National Institute for
NICE Health and Care Excellence

Integrated Performance Report (IPR)

March 2026

CONTENTS

1 Executive summary

Programme	Status	Key messages
Timely and high quality: guidelines	Green	• On track to meet KPI targets for timeliness of guidelines
Timely and high quality: medicines	Amber	• Improvement on medicines timeliness since last year (13 percentage point improvement) • Target for publishing 60% of guidance within 240 days of Invitation to Participate still at risk due to external factors.
Timely and high quality: HealthTech	Red	• Improvement on timeliness of HealthTech guidance (28 percentage point improvement), but NOT on track to meet current annual targets. • 25/26 targets were aspirational stretch targets but are not achievable under the current process.
Relevant	Green	• On track to meet or exceed annual KPI targets
Usable	Green	• On track to meet annual KPI targets • Annual survey shows improvement in usability of NICE guidance
Impactful	Green	• On track to meet annual KPI targets • Annual survey shows improvement in impact of NICE guidance
Brilliant organisation	Green	• On track to meet annual KPI targets • Forecast financial position within target range
Additional indicators	Green	• On track to meet most annual KPI targets

2 Timely and high quality: highlight report

Status:	Amber

2.1 Highlights

Project	Progress and achievements	Key next steps
Improving timeliness	• Committee Hub rollout progressing well and on track for full adoption by end of February. • Stakeholder system testing underway, with training and data-migration preparation in progress. • Topic Management addressing data standardisation issues and mitigating risks from MS Project retirement; an agreed action plan is now in place. • Capacity constraints and data quality challenges remain key risks, particularly during migration.	• Complete the full rollout of the Committee Hub and transition discussions into business-as-usual. • Progress stakeholder system testing, implement system updates, and begin data migration activity supported by clear communications and business readiness materials. • Run data standardisation sprints to determine the scale of migration work and prepare for the transition away from MS Project. • Advance content creation process work, including the organisational development workshop and prioritisation of transformation activity.
MHRA / NICE aligned pathway	• Insights from December user research focus groups are being consolidated, and the number of topics on the aligned pathway continues to increase. • Website deferral publication capability finalised, first deferral expected to publish in March 26. • Online gov.uk portal launched in beta on 19/02/2026 • MHRA completed final review of MOU mid-Feb • Integrated Advice user testing is complete, with user guidance published mid-February, ahead of launches at the NICE conference on 17th March and webinar on 25th March.	• Full launch of Aligned Pathway and Integrated Scientific Advice planned for NICE conference with joint webinar planned for 25/03/26. • Review of joint pipeline meetings pilot underway, gaining insights from industry attendees and internal staff before relaunching as BAU from April 26. • Aligned Pathway measures reporting begins from 01/04/26.

2.2 Risks

Project	Risk	Score	Key controls
Improving timeliness	Lack of business representative availability/capacity to migrate to new systems will impact launch of Dataverse system on time.	**20** (Red)	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 are holding weekly business change/implementation conversations in place to tackle issues early.
MHRA / NICE aligned pathway	Enhanced information sharing could be impacted by capabilities and security	**16** (Amber)	Deep dive work on information sharing requirements and barriers. Potential long term info sharing plan has been identified and is being fully scoped.

2.3 Milestones

Improving timeliness

Milestone	Date	Status	Commentary
Retirement of the use of the Planning Tools for Timeline Management	14/05/25	Completed	As of May, we will be using MS Project for Timeline Management for all topics.
Improvement Phase 2 begins	01/07/25	Completed	Phase 2 is underway
Content Creation Preparation Phase kick off	01/07/25	Completed	This workstream will now kick off during improvement phase 2 to capitalise on ongoing activity in the usable programme and make best use of continuous quality improvement (CQI) resources
Implementation of phase 1 benefits and retirement of the planning tools	31/03/26	Amber	Ongoing capacity challenges for migration to new systems have impacted this milestone and the timeframe has been extended by ET to end of April. We have a series of mitigations in place and a granular project plan for this milestone and are managing capacity challenges tightly.

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	-
New integrated advice service launches to early adopters	19/02/26	Completed	The gov.uk form launches in Feb for early adopters
Agree finalised plans for enhanced information sharing across MHRA/NICE	31/03/26	Green	Taking longer than expected to agree plans for enhanced info sharing. Will not impact overall delivery.
Integrated advice service launches to all users	31/03/26	Green	On track for launch 01/04/26.

2.4 Key Performance Indicators (KPIs)

Medicines evaluation guidance

Indicator	Target (25/26)	Apr 25-Jan 26	Status	24/25 baseline	Commentary
Proportion of final guidance published within 240 working days of Invitation to Participate	60% for new topics starting from April 2025	**100%**	Amber	44%	**Improvement on last year (+56 percentage points)** 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
Proportion of final guidance published within 12 months of Marketing Authorisation	50%	**70%**	Green	57%	**Improvement on last year (+13 percentage points)**
Confidentiality Breaches (Medicines)	Tolerance of 12	**11**	Amber	16	**Improvement on last year (-18% per month)**
Mean time between marketing authorisation and NICE recommendation (days)	335	**351**	Amber	335	**Deterioration from last year (+16 days)**
Mean time between marketing authorisation and NICE recommendation (optimal) (days)	48	**64**	Amber	48	**Deterioration from last year (+16 days)** 25/26 YTD average comprises 4 optimal topics. All were completed within the 90-day target with

Indicator	Target (25/26)	Apr 25-Jan 26	Status	24/25 baseline	Commentary
					no delays. The increase in average time to publication for optimal topics has also been offset by the significant improvement in median time taken to publish the 40 other topics in the first three quarters of 25/56
Mean time between marketing authorisation and NICE recommendation (divergent) (days)	409	**379**	Green	409	**Improvement** on last year (-30 days)
Median time between marketing authorisation and NICE recommendation (days)	332	**232**	Green	332	**Improvement** on last year (-100 days)
Median time between marketing authorisation and NICE recommendation (optimal) (days)	44	**63**	Amber	44	**Deterioration** from last year (+19 days)
Median time between marketing authorisation and NICE recommendation (divergent) (days)	411	**237**	Green	411	**Improvement** on last year (-174 days)
Number of publications	-	**46**	n/a	54	**+2% (monthly average)**
Number of publications (optimal)	-	**4**	n/a	11	**-56% (monthly average)**
Number of publications (divergent)	-	**42**	n/a	43	**+17% (monthly average)**

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)	Apr 25-Jan 26	Status	24/25 baseline	Commentary
Proportion of HTEs moving from referral to Prioritisation Board decision within 66 working days	50%	**28%**	Red	0%	**Improvement** on last year (+28 percentage points) Key reasons for delay include Prioritisation Board capacity limits, due diligence delays, staff availability, process delays, internal prioritisation decisions. Further detail included in the main report.
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 26 topics launched in 25/26. Core scoping processes are operating efficiently; delays primarily relate to strategic scheduling factors. Pipeline to end of March 26: 11 planned publications; all 11 topics already launched but affected by delays. Further detail included in main report.
Proportion of HTEs moving from starting to finishing guidance within 9 months	35%	**22%**	Red	0% (10 months average)	**Improvement** on last year (+22 percentage points) 6 out of 27 guidance publications met the 9 months between April and January. Forecast to be 6 out of 35 topics (17%) for 25/26 overall. Key reasons include extended work on 8 late-stage assessments and extended work on complex early value assessments.
Confidentiality Breaches (HealthTech)	Tolerance of 6	**2**	Green	6	**Improvement** on last year (-40% monthly average)

Guidelines and quality standards

Indicator	Target (25/26)	Apr 25-Jan 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	0	**Improvement on last year (+100 percentage points)** On track to exceed target (80% predicted).
Proportion of medium guideline topics published within 13 months of development starting from April 2025	50%	**0**	n/a	0	No medium topics in development that have been allocated from April 2025.
Average (mean) time for development of new guidelines or large guideline updates for topics starting in 25/26) (months)	18 months	**n/a**	Green	34	12 large guidelines currently allocated: of the 9 in development, 5 started in 25/26 and are projected to publish within 18 months.
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 identified 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%	**80%**	Green	60%	**Improvement on last year (+20 percentage points)** On track to meet target.

3 Relevant: highlight report

Status:	Green

3.1 Highlights

Project	Progress and achievements	Key next steps
Whole lifecycle approach (WLA)	• Content archiving tests underway; several guidelines already retired. • Technology Appraisal (TA) incorporation progressing well, including audits and consultations. • Priorities for 26/27 being shaped, including disease-specific reference case work. • Resource risks identified due to spending review outcomes; no impact on 25/26 delivery; scenario planning needed for 26/27.	• Agree guidance portfolio approach • Share WLA roadmap • Support Government Internal Audit Agency (GIAA) audit plan 26/27 incorporation topics • Progress obesity consultation outcome • Finalise TA retirements • Continue test-and-learn • Deliver next stakeholder panel.
National HealthTech access programme (NHAP), previously rules-based pathway	• NHS England aligned on national pricing and procurement for both topics. • Commercial workshops completed and endorsed by the NICE Executive Team. • Comms survey favoured clear, descriptive naming ("National Health Tech Access Programme") (NHAP) • TA Methods manual published. • Contingency planning continues due to uncertainty at NHSE and DSHC. • Set up and launch of NHAP is complete. Timelines and milestones have been met.	• Internal governance to be restructured with repurposed steering groups to focus on business-as-usual development and TA delivery of live topics separately. • Capsule sponge consultation and topic scope finalisation upcoming. • Workshops planned on roles/responsibilities; external engagement plan in development.

Project	Progress and achievements	Key next steps
Artificial Intelligence (AI) statement of intent	• Over 100 AI use cases identified; 28 triaged and 2 progressed to testing. • Successful test undertaken with an AI model for title/abstract screening for surveillance reviews. • Copyright position updated with no impact on in-house AI testing. • AI Research environment testing completed. • Workshops held on AI/machine learning (ML) methods for health technology assessment (HTA) and synthetic data (SYNTHIA). • Final report from Turing partnership shared with AI steering group.	• Operationalise new triage pathway agreed for AI business use cases. The REAG (Responsible Evaluation of AI Group) approved by Chief Scientific Officer and Chief Information Officer. • Host HTA lab workshop 3 on the use of AI with reasoning orientated capability. • Final report from Ada Lovelace partnership to be shared with AI steering group.
Improve approach to funding variations	• We had a successful internal roundtable meeting on 15/01/26. • The interim process for dealing with future funding variations has been updated following the internal roundtable meeting. • The Funding Variation Request (FVR) taskforce chair also had meetings planned with NHSE and DHSC in January.	• Follow-up with further pre-engagement with ICBs and industry in February • Taskforce chair continues to have regular meetings with DHSC and NHSE. • Plan to seek legal advice on 10/02/26 • Workshops planned with NHSE and ABPI in mid Feb. • Present the FVR proposed new process at Guidance Executive on 17/02/26 • Schedule pre-Board session with Chair, Vice Chair and CEO

3.2 Risks

Project	Risk	Score	Key controls
Whole lifecycle approach	Lack of adequate resource for whole lifecycle approach: There may not be enough resource to implement the lifecycle approach in the long term, particularly if the funding review bid is unsuccessful	**20** (Red)	NICE spending review bid 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 until end March 25/26 VPAG resource allocation monthly tracking Monitoring of VPAG budget spend with finance
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.

3.3 Milestones

Whole lifecycle approach

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

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	Red	Paper scheduled for Executive Team in April 2026. Note that legislative landscape is potentially changing. Department for Science, Innovation and Technology (DSIT) will present an option appraisal and economic impact assessment to Parliament in March 2026.
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	30/03/26	Green	On track. The medicine evaluation team's submission template has been updated. Work in progress to update the HealthTech submission template.

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)	Apr 25-Jan 26	Status	24/25 baseline	Change from 24/25
Number of Technology Appraisals considered for incorporation into guidelines since start of 24/25	383	**321**	Green	183	**Improvement** on last year **(+138)**
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%	**90%**	Green	74%	**Improvement** on last year **(+16 percentage points)**
Proportion of Prioritisation Board clarifications resolved at stage 1 (excluding Highly Specialised Technologies)	80%	**100%**	Green	50%	**Improvement** on last year **(+50 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)	Apr 25-Jan 26	Status	24/25 baseline	Change from 24/25
Number of Technology Appraisals launched for HealthTech	2 in 2025/26	**1**	Green	Not applicable	-

4 Usable: highlight report

Status: | **Green**

4.1 Highlights

Project	Progress and achievements	Key next steps
Implementation of a knowledge platform to enable guidance content management and publication	• Amazon Web Services (AWS) resource onboarded, enabling a high-performing joint delivery team. • Aligned teams and programme direction, with design/discovery sessions underway to shape required outcomes and prioritise the backlog. • High-level delivery plan produced to define scope within budget to deliver a minimum viable product. • NICE Senior Leader engagement completed to build understanding on business impact. • Rationales template updated and pilot topics identified to support structured guidance. • Research recommendations prepared for migration. • Content identified as 'non recommendation' (for example current 'how to' recommendations) drafted and ready to test with users.	• Continue build phase with AWS (week 1 complete). • Extended high-level planning and update resource/financial forecasts for remainder of phase 1. • Test content identified as 'non-recommendation' or 'practice points' with users to ensure clarity and usability (during February and March). • Progress structured medicines recommendation review with Medicines Optimisation team • Review guidance creation processes to streamline and improve consistency within the Publishing team. • Continue work to address accessibility issues identified with proposed new approach to visual summaries.

4.2 Risks

Risk	Score	Key controls
Broader implications of content transformation not widely considered: 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.	**12** (Amber)	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. 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.

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 recommendations on technical approach for approval	30/04/25	Completed	-
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	-
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.	31/03/26	Green	On track
Phase One of the Knowledge Platform deployed to Beta, including collaborative design, co-delivery, and capability building.	31/03/26	Green	Timelines and delivery burn rate agreed with AWS; delivery assured through Steering Committee. High confidence that outcomes will be delivered on time.

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	**1.57 million** (12 months to 31/1/26)	Green	1.56m	**Increase from last year (+10,000 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	**9,500** (12 months to 31/1/26)	Green	10,000	**Decrease from last year (-500 visits)** Within 5% tolerance and tools now being promoted via alternative channels, including NHS Futures and Q Community

5 Impactful: highlight report

5.1 Highlights

Project	Progress and achievements	Key next steps
Single programme of support for guidance uptake	• National asthma podcast launched with British Thoracic Society (BTS) / Scottish Intercollegiate Guidelines Network (SIGN), boosting partnership reach and guideline adoption. • Type 2 diabetes guidance uptake plan completed, optimising adoption potential at launch, including publication of tools. • Engagement with ICBs on unwarranted variation in cardiovascular disease (CVD) progressed, opening future joint-working routes. • Strengthened partnerships with Race Health Observatory (RHO), Diabetes UK and Cancer Research UK to amplify guidance uptake opportunities across key areas. • Joint NICE–NHSE workshop agreed a unified national approach for HealthTech recommended for routine use and adoption through NHAP. • Expanded shared-learning channels, including NHS Futures platform growth and an initial Q Community webinar exceeding 1,000 registrations.	• Continue British BTS/SIGN collaboration and release regional asthma uptake heatmaps. • Begin post-publication user research for type 2 diabetes tools, and feature the topic at NICE Medicines and Prescribing Associate day. • Refresh the baseline adoption offer for HealthTech and plan external reference group to support further opportunities to collaborate with industry partners. • Prepare for March RHO partnership review and progress collaborative workstreams, including inequalities content, user-research recruitment and NICE conference support. • Advance unified HealthTech adoption approach with NHSE and industry. • Deliver Type 2 Diabetes Q Community session and enhance the Q community workspace; increase visibility of uptake and adoption resources on NHS Futures.

5.2 Risks

Project	Risk	Score	Key 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

Implementation of a platform to enable guidance content management and publication

Milestone	Date	Status	Commentary
Agree joint NICE/system priorities and KPI via internal workshops and external engagement	31/05/25	Completed	-
Completion of refreshed approach to health and care system engagement (stakeholder engagement plan)	31/07/25	Completed	-
5 partnerships properly structured and delivering results	31/12/25	Completed	Progress in developing and strengthening strategic delivery partners, despite a challenging and evolving landscape. Focused on engaging newer and emerging partners to broaden impact and deliver objectives

Milestone	Date	Status	Commentary
Publish VPAG funded tools and resources that address specific user needs and implementation challenges	31/03/26	Green	Migraine tools and resource published. Endometriosis and fibroids to follow, into March (in line with Endometriosis awareness month and International Women's Day). Asthma '1 year on' event scheduled for January 26, including a podcast.

5.4 Key Performance Indicators (KPIs)

Indicator	Target (25/26)	April – October 25	Status	Commentary
Proportion of innovation scorecard medicines showing improved use (medicines in the innovation scorecard portfolio change bi-annually)	70%	**77%**	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%**	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.

Please note: Both KPIs 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

6 Brilliant organisation: highlight report

6.1 Highlights

Project	Progress and achievements	Key next steps
Build financial and commercial agility	• Developed outline Financial Decision-Making Framework and Business Partnering Charter • Advanced contract tiering and continued recruitment to strengthen commercial delivery • Developed and reported 'Procurement tracker' to Operational Management Committee • To support delivery of the Commercial Income Strategy, high-level content licensing processes mapped, and potential performance trackers (process and income) identified • Developed user stories to guide user-centred delivery and continuous improvement.	• Finalise 2026/27 business planning for Finance, Corporate and Commercial (FCC) and support for non FCC-led priorities • Finalise, share with stakeholders, then publish Financial Decision-Making Framework and Business Partnering Charter • Establish governance for implementation of Commercial Income Strategy. Undertake more-detailed process mapping and confirm tracking solutions. Finalise initial pricing for 2026/27 • In response to NHSE / DHSC merger, work with stakeholders to review user-focused partnerships for healthcare-content contracting requirements
Strengthen NICE's reputation and influence	• Promoted NICE's ambition for faster, fairer rollout of impactful health tech. • Announced first topics for the National HealthTech Access Programme, showing clear momentum.	• Continue the health tech marketing campaign and wider communications activity. • Communicate the next Whole Lifecycle milestone: NICE's decision on Bevacizumab with fluoropyrimidine-based

Project	Progress and achievements	Key next steps
	• Ran a multi-media campaign highlighting patient impact to boost engagement. • Prepared NICE's contribution to the HETT Leader Summit to increase visibility. • Supported national priorities in the NHS Long Term Workforce Plan and Life Sciences Sector Plan, strengthening NICE's leadership role in health tech adoption	chemotherapy—the first colorectal cancer biosimilar NICE has recommended. • Prepare communications for the EQ-5D-5L value set consultation, medicines thresholds implementation and Rare Diseases Day. • Finalise a series of videos promoting public involvement in NICE committees.
Embed improvement into ways of working	• Coaching, forums and Continuous Quality Improvement (CQI) resources progressing well, strengthening improvement capability. • Leadership programme co-designed to align with organisational priorities. • Storytelling, CQI Space and blog boosting engagement and shared learning. • Training uptake improving, with standardised support and collaboration space upgrades enabling better teamwork and innovation.	• Begin communication and recruitment planning for the senior leadership programme. • Continue codesign of leadership programme with the strategic partner. • Rescope directorate quality forums post–business planning. • Onboard Clinical and Facilities, Improvement and People (FIP) teams for quality forum rollout. • Agree next steps on use of timeseries data and PowerBI. • Review collaboration space progress and timelines with Workplace and Facilities Management (WFM)

6.2 Risks

Project	Risk	Score	Key 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)	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.

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	Amber	Charter shared with key stakeholders for feedback during February. To be finalised and in place ready for new financial year
Finance decision-making framework in place for financial year 2026/2027	31/03/26	Green	On track

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.
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	16/05/2025	Completed	-
Full-scale training roll-out for CQI coaches	28/11/2025	Completed	-
Implement Software/Tools for tracking and measuring CQI impact	27/02/2026	Completed	-
Launch strategic priority programme.	31/03/2026	Green	On track

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	**£0.488m surplus** (at January 2025)	Green	£2.350m surplus	**Improvement** **on last year (-£1.862m)**

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 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.

Indicator	Target (25/26)	Latest data	Status	24/25 baseline	Commentary
Proportion of media coverage that is positive in sentiment	80%	**95%** (December 25 data)	Green	81%	**Improvement from last year (+14 percentage points** Monthly figures vary.
Proportion of media coverage generated by NICE that contains at least one key message	58%	**61%** (December 25 data)	Green	52%	**Improvement on last year (+9 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 to demonstrate progress or lack of. 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)	Apr 25 – Jan 26	Status	24/25 baseline	Commentary
Vacancy rate	<6%	**5.6%**	Green	7.1%	**Improvement** on last year (-1.5 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)	Apr 25- Jan 26	Status	24/25 baseline	Commentary
Workplace representation of ethnic minority staff	>=22%	**20.6%**	Amber	21%	**Deterioration** from last year (-0.4 percentage points) The 0.4 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%	**13.5%**	Green	11%	**Improvement** on last year (+2.5 percentage points)

Leadership and communications

Indicator	Target (25/26)	Apr 25-Jan 26	Status	24/25 baseline	Commentary
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)
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)

Compliance and cyber security

Indicator	Target (25/26)	Apr 25-Jan 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	**27**	-	22	**+47% more than last year (monthly average)** This reflects increased awareness of cyber risks and open reporting
Actual cyber incidents (major)	0	**0**	Green	2	**Improvement** on last year
Actual cyber incidents (minor)	<6	**0**	Green	2	**Improvement** on last year

Indicator	Target (25/26)	Apr 25- Jan 26	Status	24/25 baseline	Commentary
Proportion of mandatory training completed by staff	>=85%	**87.4%**	Green	80%	**Improvement** on last year (+7.4 percentage points)
Proportion of staff completing cyber training	>=95%	**91.5%**	Amber	88%	**Improvement** on last year (+3.5 percentage points) Target has been increased to >95%. Teams are identifying areas of lower uptake to meet 95% target for year end.

8 Finance report

8.1 Overview

Spend category (Revenue)	YTD budget £000	YTD actual £000	YTD variance	Annual budget £000	Forecast outturn £000	Forecast variance £000
Pay	54,589	53,938	(651)	65,620	64,806	(814)
Non-pay	19,364	19,038	(326)	24,229	24,773	543
Total expenditure	**73,953**	**72,976**	**(977)**	**89,849**	**89,579**	**(270)**
TA-HST income	(11,275)	(11,421)	(146)	(13,530)	(13,971)	(441)
NICE Advice income	(3,584)	(3,767)	(182)	(4,310)	(4,348)	(38)
Other operating income	(8,541)	(8,377)	164	(10,162)	(9,900)	261
Total operating income	**(23,400)**	**(23,565)**	**(165)**	**(28,002)**	**(28,220)**	**(218)**
Total net expenditure	**50,553**	**49,411**	**(1,142)**	**61,847**	**61,359**	**(488)**

8.2 Analysis

Financial stability

The full-year forecast revenue position has improved to £0.5m underspend since last reported to Board in December (£0.7m underspend). The forecast underspend, which remains within our target KPI, is driven by continued over-performance in income generation and lower than planned workforce in the first half of the year, partially offset by increased supplier delivery.

We continue to see the benefits of actions taken to reduce uncertainty in the financial position. Over the last 6 months (August 2025 to January 2026), the full year forecast underspend has remained between £0.7m and £0.5m.

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. 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 in the second half of the year, including delivery of 10-Year Plan 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.

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

Yes → Medicine is categorised as **optimal** → NICE **can** publish guidance within 90 days of GB MA

No → Medicine is categorised as **divergent** → NICE **cannot** publish guidance within 90 days of GB MA due to external factors
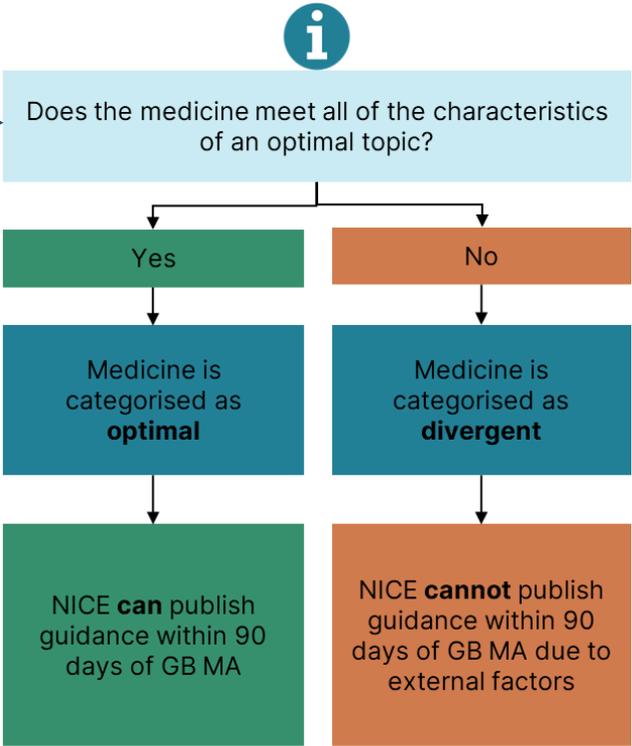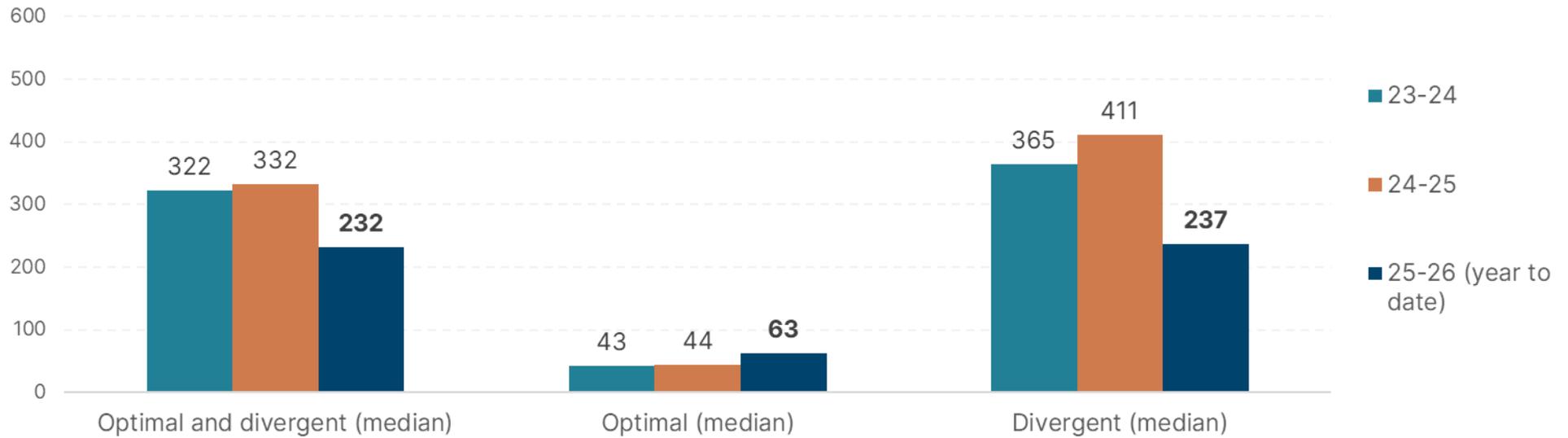
11 Appendix C: Data charts

Chart 1: Mean average time between marketing authorisation and NICE recommendation (medicines)
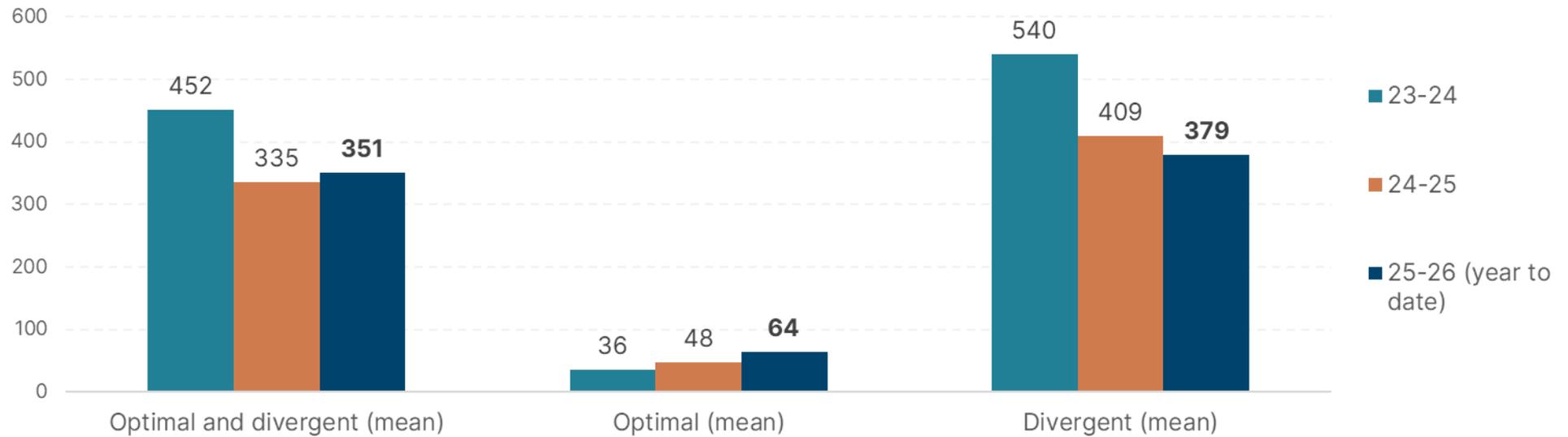
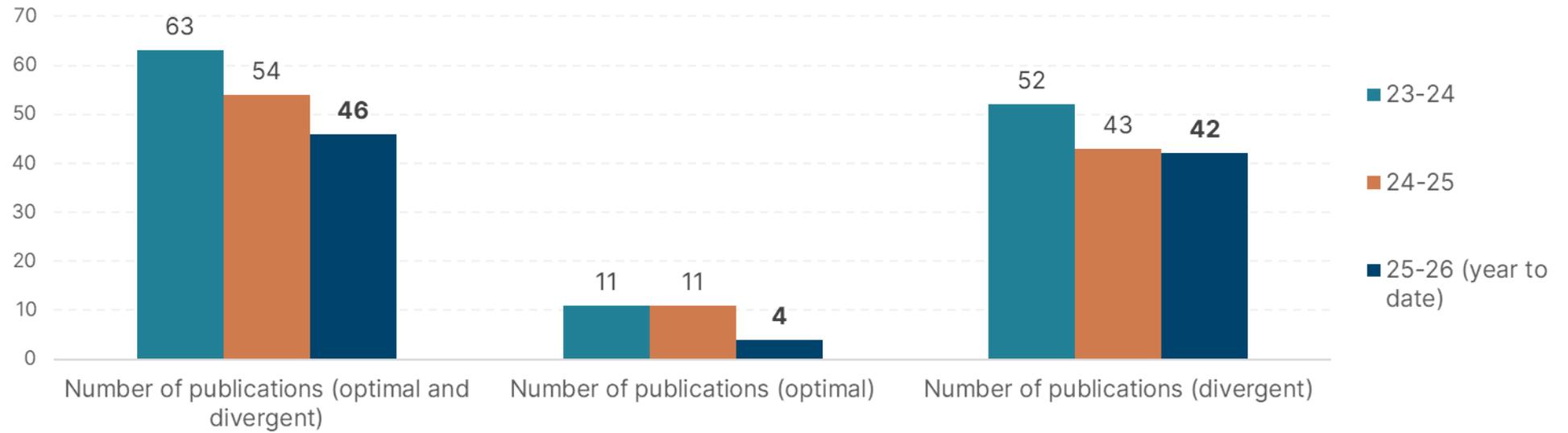| Medicines indicator	23-24	24-25	April 25-January 26
Mean time between marketing authorisation and NICE recommendation (days)	452	335	357
Mean time between marketing authorisation and NICE recommendation (optimal) (days)	36	48	64
Mean time between marketing authorisation and NICE recommendation (divergent) (days)	540	409	390

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


| Medicines indicator	23-24	24-25	April 25-January 26
Median time between marketing authorisation and NICE recommendation (days)	322	332	231
Median time between marketing authorisation and NICE recommendation (optimal) (days)	43	44	63
Median time between marketing authorisation and NICE recommendation (divergent) (days)	365	411	232

Chart 3: Number of publications (medicines programme)

Indicator	23-24	24-25	April 25-January 26
Number of publications	63	54	46
Number of publications (optimal)	11	11	4
Number of publications (divergent)	52	43	42

Chart 4: NICE staff vacancy rate
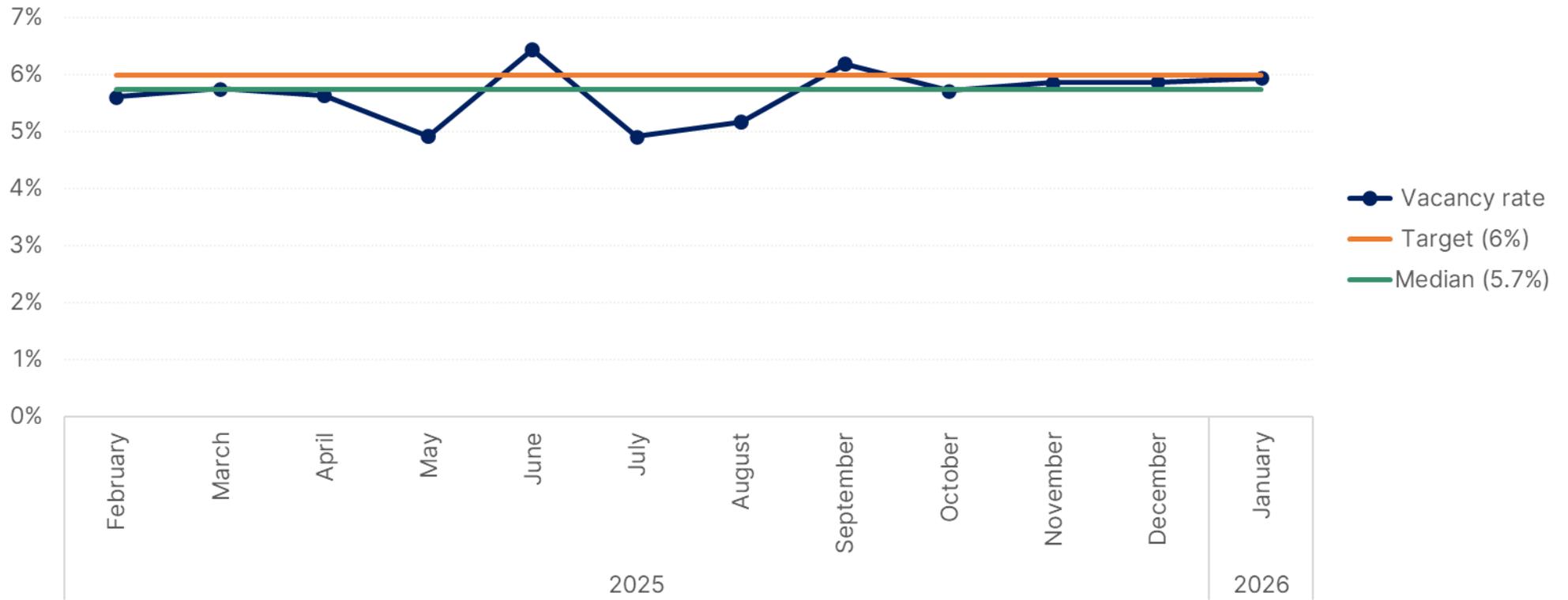
Indicator	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26
Vacancy rate (Target: 6%) (Median: 5.7%	5.6%	5.8%	5.6%	4.9%	6.4%	4.9%	5.2%	6.2%	5.7%	5.9%	5.9%	5.9%

Chart 5: NICE staff voluntary turnover rate
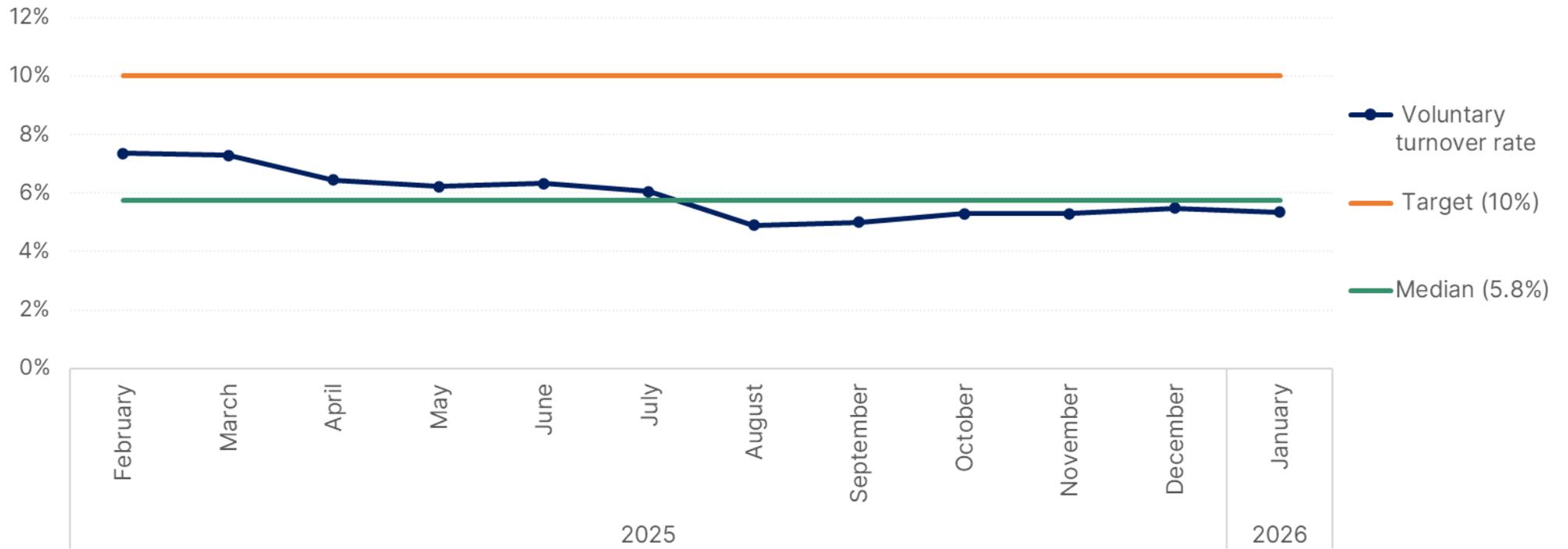
Indicator	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26
Voluntary turnover rate (Target: 10%) (Median: 5.8%)	7.4%	7.3%	6.5%	6.2%	6.3%	6.1%	4.9%	5.0%	5.3%	5.3%	5.5%	5.4%