAT	**(223)**	(145)
Accruals	**(3,672)**	(3,925)
Contract liabilities	**(15,799)**	(12,129)
Lease Liability	**(977)**	(374)
Total	**(22,293)**	(17,048)

Amounts falling due after more than one year	2024/25 £000	2023/24 £000
Lease Liability	**(3,997)**	(2,040)

11. Provision for liabilities and charges

Provisions for liabilities and charges	Total £000
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)
Balance at 1 April 2024	**3,169**
Arising during the year	755
Utilised during the year	(743)
Provision not required written back	(345)
Unwinding of Discount	2
At 31 March 2025	**2,838**
Analysis of expected timing of cash flows	**Total £000**
Within 1 year to (period to Mar 2023)	2,469
1-5 years (period Apr 2023 - Mar 2027)	369
Over 5 years (period Mar 2027+)	0
Total	2,838

As at 31 March 2025 NICE had no provisions in respect of legal costs (£Nil 2023 to 2024) £386k in relation to staff redundancy (£749k in 2023 to 2024) and £369k (£Nil 2023 to 2024) in respect of expected dilapidation for the new Manchester office.

The 2023 to 2024 redundancy provision has been fully utilised in 2024 to 2025. The negotiations for the dilapidations (old Manchester lease) are still ongoing, the amount of liability provision represents the termination schedule of dilapidations received.

The provisions have been discounted at 4.03% for short term (up to 5 years) and 4.07% for medium terms (5-10 years).

12. Capital Commitments

NICE has no contracted capital commitments as at 31 March 2025 for which no provision has been made (31 March 2024 £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:	2024/25 £000	2023/24 £000
Buildings not later than one year	**1,094**	403
Buildings later than one year and not later than five years	**4,034**	1,508
Buildings later than five years	**275**	579
Total	**5,403**	2,490
Other leases not later than one year	**1**	0
Other leases later than one year and not later than five years	**3**	0
Other leases later than five years	**0**	0
Total	**4**	0

NICE leases office space in London and Manchester.

NICE moved into a new, smaller office in Manchester after exercising the break clause on the old lease. The new lease started in September 2024 and runs for 5 years.

The London Lease is sublet from DHSC and expires November 2030 alongside the head lease.

The next rent is due to be reviewed in August 2029.

14. Other financial commitments

NICE has entered into non-cancellable contracts (which are not leases or PFI contracts), for services. The payments to which NICE is committed during 2024 to 2025 analysed by to the period during which the commitment expires are as follows.

Other financial commitments	2024/25 000	2023/24 £000
Not later than one year	**790**	550
Later than one year and not later than five years	**724**	288
Later than five years	**0**	0
Total	**1,514**	838

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, NHS Commissioning Support Units, 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 2025, 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 2024 to 2025

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	Gary Ford CBE	Non-Executive Director	Cholesterol and Familial Hypercholesterolaemia Expert Advisory Group, NHS England prevention and long-term conditions	8,374.0	60.0	65.0	6,877.0
NIHR	Prof Bee Wee CBE	Non-Executive Director	Committee member for NIHR Applied Research Collaborative Call (non-remunerated	2.0			
Oxford University Hospitals NHS Foundation Trust	Prof Bee Wee CBE	Non-Executive Director	Consultant and Senior Lecturer in Palliative Medicine		38.0		
Oxford University Hospitals NHS Foundation Trust	Gary Ford CBE	Non-Executive Director	Consultant Physician		38.0		
Bristol Myers Squibb/ Pfizer/Pfizer R&D Uk Ltd	Gary Ford CBE	Non-Executive Director	Non-Executive Director - NICE (remuneration paid via a charge from Northern Care Alliance)	786.0			
Bristol Myers Squibb/ Pfizer/Pfizer R&D Uk Ltd	Nick Crabb	Chief Scientific Officer	Brother works for The Devices Centre of Excellence, Pfizer R&D UK Ltd (indirect interest)	786.0			
Bayer	Gary Ford CBE	Non-Executive Director	Bayer acute stroke trial consultancy	814.0			223.0
Novartis	Mark Chakravarty	Non-Executive Director	Novartis shares/ options which are either blocked or managed under a blind mandate	373.0		29.0	
Care Quality Commission	Mark Chakravarty	Non-Executive Director	Non-Executive Director	1.0	13.0	13.0	

Related parties 2024 to 2025 continued

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
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)	1.0	7.0		
Greater Manchester ICB	Mark Chapman	Interim Director of Medical Technology Evaluation	Sister is Corporate Affairs and Governance Manager		1.0		
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)		222.0	5.0	
Royal Free London NHS Foundation Trust	Jane Gizbert	Director of Communications	Governor, Council of Governors. (non-remunerated)		16		
Medicines and Healthcare Products Regulatory Agency	DHSC Group		DHSC Group	69.0	83.0		
NHS Confederation	DHSC Group		DHSC Group		9.00		
The Alan Turing Institute	DHSC Group		DHSC Group		1.0		

Related parties 2023 to 2024

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
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

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.

These accounts were authorised for issue on the date they were certified by the Comptroller and Auditor General.

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