Integrated Performance Report (IPR)

September 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	• **Timeliness:** Improvements in medicines and guidelines timeliness continue – with medicines improving by 14%. • Digitisation of guidance production continues with a new technical solution for stakeholder management and planning tools with a new technical solution within our existing Microsoft Office 365 and dataverse ecosystem, endorsed by the business, to manage contacts, stakeholders and topic reference data. • **NICE/MHRA aligned pathway:** progressing well, with 1st October launch for early adopters of integrated scientific advice and aligned pathway. Legal review found no barriers to NICE publication of draft guidance prior to MHRA approvals.	• HealthTech timeliness KPIs are not currently on track. Introduce topic risk assessment into KPI forecasting and to develop mitigating actions accordingly. • Business representative availability/capacity • Risk of siloed approach to guidance development • Benefits realisation associated with retiring planning tools
Relevant	Green	• **Rules based pathway:** On track with commercial framework approved and initial topics shortlist developed • **AI statement of intent:** Legal review of copyright/IP risks in AI-assisted literature reviews underway; Health Technology Assessment (HTA) lab topic on how Artificial Intelligence (AI) might transform HTA has been scoped and initiated; Real World Evidence (RWE) framework updated to include AI methods under internal review • **Whole lifecycle approach:** continued stakeholder engagement via stakeholder panel meeting, Industry Council and individual company meetings • **Improving approach to funding variations (FVs)**: roundtable meetings have shaped thinking on approach FVs	• Adjusting NICE methods to take account of impact of AI in evidence submissions • Securing funding for rules-based pathway • Resource availability for whole lifecycle approach
Usable	Green	• Technical foundations -infrastructure: Statement of Work received; implementation planning in progress. • Approvals: Technical and professional services spend approved by the Department of Health and Social Care (DHSC); Government Digital Services assessment not required. • Procurement process for knowledge platform on track • Communications and engagement plan developed, including vision, stakeholders, and key messages • User research conducted on strength of language used within recommendations to inform guideline structured recommendations	• Ensuring stakeholders are engaged with the extent of content transformation and change required to bring benefits to NICE guidance users. • Ensuring knowledge platform work maintains alignment with rapidly developing advancements in AI
Impactful	Green	• Roundtable sessions held between NICE and the seven Integrated Care System regions to listen to our users • Framework for selecting priority partners approved and interviews held with priority partners to help shape NICE's offer/value proposition • User journey mapping and interviews commenced to develop support tools for asthma, endometriosis and fibroids • Workshop held across the NICE implementation functions to identify a shared way of working and develop implementation plans for a coherent and single set of priority projects	• Effective partnerships are increasingly essential to amplify the reach and uptake of guidance, given pressures within the Health and Care System are leading to limited capacity and ability to engage strategically
Brilliant organisation	Amber	• New approach agreed to manage risks and uncertainties in the financial forecast. • Positive media coverage generated around the launch of the 10-Year Plan (10YP). • Completed migration of corporate web pages • High levels of engagement on LinkedIn; content promoting NICE Annual Report and responding to the 10YP. • Strategic provider selected for support project to embed improvement • Bitesize training resources developed to support improvement projects • Continuous Quality Improvement coaches identified and tested support framework.	• Managing the financial position due to internal and external uncertainties, but the forecast has improved to a small surplus projected. • Some less positive (mostly balanced rather than negative) media coverage recently due to the release of lecanemab / donanemab final draft guidance

Timely and high quality: highlight report

Progress and achievements	Key Next Steps
Improving Timeliness: • Shifted focus to Aligned Pathway and Whole Lifecycle Approach, delaying major guidance improvements to Q1 26/27. • Supporting teams with Continuous Quality Improvement (CQI) to improve timeliness. • Retiring planning tools with a new endorsed technical solution. **MHRA alignment** • Mapping of scientific advice offerings underway with priority areas of misalignment identified. • Workshops held to align scheduling and supporting processes. • No legal barriers to NICE publication of draft guidance prior to MHRA approvals found.	**Improving Timeliness** • Implementation of three aligned solutions to improve operational efficiency: Committee Hub to streamline administration and documentation; Stakeholder Management System to centralise contact and stakeholder data to support management across guidance development; and Project Timeline Management (MS Project) to standardise planning and tracking of project milestones • Develop timeliness related change ideas to test alongside the Aligned Pathway, Whole Lifecycle Approach, Centre for Guidelines (CfG) operating model work and content creation teams. • Continue impact studies of 3 tests of change; Co-pilot to summarise complex information, Committee recruitment process, Intent to appeal process to realise programme benefits. • Staff engagement session to bring teams up to speed with the programme evolution and focus. **MHRA alignment** • 1st October launch webinar for integrated scientific advice and aligned pathway users. • Scoping key elements of integrated advice offer for early adopters: user needs; processes; commercial; technical advice. • Codifying a cross-agency communications and engagement plan for month of publication • Determining technical/digital solutions to support secure, appropriate NICE access to MHRA data in short and long term. • Digital, Information and Technology (DIT) team creating new deferral publication template for website publication • Activity to change scheduling process within Medicines Evaluation

Key Risks

Project	Risk	I	L	S	Key Controls
Improving timeliness	Business representative availability/capacity	4	4	16	Named owners are being connected to the implementation workstreams. Programme to ensure they have capacity to implement changes needed to retire planning tools.
Improving timeliness	Guidance development decrease standardisation	4	4	16	Subject matter experts co-opted on to Directorate project teams where appropriate to ensure changes can be spread and scaled. Formal communications channels to identify opportunities to scale and spread.
Improving timeliness	Retirement of the planning tools and realisation of benefits	4	4	16	Identifying the right team members, protecting 2.5 hours a week for the next 3 quarters, rapid sprint cycles with feedback loops to flag any issues and slippage swiftly.
MHRA/NICE pathway	Enhanced information sharing could be impacted by capabilities, security and digital alignment.	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. Additional digital representation on Steering Group.

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Risk rating:

■ Very low   ■ Low   ■ Medium   ■ High   ■ Very high

Timely and high quality: Key performance indicators (1 of 2)

KPI grouping	Indicator	Target (25/26)	Year to date*	RAG	24-25 Baseline	Change from 2024/25	
Timeliness of medicines evaluation guidance	Proportion of final guidance published within 12 months of Marketing Authorisation	50%	76%	G	57%	⬆	Improvement (+19 pp**)
	Proportion of final guidance published within 240 working days of Invitation to Participate (ITP)	60%	-	G	44%	-	- ❶
Quality of medicines evaluation guidance	Confidentiality Breaches (Medicines)	Tolerance of 12	8	A	16	⬇	Deterioration (+50% per month) ❷
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	-	- ❸
	Proportion of medium guideline topics published within 13 months of development starting from April 2025	50%	-	G	0% (17.5 months mean)	⬌	- ❹
	Proportion of small guideline updates published within 7 months of development starting for new topics from April 2025	50%	100%	G	0% (10 months mean)	⬆	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 (no change)
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. This indicator applies to topics that have had an Invitation to Participate (ITP) issued since 1st April 2025. ITPs within 2025/26 are all forecast to be published within 240 days. This is likely to require review once the first topic hits the first committee meeting milestone but is still forecast to exceed the annual target of 60%
2. 7 breaches reported in Q1, but only 1 so far in Q2, with none reported in August—indicating a positive downward trend
3. Development has started on one large guideline. Currently on track to publish within 18 months.
4. No medium guidelines published to date this year

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*Year to date (April to July 2025)
**percentage point change

KPI RAG rating key:
G= green; A= amber; R= red

Timely and high quality: Key performance indicators (2 of 2)

KPI grouping	Indicator	Target (25/26)	Cumulative (year to date)	RAG	24-25 Baseline	Change since 24-25	
Timeliness of Health Technology Evaluations (HTEs)	Proportion of HTEs moving from referral to Prioritisation Board decision within 66 working days	50%	0%*	A	0%	Stable (no change)	❶
	Proportion of HTEs moving from Prioritisation Board decision to the start of guidance development within 66 working days	40%	0%*	A	0% (5 months average)	Stable (+50% per month)	❷
	Proportion of HTEs moving from starting to finishing guidance within 9 months	35%	17%**	A	0% (10 months average)	Improvement (+17 pp***)	❸
Quality of HTEs	Confidentiality Breaches (HealthTech)	Tolerance of 6	1*	G	6	Improvement (-50% per month)	

Notes:

1. Relates to 1 topic referred since 1st April 2025 (81 working days from referral to decision)

2. This KPI is measured from the date a topic is selected at the prioritisation board to the date the scope is published, marking the start of guidance development. To date, we have launched five topics in the 2025–26 financial year. The time taken from prioritisation board decision to scope publication has ranged from 129 to 241 calendar days, exceeding the target of 66 working days. The delays have primarily been due to the need to reprioritise our resources in Q1 and Q2 to focus on RBP development work and to deliver the extended work on late-stage assessment topics. These reprioritisation decisions created knock-on effects for subsequently planned topics

3. 3 out of 18 topics. This KPI has been affected by a high proportion of Late Stage Assessments (8/18=44%), many of which have been delayed to support greater industry engagement. It has also been affected by 4 resolution requests which added an average of 313 days to timelines.

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*Year to date (April to July 2025)
*Year to date (April to August 2025)
***percentage point change

KPI RAG rating key:
G= green; A= amber; R= red

Timely and high quality: trend data

Measure	Type	23/24	24/25	25/26 (April - July 25)	% change**
Mean	All	452	335	287	*-14%*
	Optimal	36	48	64	*+33%*
	Divergent	540	409	339	*-17%*
Median	All	322	332	231	*-30%*
	Optimal	43	44	63	*+43%*
	Divergent	365	411	232	*-44%*
Number of publications (N)	All	63	54	21	*N/A*
	Optimal*	11	11	4	*N/A*
		17%	**20%**	**19%**	*-1 percentage point*
	Divergent*	52	43	17	*-*
		83%	**80%**	**81%**	*+1 percentage point*

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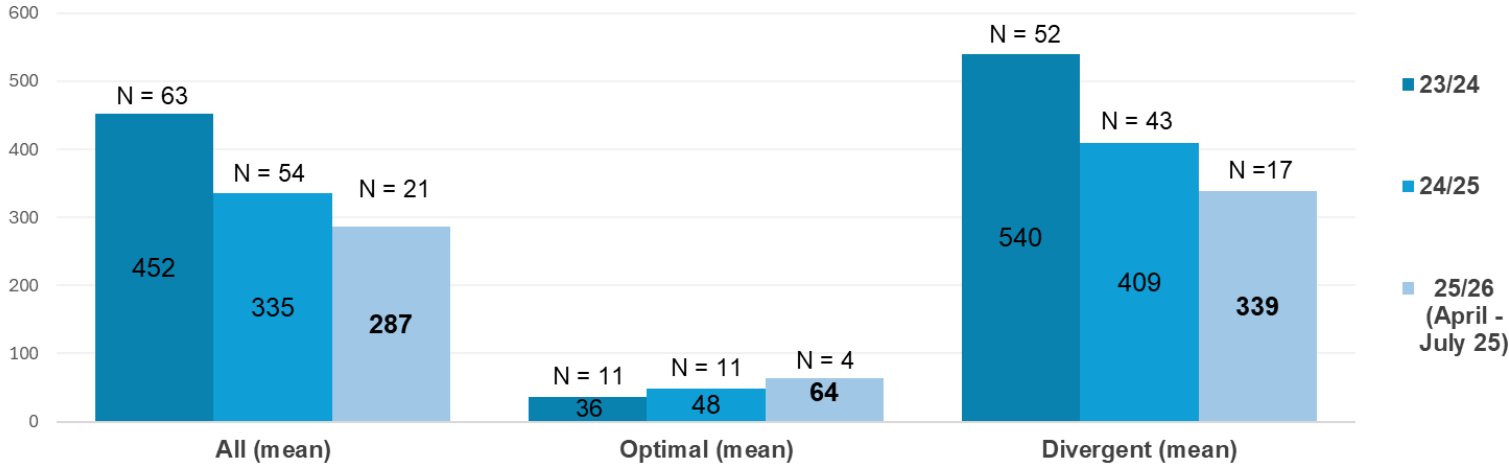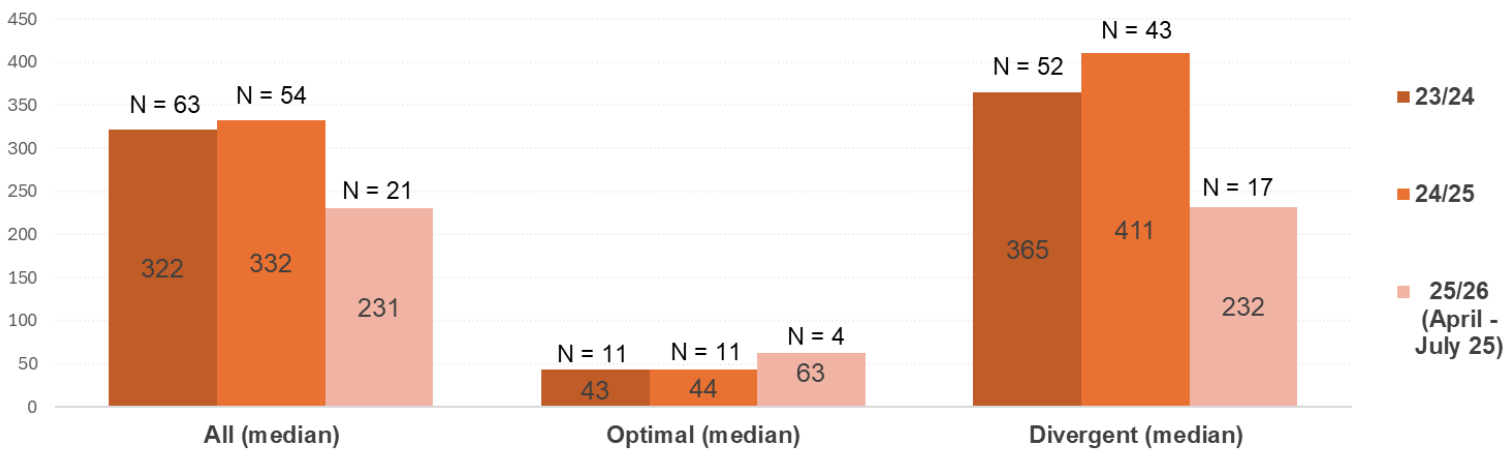

Figure 2: Medicines: Average (median) time between marketing authorisation (MA) and publication date (calendar days) for topics published that year

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*Definition of optimal and divergent topics included at Appendix B
**Percentage change from 2024/25 to April to July 2025

Timely and high quality: Priority project milestones

Project: Improving timeliness ❶

Milestone	Date	RAG
Retirement of the use of the Planning Tools for Timeline Management	14/05/25	C
Improvement Phase 2 begins	01/07/25	C
Content Creation Preparation Phase kick off	01/07/25	C
'As is' Process Mapping and Time and Motion study available	31/12/25	G
Implementation of phase 1 benefits and retirement of the planning tools	31/03/26	G
Improvement Phase 3 begins	01/04/26	G
End of programme evaluation and recommendations for business as usual and further work to improve timeliness.	31/01/27	G

Project: MHRA/NICE alignment: integrated scientific advice and aligned pathway

Milestone	Date	RAG
Agree finalised plans for enhanced information sharing across MHRA/NICE aligned pathway	12/09/25	G
Implementation of new priority scheduling procedure for aligned topics.	30/09/25	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
Submissions webpage go live date for aligned topic selection (engagement point for industry)	01/10/25	G
New integrated advice service launches to early adopters	31/12/25	G
Integrated advice service launches to all users	31/03/25	G

Notes:
1. Improving Timeliness Project milestones amended since last IPR. This is in response to reprioritisation of projects following the 10 Year Plan publication. In order to protect capacity for the three 10 year plan priority projects, Improving Timeliness will support MHRA Aligned Pathway and WLA, maintain a focus on delivering necessary digital infrastructure in 25/26 and focus on Guidance Development improvements in 26/27.

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RAG rating key: C= complete; G= green; A= amber; R= red

Relevant: Highlight Report

Priority Projects:
- Rules based pathway (RBP)
- AI statement of intent (AI)

RAG rating: GREEN

Progress and achievements

Rules Based Pathway (RBP)

• Development of commercial framework approved

• Shortlist of topics developed

• HealthTech update to Technology Appraisal manual in development

AI statement of intent

• Legal review underway on copyright/IP risks in AI-assisted literature reviews.

• Copilot tested in guideline development; Collaboration with the BMJ to test AI tools for systematic literature reviews close to agreement.

• HTA lab topic on how AI might transform HTA has been scoped and initiated.

• Draft proposal developed with the Turing Institute to review challenges in evaluating AI-based technologies.

• NICE's Real World Evidence (RWE) framework relating to the use of algorithmic methods (including large language models) for converting unstructured clinical data into structured evidence. The methods leadership group is currently reviewing before approval by Guidance Executive.

Key Next Steps

Rules Based Pathway (RBP)

• Mapping commercial feasibility with topic and guidance development

• Consultation on HealthTech update to Technology Appraisal manual

AI statement of intent

• Develop change requests to project plan for approval by next month's programme board. The changes take account of NICE board feedback and national policies, including the 10-year Health Plan.

• Develop business case for the partnership with the Turing Institute and further discussions with Ada Lovelace regarding complementary opportunities for partnering.

• Finalise the internal position paper on copyright and IP issues following legal advice.

• Progress HTA lab topic and identification of use cases for AI in the Whole Lifecycle Assessment.

Key risks

Project	Risk	I	L	S	Key Controls
Progress AI statement of Intent	NICE does not adjust its methods to take account of the impact of AI in evidence submissions.	3	4	12	Engage and work with HealthTech colleagues to identify areas for methods guidance update and training of staff in these areas.
Rules Based Pathway	Funding for the pathway is dependent on ministerial decision	5	3	15	High engagement with ministers and DHSC Providing evidence of impact and benefits of HealthTech reimbursement

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Risk rating:
▢ Very low ▢ Low ▢ Medium ▢ High ▢ Very high

Relevant: Highlight Report

Progress and achievements

Whole Lifecycle Approach

- WLA discussed as part of wider 10-year plan strategic priorities
- Continued stakeholder engagement via 3rd stakeholder panel meeting, Industry Council and individual company meetings
- Progress made on updating osteoporosis, chronic heart failure, and type 2 diabetes mellitus guidance
- Outdated guidance identified; 4 surveillance reviews planned to ensure relevance and value
- Biosimilar strategy advanced, including taskforce support and wet-AMD focus
- Patent expiry data gathered to inform future generic medicine planning

Improve Approach to Funding Variations (FVs)

- Delivered two internal roundtable meetings which have shaped thinking.
- The team have started developing an interim process.
- Held discussion with our sponsor team around primary legislation and possible implications for future funding variations.

Key Next Steps

Whole Lifecycle Approach

- Ongoing TA incorporation work into guidelines on challenging, high-volume cancer topics, including usable and accessible presentation options
- Deliver 4th Stakeholder panel session in September
- Prepare position statement for use of disease-specific reference cases/models (due for publication 29th September)
- Agree preferred policy proposals for retiring guidance
- Update operational prioritisation board guide to include additional "out of date" criteria components
- Task and finish group set up within biosimilar taskforce workstream to look at commercial challenges for biosimilars

Improve Approach to Funding Variations (FVs)

- Design and finalise an interim process to deal with future funding variation requests.
- Develop an option appraisal that considers the best approach for the future process.

Key risks

Project	Risk	I	L	S	Key Controls
Whole Lifecycle Approach	Lack of adequate resource for whole lifecycle approach	5	3	15	Use Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) budget where possible to ensure adequate resource for incorporation-related work. Early planning with guidance teams, and flexible model of resource across the organisation

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Risk rating:
Very low | Low | Medium | High | Very high

Relevant: Key performance indicators

KPI grouping	Indicator	Target (25/26)	Year to date*	RAG	24-25 Baseline	Change since 24-25	
Relevance of NICE guidance	Number of Technology Appraisals considered for incorporation into guidelines since start of 24/25	383	270	G	183	⬆	Improvement (+87)
	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 Improvement (+26 pp**)
	Proportion of Prioritisation Board clarifications resolved at stage 1 (excluding Highly Specialised Technology, HST)	80%	100%	G	50%	⬆	Improvement (+50 pp**) ❶
Increased focus on HealthTech	Number of Technology Appraisals launched for HealthTech	2 in 2025/26.	0	G	n/a	-	n/a

Notes:

1. One non-HST clarification request received in June. None received in July.

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*Year to date (April to July 2025)
**percentage point change

KPI RAG rating key: G= green; A= amber; R= red

Relevant: Priority project milestones

Project: Rules based pathway

Milestone	Date	RAG
Launch a consultation to make changes to our technology appraisals manual to guide HealthTech developers through this process.	01/10/25	G
Choose two HealthTech topics for technology appraisal, agreed with NICE's Prioritisation Board and Ministers.	05/12/25	G
Launch technology appraisals in HealthTech, signalling and supporting system readiness for these priorities to national partners, NHS and industry	31/03/26	G

Project: Progress AI statement of intent

Milestone	Date	RAG
Delivery of an internal position paper on AI in relation to copyright	31/10/25	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: Improving approach to funding variations

Milestone	Date	RAG
Taskforce Established	31/03/25	C
Discussion at the NICE Board Seminar	18/09/25	G

Project: Whole lifecycle approach (WLA)

Milestone	Date	RAG
Future WLA model options developed and fully costed	30/03/2026	G
Publication of a guideline where populations have been expanded beyond original Technology Appraisals (TAs)	30/03/2026	G

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RAG rating key: C= complete; G= green; A= amber; R= red

Usable: Highlight Report

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

Progress and achievements

Programme reviewed to consider 10-year plan strategic priorities; continues as planned.

Knowledge Platform

• Received Statement of Work from AWS for technical foundations-infrastructure, to support the Knowledge Platform; implementation planning underway.

• Procurement of Knowledge Platform digital partner on track.

• Market analysis confirmed there is no complete Amazon Web Services (AWS) based solution available, specifically tailored for NICE-like healthcare content management

• Technical and professional services spend approved by DHSC; Government Digital Services assessment not required.

• Comms & Engagement plan developed (vision, stakeholders, and key messages) targeted for this quarter.

Structured Recommendations

• User research conducted on understanding of strength of recommendations; insights used to shape discussions and next steps.

• Proposal for approach for structured recommendations in guidelines being co-developed.

Key Next Steps

Knowledge Platform

• Agree and begin implementation of technical foundations with AWS per Statement of Work.

• Progress with Invitation to Tender and replan procurement timelines post DHSC approval.

• Finalise and agree longer term Comms and Engagement approach aligned to other emerging plans; engage with priority internal stakeholders this quarter.

Structured Recommendations

• Agree preferred options for describing and testing strength of recommendations in guidelines, informed by user research findings.

• Overarching approach and implementation plan for guideline structured recommendations, agreed verbs and content governance to be finalised.

Key risks

Risk	I	L	S	Key Controls
Stakeholder buy-in (Knowledge Platform)	3	4	12	Early and effective engagement with stakeholders. Clearly articulate the benefits of change to all internal and external stakeholders to reduce resistance to change
Stakeholder buy-in (Structured Recommendations)	4	3	12	Continue to engage with colleagues to ensure they understand and are bought into the direction and benefits to our users that this work will bring. Co-design solutions where possible. Undertake User Research to provide evidence for direction of travel. Comms Plan for content transformation will provide context for system-wide transformation.
Underestimating Artificial Intelligence (AI) impact on NICE user interfaces, services and products, which may compromise NICE guidance fidelity and reputation	4	3	12	Regularly review and update knowledge on AI advancements, trends and the potential impacts on NICE user interfaces, services and guidance products, creating opportunities to quickly adapt to and integrate with new AI technologies . Ensure mitigations in place to manage guidance content re-use and website scraping for use in large language models (LLLMs).

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Risk rating:

☐ Very low ☐ Low ☐ Medium ☐ High ☐ Very high

Usable: Priority project milestones and key performance indicator

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

Milestone	Date	Status
Full readout and delivery of agreed scope of AWS Proof of Concept – semantic data model	30/04/25	C
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	30/04/25	C
Scope / scale / business decision confirmed and NICE Board Approval of Business Case	20/05/25	C
Procure new system / digital platform	30/09/25 ❶	A
Some elements of new system / digital platform operational within NICE	31/03/26	G
Structured recommendations used to develop guideline recommendations in a live topic	31/03/26	G

KPI grouping	Indicator	Target (25/26)	Year to date	RAG	2024/25 baseline	Change from 2024/25
Usable: user satisfaction measure	Proportion of our primary users who report that NICE guidance is usable	80% by Dec 2025	❷	n/a	78%	n/a
Usable: number of user visits	Maintain number of user visits to core guidance products (on NICE website,12 month rolling average) ❸	1.56 million	1.56 million *(Aug 24 - Jul 25)*	G	1.56m	⬌ Stable (no change from 24/25)
Usable: number of user visits	Maintain number of user visits to supporting tools and resources (on NICE website, 12 month rolling average) ❸	10,000	9,900 *(Aug 24 - Jul 25)*	G	10,000	⬌ Stable (within 5% tolerance)

Notes:
1. September 2025 milestone was subject to DHSC assurance processes which are now complete. Procurement progressing however timeline will need to be revised accordingly.
2. Data for this key performance Indicator is reported annually and is due in December 2025
3. New KPIs. Rolling 12month average allows for random variation in users accessing NICE guidance products and resources through the NICE website. 'Maintain' target proposed as aiming for stability in website users in 25/26, given increasingly users access NICE content directly through AI Search (outside of the website).

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RAG rating key: C= complete; G= green; A= amber; R= red

Impactful: Highlight Report

Priority Project:	• Single programme of support for guidance uptake	RAG rating:	GREEN

Progress and achievements

- Internal workshops have developed implementation plans in 6 priority topic areas for the impactful programme
- A framework and criteria for selecting priority partners for the supporting adoption and uptake has been developed. Interviews taken place with 3 current partners to inform NICE's offer/value proposition for any new partnerships
- Interviews and user journey mapping have been conducted to support the development of appropriate VPAG funded tools for asthma, endometriosis and fibroids
- First Continuous Quality Improvement (CQI) led workshop taken place with teams across the implementation functions (medicines optimisation, resource impact and implementation) to develop joint ways of working and ensure a cohesive and single programme of support.
- Roundtable sessions held between NICE and the seven Integrated Care System (ICS) regions to update on NICE priorities and understand how NICE and our partners can support strategic commissioning.

Key Next Steps

- Draft plans for priority clinical topics for uptake and adoption to be finalised, reflecting 10 Year Plan.

- Complete stakeholder interviews for endometriosis and fibroids user journey mapping

- Develop draft tools and resources for asthma, endometreosis and fibroids based on user feedback.

- Progress priority partnerships to support uptake and adoption.

- Co-ordinate delivery of ICS roundtable actions including: establishing an Integrated Care Board (ICB) reference group; ICB briefings for complex guidelines; development of prototype tools with user involvement for strategic commissioning;

Key Risks

Risk	I	L	S	Key Controls
Pressures within health and care system mean there is a lack of engagement by system partners	4	3	12	Focus implementation plans on system priorities and review against 10 Year Plan. Effective partnerships are increasingly essential to amplify the reach and uptake of guidance.

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Risk rating:

| Very low | Low | Medium | High | Very high |

Impactful: Priority project milestones and key performance indicators

Project: Single programme of support for guidance uptake

Milestone	Date	Status
Agree joint NICE/system priorities and KPI via internal workshops and external engagement	31/05/25	C
Completion of refreshed approach to health and care system engagement (stakeholder engagement plan)	31/07/25	G
5 partnerships properly structured and delivering results	31/12/25	G
Publish VPAG funded tools and resources that address specific user needs and implementation challenges	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 (note: medicines in the innovation scorecard portfolio change bi-annually)	70%	❶	n/a	73%	n/a
	Proportion of agreed quality standard measures in priority areas showing improved uptake	75%		n/a	-	n/a

Notes:
1. Measures about the overall uptake of NICE guidance for medicines and priority quality standards are updated every six months. Medicines in the innovation scorecard portfolio change bi-annually. Updates for both indicators are due in October 25.

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RAG rating key: C= complete; G= green; A= amber; R= red

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: AMBER

Progress and achievements

Financial and commercial agility:
- Financial position has improved from a forecast overspend to a small surplus (£0.2m).

Strengthen NICE's Reputation and influence:
- Coverage of the 10YP dominated the first half of July with the enhanced role for NICE (particularly in HealthTech) being widely welcomed including the Sun, Times and Sunday Express
- Corporate web pages migration completed – improving the structure and usability of key content on nice.org.uk. Making it easier for users to quickly find the guidance they need on newly-designed category landing pages, category navigation pages and information pages. Global navigation bar also simplified to reduce the number of dropdown menus.
- Results from first wave of quarterly health and care professionals survey showed broadly positive results in clinicians' perceptions of our guidance's relevance, usability, timeliness and impact. This baseline will allow us to assess any changes in perceptions across the year.
- LinkedIn follower growth continues to be impressive. Highest performing social media post was the LinkedIn post on Sam's response to the 10YP (37% engagement rate). Annual report promotion generated high engagement rates (28%) on LinkedIn.

Embed improvement into ways of working:
- Strategic provider (IHI) selected; contract starts 1st August.
- Created bitesize training resources.
- Identified CQI coaches and tested support framework.
- Launched Improvement Leaders Programme supporting 15 CQI projects across 8 directorates.

Key Next Steps

Financial and commercial agility
- Undertake action research and experiments across three agility themes.
- Put in place new contingent labour preferred supplier.
- Finalise a commercial income strategy for approval by the NICE Board.

Strengthen NICE's reputation and influence
- Finalise and activate full communications plans for the 3 priority projects for NICE set out in the government's 10-Year Health Plan.
- Update brand strategy and core key message set based on audience narrative testing
- Develop partnership plans for NHS Confederation's ICB Conference in November
- Developing video content for the 3 priority areas of the 10YP.

Embed improvement into ways of working
- First learning sessions for Improvement Leaders and Timeliness of Guidance projects.
- Pilot CQI forum in a selected directorate/workstream.
- Share CQI stories internally and at NICE board.
- Testing presenting programme level data as timeseries charts to surface signals of change for projects, programmes, and eventually for executive team and board.

Key risks

Project	Risk	I	L	S	Key Controls
Finance	Uncertainty over GIA funding impacts our financial agility. **Update:** At month 4, we are forecasting a small surplus / underspend of £0.2m, however there is a risk this could grow with new controls on uncommitted spend using GIA funding were issued by DHSC during August.	3	4	12	Regular engagement with DHSC Finance and Sponsor Team to ensure changes to GIA funding and additional controls don't negatively impact the delivery of the 2025-26 business plan. Regularly review options to mitigate over / under spend position to meet financial stability KPIs'.

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Brilliant organisation: Key performance indicators

KPI grouping	Indicator	Target (25/26)	Latest available data*	RAG	24-25 Baseline	Change from 2024/25	
Financial stability	Full-year financial deficit / surplus	Surplus <£1m / no deficit	£230k Surplus ❶	G	£2.35m surplus (24/25)	⬆	Improvement (-£2.12m)
NICE maintains a strong reputation amongst key stakeholders	Proportion of media coverage generated by NICE that contains at least one key message	58%	54%** ❷	A	52%	⬆	Improvement (+2 percentage points)
	Proportion of media coverage that is positive in sentiment	80%	31%** ❸	A	81%	⬇	Deterioration (-50 percentage points)
Embedding improvement	Proportion of staff reporting that they feel empowered to make improvements	75%	67% ❹	A	67%	⬌	Stable

Notes:

1. The Financial stability KPI has changed from Amber to Green due to an improvement in the forecast from an overspend position to a £230k surplus / underspend position. This is due to vacancies, improved TA/HST income performance and service charge credits relating to the vacated Manchester office.

2. 74% for April; 41% for May; 54% for June. June data show an increase in placement of key messages in media articles, compared to May.

3. 93% for April, 97% for May; 31% for June: Total coverage was mostly balanced (59%) compared to negative (10%). External analysis showed that nearly half of NICE's June media coverage related to lecanemab/donanemab (c176 items) our final draft guidance press release shifted reporting towards a balanced tone, as sources highlighted concerns that funding the drugs could impact other NHS services. While there was strong positive coverage of other stories, these were outweighed by the Alzheimer's story. This result is disappointing but consistent with August 2024, when negative draft guidance on lecanemab also led to a swing towards balanced rather than positive coverage, albeit with higher overall volume.

4. 63% for May; 63% for June. Most recent staff engagement survey results for July show increase of 4 percentage points, on track to achieve 75% by March 2026.

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*Data for July 25 unless otherwise stated
**Monthly figures for June 2025

KPI RAG rating key: G= green; A= amber; R= red

Brilliant organisation: Priority project milestones

Project: Embed improvement into our ways of working

Milestone	Date	RAG
Procurement process for a Strategic Provider	16/05/2025	C
Full-scale training roll-out for CQI coaches	28/11/2025	G
Implement Software/Tools for tracking and measuring CQI impact	27/02/2026	G
Launch strategic priority programme.	31/03/2026	G

Project: Strengthen NICE's reputation and influence

Milestone	Date	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 healthcare practitioners (HCPs)	28/02/2026	G
Brand strategy and brand messaging updates	31/03/2026	G

Project: Build financial and commercial agility

Milestone	Date	RAG
New contingent labour preferred supplier arrangement in place for Digital, Data and Technology (DDAT) profession	31/05/2025	C
Deliver 2-day organisation-wide collaboration for better outcomes workshop	26/06/2025	C
Present commercial income strategy to board seminar	10/12/2025	G
Financial decision-making framework developed and agreed	31/12/2025	G

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RAG rating key: C= complete; G= green; A= amber; R= red

Additional key performance indicators

KPI grouping	Indicator	Target (25/26)	Year to date	RAG	24-25 Baseline	Change since 24-25	
Staff levels and availability	Vacancy rate	<6%	5.25%**	G	7.1%	⬆	Improvement (-1.85pp***)
	Voluntary turnover rate	<= 10%	6.26%**	G	7.9%	⬆	Improvement (-1.64pp***)
Leadership and communications	Proportion of FOIs responded to within 20 working days	>=90%	93%*	G	98%	⬇	Deterioration (-5 pp***)
	Staff agree they feel informed about what is happening at NICE	>=4.1/5	4.3/5**	G	4.0/5	⬆	Improvement (+0.3)
	Proportion of Parliamentary Questions responded to within the requested timeframe	>=90%	98%*	G	98%	⬌	Stable (no change)
	Staff agree they understand NICE's purpose and their role in it	>=4.1/5	4.2**	G	4.0/5	⬆	Improvement (+0.2)
Cyber security and compliance	% Level of Key System Availability	>=99.9%	98.0%**	A	95%	⬆	Improvement (+3 pp***) ❶
	Cyber incidents reported: ❷	n/a	9*	-	22	⬌	Stable
	actual incidents (major)	0	0*	G	1		
	actual incidents (minor)	0	0*	G	0		
	Proportion of mandatory training completed by staff	>=85%	85.5%**	G	80%	⬆	Improvement (+5.5 pp***)
	Proportion of staff completing cyber training	>=90%	92.53%**	G	88%	⬆	Improvement (+4.53 pp***)
Workplace representation	Workplace representation of ethnic minority staff	>=22%	20.5%**	A	21%	⬇	Deterioration (-0.5 pp***)
	Workplace representation of LGBTQ+	>=9.5%	9.5%**	G	9.1%	⬆	Improvement (+0.4 pp***) ❸
	Workplace representation of staff with a disability	>=11%	11.7%**	G	11%	⬆	Improvement (+0.7 pp***)

Note:
1. The % level of Key System Availability is currently showing as Amber due to a monitoring issue (resolved in June) not a true system issue impacting users.
2. Since the last IPR we have refined reporting mechanisms to classify cyber incidents as major or minor for reporting purpose going forward. The 24/25 baseline has been updated to reflect this for ongoing tracking.
3. Substantial progress has been made to date and this metric will continue to be monitored closely.

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*Cumulative figure for April to July 25
**Average of monthly figures for April to July 2025
***percentage point change
KPI RAG rating key: G= green; A= amber; R= red

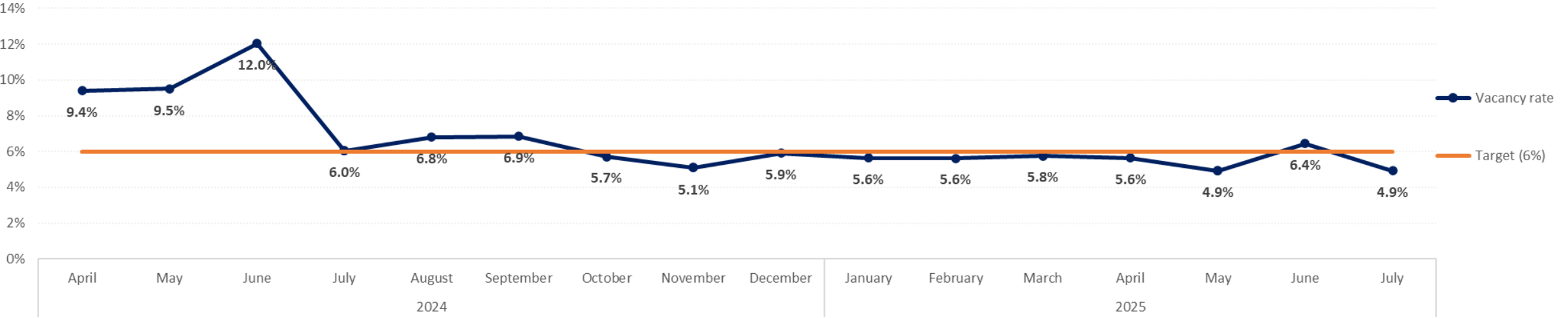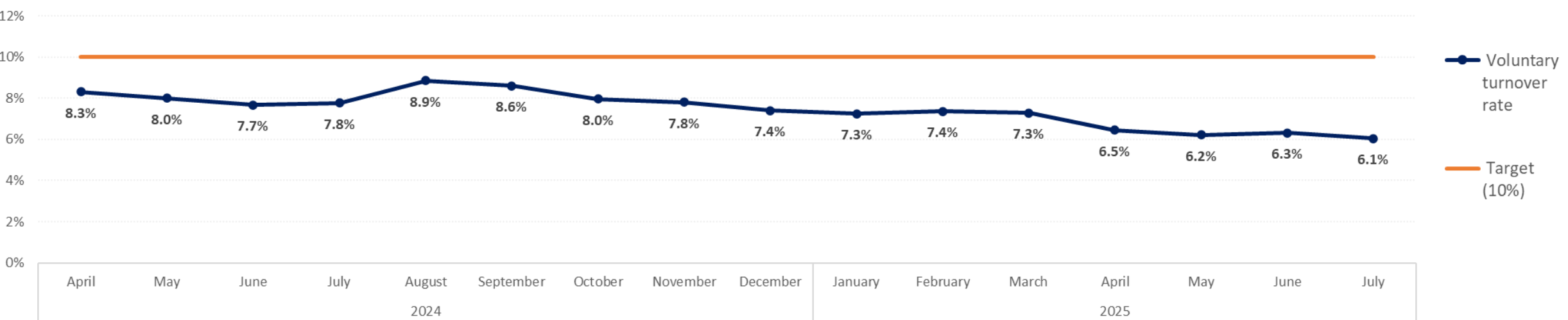# Additional KPIs: trend data

Figure 7: Vacancy rate

Figure 8: Voluntary turnover rate

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Financial position (revenue) at 31 July 2025

Spend category	Year YTD budget £000	YTD actual £000	YTD variance £000	Annual budget £000	Forecast outturn £000	Forecast variance £000
Pay	21,910	21,513	(397)	65,838	64,952	(887)
Non-pay	7,726	7,155	(571)	23,710	24,508	797
Total expenditure	**29,636**	**28,668**	**(968)**	**89,549**	**89,460**	**(89)**
TA-HST income	(4,510)	(4,773)	(263)	(13,530)	(13,696)	(166)
NICE Advice income	(1,422)	(1,452)	(30)	(4,310)	(4,236)	74
Other operating income	(3,680)	(3,669)	12	(10,062)	(10,110)	(48)
Total operating income	**(9,612)**	**(9,894)**	**(281)**	**(27,902)**	**(28,042)**	**(140)**
Total net expenditure*	**20,024**	**18,774**	**(1,250)**	**61,647**	**61,417**	**(230)**

Month 4 update

Year-to-date net expenditure continues to track below budget (£1.25m at Month 4) due to vacancies, credits relating to the old Manchester office, the phasing of some non-pay expenditure and Technology Appraisal-Highly Specialised Technologies (TA-HST) income performance.

Full-year forecast outturn

The full-year forecast has moved to an underspend of £0.2m compared to an overspend of £0.5m at Month 2 (as reported to the Board in July). The main drivers of this movement are reductions in forecast pay spend due to vacancies (-£0.4m), a further credit note relating to the old Manchester office (-£0.3m), increased forecast TA-HST income (-£0.2m) and increased income from licensing and syndication (-£0.1m). This is partly offset by increased forecast spend on DIT delivery (+£0.3m).

Financial stability

A deep dive review of all directorate plans is being undertaken in September to ensure that forecasts are robust and deliverable, with the outputs of the work to be reflected in the Month 6 position.

There are significant risks and uncertainties in the forecast, as delivery and expenditure for priority projects ramp up in the second half of the financial year. A process to manage these uncertainties and risks and support priority delivery has been put in place.

The overall DHSC Group financial position has tightened in recent months and in August, DHSC implemented controls on uncommitted and discretionary spend internally and across Arms Length Bodies (ALBs), including NICE. As a result, spend in the remainder of the year that is not yet committed will be focused on essential activities and priorities. The new guidance aligns closely with existing processes and controls, but additional executive director assurance and oversight of spend that falls within scope of the guidance will be applied. It is possible the new controls could increase the forecast underspend reported above.

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

Category	Project	Description
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	Work to minimise delays in patient access to medicines through optional integrated scientific advice and improving alignment between MHRA regulatory decisions and NICE guidance publication.
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

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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.

Does the medicine meet all of the characteristics of an optimal topic?

- Yes → Medicine is categorised as **optimal** → NICE **can** publish guidance within 90 days of GB MA
- No → Medicine is categorised as **divergent** → NICE **cannot** publish guidance within 90 days of GB MA due to external factors

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