

Integrated performance report

**NHS England Board
Agenda item 4.1 (Public session)
September 2025**

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Integrated Performance Report - Explainer

This report provides performance data relating to all the NHS Oversight Framework (NHSOF) ambitions/metrics, including both scored and contextual (non scored) metrics.

The blue box (header) at the top of each slide provides the NHSOF ambition/metric and beneath that is a description of the data (chart/table) we have used to measure performance against the metric.

Each chart/table will show a standard of 2 years performance data (where available) and provide data points for latest performance, previous month/quarter(dependant on data frequency) and previous year.

Narrative in the text box underneath each chart/table will provide:

- **Current position** will summarise the chart/table performance data (current, compared to previous month or quarter and to previous year) indicating if performance has improved, deteriorated, sustained/stable.
- **Actions** will set out what actions have and/or will be taken to improve performance

The following NHSOF metrics are not included in this report due to public data not currently being available, or further work is required to create the appropriate dataset:

- Percentage of inpatients acquiring a new pressure ulcer (Acute trusts)
- Percentage of pregnant women who quit smoking (Integrated care boards)
- Percentage of inpatients referred to in-house tobacco treatment services who make a supported attempt to quit stop smoking (Integrated care boards)
- Percentage of patients supported by obesity programmes (Integrated care boards)
- Readmission rate band (Acute, community and mental health trusts)
- Acute bed days per 100,000 people (Integrated care boards)
- Growth in number of urgent dental appointments provided versus target (Integrated care boards)
- Deprivation and ethnicity gap in pre-term births (Integrated care boards)
- Deprivation gap in early cancer diagnosis gap (Integrated care boards)
- Deprivation gap in myocardial infarction and stroke admissions (Integrated care boards)

Productivity & Finance - Relative difference in costs (Mental health, community and ambulance trusts) – current published data significantly lagged (2023/24), will include 2024/25 data in December Board reporting.

Performance overview by exception (1 of 2)

Improvements:

- **Breast Cancer Screening** - Breast screening coverage continues to recover well, following the impact of the COVID pandemic on the service, with coverage rates as at end 2023/24 for 53<71 years olds standing at 70% which is a 3.6 percent increase on 2022/23.
- **Number of inpatients who are autistic or have a learning disability** - In July inpatient numbers (1785) decreased by 45 inpatients in comparison to the previous month (1830 in June) and down 230 from July 2024 (2015). A continued reduction in the number of inpatients that are autistic has contributed to the continued lowering of numbers, as previously most progress was made on reducing numbers of inpatients with a learning disability.
- **Access an appointment with their preferred general practice professional** - The Health Insights Survey (Wave 13) indicated that 68.6% of people were able to access their preferred GP professional using both face to face and video call or call back appointments. This is the first time we have measured patient satisfaction against this metric using these three modalities.
- **Percentage of patients to describe booking a general practice appointment as easy** - 74.2% of patients/respondents fall into this category, which is a continued improvement over previous waves, and the highest performance on record.
- **Urgent and Emergency Care (UEC)** - Ambulance response times for Cat 2 has improved by 57seconds and now at 28:40:40.
- **Children and young people accessing NHS-funded MH services** - The number accessing services increased in June 2025 by 4,374 on the previous month. There is a continued trend of improved performance on access for children and young people aged 0-17. More CYP are accessing mental health support than ever, following a sustained focus during 2024/25 on improvement and recovery, outcomes, productivity and improving accuracy of reporting.
- **Community Mental Health access rate** - The number adults accessing services has increased by 5,919 to 677,017 in June 2025, on previous 12 months. This shows a continued pattern of month-on-month improvement. Continued focus on improving quality of provision within mental health services, including improving availability of intensive and assertive care, and development of new 'Personalised Care Framework' to improve core elements of care provision across all services.

Performance overview by exception (2 of 2)

Challenges:

- **Percentage of patients waiting over 52-week waits for community services** - continues to be challenged having increased by circa 37,000 since June 2024 and increased by 211 since May 2025 driven by the CYP pathways (current waits now circa 77,000 CYP waits compared to circa 12,000 adult waiters).
- **Percentage of people with suspected autism waiting more than 13 weeks for contact** - In June 2025, there were 236,225 patients with an open referral for suspected autism. Of these, 211,104 (89.4%) had a referral that had been open at least 13 weeks. This is an increase of 1.4% on the previous month and 2.5 % higher proportion than in June 2024. We continue to see increases in the number of people asking for an autism assessment and workforce capacity is not sufficient to meet this rising demand.
- **Cervical screening** – Performance has been on a downward trend for several years with significant deterioration since 2020, whilst there has been a very slight of 0.1% in the most recent data, between March 2023 and March 2024, this was mainly attributed to an increase in coverage within the younger age cohort (25-49yr olds).
- **Percentage of mental health bed days that are out of area** – At the end of June 2025 there were 439 active acute mental health out of area placements (OAPs). This is a small decrease from May 2025 (441) however this has increased significantly on the same period last year 105 higher than June 2024, which stood at 334 out of area placements.
- **Inpatients with >60 day length of stay** (Mental health trusts) - The proportion of inpatients aged 18-64 with a length of stay greater than 60 days was 24.5% for June 2025, an increase on the same month last year which stood at 23.5% in June 24.
- **Restrictive intervention use** (Mental health trusts) - Rate of restrictive intervention types for June stands at 35 per 1,000 occupied bed days, up from 31, when compared to June 2024. 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). Further investigation required.

**Improving health
and reducing
inequality**

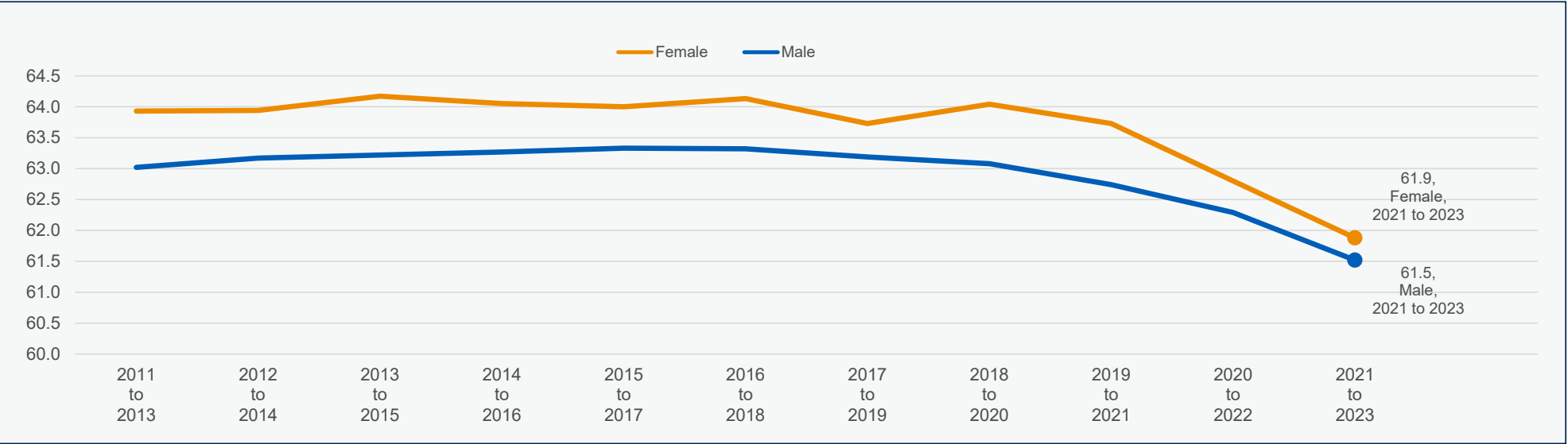


Improving health and reducing inequality - Improving population health



NHSOF ambition/metric: Average number of years people live in healthy life (Integrated care boards)

Chart description: Average number of years people are expected to spend in healthy life



Current position: The number of years people are expected to spend in 'good' health in 2021-2023 is 61.5 and 61.9 for males and females respectively. Since the pre-coronavirus (COVID-19) pandemic period (2017 to 2019), male healthy life expectancy (HLE) at birth has fallen by 1.7 years, and for females, it fell by 1.9 years.

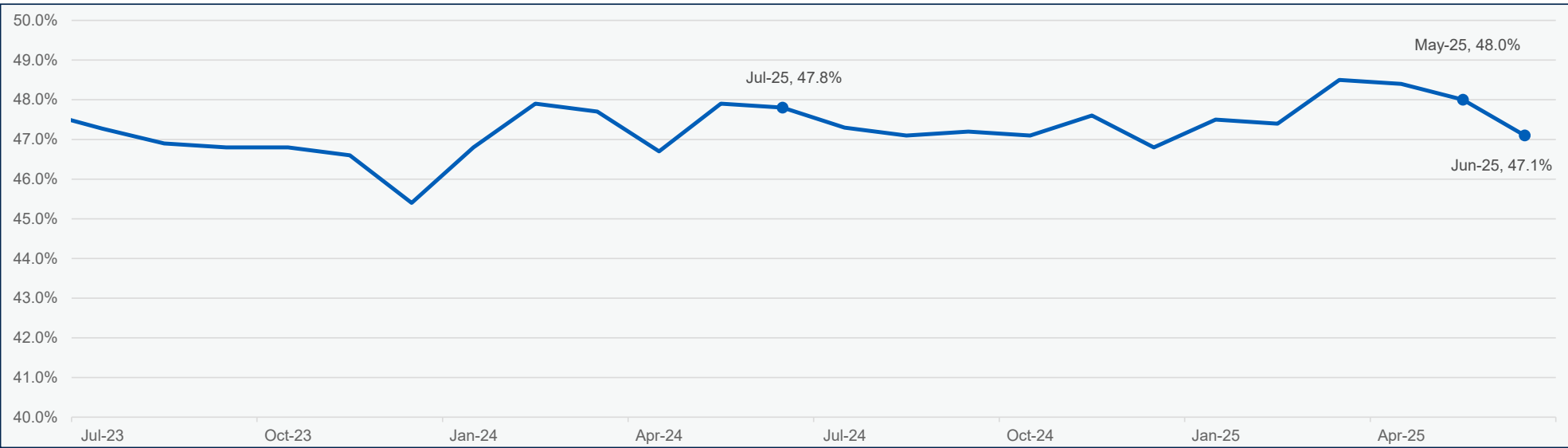
Actions: The 10YHP Prevention workstream will be critical in shifting the focus of the NHS from sickness to prevention, giving people power to make healthy choices, tackling health inequalities and the gaps in HLE, and raising the healthiest generation of children ever. There are several high impact policy areas/deliverables in scope of the Prevention workstream, e.g. Mandatory food targets, Tobacco & Vapes Bill and regulations, Alcohol labelling requirements, Physical activity campaigns and New service models inc. for GLP-1s etc. which will be critical in increasing healthy life expectancy.

Improving health and reducing inequality - Improving population health



NHSOF ambition/metric: Percentage of patients receiving talking therapies who achieve reliable recovery (Mental health trusts)

Chart description: Percentage of patients receiving talking therapies who achieve reliable recovery



Current position: Reliable recovery for Talking Therapies decreased in June 2025 to 47.1% a slight deterioration on the previous month (48.0%) and below the national plan position. This is also a decrease on the same month last year (47.7% June 2024). The recovery rate has decreased in recent months although decreases are usually seen during these months.

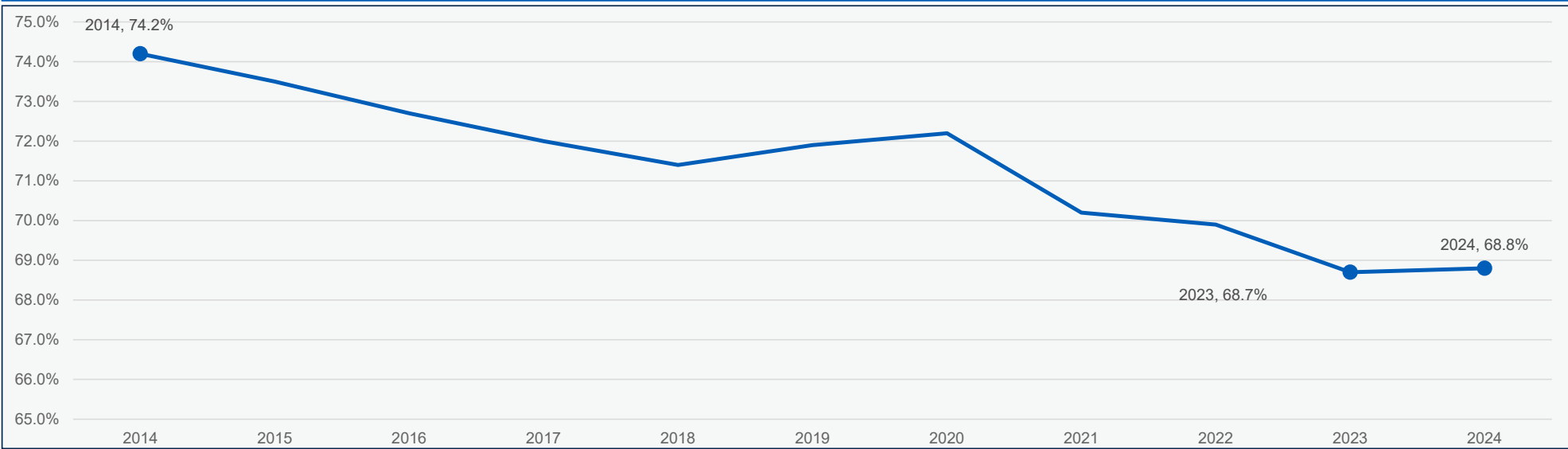
Actions: Research has shown us that increasing average session numbers per course of treatment translates to improved patient outcomes. Residual symptoms are a strong predictor of future relapse (and hence attenuation of economic benefit). Therefore, to support the continual improvement in reliable recovery, NHS TT have recently run a national webinar for systems and providers, sharing evidence-based guidance on how to improve outcomes, including optimum session numbers for different problem descriptors.

Improving health and reducing inequality - Primary prevention



NHSOF ambition/metric: Cervical cancer screening rates (Integrated care boards)

Chart description: Proportion of cervical cancer screening coverage (25-64 yrs)



Current position: Cervical Screening rates have been on a downward (deteriorating) trend. As of the end 2024/25, the Cervical Screening coverage for 25- 64 year olds was 68.8% which is a slight increase of 0.1% on 2023 but down from the more favourable position of 72.2% in 2020. Coverage improved slightly in 2023/24 as a result of an uptick in performance for the younger age cohort (25 to 49 year olds), but the overall trend has been down for some years.

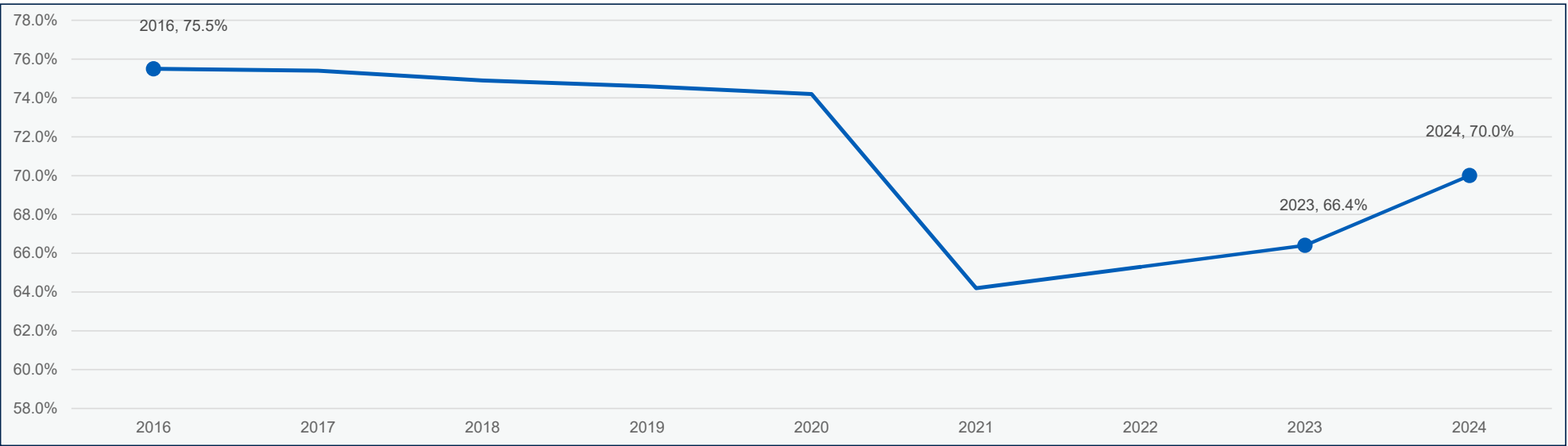
Actions: We are continuing to work to stabilise and develop Cervical Screening Management System (CSMS) based on prioritisation previously carried out and any new items received. We are also continuing work to support regional teams with the extension of their HPV Primary Screening laboratory contracts. Our Digital first approach to call/recall correspondence continues to be rolled out and since June 2025, where possible, invitations and reminders have been sent digitally and in September 2025 the same will be for normal results (those not requiring referral to colposcopy)

Improving health and reducing inequality - Primary prevention



NHSOF ambition/metric: Breast cancer screening rates (Integrated care boards)

Chart description: Proportion of breast cancer eligible coverage (53<71 yrs)



Current position: The Breast Cancer Screening coverage is currently on an improving trajectory and as of the end 2024/25, the coverage for 53<71 years olds was 70% which is a 3.6 percent increase on 66.4% in 2022/23. Breast screening coverage continues to recover consistently following the impact of the COVID pandemic on the service.

Actions: NHSE's Breast Screening Programme (BSP) Uptake Improvement Plan sets out our commitment to improve uptake and address inequalities and is ongoing.

The Digital Product Development & Rollout – Focus IDENTIFY, INVITE, MANAGE:

- Cohort Manager is in the private beta phase and the Very High-Risk referral platform development is currently underway,
- NHS App invites are moving into the early adopter phase; hazard workshop planned; accessible, dual-sided letters in redesign & Engagement on appointment/image reading prototype to ensure alignment with NHSBSP standards.

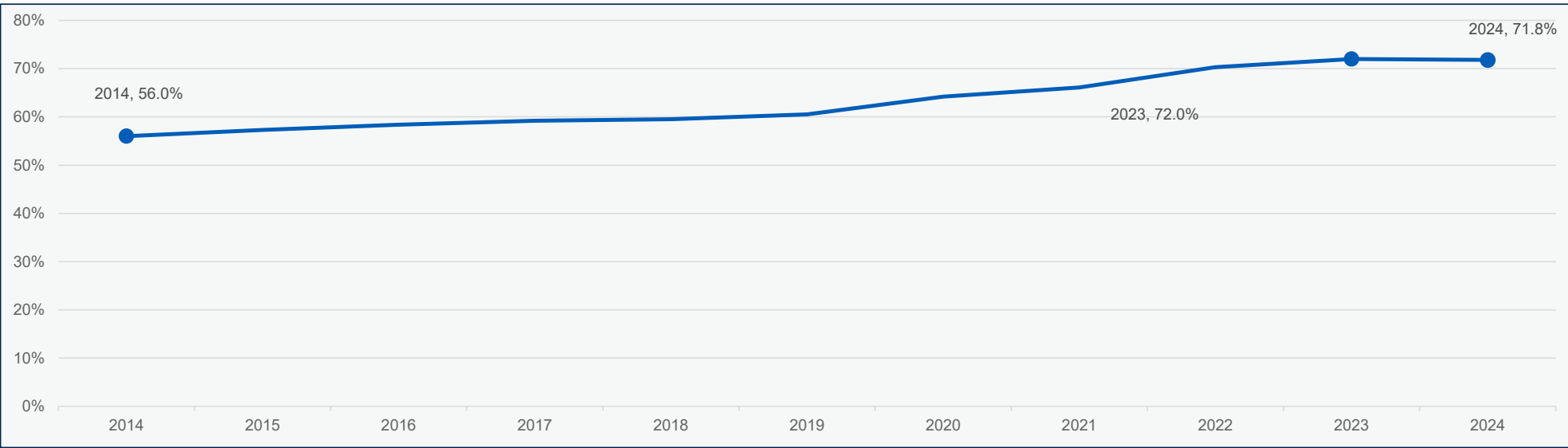
Uptake Improvement & Equity Actions: Uptake plan now finalised, and policy options developed for screening women with physical disabilities. A national survey of BSOs with prison populations underway

Improving health and reducing inequality - Primary prevention



NHSOF ambition/metric: Bowel cancer screening rates (Integrated care boards)

Chart description: Proportion of eligible men/women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBt) result in the previous 30 months



Current position: The Bowel Cancer Screening rates for men and women between the ages of 60 and 74 invited for screening remain relatively consistent between 2022/23 (72%) and 2023/24 (71.8%) year ends. Although the position dipped slightly in 2023/24, this was the second highest year's performance for coverage. Data for 50- to 59-year-olds is not yet included due to it being a recent inclusion and the inherent data lags with this programme of work. However overall, the trend seems to be upward and positive trajectory.

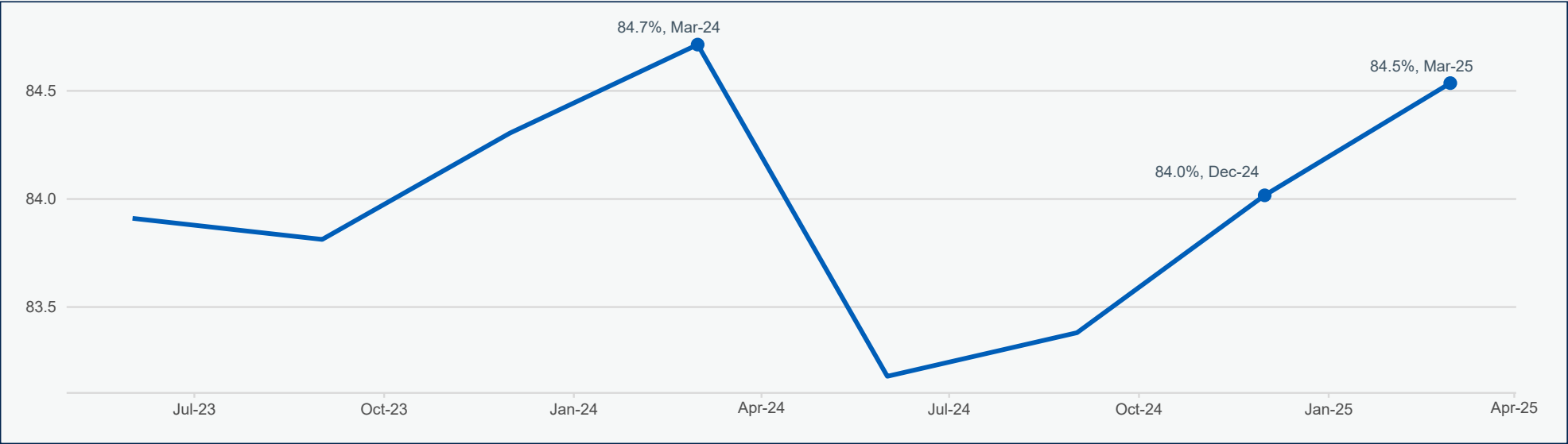
Actions:
Age Extension (50-59yrs) – all 64 bowel cancer screening sites have been live with since the end May 2025 completing the LTP ambition.
The new detection threshold of FIT@80 is now in place at 8 early adopter sites, who are now all live with evaluation and monitoring underway and the increase in activity is as expected at around 35%.
NHS Notify pilot scheme to send digital pre-invites commenced 27 August 2025 starting with the NEY hub, with a plan for evaluation and to fully roll out by December 2025. Further digital communications are being considered for future phases.

Improving health and reducing inequality - Primary prevention



NHSOF ambition/metric: MMR vaccine uptake rate (Integrated care boards)

Chart description: MMR vaccine uptake rate



Current position: MMR vaccination rates have continued to remain under WHO recommended levels. As of March 2025, the MMR vaccine update stands at 84.5% an increase of 0.5 on the last assessment in Dec 2024. However, when compared to the March status of 2024 there has been a small decline in the uptake position of 0.2. The following barriers/challenges have been identified as impacting uptake. Perception of risk, Low confidence in the vaccine efficacy, Access to vaccination, Inconvenience, Socio-demographic + cultural context and lack of endorsement.

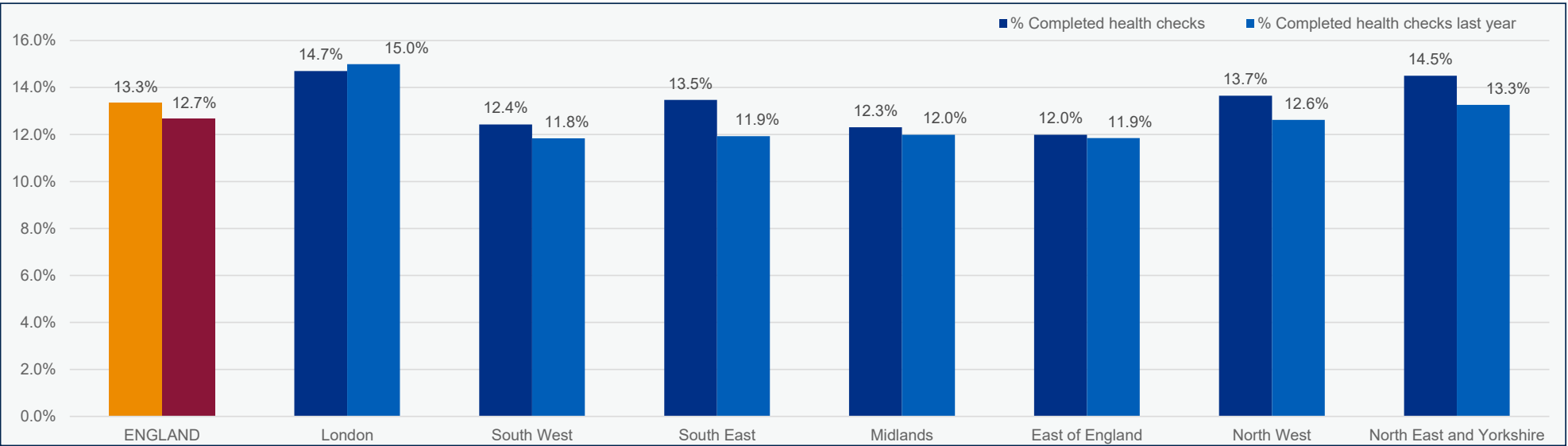
Actions: The 0-5 Improvement Plan commenced in April 2025, the plan includes action on raising public and professional awareness, on improving access, improving data quality and reporting and on supporting system oversight. As part of this all actions relating to strengthening the routine vaccination offer are prioritised. NHSE are focused on the development of enhanced MMR reporting in order to support regional teams and partner ICBs in identifying children delayed in receiving routine vaccination and in reducing unwarranted variation in general practice uptake. Phase 1 of the Child Immunisations Schedule changes went live 01/07/25. Confirmation of MMRV (varicella) programme received in July 2025. MMRV offer is now in place subject to GPC consultation, roll out planned from Jan 2026.

Improving health and reducing inequality - Inequalities



NHSOF ambition/metric: Percentage of annual health checks completed for patients with a learning disability or who are autistic (Integrated care boards)

Chart description: Learning Disability Annual Health Checks and Health Action Plans - June 2025



Current position: The national completion rate for annual health checks for the financial year up to June 2025 was 13.3%, which is 0.6 percentage points higher than at the same period last year.

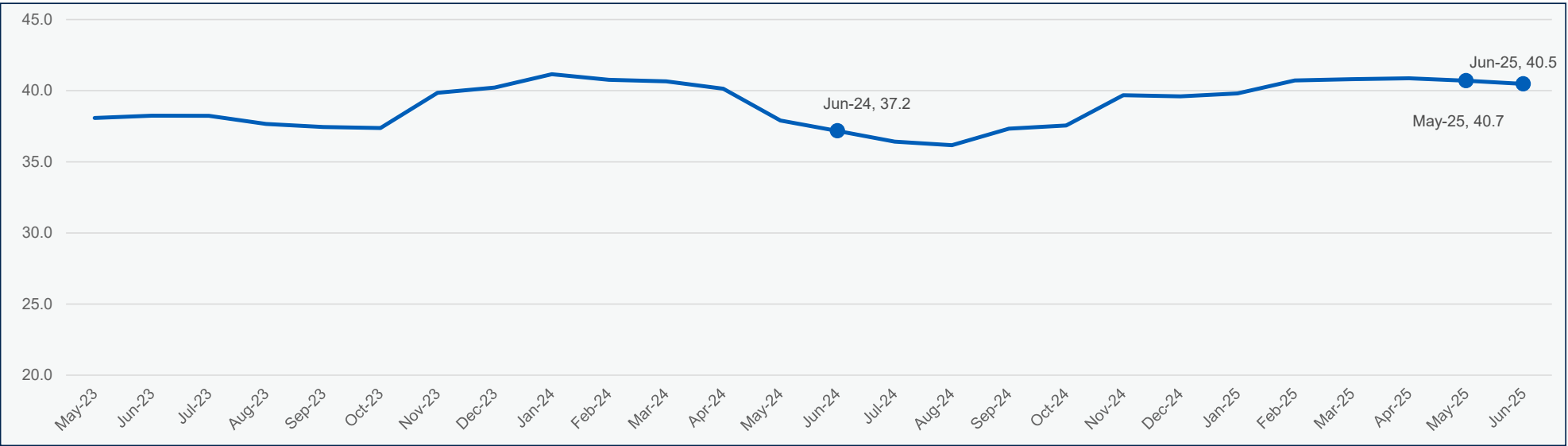
Actions: The development of annual health check and health action planning framework is now underway, with the aim of improving quality and will be aimed at GP's and ICB's. Revised guidance will be issued to enable the identification of people with a learning disability and GP patient lists for GP's. We are progressing work on Combined annual health check (to incorporate SMI and Learning disability and autism) with pilot sites now live in Midlands and London regions.

Improving health and reducing inequality - Inequalities



NHSOF ambition/metric: Percentage of older inpatients (over 65) with >90 day length of stay (Mental health trusts)

Chart description: The proportion of people discharged in the reporting period from older adult acute beds aged 65 and over with a length of stay of 90+ days



Current position: The proportion of inpatients with a length of stay greater than 90 days was 40.5% for June 2025. This is 0.2 percentage points lower than the previous month a slight improvement, but 3.3 percentage point higher than the same month last year (37.2% June 24).

Actions: We continue to work with regions on reducing the number of people who are autistic or have a learning disability in mental health inpatient care. We are also working closely with DHSC to prepare for Mental Health Act reform which will limit the ability to detain people with a learning disability and autistic people who don't have a co-occurring mental health condition, work to implement the housing capital programme, and developing resources to support implementation of accessible and effective community infrastructure.

For discussion – Possible additional metrics for inclusion in future Board reports

The metrics below are for discussion and reflection at Board for possible inclusion in future Board reports and overall NHSE reporting. Full decision making would be pending discussions assessments made at programme and analytical team level for data appropriateness and its public availability. We will consider this alongside the review of NHS Oversight Framework metrics for 26/27 as well as medium term planning guidance.

Subject area	Possible additional metrics for consideration
Improving health and reducing inequality	Cardiovascular mortality rates (government priority) Differential rates by LA or LSOA Life expectancy overall with differential rates by sex/geography Obesity rates/childhood obesity rates Smoking rates

**Effectiveness and
experience of care**

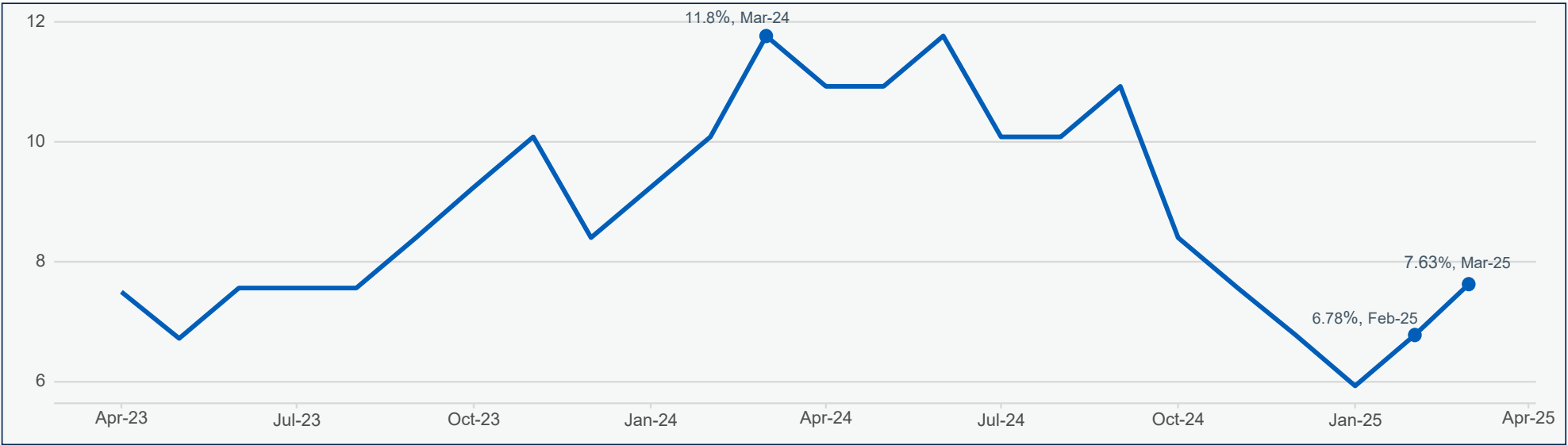


Effectiveness and experience of care



NHSOF ambition/metric: Summary Hospital Level Mortality Indicator (Acute Trusts)

Chart description: Percentage of acute providers with a Summary Hospital Level Mortality Indicator higher than expected (12-month rolling)



Current position: Each trust has a SHMI value based on observed/expected deaths. For the 12 months to Mar-25, 7.63% of acute non-specialist providers ((9 out of 118) were in the 'higher than expected' category, where observed deaths were higher than expected. Of these 9 trusts, 5 also had a higher than expected number of deaths for the same period in the previous year. 100 trusts had a number of deaths within the expected range. 9 trusts had a lower than expected number of deaths.

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

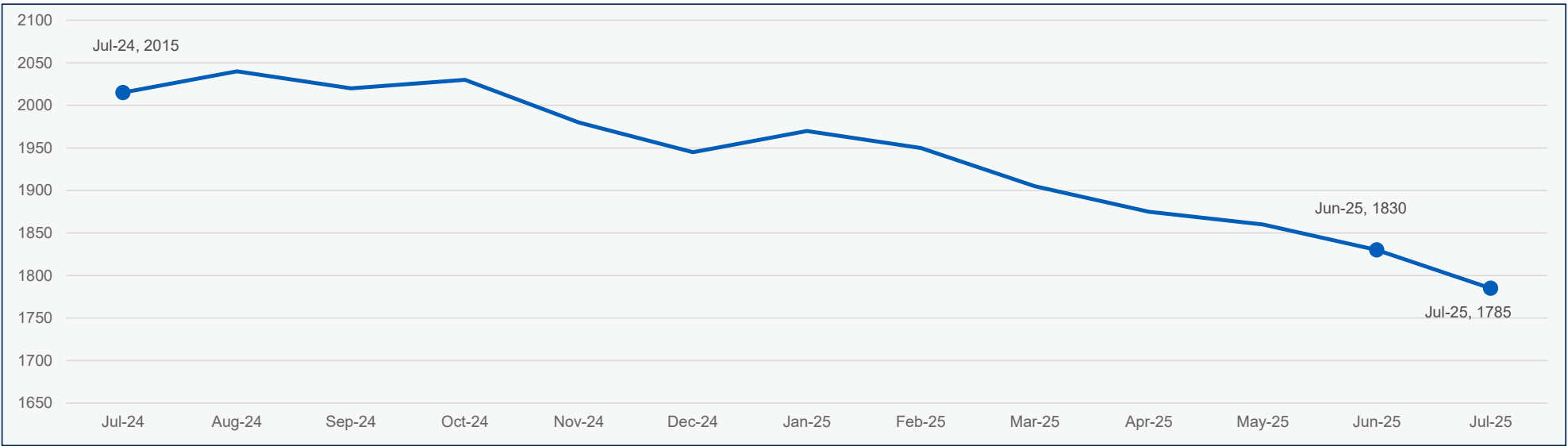
Note: The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. A higher than expected number of deaths should not immediately be interpreted as indicating poor performance and instead should be viewed as a 'smoke alarm' which requires further investigation.

Effectiveness and experience of care



NHSOF ambition/metric: Change in the number of inpatients who are autistic or have a learning disability (Integrated care boards)

Chart description: Total Learning Disability & Autism Adult inpatient numbers



Current position: In July inpatient numbers (1,785) decreased by 45 inpatients in comparison to the previous month (1,830 in June) and are down by 230 from July 2024 (2,010).

Actions: We continue to work with regions on reducing the number of people who are autistic or have a learning disability in mental health inpatient care. We are also working with DHSC to prepare for Mental Health Act reform which will limit the ability to detain people with a learning disability and autistic people who don't have a co-occurring mental health condition, implementation of the housing capital programme, and on the development of resources to support implementation of accessible and effective community infrastructure.

Effectiveness and experience of care



NHSOF ambition/metric: Average discharge delay (Integrated care boards and acute trusts)

Chart description: Average number of days patients discharged is delayed after their discharge ready date (including 0 day delays)



Current position: In the last month, the average discharge delay decreased by 2% from 0.84 to 0.82 days. Compared to June 2024 this has increased by 3%.

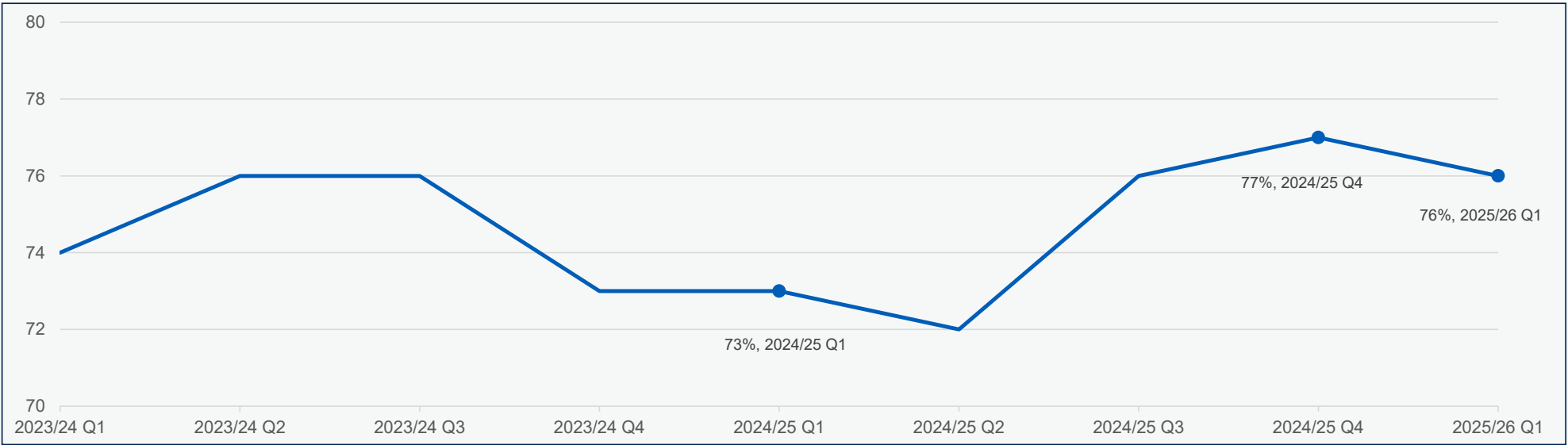
Actions: Since the introduction of the Discharge Ready Date (DRD) metric in April 2024, the percentage of trusts submitting DRD data has increased and now stands at 95%. We have recently updated the DRD guidance and are continuing to support improvement in DRD data quality.

Effectiveness and experience of care



NHSOF ambition/metric: Percentage of continuing healthcare referrals completed in 28 days (Integrated care boards)

Chart description: Percentage of standard NHS continuing healthcare referrals completed within 28 days (quarterly)



Current position: In Q1 of 2025/26, the percentage of continuing healthcare referrals completed in 28 days, at national level, was 76%, a decrease of 1pp from Q4 of 2024/25 of 77%. This is 3pp higher than the year-on-year position of 73% in Q1 of 2024/25. Q1 2025/26 position is an improvement in performance over the last few quarters.

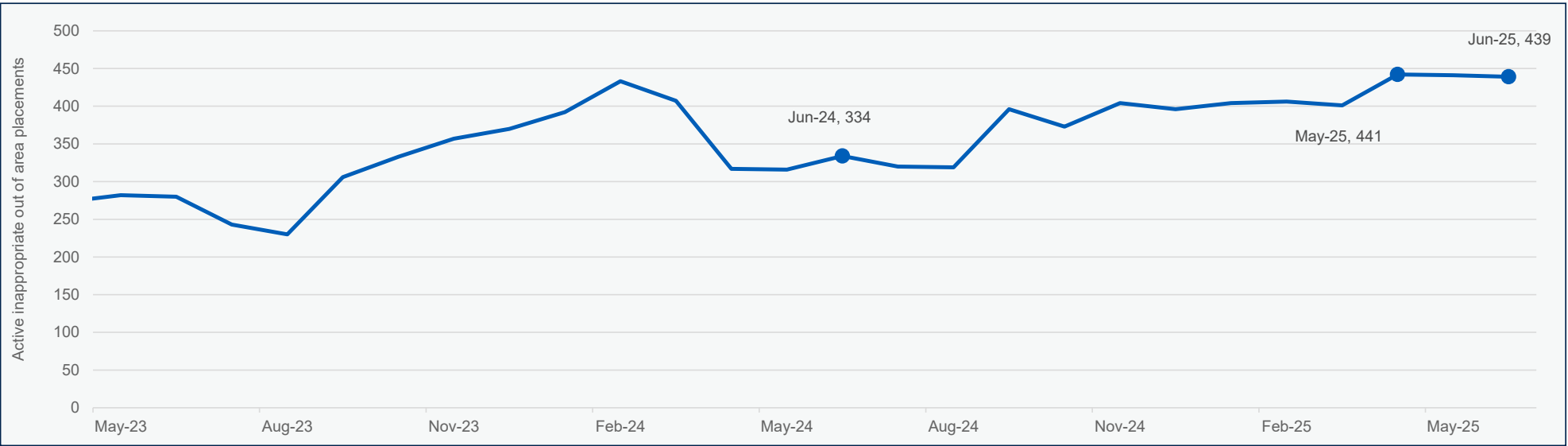
Actions: We currently monitor individual system performance on the NHS CHC 28 day assurance standard, on a quarterly basis, as part of national and regional assurance and oversight of system delivery of NHS CHC statutory responsibilities. There is now development of improvement plans and increased assurance required for those systems not meeting planned performance on this metric.

Effectiveness and experience of care



NHSOF ambition/metric: Percentage of mental health bed days that are out of area (Integrated care boards)

Chart description: The number of active Out of Area Placements at the end of the reporting period



Current position: At the end of June 2025 there were 439 active acute mental health out of area placements (OAPs). This is a small decrease from May 2025 (441) and is 105 higher than June 2024 (334). Placements have remained at a steady volume since November 2024.

Actions: ICBs are currently delivering 3-year plans to localise and realign care to the Inpatient Commissioning Framework. These plans are expected to be delivered in full by March 2027.

Effectiveness and experience of care



NHSOF ambition/metric: CQC inpatient survey satisfaction rate (Acute trusts)

Chart description: Percentage of patients who have completed the annual survey who have rated their experience as good (scores 8-10)

Year	Percentage
2020	74.5%
2021	70.5%
2022	69.2%
2023	70.0%

Current position: Slight improvement on performance from last year, with 70% patients rating experience as good in 2023, however there is a deterioration in performance between 2020 and 2023, down from 74.5% to 70% of patients reporting their experience as good (reporting scores between 8 and 10)

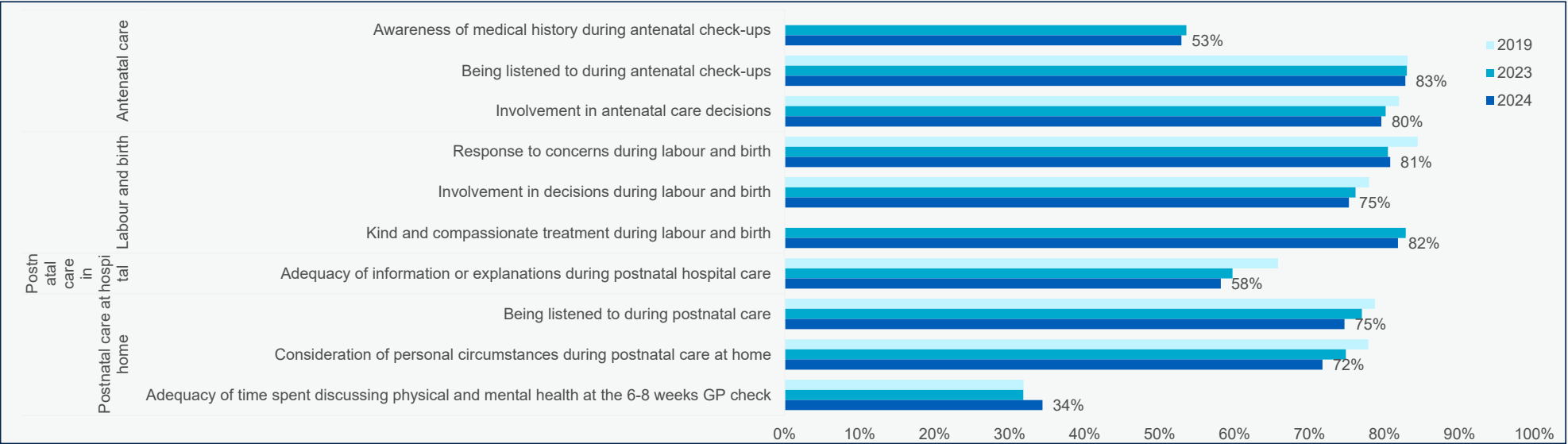
Actions:Through the 10 Year Health Plan the NHS will implement a range of measures that ensure a rigorous focus on quality of care. This will include development of the NHS app to allow patients to search and choose providers based on quality data, including length of wait, patient ratings and clinical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

Effectiveness and experience of care



NHSOF ambition/metric: National maternity survey score (Acute trusts)

Chart description: CQC Maternity Survey – Maternity and Neonatal Three-Year Delivery Plan measures



Current position: The national maternity survey score remains broadly stable, with no significant improvement over the past year. Latest data indicates persistent variation between trusts, and while some local actions have improved patient experience, national ambitions for consistent care have not yet been fully realised. Questions showing sustained improvement include: Being asked about mental health during antenatal checkups (76% increasing every year since 2019), being given enough mental health support during pregnancy (up to 89% from 83% when first asked in 2021), and being given appropriate information and advice on risks associated with induction (up to 74% from 64% in 2022).

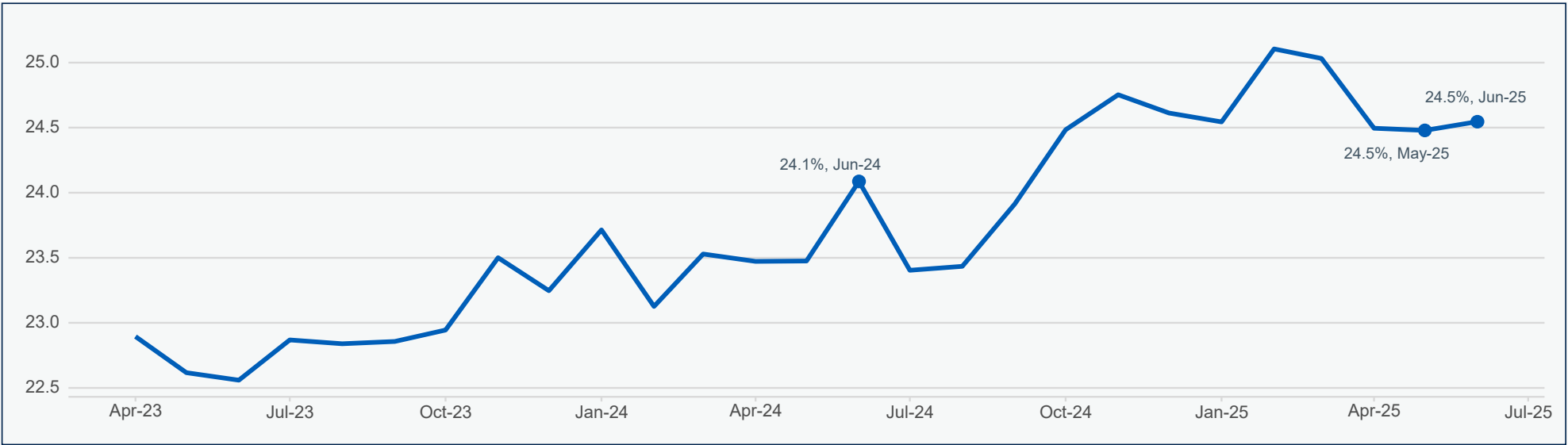
Actions: We are continuing to implement the Maternity and Neonatal Three-Year Delivery Plan, including providing additional funding to ICBs to support Maternity & Neonatal Voices Partnerships (MNVPs), ensuring that service user voices are heard. Work is also underway to develop a Patient Reported Experience Measure (PREM) for personalised care to allow trusts to have more timely feedback on their performance and take action accordingly. The Perinatal Equity and Anti-Discrimination Programme will work with every trust to support them to take the action required to ensure that women and families receive care that is free from racism and discrimination.

Effectiveness and experience of care



NHSOF ambition/metric: Inpatients with >60 day length of stay (Mental health trusts)

Chart description: Percentage of people discharged in the reporting period from adult acute beds aged 18 to 64 with a length of stay of 60+ days (3 month-rolling)



Current position: The proportion of inpatients aged 18-64 with a length of stay greater than 60 days was 24.5% for June 2025. This is 0.1 percentage points higher than the previous month, but 1 percentage point higher than the same month last year (23.5% June 24).

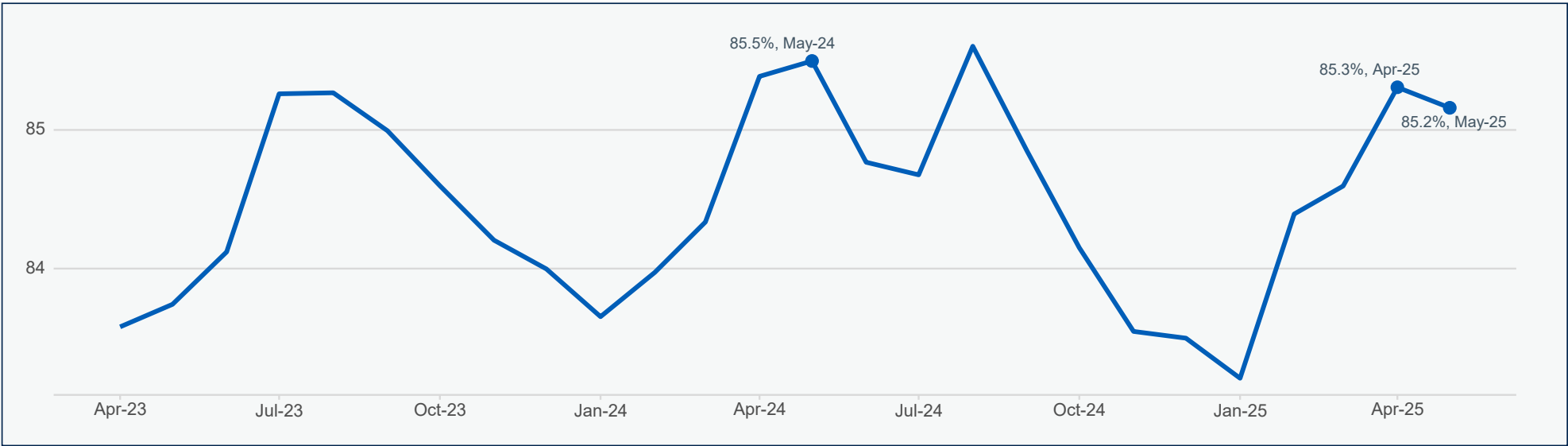
Actions: We continue to work with regions on reducing length of stay through implementation of the 'Flow improvement strategy' in both crisis and acute mental health services. This has been developed to coordinate a national and regional approach to improving patient flow across all crisis and acute mental health services.

Effectiveness and experience of care



NHSOF ambition/metric: Urgent Community Response 2-hour performance (Community trusts)

Chart description: Percentage of 2-hour UCR referrals that achieved the 2-hour standard per month



Current position: As at May 2025, the percentage of urgent community response (UCR) referrals that achieved the 2-hour standard was 85.2%. This is slightly down (0.1%) on April 2025 with year-on-year position showing a slight decrease (0.3%) on May 2024. The May 2025 continues to demonstrate the strong performance of UCR with referrals achieving the 2-hour standard consistently around 83-85%, well above the 70% target.

Actions: We continue to work with the Directory of Services (DoS) team and regions to review and update current data held in DoS against UCR service providers. Updating the data held in DoS will enable 111 call handlers to more easily locate UCR providers to refer patients directly onto. Work is ongoing to identify how referral pathways between 111 and UCR (via Single Point of Access) can be improved to support increased referrals. Work also continues, with the Data Liaison Service and Regional teams, to improve data quality through reporting of rejected referrals.

Effectiveness and experience of care



NHSOF ambition/metric: Mental health survey satisfaction rate (Mental health trusts)

Chart description: 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% annual survey respondents rated their mental health experience as good. This is stable compared to the last year (48.1%) when the first survey was carried out.

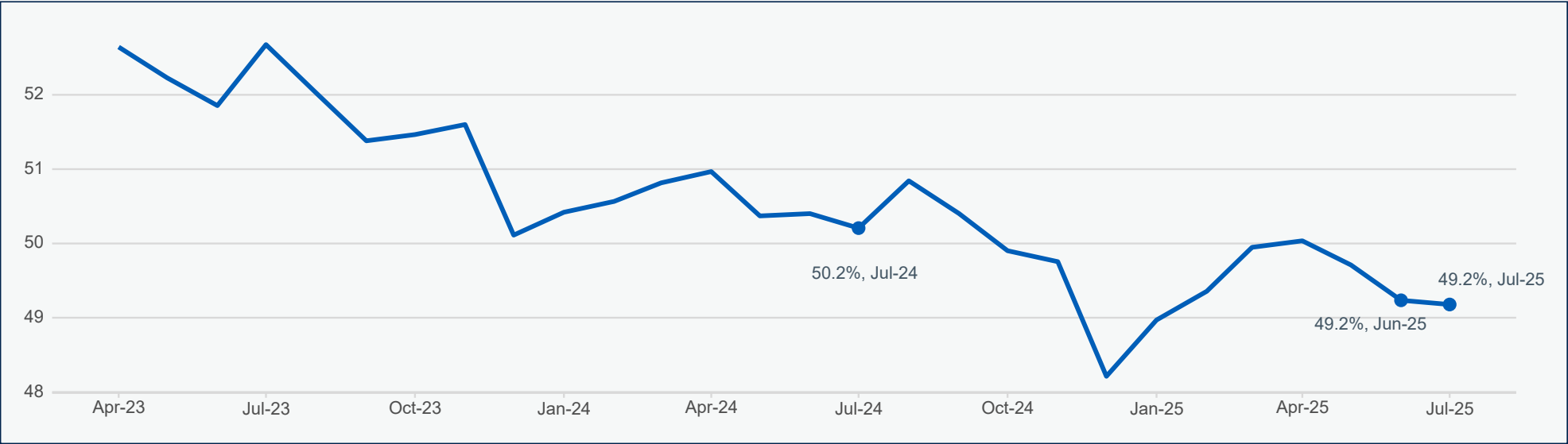
Actions: As part of the 10 Year Health Plan the NHS will implement a wide range of measures that ensure a rigorous focus on patient safety and ensuring staff and patients are able to raise safety concerns, including whether it has effective freedom to speak up functions. The NHS complaints process will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

Effectiveness and experience of care



NHSOF ambition/metric: Conveyance to emergency departments (Ambulance trusts)

Chart description: Percentage of patients conveyed to emergency departments by ambulance



Current position: From June 25 to July 25 ambulance conveyances remain at 49.2 percent. This is a 1 percentage point improvement from the same time last year which was 50.2%.

Actions: Ambulance Trusts continue to tackle the variation in See & Treat and Hear & Treat rates to identify patients that do not require an ambulance conveyance to ED.

Effectiveness and experience of care



NHSOF ambition/metric: NHS staff survey – advocacy score (Ambulance trusts)

Chart description: The charts shows national average advocacy score in Ambulance trusts

Year	Advocacy (sub-score out of 10)
2020	6.63
2021	5.95
2022	5.81
2023	6.15
2024	6.13

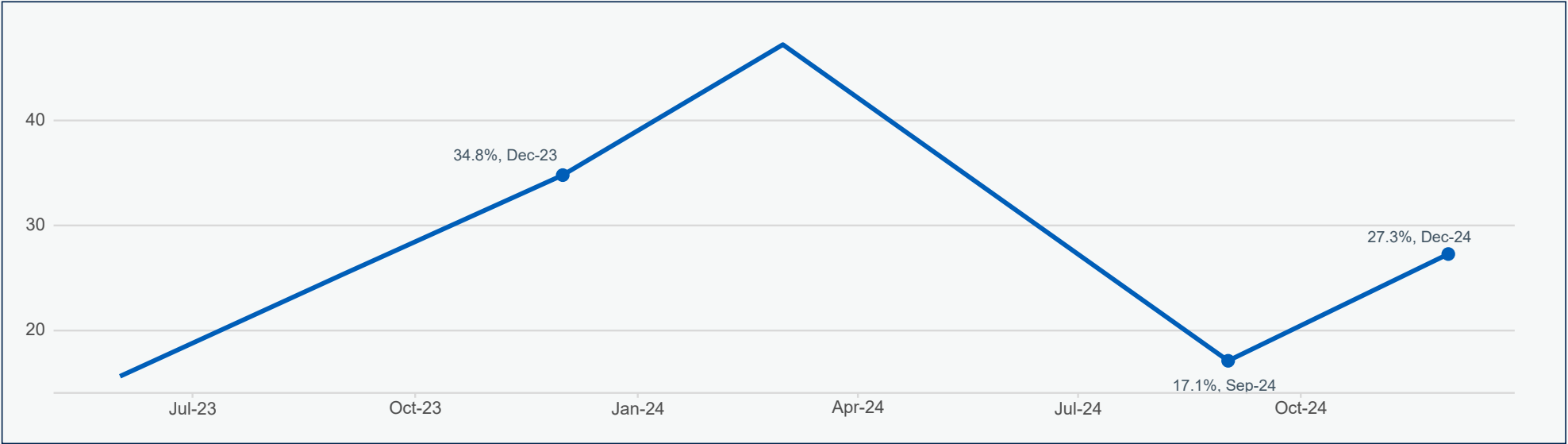
Current position: In 2024, the National average score for advocacy in ambulance trusts was 6.13 (out of 10) which is stable compared to the score of 6.15 in 2023. The data shows a steady improvement in performance since 2021.

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.

Effectiveness and experience of care - Primary care prevention



NHSOF ambition/metric: Percentage of patients who receive all 8 diabetes care processes - type 1 (Integrated care boards)
Chart description: Percentage of patients with type 2 diabetes who received all 8 NICE recommended care processes on a rolling YTD (resets every April).



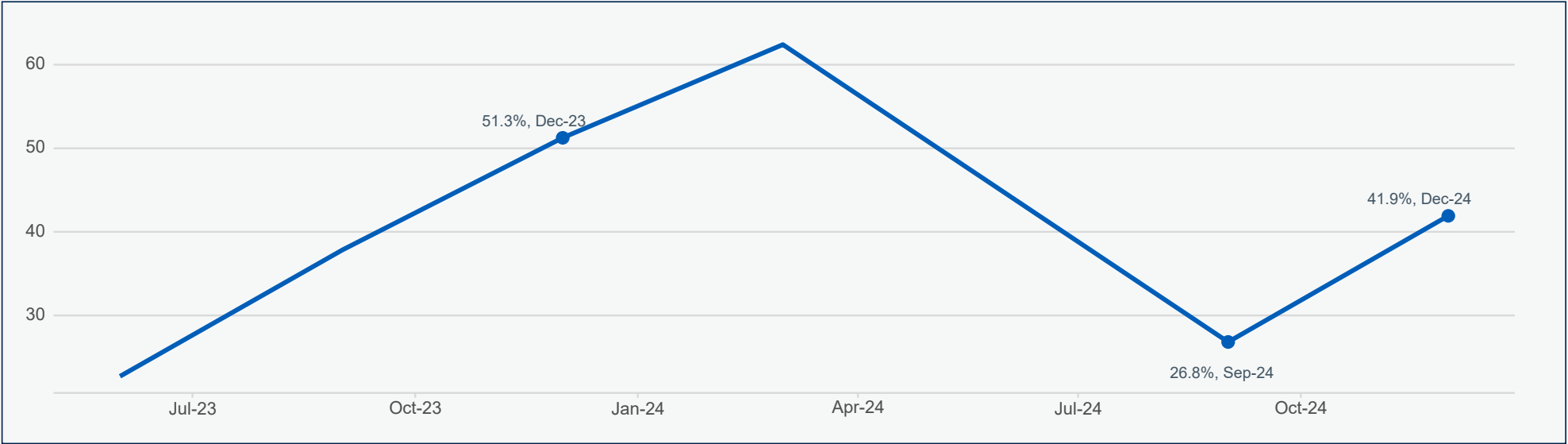
Current position: As of December 2024, 27.3% of patients with type 1 diabetes received all 8 NICE recommended care processes. This is below the December 2023 level of 34.8%. Please note, 8 care process completion data is cumulative, with some care processes incentivised by QOF therefore is expected to spike prior to end of the financial year. To also note this data presents GP data only, and the majority of type 1 diabetes care process delivery takes place in secondary care. The defined audit period changed from 15 months to 12 months mid-way through this time series which impacts comparability.

Actions: Some care processes (foot check, HbA1c, cholesterol and blood pressure) are incentivised on a national footprint via the Quality Outcomes Framework. We are actively promoting of awareness and use of national data and best practice to drive improvement – including via **publication of NDA Core data** in Tableau dashboard, development of FDP dashboard for care processes and treatment targets (currently undergoing UAT), delivery of Local Data Packs (expected delivery October 2025) and delivery of national "Know Your System" webinar focused on use of data to drive improvement. The national programme (NHSE) funds systems for diabetes clinical leadership (£3m 25/26) in order to support treatment and care improvement, however this funding is not ringfenced.

Effectiveness and experience of care - Primary care prevention



NHSOF ambition/metric: Percentage of patients who receive all 8 diabetes care processes - type 2 (Integrated care boards)
Chart description: Percentage of patients with type 2 diabetes who received all 8 NICE recommended care processes on a rolling YTD (resets every April).



Current position: As of December 2024, 41.9% of patients with type 2 diabetes received all 8 NICE recommended care processes. This is below the 51.3% recorded in December 2023. Please note, 8 care process completion data is cumulative, with some care processes incentivised by QOF therefore is expected to spike prior to end of the financial year. The defined audit period changed from 15 months to 12months mid-way through this time series which impacts comparability.

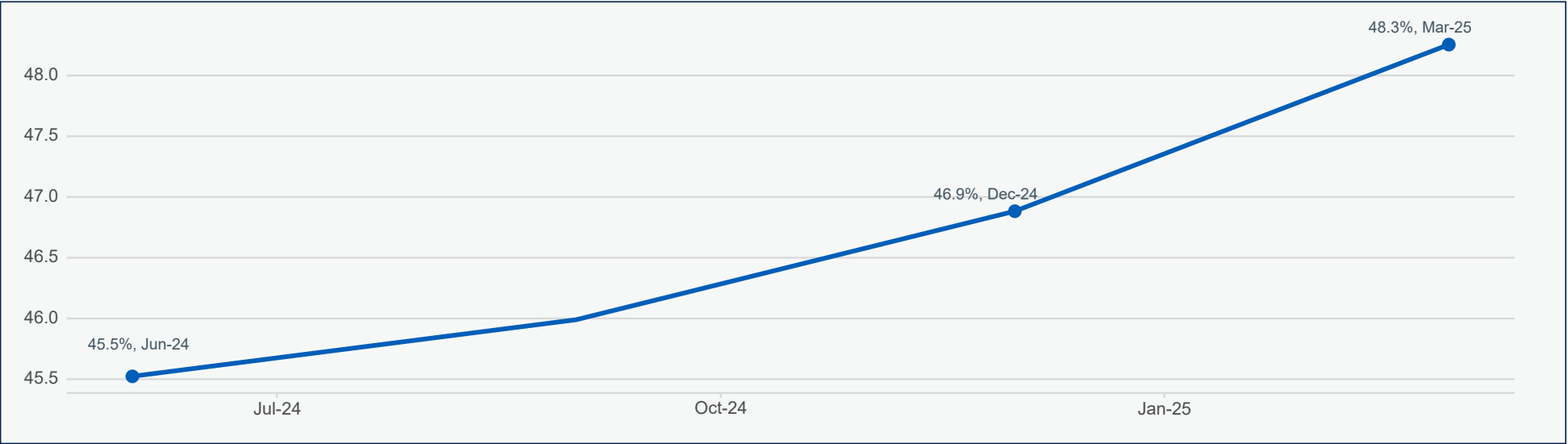
Actions: Some care processes (foot check, HbA1c, cholesterol and blood pressure) are incentivised on a national footprint via the Quality Outcomes Framework. We are actively promoting of awareness and use of national data and best practice to drive improvement – including via **publication of NDA Core data** in Tableau dashboard, development of FDP dashboard for care processes and treatment targets (currently undergoing UAT), delivery of Local Data Packs (expected delivery October 2025) and delivery of national "Know Your System" webinar focused on use of data to drive improvement. The national programme (NHSE) funds systems for diabetes clinical leadership (£3m 25/26) in order to support treatment and care improvement, however this funding is not ringfenced.

Effectiveness and experience of care - Primary care prevention



NHSOF ambition/metric: Percentage of patients with GP recorded CVD who have their cholesterol levels managed to NICE guidance (Integrated care boards)

Chart description: Percentage change of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance



Current Position: As of March 2025, the percentage of patients treated to target with high cholesterol has reached 48.3%, continuing a steady upward trend from 45.5% in June 2024 and 46.9% in December 2024. This represents a 2.8 percentage point improvement over the nine-month period. The March peak may be influenced by QOF reporting. There has been a continued numerical increase over the year **from 1,283,420 people** treated to target in June 24 **to 1,374,837 in March 25**. In 25/26 a change in metric monitoring to numbers has been implemented, to ensure the actual improvement in people treated to target is captured.

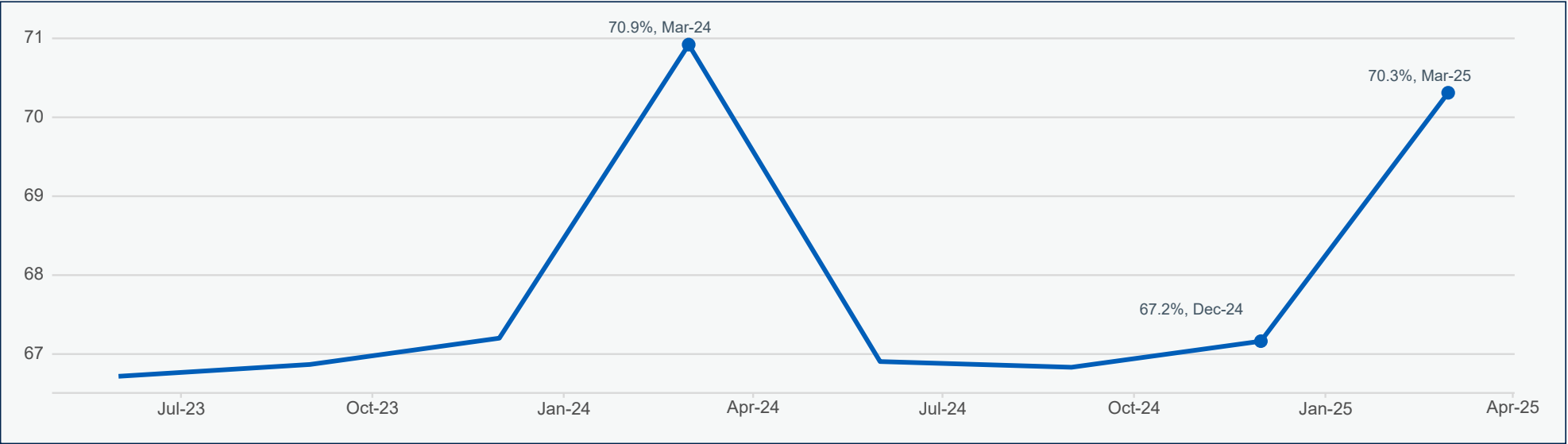
Actions: **Regional Lipid Summits:** Held in East of England, North East & Yorkshire, and North West, with further summits planned (e.g. South East in November) to support system-wide engagement. **National Leadership:** The Cholesterol Working Group meets quarterly to align policy and clinical priorities. **National and Regional Collaboration:** The national team is working closely with regional leads through a community of practice and individual touchpoints to support the use of CVD leadership funding/best practice. **Contractual and Policy Levers:** The 2025/26 GP Contract includes additional QOF funding and raised thresholds to incentivise cholesterol management and broader CVD prevention. Work now ongoing with 26/27 thresholds. **The 2025/26 planning guidance** prioritises CVD prevention, aiming to increase the percentage of patients treated to NICE guidance for both hypertension and cholesterol. **Pathfinders Programme:** Incorporating lipid management from February 2025, and piloting Cholesterol Point-of-Care Testing (PoCT) from October 2025 to enhance early detection and treatment. **Inclisiran Agreement:** NHSE has secured an agreement to support amplified cholesterol management through prescribing of inclisiran, a novel lipid-lowering therapy

Effectiveness and experience of care - Primary care prevention



NHSOF ambition/metric: Percentage of hypertension patients treated to target (Integrated care boards)

Chart description: Patients with GP recorded hypertension, whose last blood pressure reading is to the appropriate treatment threshold, in the preceding 12 months.



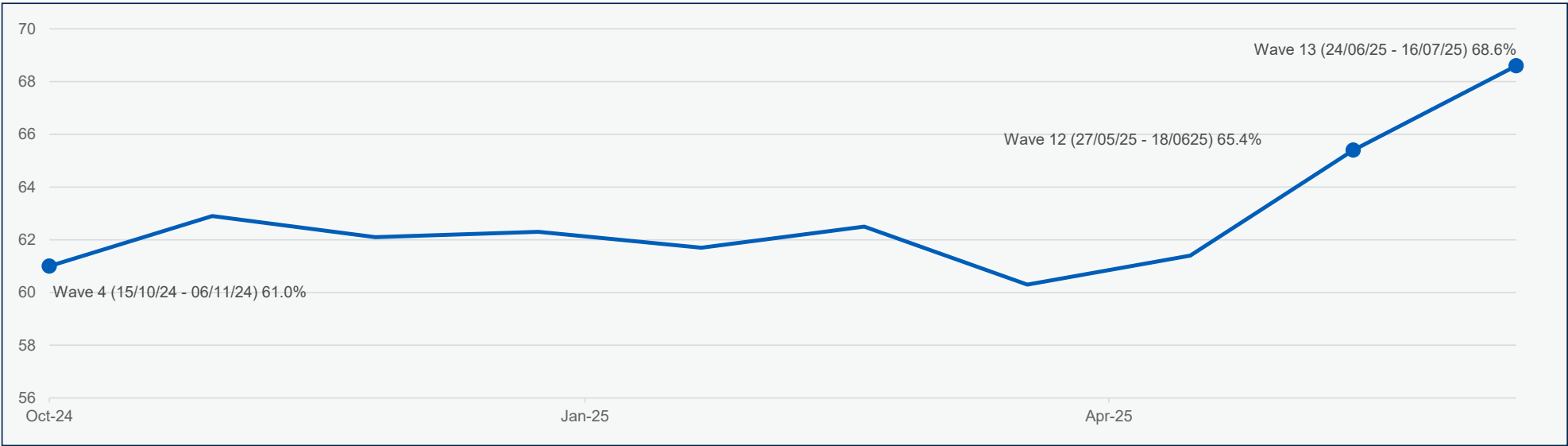
Current Position: The chart shows performance peaking in March, aligning with the QOF reporting cycle. In both March 2024 (70.9%) and March 2025 (70.3%), there is an increase in the percentage of patients treated to target for hypertension, suggesting practices intensify efforts in the lead-up to QOF deadlines. From July 2023 to March 2025, there's a general upward trend in the percentage of patients treated to target, rising from under 67% to over 70%. There was a numerical increase over the year from 5,825,697 treated to target in March 24 to 6,424,100 in March 25, reflecting the hypertension register's continuing baseline growth and the challenges in achieving significant percentage increases. In 25/26 a change in metric monitoring to numbers has been implemented, to ensure the actual improvement in the number of people treated to target is captured.

Actions: **Targeted Local Investment:** Funding provided to support local improvement programmes in 3 ICBs, focusing on hypertension management in areas of high deprivation. Final case studies by December 2025.
CLEAR Living Well Programme Expansion: From April 2025, the programme has scaled to cover 96 PCNs by year-end, supporting new models of care including case finding and management of hypertension.
National and Regional Collaboration: The national team is working closely with regional leads through a community of practice and individual touchpoints to support the use of CVD leadership funding.
Contractual and Policy Levers: The 2025/26 GP Contract includes additional QOF funding and raised thresholds to incentivise hypertension and broader CVD prevention. Work now ongoing with 26/27 thresholds. The 2025/26 planning guidance prioritises CVD prevention, aiming to increase the percentage of patients treated to NICE guidance for both hypertension and cholesterol.

Effectiveness and experience of care - Primary care



NHSOF ambition/metric: Percentage of patients with a preferred general practice professional reporting they were able to get an appointment with that professional (Integrated care boards)
Chart description: Percentage of patients surveyed stating they were able to see preferred healthcare professional via Health Insights Survey



Current position: As at Wave 13 (June 2025-July 2025), 68.6% of patients were able to get an appointment with their preferred healthcare professional, an improvement of 3.2pp from the previous Wave 12 (May 2025-June 2025) of 65.4%. This is a 7.6pp increase and an improvement from when the collection started in Wave 4 (Oct 2024- Nov 2024). Wave 13 has also started to capture patients who had video call or call back appointment rather than only who had a face-to-face appointment and is therefore not directly comparable to previous waves.

Actions: Primary Care Networks (PCNs) are incentivised to stratify their patients to identify those who would benefit most from continuity of care through the Capacity and Access Improvement Payment (CAIP) as part of the Network Contract Directed Enhanced Service (DES). Guidance is being developed on use of digital tools to support risk stratification. 2025/26 Network Contract DES continued funding for Additional Roles Reimbursement Scheme (ARRS) GPs and increased flexibility of the ARRS funding. As of June 25, 2,068 GPs have been claimed for through the Additional Roles Reimbursement Scheme.

For discussion – Possible additional metrics for inclusion in future Board reports

The metrics below are for discussion and reflection at Board for possible inclusion in future Board reports and overall NHSE reporting. Full decision making would be pending discussions assessments made at programme and analytical team level for data appropriateness and its public availability. We will consider this alongside the review of NHS Oversight Framework metrics for 26/27 as well as medium term planning guidance.

Subject area	Possible additional metrics for consideration
Effectiveness and experience of care	Time to stent Time to scan for stroke patients Cancer outcomes Post op infection rates All including HSMR showing scale of variation Maternity outcomes – perineal tear rates, still birth rates, breast feeding rates MH outcomes e.g. suicide rate, recovery rates, admission rates Community outcome measures e.g. pressure ulcer treatment Diabetes Type 1 & 2 - variation across country and/or how many practices are below 50% Hypertension - variation across country and/or how many practices are below 50% A&E attendances per GP practice/1000 weighted popn, or per ICB board Emergency admissions to hospital Rates of referral to outpatients All bed days

Patient safety





NHSOF ambition/metric: NHS Staff Survey - raising concerns sub-score (All organisations)

Chart description: 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.



NHSOF ambition/metric: CQC safe inspection score (All trusts)

Chart description: Count of NHS Trusts safe inspection scores awarded within the preceding 2 years

Category	Count of trusts	Proportion
Outstanding	1	0.5%
Good	63	32.6%
Requires Improvement	125	64.8%
Inadequate	4	2.1%
Total	193	100%

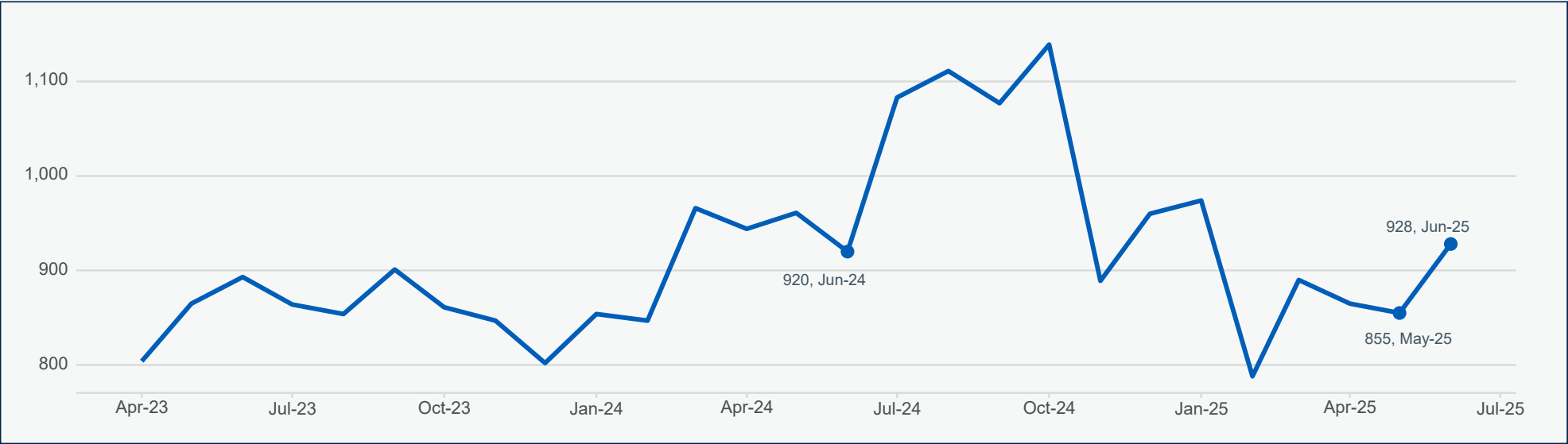
Current position: Within the last two financial years (Apr-23 to Mar-25), the proportion of NHS Trusts with a safe inspection score of “Good” (32.36%) or “Outstanding” was (0.5%).

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.



NHSOF ambition/metric: Healthcare Associated Infection - C. difficile infection (Acute trusts)

Chart description: The number of Healthcare-Associated C. difficile infection counts



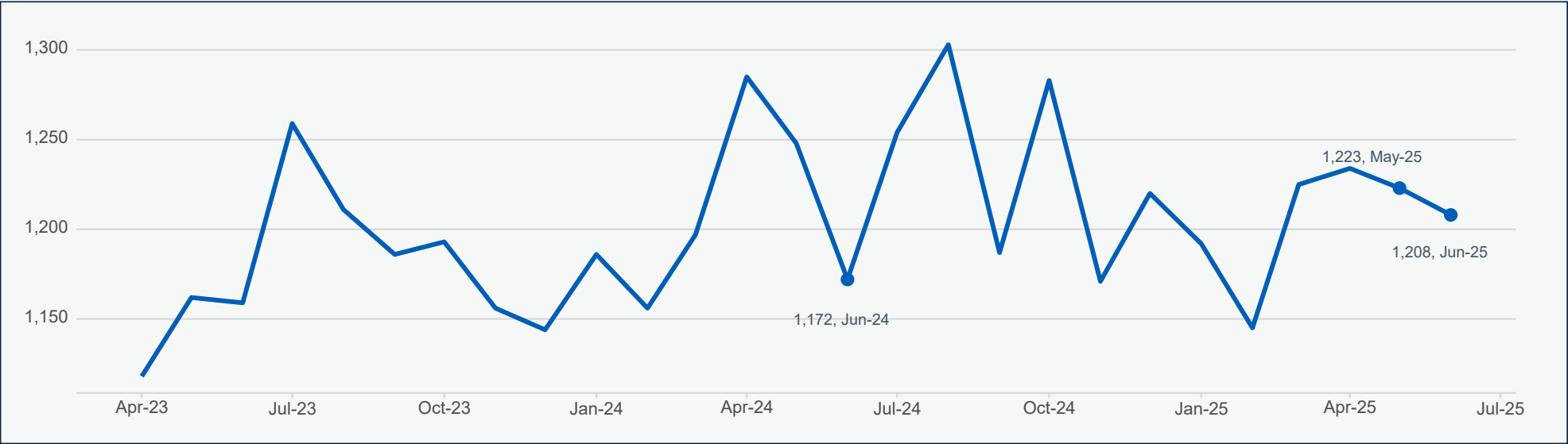
Current position: The most recent published UKHSA data does show a slight increase in the overall trend for rates of C. diff across England. However, there is insufficient data to determine whether this trend is associated with seasonal variation and continued surveillance, and monitoring is necessary to determine whether this increase will be sustained over time.

Actions: Real-time surveillance and transparent reporting are enabling timely interventions and shared learning. UKHSA, in collaboration with NHS England, has been conducting a review of the current surveillance dataset for CDI. The proposed final dataset has been out to consultation with NHS colleagues.



NHSOF ambition/metric: Healthcare Associated Infection - E. coli infection (Acute trusts)

Chart description: The number of Healthcare-Associated E. coli infection counts



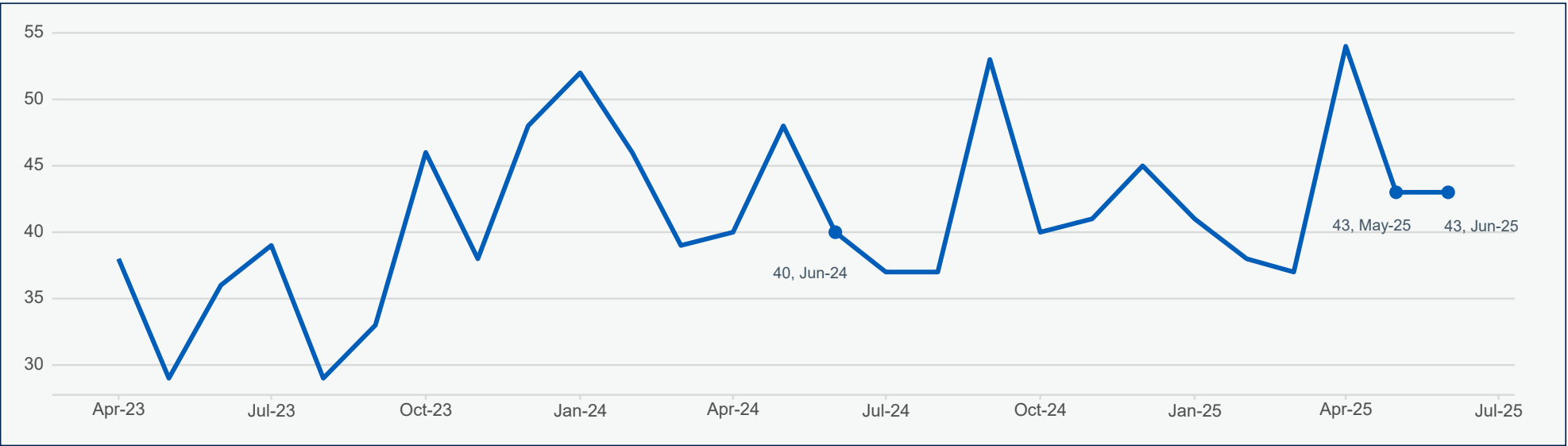
Current position: The most recent published UKHSA data does show a slight downturn in the overall trend for rates of E.coli across England. However, there is insufficient data to determine whether this trend is associated with seasonal variation and continued surveillance, and monitoring is necessary to determine whether this downturn will be sustained over time.

Actions: In June 2025, the AMR Board requested that exploration of research opportunities to further evaluate the impact of hydration on UTI / infection was undertaken by the AMR programme. The Hydration Pilot evaluation report has now been published on the CSU website: 21st August; <https://www.strategyunitwm.nhs.uk/publications/hydration-utis-and-older-people-learning-nhs-pilots-about-how-improve-care>



NHSOF ambition/metric: The number of Healthcare-Associated MRSA infection counts (Acute trusts)

Chart description: The number of Healthcare-Associated MRSA (Methicillin-resistant Staphylococcus aureus) infection counts



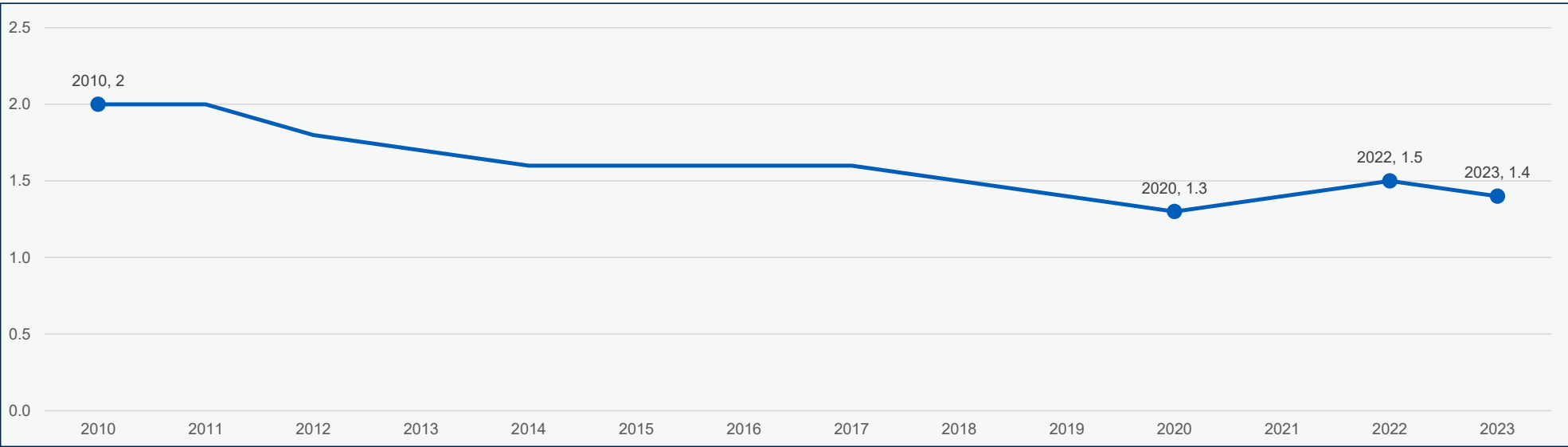
Current position: The most recent published UKHSA data does show a levelling in the overall trend for rates of MRSA across England. However, there is insufficient data to determine whether this trend is associated with seasonal variation and continued surveillance, and monitoring is necessary to determine whether this levelling will be sustained over time.

Actions: NHS England IPC contributed to the development of GIRFT resources supporting the streamlining of preoperative processes to maximise theatre efficiency, with guidance on preoperative decolonisation interventions and washes before elective surgery: <https://gettingitrightfirsttime.co.uk/fifth-in-series-of-preoperative-support-guides-focuses-on-streamlining-protocols-for-decolonisation-and-washes/>



NHSOF ambition/metric: Number of neonatal deaths per 1,000 total births (Integrated care boards)

Chart description: Neonatal mortality rate per 1,000 total births (of babies born at 24 weeks or over)



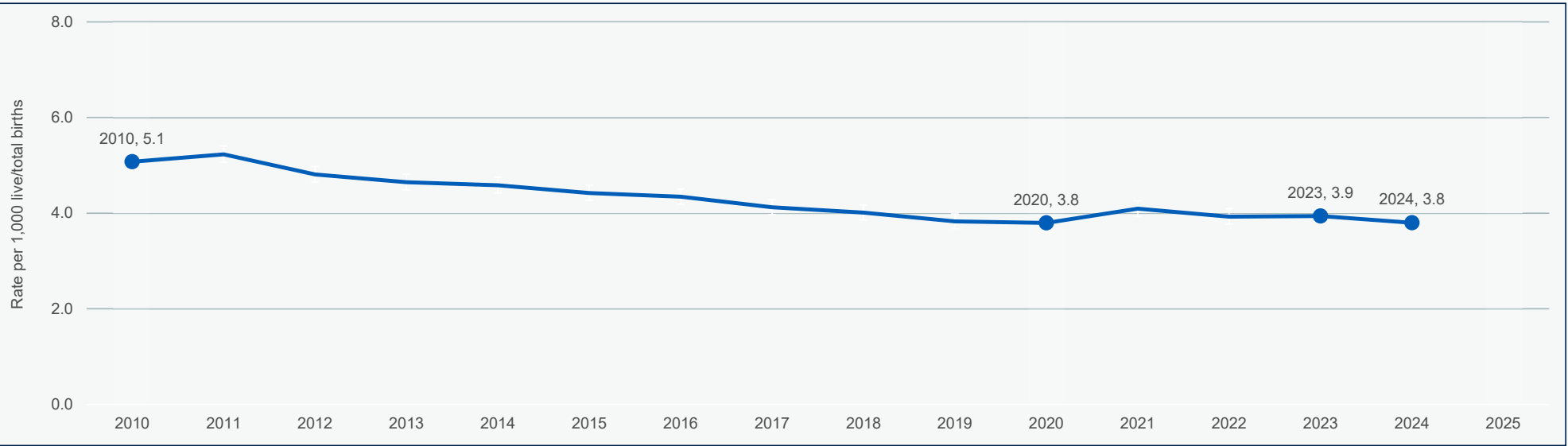
Current position: The neonatal mortality rate decreased from 1.5 per 1,000 live births in 2022 to 1.4 per 1,000 in 2023, representing a modest improvement and alignment with national safety ambitions. This also represents a decrease of 27.7% compared to the 2010 baseline. Validated data is only published on an annual basis and is lagged. It therefore takes time to see the impact of improvement activities.

Actions: We are undertaking delivery of the quality improvement programme for pre-term optimisation and tools for the detection of maternal and foetal deterioration. Through expansion of funding for neonatal nurses Qualified in Speciality training we will ensure that care is provided by those who have the right skills and experience. The rollout of the Maternity Outcomes Signals System will allow for the real-time identification of potential safety concerns. This will be supported by the Submit a Perinatal Event (SPEN) service which will allow for more timely reporting of serious events in maternity and neonatal services.



NHSOF ambition/metric: Number of stillbirths per 1,000 total births (Integrated care boards)

Chart description: Stillbirth mortality rate per 1,000 total births



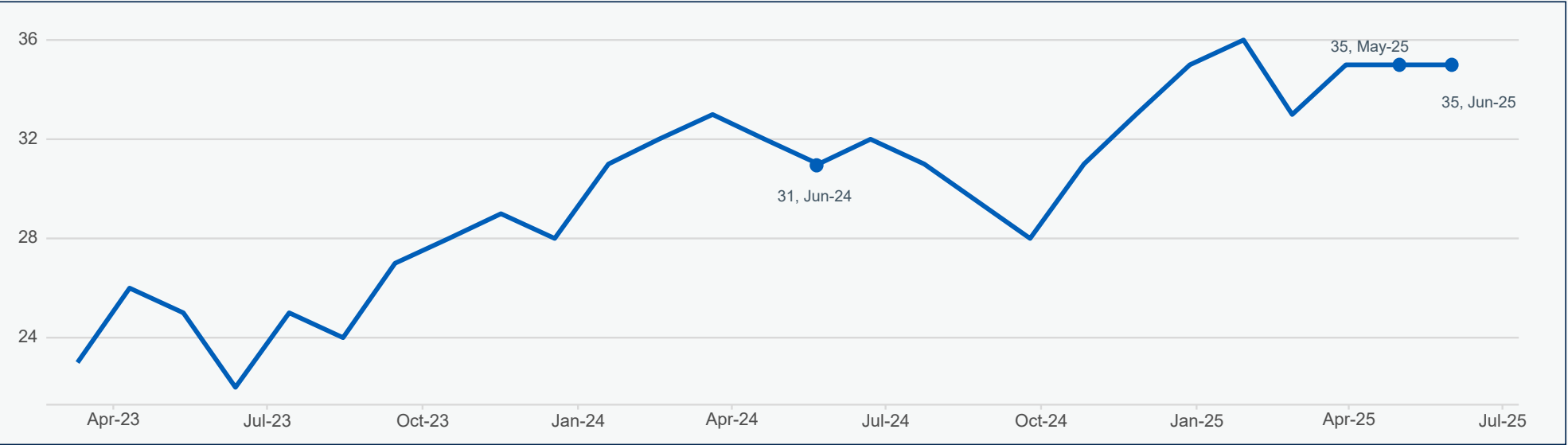
Current position: The stillbirth rate in 2024 was 3.8 per 1,000 births which represents a small decrease from 3.9 per 1000 in 2023. Since 2010, we have seen the stillbirth rate decrease by 25.2%. Whilst services have maintained this significant improvement, further reduction has proved to be challenging despite the continued implementation of improvement initiatives.

Actions: We are now implementing the revised Perinatal Quality Oversight Model, to ensure that concerns with the quality and safety of services are escalated and managed appropriately. Continued piloting and evaluation of interventions to reduce brain injuries and enhance preterm birth management. As part of announcements by the Secretary of State in June 25, a performance dashboard is being compiled to allow for clearer oversight and the detection of variation between trusts. The future direction for maternity and neonatal services will be informed by an independent taskforce and the results of the rapid investigation into maternity and neonatal services.



NHSOF ambition/metric: Restrictive intervention use (Mental health trusts)

Chart description: Rate of restrictive intervention types per 1,000 occupied bed days



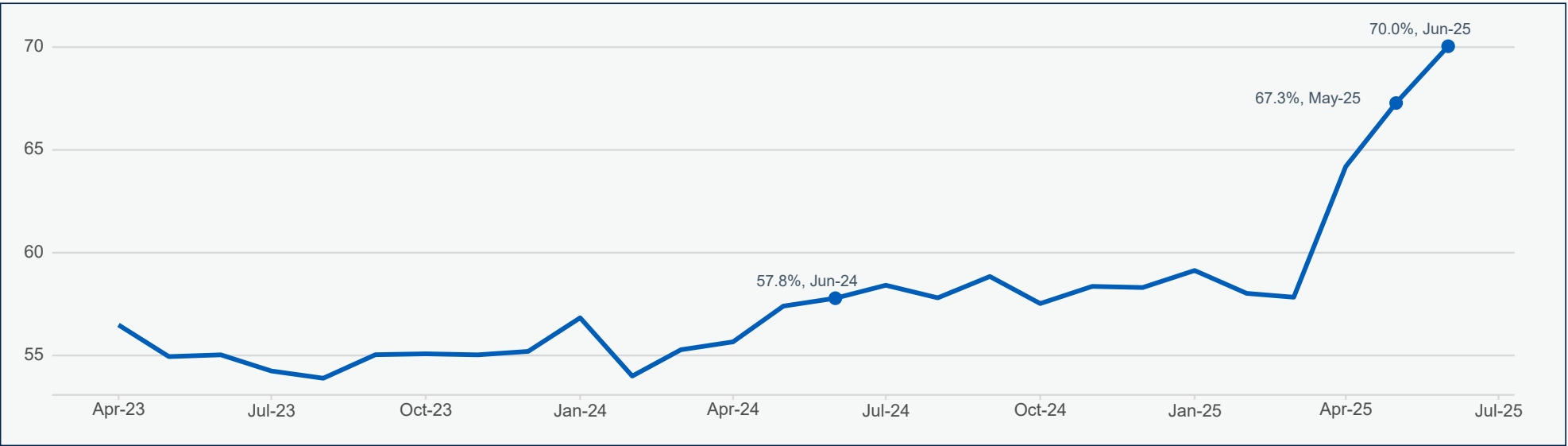
Current position: Rate of restrictive intervention types for June stands at 35 per 1,000 occupied bed days, in line with the previous month. There are known data quality issues with Restrictive Interventions data in the MHSDS, which are in part attributed to Providers becoming more compliant with new requirements (not necessarily a change in practice). The latest rate is up from 31 per 1,000 occupied beds June 2024.

Actions: The Culture of Care Programme, which is part of NHSE's Quality Transformation Programme is being rolled out to all NHS and major independent sector providers and 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.



NHSOF ambition/metric: Crisis Care face-to-face contact within 24 hours (Mental health trusts)

Chart description: Percentage of patients referred to Crisis Care teams in the reporting period with first face-to-face contact within 24 hours of referral



Current position: Percentage of patients in crisis to receive face-to-face contact within 24 hours was 70.0% in June 2025. This increase is an improvement on the previous months position and follows an increasing trend since March 2025 (67.3%, +2.8ppts) Year on year the percentage is higher than June 2024 (57.5%, +12.6ppts). 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 June 2025.

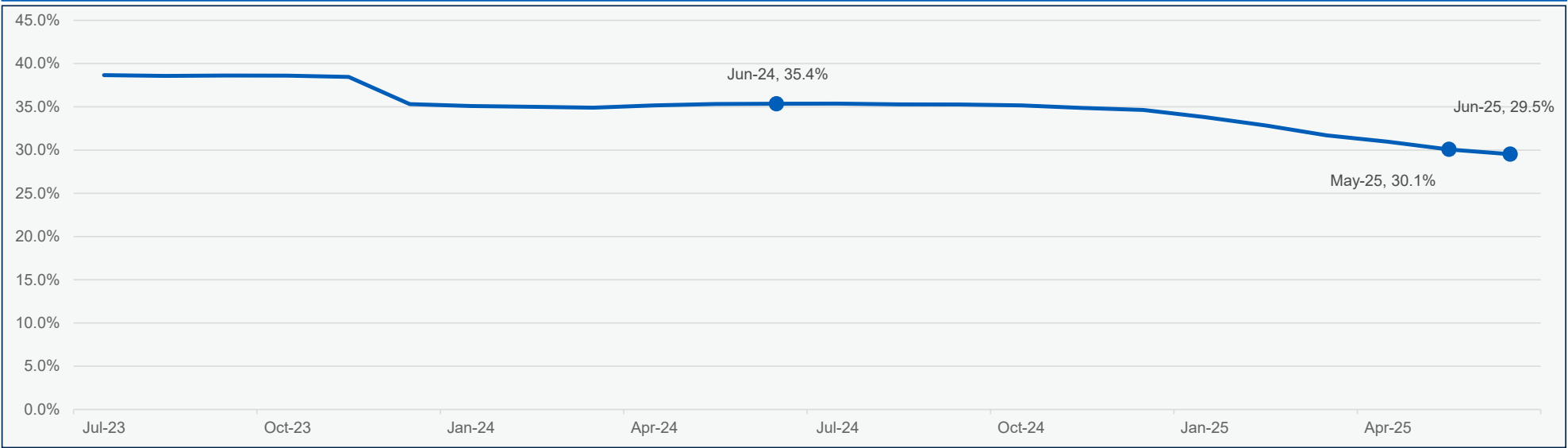
Actions: We are undertaking further work is being to understand if the sudden change is a local data quality issue in April, a fix of a previous long standing data quality issue, or a change in how the trust is coding 24/7 Crisis Line activity differently now. For all trusts implementation of the 'Flow 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.

Patient safety – Primary care



NHSOF ambition/metric: Percentage of children (Aged 0 – 9) prescribed antibiotics in the last 12 months (Integrated care boards)

Chart description: Percentage of children (Aged 0 – 9) prescribed antibiotics in the last 12 months



Current position: The proportion of children under 10 years exposed to antibiotic(s) in the previous 12 months was 29.5% in June 2025. This is an improvement of 0.6 percentage points lower than May 2025 and almost 6% lower than June 2024. Performance is on an improving trajectory after reaching a plateau of around 35% exposure during 2024.

Actions: We are sharing data with general practices to highlight variation and opportunity for improvement. We are also advising that GPs contact NHS England regional antimicrobial stewardship leads for educational resources to support health professionals with safely reducing children’s exposure to antibiotics and that they signpost parents and carers to information leaflets such as Caring for Children with Coughs and the NHS Healthier Together website.

People and workforce

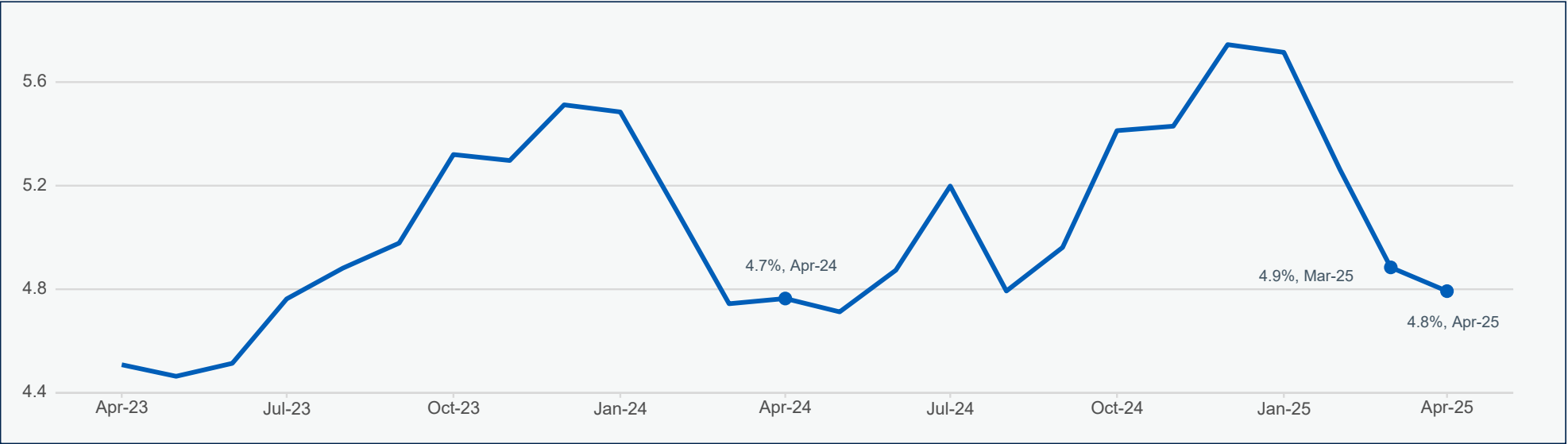


People and workforce



NHSOF ambition/metric: Sickness absence rate (All Trusts)

Chart description: Percentage of staff sickness rates across England for all NHS organisations (unable to provide a breakdown of Trust only data)



Current position: The overall sickness absence rate for England was 4.8%. This has improved slightly since March 2025 (4.9%) and is the same as April 2024. Ambulance Trusts had the highest sickness absence rate, with Commissioning Support Units and Integrated Care Boards having the lowest. Anxiety/stress/depression/other psychiatric illnesses was the most reported reason for sickness.

Actions: The 'supporting health and improving attendance policy framework' is on track for publication in Q3, this aims to ensure a standardised approach to managing sickness absence across the NHS. The Staff Treatment Access Review (STAR) demonstrated that NHS staff sickness absence relating to MSK and mental health alone are costing £bn's, with wider-reaching impact on the English economy. However, investing in treatment services for NHS staff linked to these common causes of sickness absence demonstrate on average 5:1 return on investment, where a 1% point decrease in sickness absence is associated with 2.3-3.3% productivity increase. The Staff Treatment Hub model was recommended and subsequently adopted for full rollout within the 10YHP. Socialisation of STAR has begun, and a full implementation programme is being developed to align to the initial funding allocation within the MYSR. This implementation model can be accelerated, dependant upon available resourcing. ICBs and regional teams have worked with each local NHS organisation to agree sickness absence reduction targets as part of local operational plans. These targets vary across each NHS Trust and are being managed locally.

People and workforce



NHSOF ambition/metric: NHS staff survey - engagement theme score (All trusts)

Chart description: NHS Staff survey engagement scores data provided covers all NHS Orgs (unable to provide Trust only breakdown)

Year	Score
2020	7.05
2021	6.84
2022	6.79
2023	6.89
2024	6.85

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.

People and workforce



NHSOF ambition/metric: NHS staff survey education and training theme score (Integrated care boards)

Chart description: Data shows 'learning' score from 2021-2024. The score for the People Promise element 'We are always learning' is based on two sub-scores from sub-themes 'Appraisals' and 'Development'. The below captures overall score for all questions in 'We are always learning'.

We are always learning (score out of 10)						
Year	National Average	Acute and Acute & Community	Acute Specialist	MH & LD and MH, LD & Community	Community	Ambulance
2021	5.29	5.23	5.61	5.63	5.67	4.24
2022	5.39	5.33	5.62	5.73	5.80	4.48
2023	5.64	5.59	5.79	5.92	6.00	4.84
2024	5.67	5.63	5.88	5.90	5.96	4.93

Current position: The People Promise element 'We are always learning' comprises of two sub-scores 'Development' and 'Appraisal'. The national average score for 'We are always learning' has increased yearly from 5.29 in 2021 to 5.67 in 2024. Of the 5 organisation types there has been a decline in the element score for Community (6.00 in 2023 to 5.96 in 2024) and Mental Health & LD and Mental Health, LD & Community (5.92 in 2023 to 5.90 in 2024). Acute Specialist organisations have seen the biggest increase of 0.11 from 5.79 in 2023 to 5.88 in 2024.

Actions: All organisations are mandated to run the survey and develop and implement individual action plans to improve.



NHSOF ambition/metric: National Education and Training Survey overall satisfaction score (All trusts)

Chart description: Data from NETS 2024 covering the key theme and scores for Improvement to Overall Experience

The overall educational experience I gained in my current or most recent practice placement / training post	
Year	Score
2021	84%
2022	84%
2023	85%
2024	87%

Current position: The National Education and Training Survey (NETS) is the only national survey open to all undergraduate and postgraduate students and trainees undertaking a practice placement,/training post in healthcare as part of their education and training programme. Response rates have continued to improve over time, with the 2024 NETS seeing the highest responses since its inception in 2019. The 2024 survey results noted an improvement across a number of the NETS questions From 2021 to 2024 there has been an upward trend in the number of learners reporting an overall positive educational experience 87% (84% in 2021), however learners also reported the greatest negative experiences in relation to workload.

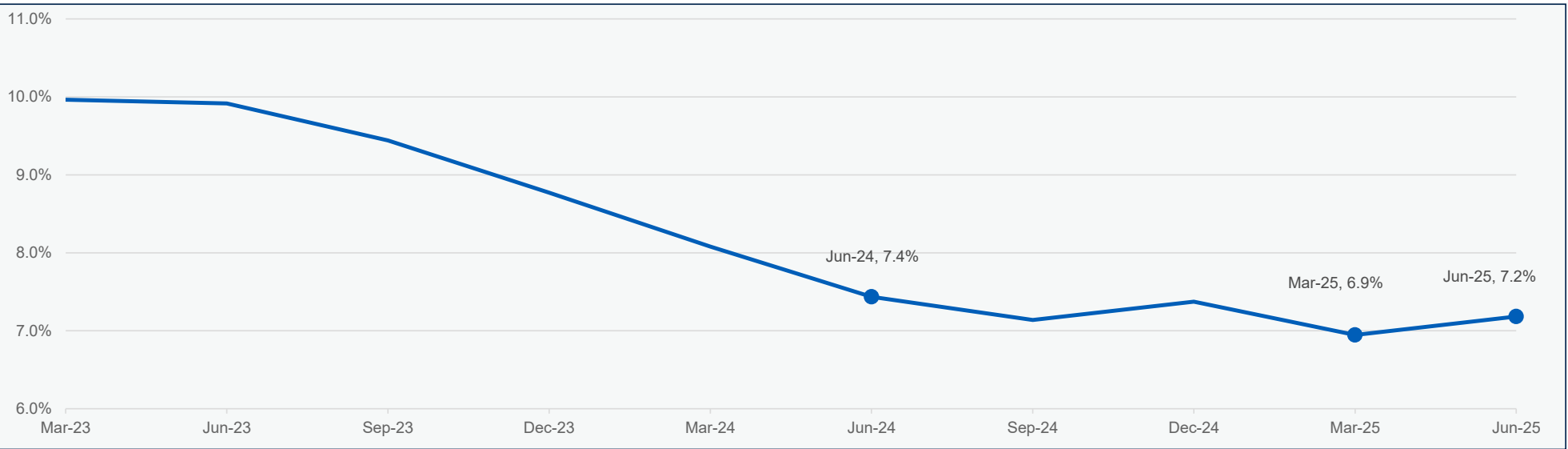
Actions: We will launch 2025 NETS in November 2025 to continue to measure learner experience and drive our improvement activities. We will also launch the planned Educator Voice Survey, underpinning the Educator Workforce Programme. The 2026/27 national and regional Education Quality Improvement Plans are to be agreed which will support the 10YP and 10YWP, for example, to improve attrition rates of trainees and students, improve sexual safety and overall experience of clinical practice learning. We are now working at pace with providers and teams to implement the 10 Point Plan to improve doctors working lives, published on 29 August 2025.

People and workforce – Primary Care



NHSOF ambition/metric: GP leaver rate (Integrated care boards)

Chart description: Percentage of GP leavers in the 12-month rolling period, indicates the percentage of the cohort workforce that left the cohort prior to the next data extract (excludes GPs in Training Grades & Locums – 1b national data)



Current position: The GP leaver rate for June 2025 is 7.2%, which is up 0.3pp from March 2025, down 0.2pp from June last year.

Actions: General practice is fundamental to the success of the 10 Year Health Plan. We are tackling leaver rates and improving retention through supporting 11 primary care organisations in cohort 2 of the Exemplar programme and applying learning to the Supporting Retention in General Practice programme in partnership with Primary Care and Medical Directorate. All GP Specialty Trainees now have 24-months in GP and testing structured learning placements to better prepare for practice. Targeted support to International Medical Graduates. From October 2024, newly qualified GPs were added to the Additional Roles Reimbursement Scheme (ARRS) for Primary Care Networks . In terms of the GP contract, an overall increase in investment of £889 million was agreed for the 2025/26 GP contract, representing a 7.2% cash increase on the previous year's contract.

Access

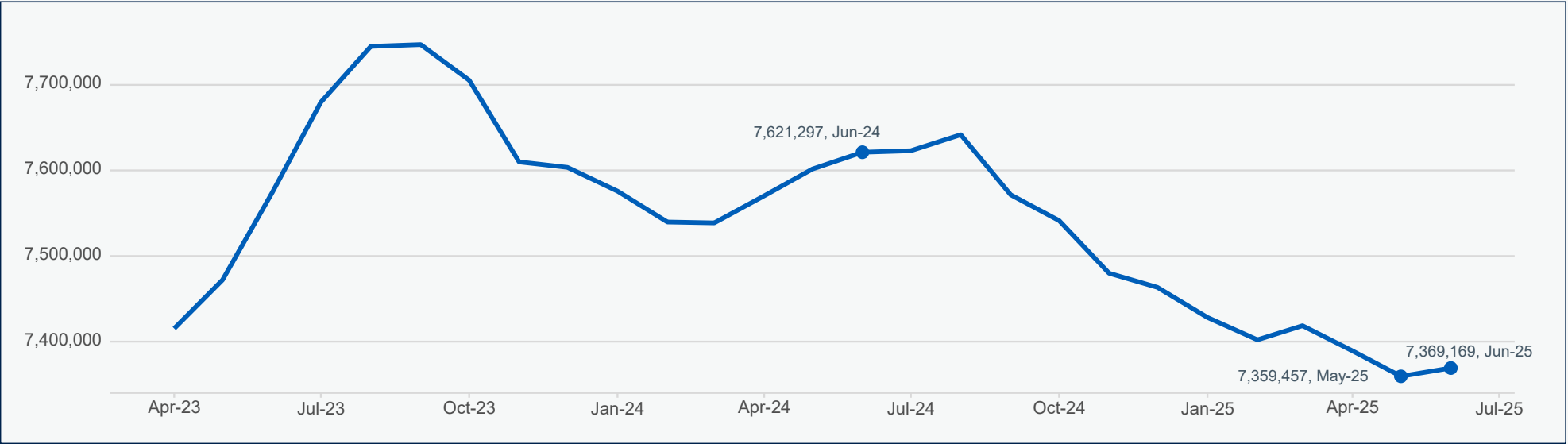


Access - Elective care



NHSOF ambition/metric: Annual change in the size of the waiting list (Integrated care boards)

Chart description: Total patient numbers on the elective waiting list



Current position: As at end June 2025 the annual waiting list was 7,369,169 – this was a deterioration from the May 2025 position (increased by 0.13% from 7,359,457) but an improvement year-on-year from the June 2024 position, having decreased by 3.31% from 7,621,297. Despite this deterioration in June 2025, the position still shows a sustained improvement over past few months overall. Trauma and Orthopaedic service and other medical services have the highest waiting lists.

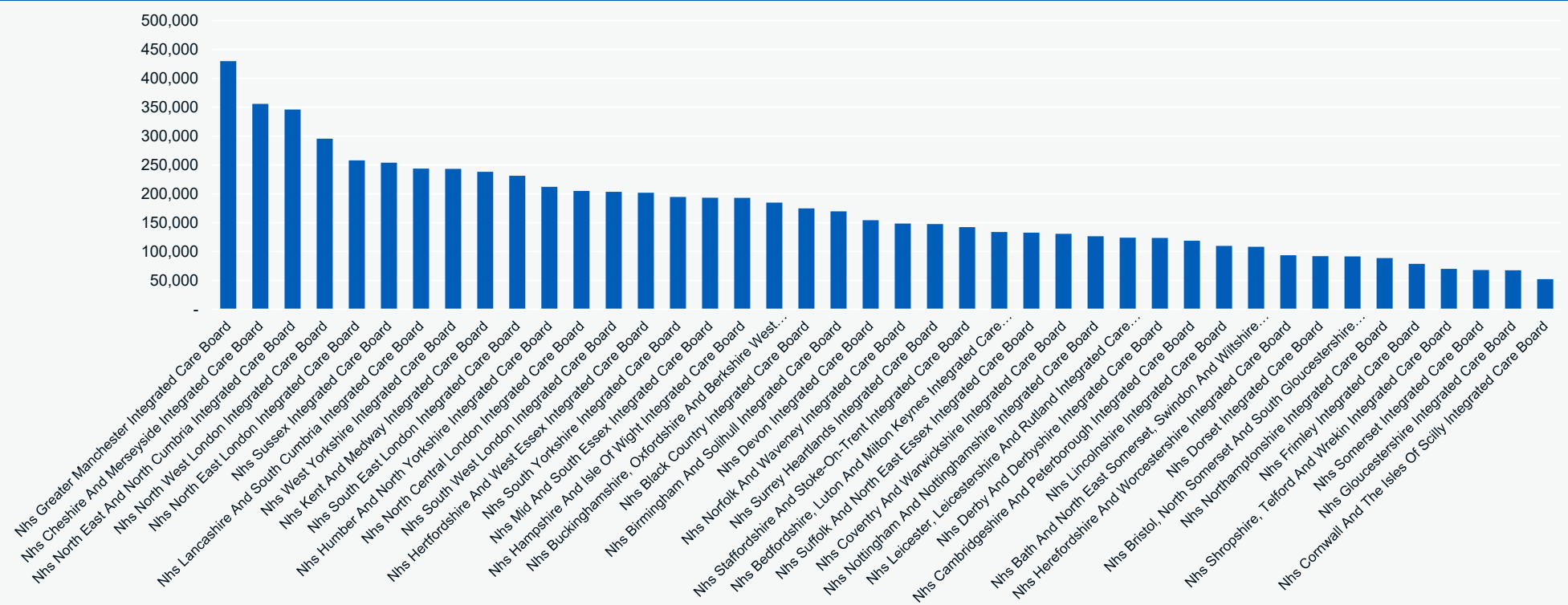
Actions: We are continuing to work with tiered trusts and run validation sprints to help providers manage their waiting lists and introduced a new escalation process to review providers and agree clear actions. We also intend to introduce a new Waiting List measure at the earliest opportunity, given the importance of the waiting list in meeting Referral to Treatment Times.

Access - Elective care



NHSOF ambition/metric: Annual change in the size of the waiting list (Integrated care boards)

Chart description: Total patient numbers on the elective waiting lists, split by Integrated care boards

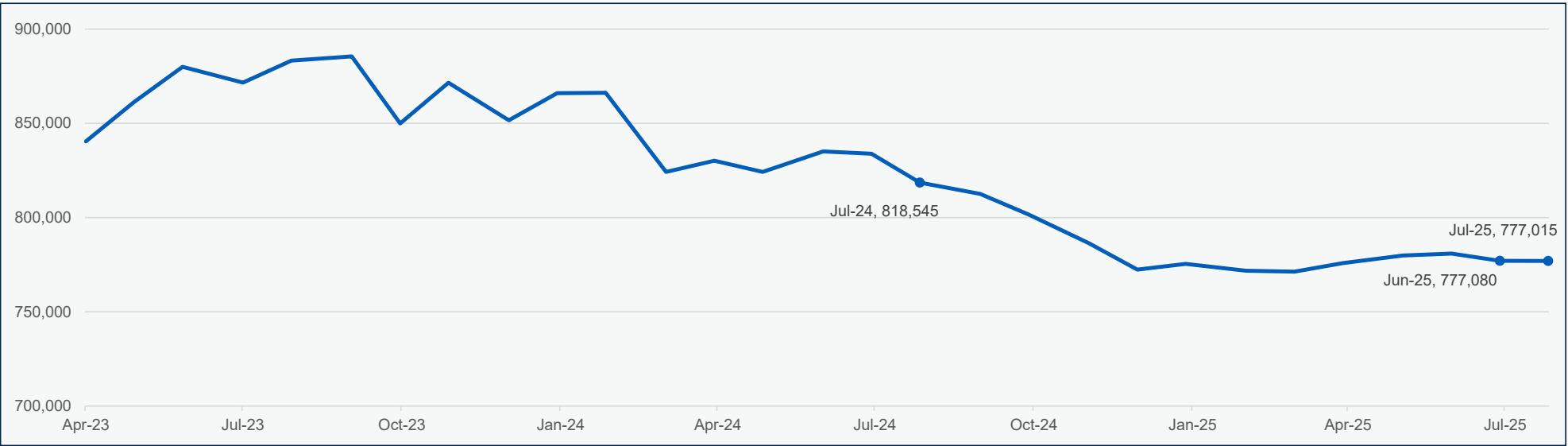


This chart shows total patient numbers on the elective waiting list in June 2025, split by integrated care boards. Highest patient numbers (429,735) through to the lowest (52,117).



NHSOF ambition/metric: Under 18s elective waiting list growth (Acute trusts)

Chart description: Chart showing weekly data points closest to the month end for under 18s elective waiting list



Current position: As at July 2025, the under 18s elective waiting list showed a slight improvement and was 777,015 a decrease of 65 patients from the June 2025 position of 777,080. This was an improvement year-on-year decreasing from 818,545 (a 5.1% decrease translating to 31,530 patients). Performance has been sustained over the previous few months. Performance has remained challenged due to backlogs despite increased activity.

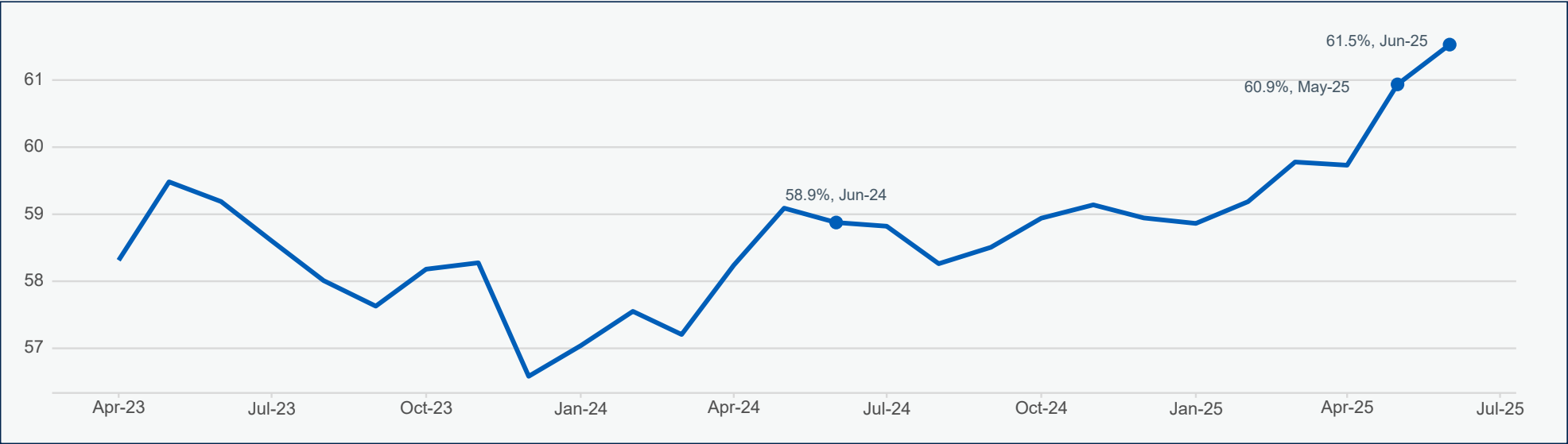
Actions: The CYP Transformation, Elective Care and Getting It Right First Time (GIRFT) programmes have been working together, putting in place targeted actions to eliminate the gap between CYP and adults. The new national elective reform plan highlights that delivering the standard and reforming elective care must be done equitably and inclusively for all adults, children and young people. It includes a range of commitments to reduce CYP waiting times and address the variation, including an ask for ICBs and providers to ensure interventions are in place to reduce disparities for groups who face additional waiting list challenges and undertake quarterly reviews of local waiting list data (CYP and adults). NHS England is also increasing transparency by improving access to a CYP data and publishing a suite of adult and children's elective performance metrics (including 18-week performance, long waits and waiting times)

Access - Elective care



NHSOF ambition/metric: Percentage of patients waiting less than 18 week (Acute Trusts)

Chart description: Percentage of elective patients waiting less than 18 weeks for treatment



Current position: As at end June 2025 the percentage of patients waiting less than 18 weeks for treatment was 61.5% – this was an improvement from the May 2025 position (increased by 0.6pp from 60.9%), this was also a year-on-year improvement from the June 2024 position, having increased by 2.6pp from 58.9%. The position still shows a sustained improvement over past few months. Oral surgery and Ear, Nose and Throat (ENT) remain the two most challenged specialties.

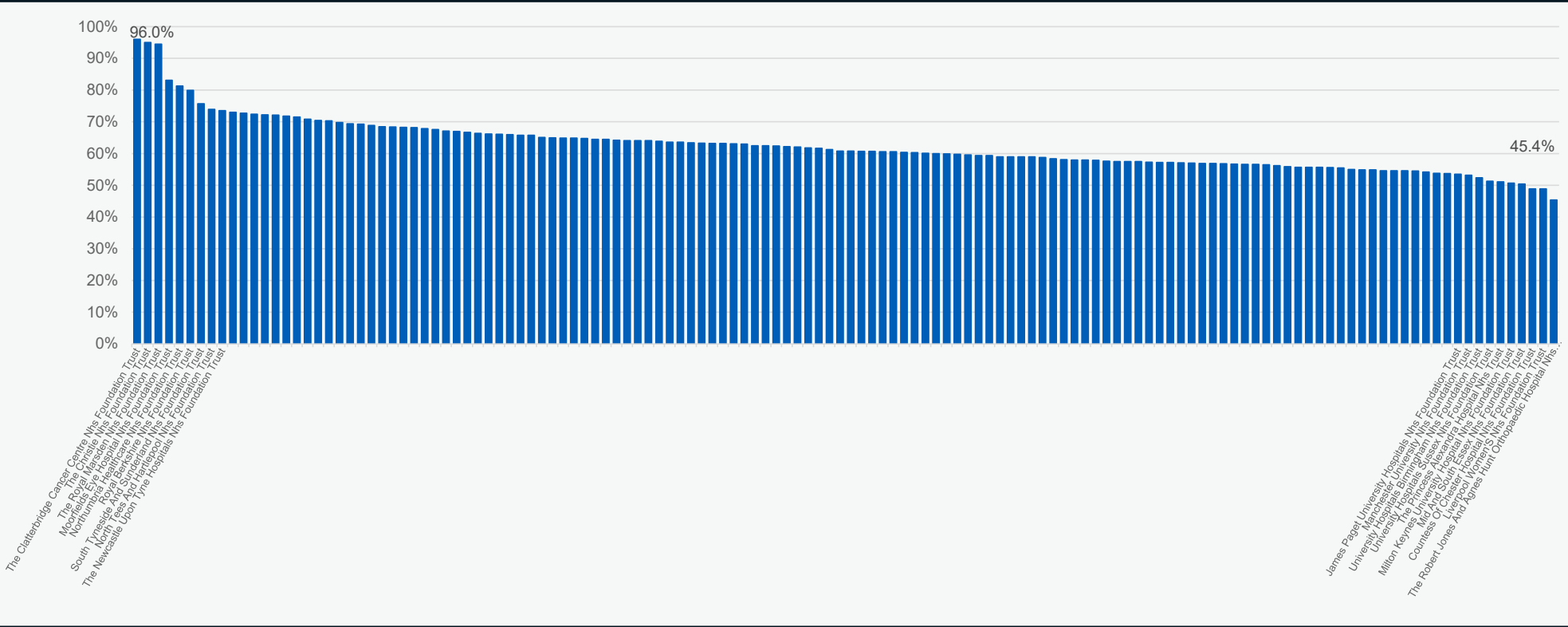
Actions: We have updated the tiering process for Q2 which provides additional oversight to tiered to trusts. Performance management meetings are being held with ICBs to push A&G requests and diversions. We continue to push activity via tiering calls and with regional COOs. A full analysis into demand has been done with plans to discuss demand management utilising early warning data with regions. A recovery plan has been developed and put in place alongside the above demand management interventions. We implemented a new derogations process to mitigate against elective cancellations during IA.

Access - Elective care



NHSOF ambition/metric: Percentage of patients waiting less than 18 week (Acute Trusts)

Chart description: Percentage of elective patients waiting less than 18 weeks for treatment, split by trusts



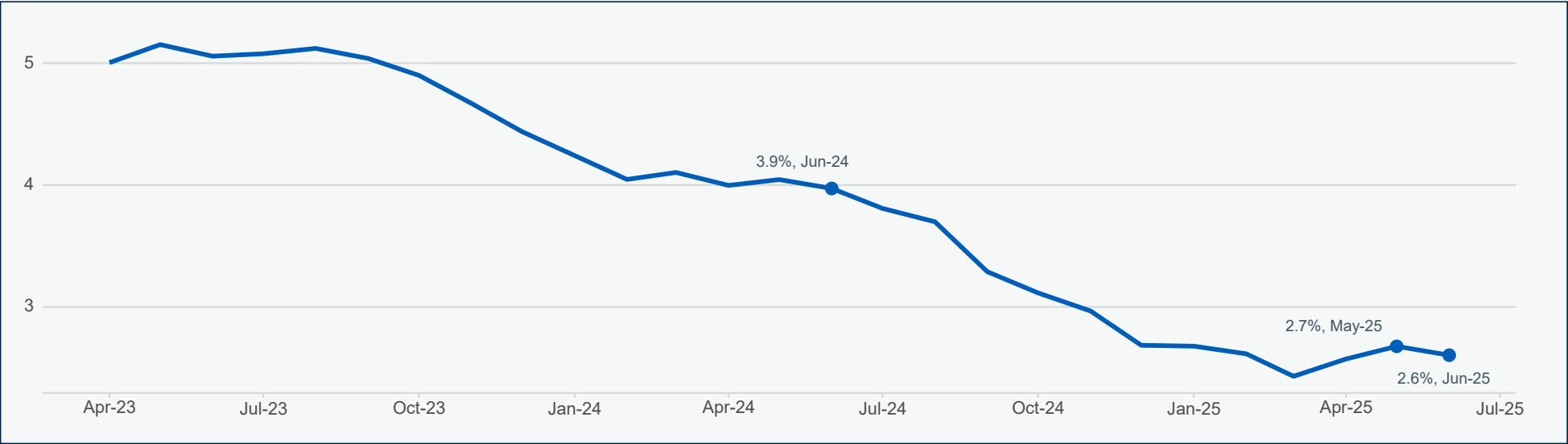
This chart shows the percentage of patients waiting less than 18 weeks for elective treatment in June 2025, split by acute trust. Highest performing trust (96%) through to the lowest performing (45.4%).

Access - Elective care



NHSOF ambition/metric: Percentage of patients waiting over 52 weeks (Acute Trusts)

Chart description: Percentage of elective patients waiting over 52 weeks for treatment



Current position: As at end June 2025 the percentage of patients waiting over 52 weeks for treatment was 2.6% – this was an improvement from the May 2025 position having decreased by 0.7pp from 2.7% (rounded off), this was also a year-on-year improvement from the June 2024 position, having decreased by 2.6pp from 4% (rounded off). The position still shows a sustained deterioration over past few months. Ear, Nose and Throat (ENT) remains the most challenged specialty, whilst plastic surgery has now moved into the bottom 2 specialties.

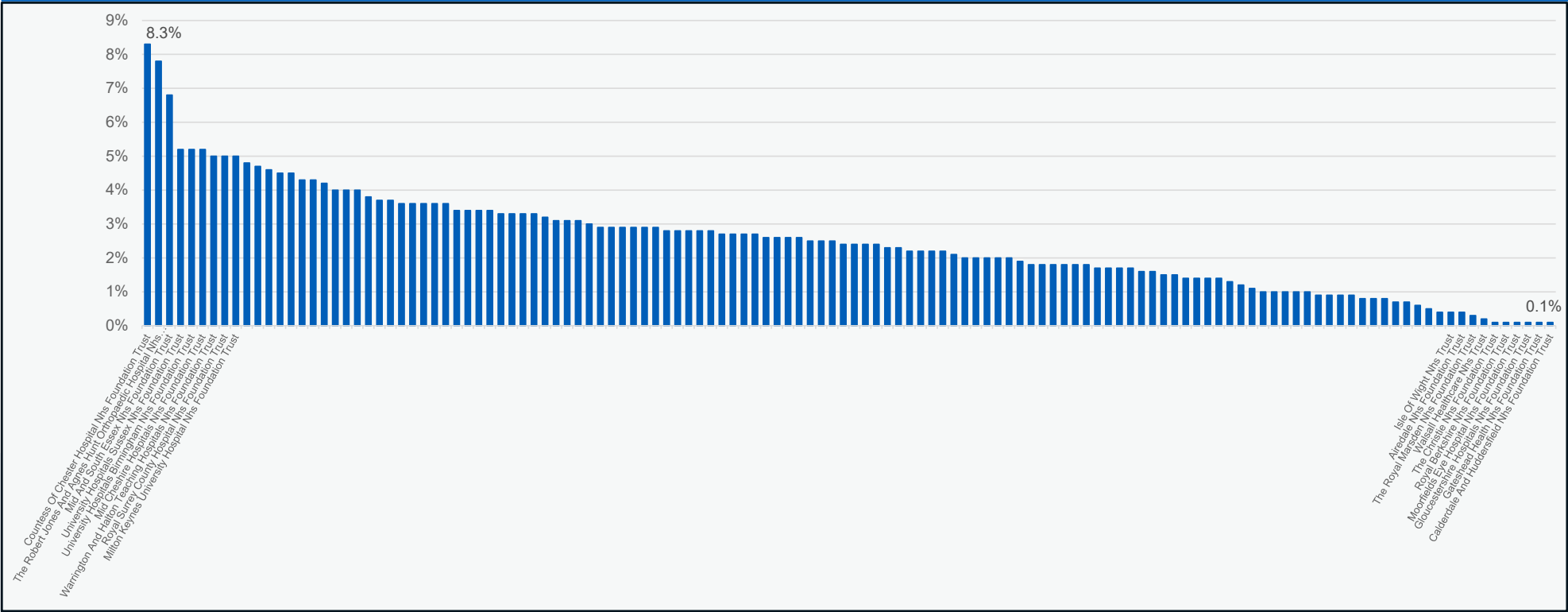
Actions: We have put the worst performing 52w trusts into Tier 1 and continue to challenge and monitor and updated the tiering process for Q2 which provides additional oversight to tiered trusts. Performance management meetings are being held with ICBs to push A&G requests and diversions. We continue to push activity via tiering calls and with regional COOs. A full analysis into demand has been done with plans to discuss demand management utilising early warning data with regions.

Access - Elective care



NHSOF ambition/metric: Percentage of patients waiting over 52 weeks (Acute Trusts)

Chart description: Percentage of elective patients waiting over 52 weeks for treatment, split by trusts

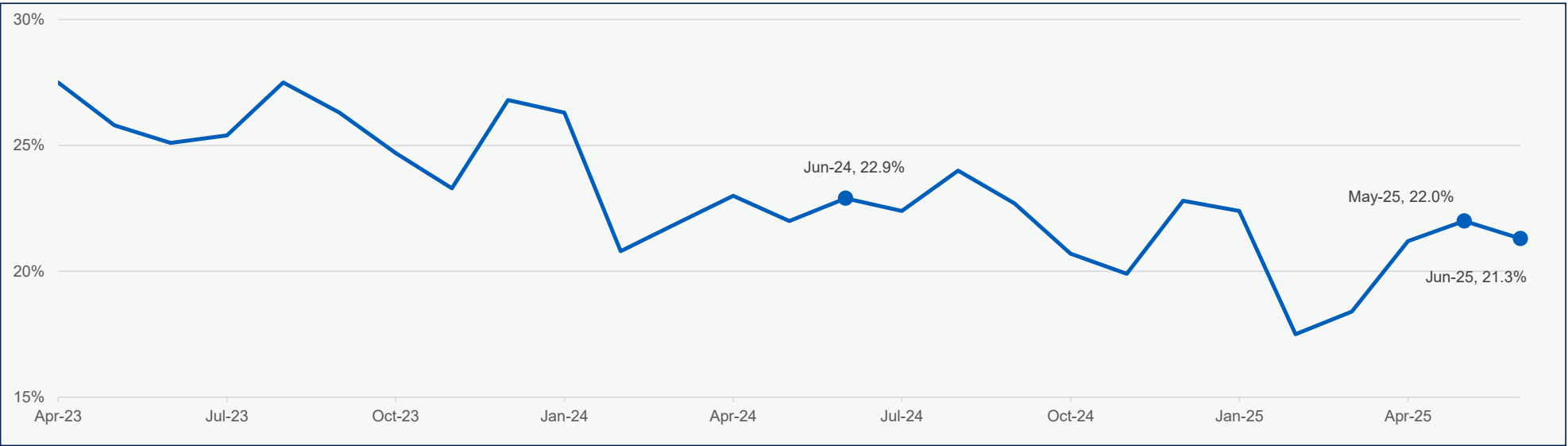


This chart shows patients waiting over 52 weeks as a percentage of the total waiting list for elective treatment in June 2025, split by acute trust. Highest percentage (8.3%) through to the lowest (0.1%).



NHSOF ambition/metric: Percentage of people waiting over 6 weeks for a diagnostic procedure or test (Acute trusts)

Chart description: Percentage of people waiting over 6 weeks for a diagnostic procedure or test



Current position: As at June 2025, the percentage of people waiting over 6 weeks for a diagnostic test or procedure was 21.3%, 0.7pp lower and an improvement from May 2025 of 22.0% and year-on-year which was 22.9% in June 2024. The biggest list overall is for non-obstetric ultrasound (625,000), but the longest waits are in Audiology, where 43.7% of patients are waiting over six weeks and over a quarter wait 13 weeks. Challenges with workforce and funding have impacted delivery of activity.

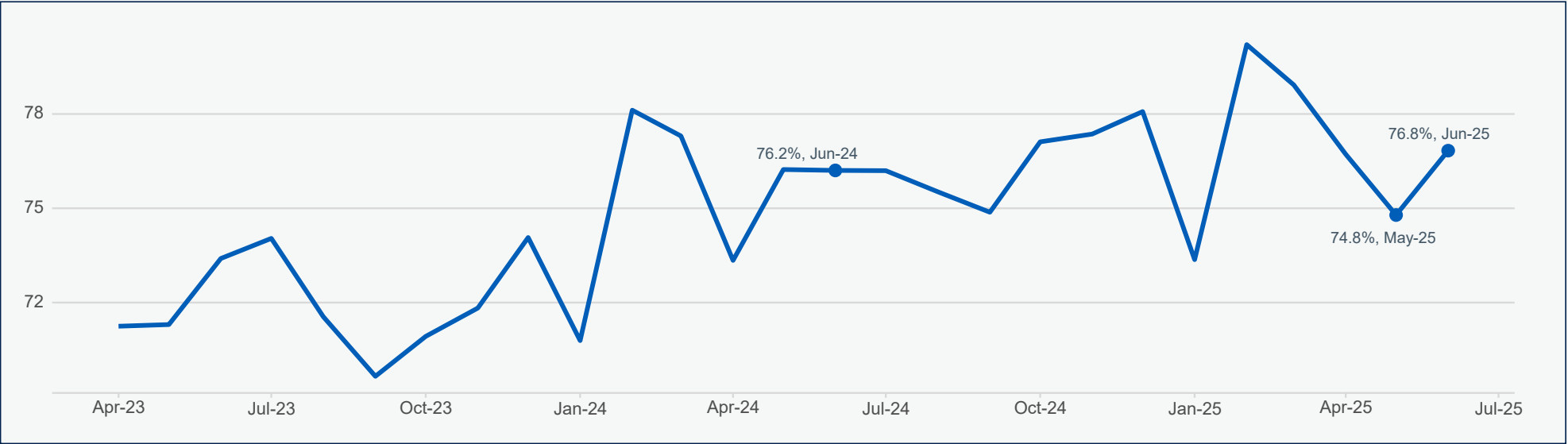
Actions: We continue to work with trust using the tiering approach for the most challenged ICBs and trusts. We are working on mitigations until 6 week waits can be introduced into multi-year planning guidance later in 2025 as some regions report some ICBs have deprioritised diagnostic activity and performance improvement measures.

Access - Cancer



NHSOF ambition/metric: Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks (Acute trusts)

Chart description: Percentage of patients receiving a definitive diagnosis within the 28-day cancer Faster Diagnosis Standard



Current position: As at end June 2025 the percentage of urgent referrals to receive a diagnosis in 28 days was 76.8% – this was an improvement from the May 2025 position having increased by 2pp from 74.8%, this was also a year-on-year improvement from the June 2024 position, having increased by 0.6pp from 76.2%. The position has improved following the drop in May which was largely driven by the impact of Easter (-2.4%pts). The Breast and Skin pathways remain the most challenged.

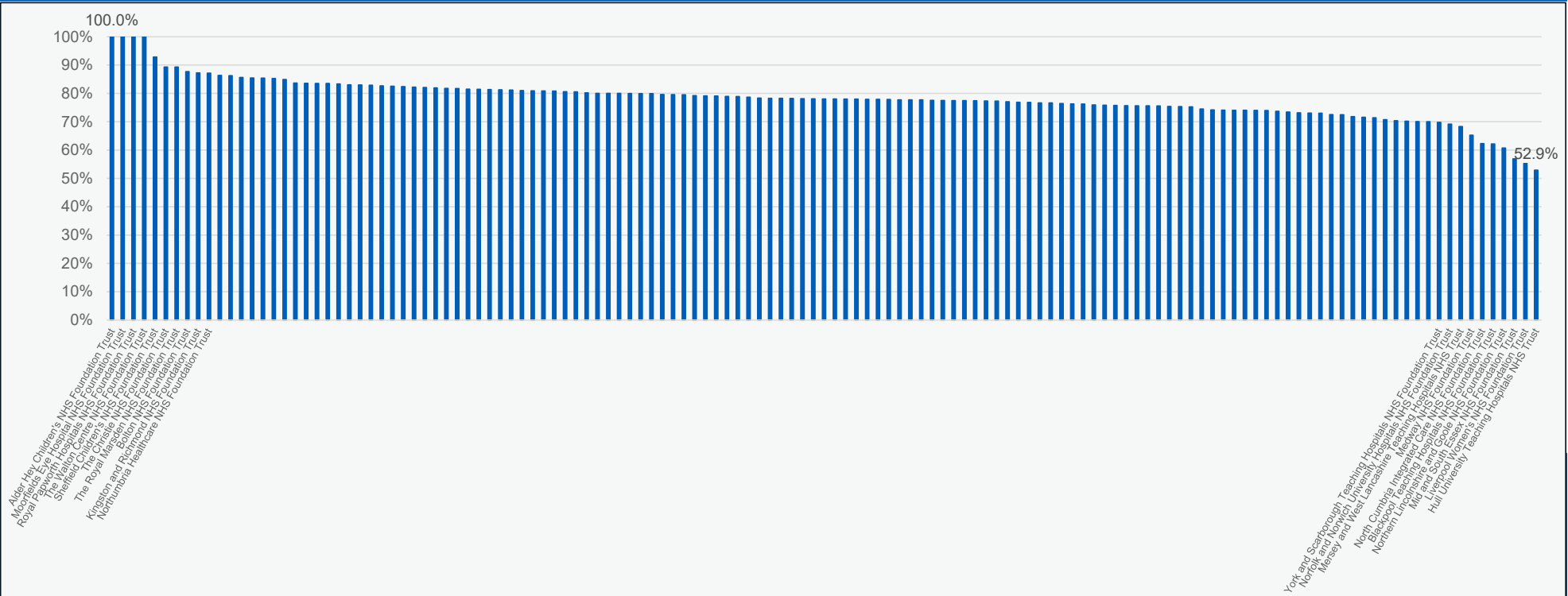
Actions: To recover the breast pathway position, we are asking that there is particular focus on: Effective triage, to direct patients to most appropriate clinic, where Triple Assessment not needed (e.g. Breast pain), Booking of Triple Assessment Clinic as first attendance within 10 days of referral, and Co-ordinated follow up of patients, with particular focus on those patients with Cancer being booked into clinic shortly after MDT discussion (ideally same day).

Access - Cancer



NHSOF ambition/metric: Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks (Acute trusts)

Chart description: Percentage of patients receiving a definitive diagnosis within the 28-day cancer Faster Diagnosis Standard, split by trusts



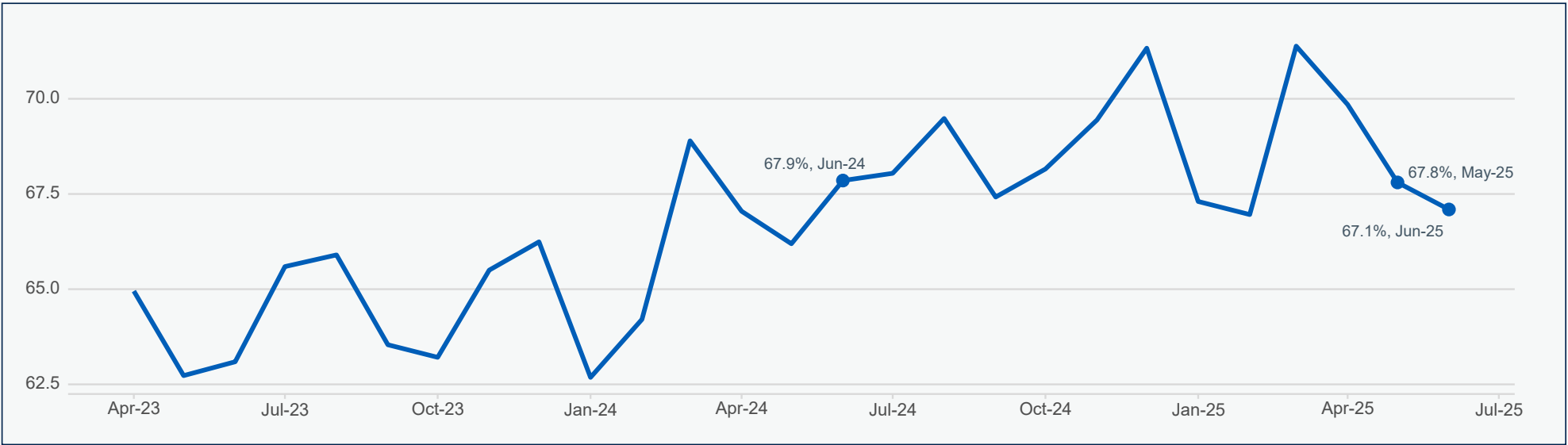
This chart shows the percentage of patients with an urgent cancer referral who received a definitive diagnosis within 28days , split by acute trust. Four trusts achieved the highest performance (100%) through to the lowest (52.9%).

Access - Cancer



NHSOF ambition/metric: Percentage of patients treated for cancer within 62 days of referral (Acute trusts)

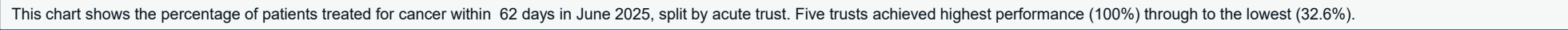
Chart description: Percentage of patients treated within the 62-day cancer standard



Current position: As at end June 2025 the percentage of patients treated within 62 days of referral was 67.1% – this was a 0.7%pt decrease from the May 2025 position (67.8%), and a year-on-year decrease of 0.8pp from June 2024. Whilst decreases in recent months were expected due to seasonality, the reduction in June was not. This was largely driven by the same Easter effect which impacted FDS performance in May 2025. Without this, we estimate that performance would have been up to 3.1%pts higher. The prostate pathway remains the most challenged and 62 day performance remains the primary operational focus.

Actions: In light of the continued challenges in 62 day performance, Mark Cubbon wrote out in The Month in September to reemphasise the importance of recovering performance against agreed operational plans. We have developed a national checklist to support providers in improving Cancer Waiting Times performance which will support a back to basics review of operational practice. We are continuing tiering meetings and driving improvement in pathways as well as targeting in local priorities. £17.5m of tactical investment has been distributed via regions to support operational improvement and we are asking providers to particularly focus on the specific elements of the prostate and breast pathways to improve their positions. We are also funding diagnostic capacity to support prioritisation of cancer pathways which are high volume contributors to the 62-day standard.

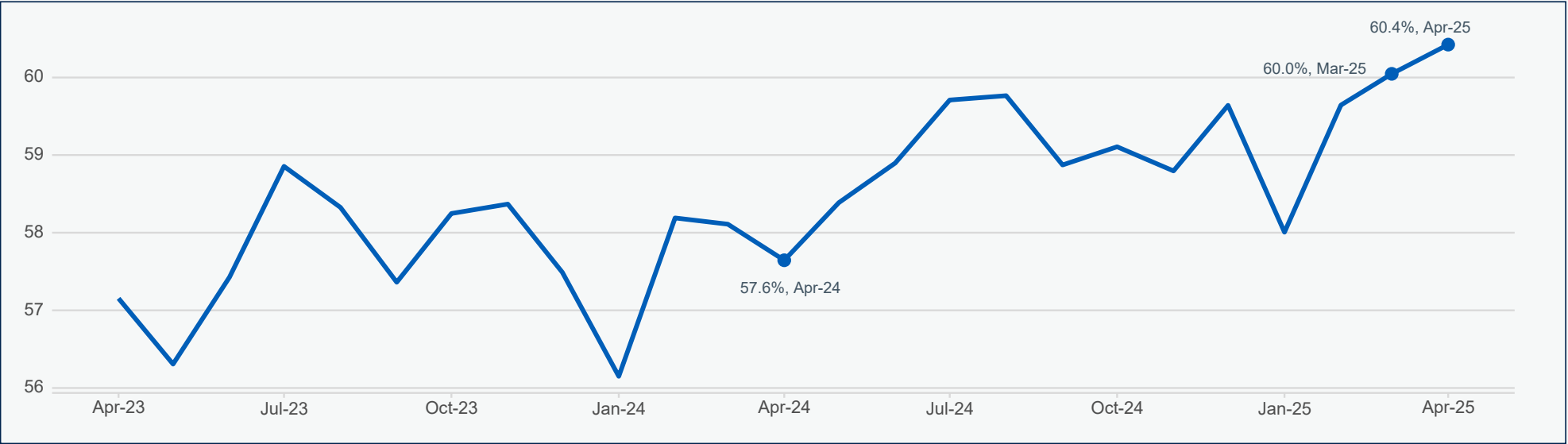
Chart description: Percentage of patients treated within the 62-day cancer standard, split by trusts





NHSOF ambition/metric: Percentage of all cancers diagnosed at stage 1 or 2 (Integrated care boards)

Chart description: Percentage of cancer patients diagnosed at stage 1 or 2



Current position: As at April 2025, the percentage of all cancers diagnosed at stage 1 or 2 was 60.4%, an improvement of 0.4pp from March 2025. This was also an improvement from the April 2024 position of 57.6%, an increase of 2.8pp. The April 2025 position is an improvement over the past few months and the highest seen in the last 3 year from April 2023. Early diagnosis rates are at their highest ever level, and now 3.3%points above the pre-pandemic level. This equates to an additional 9,500 people being diagnosed at an early stage. During that period, the gap between the richest and poorest areas has closed by a quarter (2% points).

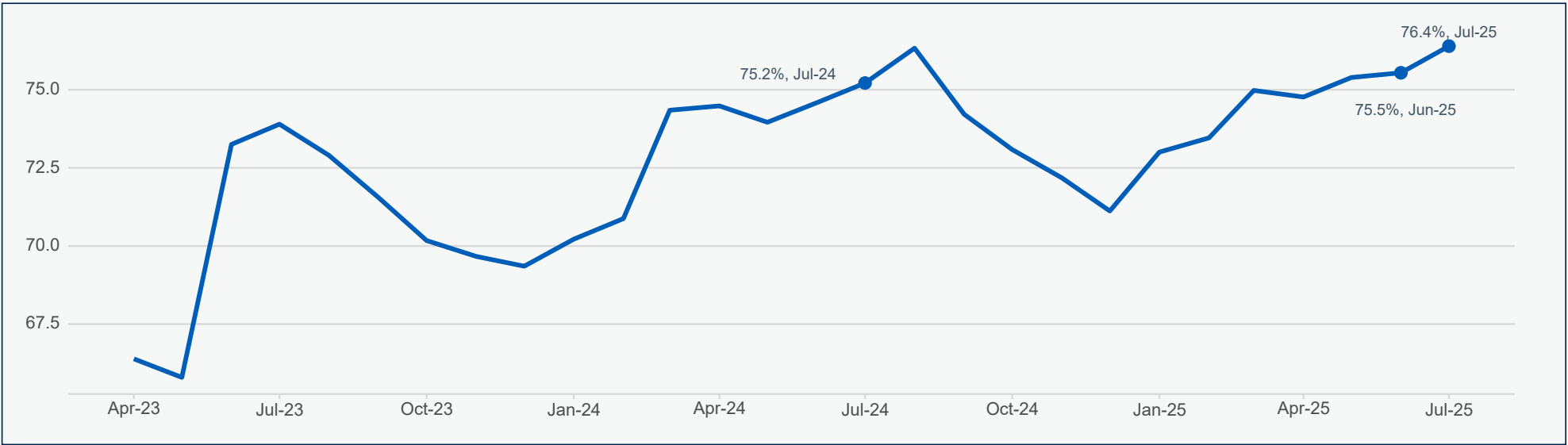
Actions: Lung Cancer Screening has now diagnosed over 8,000 lung cancers, 76% at stage 1 and 2. Lung cancer is the largest driver of progress in improving stage at diagnosis. The Jewish BRCA programme has received 34,790 registrations, 33,562 testing packs have been sent, and 21,697 results have been returned, with 451 BRCA carriers found. The FIT programme continues to see improvements in the percentage of LGI referrals accompanied by a FIT, increasing to 77.9% in June. Only 11% of colonoscopies are now performed in those with no FIT, and only 11.7% in those with a FIT <10ug/gm. The Community Liver Health Checks programme has referred 8,470 people for HCC surveillance, with a target of a further 4000 this year.

Access - Urgent and emergency care



NHSOF ambition/metric: A&E 4-hour performance (Acute trusts)

Chart description: Percentage of emergency department attendances admitted, transferred or discharged within 4hrs

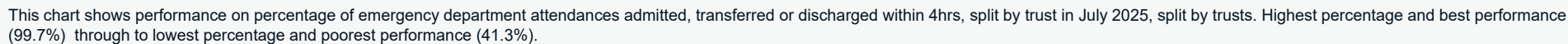


Current position: 4 hour performance has been steadily improving since January currently standing at 76.4% in July 25 which is a 1.2% on July 24.

Actions: Planning Guidance this year sets a target of 78% in March 2025, an ambition supported by the UEC Plan for 25/26. As outlined in the UEC Plan, we are allocating £250 million to continue the expansion of co-located Urgent Treatment Centres (UTCs) and Same-Day Emergency Care centres (SDECs). We will shortly be publishing a clear set of clinical standards for senior clinical decision-making within the first 72 hours in-hospital, to support flow through the hospital (drafted together with Royal Colleges).

We have also begun our new tiering programme, focussed on Trusts rather than ICBs. The most challenged Trusts are receiving bespoke intervention support from ECIST.

Chart description: Emergency department attendances admitted, transferred or discharged within 4hrs, split by trust performance

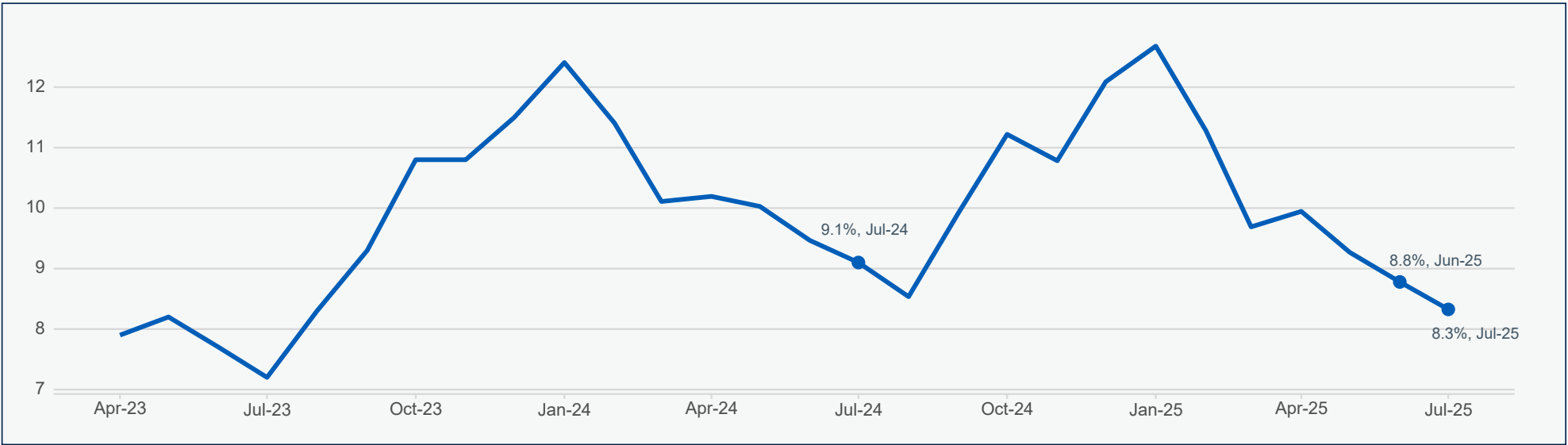


Access - Urgent and emergency care



NHSOF ambition/metric: A&E 12-hour performance (Acute trusts)

Chart description: Percentage of emergency department attendances spending over 12 hours in the department



Current position: Since April 25, we have seen consecutive monthly reductions in the % of patients spending over 12 hours in department – 8.3% in July 25 which is just under a percentage point lower than July 24.

Actions: Planning Guidance this year sets a target maximum 10% over 2025/26, an ambition supported by the UEC Plan. Our focus throughout winter will be the safety of patients, ensuring that they do not stay longer in the emergency department than necessary, as well as publishing new clinical operational standards for the first 72 hours of care.

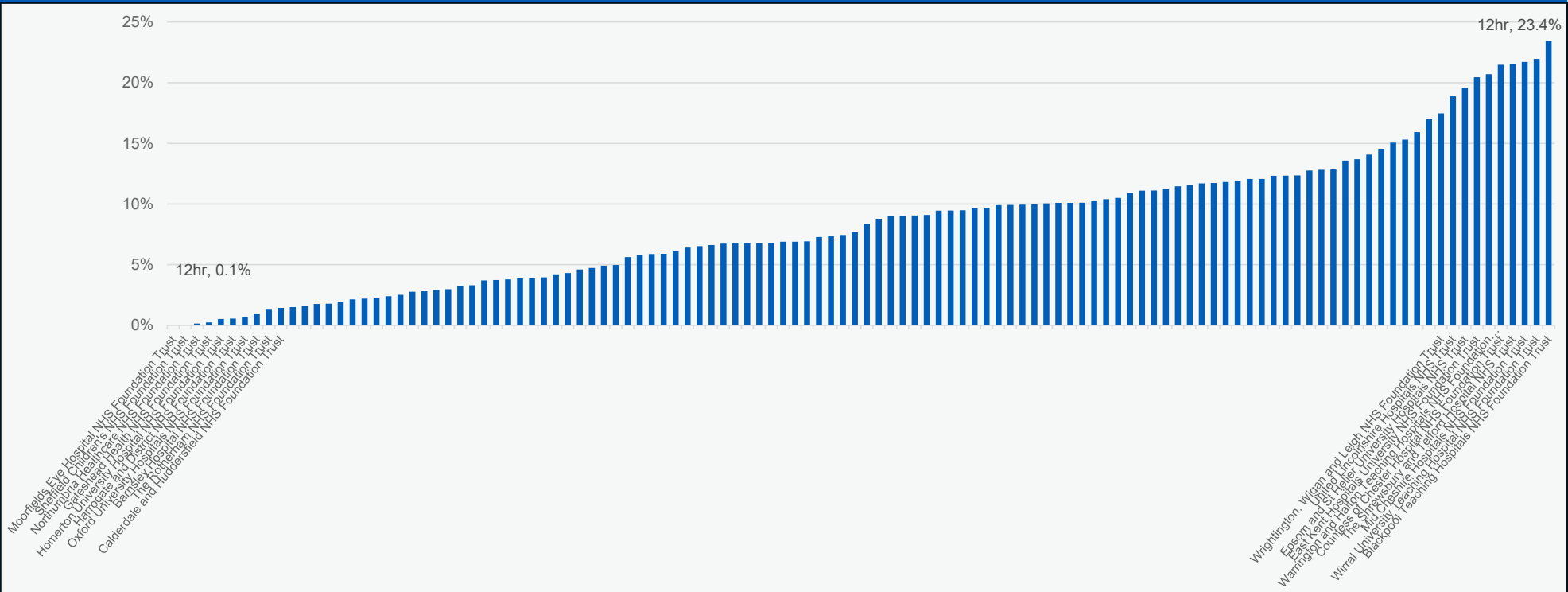
We are also providing targeted improvement support, aligned to tiering, with an intensive focus on 27 sites.

Access – Urgent and emergency care



NHSOF ambition/metric: A&E 12-hour performance (Acute trusts)

Chart description: Percentage of emergency department attendances spending over 12 hours in the department, split by ambulance trusts



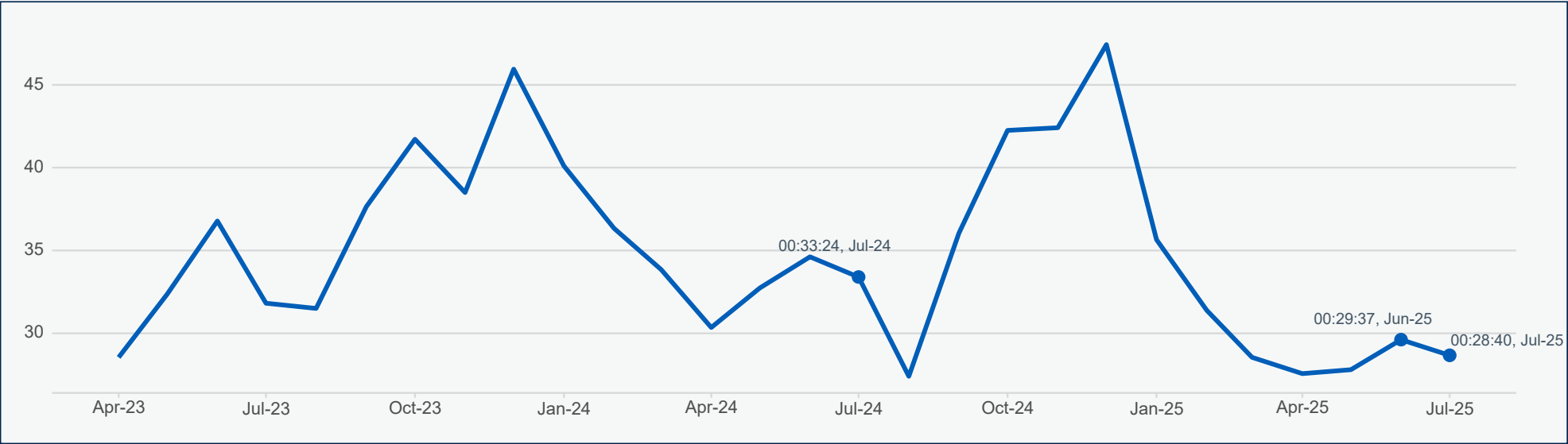
This chart shows performance on percentage of emergency department attendances spending over 12hrs in July 2025, split by trusts. Lowest percentage and best performance (0.1%) through to highest percentage and lowest performance (23.4%).

Access - Urgent and emergency care



NHSOF ambition/metric: Category 2 ambulance response times (Ambulance trusts)

Chart description: Average Category 2 ambulance response times (hour:minute:second format)



Current position: Cat2 response times remain below 30 minutes - we have seen an improvement between June and July 25 of 57 seconds; this is also nearly 5 minutes quicker than the same point last year (July 24).

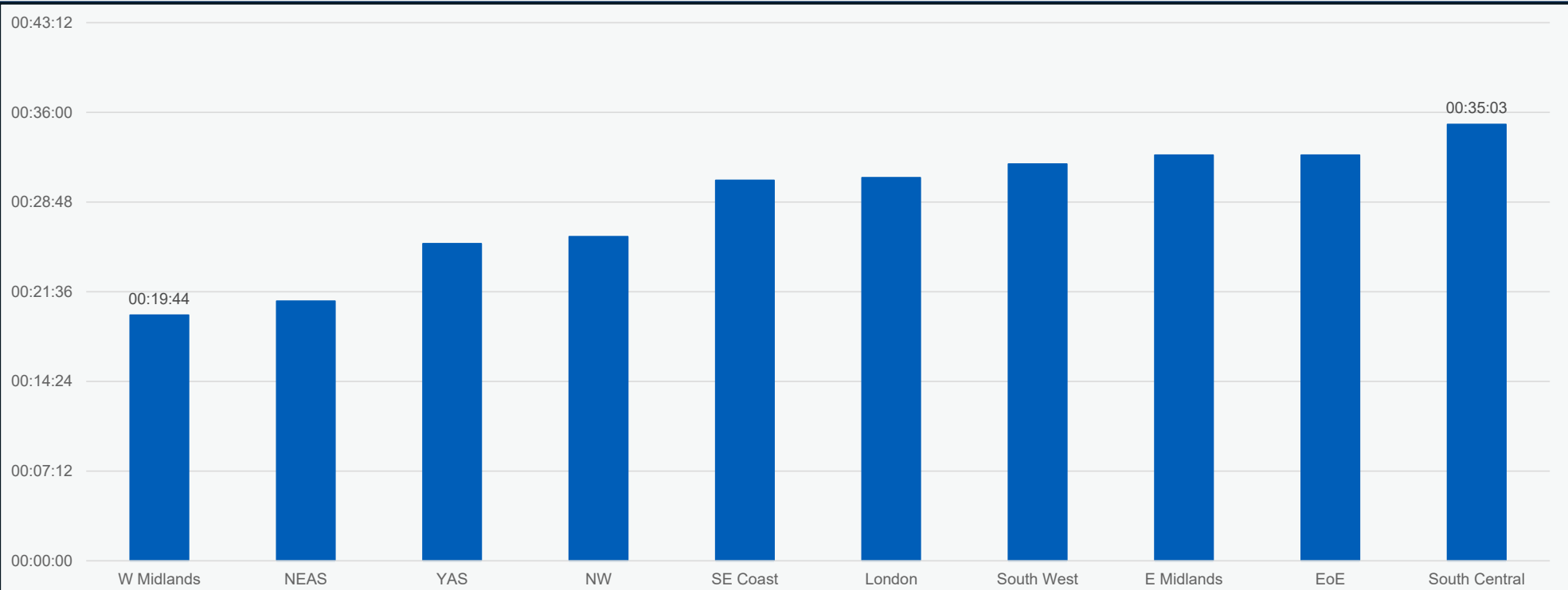
Actions: The NHS Planning Guidance and the UEC Plan set an ambition of 30 min average response times over 2025/26 alongside the new ambulance handover backstop of 45 minutes. This has led to improvements in ambulance handover times which have contributed to an improvement in cat 2 response times during 25/26 so far. We are currently piloting code changes that trigger a cat 2 response without segmentation, with performance improvements already observed in pilot trusts.

Access – Urgent and emergency care



NHSOF ambition/metric: Category 2 ambulance response times (Ambulance trusts)

Chart description: Average Category 2 ambulance response times, split by Ambulance trusts (hour:minute:second format)



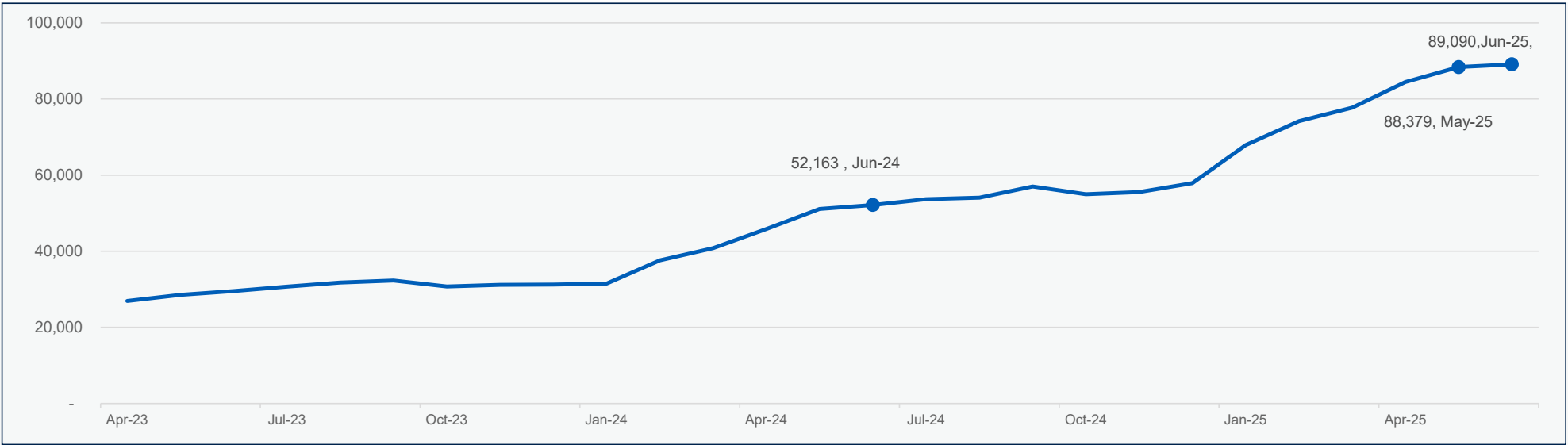
This chart shows performance on Cat 2 ambulance response times in July 2025 split by Ambulance trusts. Highest average response times, best performance (00:19:44) through to lowest average response times (00:35:03).

Access – Primary care and community services



NHSOF ambition/metric: Number of patients waiting over 52-weeks for community services (Community trusts)

Chart description: Total number of patients waiting more than 52 weeks for community services (Adults/CYP)



Current position: As of June 2025, 89,090 people had been waiting over 52 weeks for community service, an increase of 36,927 since June 2024. Of the total waiting over 52 weeks, 77,409 are on Children and Young People (CYP) pathways and 11,681 on adult pathways. The increase in those waiting over 52 weeks has been primarily driven by CYP pathways since July 2023. Please note, some monthly variation may relate to variation in number of submitters.

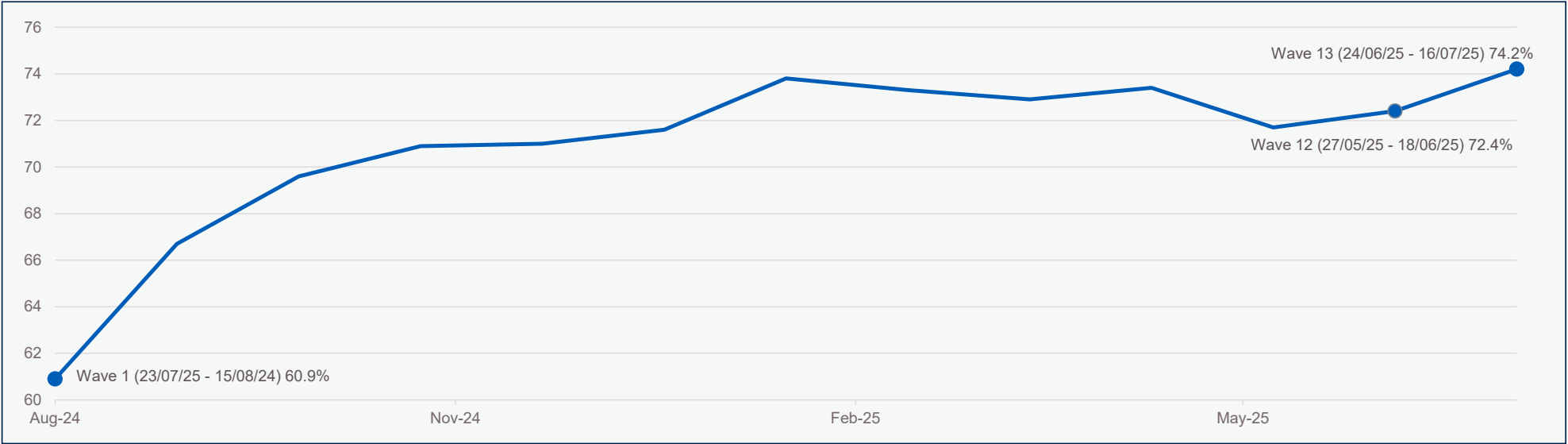
Actions: Work continues to improve the accuracy of community health services waiting times data to drive action to reduce the longest waits and guide local improvement efforts. The Get It Right First Time (GIRFT) Musculoskeletal (MSK) Community Delivery Programme (CDP) has achieved reductions in MSK waiting times for participating ICBs through targeted activities this year, including waiting list validation, implementation of patient-initiated follow-up, capacity uplift, and delivery of high-impact interventions such as community appointment days. Insights from GIRFT MSK CDP activity are being used to shape wider Community Health Service improvement offers, alongside national, regional, and local transformation efforts for challenged service lines.

Access - Primary care



NHSOF ambition/metric: Percentage of patients to describe booking a general practice appointment as easy (Integrated care boards)

Chart description: Percentage of patients with perceived ease of contacting GP, of those who were successful in contacting their practice in the last 28 days



Current position: In Wave 13 (June 2025 – July 2025) the percentage of patients who found it easy to contact their GP was 74.2% an improvement of 1.8pp from Wave 12 (May 2025-June 2025) of 72.4%. This is an improvement from Wave1 (July 2024-August 2024) of 60.9%. The current position is an improvement on previous months and the highest on record.

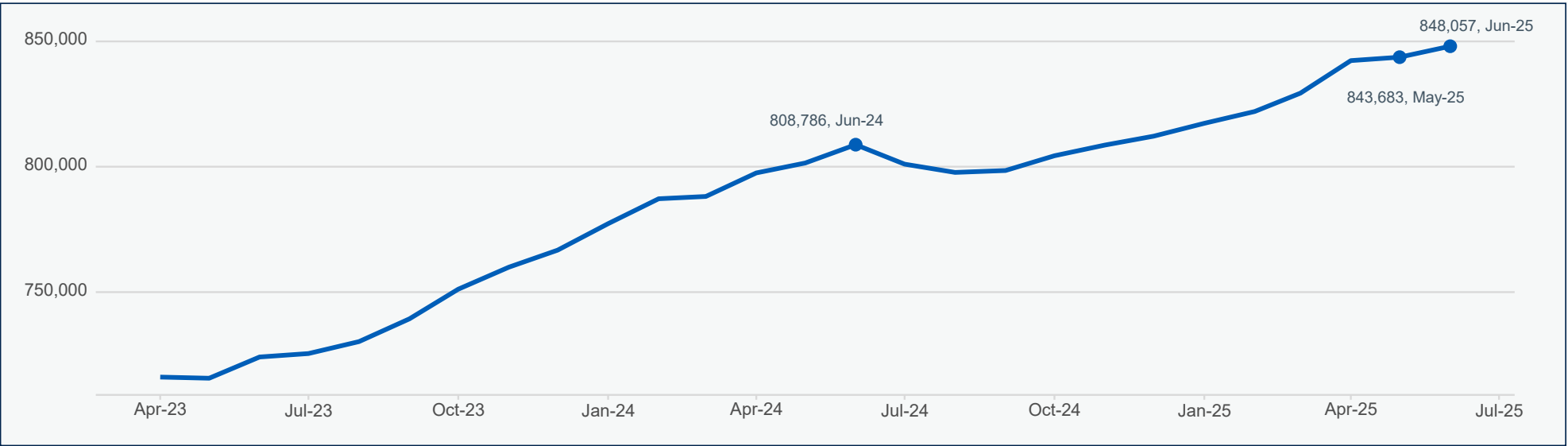
Actions: Tackling unwarranted variation and improving patient access in general practice is central to NHS operational planning requirements for ICBs. Data on variation and outliers is routinely shared with ICBs. All ICBs have put in place general practice action plans to address variation, with regions working with ICBs to provide improvement support. Changes to the GP contract from 1 October 2025 will increase patient access including: (i) requiring practices to keep their online consultation tool open throughout core hours; (ii) enabling functionality in GP Connect to appropriately share of information; and (iii) practices linking to the patient charter (You and Your GP) setting standards a patient can expect from their general practice.

Access - Mental health care



NHSOF ambition/metric: Children and young people accessing NHS-funded MH services (Mental health trusts)

Chart description: The number of children and young people (0 to 17 years old) with at least one contact with NHS-funded MH services (12-month rolling)



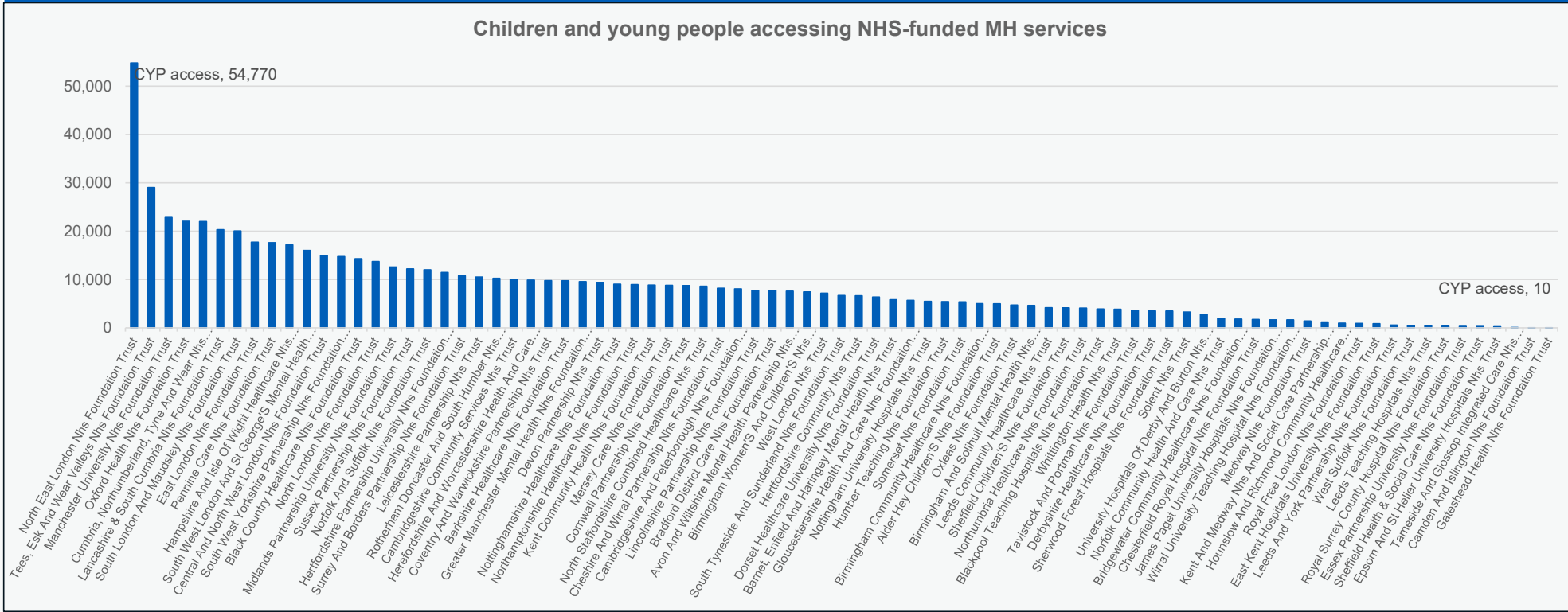
Current position: Performance in June 2025 shows 848,057 0-17 CYP accessed NHS funded MH services an increase on the previous month (843,643 May 2025). There is a continued trend of improved performance on Access for children and young people aged 0-17. More CYP are accessing mental health support than ever, following a long process of improvement and recovery, focusing on outcomes, productivity and improving accuracy of reporting.

Actions: Our focus remains on outcomes and productivity and improving accuracy of reporting to help highlight performance variation, identify approaches to good practice. A buddying system is to be introduced to drive improvement in the lowest performing trusts.

Access – Mental health care

NHSOF ambition/metric: Children and young people accessing NHS-funded MH services (Mental health trusts)

Chart description: Number of children and young people accessing NHS-funded MH services, split by Mental health trusts



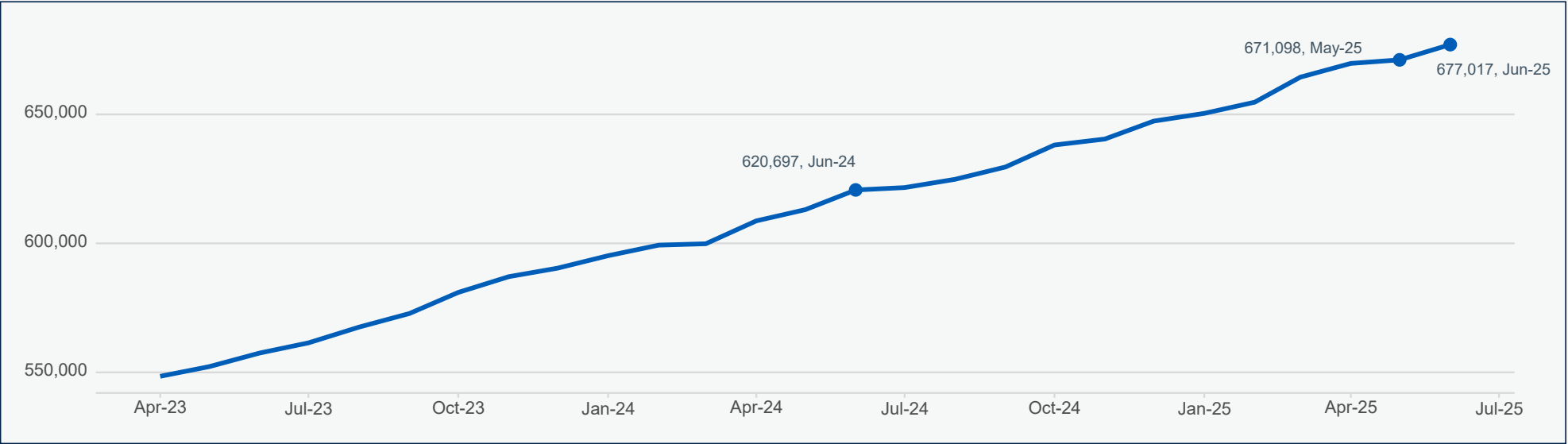
This chart shows children and young peoples access levels (patients) to NHS funded mental health services in June 2025 split by all mental health trusts. Highest patient numbers (54,770) through to lowest (10).

Access - Mental health care



NHSOF ambition/metric: Mental health access rate (Mental health trusts)

Chart description: The number of people accessing mental health services in previous 12 months



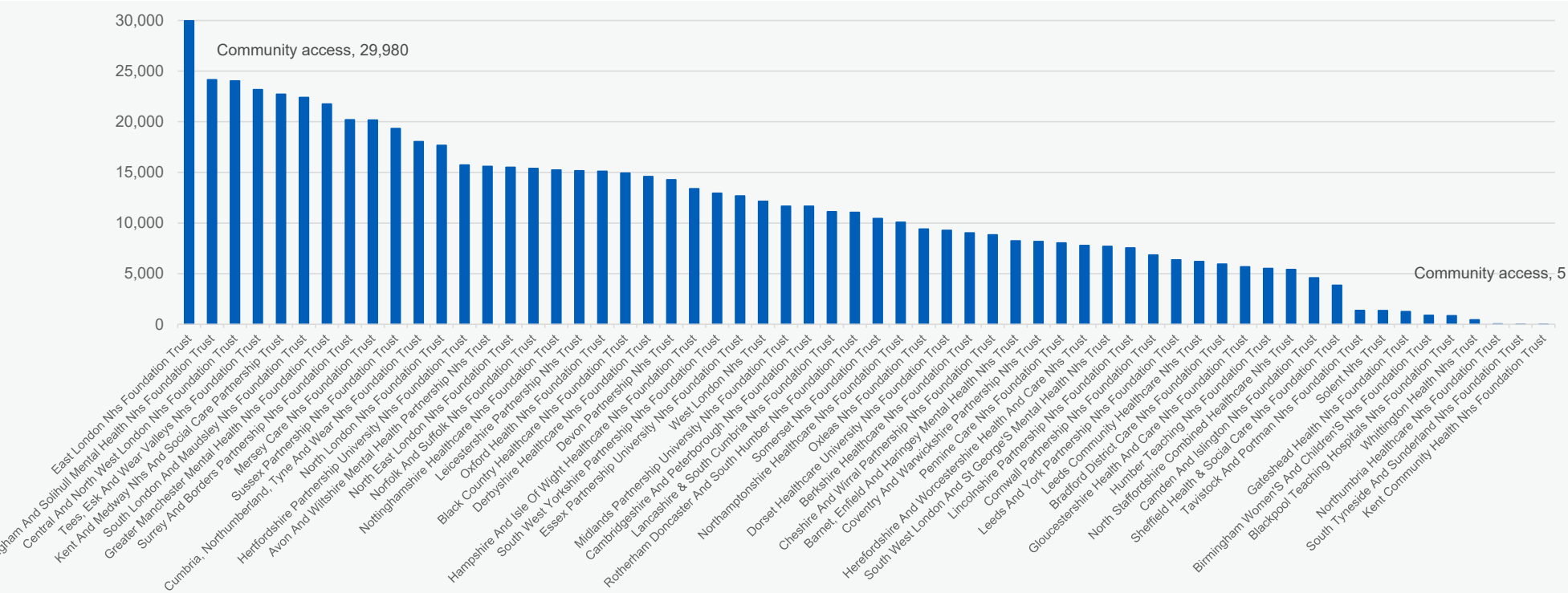
Current position: In June 2025 677,017 people accessed mental health services for adults. This is an increase on May 2025 (671,098) and increase on June 2024 (520,697). This shows a continued pattern of month-on-month improvement.

Actions: Continued focus on improving quality of provision within mental health services, including improving availability of intensive and assertive care, and development of new 'Personalised Care Framework' to improve core elements of care provision across all services.

Access – Mental health care

NHSOF ambition/metric: Mental health access rate (Mental health trusts)

Chart description: Mental health access numbers by Mental health trusts*



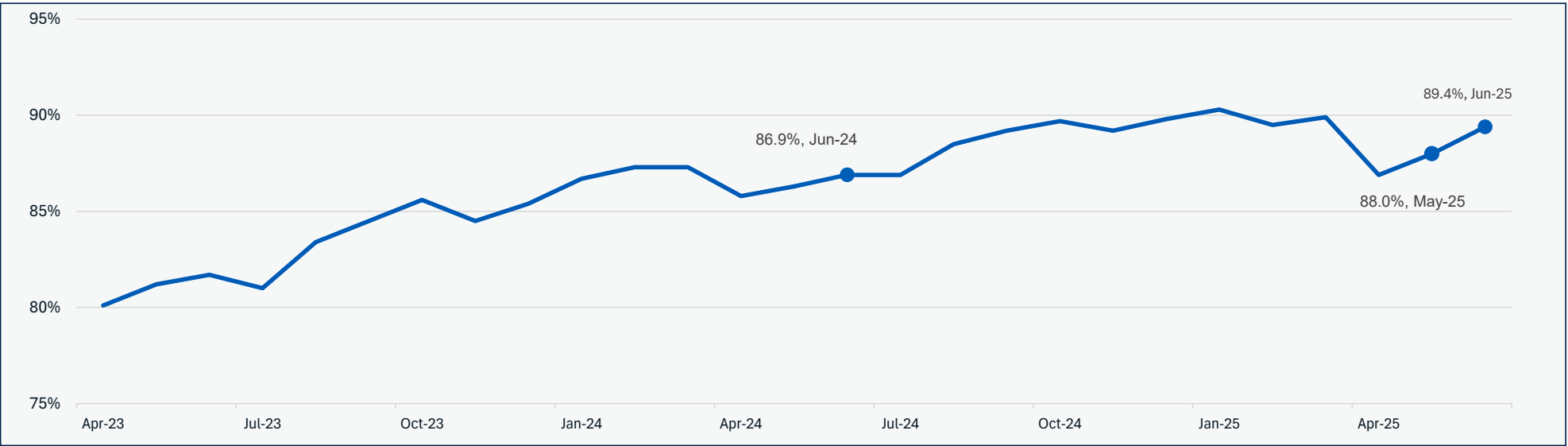
This chart shows adult access levels (patients) to community mental health services in June 2025 split by all mental health trusts. Highest patient numbers (29,980) through to lowest (5).
* Values between zero and four replaced with an asterisk.

Access – Mental health care



NHSOF ambition/metric: Percentage of people with suspected autism waiting more than 13 weeks for contact (Integrated care boards)

Chart description: Percentage of patients with an open suspected autism referral in the month that has been open for at least 13 weeks



Current position: Of those people waiting for assessment in June 2025, 89.4% were waiting 13 weeks or longer for contact, this is an increase of 1.4% on the previous month and 2.5 % higher proportion than in June 2024.

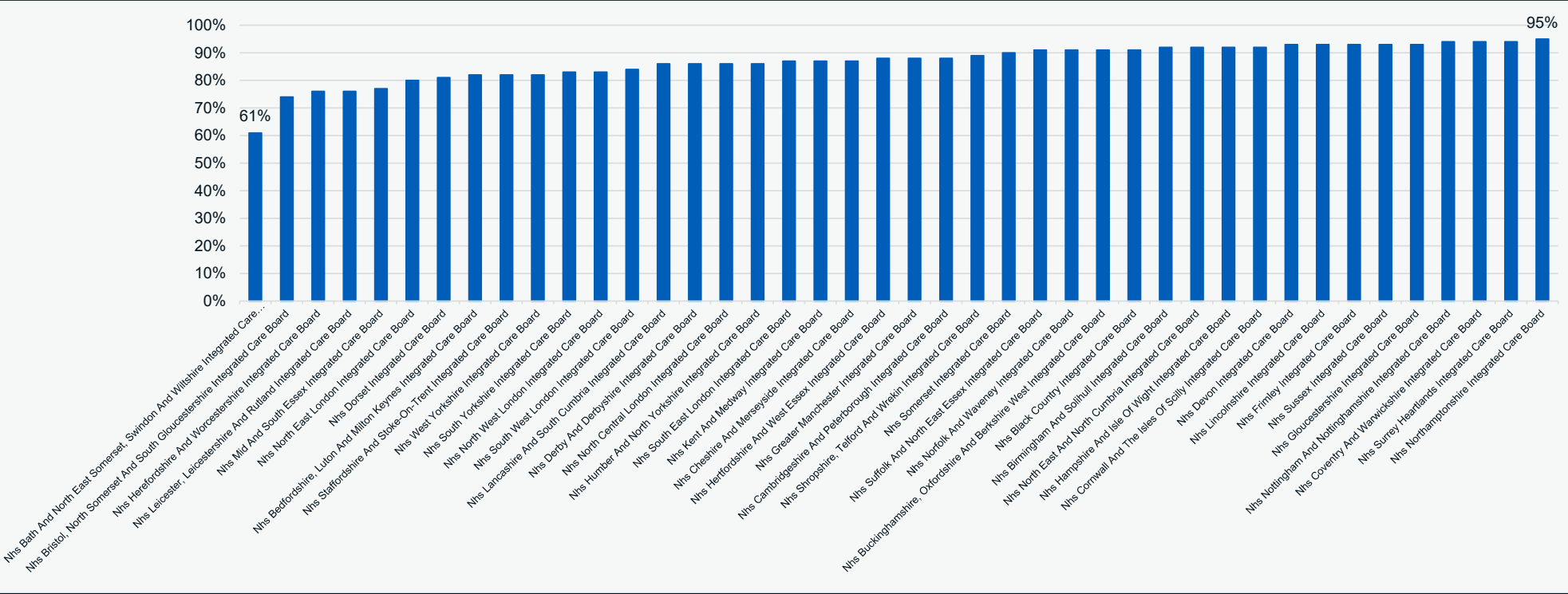
Actions: The NHSE ADHD programme is continuing its work to improve the quality and access to autism and ADHD assessment pathways, including: driving adoption of evidence-based practice and service-redesign across the pathway; supporting the workforce via the Autism Practitioner Network.

Access – Mental health care



NHSOF ambition/metric: Percentage of patients with suspected autism waiting more than 13 weeks for contact, June 2025 (Integrated care boards)

Chart description: Percentage of patients with an open suspected autism referral that have been open for at least 13 weeks, split by Integrated care board.



This chart shows patients waiting 13 weeks or more with a suspected autism diagnosis as a percentage of total open referrals in June 2025, split by Integrated care boards. Lowest percentage of referrals still open after 13 weeks at 61% through to highest percentage at 95%.

Finance and productivity

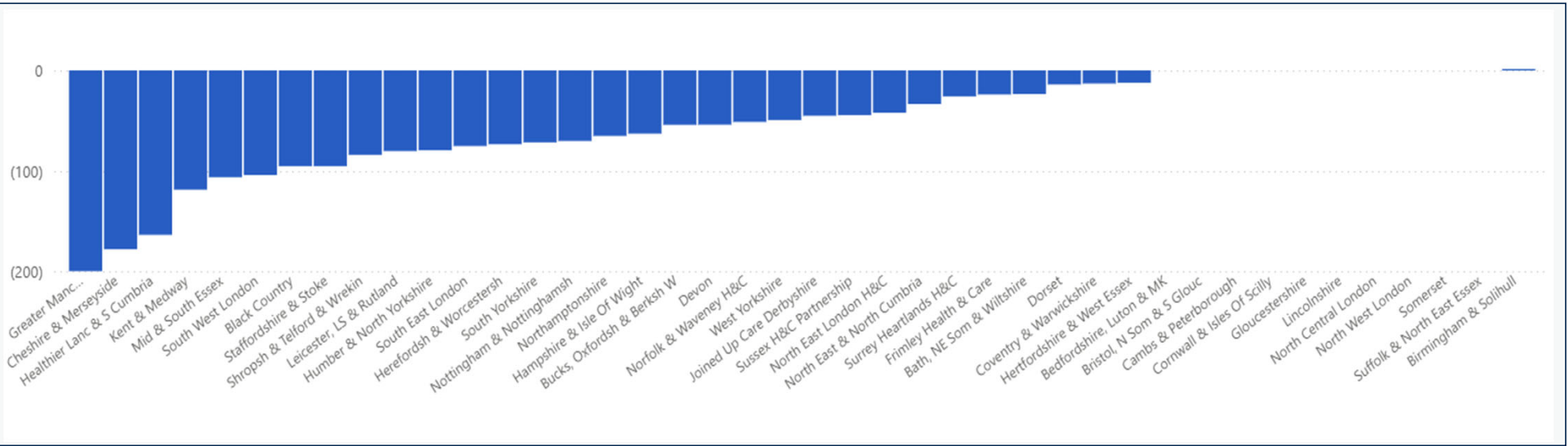


Finance and productivity - Finance



NHSOF ambition/metric: Planned surplus/deficit (Integrated care boards)

Chart description: 2025/26 full year planned surplus or deficit (in £millions) by ICS excluding Deficit Support Funding (DSF)



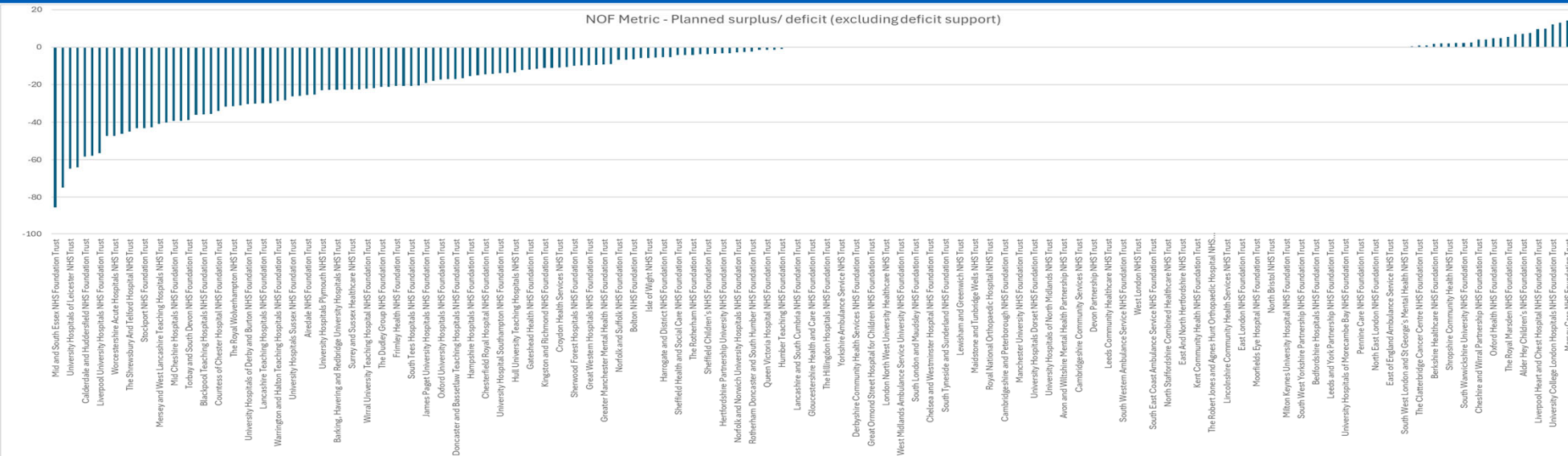
Current position: Nationally at M4, the full year system planned deficit (excluding DSF) is £2,206 million. 31 of 42 systems have a planned deficit (excluding DSF) ranging from Greater Manchester, £200 million deficit plan to breakeven plans

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 an assessment of the financial position and a range of metrics including efficiency and workforce, 5 systems have not received quarter 2 deficit support funding of which 1 also did not receive quarter 1 funding.

Finance and productivity - Finance

NHSOF ambition/metric: Planned surplus/deficit (All organisations)

Chart description: 2025/26 full year planned surplus or deficit (in £millions) by ICS excluding Deficit Support Funding (DSF)



Current position: Nationally at M4, the full year system planned deficit (excluding DSF) is £2,206 million. 100 out of 205 providers 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

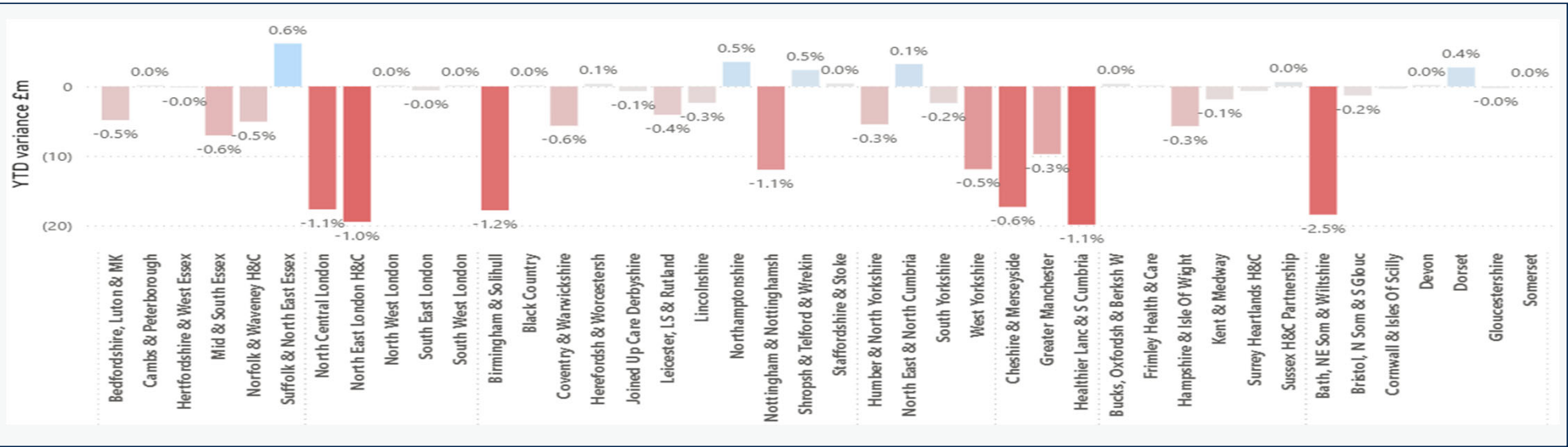
Actions: Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding will receive the funding on a quarterly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

Finance and productivity - Finance



NHSOF ambition/metric: Year to Date surplus/deficit variance to plan (Integrated care boards)

Chart description: Year to Date (YTD to M4) surplus/deficit variance to plan (including deficit support)



Current position: The chart shows the Year to Date variance to plan (including deficit support funding) and variance as % of YTD allocation. As at M4 the overall system adverse variance to plan is £172m (compared to £487m to M4 last year), with 6 systems making up more than half of this. 16 systems have delivered their plans to M4.

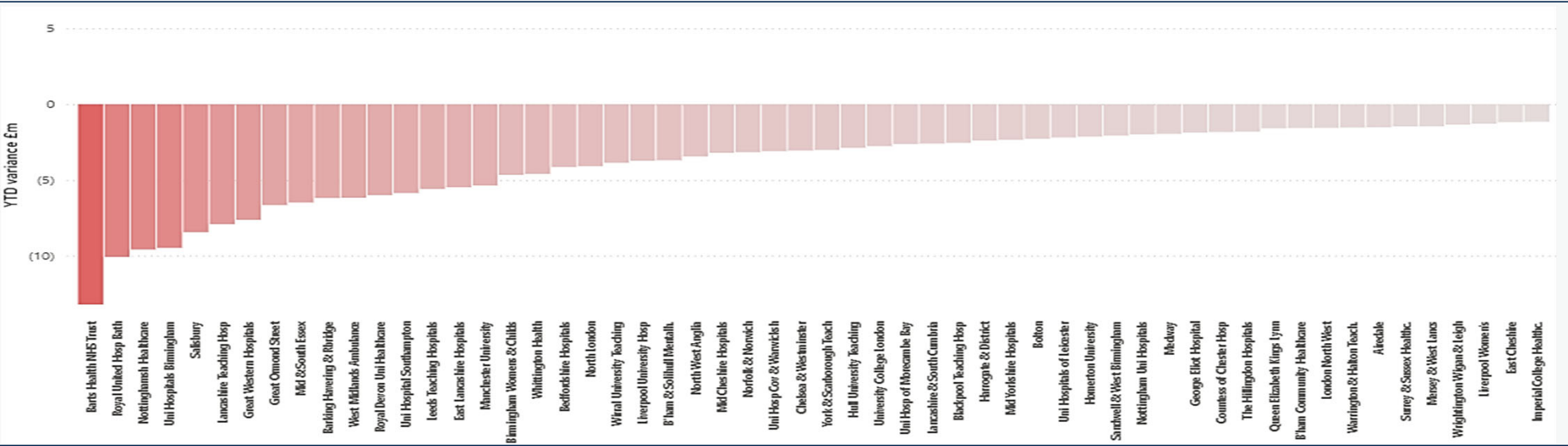
Actions: Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding will receive the funding on a quarterly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

Finance and productivity - Finance



NHSOF ambition/metric: Year to Date surplus/deficit variance to plan (All organisations)

Chart description: Year to Date (YTD to M4) surplus/deficit variance to plan (including deficit support)



Current position: The chart shows Providers with adverse YTD variance to plan over £1m (including deficit support funding). As of M4, the YTD variance to plan was a £192.9m across providers. In providers with the largest overspends there is a correlation between the YTD variance, pay variance and efficiency shortfall. At M4 variances are mainly due to a £140m slippage against efficiency plans, impact of July industrial action and workforce increases beyond planned levels. 87 providers report overspends at month 4.

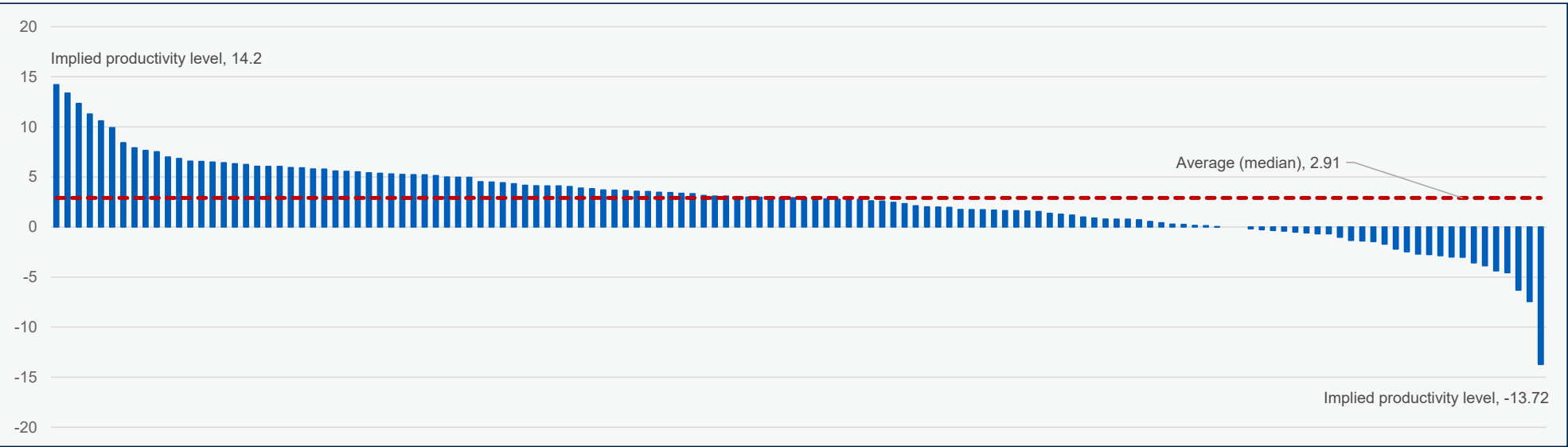
Actions: Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding will receive the funding on a quarterly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

Finance and productivity - Productivity



NHSOF ambition/metric: Implied productivity level (Integrated care boards and acute trusts)

Chart description: Implied productivity level national data for all acute trusts only



Current position: At the aggregate level, NHS acute trusts delivered 2.7% productivity growth in 2024/25 compared to 2023/24. However, there is variation at trust level and providers will need to continue improving productivity by at least 2% in 2025/26.

Actions: NHS England has agreed finance and operational plans with providers for 2025/26 which, if delivered, will meet the 2% productivity requirement. This involves reducing spend on expensive temporary staffing, improving operational and clinical productivity and investing in technology to drive improvement.

For discussion – Possible additional metrics for inclusion in future Board reports

The metrics below are for discussion and reflection at Board for possible inclusion in future Board reports and overall NHSE reporting. Full decision making would be pending discussions assessments made at programme and analytical team level for data appropriateness and its public availability. We will consider this alongside the review of NHS Oversight Framework metrics for 26/27 as well as medium term planning guidance.

Subject area	Possible additional metrics for consideration
Finance and Productivity	Outpatients per consultant Nurses per bed Staff per theatre Contacts per community nurse Space utilisation Theatre utilisation etc