

Integrated operational performance report

NHS England Board

29 May 2025

Item 2.1 (Public session)



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Introduction

This **Integrated Operational Performance Report** for the NHS England Board brings together the latest published data specifically for **UEC, elective, cancer, primary & community care, and mental health**.

This report provides performance updates (baseline data) for **all new 2025/26 OPG metrics** with March 2025 data for all areas, except for UEC which will be April 2025 data.

The summary tables at the end of each section in the main pack list:

- 2024/25 metrics that will be carried forward into 2025/26
- 2024/25 metrics that will not be carried forward in 2025/26
- 2025/26 OPG metrics
- 2025/26 OPG metrics that are still in development

The Annex contains all **2024/25 OPG metrics** showing 'year end' performance positions, along with supplementary performance metrics for further information (and as reported to NHS England Board throughout 2024/25). Similarly, all areas will be reporting March data except for UEC, which will be April data.

NOTE – 2025/26 OPG commitments for **LD&A, Prevention and LTC, Maternity and Finance** (listed on slide 55) will be included in future reporting to NHSE Board on a biannual basis (propose M6 September and M12 March).

Performance overview

UEC

In April 2025 data indicates an easing of pressure expected at this time of year for UEC with slight decreases in A&E attendances and Category 1 and 2 incidents. A&E 4-hour performance for April 2025 was 74.8%, representing a slight 0.2% decline from March 25 (75%). However, this marks a 0.3% improvement compared to April 2024 (74.5%). Category 2 ambulance response times improved significantly, with the April 2025 mean response time at 27 minutes and 34 seconds – a full minute faster than March 2025 and 2 minutes 26 seconds faster than April 2024 (30:00). This represents the best performance since August 2024. As we move into 25/26 in addition to the operational focus on 4 hr and cat 2 performance, we will be also be looking to improve percentage of 12 hour breaches.

ELECTIVE

There was a vast decrease in the number of 65+ week waiters since March 2024, from 48,967 to 7,381 in March 2025. We have maintained activity throughout 24/25 above the target of 107%.

We have now pivoted to delivering new priorities for 25/26 of:

- improving **RTT performance** to 65% with at least a 5% improvement, achieving a minimum of 60% RTT performance in each trust. National performance currently stands at 59.8%.
- improving **time to first appointment** performance within 18 weeks to 72% nationally with at least a 5% improvement, achieving a minimum of 67% performance in each trust. Nationally, as per the published Waiting List Minimum Data set (WLMDs), at end April 2025 performance was at 64.1%.
- reducing the percentage of those **waiting 52 weeks** to under 1% of the total waiting list.

CANCER

As at March 2025, performance against the **Faster Diagnosis Standard was 78.9%** against the constitutional standard of 75% and planning guidance ambition for 24/25 of 77%, a decrease of 1.3%pts on the previous month but up 1.6% year-on-year. 31-day combined performance was 91.4% against the constitutional standard of 96%, a decrease by 0.4%pts on the previous month but up 2.4%pts on the previous year. Performance against the 62-day combined standard was 71.4% against the constitutional standard of 85% and a planning ambition of 70%, a decrease of 4.4%pts from the previous month but up 3.6%pts on the previous year. In 25/26 we will be focused on going further on 62 day and FDS performance to 75% and 80% respectively .



Performance overview (cntd)

PRIMARY CARE & COMMUNITY SERVICES

In March 2025, 82.1% of the appointments were seen within 2 weeks. 51.3% of the appointments were seen within same day and next day. Experience of contacting the GP improving, with the latest data showing nearly three quarters of the patient found their experience of contacting GP, 'Easy' or 'Very Easy'. The total number of people waiting over 52 weeks in March 2025 has increased by 90.4% compared to March 2024. CYP community waits increased by 114.3% and Adults wait increased by 8.5%. In 25/26 we have now pivoted to reporting on improving patient experience as measured in GP services as measured by the Health Insight Survey and delivering an additional 700k Urgent Dental appointments.

MENTAL HEALTH

Length of stay (LoS) stands at 58.4 for March 2025 0.4 above the agreed baseline 58. The target for 2025-26 is to reduce average LoS below the baseline.

Children and young people (CYP) accessing services increased to 829,308 in the 12 months to March 2025, from 822,031 in the 12 months to February 2025. The latest month position is 11,000 behind the planned target of 840,237 by March 2025 but has grown 5.2% year on year.

NHS Talking Therapies improvement rate for Talking Therapies increased in March 2025 to 68.4%, 1.4% above the 67% target standard as set out in the planning commitment. Reliable recovery for Talking Therapies increased in March 2025 to 48.5%, this is now above the 48% target standard.

2025/26 OPG

Performance metrics

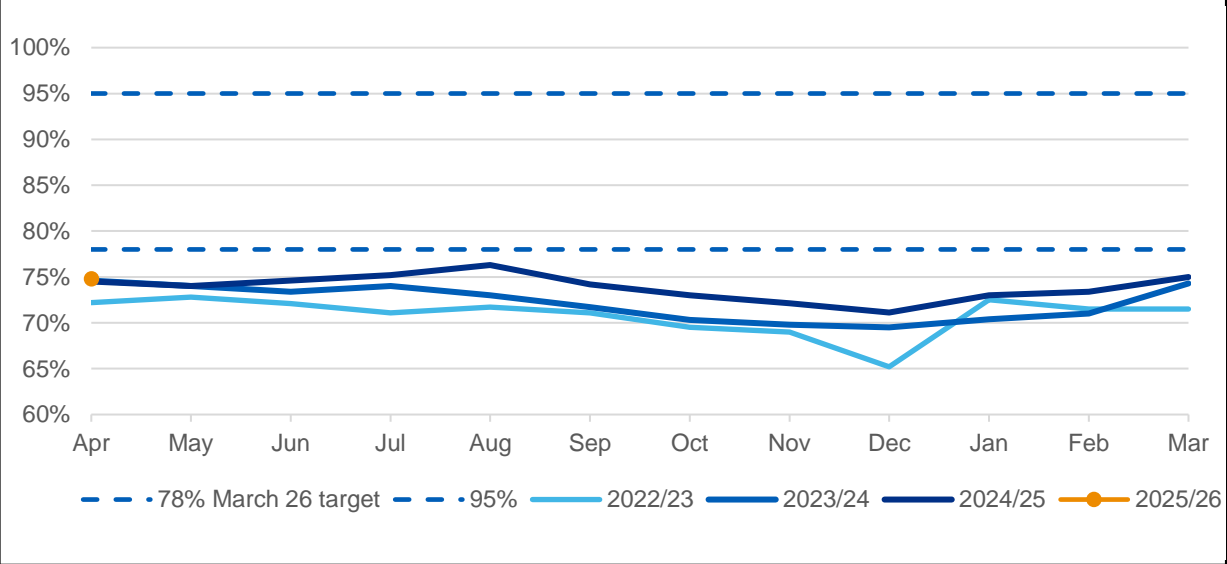


UEC



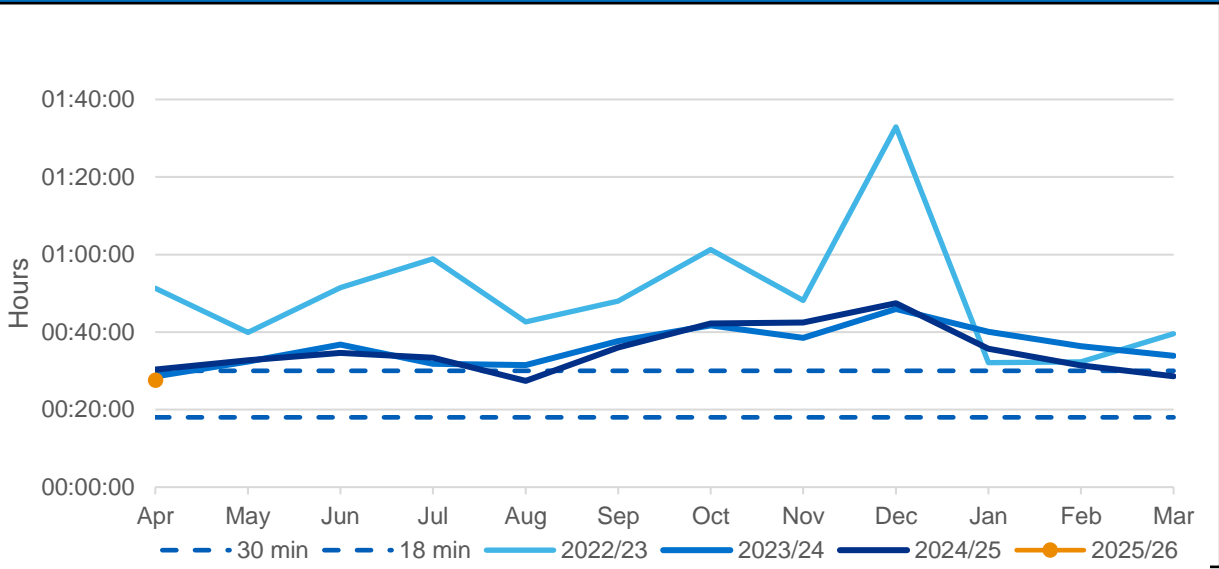
1. Improve ambulance response and A&E waiting times

The percentage of patients admitted, transferred or discharged in 4 hours has declined for April 2025. This was 74.8%, a 0.2% decline from March 2025 but is a 0.3 percentage point improvement on April 2024 (74.5%) but still falling below the 78% target.



2025/26 National Objective - Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026

Category 2, ambulance response times improved by one minute to 27 minutes 34 seconds in April 2025 compared to 28 minutes 34 seconds in March 2025. This is a marked improvement on last year, April 2024, which was 30 mins 22 seconds.



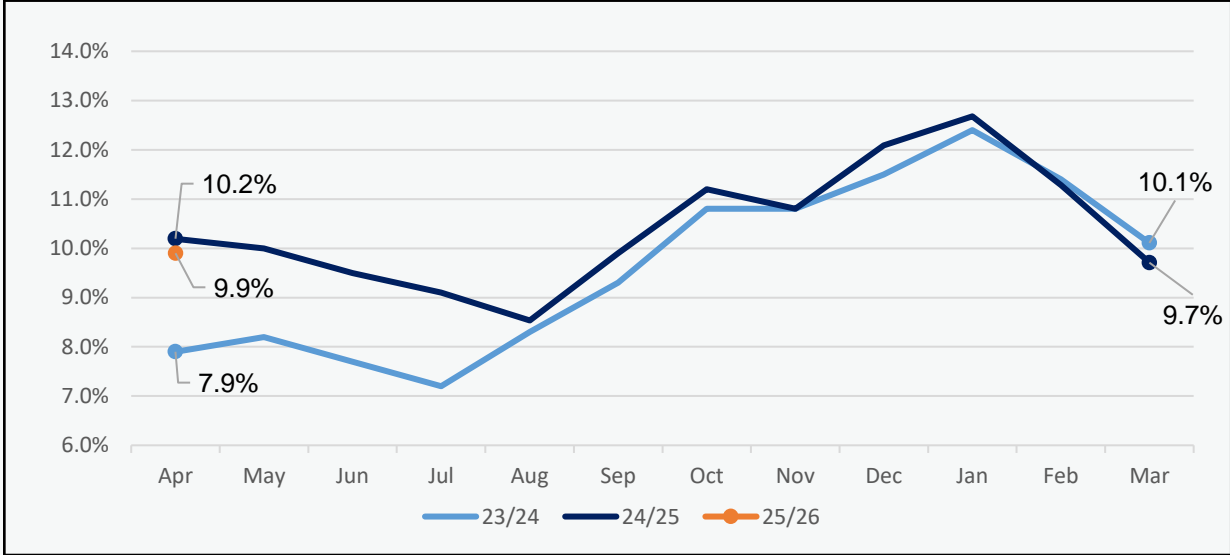
2025/26 National Objective - Improve category 2 ambulance response times to an average of 30 minutes across 2025/26

A&E 4-hour performance for April 2025 was 74.8%, showing a slight 0.2% decline from March 2025 (75.0%). However, this marks a 0.3% improvement compared to April 2024 (74.5%).

Category 2 ambulance response times improved significantly, with the April 2025 mean response time falling to 27 minutes and 34 seconds – a full minute faster than March 2025, this represents the best performance since August 2024.

1. A higher proportion of patients admitted, discharged, and transferred from ED within 12 hours across 2025/26

Over 24/25 the proportion of patients waiting 12 hrs from arrival was on average of 10.4%. In 25/26 we have set a target to improve this, and as of April 2025 have made progress toward that objective.



2025/26 National Objective - Across 2025/26, a higher proportion of patients admitted, discharged and transferred from ED within 12 hour compared to 2024/25.

Although the proportion of patients admitted, discharged, and transferred from ED within 12 hours in April 2025 was below the target, 137,207 patients (April-2025) waiting is still far above acceptable levels and has an impact on patients.

1. Improve ambulance response and A&E waiting times



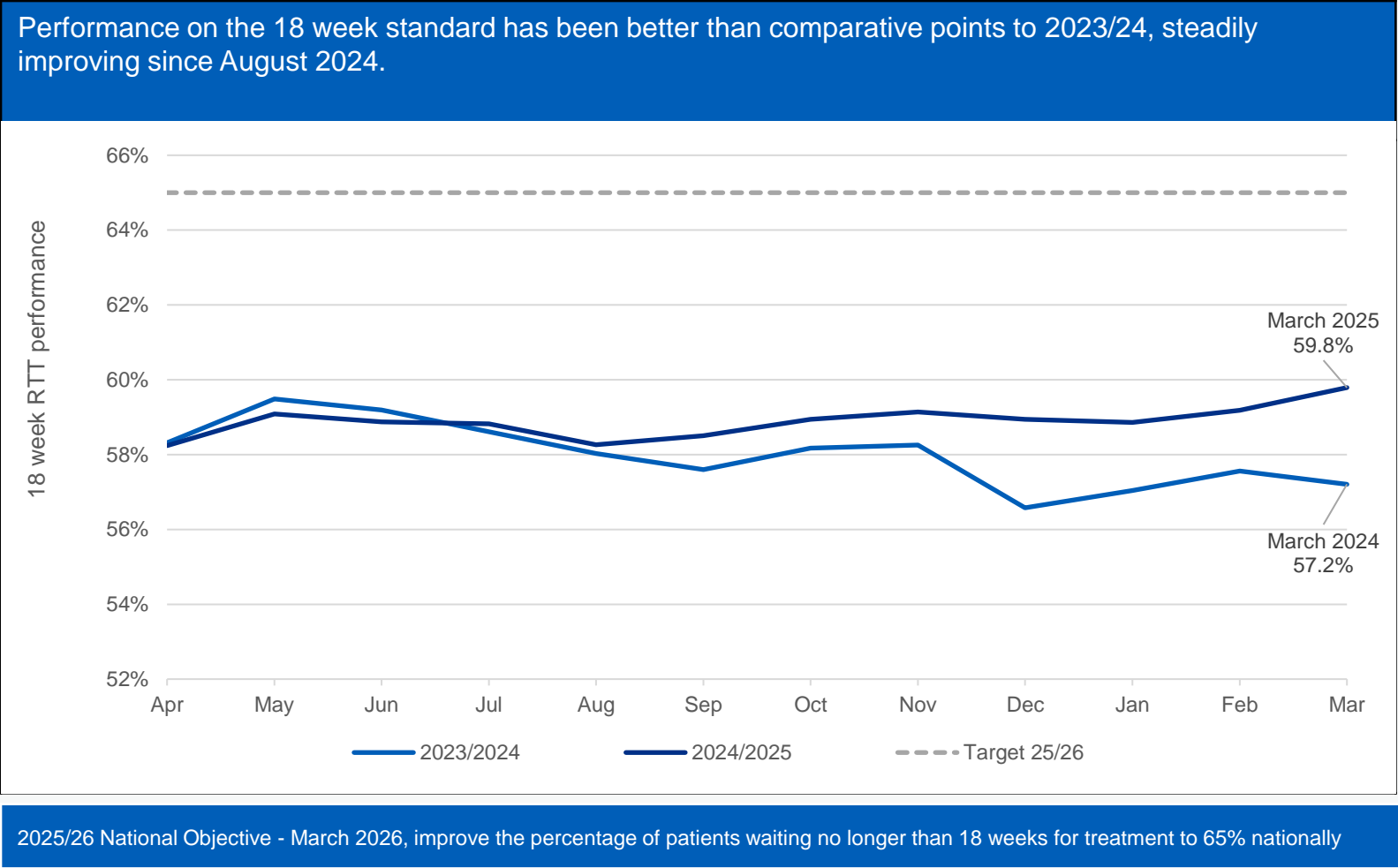
OBJECTIVE ONE. IMPROVE AMBULANCE RESPONSE AND A&E WAITING TIMES

ID	Commitment	Existing 2024-25 commitment will not continue into 2025-26	Existing 2024-25 commitment continues in 2025-26	New headline commitment 2025-26
NO 11	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026		X	
NO 12	Improve category 2 ambulance response times to an average of 30 minutes across 2025/26		X	
NO XX	Across 2025/26, a higher proportion of patients admitted, discharged and transferred from ED within 12 hour compared to 2024/25.			X

Elective care

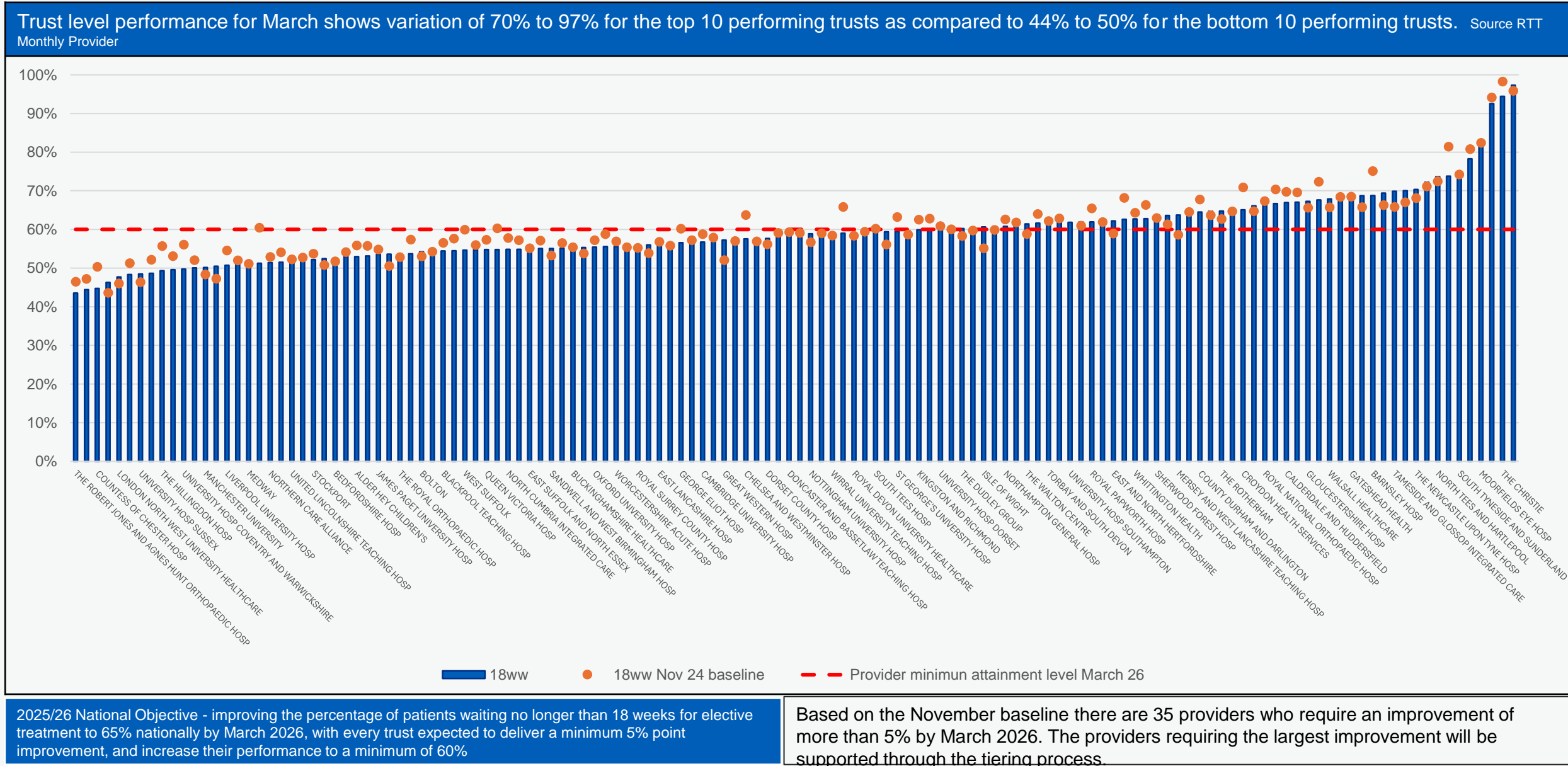


Improve performance against the 18-week treatment standard

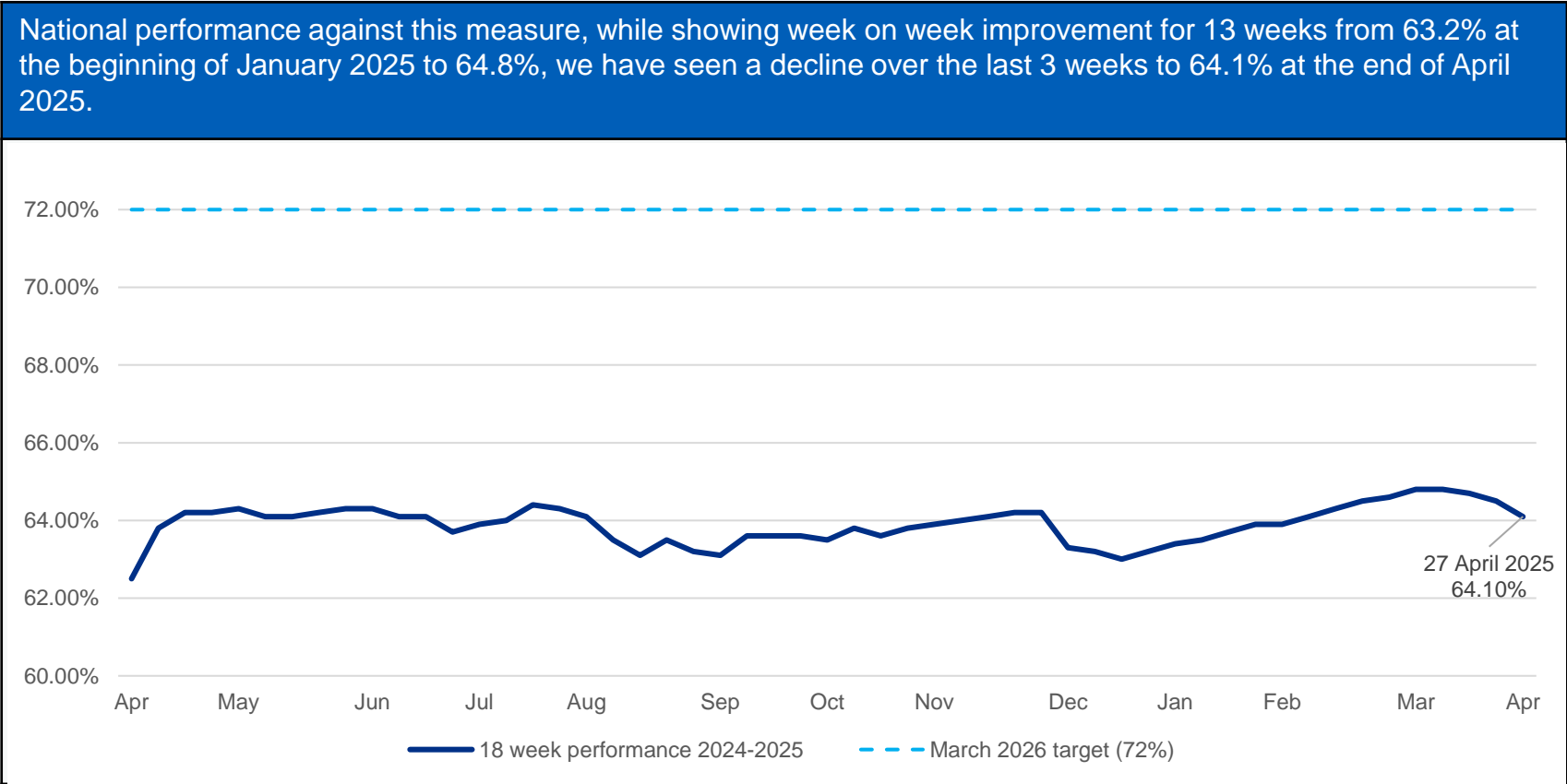


The waiting list increased to 7.42 million in March 2025, with an increase of 18,751 compared to the previous month. This represents an estimated 6.25m unique patients. Of those, 59.8% were waiting less than 18 weeks, against the Mar 2026 ambition of 65%. This is a 0.6%pt increase on last month and a 2.6%pt increase on March 2024. There were 85,643 new pathways per working day added to waiting list. This was a 7.4% increase on March 2024.

Improve performance against the 18-week treatment standard



Improve performance against the 18-week First Appointment

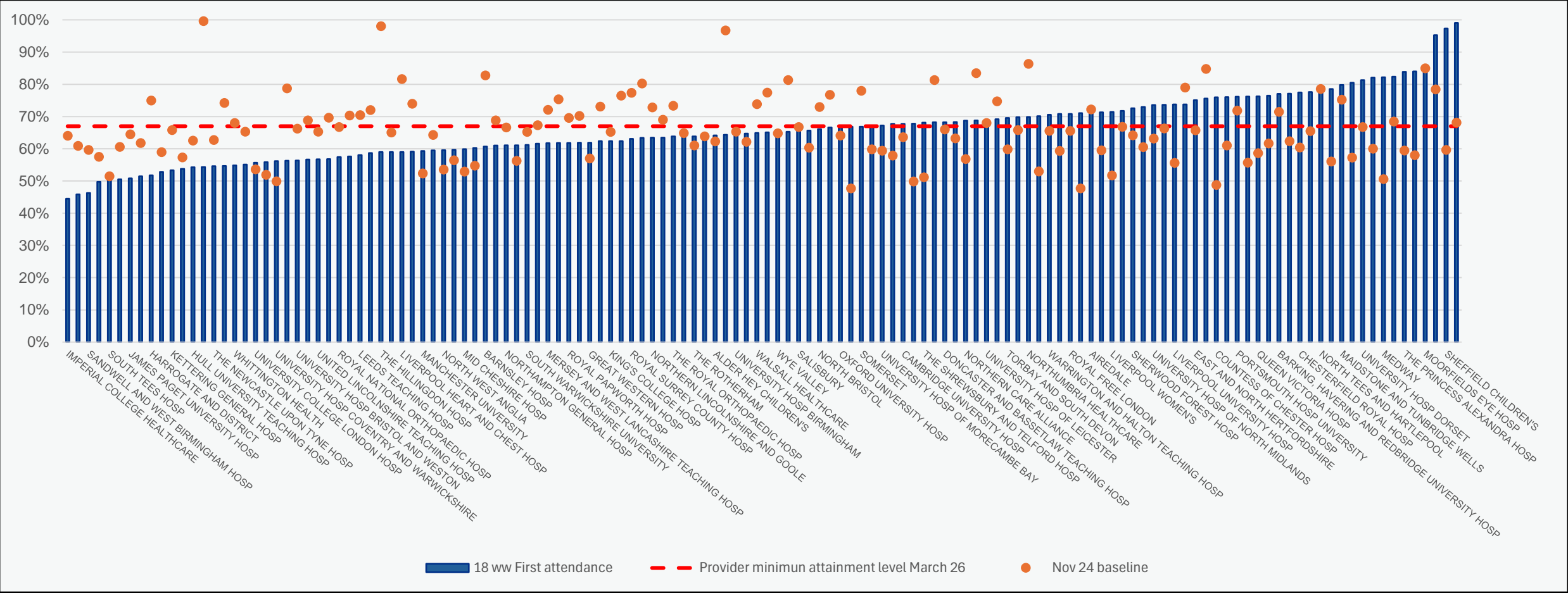


2025/26 National Objective - By March 2026, improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally

Performance for the 18-week first appointments has shown a consistent improvement for 13 weeks in a row until the end of March 2025 (64.8%), however April 2025 data shows the latest data point 0.36%pts lower than the previous week. At this point this is 7.9% points away from the 2025/26 target of 72%.

Improve performance against the 18-week First Appointment

Trust level performance in w/e 27 April shows variation of 81% to 99% for the top 10 best performing trusts as compared to 44% to 53% for the bottom 10 performing trusts against a March 2026 minimum target of 67%*. Source Waiting List Minimum Dataset (WLMDs)

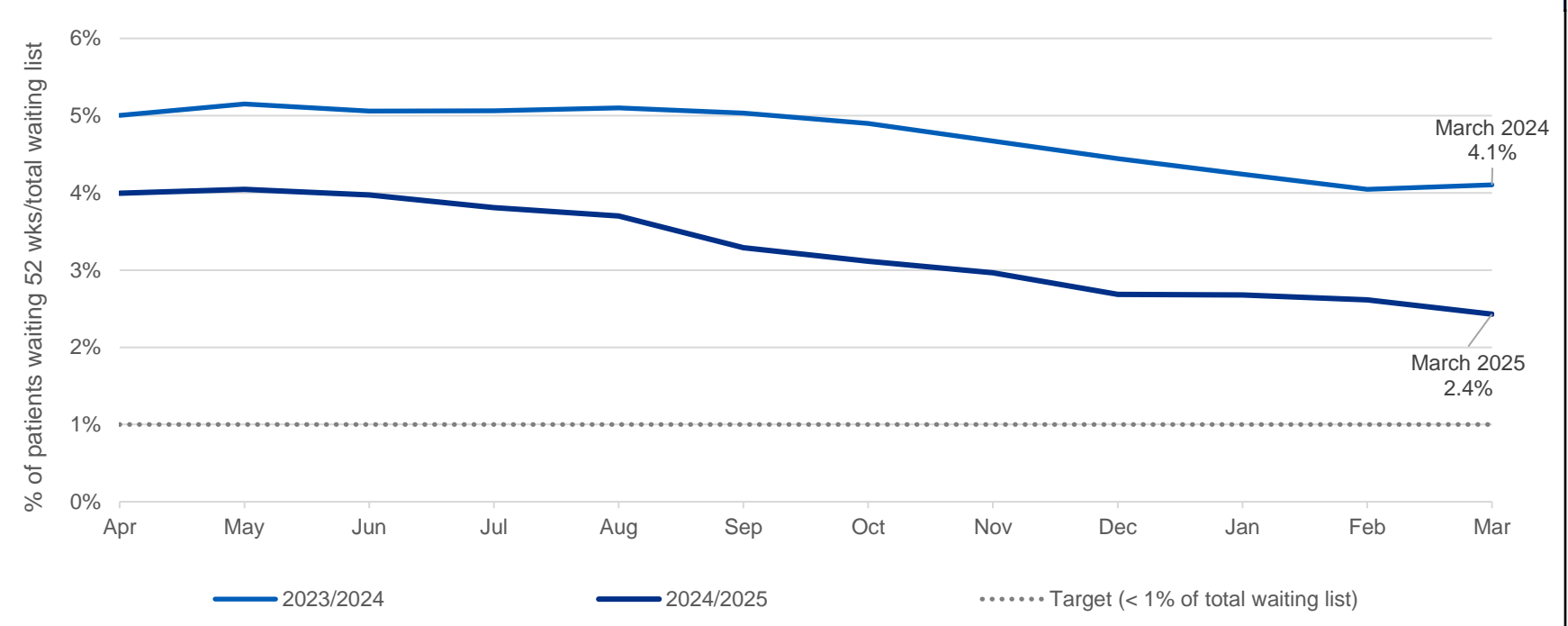


*2025/26 National Objective - Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement, and increase their performance to a minimum of 67%

Based on the November baseline, there are 48 providers who require an improvement of more than 5% by March 2026.

Reduce proportion of people waiting over 52 weeks for treatment to less than 1% of total waiting list by March 2026

The percentage of patients waiting over 52 weeks for treatment in relation to the total waiting list currently sits at 2.4% in March 2025.



2025/26 National Objective - By March 2026, reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list

In March 2025, 32 out of 138 trusts had the lowest proportion of people waiting less than 1% of the total waiting list, ranging from 0% to 0.9%. 6 trusts met the standard at 1%, whilst we saw 100 trusts' performance ranging from 1.2% to 22.5%. The worst 10 performing trusts ranged from 4.6% to 22.5%.

2. Reduce elective long waits and improve performance against the core cancer and diagnostic standards

OBJECTIVE TWO. REDUCE ELECTIVE LONG WAITS AND IMPROVE PERFORMANCE AGAINST THE CORE CANCER AND DIAGNOSTIC STANDARDS				
Elective				
ID	Commitment	Existing 2024-25 commitment will not continue into 2025-26	Existing 2024-25 commitment continues in 2025-26	New headline commitment 2025-26
NO 60	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	X		
NO 61	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	X		
NO 62	Increase the proportion of all outpatient attendances that are for first appointments or follow up appointments attracting a procedure tariff to 46% in 2024/25	X		
NO 68	Improve patients' experience of choice at point of referral	X		
NO XX	By March 2026, improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally			X
NO XX	By March 2026, every trust delivered a minimum 5% point improvement to the percentage of patients waiting no longer than 18 weeks for treatment against the November 2024 baseline, with all providers required to increase their RTT performance to a minimum of 60%			X
NO XX	By March 2026, improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally			X
NO XX	[By March 2026] every trust to improve by a minimum of 5% on wait for first appointment against the November 2024 baseline, with all providers achieving a minimum of 67%			X
NO XX	By March 2026, reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list			X

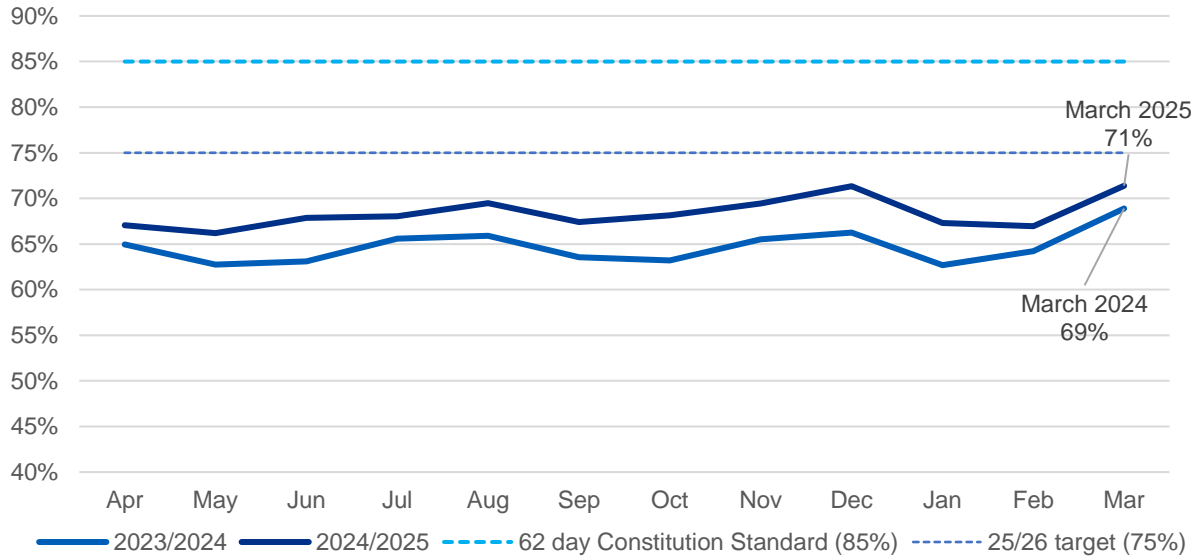
Cancer



2. Reduce elective long waits and improve performance against the core cancer and diagnostic standards

Current 2024/25 metrics, both carry forward into 2025/26 commitment

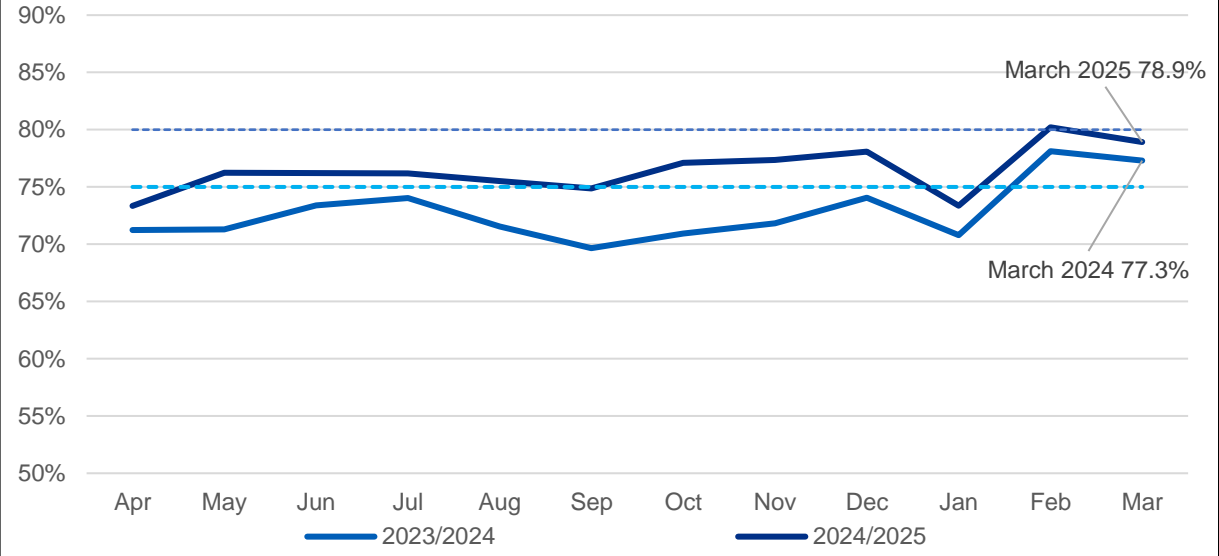
Performance against the 62 day referral to treatment standard was 71.4 in March 2025, against a March 2025 ambition of 70%, and the constitutional standard of 85%. This was a 2.5%pts increase compared to March 2024, equivalent to 615 fewer patients breaching the standard.



National Objective 73 - Improve performance against the headline 62-day standard to 70% by March 2025

2025/26 National objective – new target of 75% by March 2026

Performance against the Faster diagnosis standard was 78.9 in March 2025, against the constitutional standard of 75% and 2025 commitment of 77%. This was 1.6%pts improvement compared to March 2024, equivalent to 4,521 fewer patients breaching the standard.



National Objective 74 - Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025

2025/26 National objective – new target of 80% by March 2026

62-day performance: Performance increased by 4.4%pts in March 2025 to 71.4%. This is in line with historic trends - last year there was a month-on-month increase of 4.7%pts, the year before was an increase of 5.1%pts. No system met the standard. 23 out of 42 systems did manage to get above 70%.

Faster Diagnosis Standard: Performance decreased by 1.3%pts in March 2025 to 78.9%. This is a larger %pt decrease than the historic trend: last year there was a 0.8%pts decrease and the year before there was a 0.8%pts decrease between the equivalent months in those years. The year-on-year improvement for the same month last year was 1.6%pts. This was a reduction compared to the year-on-year improvement for 22/23 vs 23/24 which was 3.1%pts. 38 ICBs met the standard of 75%, 2 ICBs performed below 70%.

2. Reduce elective long waits and improve performance against the core cancer and diagnostic standards

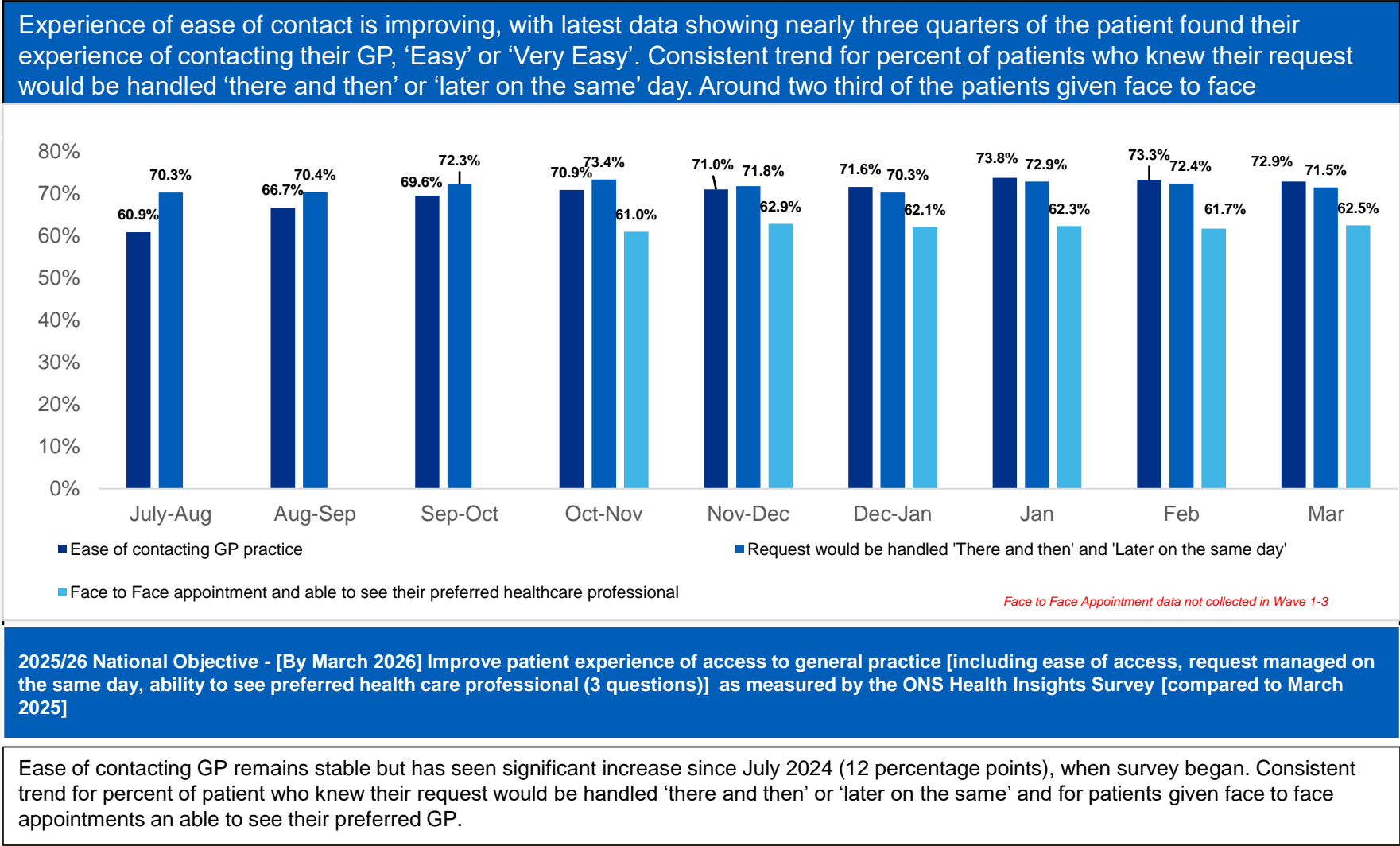
OBJECTIVE TWO. REDUCE ELECTIVE LONG WAITS AND IMPROVE PERFORMANCE AGAINST THE CORE CANCER AND DIAGNOSTIC STANDARDS

Cancer				
ID	Commitment	Existing 2024-25 commitment will not continue into 2025-26	Existing 2024-25 commitment continues in 2025-26	New headline commitment 2025-26
NO 73	Improve performance against the headline 62-day standard to 70% by March 2025 (New target 75% by March 2026)		X	
NO 74	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025	X		
NO 75	Improve performance against the 28 day Faster Diagnosis Standard to 80% ambition by March 2026		X	
NO 79	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	X		

Primary and community care



Improve patient experience of access to general practice



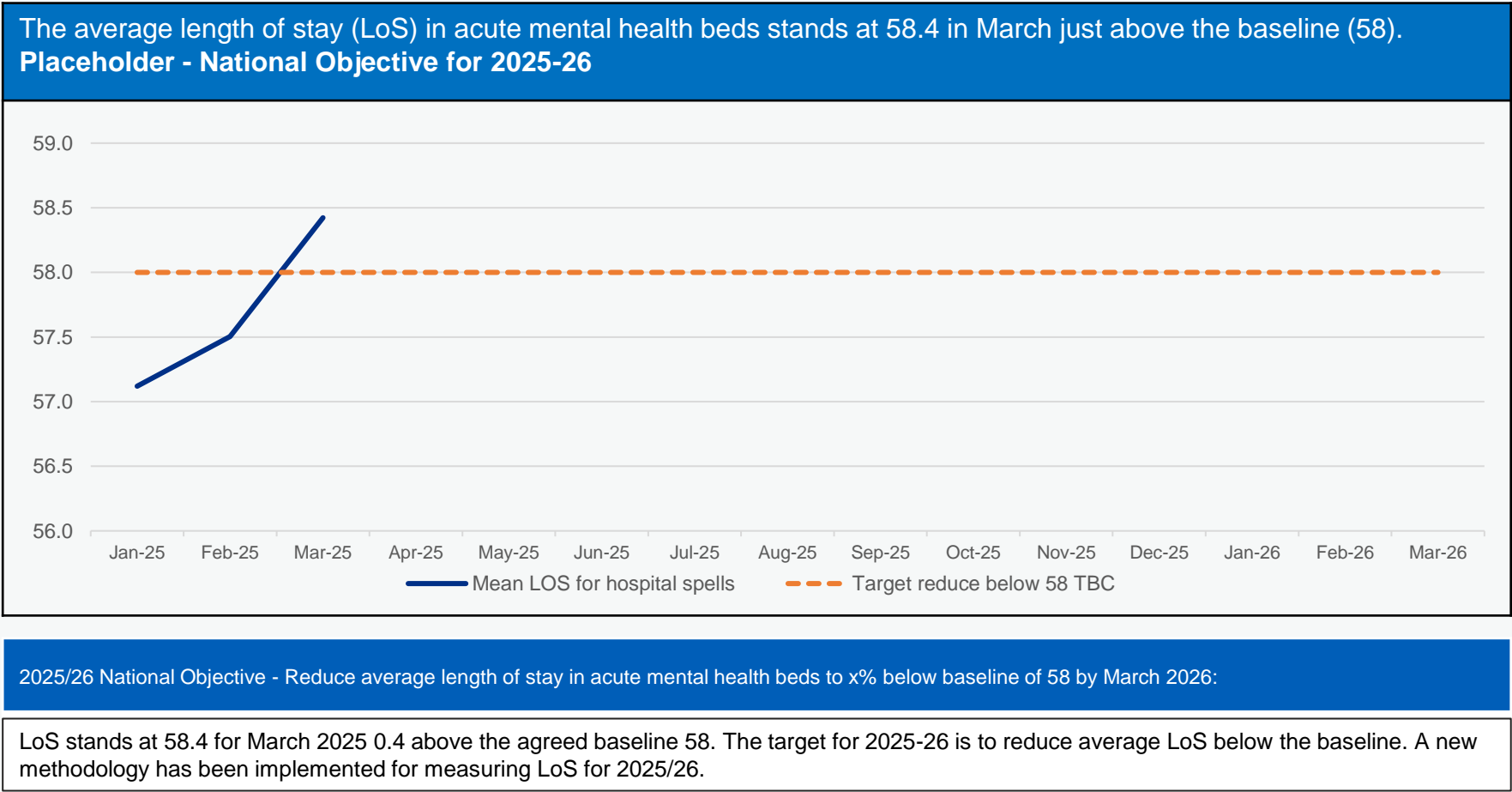
3. Improve timely access to community and primary care services, particularly general practice

OBJECTIVE THREE. IMPROVE TIMELY ACCESS TO COMMUNITY AND PRIMARY CARE SERVICES, PARTICULARLY GENERAL PRACTICE				
ID	Commitment	Existing 2024-25 commitment will not continue into 2025-26	Existing 2024-25 commitment continues in 2025-26	New headline commitment 2025-26
Primary care				
NO 39	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks	X		
NO 230	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that those who contact their practice urgently are assessed the same or next day according to clinical need	X		
NO 68	Improve patients' experience of choice at point of referral (enhanced ambition for 2025/26)		X	
NO 38	Improve community services waiting times, with a focus on reducing long waits.	X		
NO 40	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels	X		
NO xx	[By March 2026] At least 700,000 additional urgent dental care courses of treatment [compared to March 2025] Metric in development – to be added to future Board performance reporting			X

Mental Health

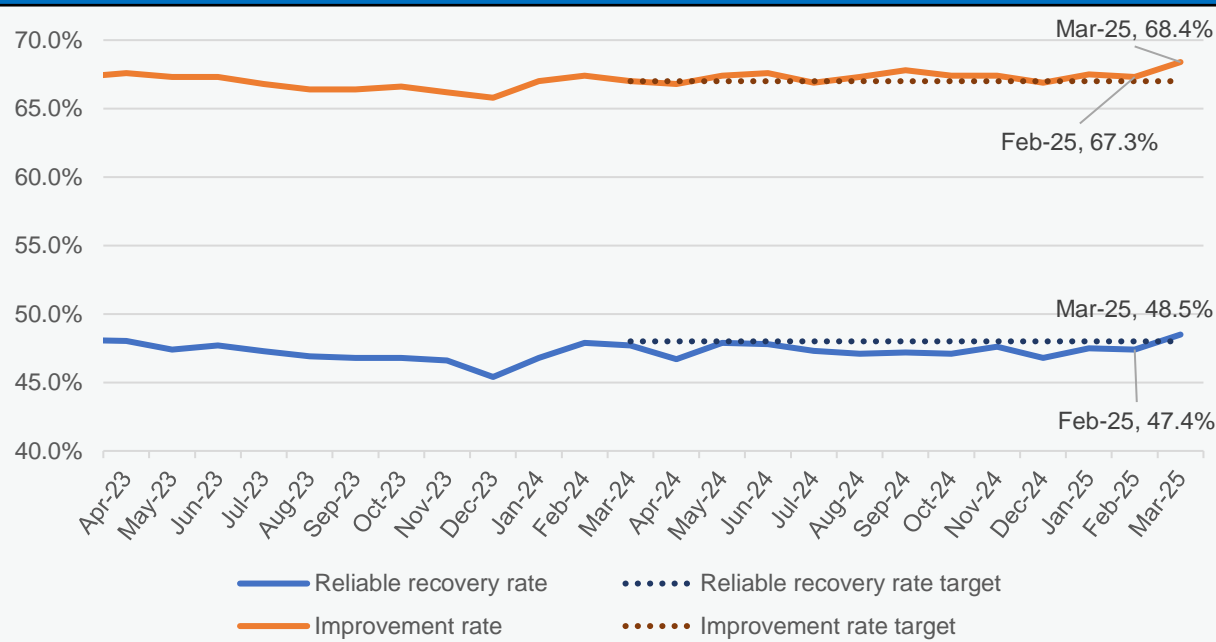


4. Improvement mental health services



4. Improvement mental health services

Reliable recovery has improved and is above the 48% target with reliable improvement rate above the 67% target in March 2025.

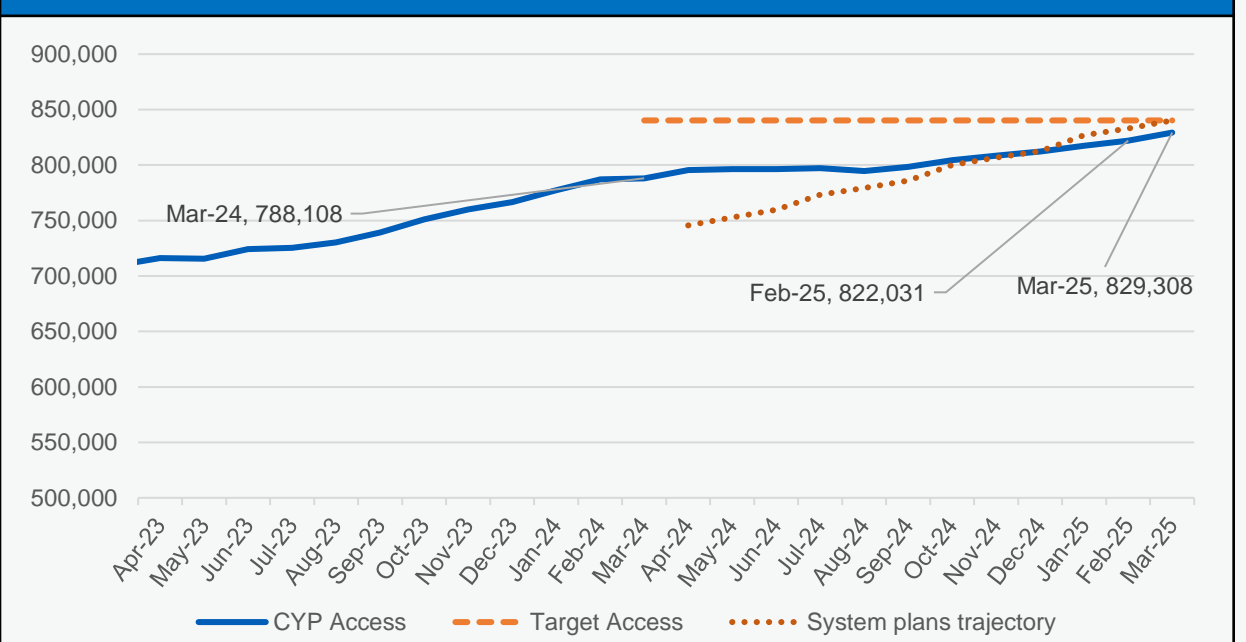


National Objective 113: Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, (with at least 67% achieving reliable improvement and 48% achieving reliable recovery)

The improvement rate for Talking Therapies increased in March 2025 to 68.4%, 1.4% above the 67% target standard as set out in the planning commitment. Reliable recovery for Talking Therapies increased in March 2025 to 48.5%, this is now above the 48% target rate.

2025/26 National Objective - Access to support from NHS-funded mental health services for children and young people

CYP Access increased in January 2025, lower than system plan increase of over 41,000 year on year in 2024/25. **carried forward into 2025-26.**



National Objective 112: Increase the number of children and young people accessing transform additional CYP aged 0-25 compared to 2019) **SYSTEM TARGET ONLY**

Access for children and young people aged 0-17 increased for the latest month, with 829,308 accessing services in the 12 months to March 2025 compared to 822,031 in February 2024. The latest month position is 10,929 behind the planned target of 840,237 by March 2025 but has grown 5.2% year on year.

2025/26 National Objective - Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0-25 compared to 2019 (same target 840,254)

Current 2024/25 metrics, both carry forward into 2025/26 commitments

4. Improvement mental health services and services



OBJECTIVE FOUR. IMPROVE MENTAL HEALTH SERVICES AND SERVICES FOR PEOPLE WITH A LEARNING DISABILITY AND AUTISTIC PEOPLE				
ID	Commitment	Existing 2024-25 commitment will not continue into 2025-26	Existing 2024-25 commitment continues in 2025-26	New headline commitment 2025-26
Mental Health				
NO 109	Improve patient flow and work towards eliminating inappropriate Out of Area Placements	X		
NO 115	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	X		
NO 110	Increase the number of people accessing transformed models of adult community mental health (to 400,000)	X		
NO 111	Increase the number of people accessing transformed models of perinatal mental health (to 66,000)	X		
NO 112	Increase the number of children and young people accessing transformed CYP models of care (345,000 additional CYP aged 0-25 compared to 2019)		X	
NO XX	Reduce average length of stay in acute mental health beds to x% below baseline of 58 by March 2026:			X
NO XX	Expand MHSTs consistent with the government aim of reaching 100% coverage by 2029/30 Metric in development – to be added to future Board performance reporting			X
NO 113	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, (with at least 67% achieving reliable improvement and 48% achieving reliable recovery) 2025/26 objective will focus on reliable recovery only.		X	

Annex



2024/25 OPG Performance metrics

(including supplementary metrics as reported to Board throughout 2024/25)



UEC



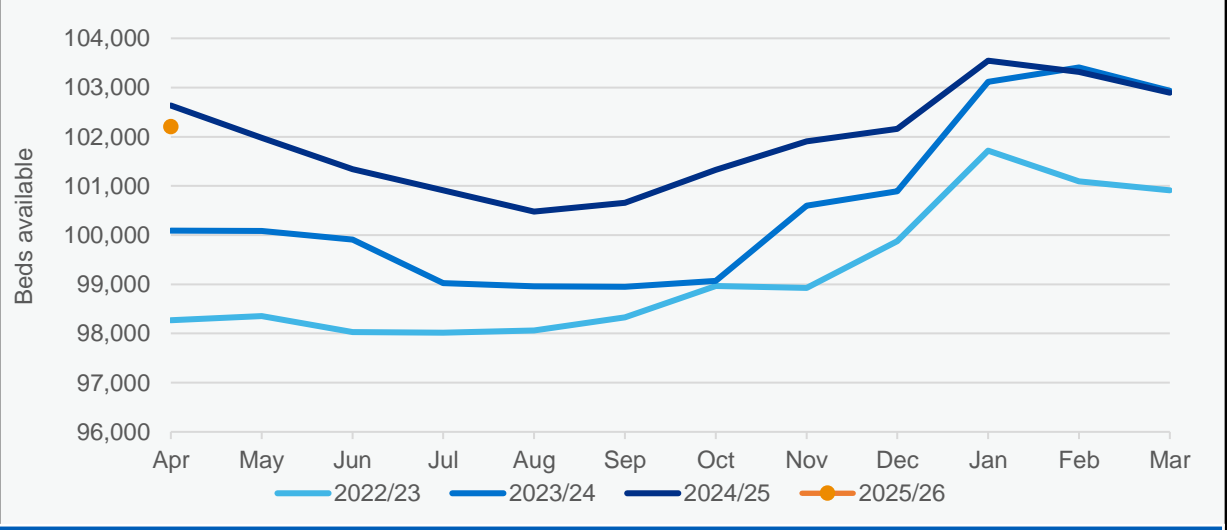
1. Improve ambulance response and A&E waiting times

Total hours lost to handover delays has deteriorated by 0.3% in April 2025 to 213,769 hours compared to March 2025 which was 213,109 hours. This is also a deterioration of 3% compared to April 2024 which was 207,543 hours



Supplementary performance metric – 2024/25

G&A beds available dropped 0.7% in April 2025 to 102,205 compared to March 2025 where there were 102,895 beds available. There were also 0.4% less beds available compared April 2024 (102,633)



Supplementary performance metric – 2024/25

In April 2025, hours lost due to ambulance handover delays has deteriorated by 660 hours when compared to March 25, however this is still a challenged position when compared to last April (2024) where hours lost has increased by 6,226 hours which is 3.0%.

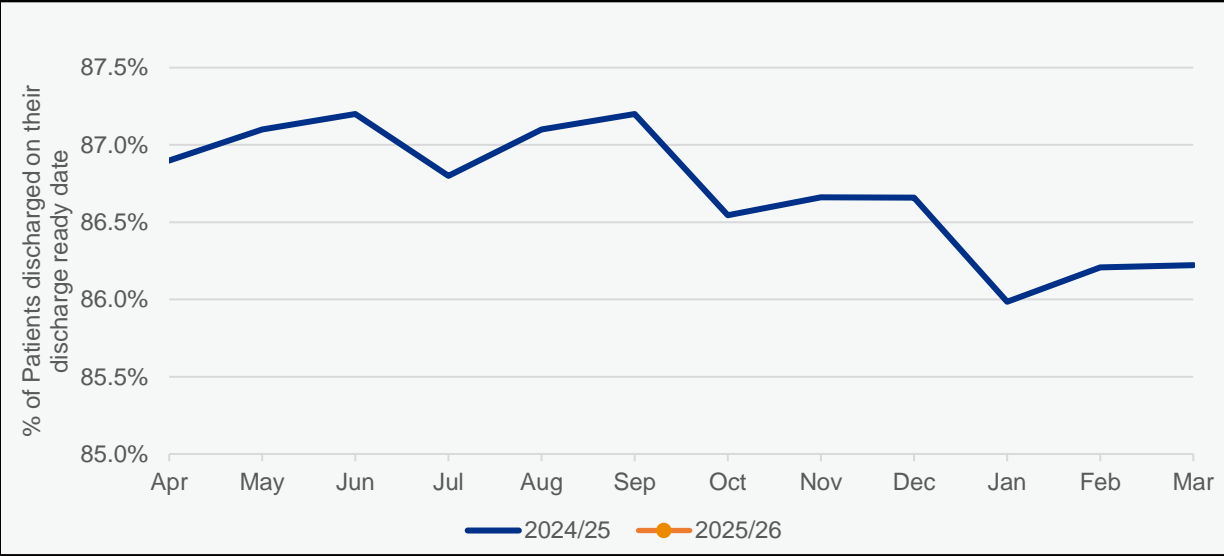
Category 1 and 2 incidents decreased in April 2025 by 4.6% and 3.9% respectively compared to March 2025 indicating less pressure in the system.

G&A beds available decreased slightly (by 0.7%) when compared to March 2025. Of the 102,205 beds available, 99,347 were core beds and 2,278 were escalation beds.

Occupancy remains high at 92.8% but has been consistently dropping from the recent high of 94.0% in January 2025.

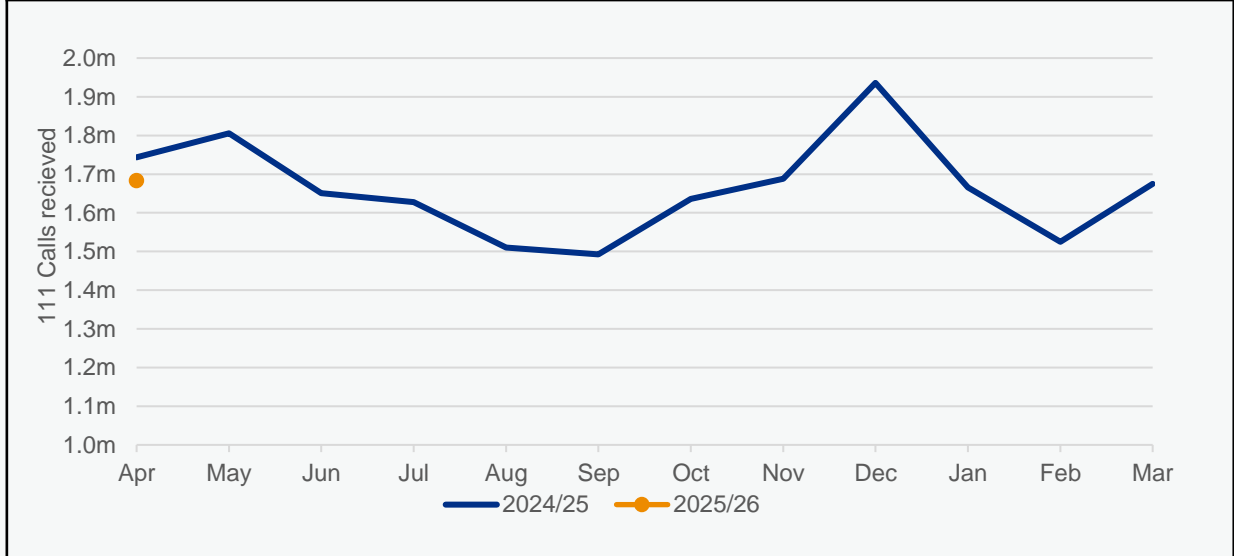
1. Improve ambulance response and A&E waiting times

The number of patients discharged on their discharge ready date was 86.2% which was the same as March 2025. Compared to March 2024 the number of patients discharged on their discharge ready date has dropped 0.1% from 86.3%



Supplementary performance metric – 2024/25

The number of 111 calls received in April 2025 increased 0.5% to 1,682,785 from 1,675,137 in March 2025. This is a decrease of 3.5% compared to April 2024 when the calls received were 1,743,262

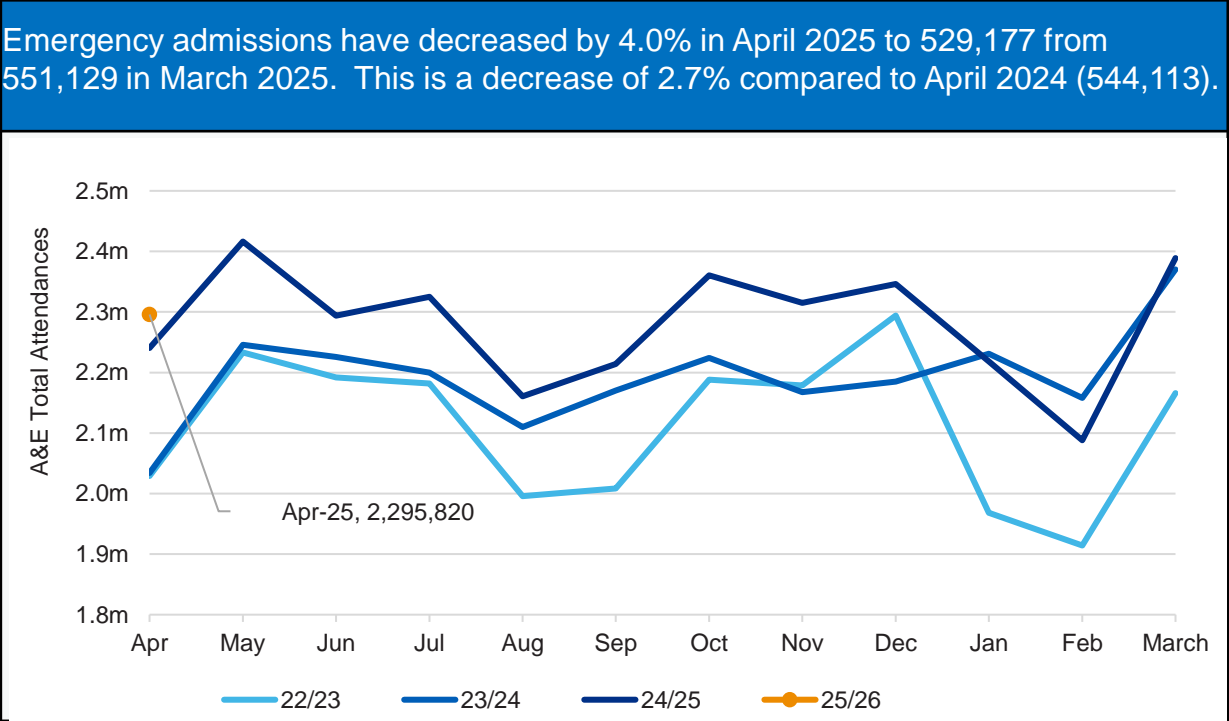


Supplementary performance metric – 2024/25

In March 2025, the proportion of patients discharged on their discharge ready date remained static at 86.2% when compared to February 2025. This static position marks a departure from the trend observed between January and June last year, which saw consistent monthly increases. Of the patients not discharged on their discharge ready date in March 2025 27.7% of patients were discharged more than 7 days after the discharge ready date. 285,005 bed days were lost due to delayed discharges in March 2025

The number of 111 calls received were 1,675,137 and have decreased in March 2025 from the previous year (2,012,014 March 2024) but have increased from February 2025 (1,524,625) .The percentage of answered calls abandoned increased to 3.2% in March 2025 from 3.0% from the previous month (February 2025). However, this is a big improvement compared to the prior year where in March 2024 this was 10.3%

1. Improve ambulance response and A&E waiting times



Supplementary performance metric – 2024/25

In April 2025 total attendances to A&E decreased 3.9% to 2,295,820 from 2,389,064 in March representing an expected reduction in pressure on the system at this time of year (coming out of winter). Emergency admissions also improved 4% from 529,177 in April 2025 from 551,129 in March 2025.

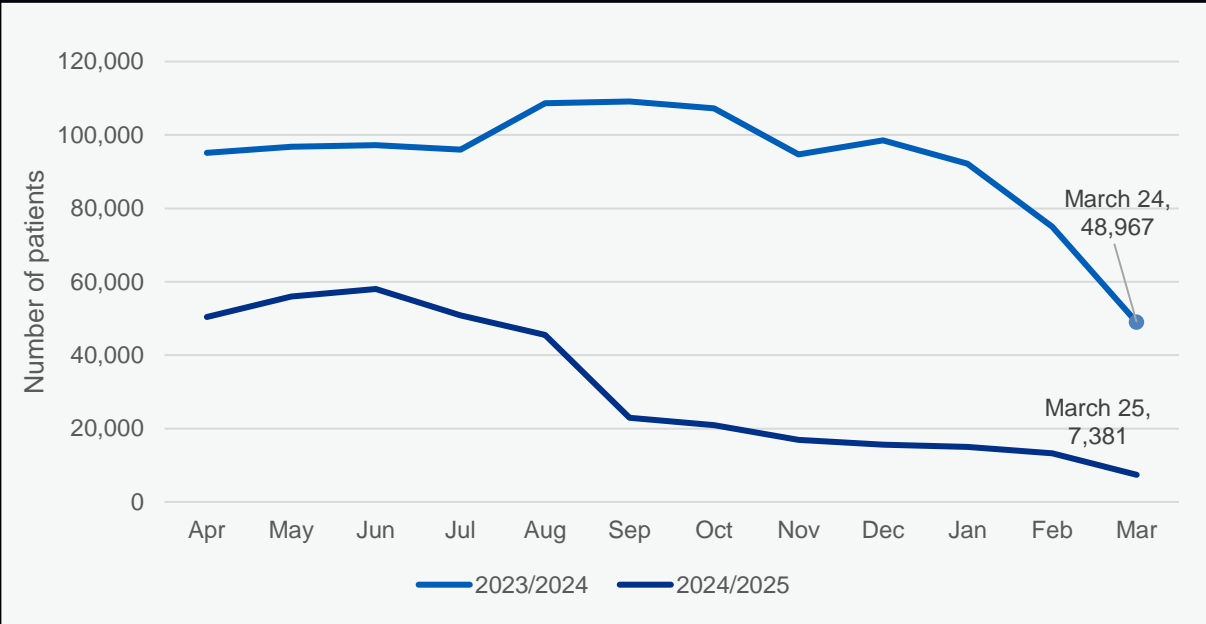
12-hour waits have continued to reduce by 4% (to 44,881) in April 2025 following a record high in Jan-25 (61,529). Although this a marked improvement, some patients are still experiencing unacceptably long waits for care.

Elective care



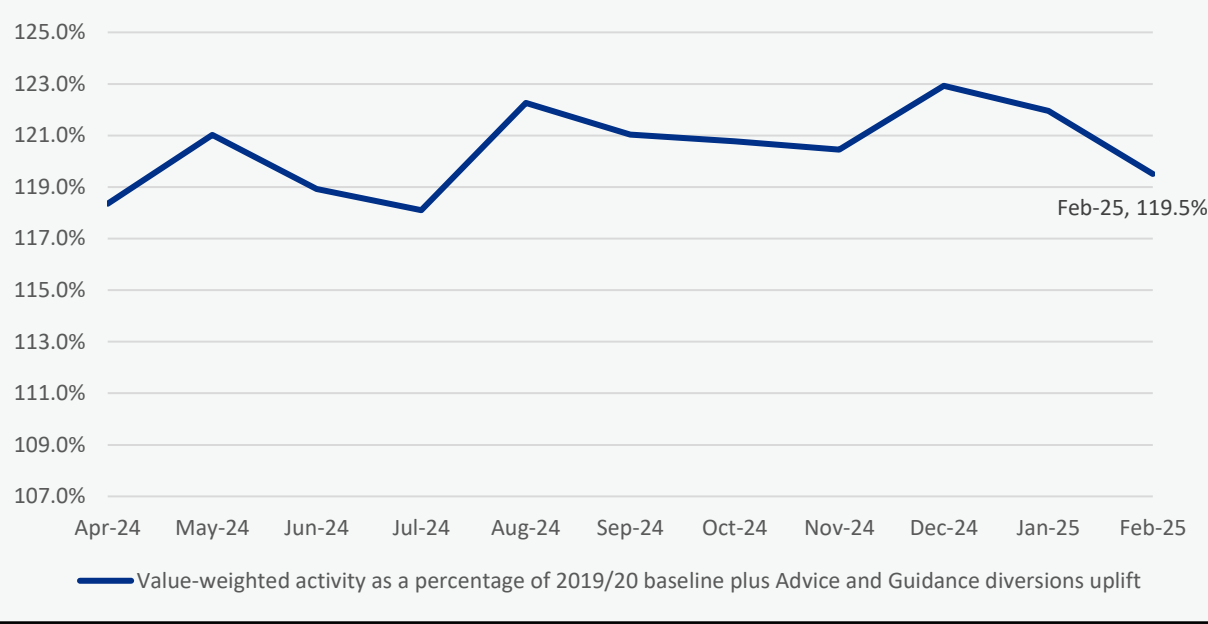
2. Reduce elective long waits and improve performance against the core cancer and diagnostic standards

The number of patients waiting over 65 weeks for treatment in March 2025 was 7,381, a decrease of 84.9% compared to March 2024.



National Objective 60 - Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)

Value weighted activity, including A&G, for the month of February 2025 was 119.5% of the 2019/20 baseline.

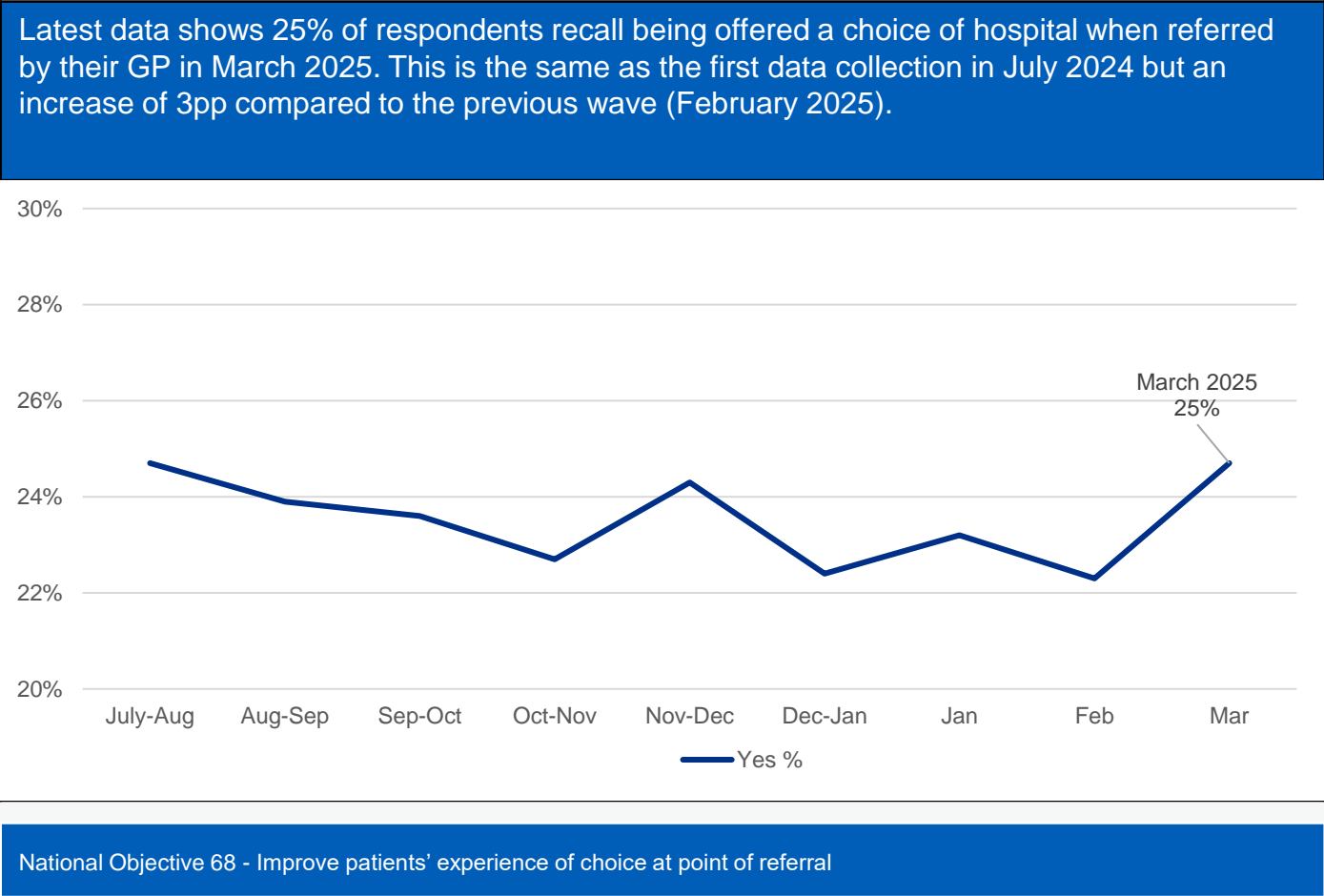


National Objective 61 - Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%

We have seen a decrease from the previous month of 5,842 (-44.1%) bringing the total 65+ week waiters from 13,223 to 7,381. This is in line with expected seasonal variation. Month-by-month comparison against 23/24 and 24/25 figures show consistent monthly improvement.

VWA remains above the 107% target for 2024/25, and discussions are ongoing with Treasury on the amount of VWA over-performance that can be funded this financial year.

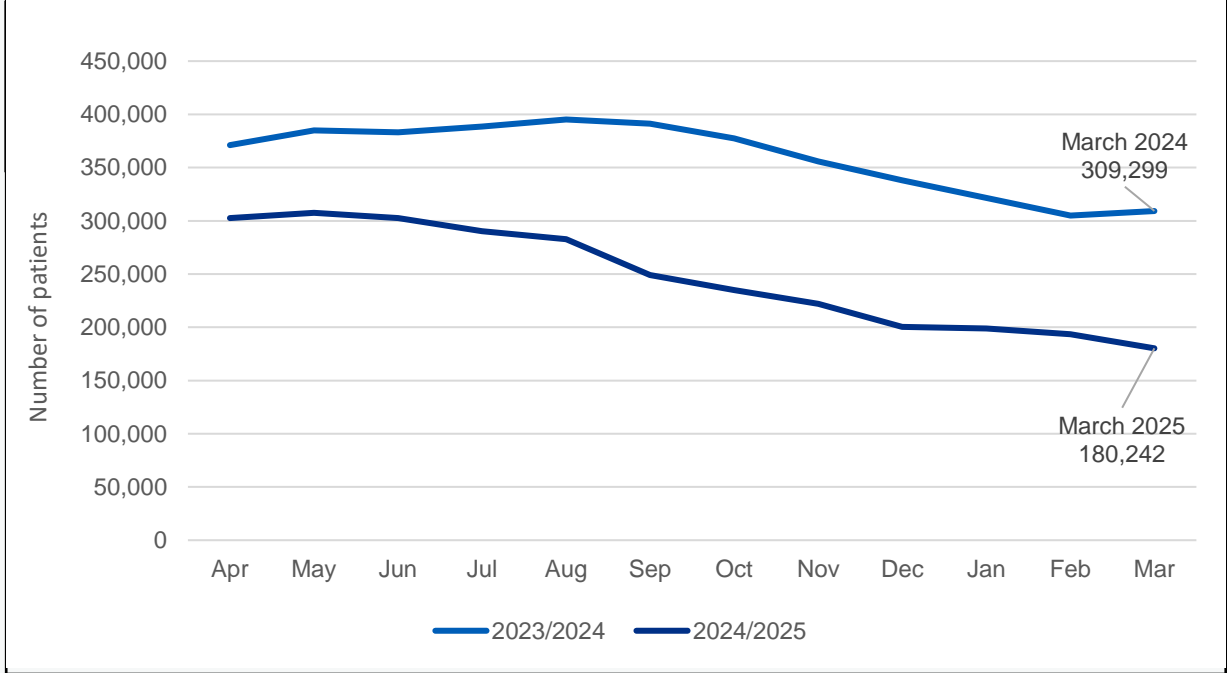
2. Reduce elective long waits and improve performance against the core cancer and diagnostic standards



Wave 9 of the Health Insight Survey (4 March - 26 March 2025) 24.7% of patients recall being offered a choice of hospital when referred by their GP Practice to see a specialist. This is up by 2.4 percentage points from the previous wave and now sits at the same level as the first wave (23 July – 15 August 2024).

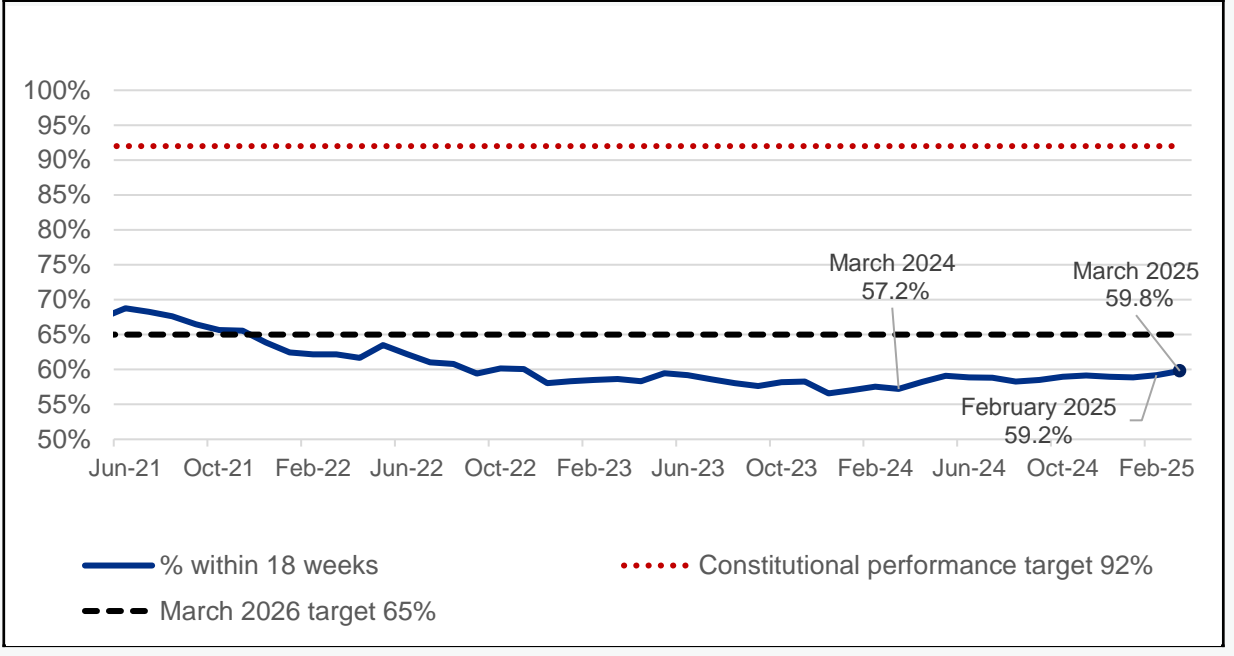
2. Reduce elective long waits and improve performance against the core cancer and diagnostic standards

There were 180,242 patients waiting over 52 weeks for treatment in March 2025, a decrease of 41.7% compared to March 2024. This is our best position since October 2020 where it was 167,134.



Supplementary performance metric – 2024/25

18+ week waits decreased by 37,139 (-1.2%) from 3,020,973 to 2,983,834 between February 2025 and March 2025.



Supplementary performance metric – 2024/25

On 52-week waits in March 2025, there was a decrease of 41.7% from the March 2024 position to 180,242. Month-by-month comparison shows a consistent improvement against 23/24.

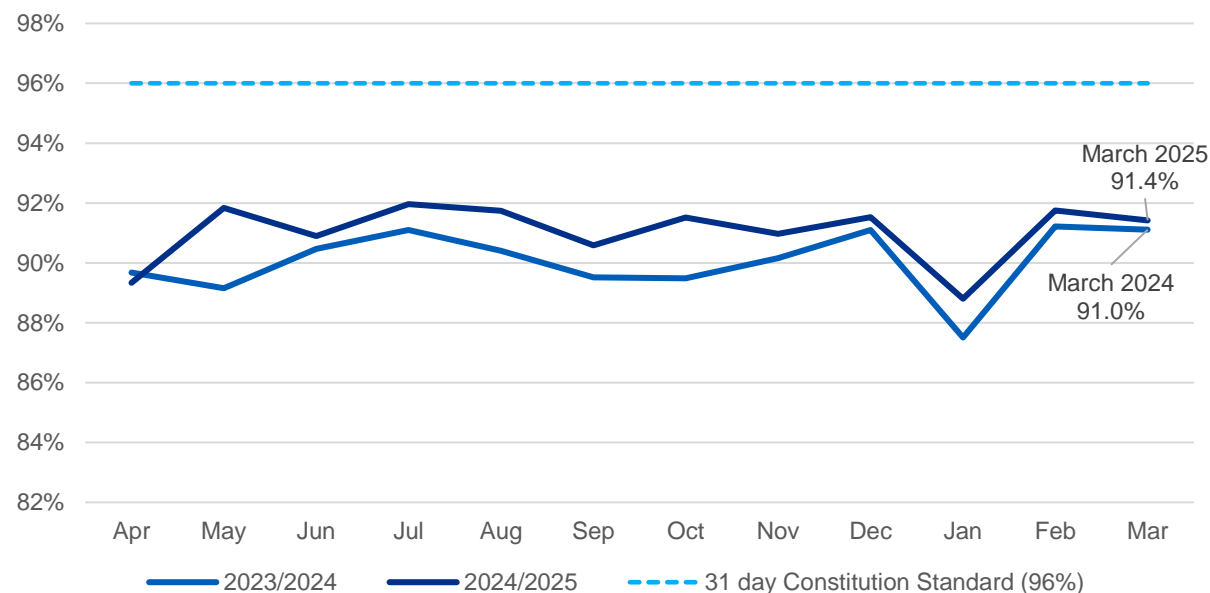
18+ week waits decreased by 37,139 (-1.2%) from 3,020,973 to 2,983,834 between February and March 2025. The Elective Reform plan is now published setting out key commitments, deliverables and milestones to support the delivery of the 18-week RTT standard.

Cancer



2. Reduce elective long waits and improve performance against the core cancer and diagnostic standards

The 96% standard for commencing treatment within 31 days of a decision to treat was not met in March 2025, with performance being 91.4%. This was 0.4%pts higher than March 2024, equivalent to 113 fewer breaches.



Supplementary performance metric – 2024/25

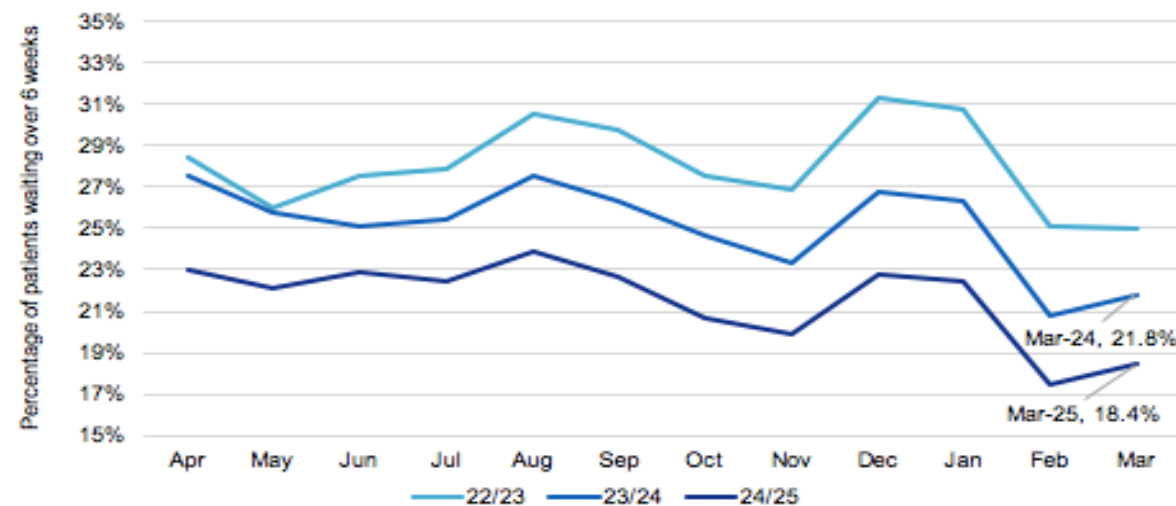
31 Day Performance: Whilst no planning requirement was set to improve this standard in 2024/25, performance was 91.4% in March 2025 (a seasonally expected decrease of 0.4%pts from March 2024). There was a decrease of 0.1%pts during the same period last year.

Diagnostics



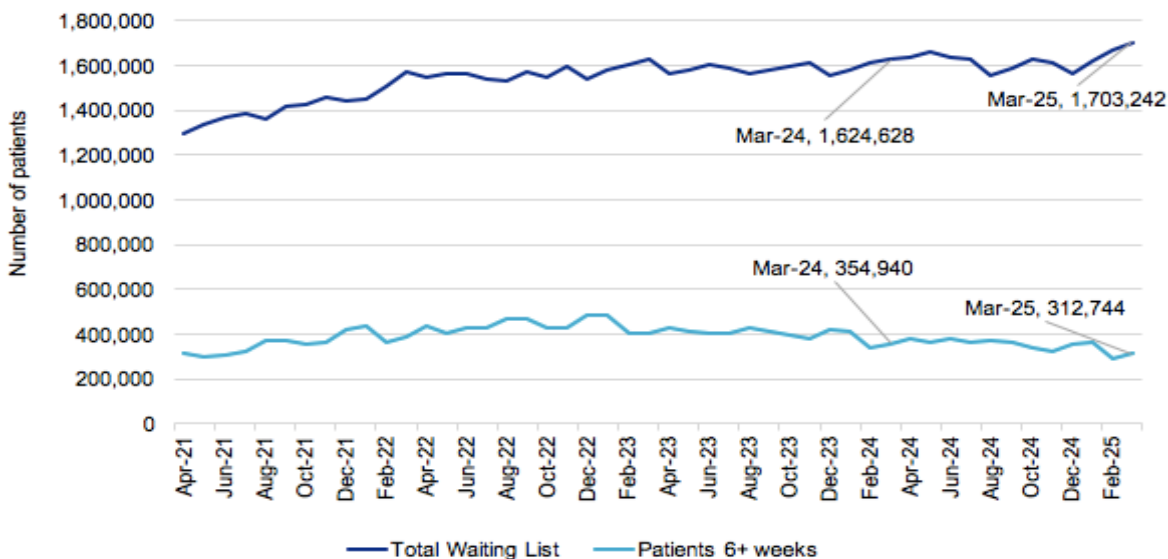
2.3 Reduce elective long waits and improve performance against the core cancer and diagnostic standards

The percentage of patients waiting over 6 weeks for a diagnostic test decreased to 18.4%, 3.5%pts below the same time last year.
The recovery target for March 2025 is no more than 5% of patients waiting over 6 weeks for a test, the constitutional standard is no more than 1%.



National Objective 89 - Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%

The total waiting list increased in March 2025 and was above that of March 2024 (+4.8%). The volume of patients waiting over 6 weeks has increased but remains below the same month last year (-11.9%).



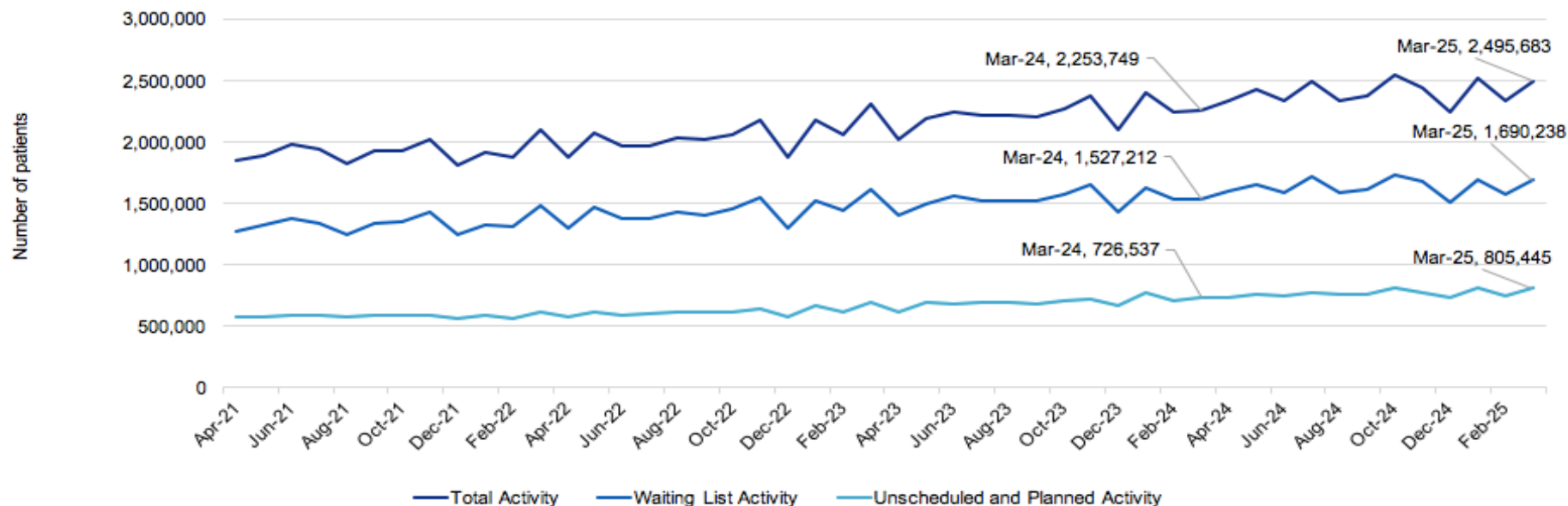
Supplementary performance metric – 2024/25

The total diagnostic waiting list increased to 1.7 million patients for the first time on record despite record levels of activity due to the high demand for diagnostic services. There continues to be a reduction in the volume of patients waiting over 6 weeks (compared to the same month in the previous year) as we maintain the c.3-4%pt improvement observed throughout the year.

2.3 Reduce elective long waits and improve performance against the core cancer and diagnostic standards

Monthly activity continues to out-perform previous years with March 2025 seeing 10.7% more diagnostic tests performed than in March 2024.

Published DM01 activity data



Supplementary performance metric – 2024/25

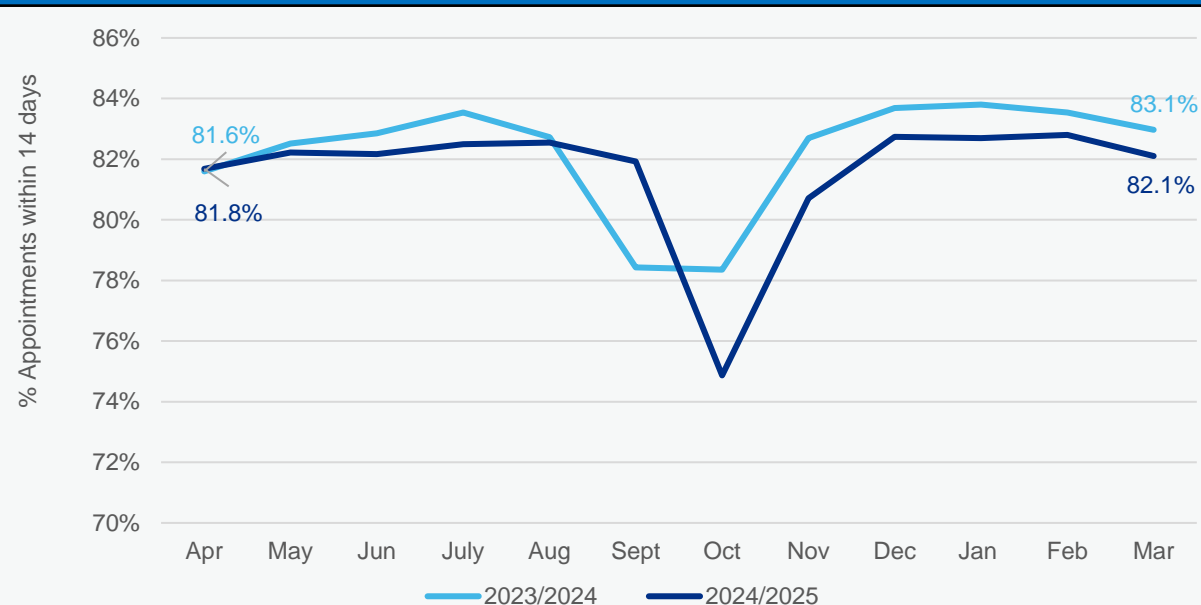
Whilst monthly activity for the main 15 diagnostic test types has continued to rise (+10.7% in March 25 compared to 24), there also continues to be a growing demand for unscheduled diagnostic activity (+9.8% in March 25 compared to 24). CDC activity represented 12.9% of all DM01 activity in March 2025 and this is expected to continue rising in 2025/26. Growth in unscheduled activity is displacing diagnostic waiting list activity from acute trusts to CDCs.

Primary and community care



3. Improve timely access to community and primary care services, particularly general practice

In March 2025, 82.1% of the appointments were seen within 2 weeks, down 0.9 pp from March 2024, down 0.7 pp from February 2025.



National Objective 39: Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks

Of all appointments recorded in practice appointment system, in March 2025, 90% of the appointments were attended. 45.5% were seen by GP, 52.3% were seen by Other Practice staff.

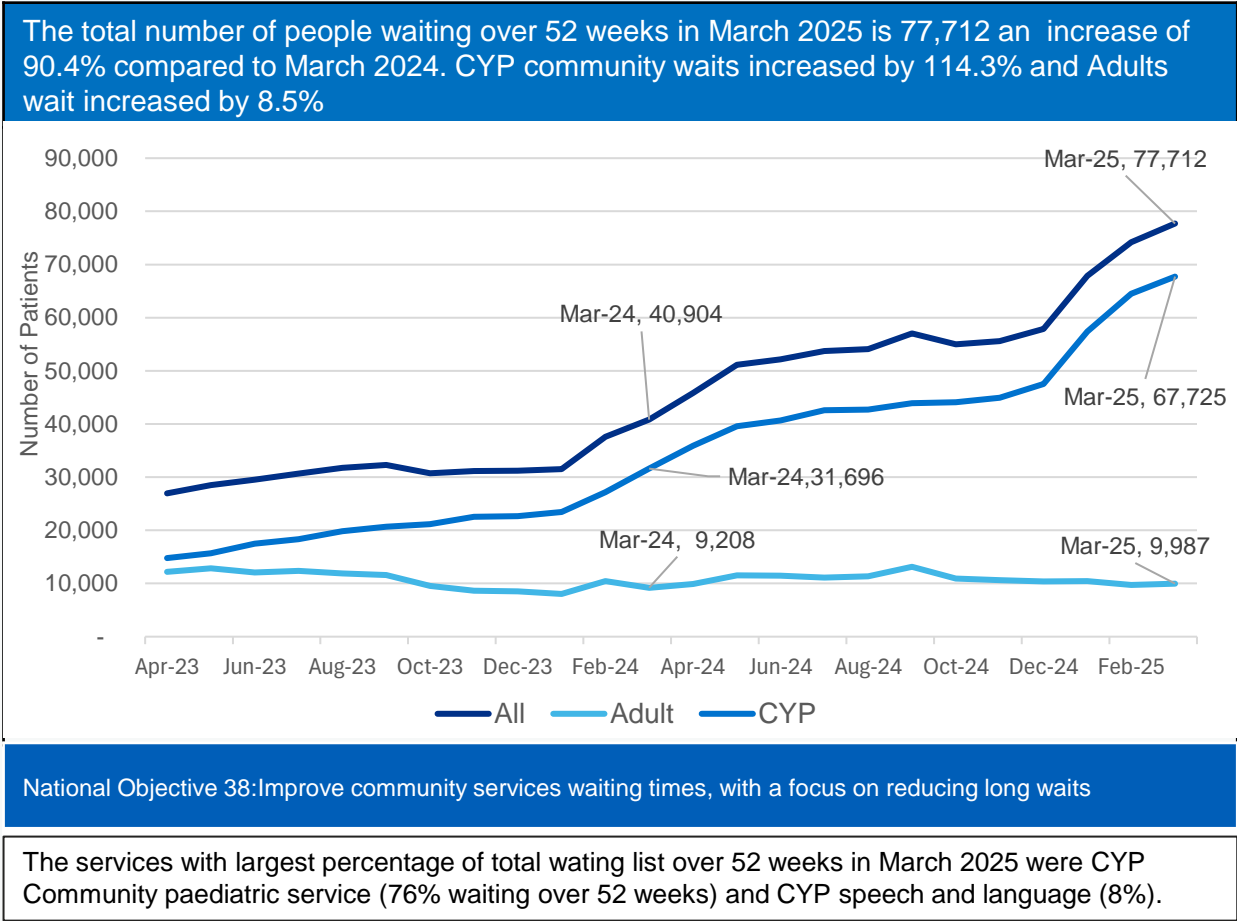
In March 2025, 51.3% of the appointments were seen within same day and next day, down 0.4pp from March 2024, down 0.2 pp from February 2025.



National Objective 230: Continue to improve the experience of access to primary care, including by supporting general practice to ensure that those who contact their practice urgently are assessed the same or next day according to clinical need

Increase in appointments for same day and next day from October to December and then in January. More same day and next day appointments seen in October 2023 –December 2023 as compared to the same period in 2024/2025. However, performance in February and March was similar for both years.

3. Improve timely access to community and primary care services, particularly general practice

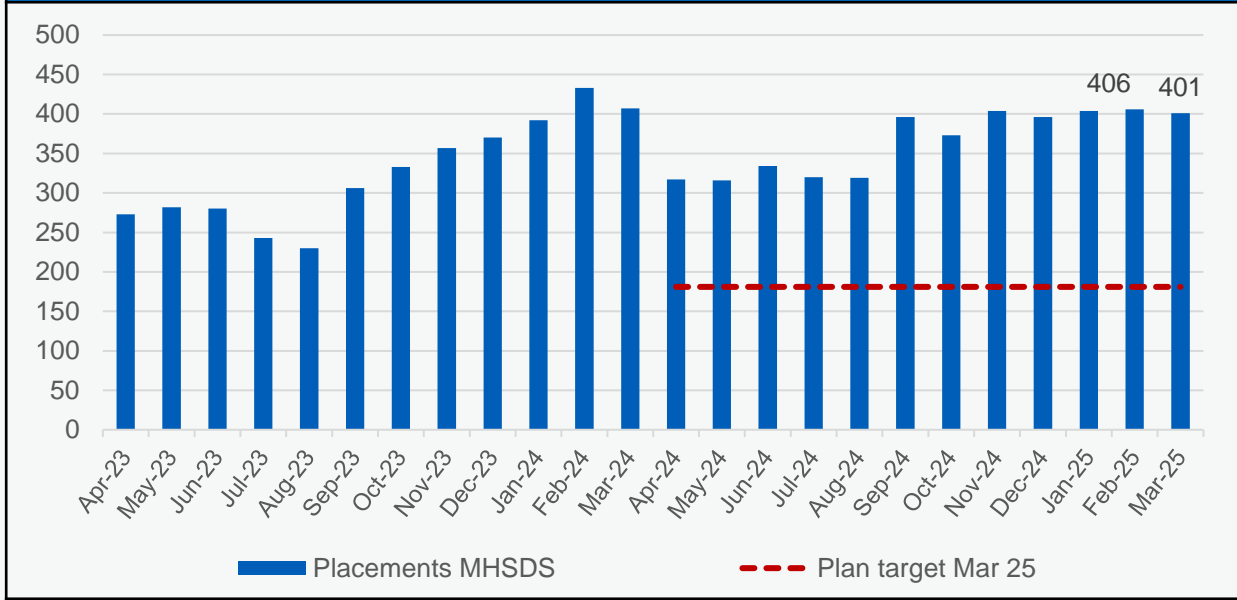


Mental Health



4. Improvement mental health services

Reported active Inappropriate Out of Area Placements (OAPS) decreased by 5 in March 2025 to a level similar to that reported in September 2024.



National Objective 109: Improve patient flow and work towards eliminating inappropriate Out of Area Placements

Access to Community mental health services for transformed models of care is above the target stated in the commitment.



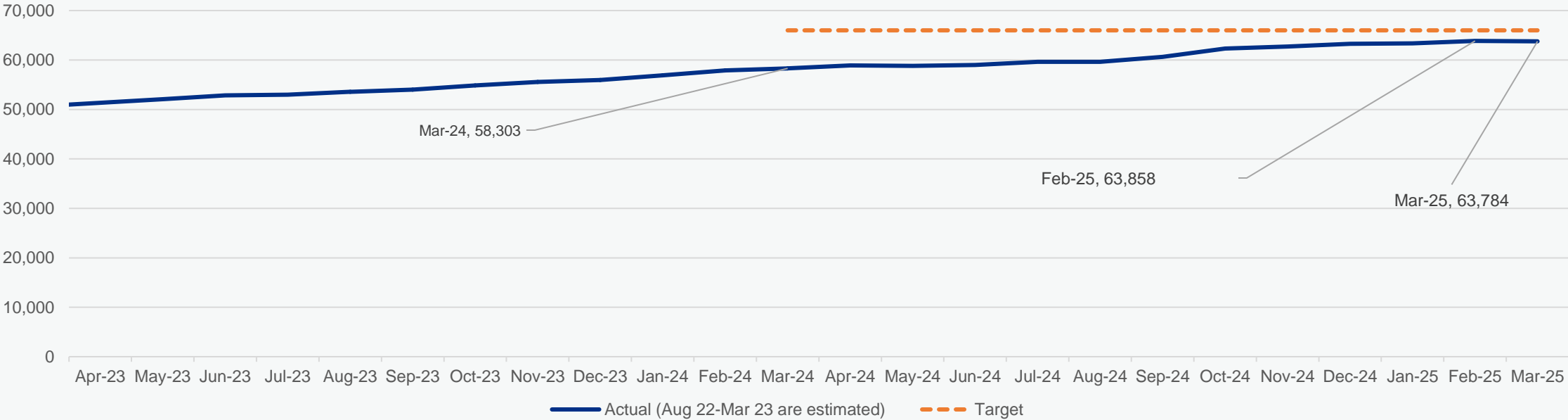
National Objective 110: Increase the number of people accessing transformed models of adult community mental health (to 400,000)

Mental Health Out of Area Placements (OAPs) decreased from 406 in February 2025 to 401 in March 2025. Increased demand, workforce challenges, capacity and quality issues across mental health services continue to be key contributing factors to OAPs. There are data quality issues with both MHSDS and local data on OAPs and further work is underway to investigate and address these DQ issues.

4. Improvement mental health services



Perinatal mental health access remains above system plans trajectory, although growth will need to continue to exceed in order to achieve the target stated in the commitment by March 2025.



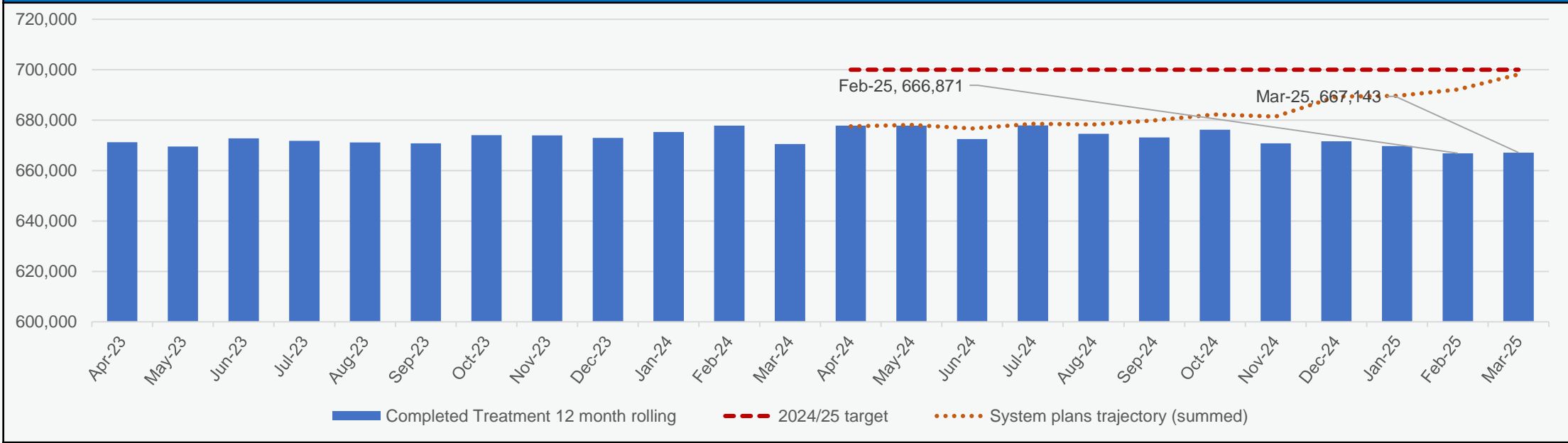
National Objective 111: Increase the number of people accessing transformed models of perinatal mental health (to 66,000)

Perinatal mental health (PNMH) access decreased from 63,858 in February 2025 to 63,784 in March 2025. Access remains above system plan trajectories. However, the cumulative total of all system plans is below the year end target of 66,000. In 2024/25 access has grown by over 5,000 year on year. The national programme team continues to communicate the case for investment in PNMH.

4. Improvement mental health services



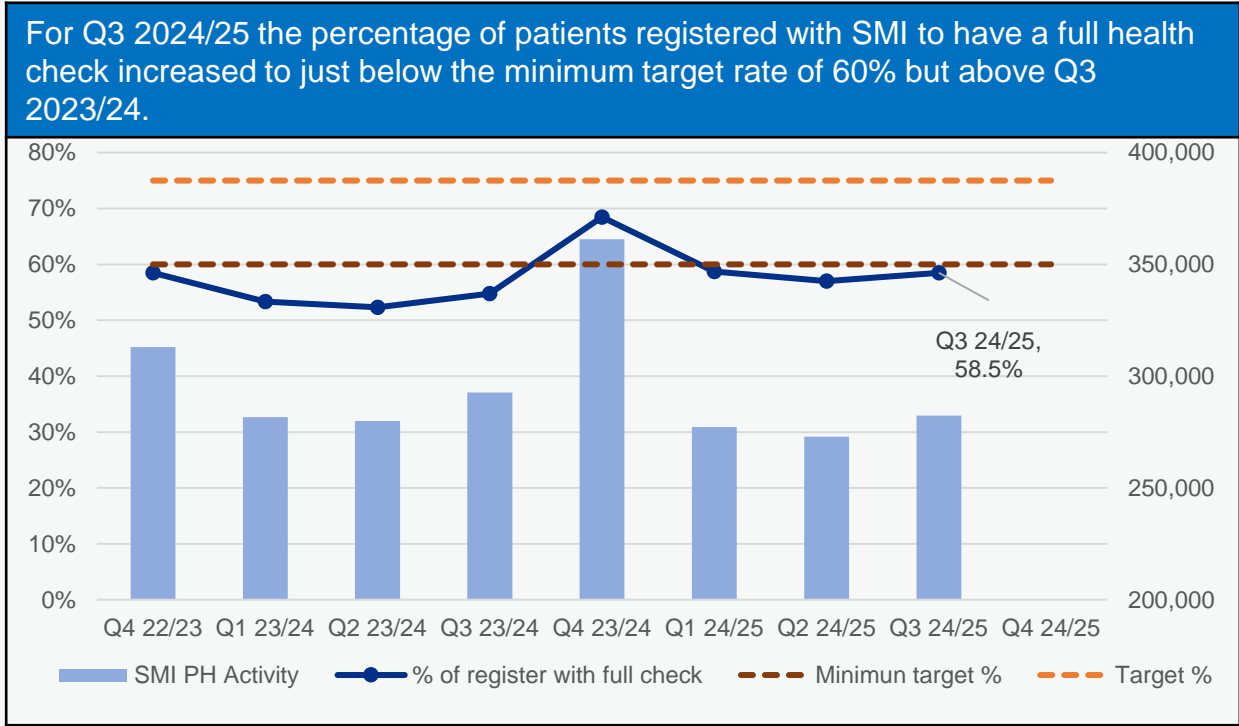
The number of referrals completing a course of treatment for Talking Therapies decreased in March 2025 but remains below the system plan trajectory.



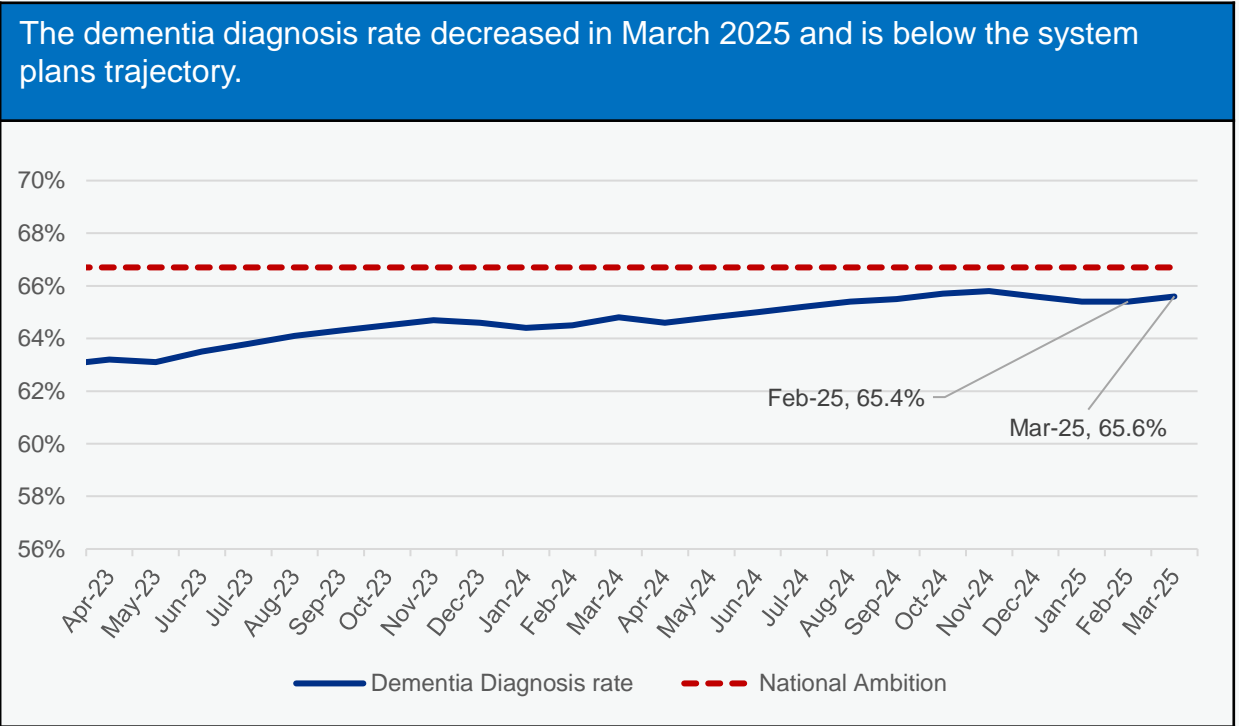
National Objective 113: Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, (with at least 67% achieving reliable improvement and 48% achieving reliable recovery) – NOTE the Talking Therapies Reliable improvement and recovery commitment has rolled forward into 25/26 (included in Main pack)

The number of referrals completing a course of treatment for Talking Therapies increased in the 12 months to March 2025 to 667,143 from 666,871 in February 2025. This is now further from the system plan trajectories and has not achieved the target goal of 700,000.

4. Improvement in mental health services



National Objective 114: Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025



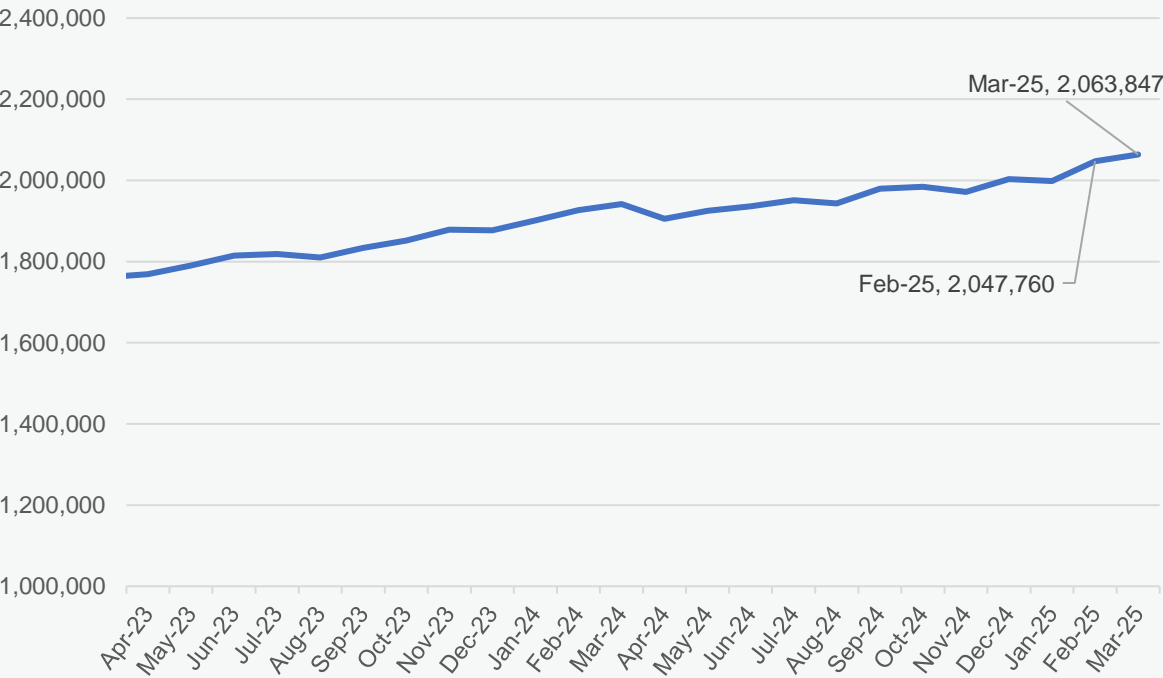
National Objective 115: Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025

Physical health check data for Q3 2024/25 show that 58.5% of registered patients with SMI received a full health check. This is just below the 60% minimum target and below the 75% end of year target. However, this is higher when compared to Q3 2023/24 (54.8%) with growth expected through the rest of the year to go above the 60% minimum target through to Q4.

The dementia diagnosis rate increased in March 2025 to 65.6% in line with seasonal patterns. This is below the year end target of 66.7%. The programme continue to share best practice between regions via the regional delivery forum. DiADeM resource is being promoted to support dementia diagnosis in care home settings.

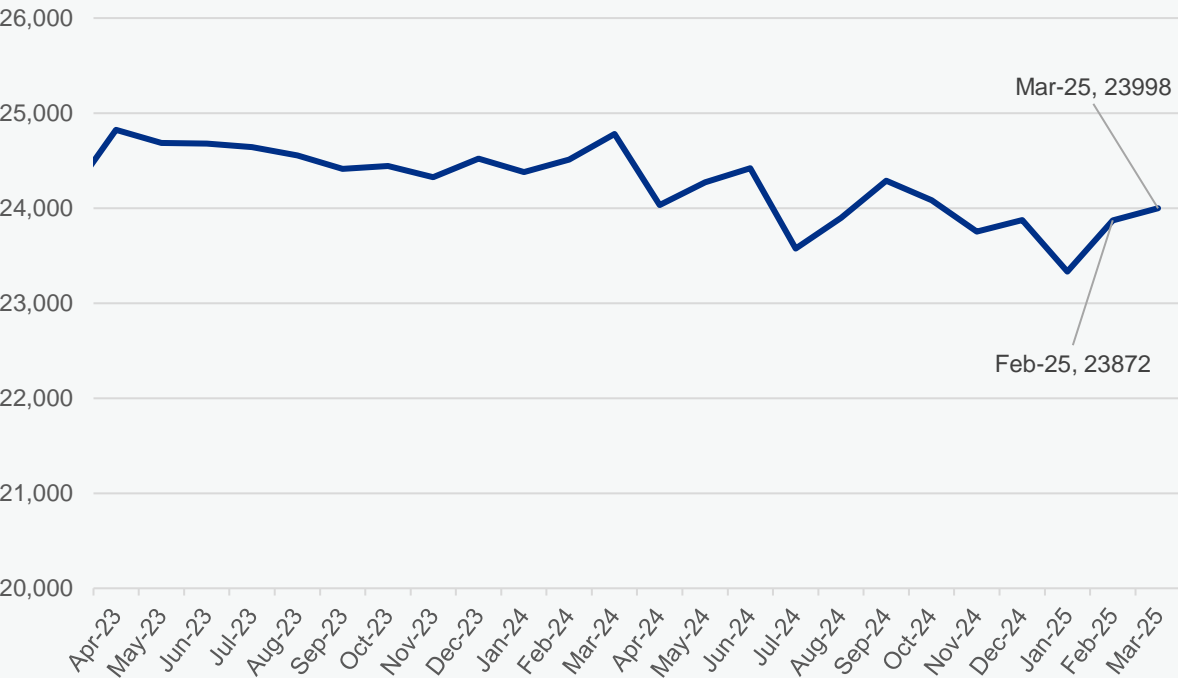
4. Improvement mental health services

The total number of people in contact with MH services decreased slightly in October and November before increasing in December 2024 to 2.00m for the first time, in March it has increased to 2.06m.



Supplementary performance metric – 2024/25

The number of people with an open hospital spell increased in March 2025 to a lower volume than in March 2024 in line with the broad long-term trend.



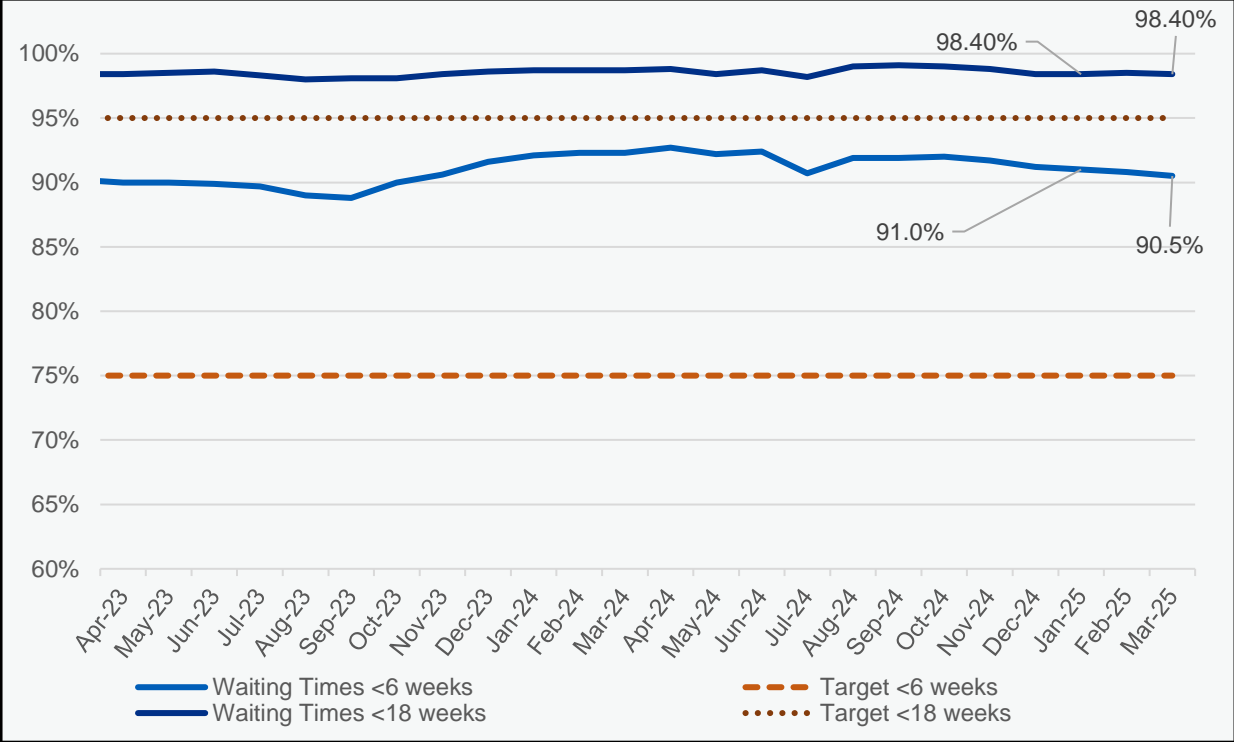
Supplementary performance metric – 2024/25

The total number of people in contact with MH services expressed as the number of people with an open referral to any secondary mental health service has increased to 2.06m in March after hitting 2.04m in February 2025. This is more than 0.66m higher than the beginning of 2021/22. This figure does not reflect where a patient is on the pathway or if they have received treatment.

The number of people with an open mental health hospital spell shows how many people are either occupying a bed or have a bed held for them at the end of the reporting period. Open mental health hospital spells increased to 23,998 in March 2025. This is 781 lower than March 2024. Changes in hospital spells are driven by demand and have held at approximately ~24,000 since 2016.

4. Improvement in mental health services

Talking Therapies waiting times for 6 weeks saw small decrease in March 2025 and 18 weeks remained the same, both remain above the respective standards.

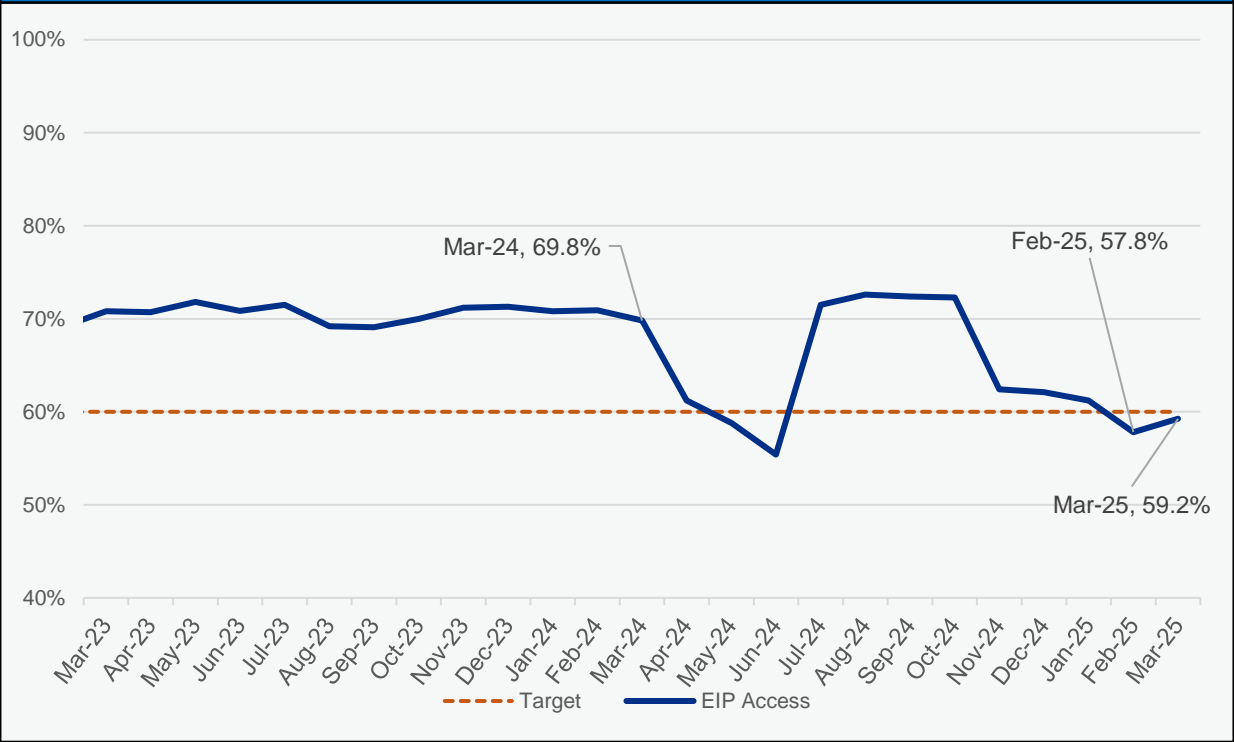


Supplementary performance metric – 2024/25

Talking Therapies waiting times standards for 6 and 18 weeks both continue to be met.

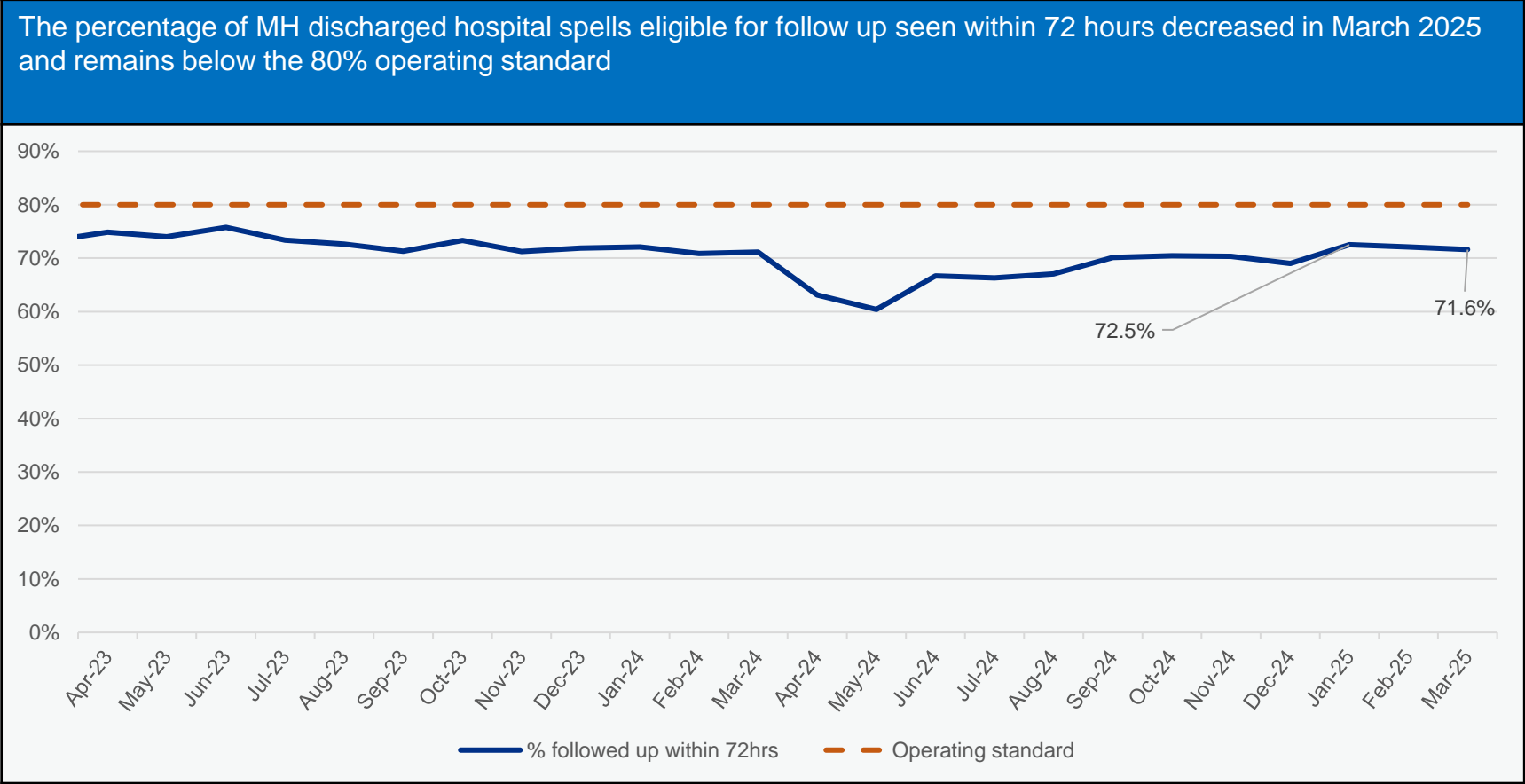
Early intervention in psychosis (EIP) access within 2 weeks has decreased in March 2025 and is now just below the 60% standard with 59.2% of those starting treatment on the EIP pathway seen within 2 weeks. Recent reporting has been largely impacted by continued data quality issues with East London Foundation Trust (ELFT).

Early Intervention in Psychosis access and waiting time increased in March 2025 and is now just below the 60% target.



Supplementary performance metric – 2024/25

4. Improvement in mental health services



Supplementary performance metric – 2024/25

The percentage of patients eligible for follow up seen within 72 hours remains under the 80% standard decreasing in March 2025 to 71.6% (72.1% February 2025). Performance has been around 70% since September 2024.

Additional 2025/26 OPG national Objectives



National NHS Objectives - 2025/26 OPG

These areas will provide performance updates to Board on a biannual basis only



ID	Commitment	Existing 2024-25 commitment will not continue into 2025-26	Existing 2024-25 commitment continues in 2025-26	New headline commitment 2025-26
LEARNING DISABILITY AND AUTISM				
NO XX	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction			X
FINANCE				
NO XX	Deliver a balanced net system financial position for 2025/26			X
NO XX	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems			X
NO XX	Close the activity/WTE gap against pre-Covid levels (adjusted for case mix)			X
MATERNITY AND NEONATAL				
NO XX	Improve safety in maternity and neonatal services, delivering the key actions of the 'Three year delivery plan'			X
PREVENTION AND LONG TERM CONDITIONS				
NO XX	Increase the % of patients with hypertension treated according to NICE guidance			X
NO XX	Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance			X