

Integrated Performance Report (IPR)

Date reported:
19 May 2026

This report sets out:

- Progress on key business plan objectives since the last board meeting
- Current status of our 2025/26 priority projects, related milestones and risks
- Performance against the key performance indicators (KPIs) up to the end of the 2025/26 financial year.
- A finance report for 2025/26

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1 Executive summary

Programme	Status	Key messages
Timely and high quality: guidelines	Green	<ul style="list-style-type: none"> • Met or exceeded KPI targets for timeliness of guidelines
Timely and high quality: medicines	Amber	<ul style="list-style-type: none"> • Improvement on medicines timeliness since last year (12 percentage point improvement)
Timely and high quality: HealthTech	Red	<ul style="list-style-type: none"> • Improvement on timeliness of HealthTech guidance (18 percentage point improvement), but annual KPI targets NOT met. • 2025/26 targets were aspirational stretch targets.
Relevant	Green	<ul style="list-style-type: none"> • Met or exceeded annual KPI targets
Usable	Green	<ul style="list-style-type: none"> • Met or exceeded annual KPI targets • Annual survey shows improvement in usability of NICE guidance
Impactful	Green	<ul style="list-style-type: none"> • Met or exceeded annual KPI targets • Annual survey shows improvement in impact of NICE guidance
Brilliant organisation	Green	<ul style="list-style-type: none"> • Met or exceeded annual KPI targets • Financial outturn within target range
Additional indicators	Green	<ul style="list-style-type: none"> • Met or exceeded most annual KPI targets

2 Timely and high quality: highlight report

Status:

Completed

2.1 Highlights

Project	Progress and achievements	Key lessons learned
Improving timeliness	<ul style="list-style-type: none">• Committee Hub rolling out across directorate with good adoption• Organisation and Contacts migration to Dataverse is complete• User testing completed to shape improvements• Regular implementation forums established with business and digital teams	<ul style="list-style-type: none">• Data standardisation is essential but resource-intensive• Adoption requires clear permission, communication and leadership backing• Early testing reduces downstream migration risk
MHRA / NICE aligned pathway	<ul style="list-style-type: none">• Aligned Pathway formally launched in April 2026 following user research and refinement• Topics scheduled onto the aligned pathway is increasing month-on-month (51 as at 9/4/26)• Integrated Advice service launched ahead of schedule and announced at NICE conference on 17th March.• Service operational with first request received on 1st April.	<ul style="list-style-type: none">• Early user insight critical to pathway design• Clear launch communications improve uptake and confidence

2.2 Risks

Project	Risk	Score	Controls
Improving timeliness	Lack of business representative availability/capacity to migrate to new systems will impact launch of Dataverse system on time.	16 (Amber)	We have extended the launch date for a month to end of April. We are deploying additional resource to support subject matter experts with business readiness. We have staggered launch dates for each team and are holding weekly business change/implementation conversations in place to tackle issues early.

2.3 Milestones

Improving timeliness

Milestone	Date	Status	Commentary
Retirement of the use of the Planning Tools for Timeline Management	14/05/25	Completed	-
Improvement Phase 2 begins	01/07/25	Completed	-
Content Creation Preparation Phase kick off	01/07/25	Completed	-
Implementation of phase 1 benefits and retirement of the planning tools	30/04/26	Completed	Capacity challenges for migration to new systems have impacted this milestone and the timeframe has been extended by ET to end of April. Positive cross functional working to meet delivery deadlines and mitigate issues means we are on track to hit a series of launch milestones throughout April and achieve our revised deadline.

MHRA / NICE aligned pathway

Milestone	Date	Status	Commentary
Implementation of new priority scheduling procedure for aligned topics	22/09/25	Completed	
Submissions webpage go live date (engagement point for industry)	01/10/25	Completed	
Joint MHRA/NICE webinar on Integrated scientific advice and aligned pathway	01/10/25	Completed	
Implementation of new Deferral publication process	30/01/26	Completed	Functionality for deferral publication now live. First deferral to publish March 2026, expect this milestone to be complete for next reporting month.
New integrated advice service launches to early adopters	19/02/26	Completed	The gov.uk form went live in beta 19 th Feb for early adopters
Integrated advice service launches to all users	31/03/26	Completed	Launched ahead of schedule at NICE conference 17 th March, webinar delivery 25 th March, first service request received 1 st April.
Agree finalised plans for enhanced information sharing across MHRA/NICE	31/03/26	Completed	

2.4 Key Performance Indicators (KPIs)

Medicines evaluation guidance

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Proportion of final guidance published within 240 working days of Invitation to Participate (ITP)	60% for new topics starting from April 2025	100%	Green	44%	Improvement on last year (+56 percentage points) ITPs issued for 64 medicines topics since 1 st April 2025. Final guidance has been issued for 6 of these topics, within the 240-working-day timeframe, ahead of the target deadline Latest forecasts indicate that we are on track for to publish final guidance for at least 60% of these topics within 240 working days of the ITP.
Proportion of final guidance published within 12 months of Marketing Authorisation	50%	69%	Green	57%	Improvement on last year (+12 percentage points)
Confidentiality Breaches (Medicines)	Tolerance of 12	12	Green	16	Improvement on last year (-25%)
Mean time between marketing authorisation and NICE recommendation (calendar days)	335	367	Amber	335	Deterioration from last year (+32 days, 10% slower than last year)
Mean time between marketing authorisation and NICE recommendation (optimal) (calendar days)	48	63	Amber	48	Deterioration from last year (+15 days, 31% slower than last year) 25/26 YTD average comprises 5 optimal topics. All were completed within the 90-day target with no delays. The increase in average time to publication for optimal topics has also been offset

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
					by the significant improvement in median time taken to publish the 50 other topics in the year.
Mean time between marketing authorisation and NICE recommendation (divergent) (calendar days)	409	397	Green	409	Improvement on last year (-12 days, 3% faster than last year)
Median time between marketing authorisation and NICE recommendation (calendar days)	332	232	Green	332	Improvement on last year (-100 days, 30% faster than last year)
Median time between marketing authorisation and NICE recommendation (optimal) (calendar days)	44	59	Amber	44	Deterioration from last year (+15 days, 34% slower than last year)
Median time between marketing authorisation and NICE recommendation (divergent) (calendar days)	411	261	Green	411	Improvement on last year (-150 days, 36% faster than last year)
Number of publications (excluding terminations and reviews)	-	55	n/a	54	2% more than last year
Number of optimal publications (excluding terminations and reviews)	-	5	n/a	11	55% fewer than last year
Number of divergent publications (excluding terminations and reviews)	-	50	n/a	43	16% more than last year

Please note: year on year trend data for medicines evaluation timeliness is included at appendix C (charts 1-3).

Health Technology Evaluations (HTEs)

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Number of pieces of HealthTech guidance produced	24	34	Green	40	We published 34 pieces of HealthTech guidance. This was lower than last year because more HealthTech resource was allocated to develop the National HealthTech Access Programme. However, the full year data show that we exceeded our annual commitment by 42% and reduced the time taken to produce HealthTech guidance by 9%.
Proportion of HTEs moving from referral to Prioritisation Board decision within 66 working days	50%	30%	Red	0%	Improvement on last year (+30 percentage points) Key reasons for delay include Prioritisation Board capacity limits, due diligence delays, staff availability, process delays, internal prioritisation decisions.
Proportion of HTEs moving from Prioritisation Board decision to the start of guidance development within 66 working days	40%	0%	Red	0% (5 months average)	Unchanged from last year 31 topics launched in 25/26. Core scoping processes are operating efficiently; delays primarily relate to strategic scheduling factors.
Proportion of HTEs moving from starting to finishing guidance within 9 months	35%	18%	Red	0% (10 months average)	Improvement on last year (+18 percentage points) During 2025/26, there was a 9% improvement in the average time to publish guidance, compared to 2024/25. 6 out of 34 (18%) guidance publications moved from starting to finishing

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
					guidance within 9 months from April 2025 to March 2026. Key reasons include extended work on 8 late stage assessments which began development in 2024-5 and published in 2025-26; 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.
Confidentiality Breaches (HealthTech)	Tolerance of 6	7	Amber	6	<p>Deterioration from last year (+1)</p> <p>7 breaches occurred over the course of 25/26. Whilst this exceeded the tolerance by 1, all incidences were considered to be minor (with an average overall risk score of 3 and the most common score being 2)</p>

Guidelines and quality standards

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Proportion of small guideline updates published within 7 months of development starting for new topics from April 2025	50%	100%	Green	-	First year target – total of actual publications in year publishing within 7 months of development start. Delays will be reflected in 26/27 figures.
Proportion of medium guideline topics published within 13 months of development starting from April 2025	50%	n/a	n/a	0	No medium topic publication data available in year.
Average (mean) time for development of new guidelines or large guideline updates for topics starting in 25/26) (months)	18 months	n/a	n/a	34 months	No large topic publication data available in year.
Number of guidelines, quality standards or indicators with errors/learning opportunities (at a product level) published in 2025-26	0	3	Amber	Baseline data not available	1 correction identified in work completed the current financial year. 2 corrections/learning opportunities in work prior to 2025-26 but identified in this business year. Learning from both issues have resulted in changes to approach in Centre for Guidelines (CfG).
Proportion of Quality Standards (new, updates and alignments) published at the same time as the associated guideline	80%	92%	Green	60%	Improvement on last year (+32 percentage points)

3 Relevant: highlight report

Status:

Green

3.1 Highlights

Project	Progress and achievements	Key lessons learned
Whole lifecycle approach (WLA)	<ul style="list-style-type: none"> • Guidance archiving and retirement approach successfully tested • Exceeded annual target for Technology Appraisal (TA) incorporations • Learning from test cases shaping future portfolio proposals 	<ul style="list-style-type: none"> • Test-and-learn supports safe delivery of complex change • Early funding and resourcing scenario planning improves resilience
National HealthTech access programme (NHAP)	<ul style="list-style-type: none"> • NHAP formally launched with Executive endorsement • National pricing and procurement route agreed with NHS England • First topics entered scoping with further ministerial referrals confirmed 	<ul style="list-style-type: none"> • Simple, descriptive naming improves system understanding • Early partner alignment reduces downstream delivery and adoption risk
Artificial Intelligence (AI) statement of intent	<ul style="list-style-type: none"> • AI pilots demonstrated significant efficiency gains in surveillance of new evidence activity • Triage pathway and governance arrangements proposed for AI use cases • External research and learning actively shared internally 	<ul style="list-style-type: none"> • Significant efficiency gains seen in clearly scoped low-risk use cases • Governance must mature alongside experimentation
Improve approach to funding variations	<ul style="list-style-type: none"> • Improved future approach approved by the Board • Approval secured to progress to formal public consultation 	<ul style="list-style-type: none"> • Early legal input materially reduces risk • Strengthens robustness of consultation design

3.2 Risks

Project	Risk	Score	Controls
National HealthTech Access Programme	HealthTech Reimbursement: NHS economic climate results in no funding for technology appraisals or health tech guidance.	16 (Amber)	High engagement with ministers and DHSC Providing evidence of impact and benefits of HealthTech reimbursement Ensuring topic prioritisation aligns with NHS need. Feasibility assessment in topic selection should highlight risks, issues and identify potential funding streams prior to TA selection.
Whole lifecycle approach	Lack of adequate resource for whole lifecycle approach, particularly for non-medicines activity without a dedicated source of funding. There may be insufficient resource to implement the whole lifecycle approach in the long term.	12 (Amber)	Use VPAG funding were possible to fund TA incorporation work until end March 26/27. VPAG part-funding roles in Medicines Evaluation roles VPAG funding fixed term role in Prioritisation workstream. Agreement in place to use some Strategy, Policy and International resource to support future model work. VPAG resource allocation monthly tracking Monitoring of VPAG budget spend with finance. Allocation of funding from DHSC to cover medicines activity within the whole lifecycle approach programme.

3.3 Milestones

Whole lifecycle approach (WLA)

Milestone	Date	Status	Commentary
Future WLA model options developed and fully costed	30/03/26	Completed	The WLA model for 26/27 developed, costed and proposed in the business plan
Publication of a guideline where populations have been expanded beyond original TAs	30/03/26	Completed	Chronic Heart Failure (CHF) guideline published.

National HealthTech Access Programme (NHAP)

Milestone	Date	Status	Commentary
Launch a consultation to make changes to our technology appraisals manual to guide HealthTech developers through this process.	01/10/25	Completed	-
Choose two HealthTech topics for technology appraisal, agreed with NICE's Prioritisation Board and Ministers.	15/12/25	Completed	Two topics selected and agreed with ministers: Capsule sponge test for early oesophageal cancer detection and surveillance; AI histopathology for breast and prostate cancer.
Launch technology appraisals in HealthTech, signalling and supporting system readiness for these priorities to national partners, NHS and industry	31/03/26	Completed	-

Progress AI statement of intent

Milestone	Date	Status	Commentary
Delivery of an internal position paper on AI in relation to copyright	30/01/26	Completed	Paper on copyright considered by NICE Executive Team in April 2026. Further options appraisal under development.
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	24/02/26	Completed	

Improve approach to funding variations

Milestone	Date	Status	Commentary
Taskforce Established	31/03/25	Completed	-
Discussion at the NICE Board Seminar	18/09/25	Completed	-

3.4 Key Performance Indicators (KPIs)

Relevance of NICE guidance

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Number of Technology Appraisals considered for incorporation into guidelines since start of 24/25	383	413	Green	183	Improvement on last year (+230)
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%	Green	74%	Improvement on last year (+18 percentage points)
Proportion of Prioritisation Board clarifications resolved at stage 1 (excluding Highly Specialised Technologies)	80%	94%	Green	50%	Improvement on last year (+44 percentage points)
Proportion of primary users who report that guidance is relevant	80% by Dec 2025	83%	Green	76%	Improvement on last year (+7 percentage points)

Increased focus on HealthTech

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Number of Technology Appraisals launched for HealthTech	2 in 2025/26	2	Green	Not applicable	-

4 Usable: highlight report

Status:

Green

4.1 Highlights

Project	Progress and achievements	Key lessons learned
Implementation of a knowledge platform to enable guidance content management and publication	<ul style="list-style-type: none">• Initial delivery slices nearing completion across content, data and infrastructure• End-to-end ingestion, ontology and knowledge graph pipelines proven• Componentised Content Management System (CCMS) prototype tested with users and refined• Structured guidance milestone delivered	<ul style="list-style-type: none">• Continue co-delivery build working to mitigate knowledge transfer risks• Business readiness must progress alongside technical build

4.2 Risks

Risk	Score	Controls
<p>Broader implications of content transformation not widely considered:</p> <p>As a result of NICE not considering the broader implications of content transformation, there is a risk that there is a lack of stakeholder buy in, and dependencies between projects are not considered. This could lead to conflicting priorities for enabling directorates, abortive work and delays.</p>	<p>12 (Amber)</p>	<p>Continue to engage with colleagues to ensure understanding of direction and benefits to our users. Co-design solutions where possible. Undertake user research to provide evidence for direction of travel.</p> <p>Communications plan for content transformation will provide context for system-wide transformation.</p> <p>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.</p>

4.3 Milestones

Implementation of a platform to enable guidance content management and publication

Milestone	Date	Status	Commentary
Full readout and delivery of agreed scope of AWS Proof of Concept – semantic data model	30/04/25	Completed	-
Preliminary readout from semantic data model Proof of Concept (PoC) with Amazon Web Services (AWS) informs business decisions and	30/04/25	Completed	-

Milestone	Date	Status	Commentary
recommendations on technical approach for approval			
Scope / scale / business decision confirmed and NICE Board Approval of Business Case	20/05/25	Completed	-
Stage gate: Go / no-go on preferred supplier	29/10/25	Completed	-
Phase One of the Knowledge Platform deployed to Beta, including collaborative design, co-delivery, and capability building.	31/07/26	Amber	Focusing on co-delivery of all components within the Lung Cancer topic including ingestion, ontology, classification, search application protocol interface and componentised content management system. Expected date adjusted to reflect the supplier engagement period. High confidence that the prioritised outcomes will be delivered.
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.	30/04/26	Completed	-

4.4 Key Performance Indicators (KPIs)

Indicator	Target (25/26)	Latest data	Status	24/25 baseline	Commentary
Proportion of our primary users who report that NICE guidance is usable	80% by Dec 2025	82% (December 2025, annual survey)	Green	78%	Improvement on last year (+4 percentage points) to create a baseline prior to significant visible changes for users
Maintain number of user visits to core guidance products on NICE website (12 month rolling average)	1.56 million	1.62 million (12 months to 31/3/26)	Green	1.56 million	Increase from last year (+60,000 visits) We know that the website continues to be an important route for our users. This will be measured alongside other indicators in 26/27, which will give insight into other routes users consume NICE content.
Maintain number of user visits to supporting tools and resources (on NICE website, 12 month rolling average)	10,000	9,200 (12 months to 31/3/26)	Green	10,000	Decrease from last year (-800 visits) Tools now being promoted via alternative channels, including NHS Futures and Q Community

5 Impactful: highlight report

Status:

Green

5.1 Highlights

Project	Progress and achievements	Key lessons learned
Single programme of support for guidance uptake	<ul style="list-style-type: none"> • Implementation tools published alongside major guidelines • Strong external partnerships established • Large-scale webinars and shared-learning activity delivered 	<ul style="list-style-type: none"> • Impact improves when support is delivered in partnership and work begins upstream in the guidance lifecycle • Partners value clarity on roles and expectations

5.2 Risks

Project	Risk	Score	Controls
Single programme of support for guidance uptake	As a result of pressures in the health and care system, there is a lack of engagement by our partners, resulting in difficulty delivering objectives	9 (Amber)	Focus uptake and adoption plans on system priorities and reviewed against 10 Year Plan. Effective partnerships are increasingly essential to amplify the reach and uptake of guidance.

5.3 Milestones

Single programme of support for guidance uptake

Milestone	Date	Status	Commentary
Agree joint NICE/system priorities and KPI via internal workshops and external engagement	31/05/25	Completed	Completed
Completion of refreshed approach to health and care system engagement (stakeholder engagement plan)	31/07/25	Completed	Completed
5 partnerships properly structured and delivering results	31/12/25	Completed	Progress made in developing and strengthening strategic partners, despite a challenging and evolving landscape. Focused on engaging newer and emerging partners to broaden impact.
Publish VPAG funded tools and resources that address specific user needs and implementation challenges	31/03/26	Completed	Published tools and resources for obesity, asthma , type 2 diabetes and migraine, with activity planned for insomnia, COPD

5.4 Key Performance Indicators (KPIs)

Indicator	Target (25/26)	Latest data	Status	Commentary
Proportion of innovation scorecard medicines showing improved use (medicines in the innovation scorecard portfolio change bi-annually)	70%	77% (April 25 - October 2025)	Green	This measure provides a surrogate view of the uptake of NICE approved medicines by the health and care system. It is an indication of the health of the relationship between NICE guidance and the innovation adoption system.
Proportion of agreed quality standard measures in priority areas showing improved uptake	75%	80% (April 25 - October 2025)	Green	This measure provides a surrogate view of the uptake of quality standard measures (as a proxy for guidelines) by the health and care system. It is an indication of the health of the relationship between NICE guidance and the innovation adoption system.

6 Brilliant organisation: highlight report

Status:

Green

6.1 Highlights

Project	Progress and achievements	Key lessons learned
Build financial and commercial agility	<ul style="list-style-type: none"> • Both the Financial Decision-Making Framework and the Business Partnering Charter have been finalised and will provide a strong foundation for managing our financial position during 2026/27 • All 2025/26 contracts delivered, and recorded with their contract tier to support their ongoing management • Processes, tracker and improved workflow to capture and manage secondary content re-use licensing enquires and income for month-end processing and forecasting in place for 2026/27 	<ul style="list-style-type: none"> • Shared ownership of the financial position and collaborative working across all directorates is key to successful financial management.
Strengthen NICE's reputation and influence	<ul style="list-style-type: none"> • NICE Conference 2026 successfully delivered with strong attendance • Aligned Pathway and Integrated Advice services launched publicly • Sensitive policy communications managed effectively 	<ul style="list-style-type: none"> • Clear narrative essential in a pressured system • Strategic moments should reinforce NICE's long-term role

Project	Progress and achievements	Key lessons learned
Embed improvement into ways of working	<ul style="list-style-type: none"> • Improvement programme is scaling with high engagement across all directorates • About nine teams so far have registered to use CQI to tackle some of their complex problems in 2026-27 through the Improvement in Action Programme • Improvement coaches due to finish their training programme in April. Engaging with teams using improvement and fostering collaboration. • Five CQI projects demonstrating measurable improvement, and an additional five projects have successfully tested changes. 	<ul style="list-style-type: none"> • Empowerment accelerates sustainable improvement • Demand can outpace support capacity without planning • Through improvement work, colleagues are expanding their opportunities to collaborate and network.

6.2 Risks

Project	Risk	Score	Controls
Strengthening NICE's reputation and influence	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	12 (Amber)	<p>Introduce the changes fairly, swiftly and with clarity.</p> <p>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.</p>

6.3 Milestones

Build financial and commercial agility

Milestone	Date	Status	Commentary
New contingent labour preferred supplier arrangement in place for the Digital, Data and Technology (DDAT) profession	31/05/25	Completed	-
Organisation-wide collaboration for better outcomes workshop delivered	26/06/25	Completed	-
Commercial income strategy agreed	10/12/25	Completed	-
Single Finance Business Partnering charter in place	28/02/26	Completed	-
Finance decision-making framework in place for financial year 2026/2027	31/03/26	Completed	-

Strengthen NICE's reputation and influence

Milestone	Date	Status	Commentary
Complete mapping of 3rd party and stakeholder channels, and build a library of contacts in order to place content on these channels going forwards.	30/04/25	Completed	Third-party channels mapped out by sector and stakeholders. Cross-referenced with contacts held by Impact and Partnerships (I&P) directorate.

Milestone	Date	Status	Commentary
Delivery of paid brand campaign targeting primary and secondary care HCPs	27/02/26	Completed	We have launched a multi-channel campaign.
Brand strategy and brand messaging updates	31/03/26	Completed	A corporate key message document has now been created to help with stakeholder communications.

Embed improvement into our ways of working

Milestone	Date	Status	Commentary
Procurement process for a Strategic Provider	16/05/25	Completed	Tender went live on 10/04/2025
Full-scale training roll-out for CQI coaches	28/11/25	Completed	Launch first training 25 and 27 November 2025.
Implement Software/Tools for tracking and measuring CQI impact	27/02/26	Completed	
Launch strategic priority programme.	30/04/26	Completed	Instead of running one strategic priority programme, we will be supporting 6 of the 2026-27 corporate projects, applying CQI to varying levels to achieve their objectives.

6.4 Key Performance Indicators (KPIs)

Build financial and commercial agility

Indicator	Target (25/26)	Latest data	Status	24/25 baseline	Commentary
Full-year financial deficit / surplus	Surplus <£1m / no deficit	£0.32m surplus (at March 2026)	Green	£2.35m surplus	Improvement on last year (-£2.03m)
Full year revenue forecast accuracy	Full year outturn within 1% of full year forecast at month 6	1%	Green	3.6%	Improvement on last year (-2.6 percentage points) . Note this is a new KPI in 25/26 and therefore the first year we have reported against it. We have included 24-25 figures for comparison only.

Strengthen NICE's reputation and influence

Indicator	Target (25/26)	Latest data	Status	24/25 baseline	Commentary
Favourability rate among our core audience	80%	75% (2025 annual survey)	Amber	76%	Deterioration from last year (-1 percentage point) We have not yet achieved the stretch target to grow favourability. However, despite a challenging external environment in 2025, favourability amongst our core audience remained stable, following a slight downturn which had been seen in 2024. Many other

Indicator	Target (25/26)	Latest data	Status	24/25 baseline	Commentary
					underpinning aspects of NICE's reputation (including trust, and each of our key transformation ambitions) saw significant improvements in 2025. Perceptions of NICE's independence stabilised, and other key metrics were strongly sustained, giving a highly positive overall performance picture for reputation.
Proportion of media coverage that is positive in sentiment	80%	88% (April 25 to March 26)	Green	81%	Improvement on last year (+7 percentage points)
Proportion of media coverage generated by NICE that contains at least one key message	58%	56% (April 25 to March 26)	Amber	52%	Improvement on last year (+4 percentage points)

Embed improvement into our ways of working

Indicator	Target (25/26)	Latest data	Status	24/25 baseline	Commentary
Proportion of staff reporting that they feel empowered to make improvements	75%	67% (July 25 survey data)	Amber	67%	Unchanged from baseline. Measure developed then used for the first time in July 2025 staff survey. Target was then set above that baseline. No further data collected since the baseline. New provider procured for pulse survey to enable NICE to collect this and other measures more regularly in 2026-27.

7 Additional Key Performance Indicators (KPIs)

Staff levels and availability

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Vacancy rate	<6%	5.8%	Green	7.1%	Improvement on last year (-1.3 percentage points) Monthly trend data included at Appendix C (Chart 4)
Voluntary turnover rate	<= 10%	5.6%	Green	7.9%	Improvement on last year (-2.3 percentage points) Monthly trend data included at Appendix C (Chart 5)

Workplace representation

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Workplace representation of ethnic minority staff	>=22%	20.7%	Amber	21%	Deterioration from last year (-0.3 percentage points) The 0.3 percentage point decline from last year is not a significant change or cause for concern. These representation measures are important for us to monitor, but the pivot now needs to be around further work to improve the working lives and experiences of colleagues from minority backgrounds
Workplace representation of LGBTQ+	>=9.5%	9.7%	Green	9.1%	Improvement on last year (+0.6 percentage points)
Workplace representation of staff with a disability	>=11%	12.8%	Green	11%	Improvement on last year (+1.8 percentage points)

Leadership and communications

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Staff agree they feel informed about what is happening at NICE (score out of 5)	4.1/5	4.3/5	Green	4/5	Improvement on last year (+0.3)
Staff agree they understand NICE's purpose and their role in it (score out of 5)	4.1/5	4.2/5	Green	4/5	Improvement on last year (+0.2)
Proportion of FOIs responded to within 20 working days	>=90%	95%	Green	98%	Deterioration from last year (-3 percentage points) Slight deterioration from last year but performance remains significantly above target.
Proportion of Parliamentary Questions responded to within the requested timeframe	>=90%	99%	Green	98%	Improvement on last year (+1 percentage point)

Compliance and cyber security

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
% Level of Key System Availability	>=99.9%	100%	Green	95%	Improvement on last year (+5 percentage points)
Cyber incidents reported	n/a	46	-	22	+109% more than last year This reflects increased awareness of cyber risks and open reporting

Indicator	Target (25/26)	Actual (25/26)	Status	24/25 baseline	Commentary
Actual cyber incidents (major)	0	0	Green	2	Improvement on last year
Actual cyber incidents (minor)	<6	0	Green	2	Improvement on last year
Proportion of mandatory training completed by staff	>=85%	88.2%	Green	80%	Improvement on last year (+8.2 percentage points)
Proportion of staff completing cyber training	>=95%	93.7%	Amber	88%	Improvement on last year (+5.7 percentage points) The target was recently increased to >95% and the trajectory if improving well. The overall status is therefore amber.

8 Finance report

8.1 Overview

Spend category (Revenue)	Annual budget £000	Outturn £000	Outturn variance £000
Pay	65,620	64,914	(705)
Non-pay	24,929	25,418	489
Total expenditure	90,549	90,332	(216)
TA-HST income	(13,530)	(13,788)	(258)
NICE Advice income	(4,310)	(4,178)	132
Other operating income	(10,162)	(10,141)	21
Total operating income	(28,002)	(28,107)	(105)
Total net expenditure	62,547	62,225	(322)

8.2 Analysis

Financial stability

The full-year outturn revenue position has improved to £0.3m underspend since last reported to Board in March (£0.5m forecast underspend). The outturn underspend, which was within our target KPI, was driven by over-performance in income generation and lower than planned workforce in the first half of the year, partially offset by increased supplier delivery.

Work has been ongoing throughout 25-26 to reduce uncertainty in the financial position, the success of which is demonstrated by achieving our full-year financial deficit / surplus and full year revenue forecast accuracy KPIs. This work will continue into next year to ensure that we are able to make best use of our available budget to deliver our priorities.

9 Appendix A: headline description of key projects to delivery NICE aims

Timely and high quality

Project	Aim
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

Project	Aim
National HealthTech Access Programme	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 and impactful

Project	Aim
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
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

Project	Aim
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

10 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.

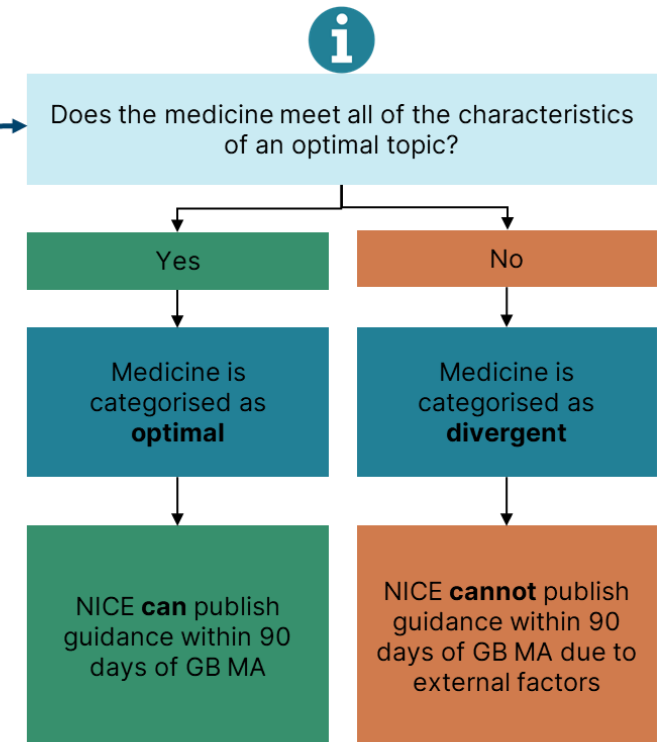
Additional data is not provided post evidence submission date.

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).

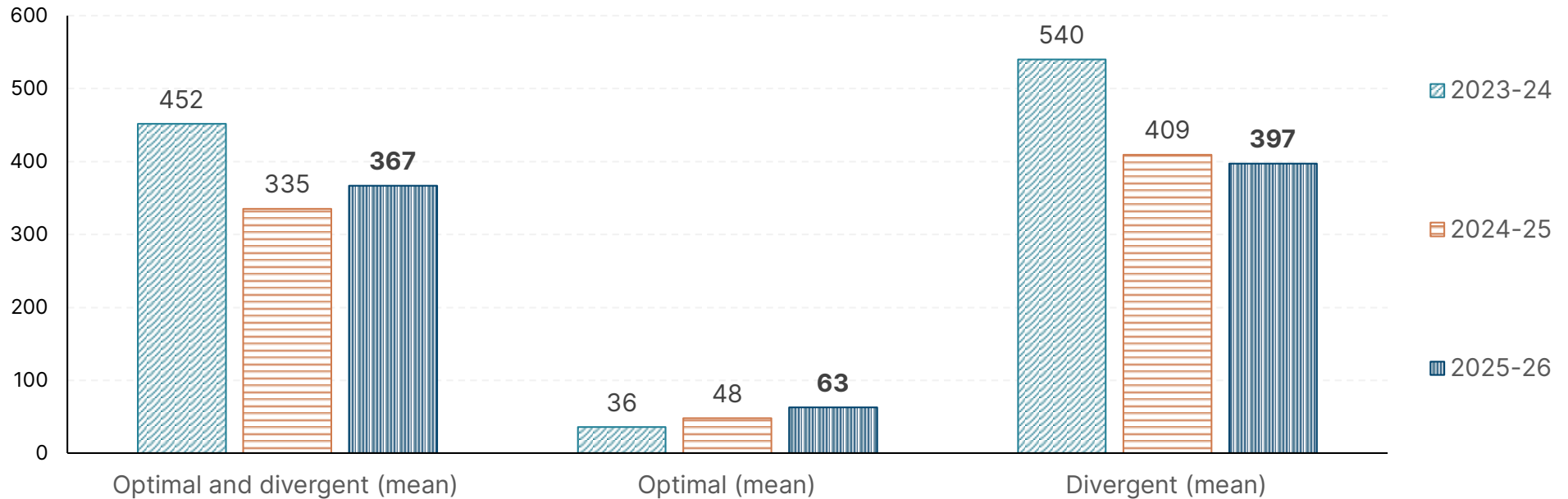
No appeal received for the topic or, if appeal received, appeal points are upheld.

There aren't other external factors that cause delay to the appraisal timelines.



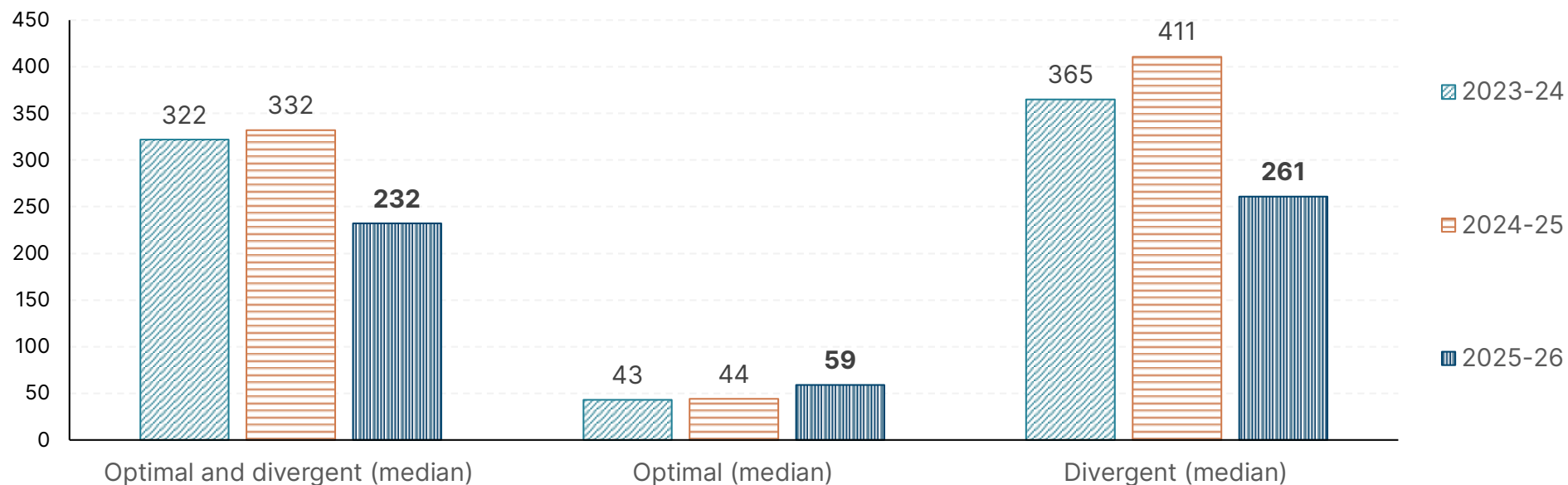
11 Appendix C: Data charts

Chart 1: Mean average time between marketing authorisation and NICE recommendation (medicines)



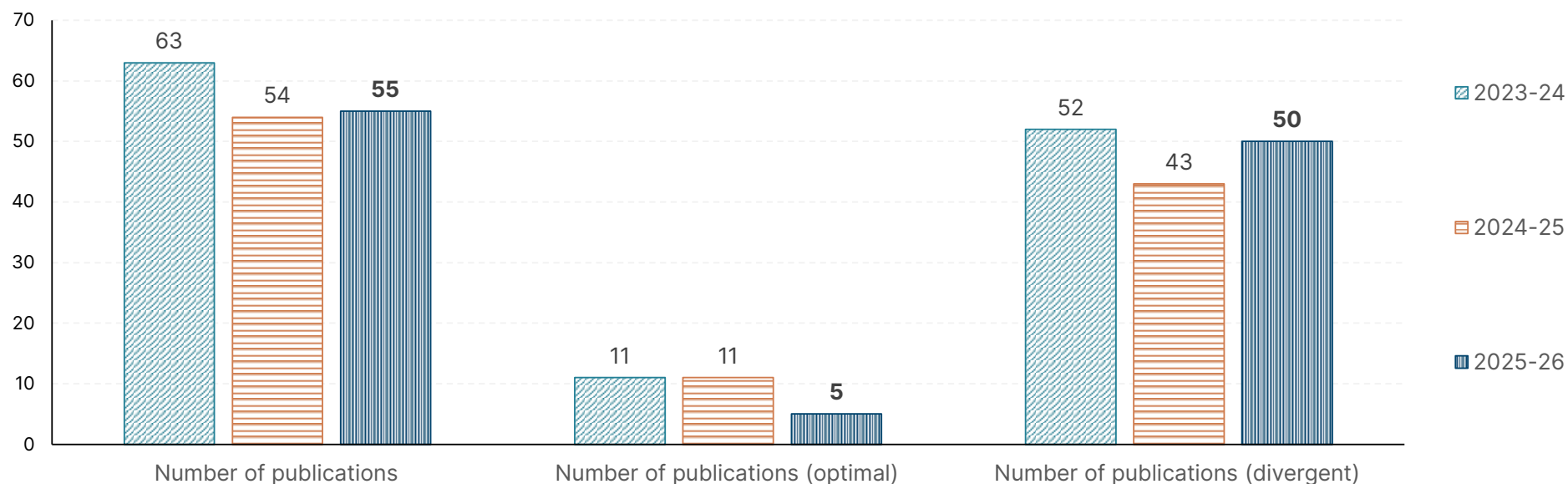
Medicines indicator	April 2023 to March 2024	April 2024 to March 2025	April 2025 to March 2026
Mean time between marketing authorisation and NICE recommendation (days)	452	335	367
Mean time between marketing authorisation and NICE recommendation (optimal) (days)	36	48	63
Mean time between marketing authorisation and NICE recommendation (divergent) (days)	540	409	397

Chart 2: Median time between marketing authorisation and NICE recommendation (medicines)



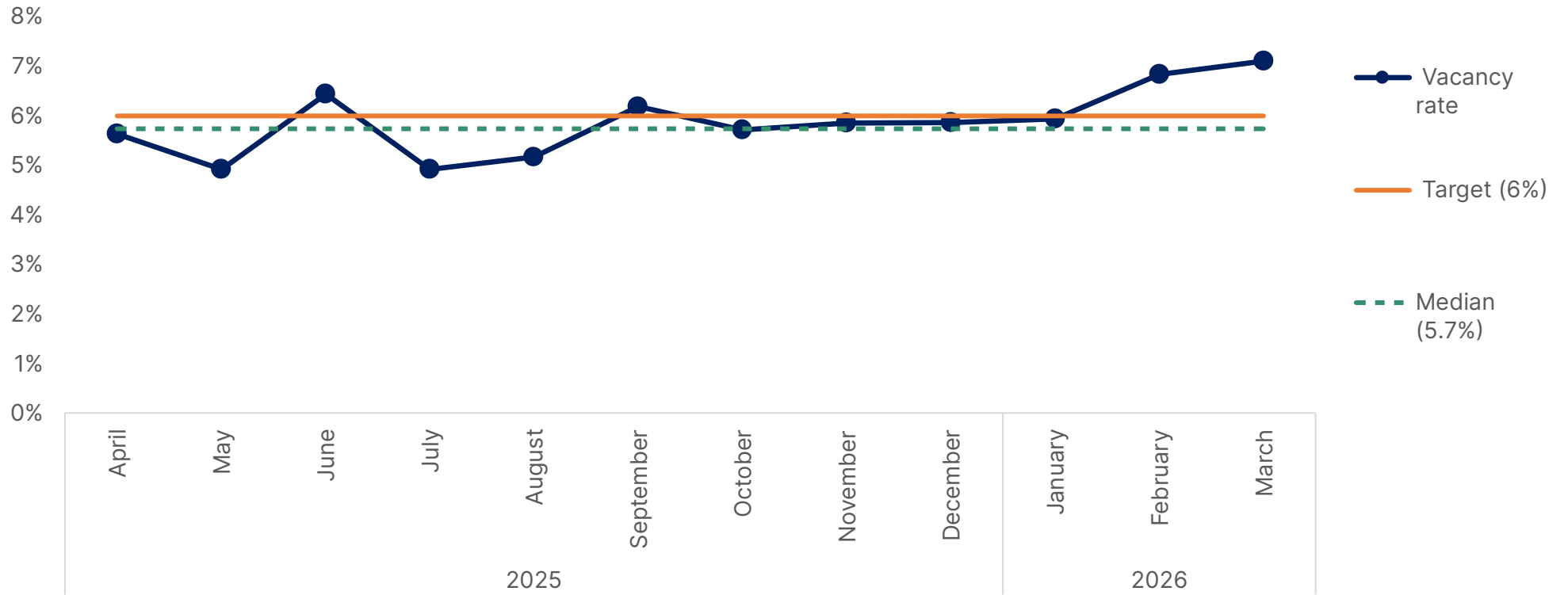
Medicines indicator	April 2023 to March 2024	April 2024 to March 2025	April 2025 to March 2026
Median time between marketing authorisation and NICE recommendation (days)	322	332	232
Median time between marketing authorisation and NICE recommendation (optimal) (days)	43	44	59
Median time between marketing authorisation and NICE recommendation (divergent) (days)	365	411	261

Chart 3: Number of publications (medicines programme)



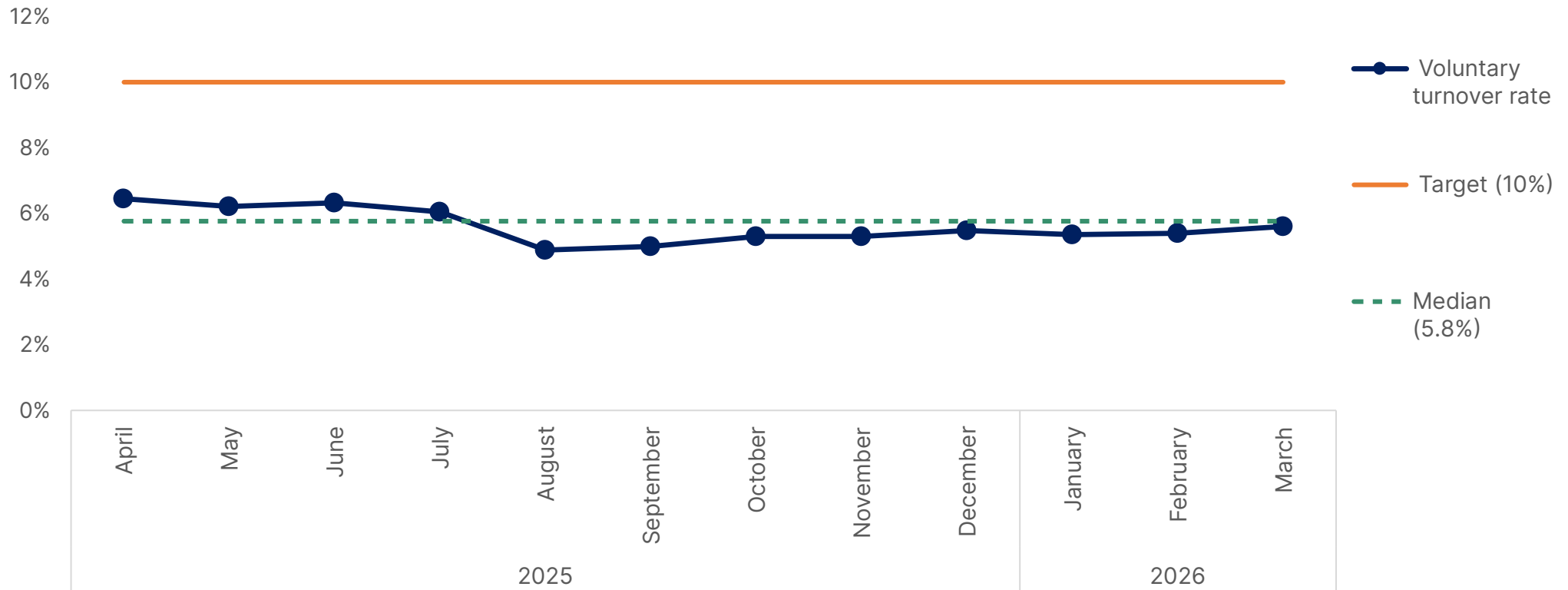
Indicator	April 2023 to March 2024	April 2024 to March 2025	April 2025 to March 2026
Number of publications (excluding terminations and reviews)	63	54	55
Number of optimal publications (excluding terminations and reviews)	11	11	5
Number of divergent publications (excluding terminations and reviews)	52	43	50

Chart 4: NICE staff vacancy rate



Indicator	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Vacancy rate (Target: 6%) (Median: 5.7%)	5.6%	4.9%	6.4%	4.9%	5.2%	6.2%	5.7%	5.9%	5.9%	5.9%	6.8%	7.1%

Chart 5: NICE staff voluntary turnover rate



Indicator	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Voluntary turnover rate (Target: 10%) (Median: 5.8%)	6.5%	6.2%	6.3%	6.1%	4.9%	5.0%	5.3%	5.3%	5.5%	5.4%	5.4%	5.6%