

Integrated Performance Report (IPR)

December 2025

NICE National Institute for
Health and Care Excellence



Contents

Section		Slide number	Lead(s)
Executive summary and performance highlights		3-4	All Executive Team (ET)
Summary of performance on key priorities:	Timely and high quality	5-9	Sam Roberts
	Relevant	10-13	Sam Roberts
	Usable	14-15	Clare Morgan
	Impactful	16-17	Clare Morgan
	Brilliant Organisation	18-20	Helen Williams
Additional key performance indicators (KPIs)		21-22	Helen Williams
Financial Report		23	Pete Thomas
Appendix A: Headline description of priority projects		24	-
Appendix B: Description of optimal and divergent topics		25	-

Key Performance Indicator (KPI) highlights

Programme		Status	Key messages
Timely and high quality	Guidelines	Green	<ul style="list-style-type: none"> • On track to meet KPI targets for timeliness of guidelines • 5 large topics started in 25/26
	Medicines	Amber	<ul style="list-style-type: none"> • Improvement on medicines timeliness since last year (17 percentage point improvement) • At risk annual target for publishing 60% of final guidance started in 2025/26 within 240 days of Invitation to Participate. Our forecast is to hit this target, but external factors currently put it at risk.
	HealthTech	Red	<ul style="list-style-type: none"> • Increased proportion of HealthTech guidance published within 9 months • NOT on track to meet annual targets for HealthTech guidance development. Current targets are unachievable under the current process and are under review.
	NICE/MHRA aligned pathway	Green	<ul style="list-style-type: none"> • On track to meet targets
Relevant		Green	<ul style="list-style-type: none"> • On track to meet or exceed annual KPI targets • Increased numbers of Technology Appraisals considered for incorporation into guidelines
Usable		Amber	<ul style="list-style-type: none"> • On track to meet annual KPI targets • User visits to core guidance products and supporting tools and resources remain stable
Impactful		Green	<ul style="list-style-type: none"> • On track to meet annual KPI targets • 77% of innovation scorecard medicines show improved use
Brilliant organisation		Green	<ul style="list-style-type: none"> • On track to meet annual KPI targets • Forecast surplus within target range
Additional indicators		Green	<ul style="list-style-type: none"> • On track to meet 13 out of 14 annual KPI targets

Executive Summary

Programme	Key highlights	Key risks
Timely and high quality	<ul style="list-style-type: none"> • Improving timeliness programme: <ul style="list-style-type: none"> ◦ Committee Management solution rolled out to 17 of our 24 committees, saving an estimated 25% admin time. ◦ We're introducing a new system, approved by the business, to manage contacts, stakeholders, and topic data. It will replace our current planning tools and run within our existing Microsoft Office 365 and Dataverse setup ◦ Business analyst resource secured to support 'as is' process mapping • NICE/MHRA aligned pathway: Continuing to track potential early adopter topics and progressing with user engagement to identify barriers and potential improvements to increase adoption of the pathway. 	<ul style="list-style-type: none"> • HealthTech timeliness KPIs are not currently on track. Introduce topic risk assessment into KPI forecasting and to develop mitigating actions accordingly. • Lack of data standardisation impacting implementation of contact and timeline management solutions • Business representative availability/capacity
Relevant	<ul style="list-style-type: none"> • Rules based pathway: On track with commercial framework approved and initial topics shortlist prioritised • AI: Identified over 100 use-cases and triaged 28, with testing expected to start on 2 before the end of 2025; 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: Guidance on expanded use of a biosimilar in prostate cancer published. Incorporation of Technology Appraisals (TAs) on track. Work underway to agree an approach to retiring guidance and updating TAs. • Improving approach to funding variations (FVs): roundtable meetings have shaped thinking on approach to FVs 	<ul style="list-style-type: none"> • Adjusting NICE methods to take account of impact of AI in evidence submissions • Securing reimbursement for health tech prioritised for the rules-based pathway • Resource availability for whole lifecycle approach
Usable	<ul style="list-style-type: none"> • Implementation of a platform to enable guidance content management and publication: Discovery and implementation complete for Knowledge Platform (KP) technical foundations; handover phase underway. • KP preferred supplier selected; contract awarded following mandatory standstill period. • Contract negotiations taking longer than planned but first Statement of Work for KP being finalised, with planned start date in December. • Metadata- initial data model drafting underway to inform KP deliverables • Structured guidance implementation plan approved by Guidance Executive; controlled vocabulary agreed. • Business readiness and content audit progressing; communications plan updated. 	<ul style="list-style-type: none"> • 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 rapid advancements in AI • Available capacity to co-deliver the Knowledge Platform in alignment with the supplier.
Impactful	<ul style="list-style-type: none"> • Single programme of support for guidance uptake: Roundtable sessions held between NICE and the seven Integrated Care System regions to listen to our users; Integrated Care Board (ICB) reference group established with first meeting held. • Framework for selecting priority partners approved and engagement sessions held with priority partners to help shape NICE's offer/value proposition • User journey mapping and user research commenced to develop support tools for asthma, endometriosis and fibroids • NICE implementation functions agreed a shared way of working and developed implementation plans for a coherent and single set of priority projects 	<ul style="list-style-type: none"> • Pressures within health and care system mean there is a lack of engagement by system partners
Brilliant organisation	<ul style="list-style-type: none"> • Financial and commercial agility: Financial position remains stable and in line with KPI, with reduced variability in the forecast and a clear approach to manage risks and uncertainties. Commercial income strategy developed, outlining NICE's approach to increasing commercial income. • Proactive approach to comms: Positive media coverage generated around the launch of the 10-Year Plan (10YP). Migration of corporate web pages completed. High levels of engagement on LinkedIn; content promoting NICE Annual Report and responding to the 10YP. • Embedding improvement: Strategic provider selected for support project to embed improvement. Bitesize training resources developed to support improvement projects. Continuous Quality Improvement coaches identified and support framework tested. 	<ul style="list-style-type: none"> • Continued focus on managing the financial position to ensure best use of available funding • Capacity to undertake project and improvement work alongside Business As Usual work • Maintained high positive media sentiment during medicines pricing debate

Timely and high quality: highlight report

Priority Projects:

- Improving Timeliness
- MHRA/NICE aligned pathway

RAG rating:

AMBER

Progress and achievements

Improving Timeliness:

- Work to explore options for MS Project retirement commenced
- Business analyst resource secured to support 'as is' process mapping
- Topic Management improving data quality via unique identifiers and timelines
- Content Creation starting pair writing tests with Centre for Guidelines (CfG).
- Committee Hub live for 17 out of 24 committees; roll-out continues.
- Committee recruitment case study completed, demonstrating time savings, and will be communicated with Committee Management achievements in December.
- Operational AI use case tests have been carried out; including using Co-pilot to theme consultation comments and for redaction. We are planning tests of new use cases; creating guidance abstracts and monitoring data on medicines availability.

MHRA/NICE aligned pathway:

- Topics currently being scheduled to the aligned pathway where possible, following identification at topic selection stage.
- 1st pipeline meeting with all 3 organisations in the pathway held (NICE, MHRA and NHSE), previous meetings were with NICE and MHRA.
- Work on integrated advice single entry point progressing with prototype developed and user tested, technical templates and guidance drafted, MOU and contracts drafted,

Key Next Steps

Improving Timeliness

- MS Project: Exploring technical options; continuing data/process standardisation with guidance teams.
- Committee Hub: Rollout ongoing;
- Operational AI use cases: a case study on the use of consultation comments due end November and the redaction use case will progress through November. Corporate communication to share progress and promote the use of Copilot for personal productivity planned over the next three months.
- Dataverse: we are now building the Dataverse system, to manage our stakeholders, based on business requirements.
- Impact & Quality: Impact studies ongoing (e.g. Co-pilot, Intent to Appeal); quality measures delayed from September.

MHRA/NICE aligned pathway

- Continue user insight and engagement across integrated advice and the aligned pathway.
- Finalise deferred publication plans and release first deferral output to make clear where industry are unable to meet required timelines.
- Work on integrated advice will involve development of the beta gov.uk entrypoint, sign off of technical templates and guidance, further iteration of MOU and contracts, testing of value proposition.

Key Risks

Project	Risk	I	L	S	Key Controls
Timeliness	Business representative availability/capacity	4	4	16	Named owners in a RACI matrix being connected to the implementation workstreams. Fixed term resource recruited to support tasks that don't require subject matter expertise.
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. Focus on data standardisation to remove barriers
Timeliness	Data quality and lack of standardisation limits value of data in systems	4	4	16	Communicating the issues and revising the plan for data standardisation work to achieve the milestones.
Timeliness	Unused Project Online capabilities limit value of system	4	4	16	Setting goals for data standards and template updates and working with team members who are responsible for data quality across each programme.
Aligned pathway	Enhanced information sharing could be impacted by capabilities and security	4	4	16	Deep dive work on information 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 (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%	74%	G	57%		Improvement (+17 pp**) 1
	Proportion of final guidance published within 240 working days of Invitation to Participate (ITP)	60%	-	A	44%		- 2
Quality of medicines evaluation guidance	Confidentiality Breaches (Medicines)	Tolerance of 12	10	A	16		Deterioration (+7% per month) 3
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		- 4
	Proportion of medium guideline topics published within 13 months of development starting from April 2025	50%	-	G	0% (17.5 months mean)		- 5
	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**) 6
Quality of Guidelines	Proportion of guidelines, quality standards or indicators with errors / learning opportunities (at product level) published in 2025-26	0%	2%	A	0%		Deterioration (+2 pp**) 7
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**) 8

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%. We are currently on track to hit this target, but it has been rated Amber due to external factors
- 2. 3 confidentiality breaches reported in the last 4 months which is a marked improvement since earlier in the year. If this trend continues, we anticipate we will remain within the tolerance of 12.
- 3. 5 large guidelines have started development in 25/26 and are all predicted to publish within 18 months of development starting.
- 4. No medium guidelines published to date this year,
- 5. 2 corrections/learning opportunities identified in work prior to 2025-26 but identified in this business year. These are outside scope of original definition but being captured for transparency. Learning from both issues have resulted in changes to approach in CfG.

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

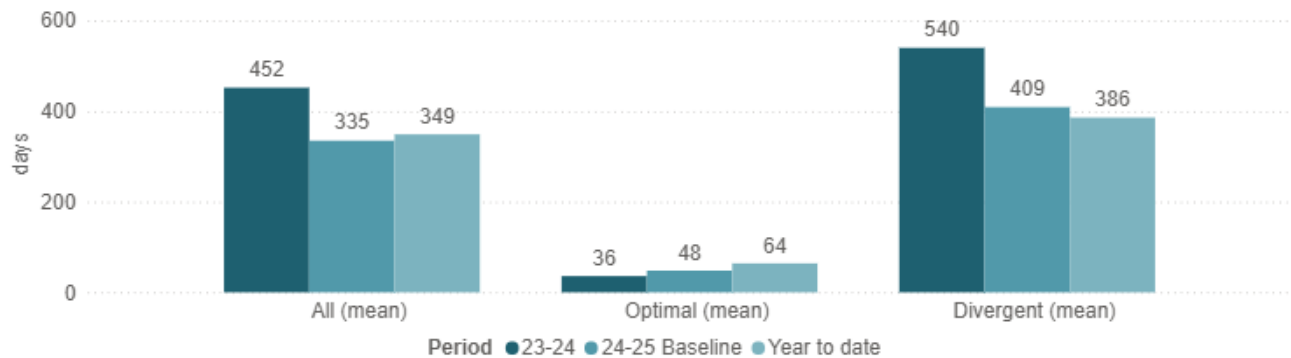
KPI grouping	Indicator	Target (25/26)	Cumulative (year to date)	RAG	24-25 Baseline	Change since 24-25	
Timeliness of Health Technology Evaluations (HTEs)	Proportion of HTEs moving from referral to Prioritisation Board decision within 66 working days	50%	27%	R	0%		Improvement (+27 pp***) ❶
	Proportion of HTEs moving from Prioritisation Board decision to the start of guidance development within 66 working days	40%	0%	R	0% (5 months average)		Stable ❷
	Proportion of HTEs moving from starting to finishing guidance within 9 months	35%	19%	R	0% (10 months average)		Improvement (+19 pp***) ❸
Quality of HTEs	Confidentiality Breaches (HealthTech)	Tolerance of 6	2	G	6		Improvement (-43%)

Notes:

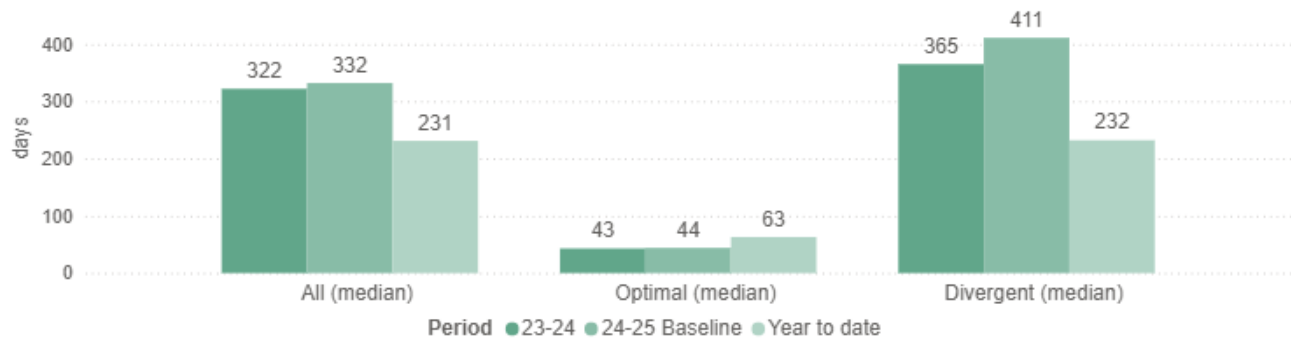
- 6 out of 22 topics moved from referral to Prioritisation Board decision within the target timeframe of 66 working days. Rated red as it's anticipated that it will be challenging to reach the overall target of 50% by the end of the business year. There are a few points to highlight regarding this scoring. This year we have implemented a new process around late stage assessments (LSA) – these topics required additional time to undertake appropriate due diligence which meant the 66 working days could not be met. For some LSA topics we have also not been provided with the required information from NHS Supply Chain, leading to delays. Additionally, there has been a need to prioritise topics for consideration in the RBP process, and as LSAs. This has led to other HealthTech topics being postponed beyond 66 working days. With limited capacity in each PB meeting, we have had to prioritise the topics to be discussed accordingly.
- KPI is reported red based on first half-year data and team forecasting for the remaining six months. However, this red status requires careful interpretation, as it masks significant positives. Through implementing the KPI, we have learned that a more effective approach would be to separate this metric into two distinct KPIs. The current single metric combines factors within team control (scoping work efficiency) with strategic scheduling decisions and cross-organisational dependencies, making it difficult to identify where intervention is needed and assess true operational performance. Although calendar days taken have exceeded the target of 66 working days, 78% of topics met the KPI when measured by actual scoping duration, excluding a 2-month pause between selection and work start. This indicates efficient core processes, with delays mainly due to strategic scheduling and prioritisation. Contributing factors include resource allocation to high-priority work, dynamic sequencing based on clinical urgency, and a cumulative delay from a late first launch in May. We have plans to redesign this KPI as part of the next business planning round. Of the 18 planned launches for 2025–26, 15 are affected by this delay, while 8 upcoming topics are expected to proceed without impact.
- KPI is reported red, this status primarily reflects the impact of external stakeholder-driven timeline extensions and resolution requests. We received a total of 55 resolution requests to date, an increase of 500% in comparison with last year (a total of 9 requests across all our topics). 4 out of 21 guidance publications to date have moved from starting to finishing guidance within 198 working days (9 months) between April and October or 19%. Key reasons include extended work on 8 LSAs which began development in 2024-5 and published in 2025-6 and extended work needed on the scoping and development of complex early value assessments such as AI technologies in skin cancer and Digitally enabled therapy for Tic disorders. We are expecting 3 more topics to come in on target according to the latest estimated publication dates. We are expecting 7 out of 35 published guidance would meet the annual target or 20%. We are working on a CQI project to increase the predictability of our HealthTech pipeline. The KPI is largely depended on the ratio of Early Value Assessments (EVAs) vs standard guidance and LSA and the ratio of low-risk vs high risk topics that end up in resolution.

Timely and high quality: trend data

Mean					
Indicator	23-24	24-25	YTD	Change from 24-25	% change from 24-25
▲					
Mean time between marketing authorisation and NICE recommendation (days)	452	335	349	14	4%
Mean time between marketing authorisation and NICE recommendation (optimal) (days)	36	48	64	16	33%
Mean time between marketing authorisation and NICE recommendation (divergent) (days)	540	409	386	-23	-6%

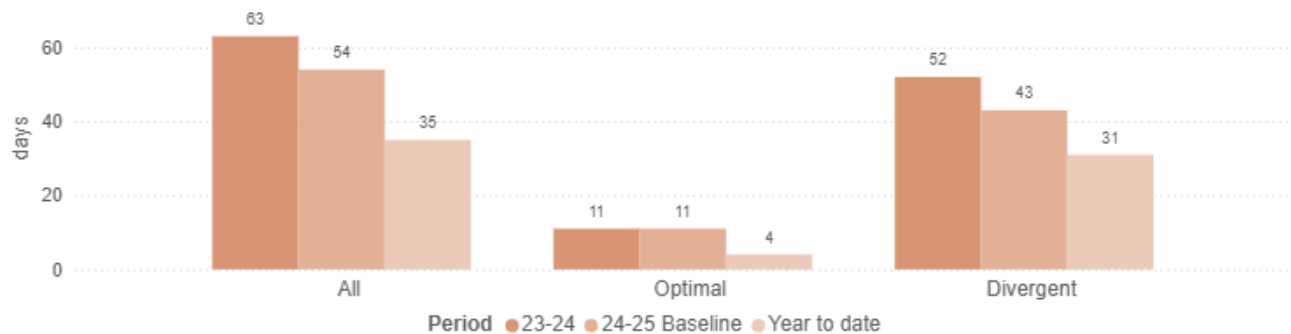


Median					
Indicator	23-24	24-25	YTD	Change from 24-25	% change from 24-25
▲					
Median time between marketing authorisation and NICE recommendation (days)	322	332	231	-101	-30%
Median time between marketing authorisation and NICE recommendation (optimal) (days)	43	44	63	19	43%
Median time between marketing authorisation and NICE recommendation (divergent) (days)	365	411	232	-179	-44%



Number of publications

Period	23-24		24-25 Baseline		Year to date	
Indicator	Number	%	Number	%	Number	%
▼						
Number of publications (optimal)	11	17%	11	20%	4	11%
Number of publications (divergent)	52	83%	43	80%	31	89%
Total	63	100%	54	100%	35	100%



Timely and high quality: Priority project milestones

Project: Improving timeliness

Milestone	Date	RAG status
Retirement of the use of the Planning Tools for Timeline Management	14/05/2025	C
Improvement Phase 2 begins	01/07/2025	C
Content Creation Preparation Phase kick off	01/07/2025	C
'As is' Process Mapping and Time and Motion study available	31/03/2026	R
Implementation of phase 1 benefits and retirement of the planning tools	31/03/2026	G
Improvement Phase 3 begins	01/04/2026	G
End of programme evaluation and recommendations for business as usual and further work to improve timeliness.	31/01/2027	G

1

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

Milestone	Date	RAG
Implementation of new priority scheduling procedure for aligned topics	22/09/2025	C
Joint MHRA/NICE webinar on Integrated scientific advice and aligned pathway	01/10/2025	C
Submissions webpage go live date (engagement point for industry)	01/10/2025	C
Implementation of new Deferral publication process	15/10/2025	A
Agree finalised plans for enhanced information sharing across MHRA/NICE	31/10/2025	A
New integrated advice service launches to early adopters	30/01/2026	A
Integrated advice service launches to all users	31/03/2026	G

2

3

4

Notes:

1. We have guidance production processes available at level 1 and 2, ready for validation. We will need further capacity to process map to L3 and time and motion so are recommending a prioritised approach, based on the information needs of priority programmes and a deadline extension to 31/03/2026. We have seconded a business analyst to support this work for the rest of the financial year.
2. This is delayed due to it taking longer to finalise the internal process for publication to the NICE website. This will not impact the overall timeline for launch.
3. This is still in progress and currently being finalised with our external partners at NHSE. Expected to be complete early 2026 and will not impact the overall launch date.
4. Moved launch to January 2026 to coincide with conference in January.

Relevant highlight report

Priority Projects:

- Rules based pathway (RBP)
- AI statement of intent (AI)

RAG rating:

GREEN

Progress and achievements	Key Next Steps
<p>Rules Based Pathway (RBP)</p> <ul style="list-style-type: none"> • Four topics selected at November's Prioritisation Board. • Engaged directly with NHSE budget holders and delivery programmes to facilitate communication and support • Micro timeline developed for initial topics; committee dates secured. • Codification of joint processes started, focusing on ministerial referral <p>AI statement of intent</p> <ul style="list-style-type: none"> • Over 100 use-cases identified, 28 have been triaged and testing expected to start on two before end of December 2025. • Position paper on use of copyrighted materials approved for testing; future approach in development. • Preparing comms on AI use in structured data following RWE framework update. • Underspend proposals approved; contracts and specs being finalised. • SYNTHIA forum planned on synthetic data in HTA/regulatory decision-making. • Held first HTA Lab workshop on AI in HTA; findings being written up. 	<p>Rules Based Pathway (RBP)</p> <ul style="list-style-type: none"> • Develop communication and engagement plans in preparation for the topics launching in January / February 2026. • Referral of selected four topics to ministers for approval in early December. <p>AI statement of intent</p> <ul style="list-style-type: none"> • Developing access process for internal AI testing sandbox with Digital, Information and Technology (DIT) directorate. • Finalising specs, timelines, and monitoring for underspend projects. • Delivered second HTA Lab workshop on "Causal-AI". • Undertaking testing for AI use cases.

Key risks

Project	Risk	I	L	S	Key Controls
Rules based pathway	NHS economic climate results in lack of support for technology appraisals	4	4	16	<p>High engagement with ministers and Department of Health and Social Care (DHSC). RBP included in 10 Year Plan And Life Sciences Sector Plan.</p> <p>Directly engaging with NHSE budget holders and finance</p> <p>Ensuring topic prioritisation aligns with NHS need.</p> <p>NHSE provided commercial intelligence briefings to provide more detailed information.</p>

Relevant: highlight report

Priority
Projects:

- Whole lifecycle approach
- Improve Approach to Funding Variations

RAG
rating:

GREEN

Progress and achievements					Key Next Steps
<p>Whole Lifecycle Approach (WLA)</p> <ul style="list-style-type: none"> • Published Prostate cancer test case. • Contributed to revised funding bid for future years to the department. • Continued work on 13 complex Technology Appraisal (TA) incorporations. • Delivered 5th Stakeholder Panel meeting with updates on decision-space and prioritisation approaches. • Developed project online templates for incorporation topics. • Began development of test archive solution. • Progressed approaches for identifying next topics. • Clarified operational definition of Clinical Priorities. <p>Improve Approach to Funding Variations</p> <ul style="list-style-type: none"> • Productive meeting with ICBs; strong support for funding variation proposal. • Ongoing engagement with NHSE on evidence generation, including Tirzepatide. Taskforce engaging with NHSE on interim funding variation process. 					<p>Whole Lifecycle Approach</p> <ul style="list-style-type: none"> • Continued work on WLA interface, future model planning, and costing for 2026/27. • TA incorporation: supporting Government Internal Audit Agency (GIAA) audit and planning incorporation topics for 2026/27 • Progressing guideline retirement test solution -expected to be ready mid-November • Publish consultation on obesity reference case extension • Commence consultation on withdrawing content • Preparing stakeholder panel, Programme Board input, and December Board proposals. • Further work on topic matrix to support identification of next WLA topics • Finalising Improvement Leaders storyboard. <p>Improve Approach to Funding Variations</p> <ul style="list-style-type: none"> • NHSE Obesity Board to provide formal feedback on the proposed evidence generation plan for Tirzepatide plan in December. • The options appraisal paper and process will be signed off by the Senior Responsible Owner (SRO) in December, to inform next steps for internal and external stakeholder engagement.
Key risks					
Project	Risk	I	L	S	Key Controls
WLA	Lack of adequate resource for whole lifecycle approach	5	4	20	<p>NICE spending review bid</p> <p>Use VPAG funding were possible to fund TA incorporation work until end March 26/27</p> <p>VPAG part-funding roles in Medicines Evaluation roles</p> <p>VPAG funding fixed term role in Prioritisation workstream</p> <p>Agreement in place to use some SPI resource to support future model work until end March 25/26</p> <p>VPAG resource allocation monthly tracking</p> <p>Monitoring of VPAG budget spend with finance</p>

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	317	G	183	↑	Improvement (+134)
	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%	92%	G	74%	↑	Improvement (+18 pp**)
	Proportion of Prioritisation Board clarifications resolved at stage 1 (excluding Highly Specialised Technology, HST)	80%	100%	G	50%	↑	Improvement (+50 pp**)
Increased focus on HealthTech	Number of Technology Appraisals launched for HealthTech	2 in 2025/26.	0	G	n/a		n/a

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.	01/10/2025	C
Choose two HealthTech topics for technology appraisal, agreed with NICE's Prioritisation Board and Ministers.	05/12/2025	G
Launch technology appraisals in HealthTech, signalling and supporting system readiness for these priorities to national partners, NHS and industry	31/03/2026	G

1

Project: Progress AI statement of intent

Milestone	Date	RAG
Delivery of an internal position paper on AI in relation to copyright	01/12/2025	R
Identify areas for potential updates to NICE's Real World Evidence framework, methods guides or commissioning a new Technical Support Document regarding AI	26/02/2026	G
Operationalise recommendations in AI position statement to ensure robust monitoring of use of AI in evidence submitted to NICE e.g. updating submission templates to assess alignment of submitted uses of AI with recommendations in the position statement	31/03/2026	G

2

Project: Improving approach to funding variations

Milestone	Date	RAG
Taskforce Established	31/03/2025	C
Discussion at the NICE Board Seminar	18/09/2025	C

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 TAs	30/03/2026	G

Notes:

1. Topics selected at NICE Prioritisation Board on 3rd November. These topics have been passed to DHSC for referral by ministers in early December.

2. ET agreed an approach to copyright (informed by legal advice) that enabled testing. The outcome of testing will inform advice to the January Executive Team (ET) in relation to wider business application

Usable: highlight report

Priority Project:	• Implementation of a platform to enable guidance content management and publication	RAG rating:	AMBER
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Progress and achievements	Key Next Steps
<ul style="list-style-type: none"> • Knowledge Platform (KP) preferred supplier selected; contract awarded to Softcat (AWS partner). • KP technical foundations - discovery and implementation complete; handover underway. • Team prepared for supplier engagement; metadata model work started. • Structured guidance plan approved; business readiness and content audit ongoing. • Comms and engagement plan reviewed and updated. 	<ul style="list-style-type: none"> • Complete contract negotiations and commence first statement of work in early December. • Stage gate planned for KP delivery roadmap decision, based on contract sign off date • KP technical foundations implementation and knowledge transfer complete. • Structured guidance work progressing as per agreed plan and timelines. • First topics for controlled vocabulary identified, with close working with guidance centres. • Coordinated comms on content transformation started within NICE.

Key risks				
Risk	I	L	S	Key Controls
Underestimating Artificial Intelligence (AI) impact	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 (LLMs).
Broader implications of content transformation not widely considered	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. The Content Oversight Group will monitor the pipeline of content projects to ensure alignment with strategic priorities, and efficient resource use, as well as identify possible overlaps and dependencies in work.
Supplier and NICE Delivery Misalignment	3	4	12	Ensure clear and aligned work schedules, resource management, delivery milestones and expectations for Knowledge Platform. Use tools that facilitate real-time collaboration and communication to support an effective agile delivery
Suboptimal Use of Knowledge Platform Features	4	3	12	Assess usage and business owned prioritisation of features to ensure the platform is fully utilised. Investment in capability building and training to ensure effective usage. Clear benefit realisation plan with path to live that builds trust and understanding. Clear and constant communication with colleagues embedded throughout the journey; co-design solutions where possible
NICE capacity/capability to Co-Deliver Knowledge Platform	4	3	12	Capability and understanding already developed as part of the proof of concept but monitored in development phase Build internal technological and negotiation skills, expertise and confidence. Maintain external expertise in Programme Advisory Group. Maintain tight financial controls

Usable: priority project milestones and key performance indicators

Project: Content transformation enabled by knowledge platform

Milestone		Date	Status
Full readout and delivery of agreed scope of AWS Proof of Concept – semantic data model		30/04/2025	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		30/04/2025	C
Scope / scale / business decision confirmed and NICE Board Approval of Business Case		20/05/2025	C
Stage gate: Go / no-go on preferred supplier	1	29/10/2025	C
Stage gate: Go / no-go of delivery roadmap	1	28/11/2025	R 2
All new and updated recommendation use agreed verbs, contain an action, population and indication as a minimum and have an accompanying rationale written in a structured way.	1	31/03/2026	G
Phase One of the Knowledge Platform deployed to Beta, including collaborative design, co-delivery, and capability building.	1	31/03/2026	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	3	-	78%		n/a
Usable: number of user visits	Maintain number of user visits to core guidance products (on NICE website, 12 month rolling average)	1.56 million	1.57 million	G	1.56m	↔	Stable (within 1% tolerance)
Usable: number of user visits	Maintain number of user visits to supporting tools and resources (on NICE website, 12 month rolling average)	10,000	9,800	G	10,000	↔	Stable (within 5% tolerance)

- Notes:**
- 1. Revised milestones agreed by the Programme Board to offer greater clarity, granularity and consistency once Government approvals in place to proceed.
 - 2. Milestone rated red – complex contract negotiations are being finalised but haven't taken longer than anticipated. Mitigations in place and high level of supplier confidence that March timelines and associated deliverables will be achieved. Business readiness complete with kick off meetings still planned week commencing 8th December.
 - 3. Data for this key performance indicator is reported annually via the reputation research survey and is due in December 2025.

Impactful: highlight report

Priority Project:

- Single programme of support for guidance uptake

RAG rating:

GREEN

Progress and achievements	Key Next Steps
<p>Tools and Resources</p> <ul style="list-style-type: none"> • Published case studies to support practitioner and commissioner adoption of asthma guidance. • Developing tools and resources to support adoption of technology appraisal guidance for migraine and women's health topics, with publication aligned to NHS Confederation conference. <p>Partnerships</p> <ul style="list-style-type: none"> • Worked in partnership with CVD PREVENT to target uptake improvement opportunities in 5 Integrated Care Board (ICB) areas. • Partnership review with NHS Race & Health Observatory to ensure progress against joint objectives <p>HealthTech</p> <ul style="list-style-type: none"> • Improvement sessions held to understand stakeholder feedback and develop plans to improve Early Use Assessment experience for users • Met with HealthTech industry council to discuss joint working opportunities <p>Shared Learning</p> <ul style="list-style-type: none"> • NICE shared learning program rollout underway with NHS Futures and Q Community. 	<p>Tools and Resources</p> <ul style="list-style-type: none"> • Publish and promote migraine and women's health adoption support package • Publish prototype tool to support strategic commissioners to use NICE guidance to make decisions <p>Partnerships</p> <ul style="list-style-type: none"> • Continue work with CVD PREVENT to understand the ICB next steps for targeted improvement opportunities • Presentation and sponsorship of NHS Confederation ICB conference to raise profile of NICE tools and resources to improve uptake at scale for commissioners <p>HealthTech</p> <ul style="list-style-type: none"> • Implement improvement actions to improve the experience of users in the Early Use Assessment process. <p>Shared Learning</p> <ul style="list-style-type: none"> • Deliver content for Q community diabetes session

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 reviewed against 10 Year Plan. Effective partnerships are increasingly essential to amplify the reach and uptake of guidance.

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	31/05/2025	C
Completion of refreshed approach to health and care system engagement (stakeholder engagement plan)	31/07/2025	C
5 partnerships properly structured and delivering results	31/12/2025	G
Publish VPAG funded tools and resources that address specific user needs and implementation challenges	31/03/2026	G

KPI grouping	Indicator	Target (25/26)	Q2	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%	77% 1	G	-	n/a
2	Proportion of agreed quality standard measures in priority areas showing improved uptake	75%	80%	G	-	n/a

Notes:						
1. Measures about the overall uptake of NICE guidance for medicines and priority quality standards are updated every six months (April and October). Medicines in the innovation scorecard portfolio change bi-annually.						
2. Both are composite measures for a subsection of prioritised medicines and quality standards, which align with system priorities. They are a barometer of how NICE is working in partnership with other parts of the implementation and delivery system to identify improvement opportunities and work in partnership to improve uptake.						

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"> • Commercial income strategy developed, with focus on advice and licensing • Contract tiering and standards developed to improve consistency and performance management across all NICE contracts • Cyber security services supply agreement established to enable access to specialist technical services when needed <p>Strengthen NICE's Reputation and influence:</p> <ul style="list-style-type: none"> • NICE's role in changes to medicines pricing have been communicated clearly and consistently • Strong reputation research results conducted recently during a period of media scrutiny over NICE's methods are encouraging. Overall favourability remains high and trust has risen among core audiences, while perceptions of NICE's independence have been well maintained • Delivered comms plan for draft abiraterone recommendation, supporting Whole Lifecycle Approach • Supported speaking engagements at key events including HSJ Medicines Forum and ISPOR <p>Embed improvement into ways of working:</p> <ul style="list-style-type: none"> • Delivered ILP Day 4 and soft-launched Manchester CQI Collaboration space • Second CQI Forum pilot delivered with positive feedback • CQI Coach Programme launched 11/11/25 	<p>Financial and commercial agility</p> <ul style="list-style-type: none"> • Continue to develop financial decision-making framework and business partnering charter <p>Strengthen NICE's reputation and influence</p> <ul style="list-style-type: none"> • Medicines pricing comms being carefully managed • Further comms planned on 10 Year Plan, biosimilars, and rules-based pathway. • NICE is a key partner at NHS Confederation ICS Conference on 26 November. <p>Embed improvement into ways of working</p> <ul style="list-style-type: none"> • Continue CQI forum design and begin scaling communities. • Develop LifeQI reporting functionality • Co-design of CQI Senior Leadership Programme • Initiate time series data work with test areas

Key risks				
Risk	I	L	S	Key Controls
Recent government announcement to increase medicines expenditure by directing NICE to increase the standard cost-effectiveness threshold could negatively affect NICE's reputation with key stakeholders and the wider system	4	3	12	Introduce the changes fairly, swiftly and with clarity. Continue to deliver our communications plan and engage closely with our core stakeholders to support this implementation and ensure that NICE's role in the policy is clearly understood and consistently communicated: that in a health service funded through general taxation, it is right that government decides on the level of medicines spend.

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	£0.7m surplus ❶	G	£2.35m surplus (24/25)	↑	Improvement (-£1.65m)
NICE maintains a strong reputation amongst key stakeholders	Proportion of media coverage generated by NICE that contains at least one key message	58%	70% ❷	G	52%	↑	Improvement (+18 percentage points)
	Proportion of media coverage that is positive in sentiment	80%	84% ❸	G	81%	↑	Improvement (+3 percentage points)
Embedding improvement	Proportion of staff reporting that they feel empowered to make improvements	75%	67% ❹	A	67%	↔	Stable

Notes:

- 1. Forecast as at end of October
- 2. Data for September 25
- 3. Data for September 25
- 4. Data for latest survey (July 25)

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	C
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 HCPs	27/02/2026	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 the Digital, Data and Technology (DDAT) profession	31/05/2025	C
Organisation-wide collaboration for better outcomes workshop delivered	26/06/2025	C
Commercial income strategy agreed	10/12/2025	G
Single finance business partnering charter in place	31/01/2026	G
Financial decision-making framework in place for financial year 2026/27	31/03/2026	G

1

Notes:

1. Updated milestone for financial decision-making framework.

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%	5.42%	G	7.1%	↑ Improvement (-1.68pp***)
	Voluntary turnover rate	<= 10%	5.99%	G	7.9%	↑ Improvement (-1.91pp***)
Leadership and communications	Proportion of FOIs responded to within 20 working days	>=90%	95%	G	98%	↓ Deterioration (-3 pp***)
	Proportion of Parliamentary Questions responded to within the requested timeframe	>=90%	99%	G	98%	↑ Improvement (+1 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)
	Staff agree they understand NICE's purpose and their role in it	>=4.1/5	4.2 / 5	G	4.0 / 5	↑ Improvement (+0.2)
Cyber security and compliance	% Level of Key System Availability	>=99.9%	99.9%	G	95%	↑ Improvement (+4.9 pp***)
	Cyber incidents reported 1	n/a	18	-	22	↔ Stable
	Actual cyber incidents (major)	0	0	G	1	
	Actual cyber incidents (minor)	<6	0	G	0	
	Proportion of mandatory training completed by staff	>=85%	86%	G	80%	↑ Improvement (+6 pp***)
	Proportion of staff completing cyber training	>=90%	92.71%	G	88%	↑ Improvement (+4.71 pp***)
Workplace representation	Workplace representation of ethnic minority staff	>=22%	20.44%	A	2 21%	↓ Deterioration (-0.56 pp***)
	Workplace representation of LGBTQ+	>=9.5%	9.58%	G	9.1%	↑ Improvement (+0.48 pp***)
	Workplace representation of staff with a disability	>=11%	11.84%	G	11%	↑ Improvement (+0.84 pp***)

Notes:

- Cyber security indicators have been refined to confirm the distinction between cyber incidents *reported* versus *actual* cyber incidents.
- Substantial progress has been made to date and this metric will continue to be monitored closely

Additional KPIs: trend data

Figure 7: Vacancy rate

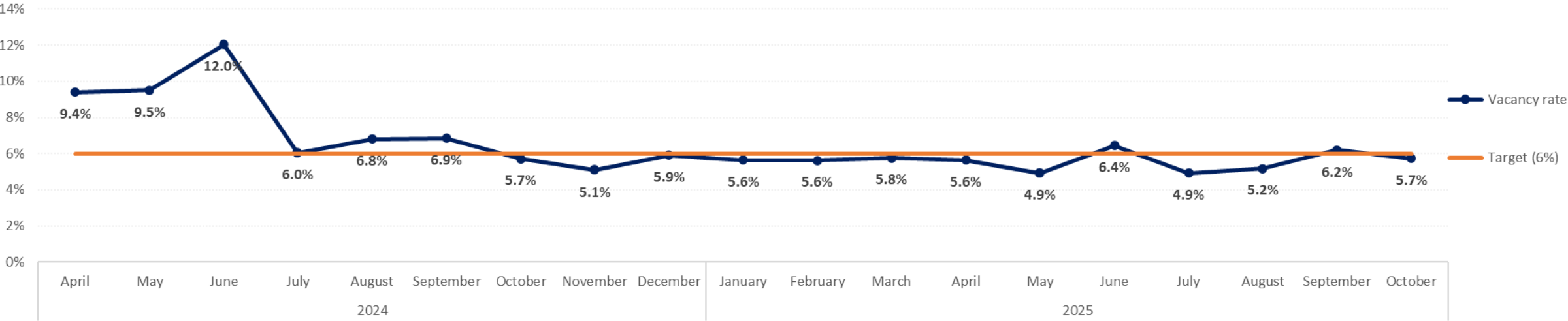
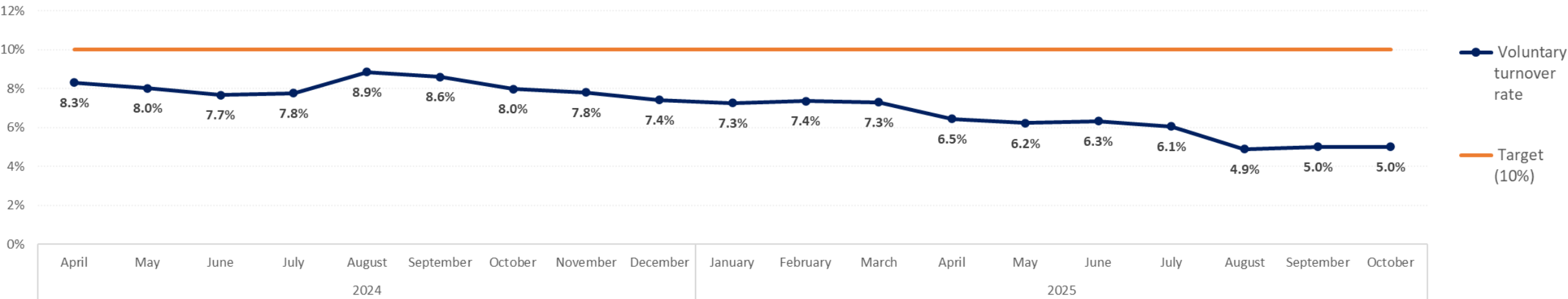


Figure 8: Voluntary turnover rate



Financial position at Month 7 (end of October 2025)

Spend category	YTD budget £000	YTD actual £000	YTD variance £000	Annual budget £000	Forecast outturn £000	Forecast variance £000
Pay	38,192	37,609	(583)	65,620	64,804	(816)
Non-pay	13,792	12,795	(997)	24,229	24,607	378
Total expenditure	51,984	50,404	(1,580)	89,849	89,410	(438)
TA-HST income	(7,893)	(8,348)	(456)	(13,530)	(13,971)	(441)
NICE Advice income	(2,496)	(2,621)	(125)	(4,310)	(4,270)	40
Other operating income	(6,058)	(5,968)	90	(10,162)	(10,003)	159
Total operating income	(16,446)	(16,937)	(491)	(28,002)	(28,244)	(242)
Total net expenditure	35,538	33,467	(2,070)	61,847	61,166	(680)

Financial stability

- **The full-year forecast position remains stable at £0.7m underspend**, driven by continued over-performance in income generation and reductions in workforce in the first half of the year, partially offset by increased supplier delivery.
- **Actions taken over the last 2-3 months have reduced the level of uncertainty in the forecast position.** The deep dive of the forecast with ET directors and their teams which was completed in September has led to a more realistic forecast. Good progress has been made to deliver procurement activities and ensure that contracts are in place to support the planned ramp up in contracted-out services in the second half of the year, increasing confidence in supplier delivery. Some uncertainty remains given the level of spend forecast in the remainder of the year, most notably for digital and technology delivery. The DHSC moratorium on discretionary spend remains in place which may limit our ability to utilise any emerging underspend.

Building financial and commercial agility

- The establishment of a Financial Planning and Analysis function and the introduction of dedicated finance business partnering, along with improvements in forecasting and reporting, have helped to ensure that the financial position is well controlled, with reduced variability in our forecast position and a clear plan to ensure that we make best use of available funding to support our priorities. We continue to forecast a full-year position within our headline KPI.
- The development of more flexible contracting models and a more user-focused, collaborative approach have enabled an acceleration in procurement and contracting activities to support the planned ramp up in delivery, including delivery of 10-Year Plan priorities.

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

Programme	Project	Aim
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

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.

