

Integrated Performance Report (IPR)

July 2025

NICE National Institute for
Health and Care Excellence



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Executive Summary

| Programme | Status | Key highlights | Key challenges |
|--------------------------------|--------|--|---|
| Timely and high quality | Green | <ul style="list-style-type: none"> • Work on the MHRA/NICE aligned pathway is progressing quickly with increased collaboration across the two organisations. Monitoring in progress for new shorter, more proportionate medicines appeal process • AI use cases: 85% time saved summarising surveys for HealthTech in initial test (currently testing accuracy). • Measurement Hub (to capture time series data) developed and undergoing final testing before phase 2 roll out. • Improving timeliness phase 2 onboarding and induction of new teams underway, they will focus on Content Creation starting in Q2. | <ul style="list-style-type: none"> • MHRA/NICE aligned pathway: understanding of processes and procedures across the two organisations (different ways of working) and combining to develop a cohesive partnership. • Scaling impact: need to establish methods for tracking the impact of process changes (such as medicines appeal process). • Resource Allocation: Additional support required for key initiatives. • Accuracy and Replicability: Ongoing testing needed to ensure AI tools are reliable across use cases |
| Relevant | Green | <ul style="list-style-type: none"> • Rules-Based Pathway (RBP): Development of commercial approach for HealthTech approved. Identifying topic priorities in progress. • Funding Variations: Task force established to develop a consistent process for dealing with future funding variations. • Whole Lifecycle Approach (WLA): Workstreams set up and 3 CQI workshops completed (Kick-off, learnings from incorporation, updating and retiring guidance) • AI Statement of Intent: Developed a new HTA lab topic on the future of HTA with AI. Partnership options developed with Turing and Ada Lovelace Institutes. AI methods research underway and an update to Real World Evidence framework developed. | <ul style="list-style-type: none"> • Strategic Planning: developing the RBP approach during a changing policy landscape and organisational restructures. • WLA resource management: maintaining project momentum, ensuring alignment across multiple workstreams and stakeholder groups. • Policy and legal considerations: addressing complex issues, copyright, IP, and regulatory alignment in AI projects. • Data and Evidence Integration: Incorporating real-world evidence and advanced analytics into evolving frameworks. |
| Usable | Green | <ul style="list-style-type: none"> • NICE Board approved the business case for a new Knowledge Platform to support guidance content management and publication. • Plans for procuring a technical solution are on track | <ul style="list-style-type: none"> • Pace of developing and agreeing simplified, standardised and consistent use of recommendation language across guidelines. |
| Impactful | Green | <ul style="list-style-type: none"> • Priority topic areas agreed with Programme Board, covering cancer diagnosis, mental health in children and young people, diabetes, obesity, asthma and cardiovascular disease. • Prioritised medicines agreed for implementation focus, with VPAG funding • A standard approach and operating model for implementation tools and resources developed across all implementation functions. | <ul style="list-style-type: none"> • Maintaining engagement among partners in the context of substantial pressures in the health and care system • Ensuring consistent and co-ordinated focus of implementation capacity on priority topics. • Realignment post 10 year plan. |
| Brilliant organisation | Green | <ul style="list-style-type: none"> • 2025–26 budgets agreed • New supplier arrangements implemented for digital and contingent labour. • Key messages delivered at global HTA events and media placements secured in major outlets. • NICE shortlisted for a health equity award. • Improvement Leaders programme launched and CQI coaching and community initiatives expanded. • Collaboration spaces developed to embed improvement culture across NICE. | <ul style="list-style-type: none"> • CQI impact: Current storage of data may impact the ability to track and measure • Embedding use of CQI: Limited capacity and protected time for staff impacting the ability to apply CQI methods to current work within the Timeliness programme • Funding for National Insurance increased costs (£0.7m) has been withheld by DHSC, resulting in an overcommitment against budget that will need to be managed back down to breakeven. • Communications Strategy: Securing approval for campaign funding and ensuring consistent messaging across channels. |

Timely and high quality: highlight report

Priority Projects:

- Improving Timeliness
- MHRA/NICE aligned pathway

RAG rating:

GREEN

Progress and achievements

- **Committee Management:** Resolved technical issues with the Committee Hub. It is now ready for further testing.
- **Medicines appeals:** Implemented a change to the intent to appeal process for recommended medication. This has the potential to reduce timelines by 10 days. Monitoring and scalability are being explored.
- **Stakeholder Management:** Completed and recommended scaling of a test of change for cleansing the contact database of expired contacts.
- **HealthTech:** Conducted a rapid PDSA (Plan, Do, Study, Act cycle) using artificial intelligence (AI) to summarise patient survey responses. This reduced task time by 85% (3.5 days). Further testing is underway to assess replicability and accuracy.
- **Measurement Hub has been developed** to capture time series data for each test of change
- **MHRA/NICE aligned pathway:** Development of priority scheduling and deferral publication is underway. Arranged joint webinar for 1 Oct to announce the changes externally. Work on enhanced information sharing has started.

Key Next Steps

- **Committee Management:** Test the Committee Hub with two additional HealthTech committees. Recommend implementation if successful (based on user feedback and resolution of technical issues).
- **Topic Management:** Begin Microsoft Project implementation plan to improve data quality and roll out to central functions. Resource support will be required.
- **Stakeholder Management:** Continue testing alternative systems to retire the planning tools for contact management, categorisation and communication.
- **AI Use Cases:** Continue testing in Medicines (redacting confidential information) and HealthTech (summarising large data sets).
- **Improvement Phase 2 Preparation:** Core teams have been identified to lead PDSA cycles for Content creation. Subject matter experts are being finalised.
- **Improvement Phase 2 launch:** Teams will begin a 90 sprint on July 17th, kicking off with the first of 5 continuous quality improvement (CQI) learning sessions.
- **MHRA/NICE aligned pathway:** Operational workshop for core NICE/MHRA staff on 24 July.

Key Risks

| Workstream | Risk | I | L | S | Key Controls |
|---------------------------|--|---|---|----|--|
| Improving timeliness | Revised approach could perpetuate siloed approach and decrease standardisation | 4 | 4 | 16 | Subject Matter Experts (SMEs) co-opted on to directorate project teams where appropriate to ensure changes can be spread and scaled. Improving Timeliness Oversight Group and Programme Board as formal communications channels to identify opportunities to scale and spread. |
| MHRA/NICE aligned pathway | Enhanced information sharing could be impacted by capabilities and security. | 4 | 4 | 16 | Deep dive work on info sharing requirements and barriers. Potential long term info sharing plan has been identified and is being fully scoped. |

Timely and high quality: Key performance indicators

| KPI grouping | Indicator | Target (25/26) | Year to date* | RAG | 2024/25 baseline | Change from 2024/25 | |
|--|--|-----------------|---------------|-----|------------------|---------------------|--------------------------|
| Timeliness of medicines evaluation guidance | Proportion of final guidance published within 12 months of Marketing Authorisation | 50% | 70% | G | 57% | ↑ | Improvement (+13 pp**) 1 |
| Quality of medicines evaluation guidance | Confidentiality Breaches (Medicines) | Tolerance of 12 | 2 | G | 16 | ↔ | Stable |
| Timeliness of Health Technology Evaluations (HTEs) | Proportion of HTEs moving from referral to Prioritisation Board decision within 66 working days | 50% | 25% | A | 0% | ↑ | Improvement (+25 pp**) 1 |
| | Proportion of HTEs moving from Prioritisation Board decision to the start of guidance development within 66 working days | 40% | 0% | A | 0% | ↔ | Stable |
| | Proportion of HTEs moving from starting to finishing guidance within 9 months | 35% | 43% | A | 0% | ↑ | Improvement (+43 pp) |
| Quality of HTEs | Confidentiality Breaches (HealthTech) | Tolerance of 6 | 0 | G | 6 | ↔ | Stable |
| Timeliness of Guidelines | Average (mean) time for development of new guidelines or large guideline updates for topics starting in 25/26 | 18 months | - | G | 34 months | - | n/a 2 |
| | Proportion of medium guideline topics published within 13 months of development starting from April 2025 | 50% | - | G | 0% | - | n/a 3 |
| | Proportion of small guideline updates published within 7 months of development starting for new topics from April 2025 | 50% | 100% | G | 0% | ↑ | Improvement (+100 pp) |
| Quality of Guidelines | Proportion of guidelines, quality standards or indicators with errors (at product level) published in 2025-26 | 0% | 0% | G | 0% | ↔ | Stable |
| Timeliness of Quality Standards | Proportion of Quality Standards (new, updates and alignments) published at the same time as the associated guideline | 80% | 100% | G | 60% | ↑ | Improvement (+40 pp) |

- Notes:
- 1. Monthly data on timeliness of medicines evaluation guidance included on next pages.
 - 2. Development has started on one large guideline. Currently on track to publish within 18 months.
 - 3. No medium topics allocated by 31 May 2025.

Timely and high quality: trend data

| Measure | Type | 23/24 | 24/25 | 25/26 (April - May only) |
|----------------------------|------------|-------|-------|-----------------------------|
| Mean | All | 452 | 335 | 312 |
| | Optimal | 36 | 48 | 52 |
| | Divergent | 540 | 409 | 378 |
| Median | All | 322 | 332 | 237 |
| | Optimal | 43 | 44 | 52 |
| | Divergent | 365 | 411 | 276 |
| Number of publications (N) | All | 63 | 54 | 10 |
| | Optimal* | 11 | 11 | 2 |
| | | 17% | 20% | 20% |
| | Divergent* | 52 | 43 | 8 |
| | | 83% | 80% | 80% |

Figure 1: Medicines: Average (mean) time between marketing authorization (MA) and publication date (calendar days) for topics published that year

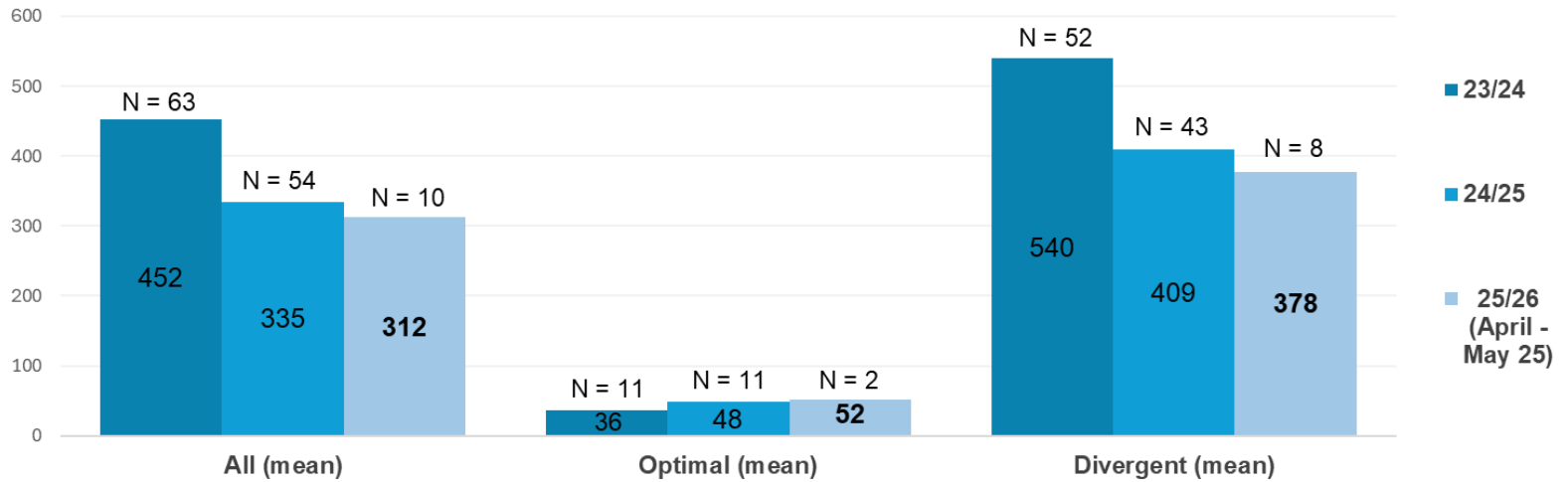
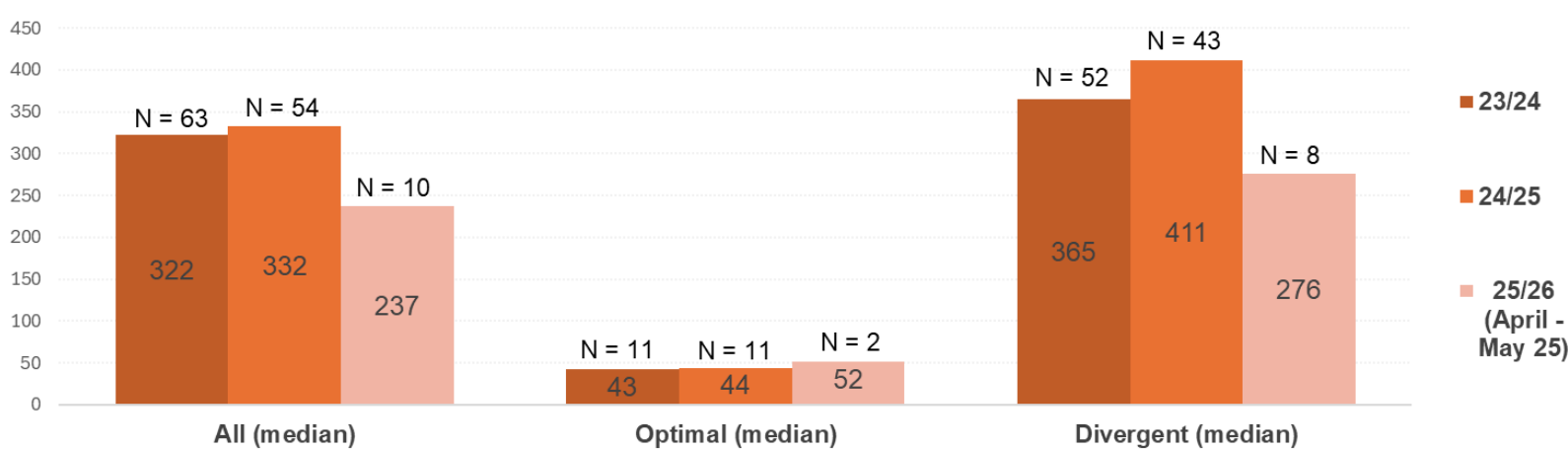


Figure 2: Medicines: Average (median) time between marketing authorisation (MA) and publication date (calendar days) for topics published that year



*Definition of optimal and divergent topics included at Appendix B

Timely and high quality: Priority project milestones

Project: Improving timeliness

| Milestone | Actual / expected completion | Status |
|---|------------------------------|--------|
| Retirement of the use of the Planning Tools for Timeline Management | 14/05/25 | C |
| 'As is' Process Mapping and Time and Motion study available | 31/12/25 | A |
| Content Creation Preparation Phase Kick off | 01/07/25 | G |
| Improvement Phase 2 begins | 01/07/25 | G |
| Improvement Phase 3 begins | 01/10/25 | G |
| Retirement of the use of the Planning Tools for Committee Management | 31/10/25 | G |
| Evaluation and recommendations for next phase of Improving Timeliness Programme | 31/01/26 | G |
| Retirement of the use of the Planning Tools for Management Information and Stakeholder Management | 31/03/26 | G |

1

Project: MHRA/NICE aligned pathway

| Milestone | Actual / expected completion | Status |
|---|------------------------------|--------|
| Submissions webpage go live date (engagement point for industry) | 01/09/25 | G |
| Agree finalised plans for enhanced information sharing across MHRA/NICE | 05/09/25 | G |
| Implementation of new priority scheduling procedure for aligned topics | 22/09/25 | G |
| Implementation of new Deferral publication process | 30/09/25 | G |
| Joint MHRA/NICE webinar on Integrated scientific advice and aligned pathway | 01/10/25 | G |

Notes:
1. High level processes mapping has been completed. Remaining detailed mapping (including time and motion studies) is on track to be completed by end of December 25

Relevant: Highlight Report

Priority
Projects:

- Rules based pathway (RBP)
- Improving approach to funding variations (FVs)
- Whole lifecycle approach (WLA)
- AI statement of intent (AI)

RAG
rating:

GREEN

Progress and achievements

- **Rules Based Pathway:** Started development of HealthTech Commercial approach approved by NICE/NHSE programme board and NHSE Chief Commercial Officer. Priority topics for evaluation being identified. Strong progress made in reviewing processes and methods for delivering Technology Appraisals in HealthTech.
- **Funding Variations:** Thematic analysis and policy mapping complete and regular meetings with DHSC and NHSE established.
- **Whole Lifecycle Approach:** Three stakeholder panels and 3 internal CQI workshops completed to set goals and decide on the problems to be solved.
- **AI Statement of intent:** Recruitment completed. HTA lab regulatory sandbox on the future of HTA with AI started. Partnership discussions ongoing with the Turing and Ada Lovelace Institutes for knowledge exchange and external expertise. Ongoing research regarding AI in synthetic data, AI in real-world evidence and natural language processing of clinical data to inform NICE guidance.

Key Next Steps

- **Rules Based Pathway:** Prioritisation Board scheduled to choose topics this year, with guidance completed in 26/27. Deliver updated processes and methods for Technology Appraisals in HealthTech where needed.
- **Funding Variations:** Two internal roundtable meetings have been held during July, and discussion is planned at the Board seminar on 18 September. However, having established an interim process (should this be required in the near future) the work has been paused with resources reallocated to work arising directly from the NHS 10-year plan
- **Whole Lifecycle Approach:** Finalise workstream plans. Define three-year vision. Design enhanced MTA solution for osteoporosis medicines re-evaluation. Decide on approach for updating Chronic Heart Failure (CHF) Technology Appraisals (TAs). Identify old TAs to be surveyed for potential withdrawal.
- **AI:** Prioritise topics for partnerships. Evaluate accuracy of AI tools in systematic literature reviews. Clarify use case of AI tools in systematic literature reviews using copyright materials. Continue research key projects.

Key risks

| Risk | I | L | S | Key Controls |
|---|---|---|----|--|
| FVs: The development of the new process for funding variations will need adequate cross-directorate capacity | 3 | 4 | 12 | Weekly taskforce review to check progress. Regular meetings with the SRO. Progress updates via internal reporting. |
| AI: NICE does not adjust its methods to take account of the impact of AI in evidence submissions. | 3 | 4 | 12 | Engage with guidance producing teams to identify areas for methods guidance update and training of staff in these areas. |
| WLA: Stakeholders may be opposed to some aspects of the whole lifecycle approach to developing and maintaining guidance. | 4 | 4 | 16 | Stakeholder panels set up and meeting regularly from April to sight representatives from key stakeholder groups on emerging ideas and approaches, and to gather their input. |
| WLA: Risk of insufficient resource to implement the lifecycle approach in the long term, particularly updating of TAs and performing multiple technology appraisals | 5 | 3 | 15 | Phase 2 spending review bid, re-direction of resource from other parts of the organisation, or scaling back of plans |

NICE

Risk rating:

Very low Low Medium High Very high

Relevant: Key performance indicators

| KPI grouping | Indicator | Target (25/26) | Year to date* | RAG | 2024/25 baseline | Change from 2024/25 | |
|-------------------------------|--|----------------|---------------|-----|------------------|---------------------|--------------------------|
| Increased focus on HealthTech | Number of Technology Appraisals (TAs) launched for HealthTech | 2 in 2025/26. | - | G | n/a | - | - |
| Relevance of NICE guidance | Number of Technology Appraisals considered for incorporation into guidelines since start of 24/25 | 383 | 236 | G | 183 | ↑ | Improvement (+53) 1 |
| | Proportion of positive decisions made by the Prioritisation Board that align to key NHS and social care priorities, including those described in our annual Forward View | 90% | 100% | G | 74% | ↑ | Improvement (+26 pp**) 2 |
| | Proportion of Prioritisation Board clarifications resolved at stage 1 (excluding HST) | 80% | - | G | 50% | - | - |

Notes:

1. To be on track to meet our incorporation target of 383, we would have needed to consider 216 TAs by end of May

2. 2 clarifications received in May. Awaiting outcomes.

Relevant: Priority project milestones

Project: Rules based pathway

| Milestone | Actual / expected completion | RAG |
|--|------------------------------|-----|
| Develop commercial approach for HealthTech | 31/03/26 | G |
| Identify priority topics | 12/12/25 | G |

Project: Improving approach to funding variations

| Milestone | Actual / expected completion | RAG |
|--------------------------------------|------------------------------|-----|
| Taskforce Established | 31/03/25 | C |
| Discussion at the NICE Board Seminar | 18/09/25 | G |

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Project: Progress AI statement of intent

| Milestone | Actual / expected completion | RAG |
|--|------------------------------|-----|
| Delivery of an internal position paper on AI in relation to copyright | 31/08/25 | G |
| Identify areas for potential updates to NICE's Real World Evidence framework, methods guides or commissioning a new Technical Support Document regarding AI | 26/02/26 | G |
| Scope and establish pilot projects to understand the applications of AI approaches for NICE – including to generate structured from unstructured clinical data, use of synthetic data, and uses in causal analysis (to assess treatment effectiveness) | 30/03/26 | G |

Project: Whole lifecycle approach (WLA)

| Milestone | Actual / expected completion | RAG |
|---|------------------------------|-----|
| Publication of a guideline where populations have been expanded beyond original TAs | 30/03/26 | G |
| Future WLA model options developed and fully costed | 30/03/26 | G |

Usable: Highlight Report

| | | | |
|-------------------|--|-------------|-------|
| Priority Project: | • Implementation of a platform to enable guidance content management and publication | RAG rating: | GREEN |
|-------------------|--|-------------|-------|

| Progress and achievements | Key Next Steps |
|--|---|
| <p>Knowledge Platform</p> <ul style="list-style-type: none">• NICE Board approved the business case for the implementation of a new platform to manage and publish guidance content.• Detailed procurement approach and associated project plan in place <p>Structured Recommendations</p> <ul style="list-style-type: none">• User research and work underway to explore how NICE articulates the strength of recommendations, particularly focusing on interpretation of terms like “offer” and “consider”, to inform recommendation approach for guidelines.• Continued defining the scope of content creation transformation, ensuring alignment with the Timeliness Programme and incorporating content governance standards. | <p>Knowledge Platform</p> <ul style="list-style-type: none">• Procurement process for a digital service partner(s) to co-deliver the Knowledge Platform underway, as per plan.• Undertake knowledge transfer in partnership with Amazon Web Services (AWS) and NICE engineers and data science team to enable us to further develop and manage the existing semantic data systems.• Build a secure and scalable cloud infrastructure to facilitate the build and configuration of the Knowledge Platform.• Commence business readiness activity to inform development of Knowledge Platform. <p>Structured Recommendations</p> <ul style="list-style-type: none">• Evaluate user research findings on strength of recommendations and verbs used in guideline recommendations to deliver a recommendations paper to Guidance Executive in September. |

Key Risks

Knowledge Platform: Top risks were described in the Business Case. Risk monitoring, management and governance processes will be established during procurement & delivery phases

| Workstream | Risk | I | L | S | Key Controls |
|----------------------------|--|---|---|----|---|
| Structured Recommendations | If colleagues at all levels across the guidance producing centres are not convinced there is a need for change, then we will be unable to deliver Structured Recommendations | 4 | 3 | 12 | Continue to engage with colleagues to ensure they are bought into the direction and benefits to our users that this work will bring; co-design solutions where possible |

Usable: Priority project milestones and key performance indicator

Project: Implementation of a platform to enable guidance content management and publication ①

| Milestone | Actual / estimated completion | Status |
|--|---|--------|
| Preliminary readout from semantic data model Proof of Concept (PoC) with Amazon Web Services (AWS) informs business decisions and recommendations on technical approach for approval | 30/04/2025 | C |
| Full readout and delivery of agreed scope of AWS Proof of Concept – semantic data model | 30/04/2025 | C |
| Scope / scale / business decision confirmed and NICE Board Approval of Business Case | 20/05/2025 | C |
| Procure new system / digital platform | 30/09/2025 (To be confirmed once detailed project plan agreed) | G |
| Some elements of new system / digital platform operational within NICE | 31/03/2026 (To be confirmed once detailed project plan agreed) | G |
| Structured recommendations used to develop guideline recommendations in a live topic | 31/03/2026 | A |

③

| KPI grouping | Indicator | Target (25/26) | Year to date | RAG | 2024/25 baseline | Change from 2024/25 |
|---------------------------------|---|-----------------|--------------|-----|------------------|---------------------|
| Usability of published guidance | Proportion of our primary users who report that NICE guidance is usable | 80% by Dec 2025 | ② | N | 78% | n/a |

| |
|--|
| Notes: 1. Further refinement of project plans is currently underway following NICE Board approval of business case and will be confirmed once a delivery partner has been procured. 2. Data for the existing key performance Indicator is reported on a quarterly basis. These will be expanded in Q2, in light of the agreed approach with the knowledge platform and content creation. 3. Some risk / issues (see risk in highlight report on previous page) |
|--|

Impactful: Highlight Report

Priority Project:

- Single programme of support for guidance uptake

RAG rating:

GREEN

Progress and achievements

- Priority topic areas have been agreed through a NICE-wide working group.
 - **Upstream focus:** Cancer diagnosis (supportive technologies and diagnostics), mental health and neurodiversity in children and young people (supported technologies).
 - **Downstream focus:** Diabetes (hybrid closed loop), obesity (BMI recording), asthma (AIR to SABA-only inhaler), and cardiovascular disease.
- Voluntary scheme for branded medicines pricing, access and growth (VPAG) has prioritised medicines for implementation tools and resources in 2025-26
- Two workshops have been held to create a standardised approach for developing implementation tools and resources.
- A draft operating model for tools and resources has been developed.
- A kick-off meeting has taken place to begin developing criteria and an approach for priority partnerships.
- The first Integrated Care System (ICS) roundtable session has taken place with London ICSs.

Key Next Steps

- Begin development of joint plans based on the agreed priority topics.
- Conduct the final tools and resources workshop. Begin testing and operationalising the operating model for tools and resources
- Complete the development of criteria and approach for priority partnerships.
- Finalise the core list of implementation support interventions, grounded in implementation science.
- Initiate the process to map the user journey, including recruitment of users to validate the journey map.
- Plan ICS roundtable sessions with a range of ICSs to understand their challenges and how NICE can work with them.

Key Risks

| Risk | I | L | S | Key Controls |
|--|---|---|----|---|
| If we don't coordinate implementation capacity across NICE we will have a lack of impact | 3 | 3 | 9 | NICE strategy for increasing uptake focuses on role of NICE guidance within wider improvement system |
| As a result of pressures in the H&C system, there is a lack of engagement by our partners, resulting in difficulty delivering objectives | 4 | 3 | 12 | Focus projects on system priorities Review projects against 10 Year Plan |
| As a result of system priorities changing between now and 2028, the priority areas we have chosen may become less important to the system. | 4 | 2 | 8 | Processes in place to review and adjust priorities where needed Ongoing engagement with system to monitor potential changes in priorities Six monthly review of priorities with programme board |

Impactful: Priority project milestones and key performance indicators

Project: Single programme of support for guidance uptake

| Milestone | Actual / expected completion | Status |
|---|------------------------------|--------|
| Approval of priority topic areas for targeted support for uptake and adoption of NICE guidance by programme board | 30/06/25 | G |
| Completion of refreshed approach to health and care system engagement – including networks and ICBs | 31/07/25 | G |
| Collaboration agreements and delivery plans agreed with priority partners | 31/03/26 | G |
| Delivery of activities in health and care engagement plan for 25/26 | 31/03/26 | G |

| KPI grouping | Indicator | Target (25/26) | Year to date | RAG | 2024/25 baseline | Change from 2024/25 |
|----------------------------------|---|----------------|--------------|-----|------------------|---------------------|
| Improved uptake of NICE guidance | Proportion of innovation scorecard medicines showing improved use | 70% | 1 | N | 73% | n/a |
| | Proportion of quality standard measures in priority areas showing improved uptake | 75% | | N | - | n/a |

Notes:

1. Measures about the overall uptake of NICE guidance for medicines and priority quality standards are updated every six months. The next update is due in September. Specific measures will also be developed in each of the areas for targeted support identified in the milestone 1 above

Brilliant Organisation: Highlight Report

Priority Projects:

- Building financial and commercial agility
- Embed Improvement into our ways of working

- Strengthen NICE's Reputation and Influence

RAG rating:

GREEN

| Progress and achievements | | | | | Key Next Steps |
|--|--|---|---|----|--|
| <p>Financial and commercial agility:</p> <ul style="list-style-type: none">• Leadership mobilisation workshop completed with cross-directorate input. Workstream leads and project management are in place.• New contingent labour supplier for Digital, Data and Technology (DDAT) signed. Strategic communications support contract in delivery. <p>Strengthen NICE's Reputation and influence:</p> <ul style="list-style-type: none">• Proactive communications placed in a range of national media outlets in the lead-up to the publication of the 10 Year Plan, outlining NICE's role in delivering its aims.• NICE's HTA methods showcased to a global audience at HTA International (HTAi) and International Society for Pharmacoeconomics and Outcomes Research (ISPOR) conference. NICE shortlisted for a Prix Galien UK award.• High engagement with NICE content at NHS Confed Expo via our exhibition stand and panel participation• Brand strategy refresh and website updates progressing. <p>Embed improvement into ways of working:</p> <ul style="list-style-type: none">• Improvement Leaders programme launched for 15 teams. Expansion of LifeQI (online platform for continuous quality improvement) approved.• CQI coaching and forums initiated. Collaboration spaces and storytelling activities launched to embed CQI culture. | | | | | <p>Financial and commercial agility</p> <ul style="list-style-type: none">• Sign new contingent labour supplier arrangement for wider organisational needs.• Finalise and sign External Assessment Group (EAG) retender contracts with five suppliers.• Finance to discuss funding needs for pay award and National Insurance cost pressures with DHSC finance and sponsor teams. <p>Strengthen NICE's reputation and influence</p> <ul style="list-style-type: none">• Testing and refreshing key messages through focus groups, polling and in-depth interviews with stakeholders.• Finalise and publish new website components and NICE annual report.• Report baseline findings from new quarterly audience insight tracker polling to ET and KPI-owners. <p>Embed improvement into ways of working</p> <ul style="list-style-type: none">• Finalise contract award for Strategic Provider.• Finalise capability building plan and co-design programme content.• Recruit and engage CQI coaches and forum leaders.• Begin testing of LifeQI platform and CQI support framework.• Plan and initiate virtual CQI sharing sessions and collaboration events. |
| Key Risks | | | | | |
| Workstream | Risk | I | L | S | Key Controls |
| Embed improvement into ways of working | Lack of capacity or protected time to apply CQI method to work across wider directorates – as already seen with the Timeliness programme | 3 | 3 | 9 | Setting up CQI forums within directorates to coordinate and resource improvement projects |
| Finance | Uncertainty over GIA funding impacts our financial agility. Update: In June 2025, DHSC withheld expected funding (£0.7m) for increased National Insurance costs. | 3 | 4 | 12 | Regular engagement with DHSC Finance and Sponsor Team to release this funding either partially or in full to support delivery of the business plan (which included this funding in our GIA 2025-26 assumptions). |

Brilliant organisation: Key performance indicators

| KPI grouping | Indicator | Target (25/26) | Year to date* | RAG | 2024/25 baseline | Change from 24/25 | |
|---|---|---------------------------|------------------------|-----|------------------|-------------------|-----------------------|
| NICE maintains a strong reputation amongst key stakeholders | Proportion of media coverage generated by NICE that contains at least one key message | 58% | 74% | G | 52% | ↑ | Improvement (+ 22 pp) |
| | Proportion of media coverage that is positive in sentiment | 80% | 93% | G | 81% | ↑ | Improvement (+ 12 pp) |
| Financial stability | Full-year financial deficit / surplus | Surplus <£1m / no deficit | £462k forecast deficit | A | £2.35m surplus | | N/a 1 |

Notes:

1. The full-year financial forecast deficit has been rated amber due to this being early in the financial year, with the expectation that the position will change in the coming months due to DHSC confirming additional funding to support the National Insurance cost pressure and/or reductions in planned spend to achieve breakeven position.

Brilliant organisation: Priority project milestones

Project: Embed improvement into our ways of working

| Milestone | Actual / expected completion | RAG |
|--|------------------------------|-----|
| Procurement process for a Strategic Provider* | 16/05/25 | G |
| Full-scale training rollout for CQI coaches | 30/10/25 | G |
| Implement Software/Tools for tracking and measuring CQI impact | 27/02/26 | G |
| Launch strategic priority programme | 31/03/26 | G |

Project: Strengthen NICE's reputation and influence

| Milestone | Actual / expected completion | RAG |
|--|------------------------------|-----|
| Complete mapping of 3rd party and stakeholder channels and build a library of contacts in order to place content on these channels going forwards. | 30/04/2025 | C |
| Delivery of paid brand campaign targeting primary and secondary care HCPs | 28/02/2026 | G |
| Brand strategy and brand messaging updates | 31/03/26 | G |

Project: Build financial and commercial agility

| Milestone | Actual / expected completion | RAG |
|--|------------------------------|-----|
| New contingent labour preferred supplier arrangement in place for the Digital, Data and Technology (DDAT) profession | 31/05/25 | C |
| New contingent labour preferred supplier arrangement for NICE-wide requirements (excluding DDAT profession) | 31/07/25 | G |
| Commercial strategy presented at board seminar | 18/09/25 | A |

*Procurement of CQI strategic partner is shared milestone between the improvement and agility priority projects

Additional key performance indicators

| KPI grouping | Indicator | Target (25/26) | Year to date* | RAG | 2024/25 baseline | Change from 24/25 | |
|-------------------------------|---|----------------|---------------|-----|------------------|-------------------|----------------------------|
| Staff levels and availability | Vacancy rate | <6% | 5.28% | G | 7.1% | ↑ | Improvement (-1.82 pp**) ① |
| | Voluntary turnover rate | <= 10% | 6.34% | G | 7.9% | ↑ | Improvement (-1.57 pp) |
| Workplace representation | Ethnic minority staff | 22% | 20.85% | A | 21% | ↓ | Deterioration (-0.15 pp) ② |
| | LGBTQ+ staff | 9.50% | 9.45% | A | 9.10% | ↑ | Improvement (-0.35 pp) |
| | Staff with a disability | >=11% | 11.45% | G | 11% | ↑ | Improvement (-0.45 pp) |
| Leadership and communications | Proportion of FOIs responded to within 20 working days | >=90% | 91% | G | 98% | ↓ | Deterioration (-7 pp) |
| | Proportion of Parliamentary Questions responded to within the requested timeframe | >=90% | 95% | G | 98% | ↓ | Deterioration (-3 pp) ③ |
| | Staff agree they feel informed about what is happening at NICE | 4.1/5 | 4.2 | G | 4.0/5 | ↑ | Improvement (+0.2 points) |
| | Staff agree they understand NICE's purpose and their role in it | 4.1/5 | 4.2 | G | 4.0/5 | ↑ | Improvement (+0.2 points) |
| Cyber security and compliance | % Level of Key System Availability | 99.9% | 98.56% | A | 95% | ↑ | Improvement (+3.56 pp) ④ |
| | Cyber incidents | 0 | 1 | G | 2 | ↔ | Stable ⑤ |
| | Proportion of mandatory training completed by staff | >=85% | 85.3% | G | 80% | ↑ | Improvement (+5.3 pp) |
| | Proportion of staff completing cyber training | >=90% | 91.75% | G | 88% | ↑ | Improvement (+3.75 pp) |

Notes:

1. Year to date figure is the average of April and May. Monthly data on vacancy rate and voluntary turnover rate is included on the next page.
2. Reduction on 2024/25. Amber status as year to date figure is within 10% of target.
3. RAG for this KPI remains 'green'. Response rate will reflect both team capacity and complexity of cases, with reduction relative to 2024/25 reflecting high performance (98% response) in 2024/25.
4. The % level of Key System Availability is currently showing as Amber due to a monitoring issue not a true system issue.
5. 1 incident in April.

Additional KPIs: trend data

Figure 7: Vacancy rate

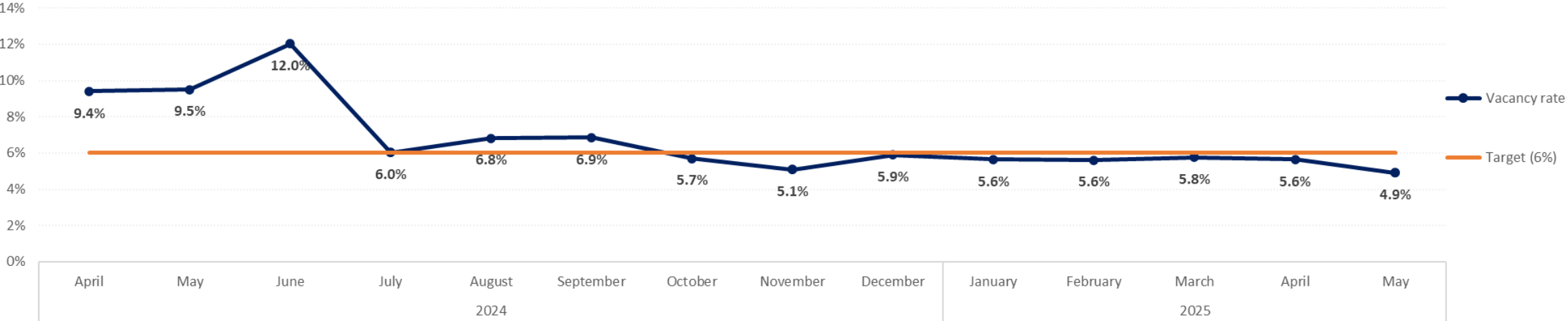
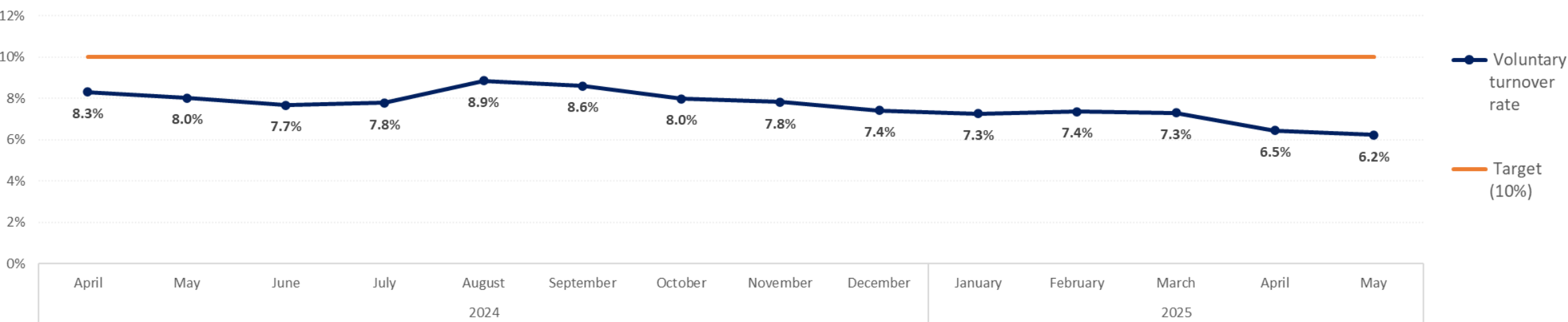


Figure 8: Voluntary turnover rate



Financial position (revenue) at 31 May 2025

| Spend category | YTD budget £000 | YTD actual £000 | YTD variance £000 | Annual budget £000 | Forecast outturn £000 | Forecast variance £000 |
|-------------------------------|-----------------|-----------------|-------------------|--------------------|-----------------------|------------------------|
| Pay | 11,037 | 10,732 | (305) | 66,533 | 65,520 | (1,014) |
| Non-pay | 3,843 | 3,443 | (400) | 24,560 | 25,967 | 1,406 |
| Total expenditure | 14,880 | 14,175 | (705) | 91,094 | 91,486 | 393 |
| TA-HST income | (2,270) | (2,219) | 50 | (13,530) | (13,530) | 0 |
| NICE Advice income | (713) | (674) | 39 | (4,323) | (4,227) | 96 |
| Other operating income | (1,675) | (1,652) | 23 | (10,062) | (10,088) | (26) |
| Total operating income | (4,658) | (4,546) | 112 | (27,915) | (27,845) | 69 |
| Total net expenditure | 10,222 | 9,630 | (592) | 63,179 | 63,641 | 462 |

Month 2 update

After 2 months, total net expenditure is £0.6m below budget due to vacancies, one-off credits for the Manchester office, phasing of non-pay expenditure and income performance. During business planning it was anticipated that there was likely to be an emerging underspend on pay, so plans were put in place to ensure that any available funding could be used for priority delivery. At Month 2, we have confirmed funding for work on the Knowledge Platform programme following approval of the business case (£0.8m), additional resource within DIT to support priority objectives (£0.9m) and restructure costs associated with organisational change (£0.5m).

Funding for National Insurance cost pressure

However, in June, DHSC advised they are withholding expected funding for increased Employer National Insurance Contributions (NICs, £0.7m) until ALB requirements and the impact on the overall DHSC Group financial position are more fully understood. This recent update moved the forecast position to a £0.5m deficit. Discussions will take place over the coming months with DHSC to secure the additional funding, unless we can identify ways internally to absorb the pressure.

Income performance

In addition to our GIA funding, we expect to receive £27.9m income from other sources, including TA/HST (£13.5m) and NICE Advice (£4.3m). Currently income is tracking close to plan and the forecast assumes that this will continue, but there is a risk that income could be impacted in the latter half of the financial year due to changes and uncertainty surrounding the international policy environment.

Appendix A: Headline description of key projects to deliver NICE aims

| | | |
|--------------------------------|---|---|
| Timely and High Quality | Improving timeliness programme | Improve the timeliness of guidance production across guidelines, health tech and medicines whilst maintaining the quality of our guidance |
| | MHRA/NICE aligned pathway | Improve alignment between MHRA regulatory decisions and NICE guidance publication to minimise delays to patient access of medicines |
| Relevant | Rules based pathway | Work with DHSC and NHSE to develop a clear, consistent, standardised and streamlined rules-based approach to HealthTech evaluations and adoption |
| | Improve approach to funding variations | Review the current approach for dealing with Funding Variation Requests and consider areas that need to be amended and strengthened, working closely with DHSC/NHSE |
| | Whole lifecycle approach | Assess the lifecycle value of innovations and guidelines with the goal of improving population health |
| | Progress AI statement of intent | Position NICE as the leading HTA Agency in the evaluation and use of Artificial Intelligence |
| Usable | Implementation of a platform to enable guidance content management and publication | Implement a new content creation, curation & product publication and syndication service, underpinned by a knowledge platform |
| Impactful | Single programme of support for guidance uptake | Refresh NICE's engagement approach in the health and care system, focusing on a small number of priority topics, a focused programme of implementation support, and the most influential partners |
| Brilliant organisation | Build financial and commercial agility | Enable NICE to adjust to changing priorities through more sustainable funding and income and a more flexible cost base. This includes the development of new contracting approaches, improved financial management practices and a new commercial strategy. |
| | Strengthen NICE's reputation and influence | Broaden our communications approach to cover content beyond individual guidance decisions, increase our focus on external placement of storytelling content, run a year-long brand marketing and content plan, and complete the corporate website migration |
| | Embed improvement into our ways of working | Build knowledge and skills in Continuous Quality Improvement through a learning programme and by coaching staff to use it in their work |

Appendix B: Description of optimal and divergent topics

Our ability to publish final technology appraisal or highly specialised technologies guidance within 90 days of a medicine gaining marketing authorisation (MA) depends on whether it is classified as **'optimal'** or **'divergent'**.

We categorise medicines as either optimal or divergent based on whether it is possible to publish final guidance within 90 days of MA.

| Characteristics of an 'optimal' topic |
|--|
| NICE is notified of topic >16 months ahead of GB marketing authorisation (GB MA). |
| Company accepts the NICE topic selection or routing decisions. |
| Company does not negotiate a delayed evidence submission date. |
| The technical engagement stage is not required. |
| Additional data is not provided post evidence submission date. |
| Cost effective ICER presented and agreed at the first committee meeting leading to final draft guidance (consultation not required). |
| The topic is not delayed/paused due to commercial discussions (pre or post the committee meeting). |
| No appeal received for the topic or, if appeal received, appeal points are upheld. |
| There aren't other external factors that cause delay to the appraisal timelines. |

