Thursday 12 November 2026

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

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

## Missing data for September 2026

Sheffield Teaching Hospitals NHS Foundation Trust (RHQ), Torbay and South Devon NHS Foundation Trust (RA9), University Hospitals Plymouth (RK9), Northampton General Hospital NHS Trust (RNS), Nottingham University Hospitals NHS Trust (RX1), and Lancashire and South Cumbria NHS Foundation Trust (RW5) did not submit any RTT data for September 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 September 2026 was 7.4 million. Some patients are on multiple pathways. The number of unique patients is estimated to be around 6.2 million[1].

- Among the 7.4 million, in 116,353 cases the patient was waiting more than 52 weeks, in 12,825 cases they were waiting more than 65 weeks, in 2,015 cases they were waiting more than 78 weeks, and in 314 cases they were waiting more than 104 weeks. In 65.8% of cases the patient had been waiting up to 18 weeks, thus not meeting the 92% standard.

- During September 2026, 1,981,844 new RTT pathways were started (new RTT period or clock starts).

- During September 2026, 323,789 pathways were completed as a result of admitted treatment and 1,349,881 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 4th October 2026 was 85:100. The WLMDS extract was taken on 4th November 2026, which includes data up to 25th October 2026.

- For those pathways where the patient was waiting to start treatment at the end of September 2026, the median waiting time was 12.2 weeks. The 92nd percentile waiting time was 37.7 weeks[2].

**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.

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

**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 September 2026, 65.8% were waiting up to 18 weeks, an increase of 4.0 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 September 2026 was up by 3.5% compared to the 12 months to September 2025 (chart 2).

- The total number of completed RTT pathways per working day was up by 2.4% in the 12 months to September 2026 compared to the 12 months to September 2025 (completed admitted pathways down by 2.8% and completed non-admitted pathways up by 3.7%, charts 3 and 4).

- The number of pathways where the patient was waiting to start treatment (incomplete pathways) at the end of September 2026 decreased by 0.2% (12,283) compared to the end of September 2025 (charts 5 and 6).

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

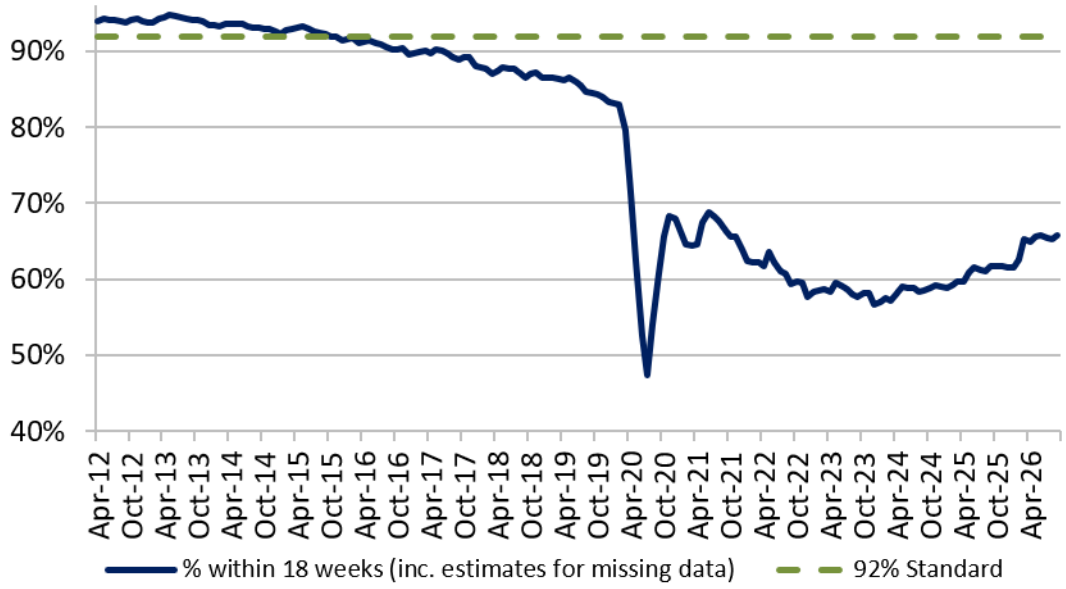


**Chart 2: Number of new RTT clock starts per working day, including estimates for missing trusts**

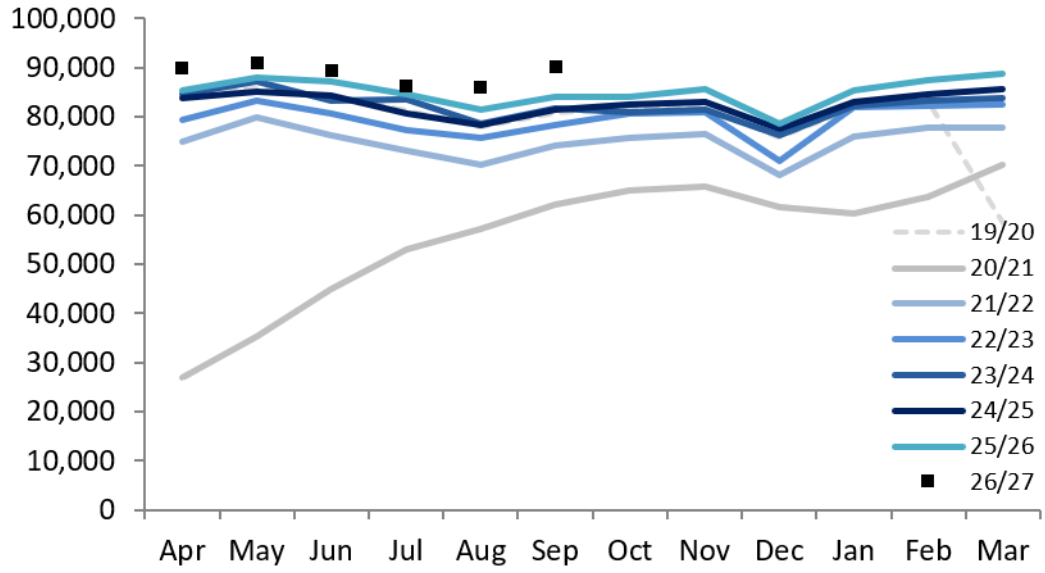



**Chart 3: Number of completed admitted RTT pathways per working day, including estimates for missing trusts**

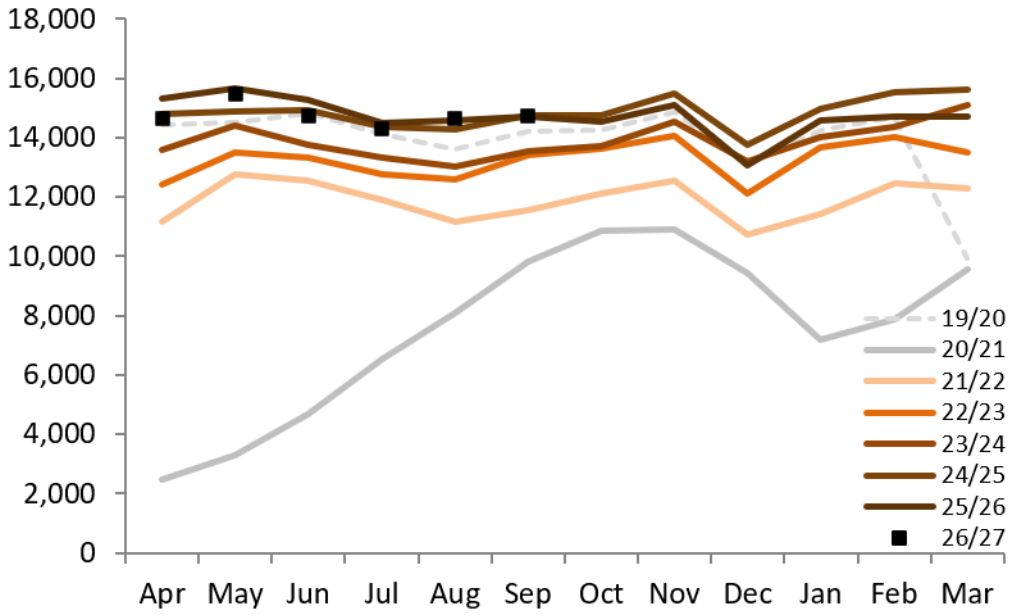



**Chart 4: Number of completed non-admitted RTT pathways per working day, including estimates for missing trusts**

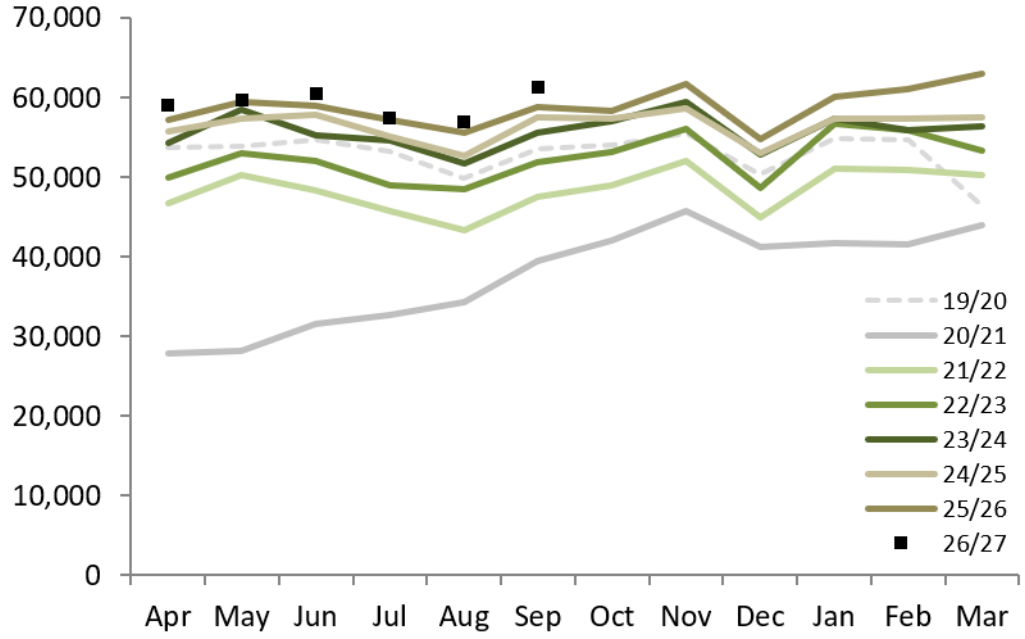



**Chart 5: Total incomplete RTT pathways**

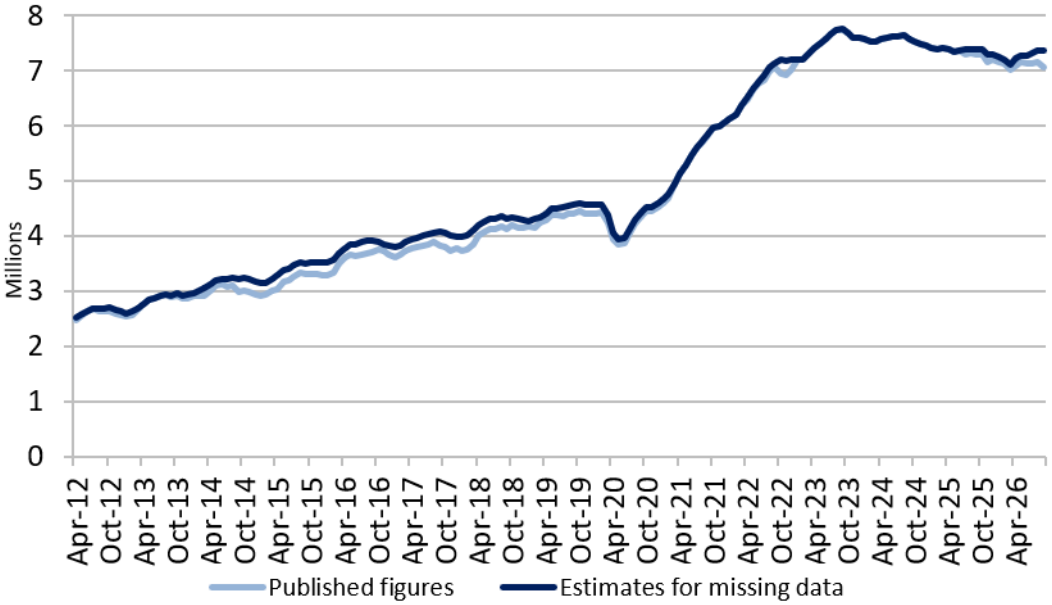


**Chart 6: Change in total incomplete RTT pathways compared to same month previous year, including estimates for missing trusts**

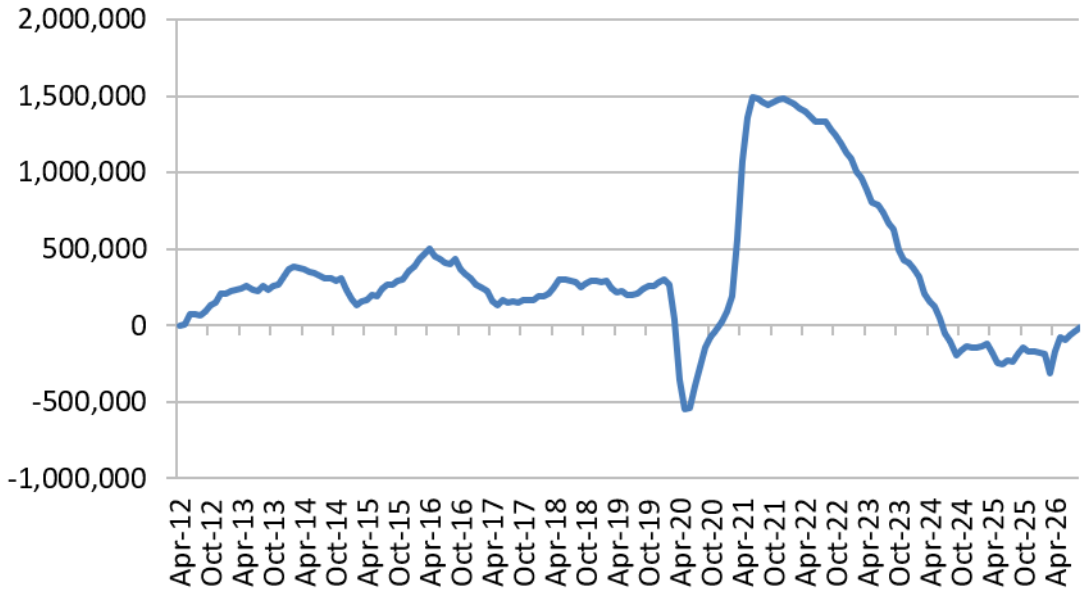


**Table 1 – RTT pathways by treatment function, not including estimates for missing trusts, September 2026, England**

| | Incomplete pathways | | Completed pathways | | New RTT periods |
|---|---|---|---|---|---|
| Treatment function | Total | % within 18 weeks | Admitted Total (all) | Non-admitted Total (all) | Total |
| General Surgery Service | 385,858 | 63.9% | 26,104 | 52,061 | 95,606 |
| Urology Service | 361,731 | 66.0% | 19,423 | 55,998 | 94,742 |
| Trauma and Orthopaedic Service | 830,089 | 61.4% | 48,319 | 108,131 | 179,859 |
| Ear Nose and Throat Service | 576,857 | 57.1% | 13,260 | 88,348 | 120,252 |
| Ophthalmology Service | 618,839 | 72.8% | 59,578 | 115,592 | 192,159 |
| Oral Surgery Service | 313,457 | 54.5% | 13,662 | 39,071 | 57,686 |
| Neurosurgical Service | 52,591 | 62.5% | 2,354 | 7,463 | 11,961 |
| Plastic Surgery Service | 109,043 | 60.3% | 12,971 | 11,089 | 26,645 |
| Cardiothoracic Surgery Service | 8,025 | 74.2% | 1,337 | 1,103 | 2,440 |
| General Internal Medicine Service | 28,627 | 77.5% | 1,031 | 7,946 | 10,744 |
| Gastroenterology Service | 352,780 | 71.0% | 16,857 | 55,175 | 101,150 |
| Cardiology Service | 354,678 | 68.9% | 10,033 | 62,910 | 90,032 |
| Dermatology Service | 415,135 | 68.8% | 11,875 | 104,558 | 132,842 |
| Respiratory Medicine Service | 175,267 | 74.1% | 2,264 | 42,000 | 52,266 |
| Neurology Service | 202,153 | 63.8% | 588 | 34,917 | 44,409 |
| Rheumatology Service | 114,706 | 70.8% | 1,254 | 29,405 | 32,356 |
| Elderly Medicine Service | 26,373 | 87.0% | 476 | 9,309 | 11,748 |
| Gynaecology Service | 578,591 | 60.1% | 16,197 | 90,372 | 131,097 |
| Other - Medical Services | 605,850 | 71.1% | 15,133 | 143,304 | 185,634 |
| Other - Mental Health Services | 3,397 | 83.8% | 14 | 1,180 | 1,318 |
| Other - Paediatric Services | 315,621 | 65.8% | 10,212 | 62,523 | 79,471 |
| Other - Surgical Services | 465,775 | 67.2% | 22,874 | 107,887 | 156,632 |
| Other - Other Services | 178,881 | 80.4% | 4,758 | 61,751 | 85,591 |
| Total | 7,074,324 | 65.9% | 310,574 | 1,292,093 | 1,896,640 |

## 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% |
| 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% |
| Sep-26 | 12.2 | 37.7 | 65.8% |

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

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

| Provider | Provider type | Latest available incomplete RTT pathway data | Month incomplete pathway data last submitted |
|---|---|---|---|
| Sheffield Teaching Hospitals NHS Foundation Trust (RHQ) | Acute NHS | 91,256 | Jun-25* |
| Torbay and South Devon NHS Foundation Trust (RA9) | Acute NHS | 33,473 | Mar-26 |
| University Hospitals Plymouth (RK9) | Acute NHS | 47,271 | Jun-26 |
| Northampton General Hospital NHS Trust (RNS) | Acute NHS | 39,936 | Jul-26 |
| Nottingham University Hospitals NHS Trust (RX1) | Acute NHS | 86,339 | Aug-26 |
| Lancashire and South Cumbria NHS Foundation Trust (RW5) | Non-acute NHS | 3,267 | Aug-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/healthcaresystem/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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