



England

Integrated operational performance report

NHS England Board
July 2025

Contents

Area	Slide
Introduction and performance summary	3-5
Effectiveness and experience of care	7
Patient Safety	16
Finance & Productivity	24
People & Workforce	29
Access to services	32

Introduction

This **Integrated Operational Performance Report** for the NHS England Board brings together the latest published data aligned to a focussed set of national priorities as set out in the NHS Operating Framework (NHSOF). The domains and sub domains are set out in the table below, note the Access domain metrics relate to the national objectives set out in the 2025/26 NHS priorities and operational planning guidance and other commitments relating to the NHS Constitution.

NHSOF Domains and sub-domains
Effectiveness and experience of care
Patient Safety
Finance and productivity
People and Workforce
Access to services <ul style="list-style-type: none">• elective care• cancer care• urgent and emergency care• mental health care

NOTE – In future NHS England Boards these will be presented alongside the wider NHSOF contextual metrics which reflect a wider set of areas such as population health, primary prevention, and health inequalities.

Performance overview (1 of 2)

Effectiveness and experience of care

- **Summary Hospital Level Mortality** Indicator is 1.6 percentage points lower than the same month last year, variation nationally is reducing and the proportion in the 'higher-than-expected' band is at its lowest level for 2 years
- **CQC's 2024 Community Mental Health survey** (released April 2025), 70.0% of people rated their experiences of inpatient care as good. This is stable compared to 2022 (69.2%) but has been on a deteriorating trend since 2020.
- The **percentage of mental health inpatients with a length of stay greater than 60 days** was 24.5% for April 2025. This is 0.5 percentage points lower than the previous month, but 1 percentage point higher than the same month last year.

Patient Safety

- Within the last two financial years (Apr-23 to Mar-25), the proportion of NHS Trusts with a **CQC safe inspection score** of "Good" or "Outstanding" was 28.9%, up from 21.7% in the previous year. However, performance has significantly deteriorated since 2016.
- **Percentage of patients in crisis to receive face-to-face contact within 24 hours** is 64.2% for April which is noticeably higher than the percentage in April 2024 (55.6%, +8.5ppts). This difference is driven by a single Provider who have reported a large increase in the number of referrals to 24/7 Crisis Response Line teams in April 2025.
- **Healthcare Associated Infections for C. Difficile, E. Coli and MRSA** have been fluctuating but stable for the past 2 years

Finance and productivity

Nationally, the **full year system planned deficit (excluding deficit support funding)** is £2,206 million.

Of this, the **full year provider planned deficit (excluding deficit support funding)** is £2,111m. 100 out of 205 trusts have a planned deficit (excluding DSF) ranging from Mids and South Essex Foundation Trust, £85.5 million deficit plan to £14.3m surplus plan in Mersey Care Foundation Trust.

Nationally, the **full year provider planned deficit (including deficit support funding)** position is £255m.

At M2 the **overall system adverse variance to plan (including deficit support)** is £110m (compared to £240m to M2 last year)

People and Workforce

- The overall **sickness absence rate** for England in February 2025 was 5.3%, this has improved since January 2025 (5.7%) Anxiety/stress/depression/other psychiatric illnesses were the most reported reason for sickness.

Performance overview (2 of 2)

Access to services

Urgent and emergency care

In May 25, 75.4% of emergency department **attendances were admitted, transferred or discharged within 4 hours**. Whilst recent performance improvement is noted, it remains below the Operational Planning Guidance target of 78% by March 2026. The latest percentage is up from 74.8% (+0.6ppts) in the previous month, and up from 74.0% (+1.4ppts) in May 2024.

12 hr performance in May 2025, showed 9.3% of attendances spent over 12 hours in the department This is an improvement trend, and we are currently already achieving the March 2026OPG target of below 10%, which has been achieved since the beginning of 25/26.

Category 2 ambulance response time (mean) in May was just under 28mins with recent performance demonstrating improvement and a reduction in response times of almost 5minswhen comparing May-25 on May-24.

Elective care

RTT Performance in April 2025 was 59.7% against the 25/26 target of 65%. The latest percentage is down from 59.8% (-0.1ppts) in the previous month, and up from 58.2% (+1.5ppts) in April 2024

The percentage of elective patients waiting over 52 weeks for treatment in April 2025 was 2.6%, which is an improvement relative to the previous two years. Long waits have come down significantly, and the percentage of patients waiting over 52 weeks has halved since May 2023.

Community Waits over 52 weeks are increasing substantially with patient numbers in April 2025 at 84,450. Community waiting times are rising in both volume and % of people waiting >52 weeks for intervention. The position of >52-week waits is particularly challenging in for CYP, with 22.3% of CYP reported to be waiting over a year.

Cancer care

Faster Diagnosis Standard (FDS) performance remains firmly on track to achieve 80% by March 2026 as set out in Planning Guidance for 2025/26.

62 day performance also remains positive for 2025/26 with performance in April 2025, at 69.9% whilst this is a slight drop from the previous month it is in line with usual seasonal patterns, notably year on year improvement continues

Mental health care

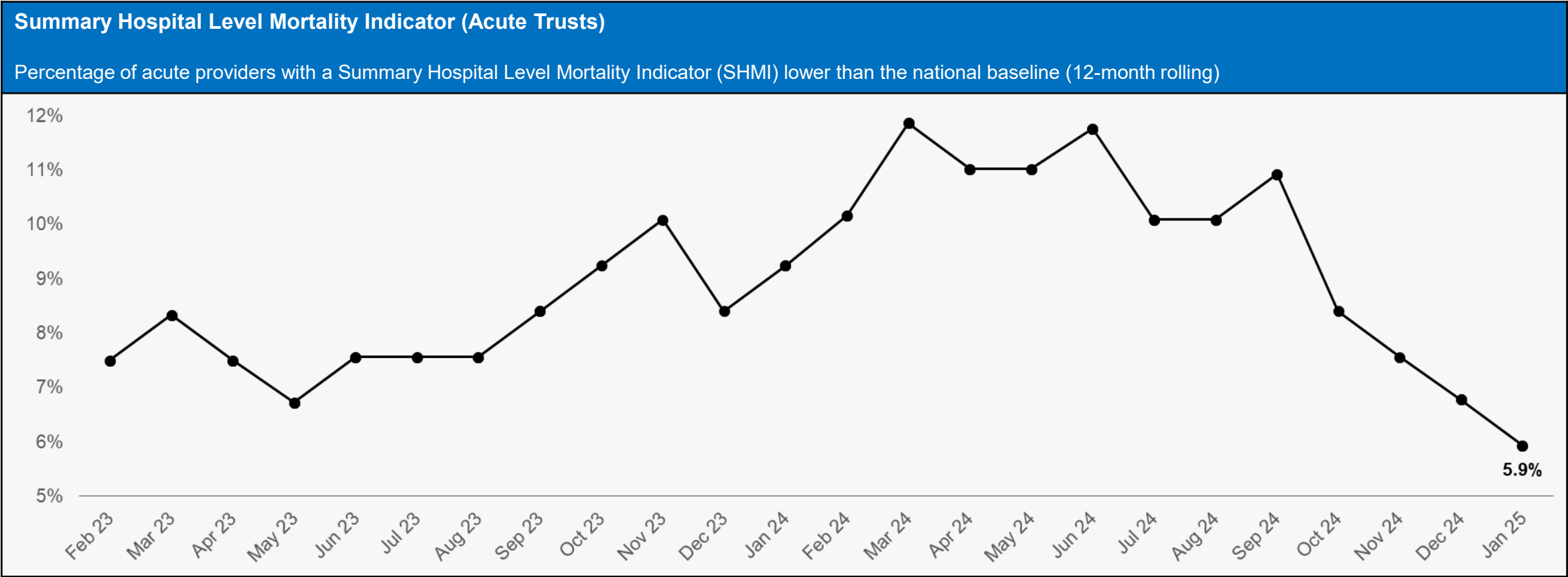
On **Access for children and young people** (aged 0-17) there is a continued trend of improved performance. With 842,333 accessing services in the 12 months to April 2025 compared to 829,308 in March 2025.

2025/26 Performance metrics



Effectiveness and experience of care





Current position: 5.9% of acute providers with a Summary Hospital Level Mortality Indicator of higher than expected in January 2025. This is 0.8 percentage points lower than the previous month and 1.6 percentage points lower than the same month last year.

Actions: As part of the 10 Year Health Plan and wider engagement with the service, the NHS will implement a range of measures that ensure a rigorous focus on quality of care. This will include publication of easy-to-understand league tables that rank providers against key quality indicators, including the Summary Hospital Level Mortality Indicator; a focus on Board accountability through the 'Insightful Provider Board' approach; and regular engagement and oversight between national, regional and trust clinical leadership .



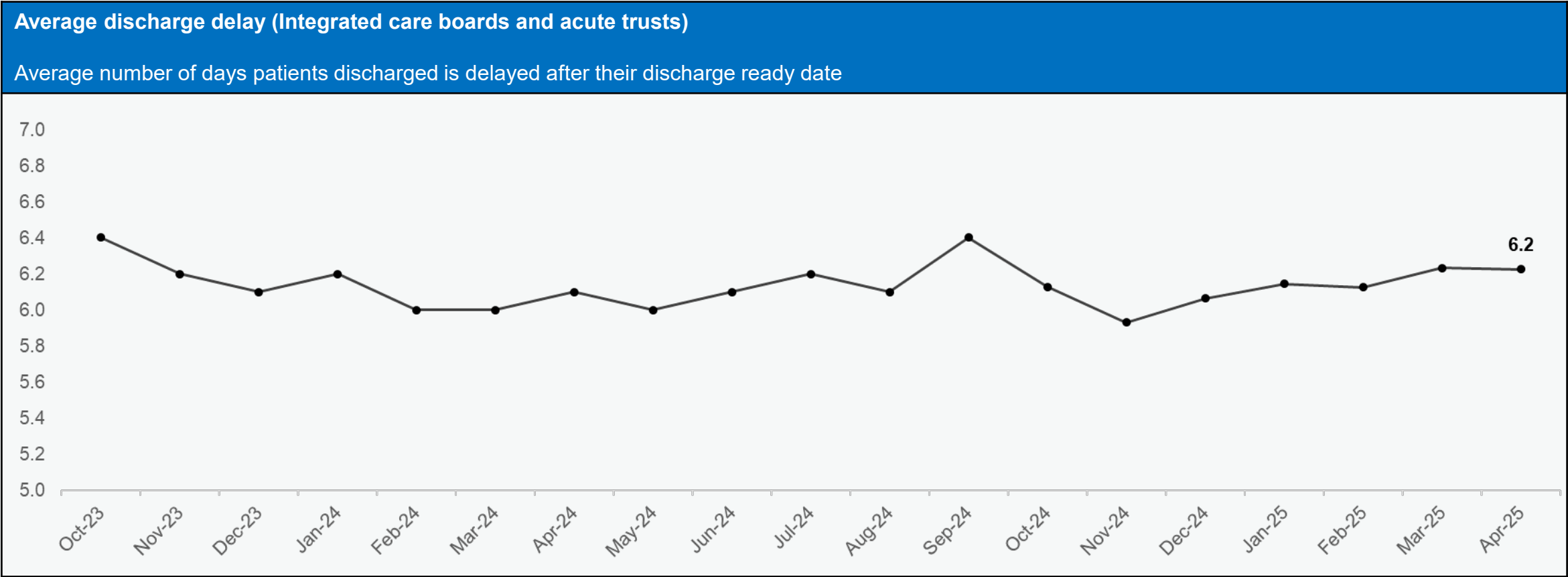
NHS staff survey – advocacy score (Acute trusts)

The national average advocacy score

Year	Advocacy (sub-score out of 10)
2020	7.16
2021	6.83
2022	6.66
2023	6.81
2024	6.77

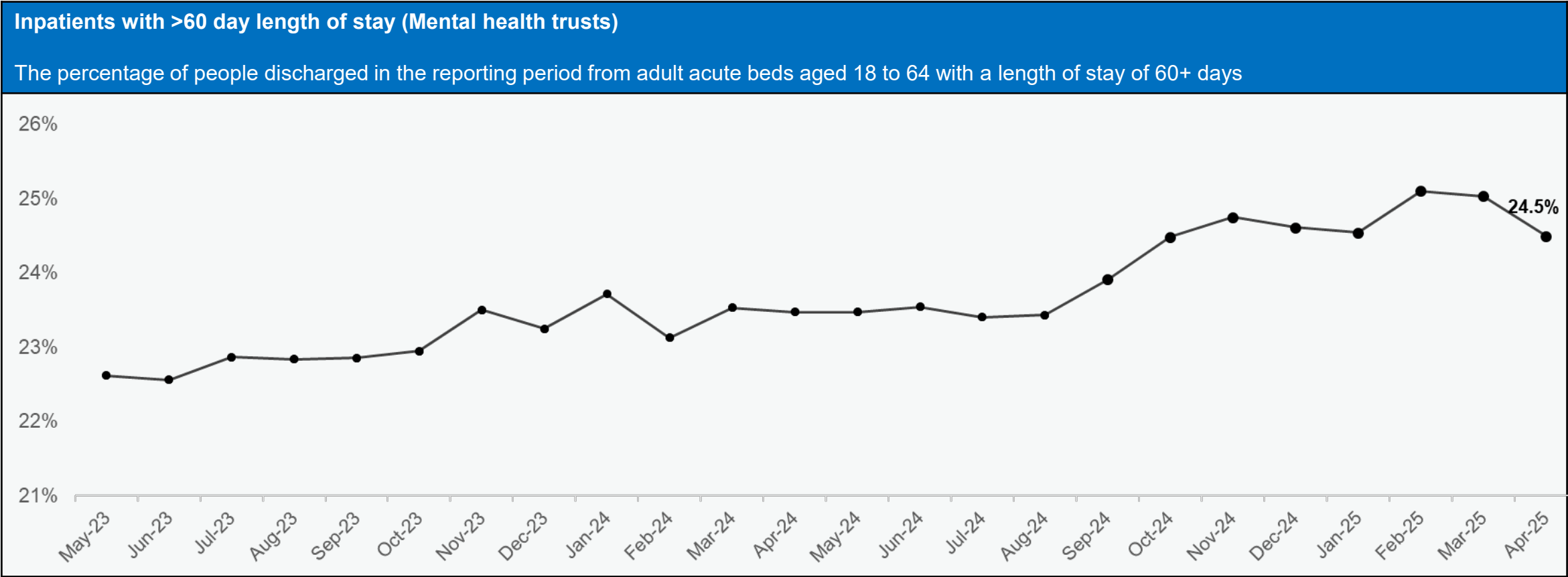
Current position: In 2024, the National average score for advocacy was 6.77 (out of 10) which is stable compared to the score of 6.81 in 2023. Staff in Ambulance and Acute Specialist Trusts show improved advocacy compared to 2023. Scores have stabilised but remain below pre-pandemic levels. Notable progress since 2022 in some trust types, but overall recovery is incomplete.

Actions: Quarterly Pulse Survey data is being analysed to identify trends and priority areas. Focus is on understanding root causes, as advocacy links to retention, performance, and patient outcomes.



Current position: In April 2025, the average days from discharge ready date to discharge was 6.2 days. This was the same as the previous month, but 0.1 day higher than the same month last year.

Actions: Work is underway with Royal Colleges to publish clinical operational standards on first 72 hours of care in Sep 25. It is also expected that the ongoing focus on acute and community length of stay will have an effect on people being discharged more effectively.



Current position: The proportion of inpatients with a length of stay greater than 60 days was 24.5% for April 2025. This is 0.5 percentage points lower than the previous month, but 1 percentage point higher than the same month last year.

Actions: Continue to work with regions on reducing percentage of patients with >60 day length of stay through implementation of the 'Flow improvement strategy' in crisis and acute mental health services. This has been developed to coordinate a national and regional approach to improving flow across crisis and acute mental health services.



CQC inpatient survey satisfaction rate (Mental health trusts)											
The percentage of patients who have completed the annual survey who have rated their experience as good (scores 8-10)											
<table><tr><th>Year</th><th>Proportion scoring 8-10 (%)</th></tr><tr><td>2020</td><td>74.5%</td></tr><tr><td>2021</td><td>70.5%</td></tr><tr><td>2022</td><td>69.2%</td></tr><tr><td>2023</td><td>70.0%</td></tr></table>		Year	Proportion scoring 8-10 (%)	2020	74.5%	2021	70.5%	2022	69.2%	2023	70.0%
Year	Proportion scoring 8-10 (%)										
2020	74.5%										
2021	70.5%										
2022	69.2%										
2023	70.0%										

Current position: In the results for the 2023 survey, 70.0% of people rated their experiences of inpatient care as good. This is stable compared to 2022 (69.2%) but has been on a deteriorating trend since 2020. Good experience is defined as those who scored 8 to 10.

Actions: Through the 10 Year Health Plan the NHS will implement a range of measures that ensure a rigorous focus on quality of care. This will include development of the NHS app to allow patients to search and choose providers based on quality data, including length of wait, patient ratings and clinical outcomes as well as patient reported experience and outcome measures.



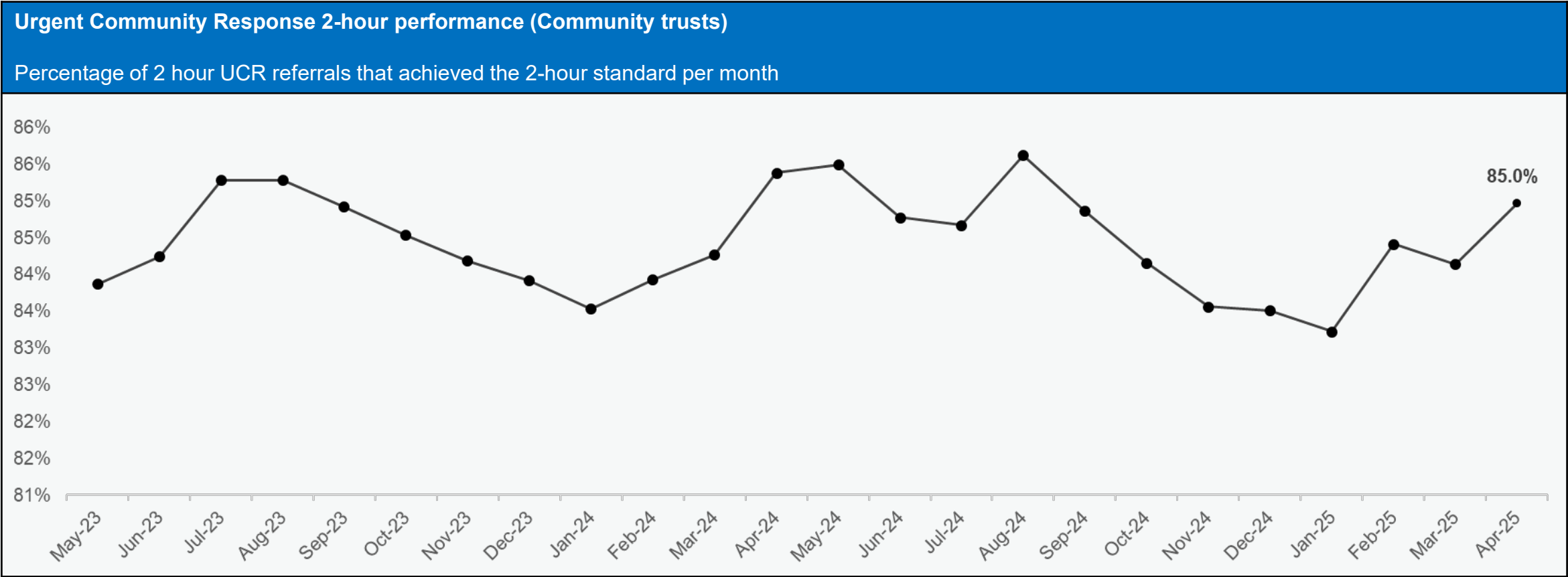
Community mental health survey satisfaction rate (Mental health trusts)

The percentage of patients who have completed the annual survey who have rated their experience as good (scores 8-10)

Year	Proportion scoring 8-10 (%)
2023	48.1%
2024	47.7%

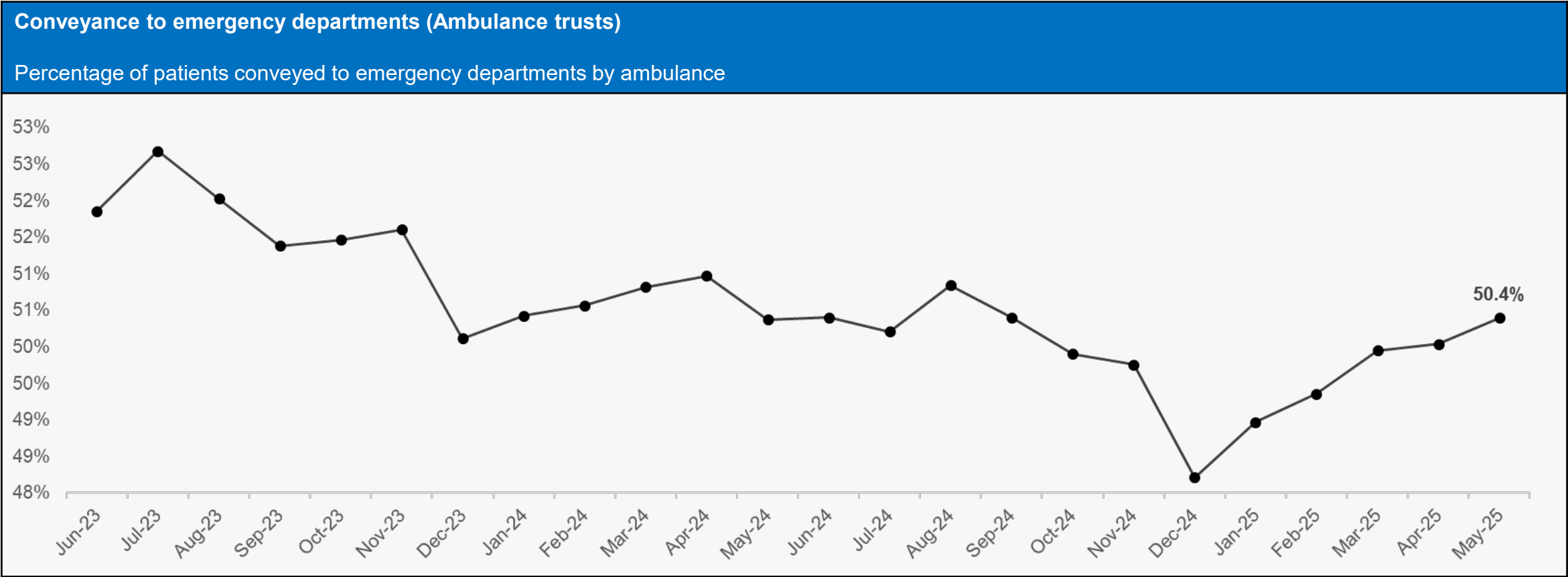
Current position: In 2024, 47.7% rated community mental health experience as good. This is stable compared to the last year (48.1%) when the first survey was carried out.

Actions: As part of the 10 Year Health Plan the NHS will implement a wide range of measures that ensure a rigorous focus on patient safety and ensuring staff and patients are able to raise safety concerns, including whether it has effective freedom to speak up functions. The NHS complaints process will also be reformed.



Current position: Provisional April 2025 data shows 85% of UCR 2-hour referrals being seen within 2-hours against national standard of 70%. Nationally we continue to exceed the 70% standard with performance consistently above 80%.

Actions: There is a strong focus on maintaining high performance in urgent community response to support delivery of the UEC Delivery Plan. Ongoing performance monitoring and oversight will be via regions with targeted intervention if performance goes off track.

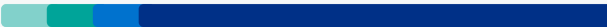


Current position: In May 2025, the percentage of ambulance patients conveyed to an emergency department was 50.4%, with performance deteriorating in the past 6 months. The data for May is skewed by the Yorkshire Ambulance Service (YAS) not submitting their Hear & Treat data (a significant part of non-conveyance to Emergency Departments). If we exclude YAS, the conveyance for April was 49.4%, down year on year and following the same seasonal trend seen in 2024.

Actions: UEC Plan for 25/26 has a focus on providing alternative pathways for those with less urgent needs through increased ‘See & Treat’ and ‘Hear & Treat’ to further reduce the number patients conveyed.

Patient Safety





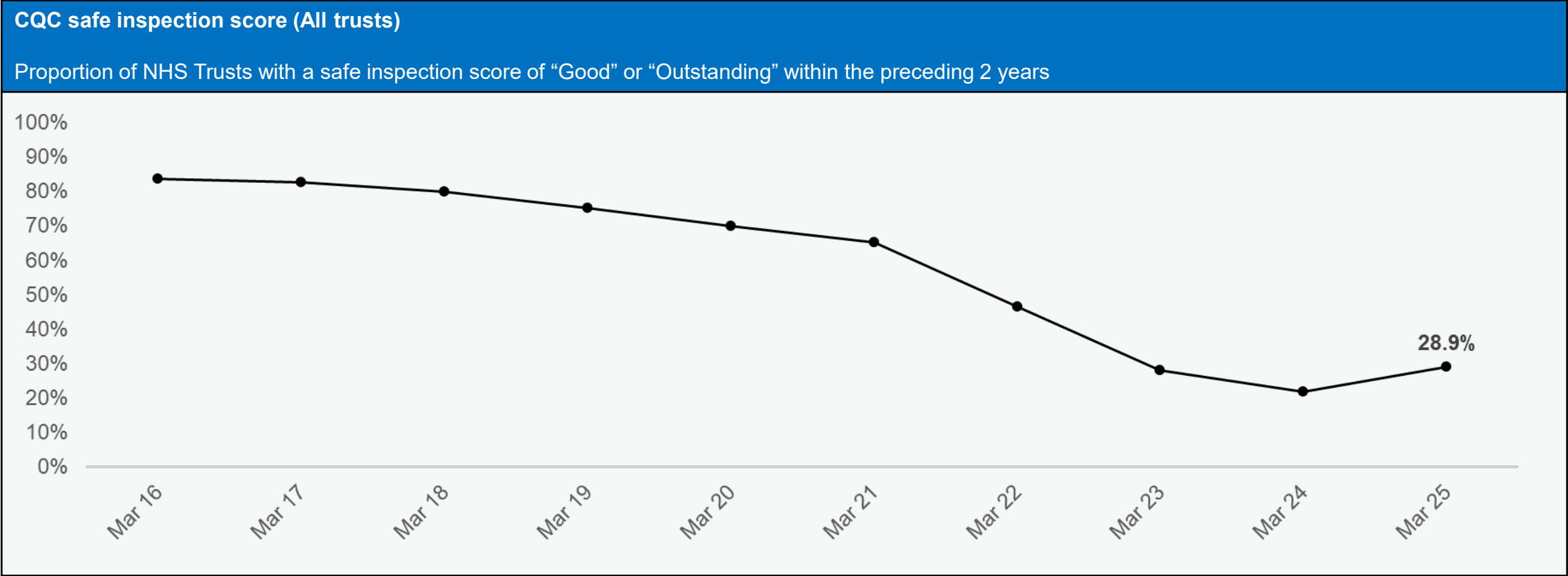
NHS Staff Survey - raising concerns sub-score (All organisations)

The average score (out of 10) of staff saying they would feel secure raising concerns about unsafe clinical practice

Year	Raising Concerns (sub-score out of 10)
2021	6.54
2022	6.44
2023	6.46
2024	6.45

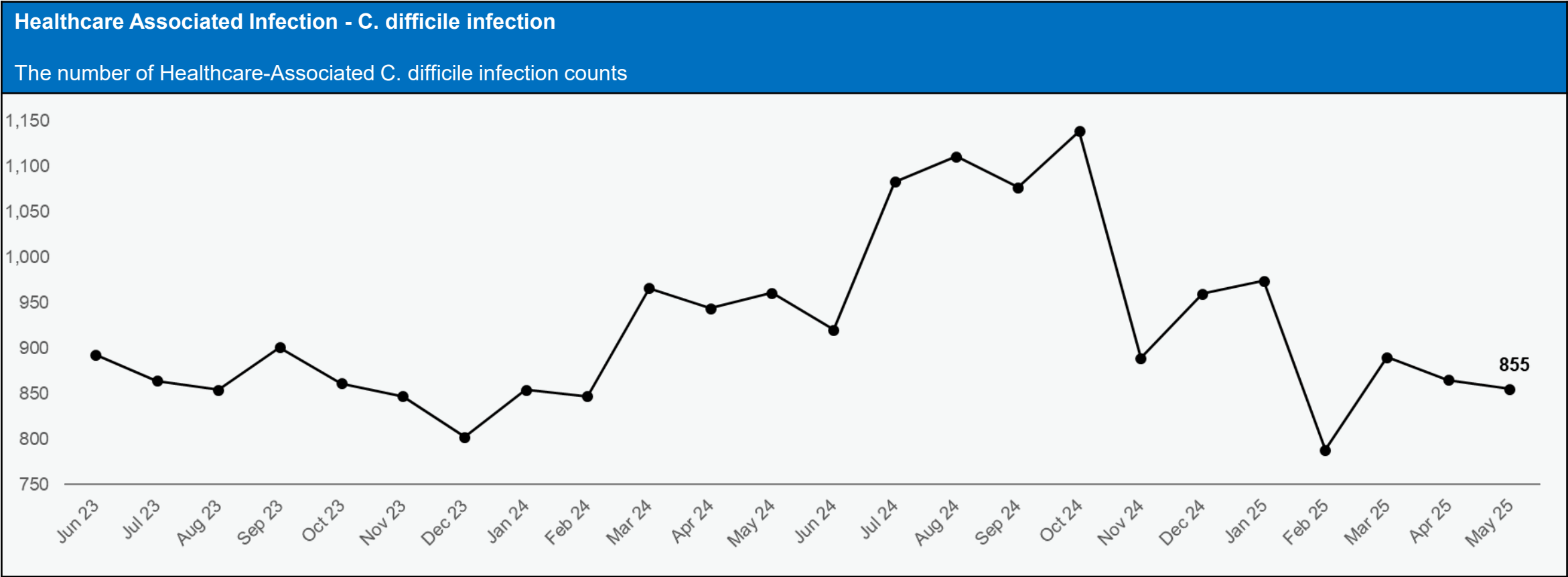
Current position: In 2024, the National average score for raising concerns was 6.45 (out of 10) which is similar to last year's score of 6.46 and has remained relatively constant since 2021 (6.54). Over 70% of staff feel secure raising concerns about unsafe clinical practice. The stable scores mask deeper concerns around staff confidence and psychological safety. Some staff groups are showing reduced willingness to speak up.

Actions: As part of the 10 Year Health Plan the NHS will implement a wide range of measures that ensure a rigorous focus on ensuring staff are able to raise safety concerns, including whether it has effective freedom to speak up functions.



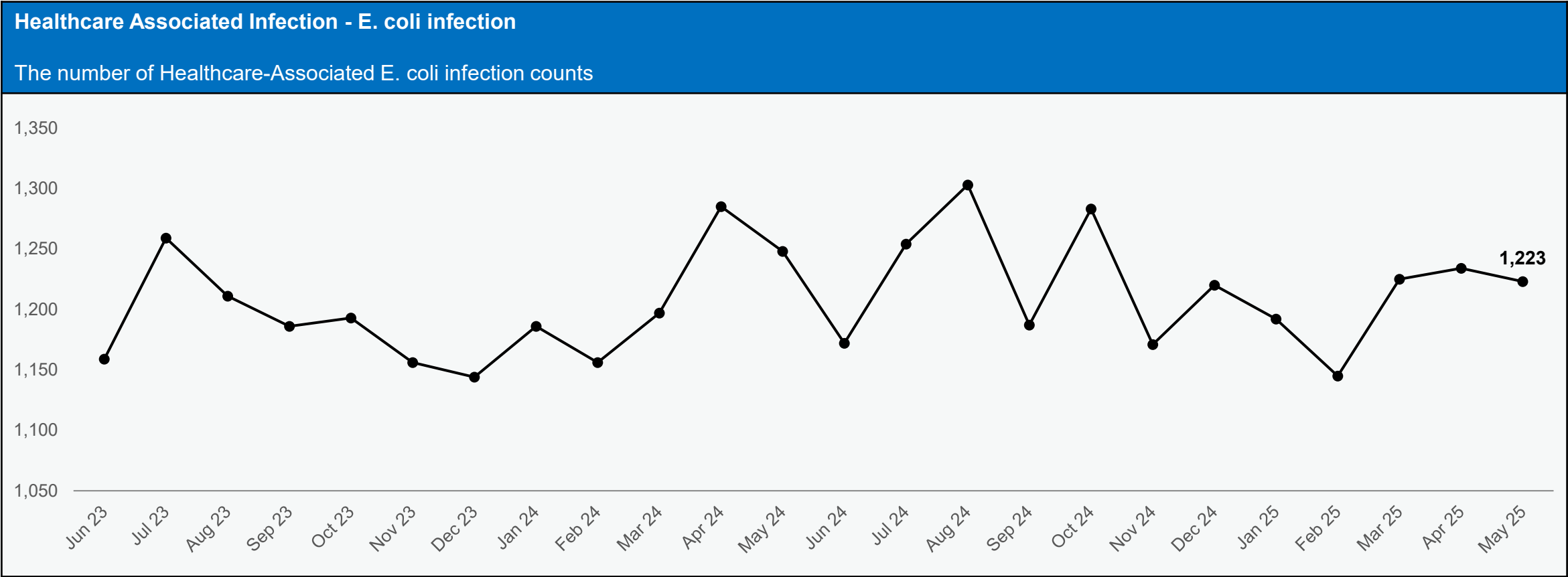
Current position: Within the last two financial years (Apr-23 to Mar-25), the proportion of NHS Trusts with a safe inspection score of “Good” or “Outstanding” was 28.9%, which is up from 21.7% since the previous year. However, performance has significantly deteriorated since 2014-16, with the proportion of providers achieving a positive safe inspection score decreasing by 54.7% percentage points in 2023-25.

Actions: The 10 Year Health Plan commits to widespread reform of the quality and patient safety landscape. Specific actions to increase transparency and accountability and support CQC towards a more data led regulatory model will enable improvement in key outcome measures, including the CQC safe inspection score.



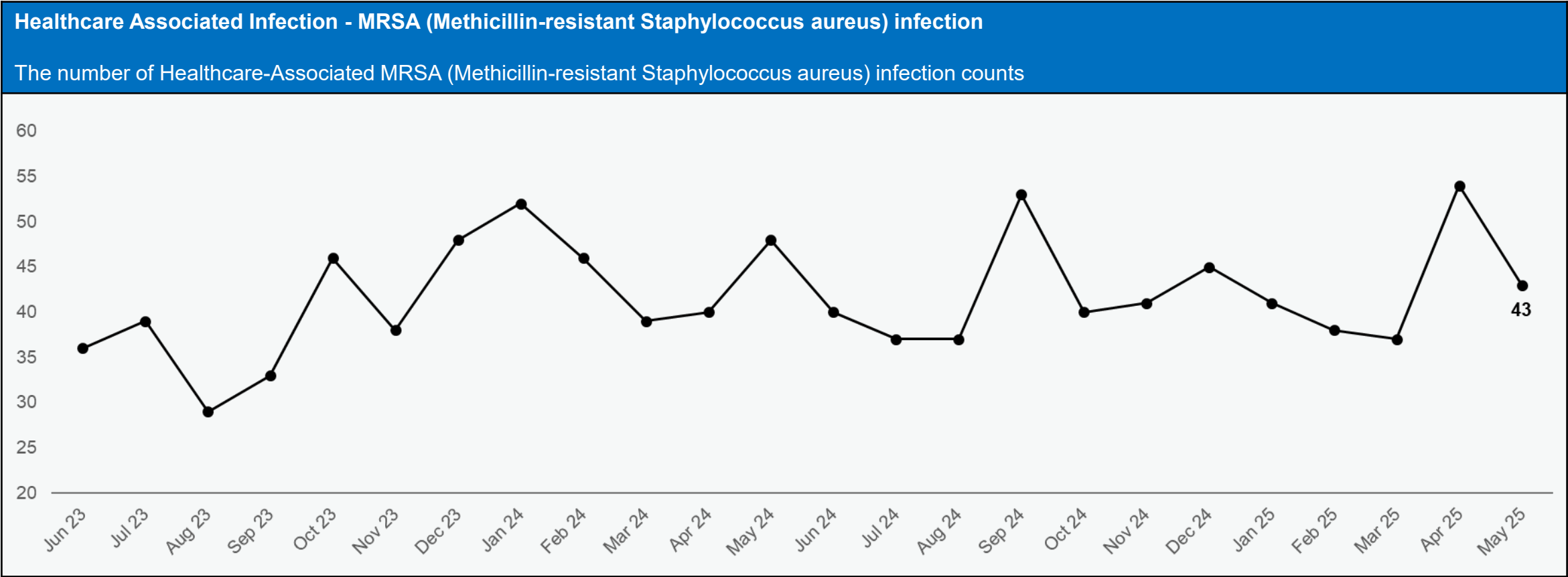
Current position: Though we have seen some month on month increases, C. difficile infection numbers have been trending down since October 2024. Prior to this (since February 2024) infection rates had been increasing. Data for the last 3 months (March 2024 to May 2025) tentatively indicate a flattening rate. The latest count is 855, which is down from 865 (-1.2%) in the previous month, and down from 961 (-11.0%) in May 2024.

Actions: The NHS Standard Contract includes provisions for NHS trusts to keep the number of C. difficile infections within individual threshold levels set by NHS England. There are also advisory thresholds for ICBs (Integrated Care Boards). The AMR (Antimicrobial resistance) Board has considered a deep dive analysis of the trends and possible explanations for the increases and has asked its Infection Management Committee to develop an action plan, considering interventions to be taken forward. The IPC (Infection Prevention and Control) team in Nursing Directorate has lead NHS England's responsibility for HCAI (Healthcare-associated infections) policy.



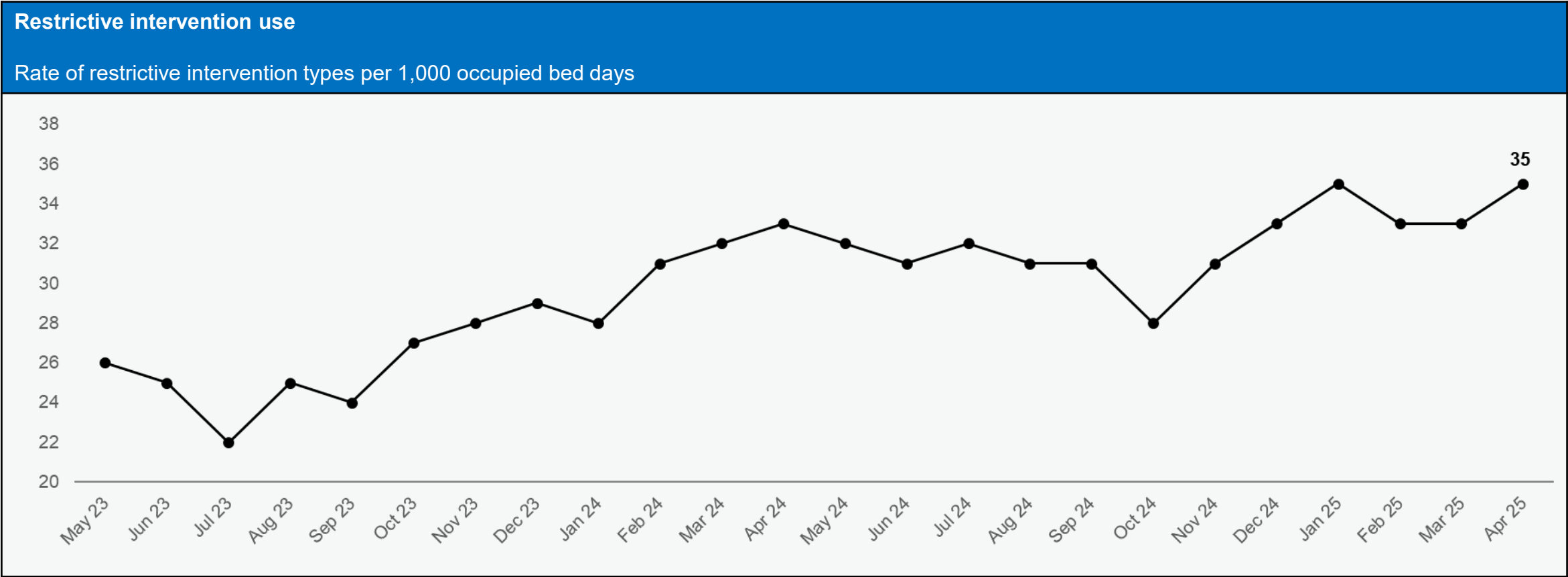
Current position: Whilst there has been some fluctuation in performance during 2024/25, performance is now sustained and there are signs of a degree of flattening of the trend. UKHSA (UK Health Security Agency) have advised that community-associated, community-onset cases are driving most of the increase. There are significant differences between ICBs (Integrated Care Boards) on E.coli rates, even when age/sex standardised. The latest count is 1,223, which is down from 1,234 (-0.9%) in the previous month, and down from 1,248 (-2.0%) in May 2024.

Actions: The position has been highlighted in Regional Accountability Meetings for regions with the most significant outliers. The NHS Standard Contract includes provisions for NHS trusts to keep the number of E.coli infections within individual threshold levels set by NHS England. There are also advisory thresholds for ICBs. The AMR (Antimicrobial resistance) Board has considered a deep dive analysis of the trends and possible explanations for the increases and has asked its Infection Management Committee to develop an action plan, considering interventions to be taken forward. The IPC (Infection Prevention and Control) team in Nursing Directorate has lead NHS England responsibility for HCAI (Healthcare-associated infections) policy.



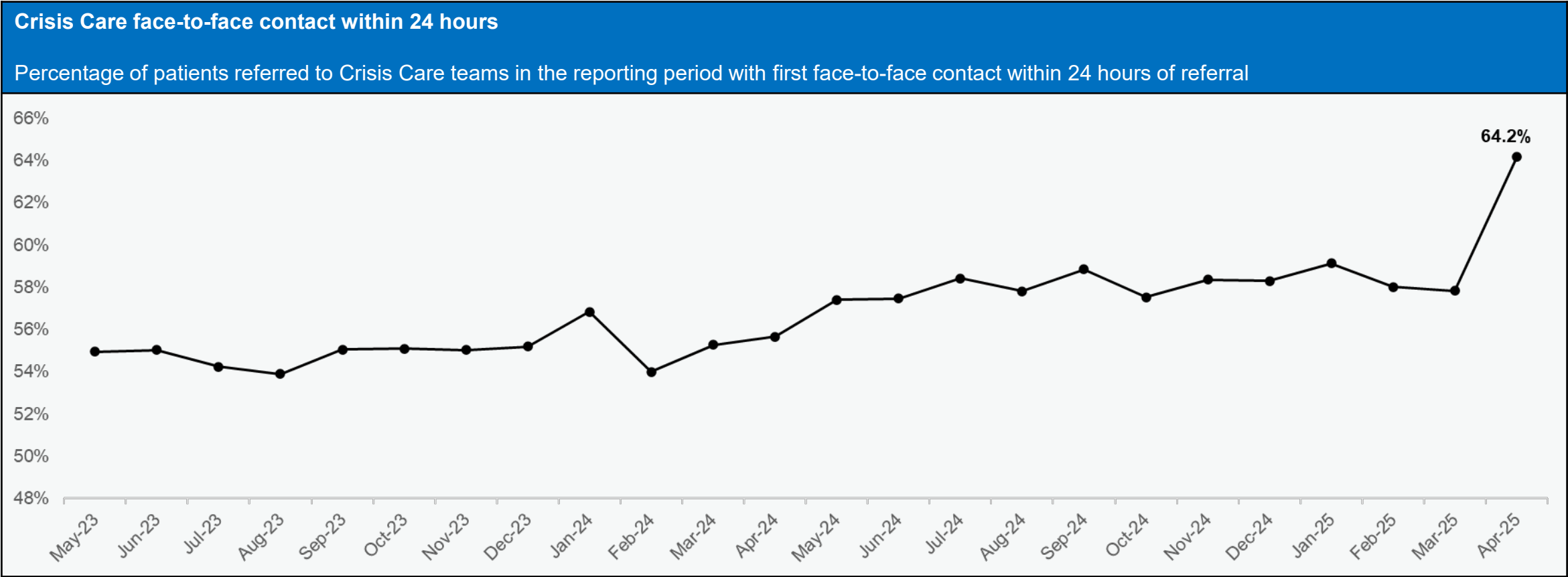
Current position: The current performance position is sustained with MRSA infection counts remaining relatively stable over the 2 year period. UKHSA (UK Health Security Agency) advises that caution should be taken on this due to relatively low number of cases. The latest count is 43, which is down from 48 (-10.4%) in the previous month, and down from 54 (-20.4%) in May 2024.

Actions: The AMR (Antimicrobial resistance) Board has considered a deep dive analysis of the trends and possible explanations for the increases and has asked its Infection Management Committee to develop an action plan, considering interventions to be taken forward. The IPC (Infection Prevention and Control) team in Nursing Directorate has lead NHS England responsibility for HCAI (Healthcare-associated infections) policy



Current position: Rate of restrictive intervention types for April stands at 35 per 1,000 occupied bed days, which has increased from last month and has been increasing since July 2023. There are known data quality issues with Restrictive Interventions data in the MHSDS, which are in part attributed to Providers becoming more compliant with new requirements (not necessarily a change in practice). The latest rate is up from 33 (+6.1%) restrictive intervention types per 1,000 bed days in the previous month, and up from 33 (+6.1%) in April 2024.

Actions: The Culture of Care Programme being rolled out to all NHS and major independent sector providers includes a focus on reducing restrictive interventions. A resource on types of restrictive interventions and Guidance on Use of Force Act is currently being initiated. CQC are also leading on work to explore the restraint notifications process, which will separately help drive improvements in reporting on restrictive interventions.

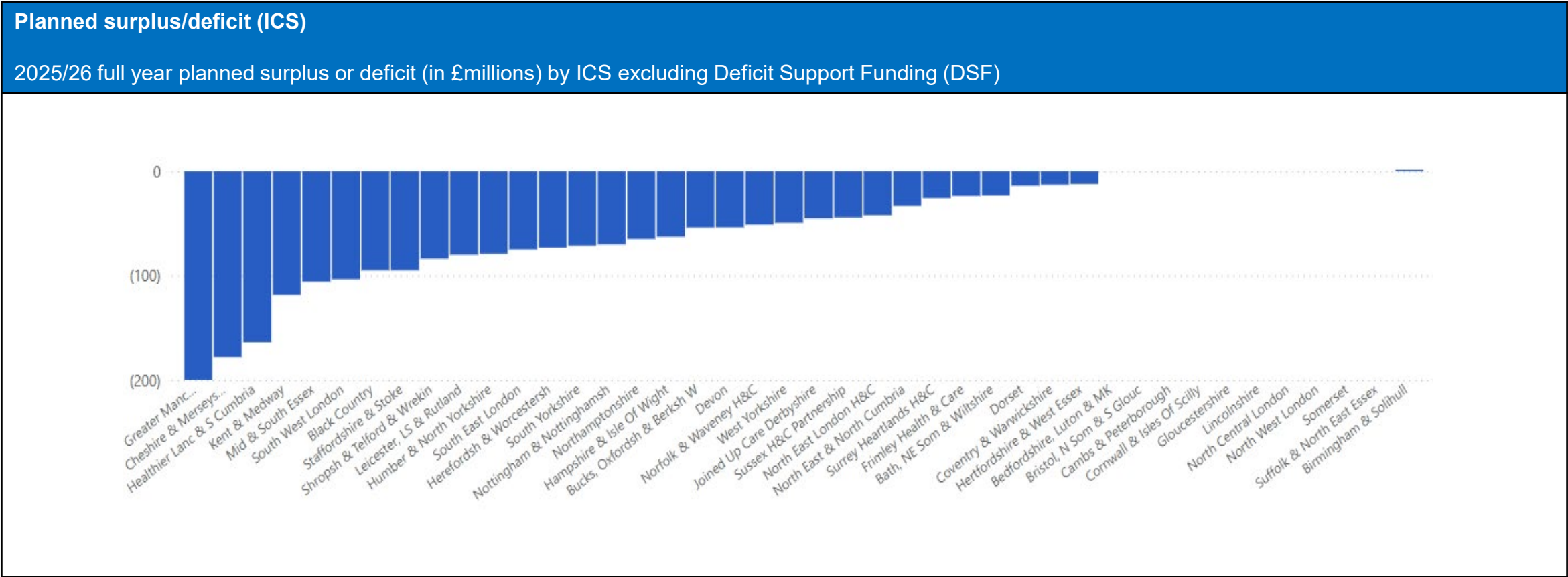


Current position: Percentage of patients in crisis to receive face-to-face contact within 24 hours is 64.2% for April which is noticeably higher than percentages in March 2025 (57.8%, +6.4ppts) and April 2024 (55.6%, +8.5ppts). This difference is driven by a single Provider who have reported a large increase in the number of referrals to 24/7 Crisis Response Line teams that received a face-to-face contact in April 2025.

Actions: Further work is being done to understand if the sudden change is a local data quality issue in April, a fix of a previous long standing data quality issue, or a change in how the trust is coding 24/7 Crisis Line activity differently now. For all trusts implementation of the 'Flow improvement strategy' in crisis and acute AMH services is being used to coordinate a national and regional approach to improving flow across crisis and acute mental health services.

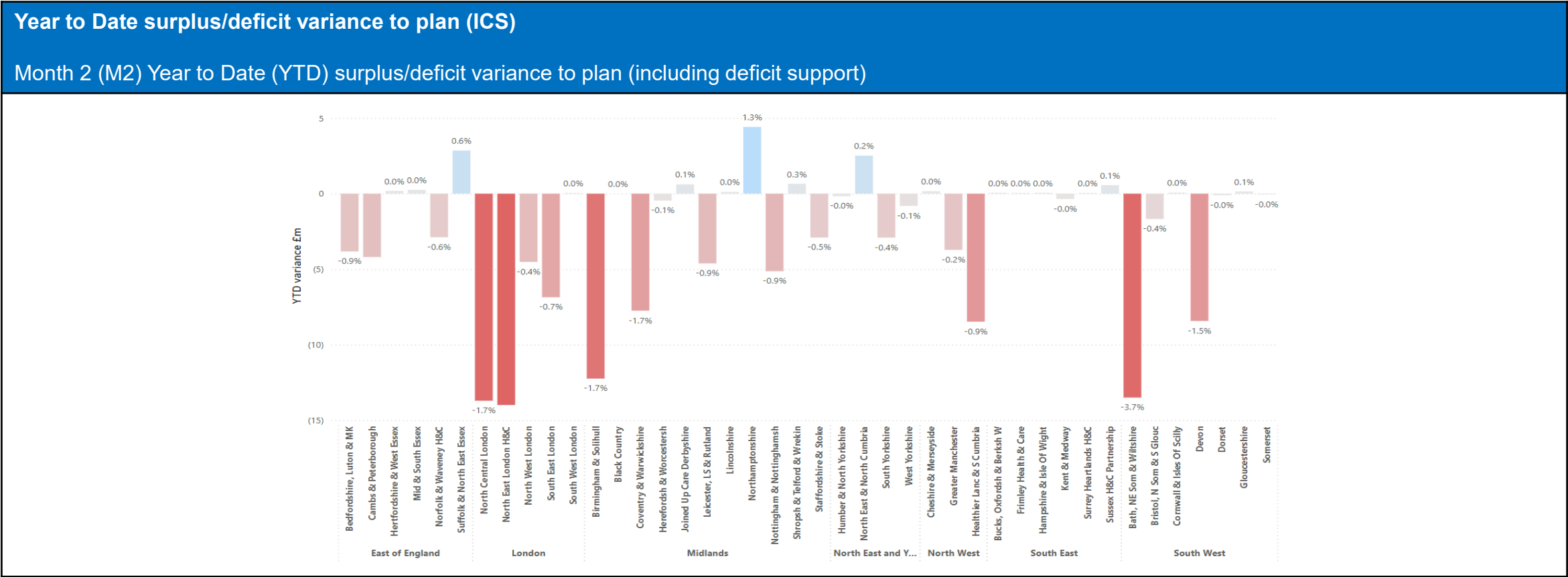
Finance and Productivity





Current position: Nationally, the full year system planned deficit (excluding DSF) is £2,206 million. 31 of 42 systems have a planned deficit (excluding DSF) ranging from Greater Manchester, £200 million deficit plan to breakeven plans.

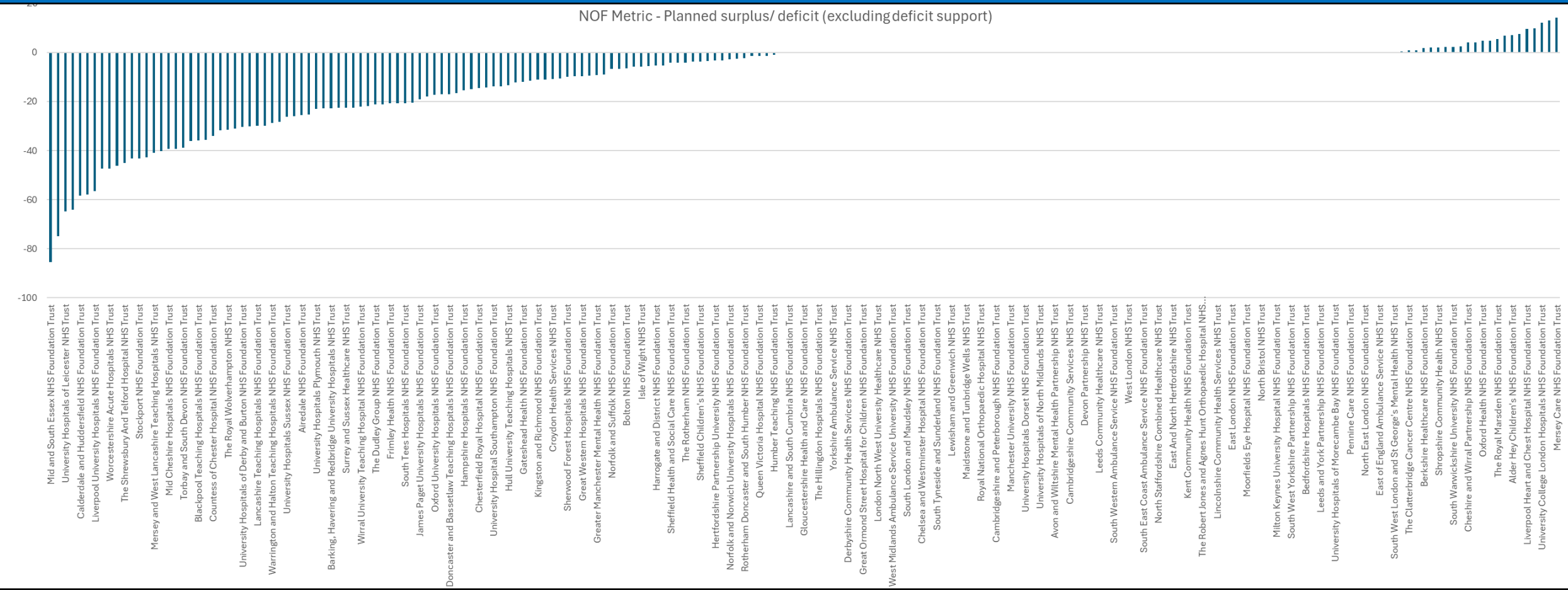
Actions: Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding will receive the funding on a quarterly basis contingent on continued delivery of their plans. Based on the month 2 financial position and assessment of a range of metrics including efficiency and workforce, 5 systems will not receive quarter 2 deficit support funding of which 1 also did not receive quarter 1 funding.



Current position: At M2 the overall system adverse variance to plan is £110m (compared to £240m to M2 last year), with 4 systems making up nearly half of this. Around half of systems have delivered plan to M2.

Finance and productivity – Provider Finance

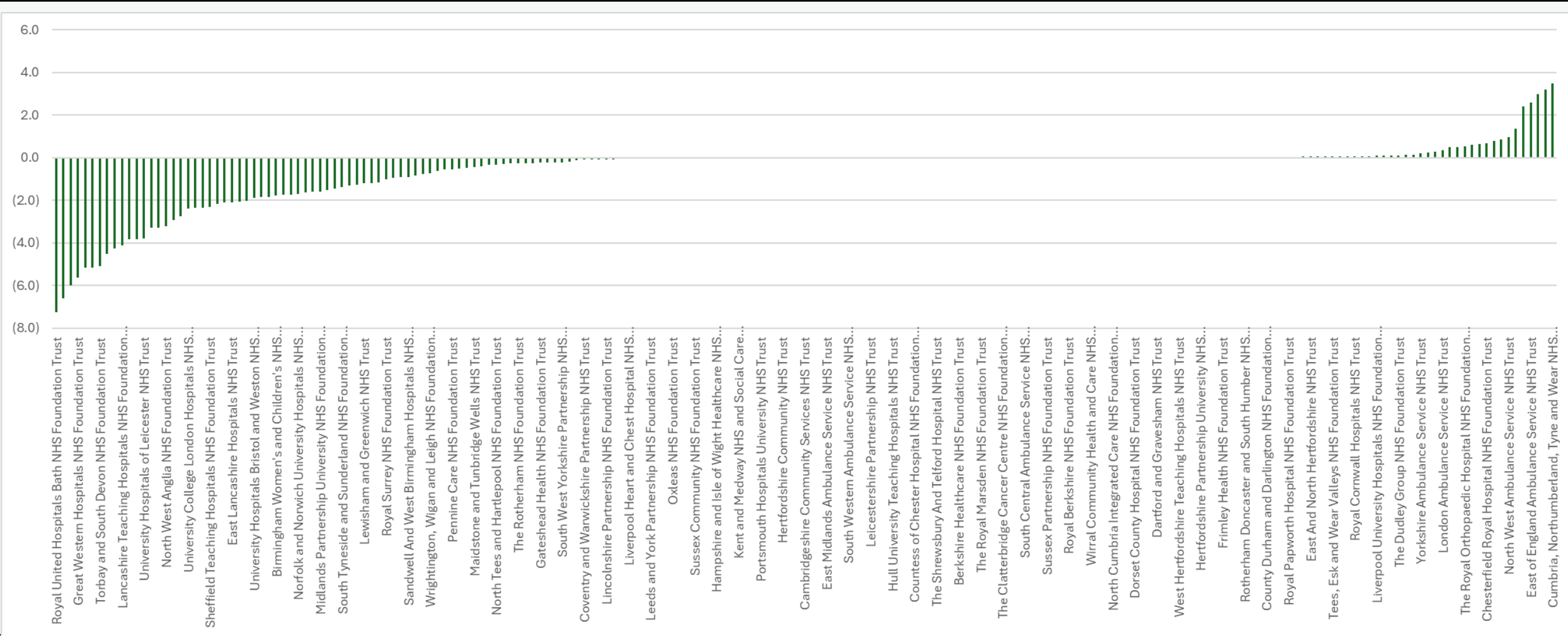
2025/26 Full year planned surplus/deficit (excluding deficit support funding) (Trusts)



Current position: Nationally, the full year trust planned deficit (excluding DSF) is £2,111 million. 100 out of 205 trusts have a planned deficit (excluding DSF) ranging from Mids and South Essex Foundation Trust, £85.5 million deficit plan to £14.3m surplus plan in Mersey Care Foundation Trust

Finance and productivity – Provider Finance

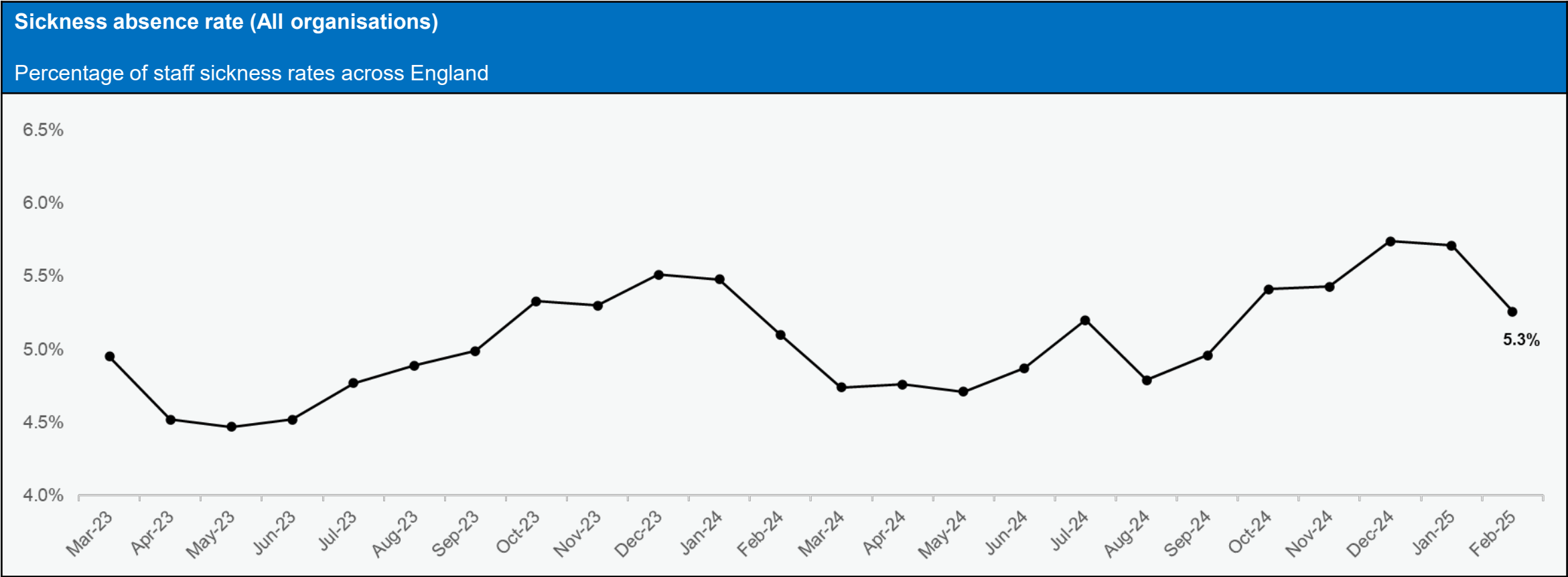
2025/26 M2 YTD variance to plan (including deficit support funding) (Trusts)



Current position: The M2 YTD variance to plan was a £116.2m across providers split across 77 trusts. In providers with the larger overspends there is a correlation between the YTD variance, pay variance and efficiency shortfall. At M2 variances are mainly due to a £159m shortfall in efficiency plans and workforce increases beyond planned levels.

People and Workforce





Current position: The overall sickness absence rate for England in February 2025 was 5.3%. This has improved since January 2025 (5.7%) but is a slight deterioration from February 2024 (5.1%). Ambulance Trusts reports the highest sickness absence rates across the NHS, with ICBs having the lowest. Anxiety/stress/depression/other psychiatric illnesses is the most reported reason for sickness. Lags in published sickness data can make it difficult to assess impact of interventions to support attendance.

Actions: Work is underway to develop and launch a new national sickness/attendance management framework and procure a new supplier for a National Staff mental health treatment service. Both are due in Q3 25/26.

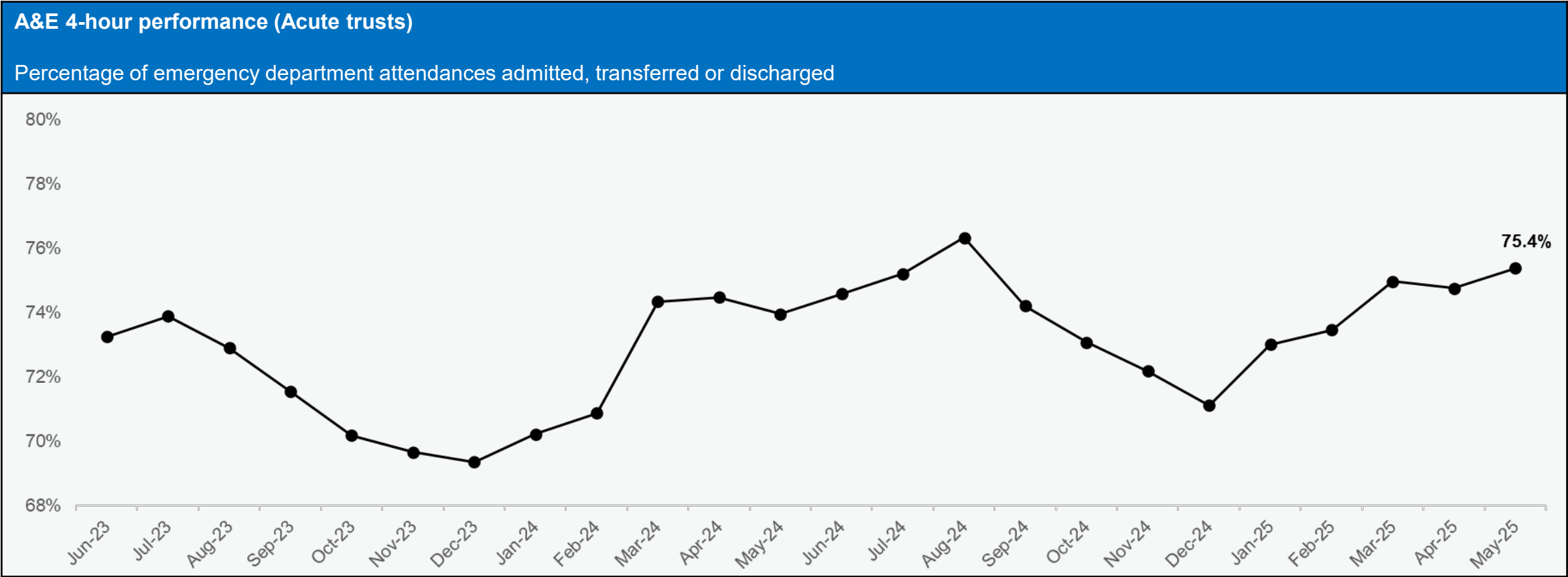


Current position: The NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. Whilst response rates have improved over time, between 2013 and 2024 the average staff engagement score has fluctuated between 6.8 and 7.0 out of a maximum possible score of 10.0.

Actions: Internal quarterly management data from the National Quarterly Pulse Survey allows more regular insight into the working experience of our NHS People than the published annual data and provides the opportunity for more timely local action. Plans are underway to implement a range of initiatives to support staff experience and improve retention, as set out in the 10 Year Health Plan. Further detail will be contained in the 10 Year Workforce Plan, to be published later this year.

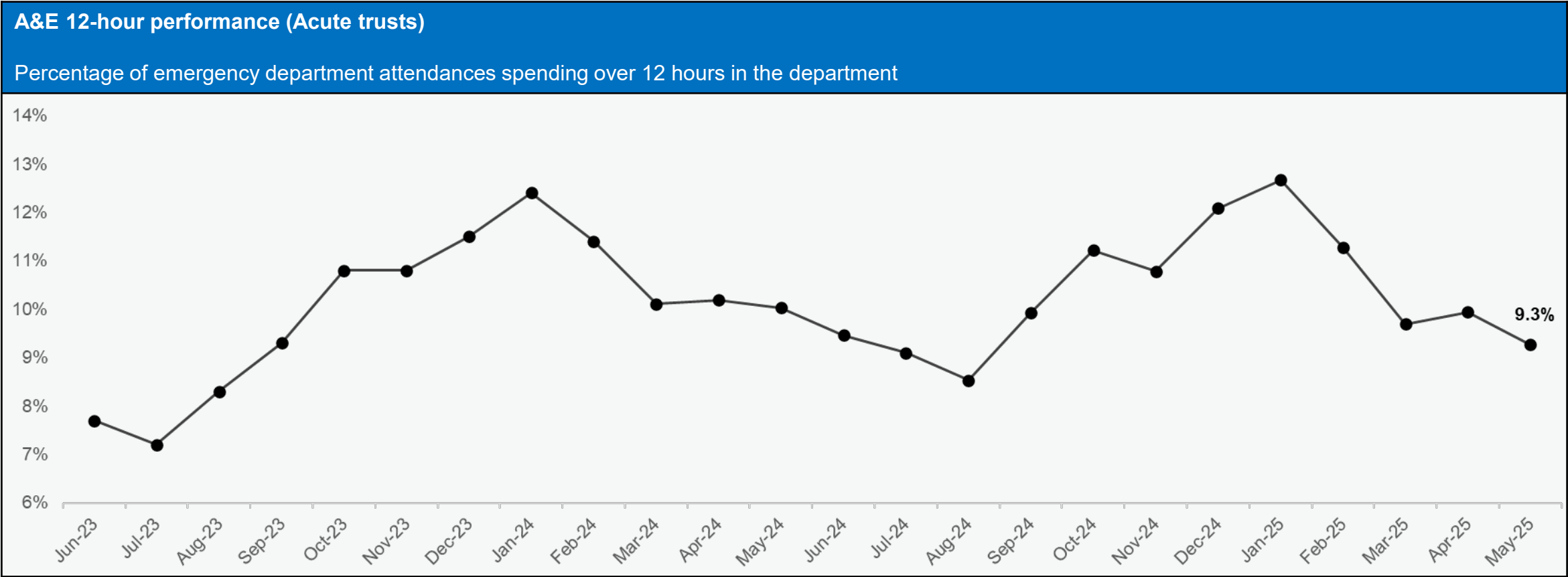
Access





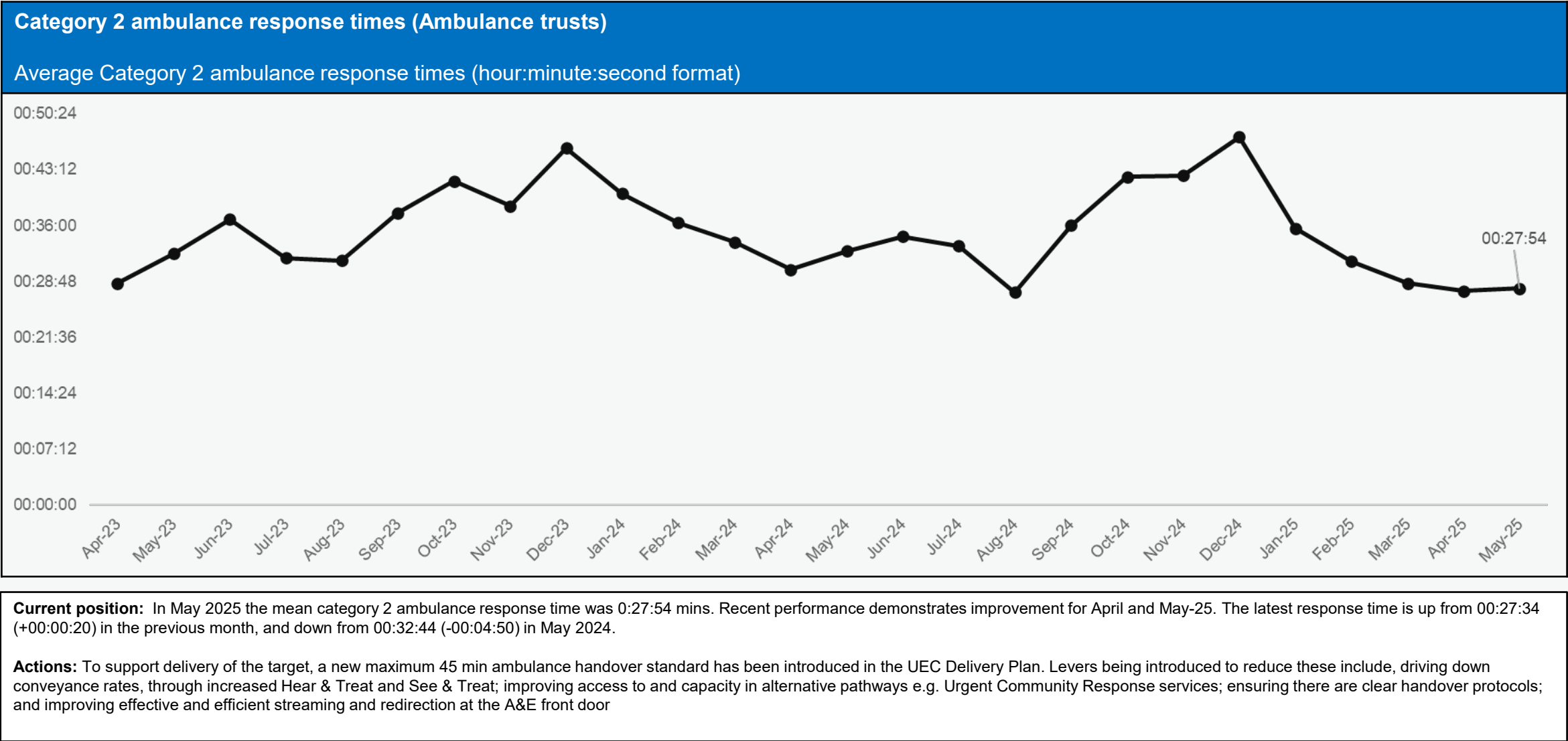
Current position: in May 25, 75.4% of emergency department attendances were admitted, transferred or discharged within 4 hours. Whilst recent performance improvement is noted, it remains below the Operational Planning Guidance target of 78% by March 2026. The latest percentage is up from 74.8% (+0.6ppts) in the previous month, and up from 74.0% (+1.4ppts) in May 2024.

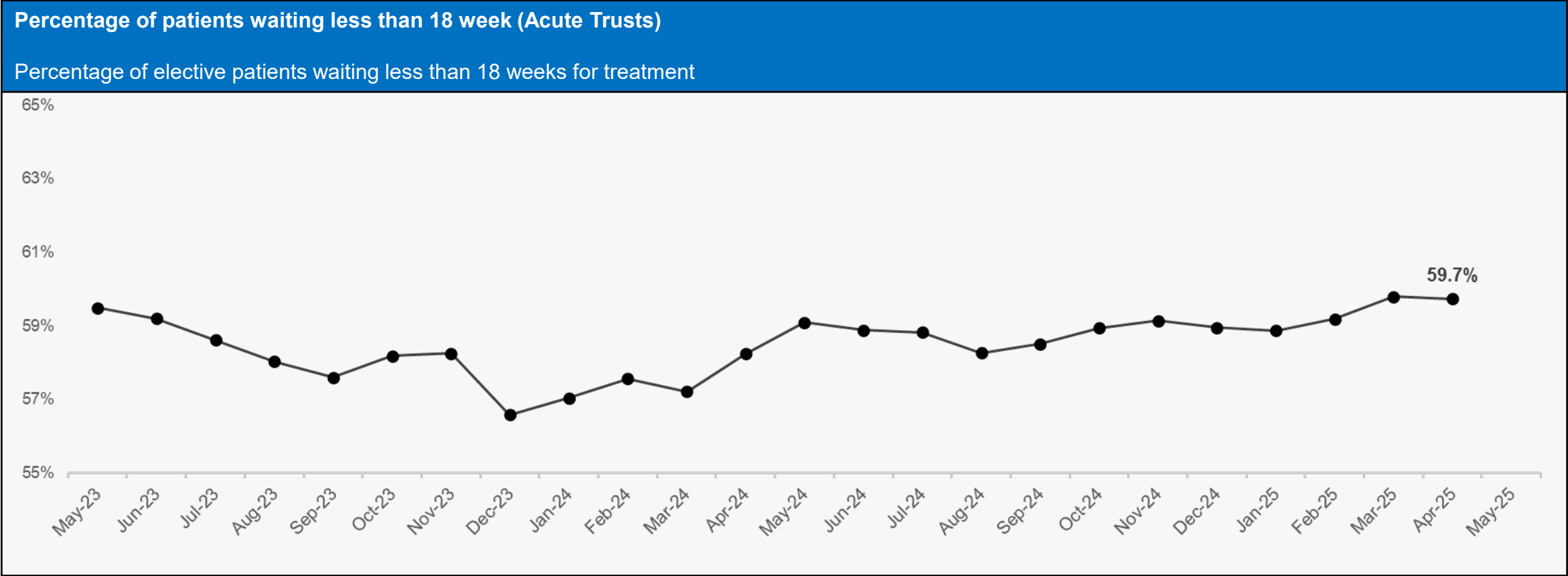
Actions: Work continues on winter planning to mitigate impact of deteriorating performance across winter months. NHS England National and Regional teams are continuing to have discussions with providers focused on reducing variation and improving performance.



Current position: Performance in May 2025, showed 9.3% of attendances spent over 12 hours in the department This is an improvement trend on recent performance, and we are currently achieving the March 2026 OPG target of below 10%, which has been achieved since the beginning of 25/26. The latest percentage is down from 9.9% (-0.6ppts) in the previous month, and down from 10.0% (-0.7ppts) in May 2024.

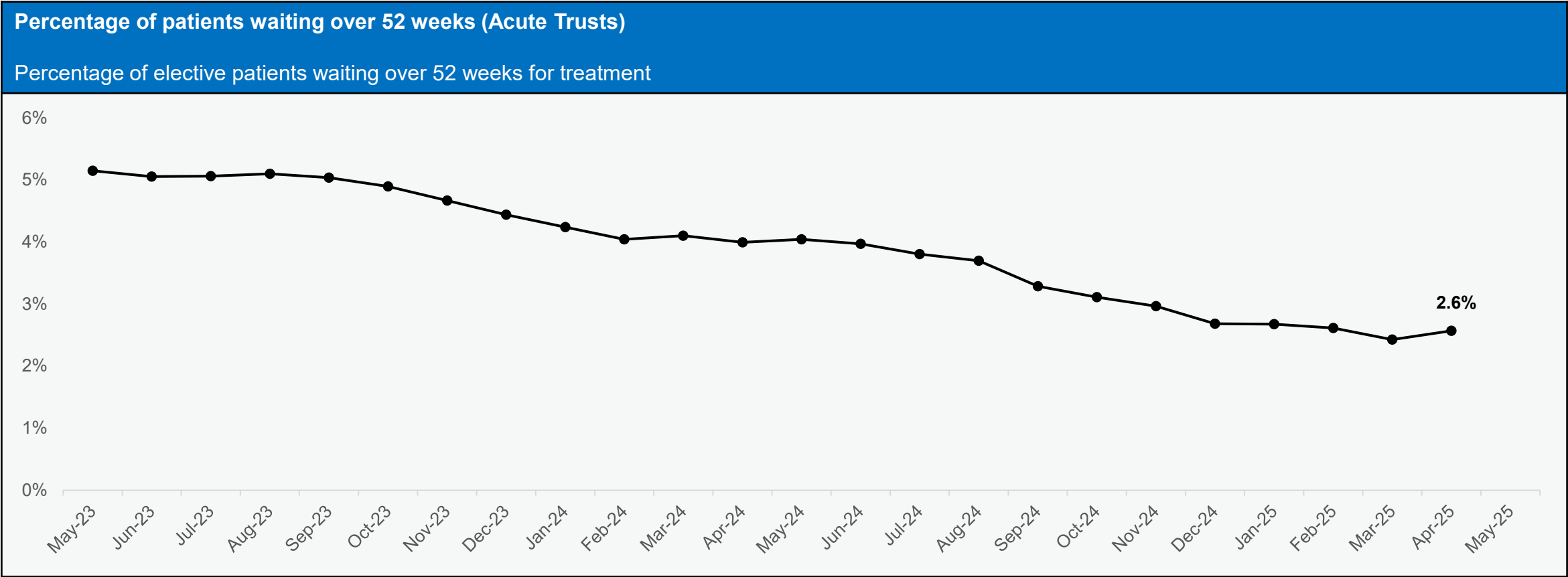
Actions: Work continues on winter planning to mitigate impact of deteriorating performance across winter months. NHS England National and Regional teams are continuing to have discussions with providers focused on reducing variation and improving performance.





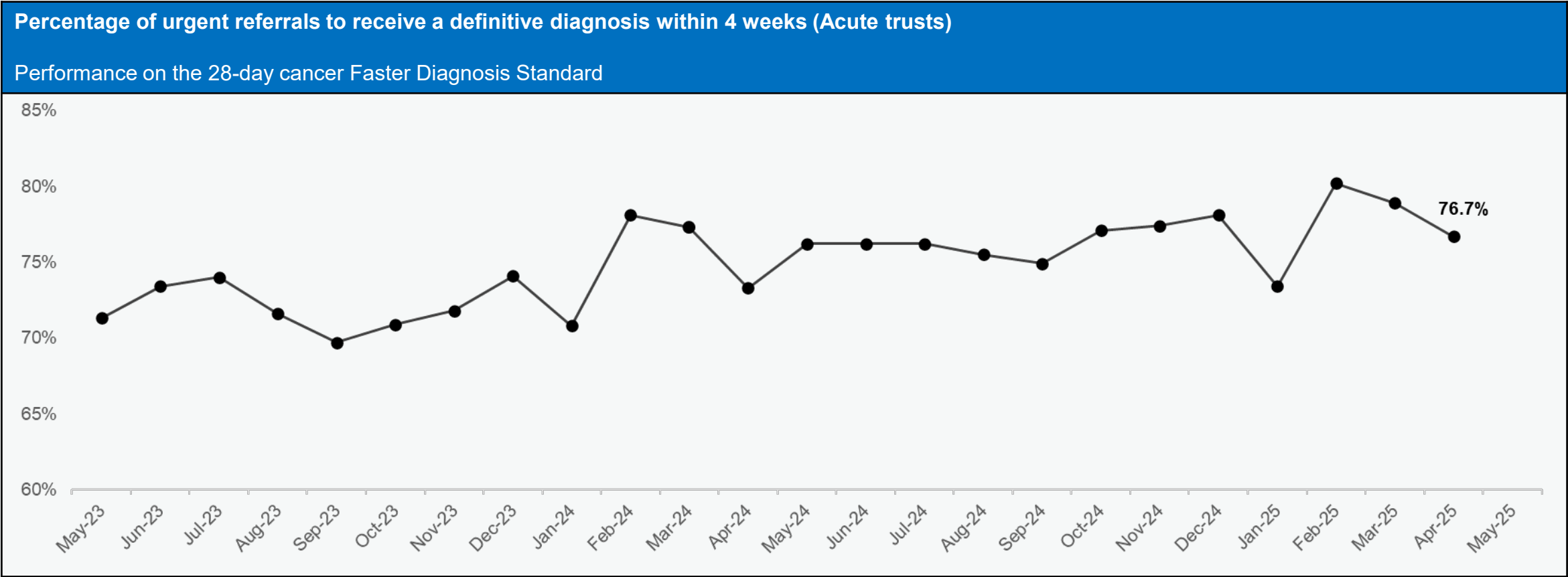
Current position: Performance in April 2025 is on track at 59.7% in the context of our 25/26 target of 65%. 18-week performance is improving when compared to the last two years. We have seen a reduction in Total Waiting List improving RTT performance. Compared to the same month in the previous year, the number per working days has been higher for each of the last 11 months (Jun-24 to Apr-25). The latest percentage is down from 59.8% (-0.1ppts) in the previous month, and up from 58.2% (+1.5ppts) in April 2024.

Actions: Validation sprints (technical, administrative and clinical) are being undertaken to ensure the ongoing accuracy of waiting lists, and work is ongoing to mitigate demand growth through the use of Advice & Guidance. Trusts that are underperforming on RTT are being placed in tiering which provides increased oversight and support.



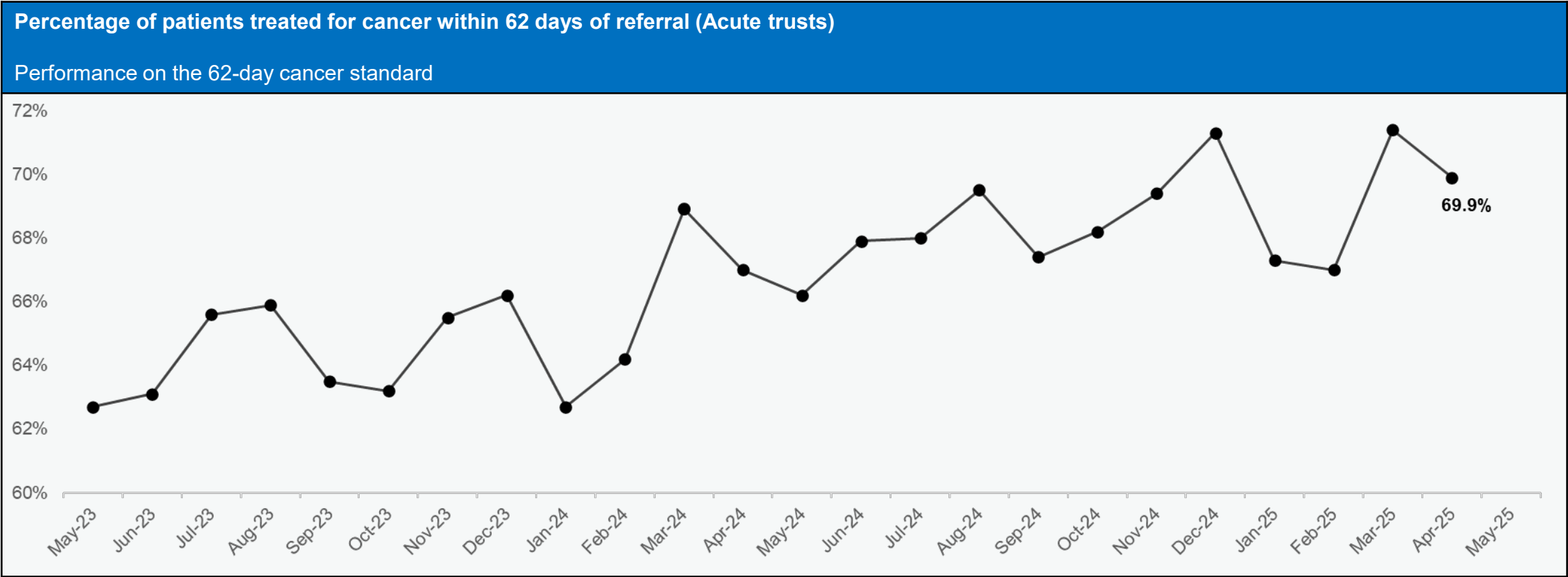
Current position: Performance in April 2025 is 2.6%, which is an improvement relative to the previous two years. Long waits have come down significantly, and the percentage of patients waiting over 52 weeks has halved since May 2023. The latest percentage is up from 2.4% (+0.2ppts) in the previous month, and down from 4.0% (-1.4ppts) in April 2024.

Actions: There is now a need to focus on both RTT performance and reducing long waits, as we pivot performance management away from the recent approach of just focusing on long waits. Trusts that are underperforming on long waits (over 52 weeks) are being moved directly into tier 1.



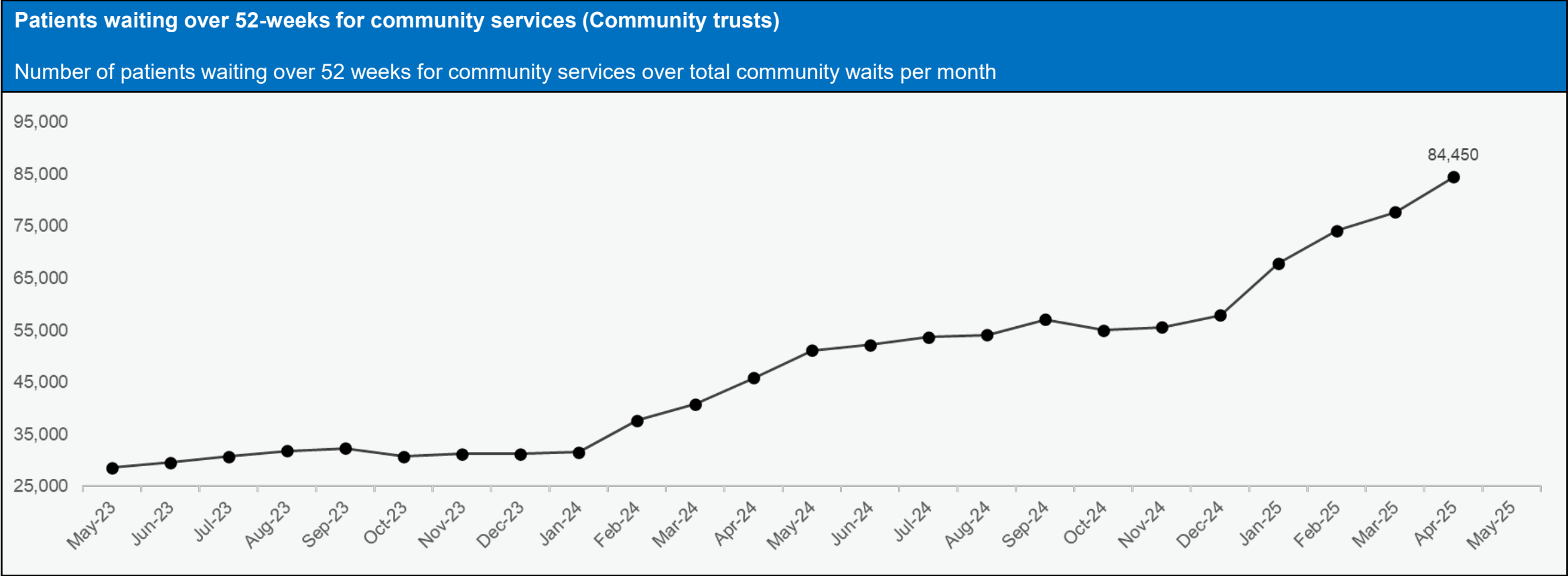
Current position: Faster Diagnosis Standard performance remains on track so far in 25/26. Performance in April 2025, was 76.7%, which is in drop from the previous month but in line with usual seasonal patterns related to bank holidays. Remain firmly on track to achieve 80% by March 2026 as set out in Planning Guidance for 2025/26. The latest percentage is down from 78.9% (-1.8ppts) in the previous month, and up from 73.3% (+3.4ppts) in April 2024.

Actions: Cancer Alliances are supporting pathway improvements in Trusts with particular focus on the Prostate, Lower GI (FIT), Gynaecology (HRT pathway), and Skin (Tele-dermatology) pathways. Faster Diagnosis Standard performance remains a key component of tiering, with additional support and oversight provided to those Trusts with challenges.



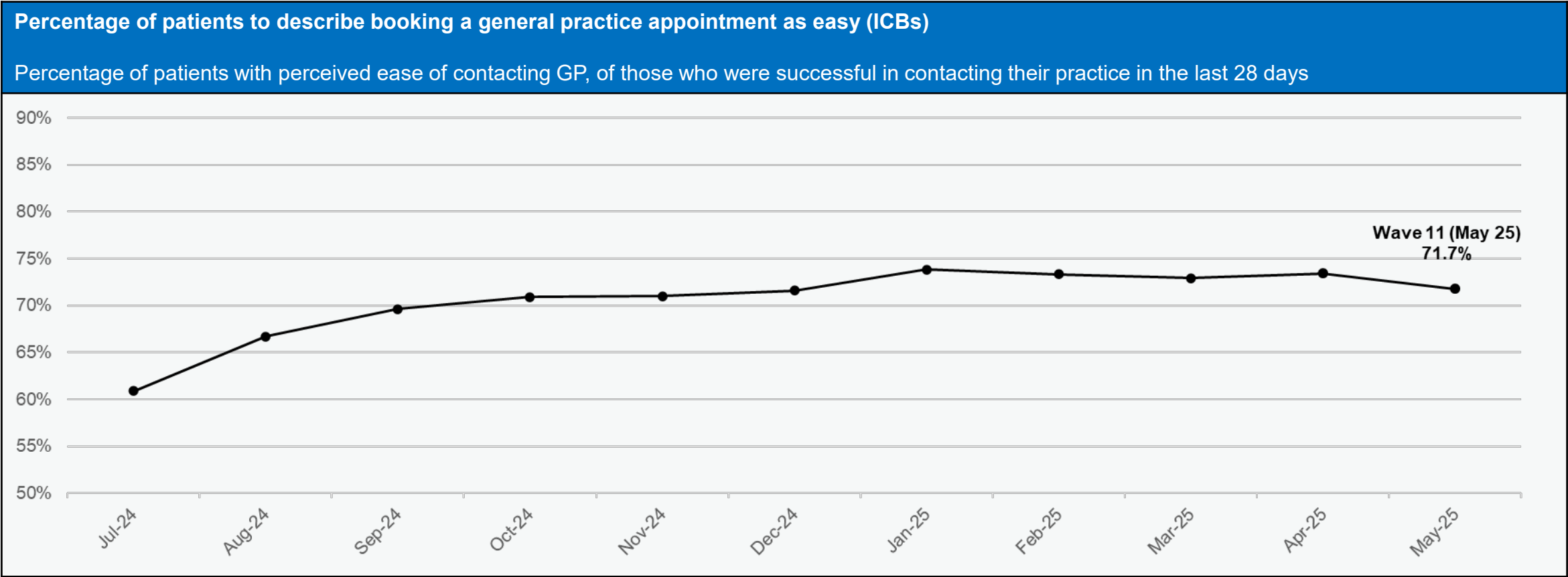
Current position: 62 day performance remains positive for 25/26 with performance in April 2025, at 69.9% this is a drop from the previous month but broadly in line with usual seasonal patterns. Whilst year on year improvement continues, we will need to see a further step change in the rate of increase in the coming months to achieve this year’s planning ambition of 75% by March 2026. The latest percentage is down from 71.4% (-1.5ppts) in the previous month, and up from 67.0% (+2.9ppts) in April 2024.

Actions: The primary focus for cancer tiering, relates to the 62 day standard, with Trusts included provided additional oversight and support. Cancer Alliances, are providing transformation support, including improvements focused on the diagnosis phase of the pathway, specifically the Lung Cancer pathway and where treatment waits are particularly long.



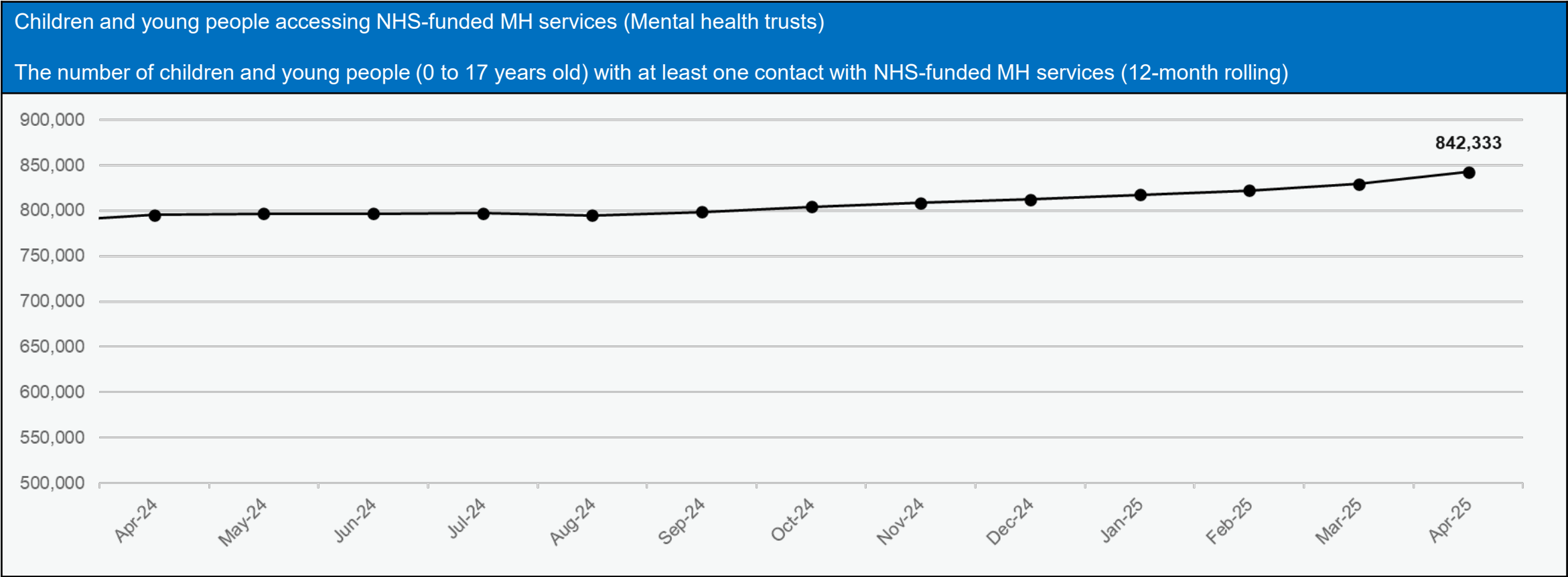
Current Position: Community waits over 52 weeks are increasing substantially. Performance in April 2025 was 84,450 >52 weeks. Community waiting times are rising in both volume and % of people waiting >52 weeks for intervention. The position of >52-week waits is particularly challenging in for CYP, with 22.3% of CYP reported to be waiting over a year. The latest volumes are up from 77,712 (+6,738) in the previous month, and up from 45,851 (+38,599) in April 2024.

Actions: Work is underway to identify community trusts that are significant outliers in performance and to work with them on improvement. Specific transformation activity is focused on clinical and workforce models for challenged service lines, most specifically community paediatrics.



Current position: Wave 11 indicates more people find it easy or very easy to contact their GP at 71.7% and this is a statistically significant improvement to the start of the collection. Improvement may show signs of plateauing and/or reducing and this is being monitored closely. Since the introduction of the Health Insight survey in July 2024, we have seen more than a 10% increase in the number of people stating that find booking a GP appointment as easy.

Actions: ICB actions plans for 2025/26 have been developed setting out how they will reduce unwarranted variation within regions and ICBs, and improve contract oversight, commissioning and transformation for general practice.



Current position: Performance in April 2025 shows 812,226 CYP accessed NHS funded MH services. There is a continued trend of improved performance on Access for children and young people aged 0-17. With 842,333 accessing services in the 12 months to April 2025 compared to 829,308 in March 2025. More CYP are accessing mental health support than ever, following a long process of improvement and recovery, focusing on outcomes, productivity and improving accuracy of reporting.

Actions: Continue to focus on outcomes, productivity and improving accuracy of reporting. Work in underway to identify providers with good and poor performance to identify approaches to good practice, and introduce buddying between system and providers to improve performance in lowest performing trusts.