Thursday 16 April 2026

Statistical Press Notice
NHS referral to treatment (RTT) waiting times data
February 2026

NHS England released statistics today on referral to treatment (RTT) waiting times for consultant-led elective care. The statistics include patients waiting to start treatment at the end of February 2026 and patients who were treated during February 2026.

These statistics relate to referral to treatment (RTT) pathways. Some patients are waiting on more than one pathway.

Missing data for February 2026

Sheffield Teaching Hospitals NHS Foundation Trust (RHQ) did not submit any RTT data for February 2026.

When interpreting RTT data, account should be taken of providers that did not submit data. To aid interpretation, the RTT Overview Timeseries file contains additional key measures at a national level that include estimates for non-reporting acute trusts. Estimates are based on the latest data submitted by non-reporting acute trusts. See 'Notes to editors' for further details.

Main findings – figures include estimates for missing acute trusts

- The number of RTT pathways where a patient was waiting to start treatment at the end of February 2026 was 7.2 million. Some patients are on multiple pathways. The number of unique patients is estimated to be around 6.1 million[1].

- Among the 7.2 million, in 122,668 cases the patient was waiting more than 52 weeks, in 6,766 cases they were waiting more than 65 weeks, in 1,377 cases they were waiting more than 78 weeks, and in 189 cases they were waiting more than 104 weeks. In 62.6% of cases the patient had been waiting up to 18 weeks, thus not meeting the 92% standard.

- During February 2026, 1,747,178 new RTT pathways were started (new RTT period or clock starts).

- During February 2026, 293,713 pathways were completed as a result of admitted treatment and 1,222,919 were completed in other ways (non-admitted).

[1] This is based on analysis of the Waiting List Minimum Data Set (WLMDS), which showed that the ratio of unique NHS numbers to pathways on 1st March 2026 was 85:100. The WLMDS extract was taken on 8th April 2026, which includes data up to 29th March 2026.

- For those pathways where the patient was waiting to start treatment at the end of February 2026, the median waiting time was 13.2 weeks. The 92nd percentile waiting time was 39.5 weeks[2].

[2] The median and 92nd percentile figures do not contain estimates for missing trusts (where relevant).

Further information

Detailed tables of incomplete and completed pathway waiting times by treatment function (specialty), commissioner and provider are available at: http://www.england.nhs.uk/statistics/rtt-waiting-times/. The commissioner data files include aggregations of waiting times by sub-ICB, ICB, region and England as a whole.

An interactive dashboard of the monthly referral to treatment waiting times statistics is updated as part of the main publication at RTT Dashboard - NHS England Data Dashboard.

For April 2021 data onwards, the reporting requirements for the monthly RTT data return were updated – see section 4 of 'Notes for editors' for a summary of the changes and further details are available at DCB0095: Consultant-led referral to treatment (RTT) waiting times - NHS Digital).

The guidance on the recording and reporting of RTT data was updated on 2 February 2024 to say that community service pathways should, from February 2024, no longer be reported in RTT datasets and should instead be captured in community health services data collections – see section 4 of 'Notes for editors' for a summary of the impact of this change.

National trends – figures include estimates for missing acute trusts

- Among the 7.2 million pathways where the patient was waiting to start treatment at the end of February 2026, 62.6% were waiting up to 18 weeks, an increase of 3.4 percentage points from the same month in the previous year (chart 1).

- The total number of RTT clock starts per working day in the 12 months to February 2026 was up by 2.9% compared to the 12 months to February 2025 (chart 2).

- The total number of completed RTT pathways per working day was up by 2.8% in the 12 months to February 2026 compared to the 12 months to February 2025 (completed admitted pathways down by 0.02% and completed non-admitted pathways up by 3.6%, charts 3 and 4).

- The number of pathways where the patient was waiting to start treatment (incomplete pathways) at the end of February 2026 decreased by 2.5% (184,945) compared to the end of February 2025 (charts 5 and 6).

Chart 1: % of incomplete pathways within 18 weeks, including estimates for missing acute trusts

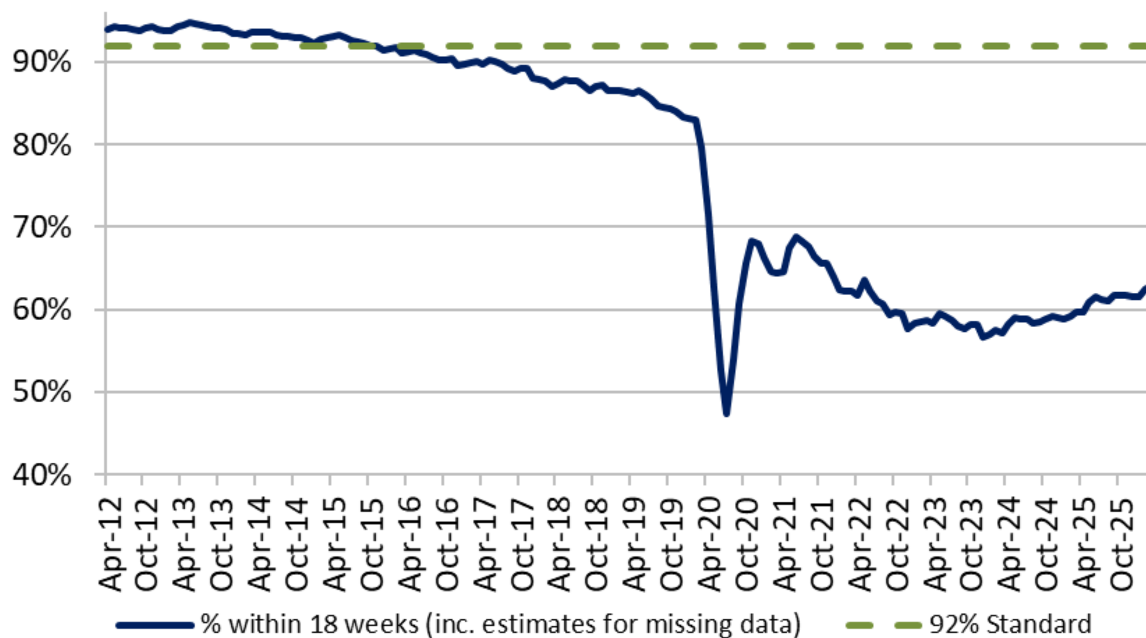

Chart 2: Number of new RTT clock starts per working day, including estimates for missing acute trusts

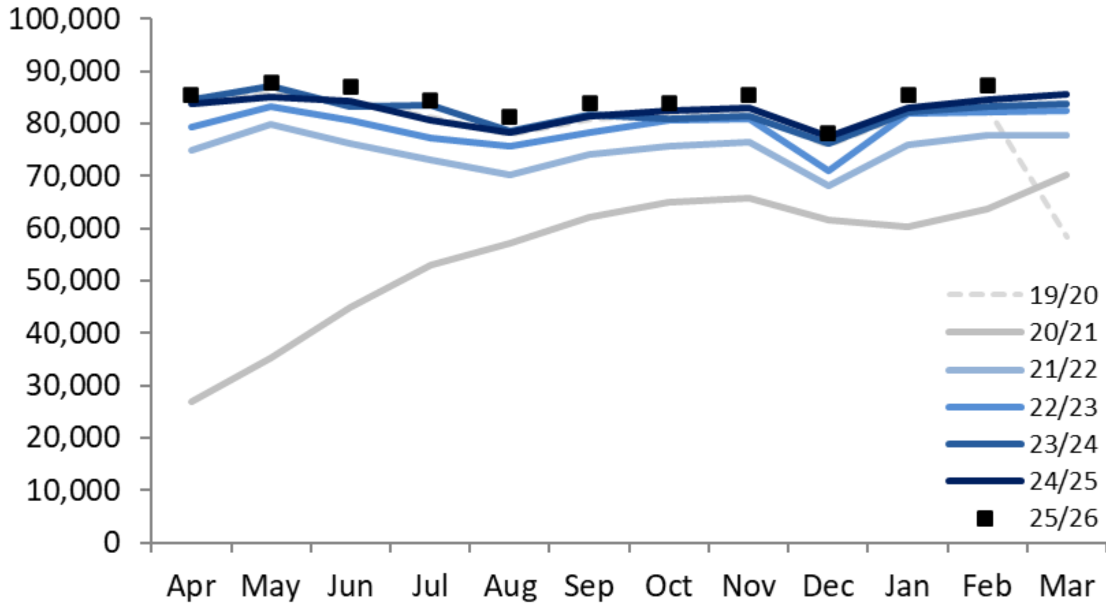

Chart 3: Number of completed admitted RTT pathways per working day, including estimates for missing acute trusts

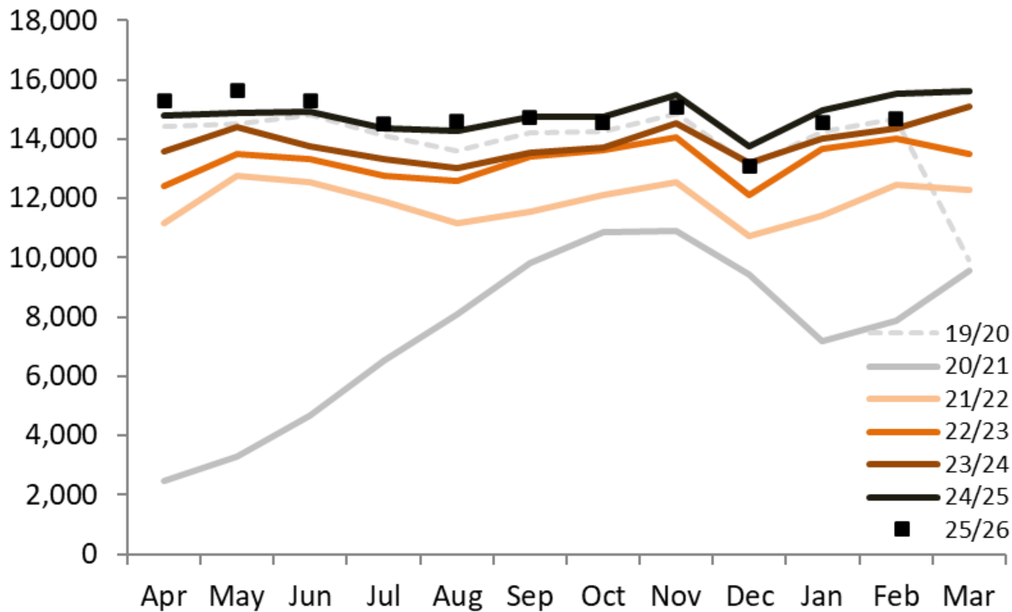

Chart 4: Number of completed non-admitted RTT pathways per working day, including estimates for missing acute trusts

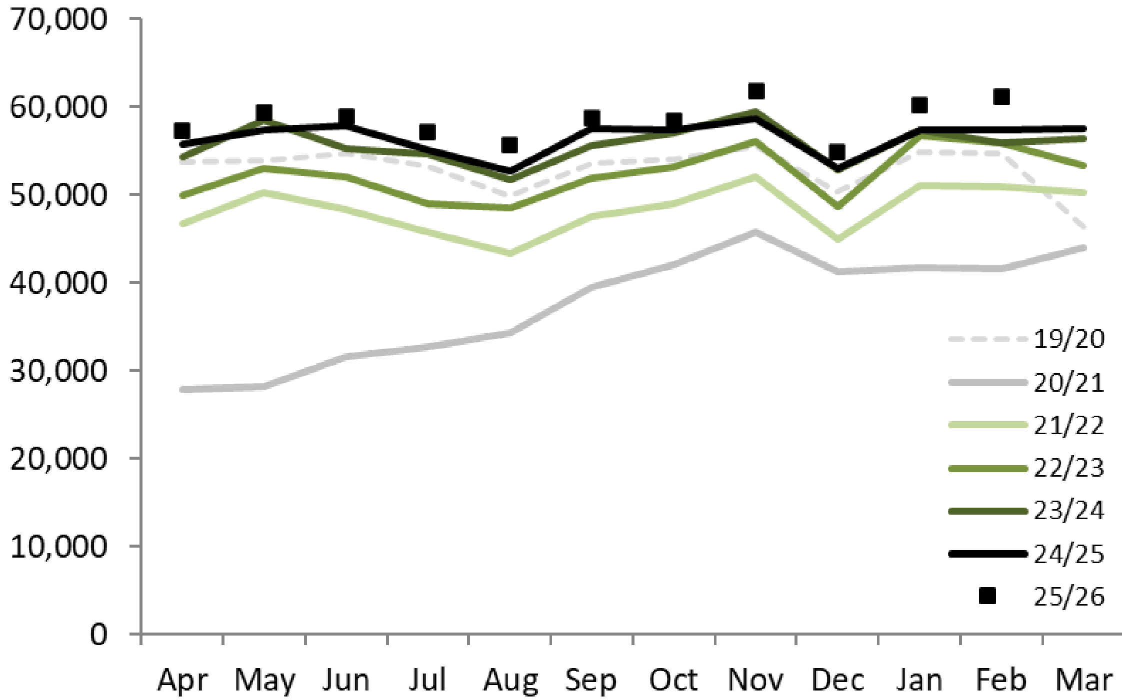

Chart 5: Total incomplete RTT pathways

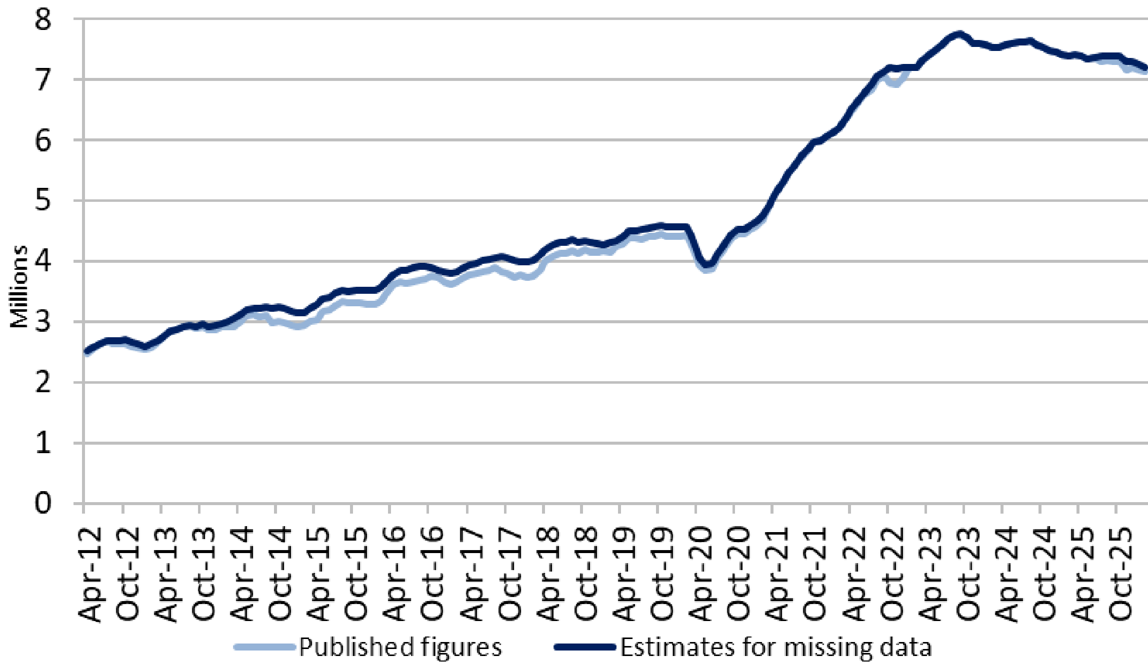

Chart 6: Change in total incomplete RTT pathways compared to same month previous year, including estimates for missing acute trusts

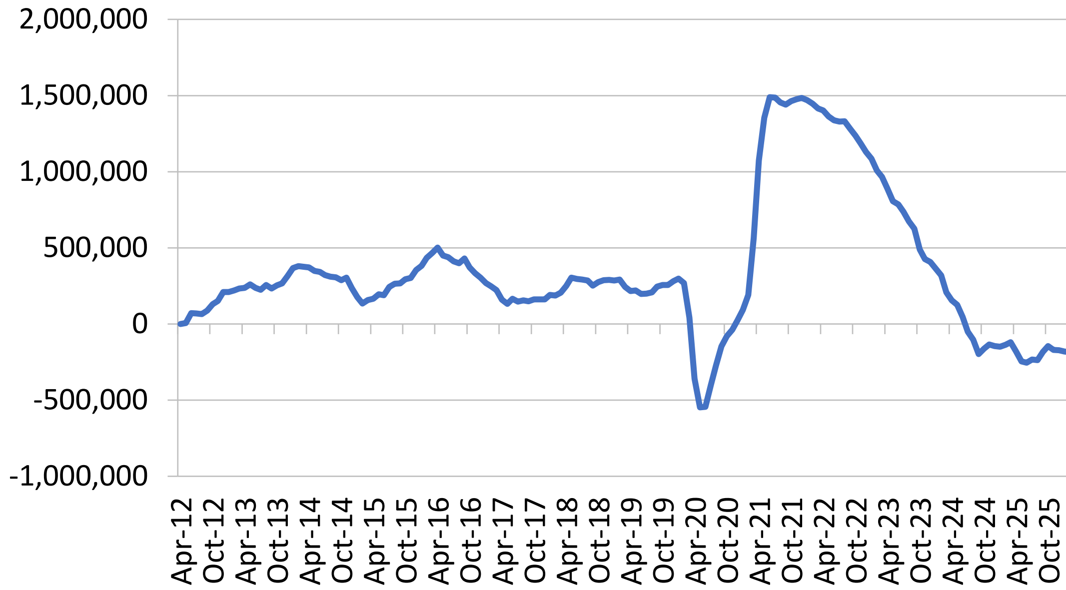

Table 1 – RTT pathways by treatment function, not including estimates for missing acute trusts, February 2026, England

	Incomplete pathways		Completed pathways		New RTT periods
Treatment function	Total	% within 18 weeks	Admitted Total (all)	Non-admitted Total (all)	Total
General Surgery Service	384,999	60.3%	24,643	48,551	84,924
Urology Service	385,949	63.9%	19,281	54,789	88,571
Trauma and Orthopaedic Service	829,478	57.9%	44,546	97,465	156,117
Ear Nose and Throat Service	586,374	55.1%	12,925	87,248	111,699
Ophthalmology Service	600,584	70.6%	50,119	104,631	176,319
Oral Surgery Service	322,205	53.6%	13,450	38,415	54,847
Neurosurgical Service	55,893	60.4%	2,123	7,520	11,201
Plastic Surgery Service	102,692	54.8%	12,190	10,130	21,962
Cardiothoracic Surgery Service	9,056	71.6%	1,318	1,080	2,442
General Internal Medicine Service	35,394	68.1%	863	7,138	10,578
Gastroenterology Service	378,852	65.9%	16,949	52,638	95,222
Cardiology Service	381,409	65.9%	9,391	61,345	87,967
Dermatology Service	380,657	61.3%	10,932	93,680	109,084
Respiratory Medicine Service	184,441	71.7%	2,102	40,532	52,807
Neurology Service	213,567	57.6%	532	33,117	39,884
Rheumatology Service	113,997	67.3%	1,360	25,571	30,047
Elderly Medicine Service	26,508	80.4%	468	8,284	10,287
Gynaecology Service	564,193	57.9%	15,675	88,126	120,279
Other - Medical Services	622,846	67.4%	14,837	134,430	175,012
Other - Mental Health Services	3,028	80.3%	12	961	794
Other - Paediatric Services	315,129	64.8%	9,485	58,585	75,753
Other - Surgical Services	474,835	63.5%	22,353	105,584	148,228
Other - Other Services	152,866	74.8%	4,089	47,693	58,301
Total	7,124,952	62.5%	289,643	1,207,513	1,722,325

Table 2 – RTT waiting times time series, England

Incomplete pathways			
Month	Median wait (weeks)	92nd percentile (weeks)	% within 18 weeks
Aug-07	14.3	52.4	57.2%
Mar-08	9.8	51.6	66.0%
Mar-09	5.6	23.3	87.2%
Mar-10	5.2	18.9	91.1%
Mar-11	5.5	20.7	89.5%
Mar-12	5.2	17.0	93.2%
Mar-13	5.5	16.6	94.2%
Mar-14	5.5	16.9	93.6%
Mar-15	5.6	17.2	92.9%
Mar-16	6.4	18.5	91.1%
Mar-17	6.2	19.5	90.1%
Mar-18	6.9	21.9	87.0%
Mar-19	6.9	22.3	86.3%
Mar-20	8.9	26.5	79.5%
Mar-21	11.6	52+	64.4%
Mar-22	12.2	44.4	62.2%
Mar-23	14.1	45.5	58.6%
Mar-24*	14.9	44.7	57.2%
Apr-24	13.9	44.8	58.2%
May-24	14.2	45.0	59.1%
Jun-24	14.3	44.7	58.9%
Jul-24	14.0	44.1	58.8%
Aug-24	14.6	44.4	58.3%
Sep-24	14.4	43.7	58.5%
Oct-24	14.2	42.4	58.9%
Nov-24	14.0	42.2	59.2%
Dec-24	14.2	42.7	58.9%
Jan-25	14.4	42.4	58.9%
Feb-25	14.2	42.2	59.2%
Mar-25	13.8	41.9	59.8%
Apr-25	13.3	42.3	59.7%
May-25	13.6	42.5	60.9%
Jun-25	13.4	41.8	61.5%
Jul-25	13.1	41.8	61.3%
Aug-25	13.5	42.2	61.0%
Sep-25	13.4	41.8	61.8%
Oct-25	13.3	40.6	61.8%
Nov-25	12.9	40.4	61.8%
Dec-25	13.4	40.8	61.5%
Jan-26	13.6	40.3	61.5%
Feb-26	13.2	39.5	62.6%

Notes:
* From Feb-24, community service pathways should no longer be reported in RTT datasets – see section 4 of 'Notes for editors' for more information.

1. Median and 92nd percentile times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits. Median and 92nd percentile times do not include estimates for missing providers.
2. % within 18 weeks figures are adjusted to include estimates for missing providers.
3. A more detailed time series table is available at: http://www.england.nhs.uk/statistics/rtt-waiting-times/

Notes to editors

1. Referral to Treatment (RTT) pathways

Patients referred for non-emergency consultant-led treatment are on RTT pathways. An RTT pathway is the length of time that a patient waited from referral to start of treatment, or, if they have not yet started treatment, the length of time that a patient has waited so far.

The following activities end the RTT pathway:

- First treatment – the start of the first treatment that is intended to manage a patient's disease, condition, or injury in a RTT pathway.
- Start of active monitoring initiated by the patient.
- Start of active monitoring initiated by the care professional.
- Decision not to treat – decision not to treat made or no further contact required.
- Patient declined offered treatment.
- Patient died before treatment.

Admitted pathways are the waiting times for cases where patients started treatment during the reporting period and the treatment involved admission to hospital. These are sometimes referred to as inpatient waiting times. They include the complete time waited from referral until start of inpatient treatment.

Non-admitted pathways are the waiting times for cases where patients completed their pathway during the reporting period for reasons other than an inpatient or day case admission to hospital for treatment. These are sometimes referred to as outpatient waiting times. They include the time waited for cases where a patient's RTT waiting time clock either stopped for treatment or other reasons, such as a patient declining treatment.

Incomplete pathways are the waiting times for cases where patients are waiting to start treatment at the end of the reporting period. In these cases, patients will be at various stages of their pathway, for example, waiting for diagnostics, an appointment with a consultant, or for admission for a procedure. These are sometimes referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

New RTT periods are the number of new RTT pathways where the clock start date is within the reporting period.

Each RTT pathway relates to an individual referral for a patient. A patient can be on more than one RTT pathway at the same time if they are waiting for consultant-led elective treatment for different conditions or unrelated clinical reasons. Some patients will therefore be included in the RTT pathway figures more than once.

The term unreported removal describes any flow on or off the waiting list not captured in the submitted clock starts (new RTT periods) and completed pathways numbers. It is

calculated as the balancing item between the waiting list at the start of a period, the additions onto the list during the period (new RTT periods), those taken off the list during the period (completed pathways) and the size of the waiting list at the end of the period:

> Unreported removals = waiting list at start of period + clock starts during period – completed pathways during period – waiting list at end of period.

The unreported removals figure represents the difference between the expected waiting list figure (given the reported clock start and completed pathway figures) and the reported waiting list. See the 'Derived Unreported Removals' explainer at https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/#unreported-removals for more information.

The Department of Health published the RTT Rules Suite on 28 November 2007. This document was updated in October 2022 and can be found at: https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks

Other guidance documents relating to RTT waiting times can be found at: http://www.england.nhs.uk/statistics/rtt-waiting-times/rtt-guidance/.

2. RTT waiting time rights and pledges

The NHS Constitution states that patients have the right to start non-emergency consultant-led treatment within 18 weeks of referral, unless they choose to wait longer or it is clinically appropriate that they wait longer, and for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.

3. RTT waiting times standards

The NHS Constitution standard sets out that more than 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

The standard leaves an operational tolerance to allow for patients for whom starting treatment within 18 weeks would be inconvenient or clinically inappropriate. These circumstances can be categorised as:

- Patient choice – patients who choose to delay treatments for personal or social reasons
- Co-operation – patients who do not attend appointments along their pathways
- Clinical exceptions – patients for whom it is not clinically appropriate to start treatment within 18 weeks

In addition, NHS England introduced a zero tolerance of any referral to treatment waits of more than 52 weeks in 2013/14.

In June 2015, Simon Stevens accepted Sir Bruce Keogh's recommendations for improvements to the waiting time standards for elective care. The admitted (90%) and non-admitted (95%) operational standards were abolished, and the incomplete pathway

standard (above) became the sole measure of patients' constitutional right to start treatment within 18 weeks. On 1 October 2015, the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 came into effect, removing the provision to report pauses or suspensions in RTT waiting time clocks in monthly RTT returns to NHS England and removing the admitted and non-admitted standards.

The Delivery plan for tackling the COVID-19 backlog of elective care released in February 2022 set the ambition of eliminating the longest waits of over two years by July 2022.[3]

4. RTT waiting times data collection

RTT data is collected from providers of consultant-led services for NHS patients in England and is reviewed by English commissioners.

The data measures RTT waiting times in weeks, split by treatment function. The treatment functions are based on consultant specialties.

The data return includes all cases where the patient's RTT clock stopped at any point in the reporting period or where the patient's RTT clock is still running at the end of the reporting period.

For the period to September 2015, there were two main central returns:

- Unadjusted: covering admitted patients, non-admitted patients, and patients on incomplete pathways.
- Adjusted: covering admitted patients on an adjusted basis. Adjustments were permitted to admitted pathways for clock pauses, where a decision to admit for treatment had been made, and the patient had declined at least two reasonable appointment offers for admission. The RTT clock was paused for the duration of the time between the earliest reasonable date offered and the date from which the patient made themselves available for admission for treatment.

For October 2015 data onwards, the following reporting requirements changed:

- There was no longer a requirement for providers to submit admitted adjusted data.
- Unadjusted admitted and non-admitted completed pathway data was still required but no longer used for monitoring against operational standards.
- The requirement to report incomplete pathway data remained unchanged – and had always been an unadjusted submission.
- Two new data items were added to the monthly data return: incomplete pathways where a decision has been made to admit the patient for treatment and new RTT pathways.

[3] Except where patients choose to wait longer and for a very small number of specific highly specialised areas that may need tailored plans to tackle the backlog, as was the case before the pandemic.

The figures for incomplete pathways with a decision to admit for treatment consist of cases where first definitive treatment has not started and a clinical decision to admit to a hospital bed for treatment has been made and the patient is awaiting admission, regardless of whether a date to admit has been given.

The difference between the values submitted for this data item and for total incomplete pathways equates to the number of incomplete pathways without a decision to admit for treatment. This will include patients where first contact has not yet been made, patients waiting for first definitive treatment as an outpatient and patients where a decision to admit for a diagnostic procedure has been made.

For new RTT pathways, providers are asked to submit the number of new RTT pathways in the reporting month. In other words, RTT pathways where the clock start date is within the reporting month. This will include those where the clock also stopped within the reporting month.

For April 2021 data onwards, the following reporting requirements changed (further details available at DCB0095: Consultant-led referral to treatment (RTT) waiting times - NHS Digital):

- The use of the X24 code was phased out entirely and the more granular NHS commissioning codes used instead. This means that we are collecting and publishing a breakdown of NHSE-commissioned services that was previously grouped together under the single code X24.
- Additional weekly time bands from 52-53 weeks to 104+ were added to the completed admitted, completed non-admitted and incomplete pathway sections of the collection.
- Changes to the treatment function categories to:
    a. Reflect 21/22 changes as notified by NHS Digital. The changes fall into two categories:
        - Update to treatment function names.
        - Update to the guidance on reporting ‘exceptions’ in response to the introduction of new treatment function codes. Two new exceptions were added:
            - Orthopaedic Service (111) and Trauma Surgery Service (115) should be included in Trauma and Orthopaedics (110). Note this is in addition to the existing reporting exception that Spinal Surgery Service (108) should be included in Trauma and Orthopaedics (110).
            - Oral and Maxillofacial Surgery (145) and Maxillofacial Surgery (144) should be included in Oral Surgery (140).
    b. Separate the ‘Other’ category into five groups:
        - Other – Medical Services
        - Other – Mental Health Services
        - Other – Surgical Services
        - Other – Paediatric Services
        - Other – Other Services

Pathways commissioned by NHS England are shown under the following commissioner codes in the publication files:

- 13Q NATIONAL COMMISSIONING HUB 1
- 13R LONDON COMMISSIONING HUB
- 14A MIDLANDS COMMISSIONING HUB
- 14E EAST OF ENGLAND COMMISSIONING HUB
- 14F SOUTH WEST COMMISSIONING HUB
- 14G SOUTH EAST COMMISSIONING HUB
- 14M LONDON - H&J COMMISSIONING HUB
- 14Q MIDLANDS - H&J COMMISSIONING HUB
- 14R EAST OF ENGLAND - H&J COMMISSIONING HUB
- 14T SOUTH WEST - H&J COMMISSIONING HUB
- 27T NORTH WEST COMMISSIONING HUB
- 32T NORTH WEST - H&J COMMISSIONING HUB
- 76A NORTH EAST AND YORKSHIRE - H&J COMMISSIONING HUB
- 85J NORTH EAST AND YORKSHIRE COMMISSIONING HUB
- 97T SOUTH EAST - H&J COMMISSIONING HUB
- X24 NHS ENGLAND
- Y56 LONDON COMMISSIONING REGION
- Y58 SOUTH WEST COMMISSIONING REGION
- Y59 SOUTH EAST COMMISSIONING REGION
- Y60 MIDLANDS COMMISSIONING REGION
- Y61 EAST OF ENGLAND COMMISSIONING REGION
- Y62 NORTH WEST COMMISSIONING REGION
- Y63 NORTH EAST AND YORKSHIRE COMMISSIONING REGION

In regional aggregations in the publication files, all pathways under any of these commissioner codes are aggregated into the 'NHS ENGLAND' region totals.

The overarching commissioning code X24, was used for all NHS England Commissioned activity until March 2020, and started to be phased out from the monthly RTT data return with effect from the April 2020 data return onwards. Providers that were able to submit data under the relevant commissioner code as outlined in the NHS England Commissioning Responsibilities Matrix were asked to do so from the April 2020 data return onwards. From the April 2021 data return onwards, the X24 code has been removed from the monthly RTT data return.

See https://www.england.nhs.uk/data-services/commissioning-flows/ for more information on the Commissioner Assignment Method, and Appendix A of the Commissioner Assignment Method – Supporting Tables Spreadsheet 2025/26 spreadsheet at https://www.england.nhs.uk/publication/commissioner-assignment-method-2025-26/ for details of the codes used.

If they wish, providers can submit data on RTT pathways commissioned by non-English commissioners under commissioner code NONC. However, it is not mandatory to provide details of these pathways in the monthly RTT data return and therefore this data

does not provide a complete picture of non-English commissioned pathways. NONC pathways are excluded from all published outputs apart from the raw data CSV file published each month (titled 'Full CSV data file [mmmyy] (ZIP, xxxxK).

The guidance on the recording and reporting of RTT data was updated on 2 February 2024 to say that community service pathways should, from February 2024, no longer be reported in RTT datasets and should instead be captured in community health services data collections. The updated guidance primarily impacted Community Paediatric and Paediatric Neurodisability specialties, which along with other treatment functions are recorded under "Other – Paediatric Services" and "Other – Other services" in the published monthly RTT data.

Management information indicated that the impact on the overall waiting list would be a decrease of approximately 43,000 pathways within the community paediatric specialty and a more limited impact on other community services. Analysis indicates that about 36,000 of those pathways were excluded from the February 2024 figures and most of the remaining 7,000 pathways were excluded from the March 2024 figures. The analysis indicates that virtually all of the expected impact on long waiters was seen in the February 2024 figures: approximately 4,400 fewer 52-week waits, 2,500 fewer 65-week waits and 1,400 fewer 78-week waits.

Where community-activity related pathways are no longer reported in the published RTT data they should now be reported in Community Health Services datasets. Please see the Community Health Services Waiting List publication https://www.england.nhs.uk/statistics/statistical-work-areas/community-health-services-waiting-lists/ for further details.

The guidance on the recording and reporting of RTT data was updated on 11 February 2025 to provide clearer and further guidance on:

- Application of active monitoring for patients who wish to delay their pathway (sections 3.4.4, 4.4.1.4 and 8)
- Clarification of guidance on clock starts following DNA (Did Not Attend) for first appointment (sections 3.4.5 and 4.4.1.3)
- Clarification of guidance on management of multiple patient-initiated cancellations (section 4.4.2.1)
- Management of planned pathways and subsequent RTT clock starts (section 5)
- Subcontracting relationships and RTT reporting (section 11.2)

The February 2025 update does not involve any changes to the scope of the RTT data collection, and we do not anticipate any large changes in national reported figures due to the guidance clarifications. Discussions with clinicians have suggested that current recording practice is typically in line with the updated guidance, however, there may have been some variation in the application of previous guidance therefore the update may cause differences for some providers in future months' statistics. The clarification is intended to support all providers across the country to report pathways in the same way.

5. RTT data availability

Data for admitted pathways (cases where a patient's RTT clock stopped with an inpatient/day case admission) has been published each month since January 2007 on an unadjusted basis and was published each month between March 2008 and September 2015 on an adjusted basis.

Data for non-admitted pathways (cases where a patient's RTT clock stopped during the month for reasons other than an inpatient/day case admission) and incomplete RTT times for cases where a patient's RTT clock is still running has been published each month since August 2007.

RTT waiting times figures are published to a pre-announced timetable, roughly 6 weeks after the end of the reference month. Publication day is typically the second Thursday of each calendar month.

Revisions to published figures are released, generally on a six-monthly basis, in accordance with the NHS England statistics revision policy. This policy is available from the NHS England website at the following address: https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2018/12/SDCS-Revisions-Policy_v1.0.pdf. RTT revisions are usually released in January and July.

One acute trust did not submit data on incomplete RTT pathways this month. The latest figures submitted by the missing trust are shown in the table below.

Trust	Latest available incomplete RTT pathway data (rounded to nearest hundred)	Month incomplete pathway data last submitted
Sheffield Teaching Hospitals NHS Foundation Trust (RHQ)	91,300	Jun-25*

Note: * RHQ originally submitted data for July and August 2025. However, it was identified that this was affected by data quality issues following the go-live of a new Electronic Patient Record (EPR) in mid-July. Revised July and August 2025 files were published on 13 November 2025 to remove the figures submitted for these months.

For months where one or more acute trusts do not submit RTT data, we use the following approach to estimate the impact of missing data:

- For incomplete RTT pathways, we factor in estimates based on the latest data submitted for the missing acute trust.
- To estimate the impact of missing data on completed (admitted and non-admitted) pathways, the total number of pathways per working day in each provider in the month prior to the gap in reporting is applied to all missing months multiplied by the relevant number of working days in each month.

The impact of missing data varies depending on the measure being considered. The biggest impact is on measures of volume, such as the number of completed pathways and the size of the RTT waiting list. The impact of missing trusts on the percentage of incomplete pathways within 18 weeks at England is generally minimal, however, where a large trust that has previously had a particular high or low percentage of incomplete pathways within 18 weeks does not submit data there can be a material impact on the England-level percentage.

For example, Medway NHS Foundation Trust was unable to submit data for October or November 2015. At the end of September 2015, 70.1% of patients waiting to start treatment at Medway NHS Foundation Trust were waiting up to 18 weeks. The impact of removing the figures for this trust from the published September 2015 England-level figure of 92.5% of incomplete pathways within 18 weeks is an increase of 0.25 percentage points to 92.8%. This also caused a discontinuity in the specialty level, commissioner and regional series between September and October 2015.

A spreadsheet showing a time series for total admitted, non-admitted and incomplete pathways with and without estimates for missing data accompanies this statistical press notice.

6. Median and 92nd percentile waiting times

The median is the preferred measure of the average waiting time as it is less susceptible to extreme values than the mean. The median waiting time is the middle value when all pathways are ordered by length of wait, in other words, the midpoint of the RTT waiting times distribution or 50th percentile. For incomplete pathways, in 50% of cases the patient was waiting within the median waiting time.

The 92nd percentile waiting time is shown for incomplete pathways to correspond with the 92% operational standard. This is the time that in 92% of cases the patient had been waiting less than (and 8% of cases the patient had been waiting more than). For example, if the 92nd percentile is 17 weeks, then in 92% of cases the patient had been waiting less than 17 weeks at the end of the reporting period and in 8% of cases the patient had been waiting more than 17 weeks.

It should be noted that median and 92nd percentile waiting times are calculated from aggregate data, rather than patient-level data, and therefore are only estimates of the position on average waits.

For February and March 2021, it was not possible to estimate a more precise 92nd percentile value than ‘greater than 52 weeks’ as the aggregate data return included all patients waiting more than 52 weeks in a ‘52+ week’ category for those months. For April 2021 data onwards, the monthly data return was amended to include time bands from ’52-53 weeks’ to ‘104+ weeks’.

For Oct-22 data onwards, the calculation used to estimate the median was changed to be in-line with that used to estimate the percentile times. The impact of this change was minimal.

7. Interpretation of RTT waiting times

Care should be taken when making month-on-month comparisons of these figures as measures of waiting time performance are subject to seasonality. For example, adverse weather during winter may change the balance between elective and emergency care. Similarly, the number of cases of patients starting treatment will be influenced by the number of working days in the calendar month.

8. Data comparability

The provision of health services is devolved across the four nations of the UK. As a result, the way we measure NHS activity and performance in each nation differs. A joint statement on the coherence of these statistics, and advice on how and when to make comparisons across the UK has been published on the Analysis Function website: https://analysisfunction.civilservice.gov.uk/government-statistical-service-and-statistician-group/user-facing-pages/health-and-care-statistics/#coherence-of-health-statistics-across-the-uk

9. Accredited Official Statistics

These statistics are designated as Accredited Official Statistics. Accredited Official Statistics are official statistics that have been independently reviewed by the Office for Statistics Regulation and confirmed to comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics. Accredited Official Statistics are called National Statistics in the Statistics and Registration Service Act 2007. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs
- are well explained and readily accessible
- are produced according to sound methods
- are managed impartially and objectively in the public interest

10. Feedback welcomed

We welcome feedback on the content and presentation of RTT statistics within this statistical press notice and those published on the NHS England website. If you have any comments on this, or any other issues regarding RTT statistics, please email england.rtt@nhs.net

11. Additional Information

For press enquiries, please e-mail the NHS England media team at nhsengland.media@nhs.net or call 0113 825 0958 or 0113 825 0959.

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