

Thursday 8 October 2026

Statistical Press Notice
NHS referral to treatment (RTT) waiting times data
August 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 August 2026 and patients who were treated during August 2026.

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

Missing data for August 2026

Sheffield Teaching Hospitals NHS Foundation Trust (RHQ), Torbay and South Devon NHS Foundation Trust (RA9), University Hospitals Plymouth (RK9) and Northampton General Hospital NHS Trust (RNS) did not submit any RTT data for August 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 trusts. Estimates are based on the latest data submitted by non-reporting trusts. See 'Notes to editors' for further details.

Main findings – figures include estimates for missing trusts

- The number of RTT pathways where a patient was waiting to start treatment at the end of August 2026 was 7.4 million. Some patients are on multiple pathways. The number of unique patients is estimated to be around 6.2 million¹.
- Among the 7.4 million, in 113,339 cases the patient was waiting more than 52 weeks, in 10,782 cases they were waiting more than 65 weeks, in 1,637 cases they were waiting more than 78 weeks, and in 222 cases they were waiting more than 104 weeks. In 65.2% of cases the patient had been waiting up to 18 weeks, thus not meeting the 92% standard.
- During August 2026, 1,717,335 new RTT pathways were started (new RTT period or clock starts).
- During August 2026, 292,411 pathways were completed as a result of admitted treatment and 1,138,396 were completed in other ways (non-admitted).
- For those pathways where the patient was waiting to start treatment at the end of August 2026, the median waiting time was 12.2 weeks. The 92nd percentile waiting time was 38.8 weeks².

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 30th August 2026 was 85:100. The WLMDS extract was taken on 1st October 2026, which includes data up to 20th September 2026.

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](#).

The [RTT statistics user guidance, definitions, quality and methodological information page](#) summarises key terms, changes in the data collection and important points relating to the use of RTT data.

National trends – figures include estimates for missing trusts

- Among the 7.4 million pathways where the patient was waiting to start treatment at the end of August 2026, 65.2% were waiting up to 18 weeks, an increase of 4.2 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 August 2026 was up by 3.2% compared to the 12 months to August 2025 (chart 2).
- The total number of completed RTT pathways per working day was up by 2.2% in the 12 months to August 2026 compared to the 12 months to August 2025 (completed admitted pathways down by 2.8% and completed non-admitted pathways up by 3.5%, charts 3 and 4).
- The number of pathways where the patient was waiting to start treatment (incomplete pathways) at the end of August 2026 decreased by 0.5% (33,512) compared to the end of August 2025 (charts 5 and 6).

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

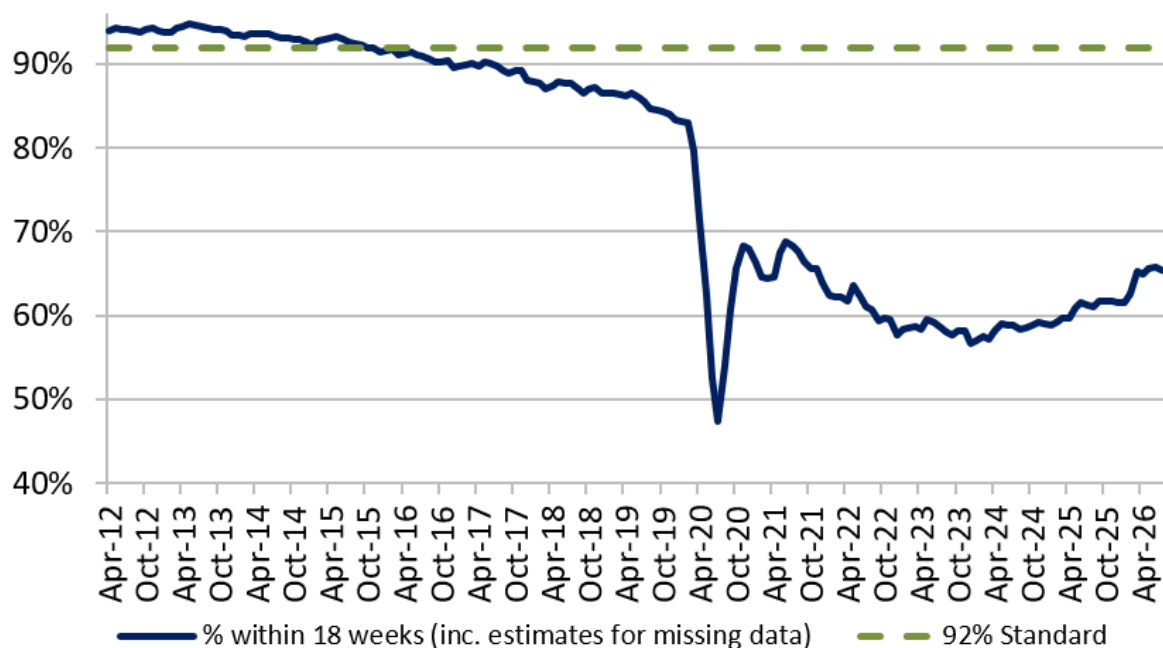


Chart 2: Number of new RTT clock starts per working day, including estimates for missing trusts

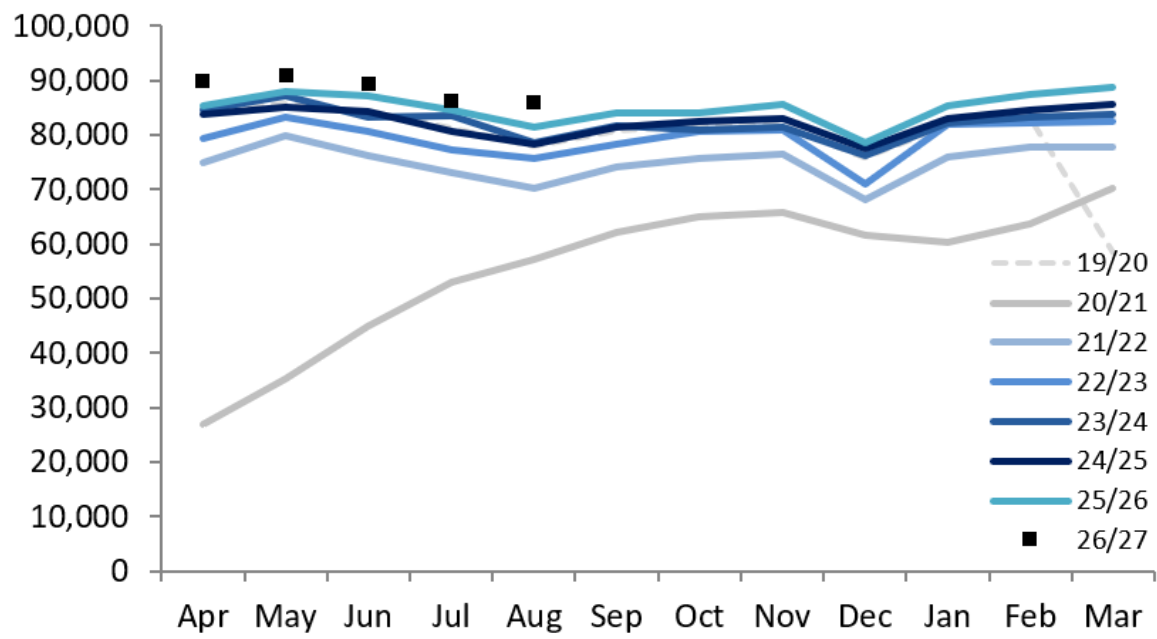


Chart 3: Number of completed admitted RTT pathways per working day, including estimates for missing trusts

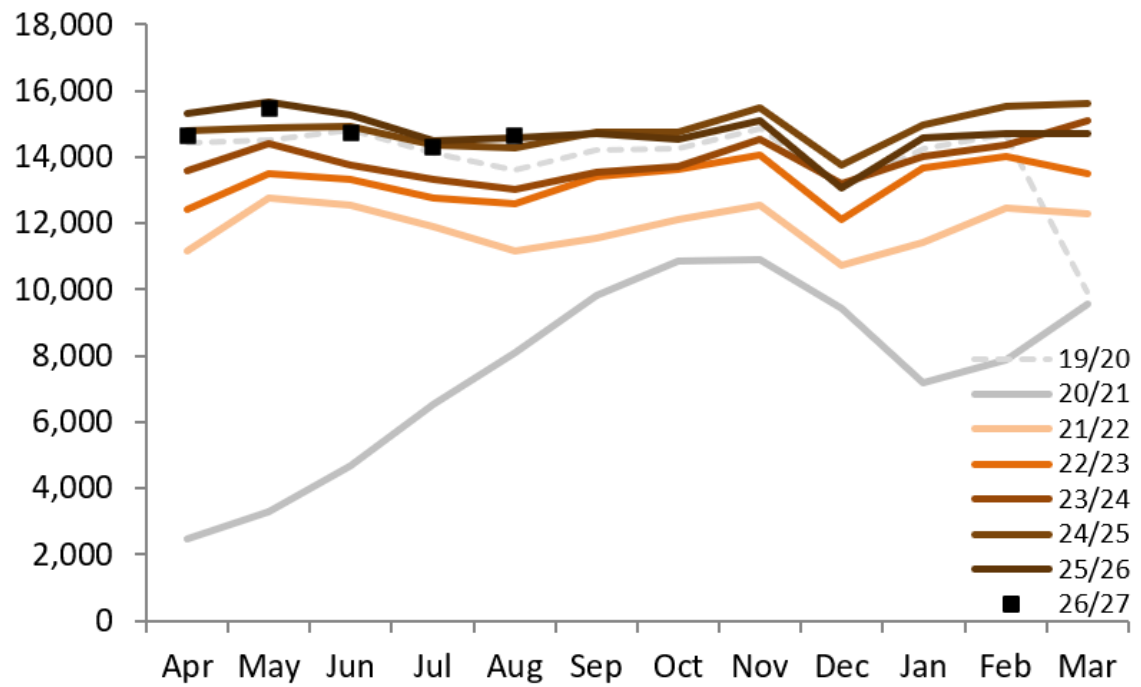


Chart 4: Number of completed non-admitted RTT pathways per working day, including estimates for missing trusts

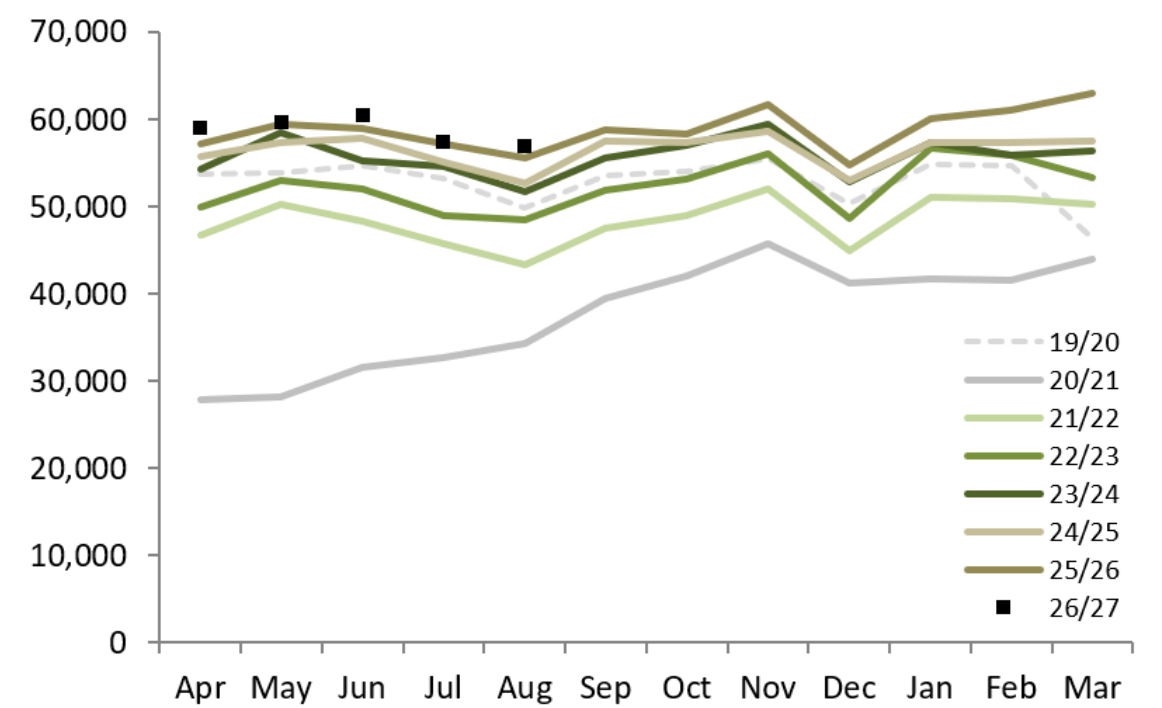


Chart 5: Total incomplete RTT pathways

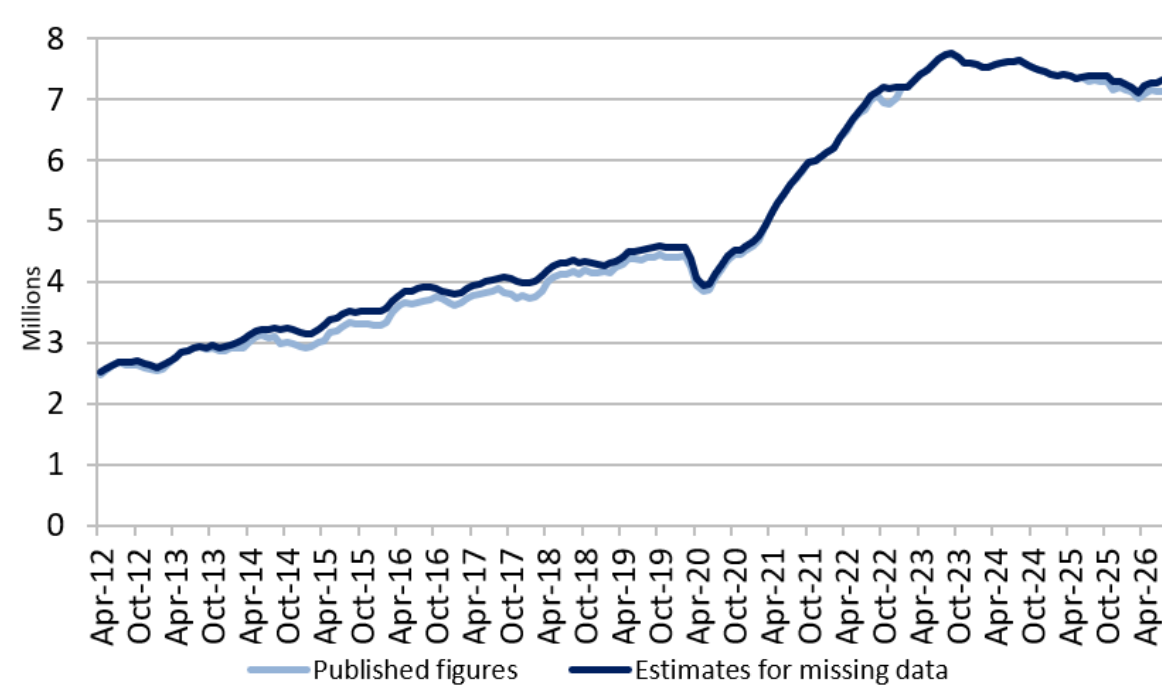


Chart 6: Change in total incomplete RTT pathways compared to same month previous year, including estimates for missing trusts

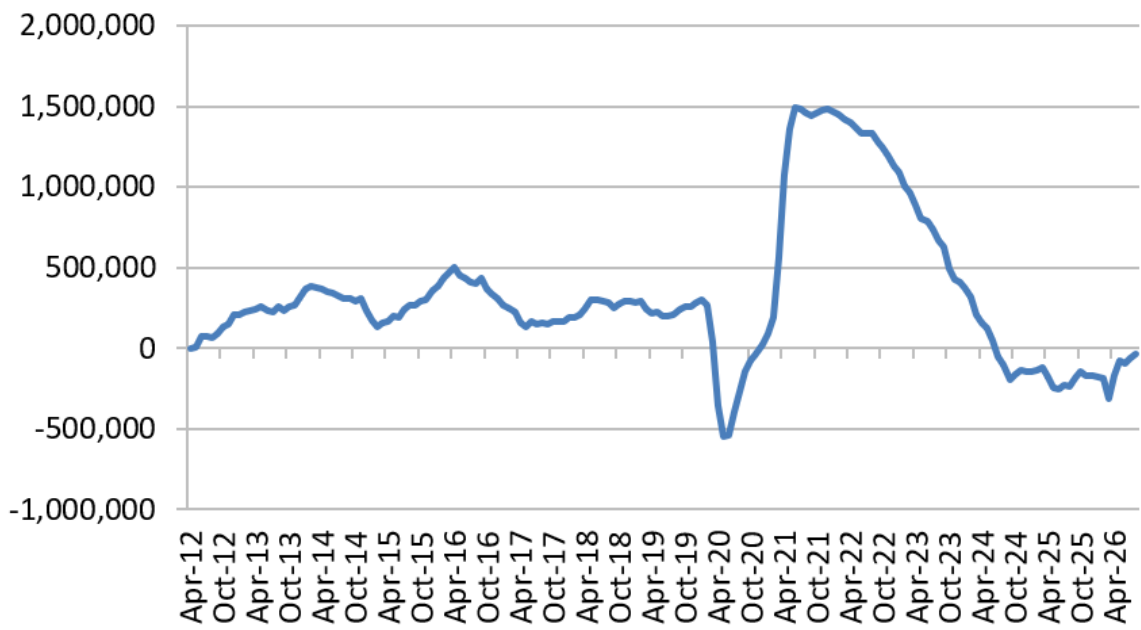


Table 1 – RTT pathways by treatment function, not including estimates for missing trusts, August 2026, England

Treatment function	Incomplete pathways		Completed pathways		New RTT periods
	Total	% within 18 weeks	Admitted Total (all)	Non-admitted Total (all)	Total
General Surgery Service	384,427	63.2%	24,071	45,237	82,503
Urology Service	366,130	64.9%	18,031	50,544	85,550
Trauma and Orthopaedic Service	843,419	61.1%	43,077	93,833	159,844
Ear Nose and Throat Service	589,316	56.8%	11,710	74,981	103,297
Ophthalmology Service	622,784	72.2%	52,188	97,827	167,716
Oral Surgery Service	315,652	53.8%	12,504	34,370	50,641
Neurosurgical Service	53,980	62.0%	2,317	6,381	10,635
Plastic Surgery Service	108,674	59.5%	12,062	9,754	23,769
Cardiothoracic Surgery Service	8,551	73.9%	1,329	1,017	2,443
General Internal Medicine Service	28,907	74.2%	918	6,919	9,125
Gastroenterology Service	357,430	69.7%	16,114	46,321	89,108
Cardiology Service	360,799	67.9%	9,060	52,311	76,313
Dermatology Service	422,625	69.0%	11,419	91,852	129,491
Respiratory Medicine Service	182,132	74.2%	2,150	36,226	47,239
Neurology Service	205,335	62.4%	550	28,784	40,167
Rheumatology Service	118,118	70.4%	1,278	22,775	27,892
Elderly Medicine Service	27,386	84.3%	422	7,618	10,213
Gynaecology Service	585,378	59.6%	14,856	78,293	115,529
Other - Medical Services	620,378	70.1%	13,758	120,912	164,531
Other - Mental Health Services	3,347	82.0%	7	1,130	1,021
Other - Paediatric Services	321,302	66.0%	9,028	51,284	66,046
Other - Surgical Services	473,107	66.9%	21,202	94,554	142,457
Other - Other Services	158,987	76.4%	4,636	46,543	55,143
Total	7,158,164	65.2%	282,687	1,099,466	1,660,673

Table 2 – RTT waiting times time series, England

Incomplete pathways			
Month	Median wait (weeks)	92 nd 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%
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%
Mar-26	11.3	38.3	65.3%
Apr-26	11.9	38.7	65.0%
May-26	12.4	38.6	65.6%
Jun-26	11.9	38.3	65.8%
Jul-26	12.0	38.4	65.4%
Aug-26	12.2	38.8	65.2%

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) statistics user guidance, definitions, quality and methodological information

See <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-statistics-user-guidance/> for information on key terms; RTT standards, rights and pledges; data collection issues and changes; and important points relating to the use of the RTT statistics.

2. Missing data

Four acute trusts did not submit data on incomplete RTT pathways this month. The latest figures submitted by the missing trusts 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*
Torbay and South Devon NHS Foundation Trust (RA9)	33,500	Mar-26
University Hospitals Plymouth (RK9)	47,300	Jun-26
Northampton General Hospital NHS Trust (RNS)	39,900	Jul-26

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 providers do not submit RTT data, we use the following approach to reduce the extent to which the missing data impacts on the national time series:

- For incomplete RTT pathways, we factor in estimates based on the latest data submitted for the missing provider.
- To estimate the impact of missing data on completed (admitted and non-admitted) pathways and reported clock starts, 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.

Adjustments are made for any missing acute trusts.

Adjustments are made for missing non-acute NHS providers and independent sector providers only when no return has been submitted (that is, no incomplete pathways, completed pathways or clock starts have been reported) and the impact of at least one element of the missing data is greater than 0.25% of the relevant measure (total incomplete pathways, completed non-admitted, completed admitted or new RTT periods). The first adjustment for a missing non-acute NHS or independent sector

provider was made for Cora Health MSK (NMG) in July 2026. At that time, we reviewed the historical time series to determine whether adjustments were required for any other missing non-acute NHS or independent sector providers. Although some other instances of missing data were identified, none met the adjustment criteria. Therefore, no retrospective estimates have been applied for missing non-acute NHS or independent sector providers in earlier months.

See <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-statistics-user-guidance/#data-quality> for a full summary of missing data adjustments.

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.

3. 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.

Each UK country has developed its own minimum targets and operational standards for planned care waiting times, reflecting each country's policies and needs. These affect the data available on referral to treatment or stage of treatment waiting lists, and the extent to which data can be compared across the four countries.

Despite the differences, there is value in considering trends across the UK in waiting lists for RTT and different stages of treatment.

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://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcare/system/articles/nhsplannedcarewaitingtimesacrosstheuk/2024-06-18>

4. 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

In March 2026, the Office of Statistics Regulation published a [compliance review of NHS England's referral to treatment statistics](#). OSR concluded that the RTT statistics continue to meet the standards set out in the Code of Practice for Statistics and made five recommendations to be addressed to enhance the trustworthiness, quality and value of statistics and maintain the status of Accredited Official Statistics. Information on progress made on the recommendations is available here: <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/osr-compliance-assessment/>.

5. 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.

We recommend signing up to the Government Statistical Service (GSS) health and social care newsletter to receive updates on developments to RTT waiting times statistics and other related official statistics: [Office for National Statistics – Sign up for GSS Health and Care newsletter](#).

Our developments page brings together information on developments and plans relating to RTT waiting time statistics: <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/statistical-work-areas-referral-to-treatment-rtt-waiting-times-developments/>.

6. Additional Information

For press enquiries, please e-mail the NHS England media team at nhsengland.media@nhs.net or call 0113 825 0958. See <https://www.england.nhs.uk/contact-us/media/> for more details.

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