

Integrated performance report

NHS England Board
Agenda item 5.1 (Public session)
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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 main header at the top of each slide provides a performance 'headline', underneath that is a chart/table description and beneath that is the NHSOF ambition/metric.

Each chart/table shows a standard minimum 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 provides:

- **Current position** will summarise the chart/table performance data (latest data, 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

There 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) – Now included

Performance overview by exception (1 of 2)

Improvements:

- **Number of adult inpatients who are autistic or have a learning disability** – September 2025 figure is 1,790 adult inpatients, a decrease of 90 patients since the previous month and a reduction of 230 since last year.
- **Percentage of patients conveyed to emergency departments by ambulance** - October 2025 was 48.6%, representing a 0.3 percentage point decrease on last month (Sept-25), which was 48.9%, and a 1.3 percentage point decrease on last year (Oct-24), which was 49.9%.
- **Percentage of patients with GP recorded CVD who have their cholesterol levels managed to NICE guidance** - As of June 2025, the percentage of patients treated to target with high cholesterol has reached 47.6%, continuing a steady upward trend from 45.5% in June 2024.
- **Percentage of patients referred to Crisis Care teams in the reporting period with first face-to-face contact within 24 hours of referral** - Percentage of patients in crisis to receive face-to-face contact within 24 hours was 71.0% in September 2025. This increase is an improvement on the previous months position and follows an increasing trend since March 2025. Year on year the percentage is higher than September 2024 (58.8%).
- **Percentage of children (Aged 0 – 9) prescribed antibiotics** - Children under 10 years exposed to antibiotic(s) in the previous 12 months was 3 percentage points lower than the previous year in August 2025 at 26%.
- **Percentage of patients with perceived ease of contacting GP** - Highest since the survey began (23rd July- 15th Aug 2024) standing at 75.5% (16th Sept – 18th Oct 2025). Online contact is now perceived as the easiest contact method (79.3%), overtaking in person (77.7%).
- **Children and young people accessing NHS-funded MH services** - Performance in September 2025 shows 848,750 0-17 CYP accessed NHS funded MH services an increase on the previous month (842,900 August 2025) and a significant increase on previous year (808,111 September 2024). This shows a sustained pattern of improvement.
- **Community Mental Health access rate** - In September 2025 686,999 people accessed mental health services for adults. This is an increase on August 2025 (683,441) and increase on September 2024 (638,989). This shows a continued pattern of improvement.
- **Finance** - Year to Date system deficit (including DSF) variance to plan is £289m, compared to £697m at this time last year

Performance overview by exception (2 of 2)

Challenges:

- **Cervical screening coverage** - has been on a deteriorating trend for a few years. In 2019/20 the coverage rate stood at 72.2% for 25- 64-year-olds this has deteriorated to a 68.8% coverage rate in 2023/24.
- **MMR vaccine uptake rate, for second dose of MMR for five-year-olds** - Latest performance in June 2025 stands at 83.2% a decrease of 1.3% points from March 2025 and is consistent with the general downward trend, the WHO target rate is 95%.
- **Percentage of patients treated for cancer within 62 days of referral** - As at end Sept 2025 the percentage of patients treated within 62 days of referral was 67.9% – this was a 1.2 percentage point decrease from the Aug 2025 position (69.1%), and a year-on-year decrease of 0.5 percentage points from Sept 2024
- **Percentage of patients waiting over 52-week waits for community services** - there were 85,654 people waiting over 52 weeks in Sept 2025, a 51% increase over the previous year (Sept 2024). 88% of long waits were on Children and Young people pathways and 12% were on adult pathways. Services with largest percentage of the total waiting list waiting over 52 weeks were children and people's community paediatric service (39%) and adult weight management and obesity services (21%).
- **4 hour Performance** - At end of Oct 2025, 4 hour performance was 74.1%, a decline of 0.9 percentage points from Sept 2025 (75.0%) but an increase of 1 percentage point from previous year (Oct 2024 – 73.1%).
- **12 Hour Performance** - Since July 25, we have seen consecutive monthly increases in the % of patients spending over 12 hours in department – 10.8% in Oct 25 which is 1 percentage point higher than Sept 2025 (9.8%) and 0.5 percentage points lower than Oct 2024 (11.3%).
- **Percentage of people with suspected autism waiting more than 13 weeks for contact** - Over 90% of patients were waiting 13 weeks or longer for contact in September 2025, this is an increase of 0.9% on the previous month and a 0.9% increase since September 2024.



Improving health and reducing inequality



Improving health and reducing inequality - summary of metrics

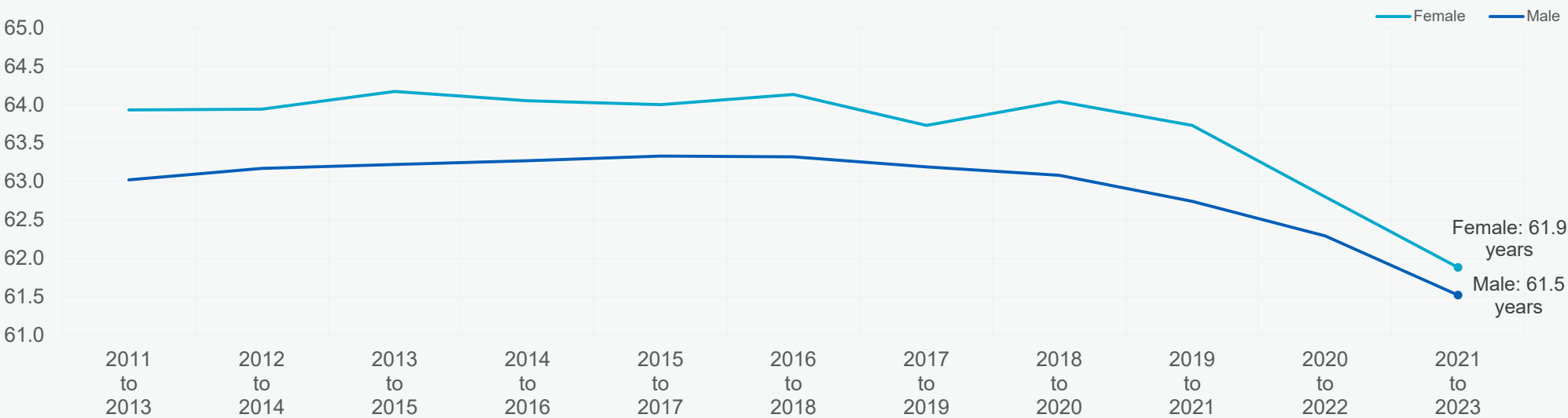
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	Healthy life expectancy (years)	61.9 (Female) 61.5 (Male) 2021 to 2023	-	-	62.8 (Female) 62.3 (Male) 2020 to 2022	-1.1 years (Female) -0.8 years (Male)
Mental health care	Talking therapies: reliable recovery	47.3% Sep-25	46.9% Aug-25	0.40 ppt	47.2% Sep-24	0.10 ppt
Vaccinations & Screening	Cervical cancer screening rate	68.8% 2023/24	-	-	68.7% 2022/23	0.10 ppt
Vaccinations & Screening	Breast cancer screening coverage	70.0% 2023/24	-	-	66.4% 2022/23	3.60 ppt
Vaccinations & Screening	Bowel cancer screening coverage	71.8% 2023/24	-	-	72.0% 2022/23	-0.20 ppt
Vaccinations & Screening	MMR vaccine uptake rate	83.2% Jun-25	84.5% Mar-25	-1.32 ppt	83.2% Jun-24	0.03 ppt
Inequalities	Health checks completed for patients with a learning disability or who are autistic	31.3% Apr-Sep 25	24.7% Apr-Aug 25	6.6 ppt	29.9% Apr to Sep-24	1.4 ppt
Inequalities	Older inpatients (over 65) with >90 day length of stay (Mental health trusts)	38.4% Sep-25	38.1% Aug-25	0.30 ppt	37.5% Sep-24	0.82 ppt

Healthy life expectancy stands at 61.9 years for females and 61.5 years for males, reducing since 2016 for both males and females

Chart description: Average number of years people (split by male and female) are expected to spend in healthy life

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

Source: ONS, Health state life expectancy, all ages, UK [publication link](#) [PUBLISHED]



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.

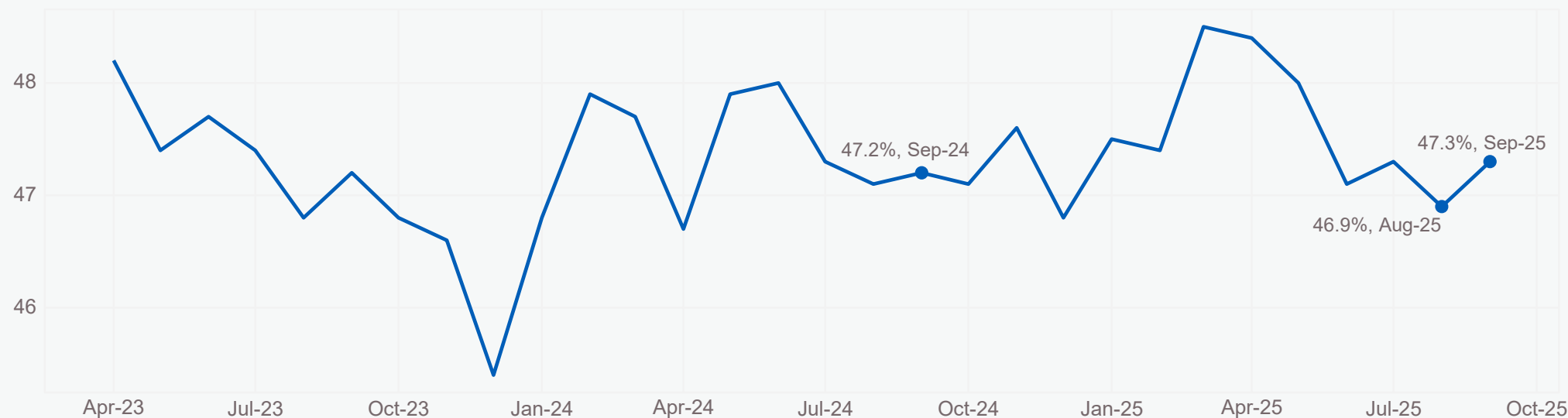
Actions: The 10YHP Prevention workstream will be critical in shifting the focus of the NHS from sickness to prevention, giving people power to make healthy choices, tackling health inequalities and the gaps in HLE, and raising the healthiest generation of children ever. There are several high impact 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.

The percentage of patients receiving talking therapies who achieve reliable recovery stands at 47.3% in September 2025, broadly similar to the last 2 years

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

NHSOF ambition/metric: Percentage of patients receiving talking therapies who achieve reliable recovery

Source: NHS Talking Therapies Monthly Statistics Including Employment Advisors [publication link](#) [PUBLISHED]



Current position: Reliable recovery for Talking Therapies stood at 47.3% in September 2025 a slight increase on the previous month (46.9%). This is also an increase on the same month last year (47.2% June 2024). The recovery rate has decreased in recent months although decreases are usually seen during these months.

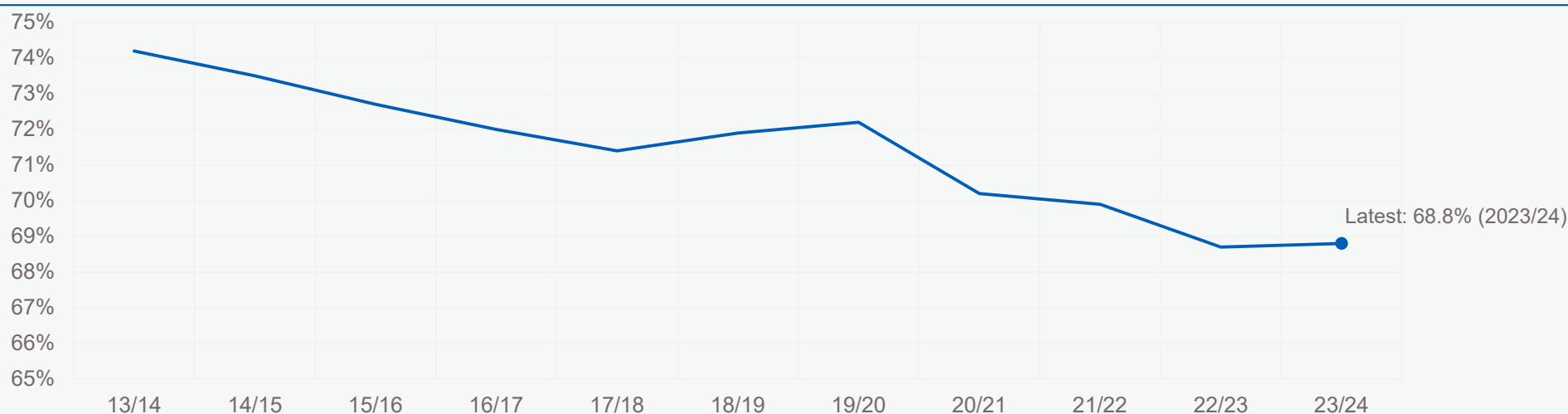
Actions: The national program team first detailed the link between better outcomes and increased session numbers during the introduction to Autumn Statement funding roll-out webinars in early 2024. Since these first webinars, the average number of sessions has increased from 8.1 to 8.5 (rolling 12-months). During the same period, reliable recovery has been increasing month on month with a 0.6 percentage point increase. Further analysis completed by the national programme team in collaboration with University College London (UCL) which fully detailed the gains that could be made from delivering more sessions, was presented in June 2025. So far there is too shorter time frame for this to make an impact on completed referrals. The majority of referrals starting in July are unlikely to be discharged until early 2026 and therefore we will expect to see this in the data by mid-2026.

Cervical screening coverage has decreased over the last decade, now standing at 68.8% as at 31st March 2024

Chart description: Cervical screening coverage, proportion of eligible individuals aged 25 to 64 years old adequately screened on a 3.5yr frequency and 5.5 yr frequency

NHSOF ambition/metric: Cervical screening coverage rate (Integrated care boards)

Source: Cervical Screening Programme [publication link](#) [PUBLISHED]



Current position : Cervical Screening coverage has been following a downward (deteriorating) trend. As of the end 2023/24, the Cervical Screening coverage for 25- 64-year-olds was 68.8% which is a slight increase of 0.1% on 2022/23 but down from the more favourable position of 72.2% in 2019/20. Coverage improved slightly in 2023/24 as a result of a slight improvement in coverage amongst the younger age cohort (25- to 49-year-olds), but the overall trend has been down for some years.

Actions:

NHSE has now rolled out digital-first correspondence (NHS App, SMS, Letters) for invitations, reminders, and non-referral result letters. Further rollout of referral result letters will be introduced pending user research outcomes. An opt-in process for transgender and non-binary patients went live on 1st April 2025, promoting inclusivity and equitable access to screening, also the implementation of extended screening intervals was introduced from 1st July 2025, contributing to streamlined patient pathways and reduced unnecessary testing.

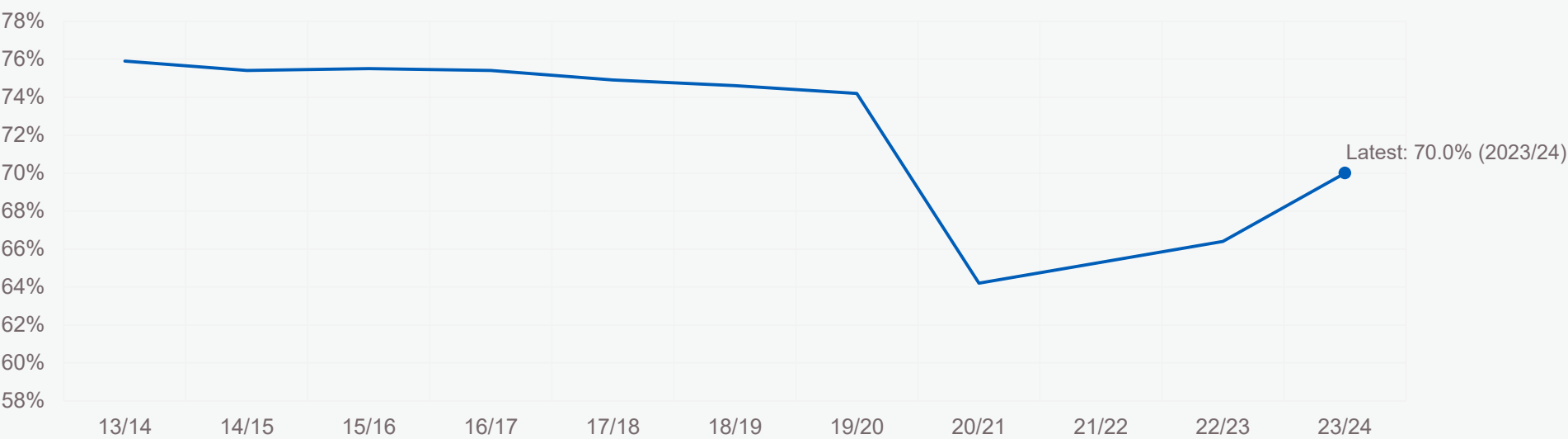
The implementation of UK National Screening Committee (UKNSC) recommendation to offer HPV Self-testing to under-screened population is due to go live early 2026, and the stabilisation and enhancement of Cervical Screening Management Service (CSMS) remains a priority in order to re-establish data reporting in the NHS Cervical Screening Programme.

Breast screening coverage is following an increasing trend since 2020/21, now standing at 70%

Chart description: Breast screening coverage, proportion of eligible women aged 53 to 70 years old who have had a breast screening test result recorded in the past 36 months

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

Source: Breast Screening Programme [publication link](#) [PUBLISHED]



Current position: The Breast Screening coverage is currently on an improving trajectory and as of the end 2023/24, 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.

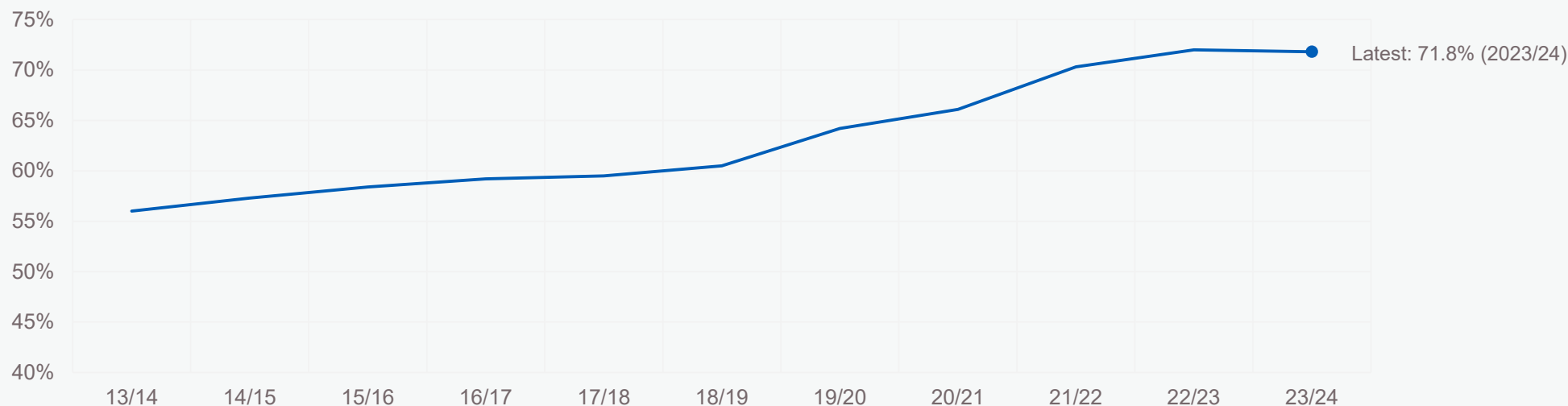
Actions: The establishment of Oversight and Task & Finish groups to review eligibility and referral processes, updated guidance and monthly cross-checks for referrals via the National Inherited Cancer Predisposition Register (NICPR). An extension of the Breast Screening After Radiotherapy Dataset (BARD) contract has been agreed up to March 2026 to support reconciliation audits and future service planning for radiotherapy referrals. Publication of the updated “Your Guide to Breast Screening” leaflet in 30 languages and British Sign Language, improving accessibility and public understanding and the initial rollout of digital invitations via NHS App, with one confirmed early adopter and further services are currently in discussion. Continued implementation of the Very High Risk (VHR) Pathway Improvement Programme, including Launch of the Cohort Manager for routine screening (Oct 2025).

Bowel Cancer Screening coverage is on an increasing trend now standing at 71.8% in 23/24

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

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

Source: Bowel Cancer Screening Programme [publication link](#) [PUBLISHED]



Current position: The Bowel Screening rates for people 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: The FIT@80 implementation now live at 9 sites (8 early adopters, 1 wave 1), 44 additional cancers and 339 high-risk polyps have been detected. Evaluation is ongoing with funding secured for 2025/26. We continue to work with regions to expand the FIT@80 initiative, aiming for 60% site coverage by end of 2026/27 and full rollout by 2027/28. This supports a coordinated national and regional approach to improving early detection and outcomes. Optical Diagnosis (OD) is now live (since May 2024) resulting in 501 clinicians trained, 276 accredited, over 33,000 polyps diagnosed and discarded, saving over £1.2M in pathology costs. As part of the NHS Notify Pilot, digital pre-invites have now launched in NEY hub, with 20,730 pre-invites sent via NHS App with ~30% read rate, significantly reducing paper correspondence.

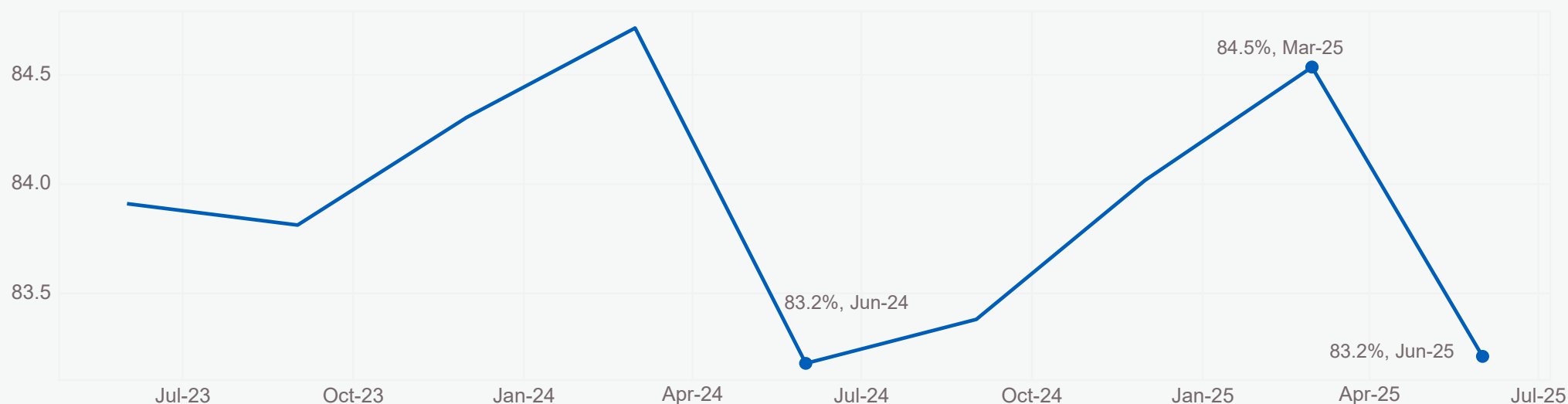
MMR vaccine uptake rate, for second dose of MMR for five-year-olds is 83.2% at June 2025, a slight decrease from March 2025 (84.5%)



Chart description: MMR vaccine uptake rate, for second dose of MMR for five year olds (12 month rolling)

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

Source: UKHSA Vaccination Collection [publication link](#) [PUBLISHED]



Current position: MMR vaccination rates have continued to remain under WHO recommended levels (95%). As of June 2025, the MMR vaccine uptake stands at 83.2%, which is a decrease of 1.3% points from March 2025. 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.

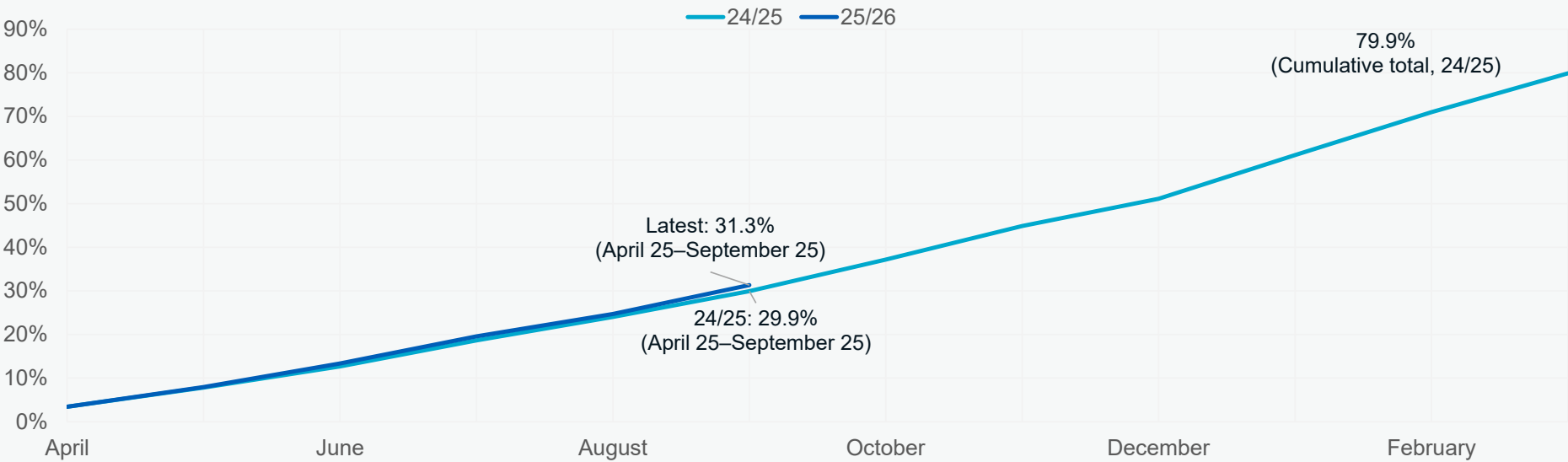
Actions: The national programme continues to work with and through regions to improve MMR uptake through the implementation of the 0–5 Vaccination Uptake Improvement Plan, which includes action on data quality and reporting, targeted communications, inequalities and system oversight. This initiative supports a coordinated national and regional approach to improving outcomes and achieving the 95% WHO target. Further actions to support improved uptake will be to monitor and review MMR uptake against improvement milestones, plan for the third phase of the national communications campaign including MMR vaccination is underway to boost public awareness and vaccine confidence. Undertake operational planning for the MMR dose two scheduling change and the introduction of a combined MMR and varicella vaccination (MMRV) is in progress, aligned to the critical path for delivery. Target vaccination uptake improvement actions in areas with low MMR coverage continue following the recent measles incident and focus on increasing MMR dose one uptake to interrupt community transmission.

Total cumulative proportion of learning disability health checks completed so far (31.3%) is higher than that of the same period last year (29.9%)

Chart description: Cumulative total annual health checks completed for patients with a learning disability or who are autistic

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

Source: Learning Disabilities Health Check Scheme [publication link](#) [PUBLISHED]



Current position: The national completion rate for annual health checks for the financial year up to September 2025 was 31.3%, which is 1.4 percentage points higher than at the same period last year.

Actions: The development of annual health check and health action planning framework continues, with the aim of improving quality. Revised guidance will be issued to enable the identification of people with a learning disability and patient lists for GPs. A revised PAC approval for the publication of the annual health check and health action quality framework and others, is due to go to PAC on the 5th November. Pending approval, publication is expected December 2025 under the title "Improving health together". We are also progressing work on Combined annual health check (to incorporate SMI and Learning disability and autism). A robust evaluation will be undertaken once we achieve an adequate number of combined health checks.

Proportion of patients aged over 65 with a length of stay of over 90 days has reduced since April 2025, an improvement following a period of declining performance since September 2024



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


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

Source: Mental Health Services Monthly Statistics [publication link](#) [PUBLISHED]




Current position: The proportion of inpatients with a length of stay greater than 90 days was 38.4% for September 2025. This is a slight increase of 0.3 percentage points on the previous month, and a slight decline in performance, and is 1.0 percentage point higher than the same month last year (37.5% September 24) also showing a decline in year-on-year performance.

Actions: NHSE continues to work with regions on reducing length of stay through implementation of the 'Flow improvement strategy' in both crisis and acute mental health services. The UEC and MH Flow Programme was used in Q2 to review regional performance and discuss the key challenges systems are faced with and to agree how to improve flow. It incorporates discussion on national programmes, including crises assessment centres, out of area patients transfer guidance and winter planning.



Effectiveness and experience of care



Effectiveness and experience of care - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	SHMI: mortality higher than expected	8.47% Jun-25	8.47% May-25	0.00 ppt	11.8% Jun-24	-3.29 ppt
Learning Disability & Autism	Adult inpatients who are autistic or have a learning disability	1,790 Sep-25	1,880 Aug-25	-90	2,020 Sep-24	-230
Urgent and emergency care	Average discharge delay (days)	0.90 Sep-25	0.85 Aug-25	0.05	0.83 Sep-24	0.07
Primary care and community services	Percentage of continuing healthcare referrals completed in 28 days	76.0% Sep-25	75.6% Jun-25	0.38 ppt	72.5% Sep-24	3.49 ppt
Mental health care	Out of area: mental health bed days	397 Sep-25	403 Aug-25	-6	474 Sep-24	-77
Quality and Safety	CQC inpatient survey satisfaction rate	70.3% 2024	-	-	70.0% 2023	0.30 ppt
Maternity and Neonatal	National maternity survey score	2/10 metrics improved between 2023 and 2024	-	-	1/8 metrics improved between 2019 and 2024	-
Mental health care	Percentage of inpatients with >60 day length of stay	24.2% Sep-25	23.7% Aug-25	0.41 ppt	23.8% Sep-24	0.36 ppt
Primary care and community services	UCR 2-hr performance	85.1% Aug-25	85.1% Jul-25	0.03 ppt	85.6% Aug-24	-0.45 ppt
Mental health care	Community mental health survey satisfaction rate	48.1% Dec-24	-	-	47.7% Dec-23	-0.40 ppt

Effectiveness and experience of care - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Urgent and emergency care	Percentage of ambulance patients conveyed to ED	48.6% Oct-25	48.9% Sep-25	-0.28 ppt	49.9% Oct-24	-1.25 ppt
Quality	NHS staff survey – advocacy score (Ambulance trusts)	6.13 Dec-24			6.15 Dec-23	-0.03
Prevention and Long Term Conditions	Patients who receive all 8 diabetes care processes (Type 1)	39.5% Mar-25	27.3% Dec-24	12.2 ppt	47.2% Mar-24	-7.70 ppt
Prevention and Long Term Conditions	Patients who receive all 8 diabetes care processes (Type 2)	57.6% Mar-25	41.9% Dec-24	15.6 ppt	62.4% Mar-24	-4.80 ppt
Prevention and Long Term Conditions	Patients with GP recorded CVD who have their cholesterol levels managed to NICE guidance, in the preceding 12 months	47.6% Jun-25	48.3% Mar-25	-0.64 ppt	45.5% Jun-24	2.09 ppt
Prevention and Long Term Conditions	Hypertension patients treated to target, in the preceding 12 months	68.3% Jun-25	70.3% Mar-25	-2.05 ppt	66.9% Jun-24	1.36 ppt
Primary care and community services	Preferred healthcare professional, or no preference	67.5% Sep/Oct-25	66.2% Aug/Sep-25	1.30 ppt	61.0% Oct-24	6.50 ppt

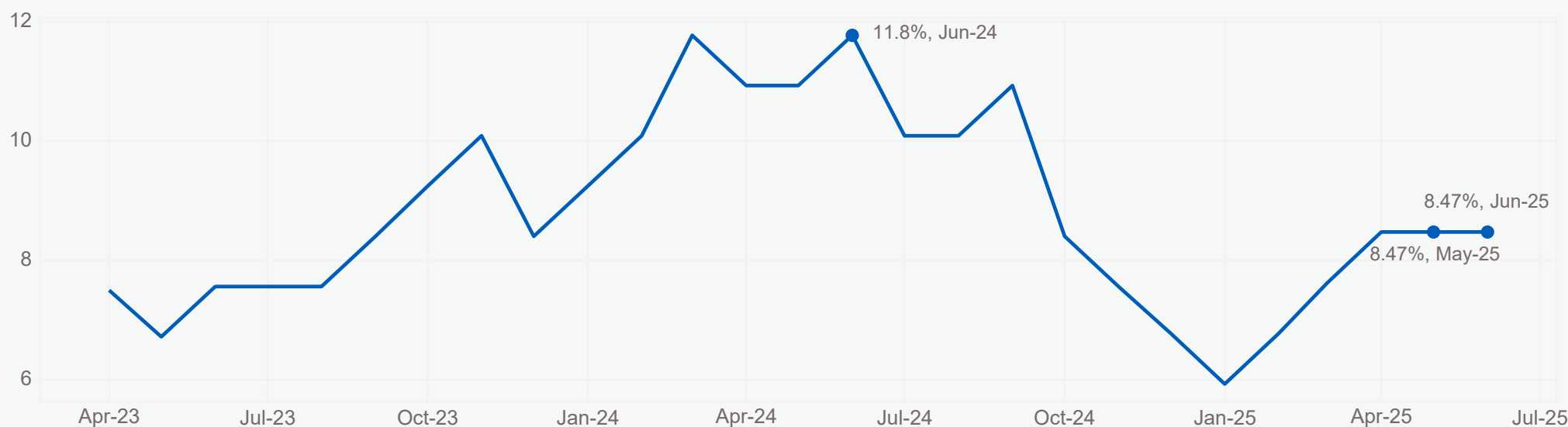
The proportion of providers with a higher-than-expected SHMI has fluctuated between 6% and 12% over the last two years, with the latest position at 8.5% in June 2025

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

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

Source: Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalization [publication link](#)

[PUBLISHED]



Current position: Each trust has a SHMI value based on observed/expected deaths. For the 12 months to Jun-25, 8.47 % of acute non-specialist providers (10 out of 118) were in the 'higher than expected' category, where observed deaths were higher than expected. Of these 10 trusts, 5 also had a higher-than-expected number of deaths for the same period in the previous year. 98 trusts had a number of deaths within the expected range. 9 trusts had a lower-than-expected number of deaths. For the 118 trusts included in the SHMI from 1 July 2024 to 30 June 2025 there were approximately 9.4 million discharges, from which 289,000 deaths were recorded either while in hospital or within 30 days of discharge. This includes deaths from other causes as well as deaths related to the reason for the hospital admission.

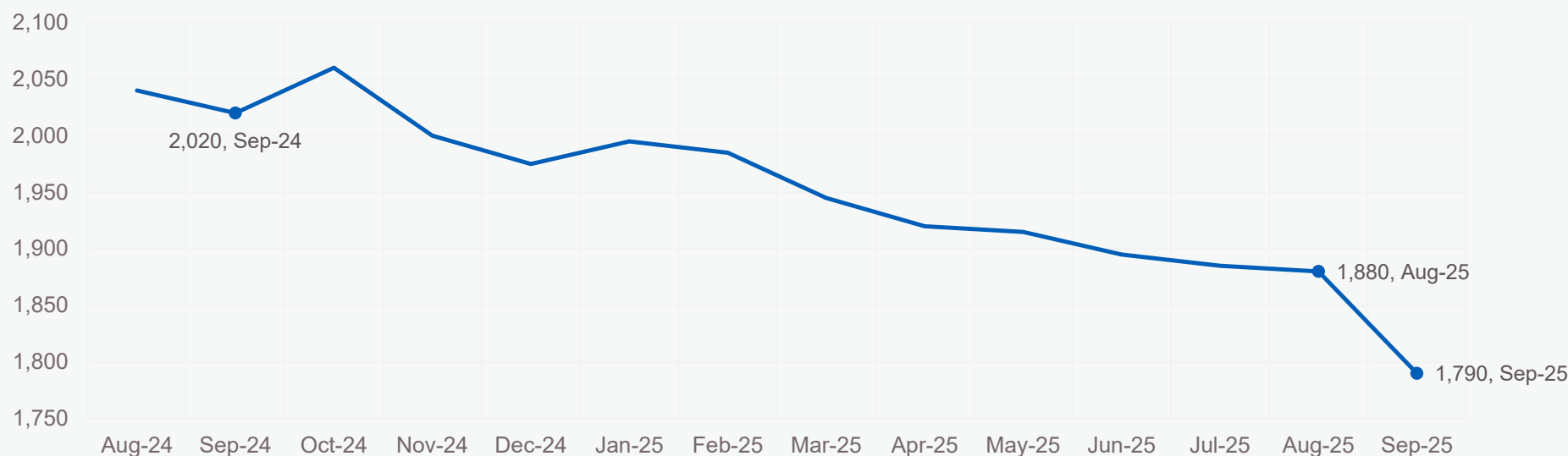
Actions: A new Quality Strategy is in development as part of the 10 Year Health Plan. Through this the NHS will implement a range of measures that ensure a rigorous focus on quality of care. This will include publication of easy-to-understand league tables that rank providers against key quality indicators, 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

Number of adult inpatients who are autistic or have a learning disability has been consistently decreasing since September 2024

Chart description: Total Learning Disability & Autism Adult inpatient numbers

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

Source: Learning Disability Services Monthly Statistics [publication link](#) [PUBLISHED]



Current position: In September inpatient numbers (1,790) decreased by 90 inpatients in comparison to the previous month (1,880 in August) and are down by 230 from September 2024 (2,020), showing a consistent improvements over the past 24 months.

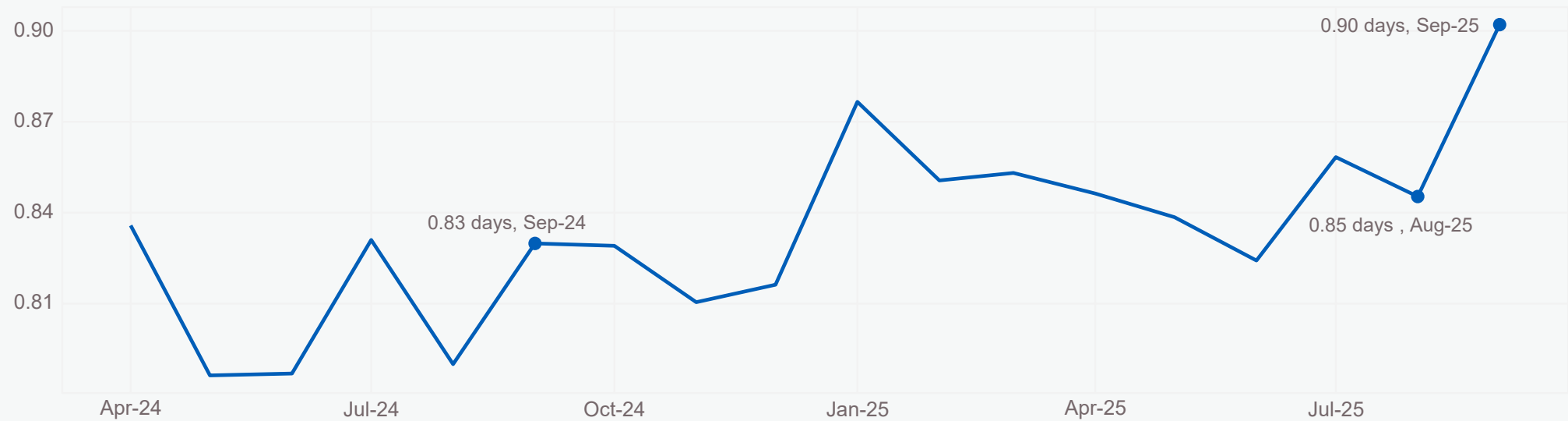
Actions: NHSE continues to work with regions on reducing the number of people who are autistic or have a learning disability in mental health inpatient care. NHSE are working with DHSC to prepare for Mental Health Act reform which will limit the ability to detain people with a learning disability and 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. Discussions are underway regarding implementation of the Act and what this could look like following Royal Assent.

Average discharge delay, including 0 day delays (days) has shown sustained performance with 0.85 in Aug-25, with the latest figure reaching 0.9 days Sept-25

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

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

Source: Secondary Uses Services [publication link](#) [PUBLISHED]



Current position: The average time from discharge-ready date to actual discharge for delayed patients was 0.9 days, an increase from 0.85 days in the previous month and 0.83 days in September 2024.

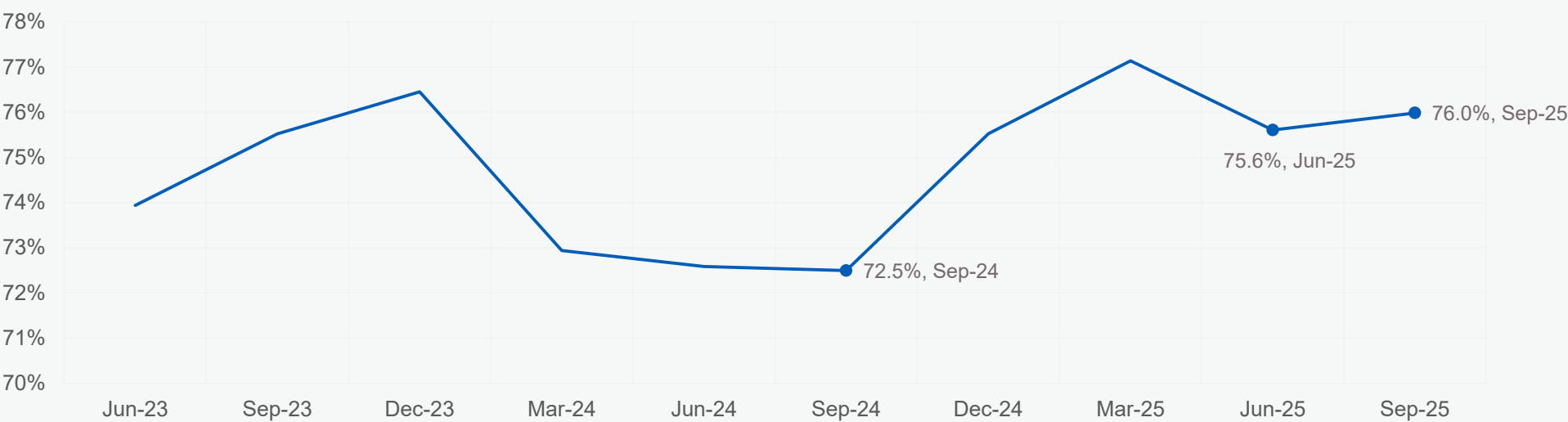
Actions: As the NHS moves into winter, ICBs have been required to give NHSE assurances on discharge plans with social care and are providing detailed information on primary care out-of-hours cover for 22 December 2025 – 4 January 2026. The NHS is also focussing on improving Pathway 0 discharges (patients returning home without additional support), and optimising community trust discharges and virtual ward utilisation.

Proportion of continuing healthcare referrals completed in 28 days has seen an increase in Q2 25/26 to 76%, following a general increase from Q2 24/25 onwards

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

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

Source: Continuing Healthcare Data Collection [publication link](#) [PUBLISHED]



Current position: In Q2 of 2025/26, the percentage of continuing healthcare referrals completed in 28 days, was 76%, 0.4 ppt improvement from Q1 of 2025/26 (75.6%). This is 3.5ppt higher than the year-on-year position of 72.5% in Q2 of 2024/25.

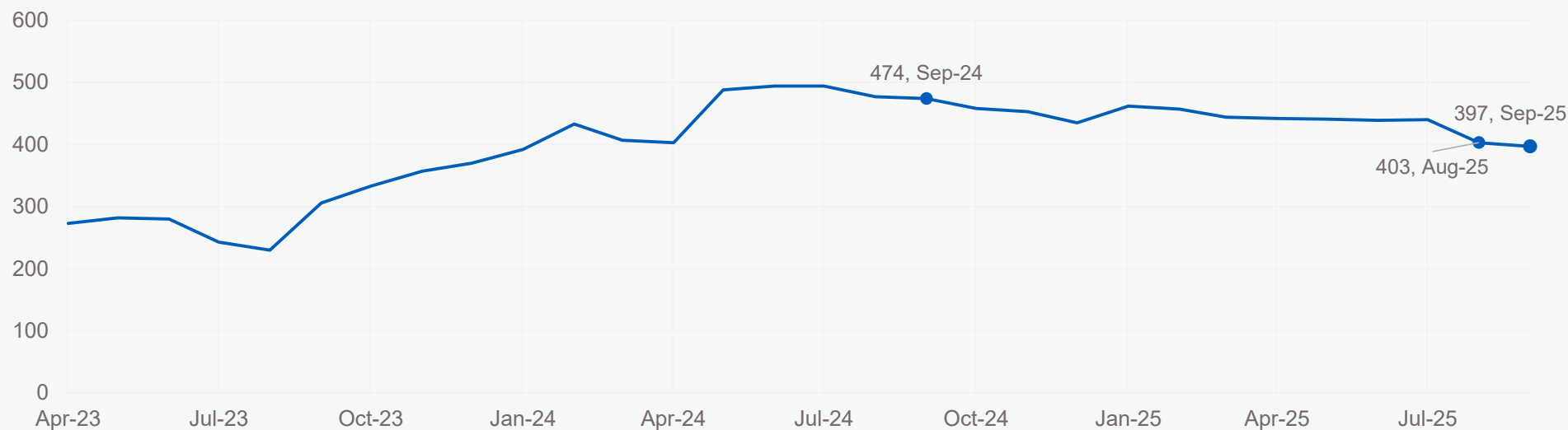
Actions: As part of national and regional assurance and oversight of system delivery of NHS CHC statutory responsibilities, individual system performance on the NHS CHC 28-day assurance standard is monitored, on a quarterly basis. Development of improvement plans, and increased assurance is required for those systems not meeting the planned performance on this metric.

The number of active acute out of area mental health placements increased between April 2023 and May 2024, since then numbers have steadily decreased, showing improvement

Chart description: Number of mental health bed days that are out of area (active Out of Area placements at the end of the reporting period)

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

Source: Mental Health Services Monthly Statistics [publication link](#) [PUBLISHED]



Increase in percentage of patients who rated their experience as good in CQC inpatient survey satisfaction, performance increased to 70.3% in 2024 from 69.2% in 2022

Chart description: CQC inpatient survey satisfaction rate, percentage of patients who have completed the annual survey who have rated their experience as good (scores 8-10)

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

Source: CQC Inpatient Survey [publication link](#) [PUBLISHED]

Year	Percentage rated their experience as good (scores 8-10)
2020	74.5%
2021	70.5%
2022	69.2%
2023	70.0%
2024	70.3%

Current position: The 2024 survey results were published in September 2025 Inpatient satisfaction remains at 70% (70.3%) up 0.3 percentage points in 2023, but down 4.2pp against 2020 satisfaction. The % of patients rating their experience as 'very good' (a score of 10) has increased by 2% to 37%, which is a statistically significant change.

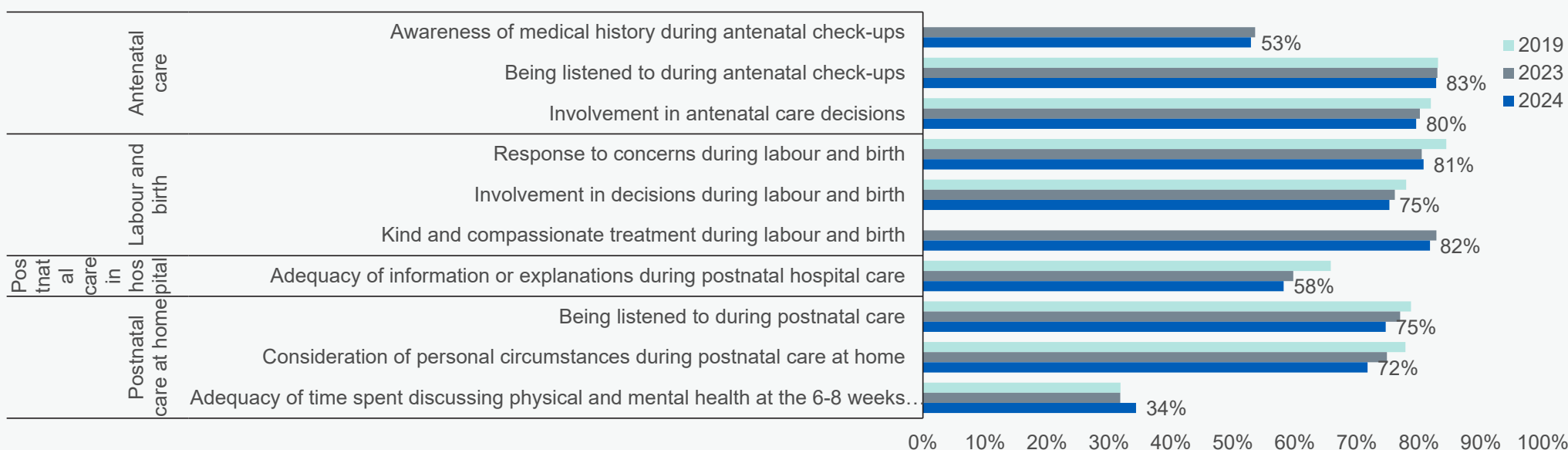
Actions: Through the 10 Year Health Plan the NHS will implement a range of measures that ensure a rigorous focus on quality of care. This will include development of the NHS app to allow patients to search and choose providers based on quality data, including length of wait, patient ratings and clinical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

There is a reduction in patient experience scores to some areas of maternity care. An increased focus on approaches to patient experience in maternity care is needed.

Chart description: CQC Maternity Survey – Maternity and Neonatal Three-Year Delivery Plan measures (the chart below shows a subset of survey areas)

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

Source: CQC Maternity Survey [publication link](#) [PUBLISHED]



Current position: The 2024 survey shows some areas of improvement, particularly regarding access to mental health support during pregnancy. However, there remain other aspects of maternity care where people report a poorer experience and where analysis indicates a longer-term decline in positive feedback over time, including communication during labour and birth, information provided during care in hospital after birth and involvement in postnatal care.

Actions: NHSE has provided additional funding to ICBs to support Maternity & Neonatal Voices Partnerships (MNVPs), ensuring that service user voices are heard and acted upon to make improvements to services. In 2026, NHSE introduced a Patient Reported Experience Measure (PREM) for personalised care which will allow trusts to have more timely feedback from service users on their experience of care 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. The Equity and Equality Dashboard will provide an overview of data relating to inequalities to facilitate better visibility of and focus on inequalities in outcomes for women and babies in maternity and neonatal care.

The proportion of mental health inpatients with a length of stay over 60 days has increased over the last two years

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)

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

Source: Mental Health Services Monthly Statistics [publication link](#) [PUBLISHED]



Current position: The proportion of inpatients aged 18-64 with a length of stay greater than 60 days was 24.2% for September 2025. This is 0.5 percentage points higher than the previous month and is 0.4 percentage point higher than the same month last year (23.8% September 24).

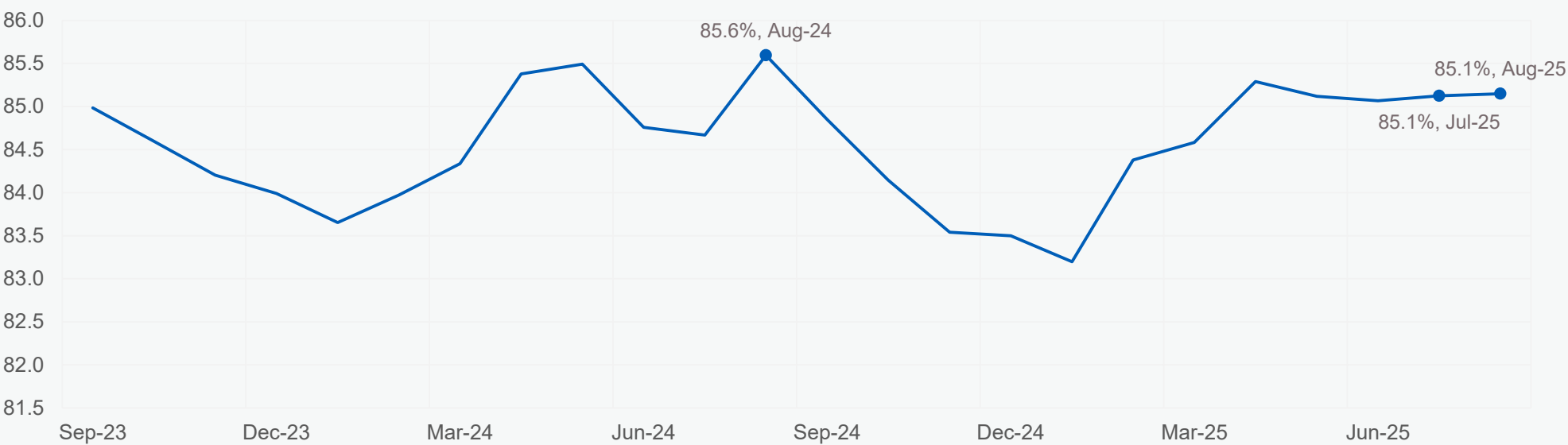
Actions: NHSE continues to work with regions on reducing length of stay through implementation of the 'Flow improvement strategy' in both crisis and acute mental health services. The UEC and MH Flow Programme was used in Q2 to review regional performance and discuss key challenges systems have to improve flow. It incorporates discussion on national programmes, including crises assessment centres, out of area patients transfer guidance and winter planning.

The 2-hour Urgent Community Response has sustained performance and is currently standing at 85.1% in Aug 2025

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

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

Source: 2-hour Urgent Community Response [publication link](#) [PUBLISHED]



Current position: As at Aug 2025, the percentage of urgent community response (UCR) referrals that achieved the 2-hour standard was 85.1%. Year-on-year position showing a slight decrease (0.5%) on Aug 2024. August 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: NHSE is progressing work to improve visibility of UCR capacity for ambulance colleagues, enabling safe overnight holding of non-urgent patients and routing to UCR to the next morning where appropriate. In addition to this and as part of the Directory of Services Review, regions and the DoS team have updated UCR service profile data to ensure 111 call handlers can easily locate services and refer patients directly, improving access and reducing delays.

Community mental health survey satisfaction rate has decreased to 47.7% in 2024

Chart description: Community mental health survey satisfaction rate, proportion scoring 8-10 out of 10 on their experience of using NHS mental health services over the last 12 months.

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

Source: CQC Community Mental Health Survey [publication link](#) [PUBLISHED]

Year	Score
2023	48.1%
2024	47.7%

Current position: In 2024, 47.7% annual survey respondents rated their mental health experience as good. This is a slight reduction in the satisfaction rate compared to the last year (48.1%) when the first survey was carried out.

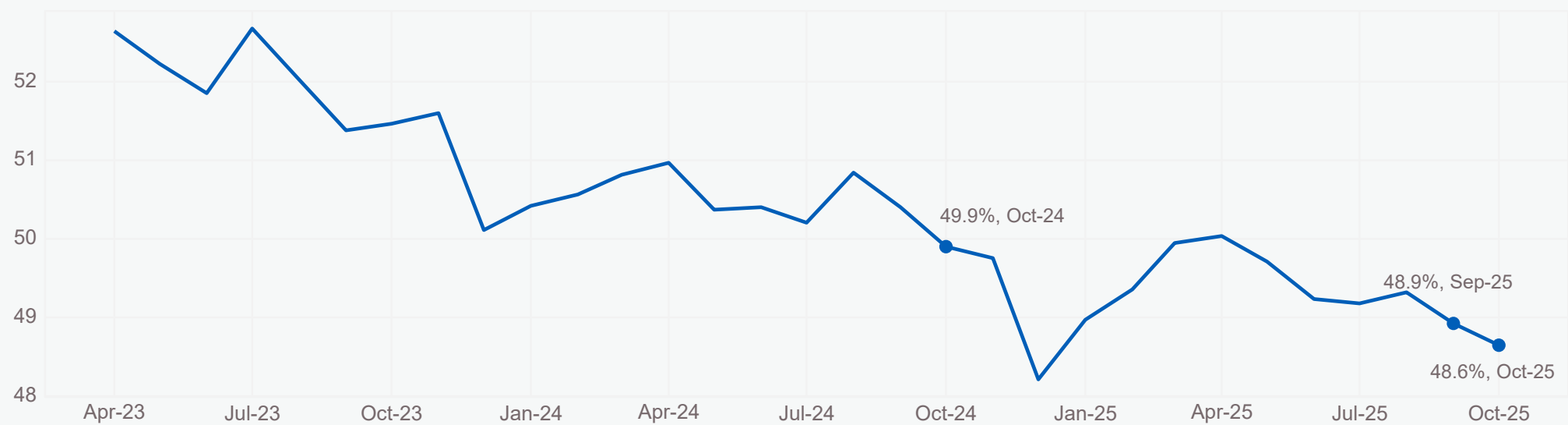
Actions: As part of the 10 Year Health Plan the NHS will implement a wide range of measures that ensure a rigorous focus on patient safety and ensuring staff and patients are able to raise safety concerns, including whether it has effective freedom to speak up functions. The NHS complaints process will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

The percentage of ambulance patients conveyed to the Emergency Department has improved, decreasing to 48.6% in October 2025

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

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

Source: Ambulance Quality Indicators [publication link](#) [PUBLISHED]



Current position: Performance in October 2025 was 48.6%, representing a 0.3 percentage point decrease on the previous month (Sept-25), which was 48.9%, and a 1.3 percentage point decrease on the previous year (Oct-24), which was 49.9%, showing sustained improvement in relation to this metric.

Actions: There is a coordinated effort across the whole system to re-direct patients away from EDs where possible through improved system-wide services e.g. extended primary care services, improved 111 functionality and improved rates of hear-and-treat and see-and-treat; as well as improved triage of patients to the right care.

NHS staff survey score for advocacy sub-score (ambulance trusts only) has slightly deteriorated to 6.13 in 2024

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

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

Source: NHS Staff Survey [publication link](#) [PUBLISHED]

Year	Score
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.

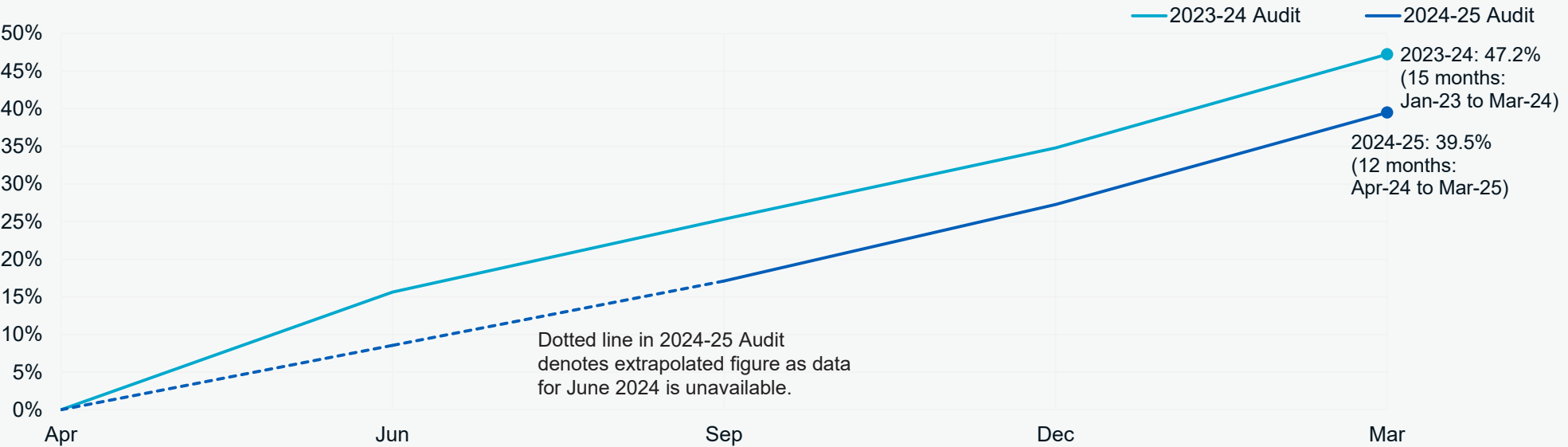
Actions: The NHS Quarterly Pulse Survey data is being analysed to identify trends and priority areas. Focus is on understanding root causes, as advocacy links to retention, performance, and patient outcomes.

As of March 2025, 39.5% of patients with type 1 diabetes received all 8 NICE recommended care processes. This is below the March 2024 level of 47.2%.

Chart description: Percentage of patients with type 1 diabetes who received all 8 NICE recommended care processes on a rolling YTD (resets every April).

NHSOF ambition/metric: Percentage of patients who receive all 8 diabetes care processes - type 1 (Integrated care boards)

Source: National Diabetes Audit [publication link](#) [PUBLISHED]



Current position: As of March 2025, 39.5% of patients with type 1 diabetes received all 8 NICE recommended care processes. This is below the March 2024 level of 47.2%. 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.

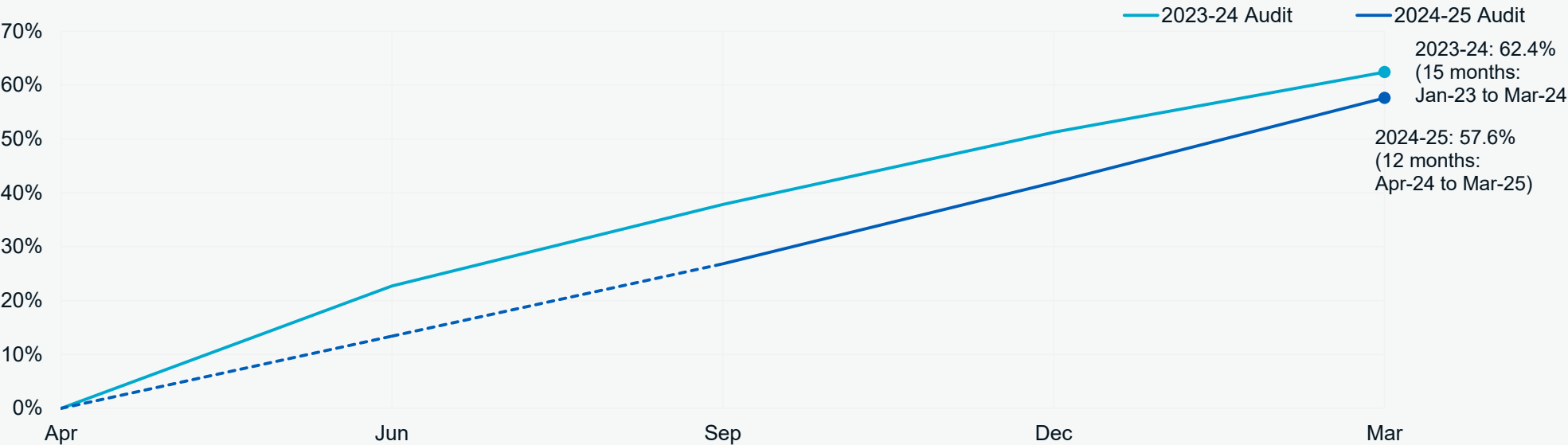
Actions: National Programme Actions, include promotion of awareness and use of national data and best practice to drive improvement – including via publication of NDA Core data in Tableau dashboard. The FDP dashboard for care processes and treatment targets, launched in October 25, delivery of Local Data Packs (expected delivery November 25) and delivery of national "Know Your System" webinar (scheduled for November 25) focuses on use of data to drive improvement. The Programme funds systems for diabetes clinical leadership (£3m 25/26) to support treatment and care improvement, however this is not ringfenced funding. Some care processes (foot check, HbA1c, cholesterol and blood pressure) are incentivised on a national footprint via the Quality Outcomes Framework.

As of March 2025, 57.6% of patients with type 2 diabetes received all 8 NICE recommended care processes. This is below the 62.4% recorded in March 2024.

Chart description: Percentage of patients with type 2 diabetes who received all 8 NICE recommended care processes on a rolling YTD (resets every April).

NHSOF ambition/metric: Percentage of patients who receive all 8 diabetes care processes - type 2 (Integrated care boards)

Source: National Diabetes Audit [publication link](#) [PUBLISHED]

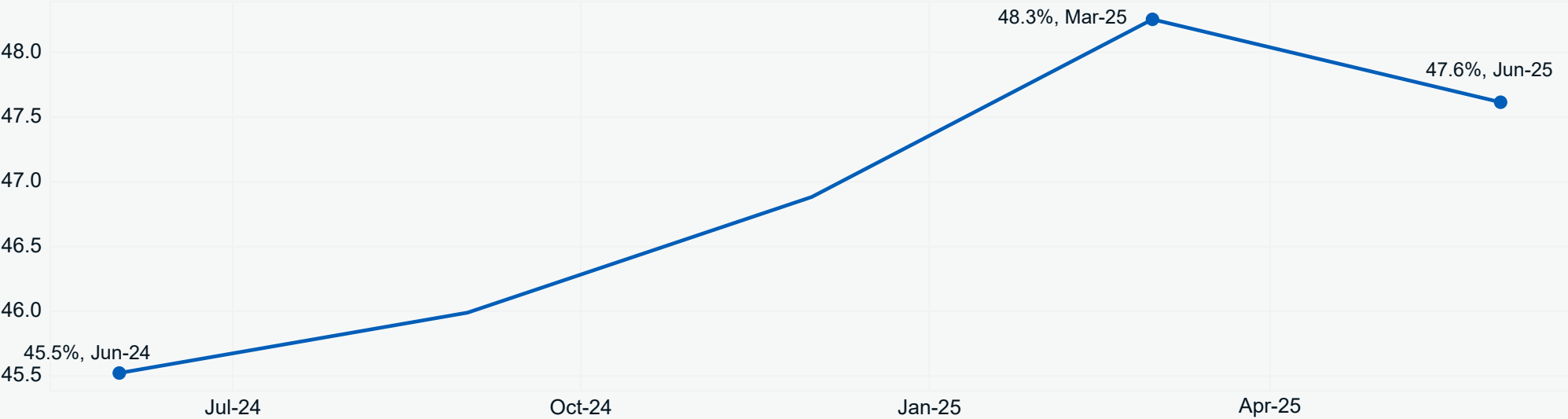


Current positionAs of March 2025, 57.6% of patients with type 2 diabetes received all 8 NICE recommended care processes. This is below the 62.4% recorded in March 2024. Please note, 8 care process completion data is cumulative, with some care processes incentivised by QOF therefore is expected to spike 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: National Programme Actions, include promotion of awareness and use of national data and best practice to drive improvement – including via publication of NDA Core data in Tableau dashboard. The FDP dashboard for care processes and treatment targets, launched in October 25, delivery of Local Data Packs (expected delivery November 25) and delivery of national "Know Your System" webinar (scheduled for November 25) focuses on use of data to drive improvement. The Programme funds systems for diabetes clinical leadership (£3m 25/26) to support treatment and care improvement, however this is not ringfenced funding. Some care processes (foot check, HbA1c, cholesterol and blood pressure) are incentivised on a national footprint via the Quality Outcomes Framework.

Percentage of patients with GP recorded CVD has increased to 47.6% in 25/26 from 45.5% in the previous year

Chart description: Percentage of patients with GP recorded CVD who have their cholesterol levels managed to NICE guidance, in the preceding 12 months
NHSOF ambition/metric: Percentage of patients with GP recorded CVD who have their cholesterol levels managed to NICE guidance (Integrated care boards)
Source: CVDPREVENT [publication link](#) [PUBLISHED]



Current position: As of June 2025, the percentage of patients treated to target with high cholesterol has reached 47.6%, continuing a steady upward trend from 45.5% in June 2024. However, this is a dip from 48.3% in March 2025. This represents a 2.1 percentage point improvement over the twelve-month period. The March peak may be influenced by QOF reporting. There has been a continued increase of absolute patient numbers over the year from 1,283,420 people treated to target in June 24 increasing to 1,367,902 in June 25.

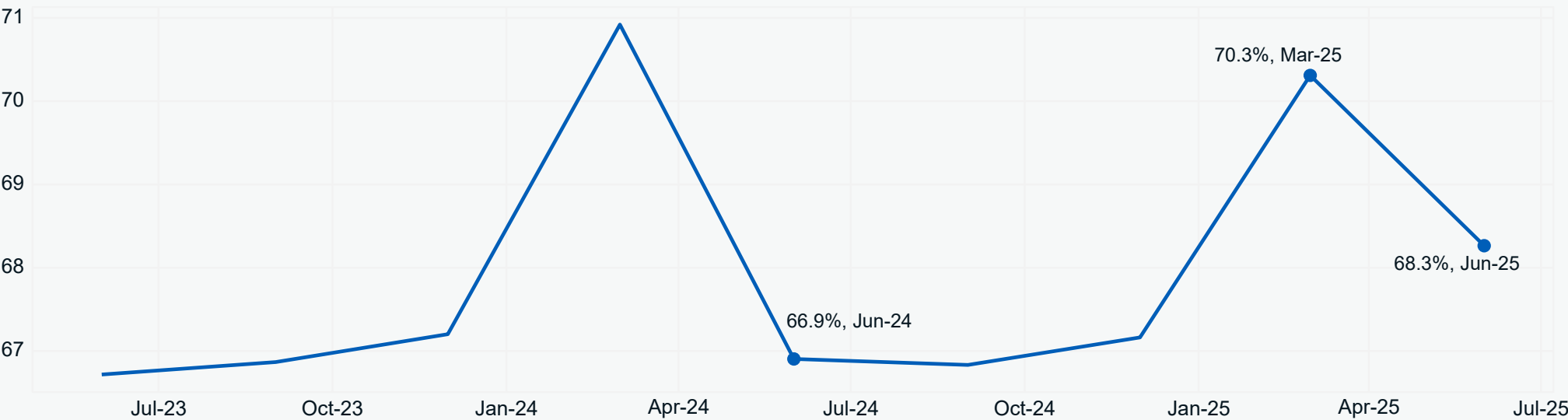
Actions: During 25/26, NHS England has commissioned the Pharmacy Pathfinders Programme to test best practice to improve patient adherence and optimisation to improve the management of patients with high cholesterol. 30 sites across the country have signed up to the project, these pathfinders are now live and seeing patients.

The proportion of hypertension patients treated to target in the last 12 months has increased slightly over the last two years, to 68.3% in the 12 months to June 2025

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

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

Source: CVDPREVENT [publication link](#) [PUBLISHED]



Current position: The March peak of 70.3% may be influenced by end of year focus of QOF reporting, which is consistent with a similar peak of 70.9% in 2024 . The chart shows performance in June, dipped following QOF reporting cycle (March 2025). 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 June 2025, there's a general upward trend in the percentage of patients treated to target, rising from under 67% to over 68%, There was a numerical increase over the year from 5,938,942 treated to target in June 24 to 6,306,729 in June 25, reflecting the hypertension register's continuing baseline growth and the challenges in achieving significant percentage increases.

Actions: During 25/26, NHS England has commissioned the CLEAR team to deliver the third year of a national workforce redesign programme to support local systems to improve pathways to case find and treat patients at risk of CVD, including those with hypertension. 6 ICBs (91 PCNs) have signed up to deliver the programme for 25/26. 27 PCNs have completed cycle one in July 2025, 26 PCNs are currently undertaking cycle two, with the final cycle commencing in late November.

There is a steady increase in patients who were able to see or speak to their preferred healthcare professional, with latest Wave 16 stating 67.5%.

Chart description: Percentage of patient surveyed stating they were able to see preferred healthcare professional, or stated they had no preference via Health Insights Survey

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)

Source: ONS, Experiences of Healthcare Services in England [publication link](#) [PUBLISHED]



Current position: As at Wave 16 (Sept 2025- Oct 2025), 67.5% of patients were able to get an appointment with their preferred healthcare professional, an improvement of 1.3pp from the previous Wave 15 (Aug 2025- Sept 2025) of 62.2%. This is a 6.5pp increase and an improvement from when the collection started in Wave 4 (Oct 2024- Nov 2024). Wave 13 onwards has also started to captured 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. GP numbers continue to be analysed and reported nationally via the primary care workforce stats. Latest data confirms 2,533 GPs recruited under the terms of the scheme (to 30 Sep 2025).

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).



Patient safety

Patient safety - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	NHS Staff Survey - raising concerns sub-score	6.45 Dec-24	-	-	6.46 Dec-23	-0.02
Quality and Safety	CQC safe inspection score (if awarded within the preceding 2 years)	37.8% Sep-25	-	-	-	-
Prevention and Long Term Conditions	Number of C. difficile infections (healthcare-associated)	890 Sep-25	975 Aug-25	-85	1,077 Sep-24	-187
Prevention and Long Term Conditions	Number of E.coli infections (healthcare-associated)	1,230 Sep-25	1,341 Aug-25	-111	1,187 Sep-24	43
Prevention and Long Term Conditions	Number of MRSA infections (healthcare-associated)	47 Sep-25	37 Aug-25	10	53 Sep-24	-6.00
Maternity and Neonatal	Neonatal deaths per 1,000 total births	1.42 Dec-23	-	-	1.47 Dec-22	-0.05
Maternity and Neonatal	Stillbirths per 1,000 total births	3.83 Dec-24	-	-	3.94 Dec-23	-0.11
Mental health care	Rate of restrictive intervention use, per 1,000 bed days	34 Sep-25	34 Aug-25	0.00	33 Sep-24	1.00
Mental health care	Urgent referrals to crisis care services	71.0% Sep-25	69.1% Aug-25	1.87 ppt	59.3% Sep-24	11.7 ppt
Prevention and Long Term Conditions	Percentage of children (aged 0 - 9) prescribed antibiotics in the last 12 months	26.0% Sep-25	29.0% Aug-25	-3.00 ppt	35.3% Sep-24	-9.30 ppt

The raising concerns sub-score from the NHS staff survey has been stable in recent years, averaging at around 6.5 each year

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

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

Source: NHS Staff Survey [publication link](#) [PUBLISHED]

Year	Score
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.

Around two thirds of trusts who received a CQC inspection in the last 2 years were rated as either requires improvement or inadequate (updated in October 2025)

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

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

Source: NHS Model Health System [publication link](#) [PUBLISHED]

Category	Count of trusts	Proportion
Outstanding	2	1.0%
Good	71	36.8%
Requires Improvement	117	60.6%
Inadequate	3	1.6%
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%).

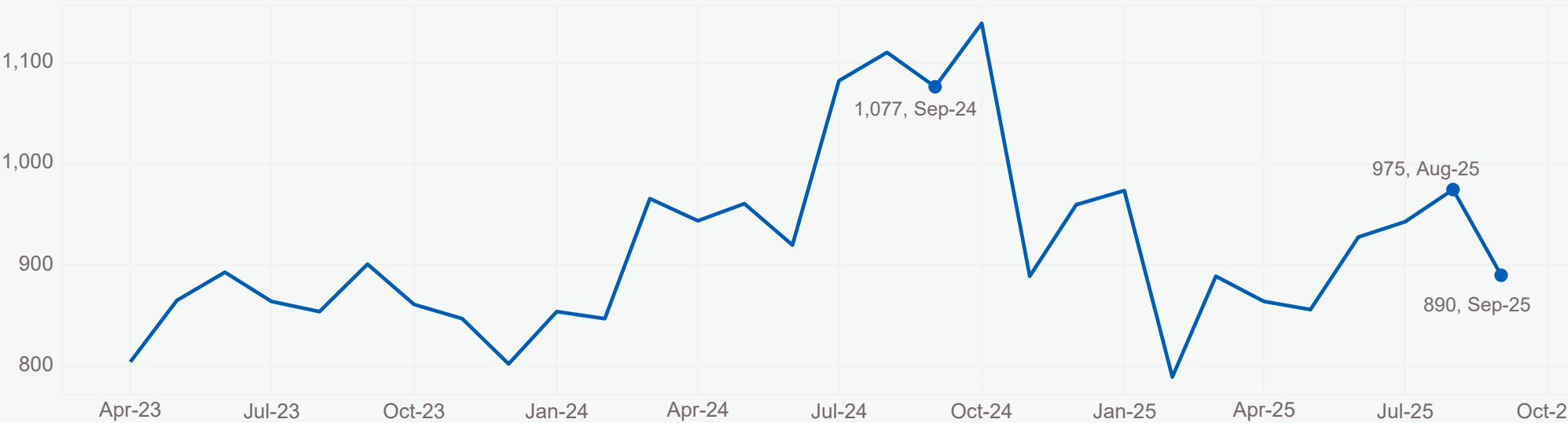
Actions: As part of the 10 Year Health Plan the NHS commits to widespread reform of the quality and patient safety landscape. Specific actions to increase transparency and accountability and support CQC towards a more data led regulatory model will enable improvement in key outcome measures, including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

Latest data shows C. diff infections have remained stable relative to the last two years

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

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

Source: UKHSA, MRSA, MSSA, Gram-negative bacteraemia and CDI [publication link](#) [PUBLISHED]



Current position: The most recent published UKHSA data does show a decrease 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, continued surveillance and monitoring is necessary to determine whether this increase will be sustained over time.

Actions: UKHSA, in collaboration with NHS England, has been conducting a review of the current surveillance dataset for C. diff infections. The proposed final dataset has been out to consultation with NHS colleagues. A review of C. diff risk factors gathered via mandatory reporting is complete and recommendations are being progressed by UKHSA. Meetings are taking place in November between the National Clinical Directors for Infection & Antimicrobial Resistance and each regional medical director, together with regional Infection Prevention and Control (IPC) and Antimicrobial Stewardship leads to discuss regional positions and actions to be taken forward. Real-time surveillance and transparent reporting enable timely interventions and shared learning.

Latest data shows E.coli infections have deteriorated relative to the last two years

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

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

Source: UKHSA, MRSA, MSSA, Gram-negative bacteraemia and CDI [publication link](#) [PUBLISHED]



Current position: The most recent published UKHSA data does show a 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, continued surveillance and monitoring is necessary to determine whether this downturn will be sustained over time.

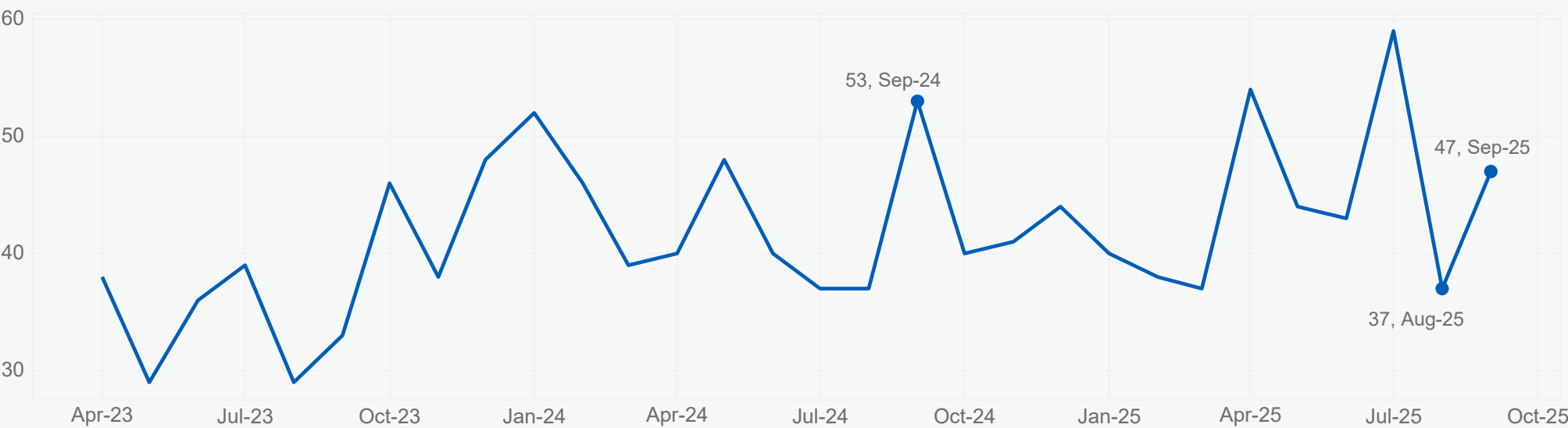
Actions: Meetings are taking place in November between the National Clinical Directors for Infection & Antimicrobial Resistance (AMR) and each regional medical director, together with regional Infection Prevention and Control (IPC) and Antimicrobial Stewardship leads to discuss regional positions and actions to be taken forward. The Hydration Pilot evaluation report was published on 21st August; <https://www.strategyunitwm.nhs.uk/publications/hydration-utis-and-older-people-learning-nhs-pilots-about-how-improve-care>. The learning from this was presented to Advisory Committee on Antimicrobial Prescribing, Resistance and Healthcare Associated Infections (APRHA) in October.

Latest data shows MRSA infections have remained stable relative to the last two years

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

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

Source: UKHSA, MRSA, MSSA, Gram-negative bacteraemia and CDI [publication link](#) [PUBLISHED]



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

Actions: Meetings are taking place in November between the National Clinical Directors for Infection & Antimicrobial Resistance (AMR) and each regional medical director, together with regional Infection Prevention and Control (IPC) and Antimicrobial Stewardship leads to discuss regional positions and actions to be taken forward.

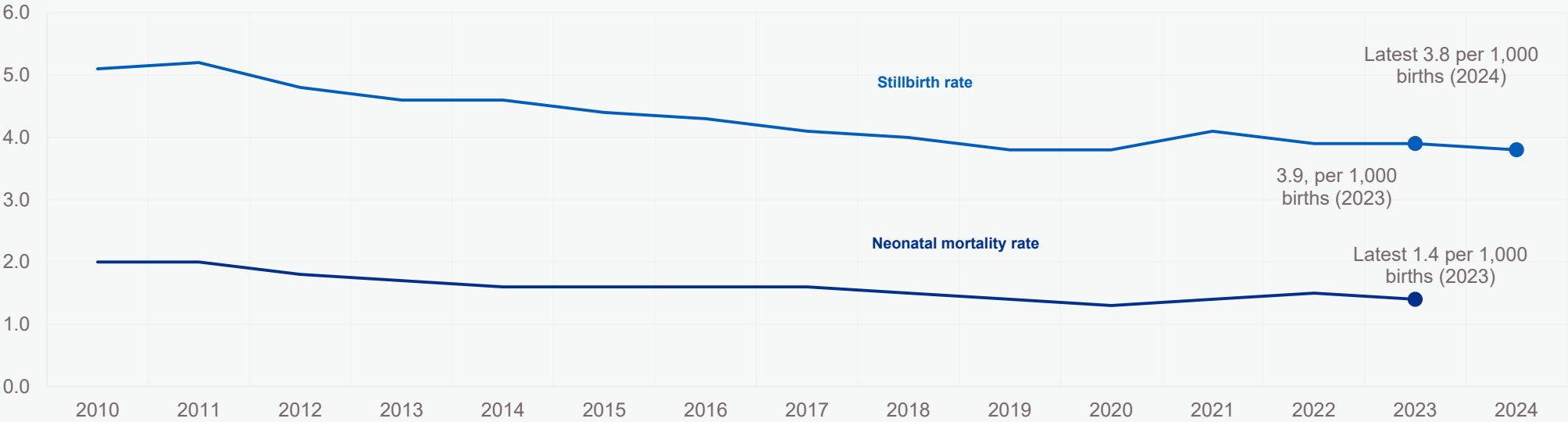
The stillbirth rate per 1,000 total births has fallen slightly, down from 4.6 in 2013 to 3.8 in 2024

The neonatal death rate per 1,000 total births has fallen slightly from 1.7 in 2013 to 1.4 in 2023

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

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

Source: ONS [publication link](#) [PUBLISHED]*



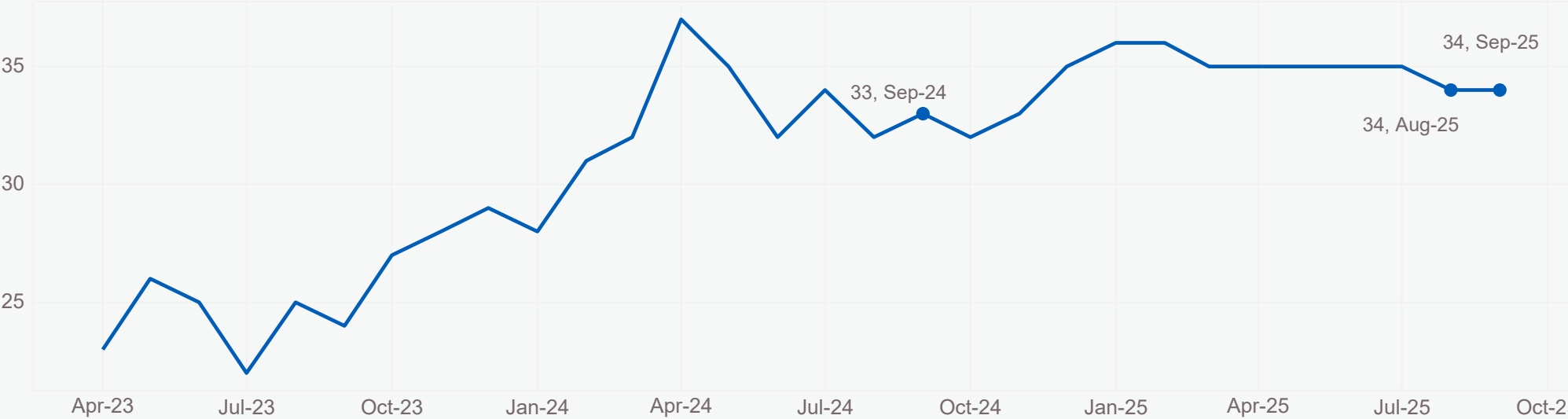
Current position: The stillbirth rate in 2024 was 3.8 per 1,000 births which represents a small decrease from 3.9 per 1000 in 2023. Since 2010, we have seen the stillbirth rate decrease by 25.2%. Whilst services have maintained this significant improvement, further reduction has proved to be challenging despite the continued implementation of improvement initiatives. 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: NHSE are undertaking a series of high priority actions to improve maternity and neonatal services whilst awaiting the outcome of the independent investigation into maternity and neonatal services and an action plan set by the new taskforce. A new performance dashboard will allow for clearer oversight and the detection of variation between trusts; the Maternity Outcomes Signal System will use data to flag when trusts need to take action to investigate potential safety issues; the Perinatal Equity and Anti-Discrimination Programme will give perinatal teams the skills and tools they need to improve the experiences and outcomes of ethnic minority groups and those from deprived communities, and to improve the working lives of staff from these groups and the Avoiding Brain Injury in Childbirth Programme will improve clinical management of two significant contributors to avoidable brain injury in childbirth. Recent capital investment has led to the creation of 42 new neonatal cots with further projects on track to be completed. Early benefits of this scheme include reduced transfers, improved occupancy, and enhanced staff and parent experience. Continued investment and support for Qualified in Speciality training for neonatal nurses is helping to ensure a suitability qualified workforce in our neonatal units.

The rate of restrictive intervention use (per 1,000 bed days) has been on an upward trend in recent years, standing at 34 (per 1,000 bed days) in September 2025

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

NHSOF ambition/metric: Restrictive intervention use (Mental health trusts)
Source: Mental Health Services Monthly Statistics - Restrictive Interventions [publication link](#) [PUBLISHED]



Current position: Rate of restrictive intervention types for September stands at 34 per 1,000 occupied bed days, no change on 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 33 per 1,000 occupied beds September 2024.

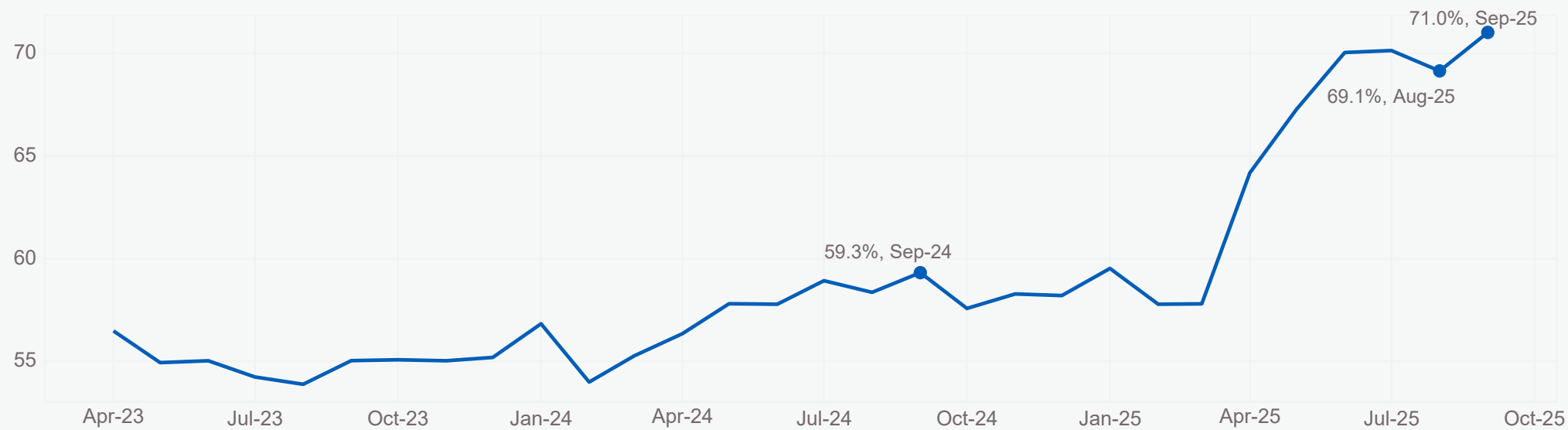
Actions: The Culture of Care Programme, which is part of NHSE's Quality Transformation Programme is being rolled out to all NHS and major independent sector providers and includes a focus on reducing restrictive interventions. A resource on types of restrictive interventions and Guidance on Use of Force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

Latest data shows an improved position in the proportion of referrals to crisis care services receiving a face-to-face contact within 24 hours, currently standing at 71.0% for September 2025

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

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

Source: Mental Health Services Monthly Statistics [publication link](#) [PUBLISHED]



Current position: Percentage of patients in crisis to receive face-to-face contact within 24 hours was 71.0% in September 2025. This increase is an improvement on the previous months position and follows an increasing trend since March 2025 (69.1%, +1.9ppts) Year on year the percentage is higher than September 2024 (58.8%, +11.7ppts). 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.

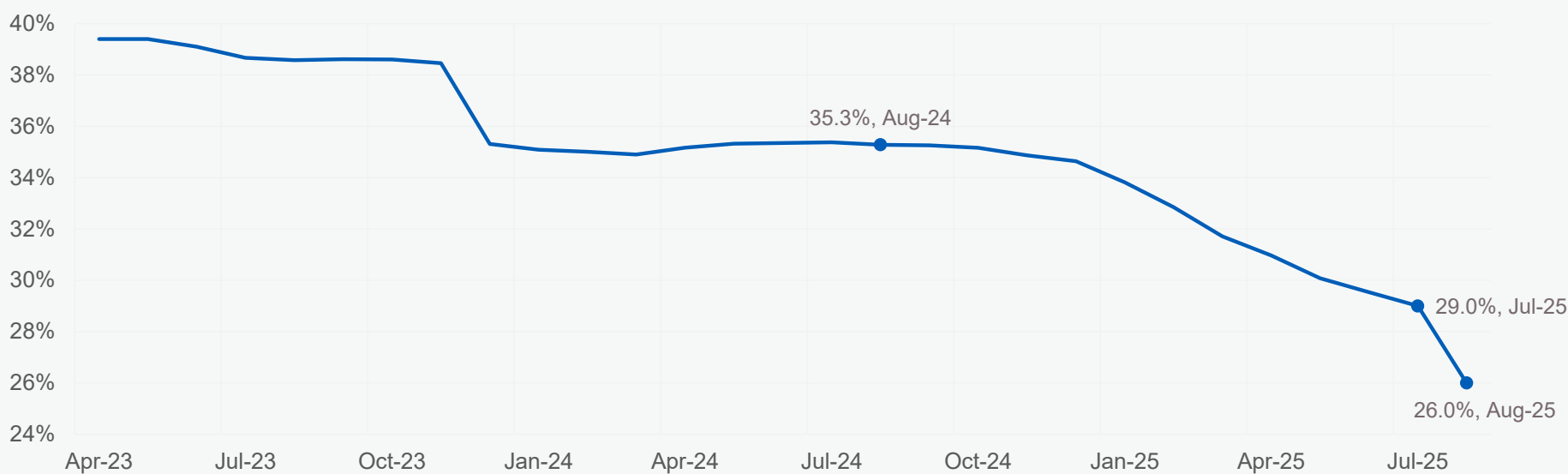
Actions: NHSE are undertaking further work to understand if the sudden change is a local data quality issue in April, a fix of a previous long standing data quality issue, or a change in how the trust is coding 24/7 Crisis Line activity differently. For all trusts implementation of the 'Flow improvement strategy' in crisis and acute mental health services is being used to coordinate a national and regional approach to improving flow across crisis and acute mental health services. The UEC and MH Flow Programme is now used to review regional performance and discuss key challenges systems face to improve flow.

Proportion of children aged 0-9 years prescribed antibiotics in the last 12 months has been on a gradual decreasing trend, down to 26% in the 12 months ending August 2025

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

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

Source: NHSBSA [publication link](#) [PUBLISHED]



Current position: The proportion of children under 10 years exposed to antibiotic(s) in the previous 12 months was 26% in August 2025. This is an improvement of 3 percentage points lower than July 2025 and 9.3% lower than August 2024. Performance is on an improving trajectory after reaching a plateau of around 35% exposure during 2024.

Actions: Meetings to take place during November between the National Clinical Directors for Infection & Antimicrobial Resistant (AMR)and each regional medical director, together with regional Antimicrobial Stewardship & Infection Prevention and Control (IPC) leads to discuss regional positions and actions to be taken forward. Other plans include, sharing of data with general practices to highlight variation and opportunity for improvement, inviting contact to be made with NHSE regional antimicrobial stewardship leads for educational resources to support health professionals with safely reducing children’s exposure to antibiotics and signposting 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 - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
WTE	Sickness absence rate	4.93% Jun-25	4.70% May-25	0.23 ppt	4.87% Jun-24	0.05 ppt
WTE	NHS staff survey - engagement theme score	6.85 Dec-24	-	-	6.89 Dec-23	-0.04
WTE	NHS staff survey - education and training theme score	5.67 Dec-24	-	-	5.64 Dec-23	0.03
WTE	National Education and Training Survey overall satisfaction score	87% 2024	-	-	85% 2023	2.00 ppt
WTE	GP Leavers, previous 12 months (full-time equivalent)	6.50% Sep-25	6.37% Jun-25	0.13 ppt	6.42% Sep-24	0.08 ppt

Latest data shows a sustained position for sickness absence relative to the last two years, currently standing at 4.9% in June 2025

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

NHSOF ambition/metric: Sickness absence rate of NHS Hospital and Community Health Services staff (All Trusts)

Source: NHS Sickness Absence Rates [publication link](#) [PUBLISHED]



Current position: The overall sickness absence rate for England was 4.9%. This has deteriorated slightly since May 2025 (4.7%) and is the same as June 2024, in line with expected seasonal trends. Ambulance Trusts continued to have the highest sickness absence rate at 6.3%, with Commissioning Support Units having the lowest at 3.1%. Anxiety/stress/depression/other psychiatric illnesses continued to be the most reported reason for sickness.

Actions: The 'supporting health and improving attendance policy framework' aims to ensure a standardised approach to managing sickness absence across the NHS that aligns with the 'Keep Britain working report'. It is now planned for publication in Q4, due to additional time to engage with stakeholders and to ensure consideration of the Keep Britain working report. The Staff Treatment Access Review (STAR) which was commissioned by the then NHSE CEO in 2024 to explore the business case for investing in enhanced, equitable and consistent access to NHS staff health and wellbeing treatment support services, focusing on mental health and musculoskeletal services as the main causes of sickness. The Review demonstrated 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. This implementation model can be accelerated, dependent upon available resourcing. ICBs and regional teams continue to work with each local NHS organisation to progress sickness absence reduction targets as part of local operational plans.

Staff engagement has fallen slightly in recent years, down from 7.05 in 2020 to 6.85 in 2024

Chart description: NHS Staff Survey (NSS) and National Quarterly Pulse Survey (NQPS) engagement scores

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

Source: NHS Staff Survey [publication](#) [PUBLISHED]

Source: National Quarterly Pulse Survey, [NQPS](#) [PUBLISHED]

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

Year	Score	Year	Score
2022/23 Q1	6.64	2024/25 Q1	6.56
2022/23 Q2	6.62	2024/25 Q2	6.64
2022/23 Q4	6.59	2024/25 Q4	6.59
2023/24 Q1	6.64	2025/26 Q1	6.51
2023/24 Q2	6.67	2025/26 Q2	6.46
2023/24 Q4	6.63		

Current position: The NHS Staff Survey (NSS) 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 6.79 and 7.05 people out of a maximum possible score of 10.0. Internal quarterly management data from the National Quarterly Pulse Survey (NQPS) allows more regular insight into the working experience of our NHS than the published annual data and provides the opportunity for more timely local action. The NQPS engagement score was 6.46 in Q2 25/26, which is the lowest score since the introduction of NQPS in Q1 22/23. It indicates worsening staff engagement across the NHS, reflecting continuous pressures and changes. The engagement score is made up of three sub-themes, Motivation, Involvement, and Advocacy. The Advocacy sub-theme, which has the lowest score, is of concern as advocacy has been evidenced to correlate with patient experience.

Actions: The 2025/26 priorities and operational planning guidance states that all organisations are to systematically embed the People Promise, a commitment aimed at improving the working experience for NHS staff. Continuous monitoring of staff engagement scores through the NQPS and NSS and its drivers is taking place. The national team also provides over 2,000 staff from across the NHS with a platform to share good practice and evidence-based approaches to improvements. The People Promise exemplar programme cohort 2 has ended but tools and resources are still live, in areas including violence prevention reduction, health & wellbeing and flexible working. Work continues at pace with providers to implement the 10 Point Plan, published in August 2025, to improve doctors working lives, addressing immediate challenges and enhancing the day-to-day experience.

The average theme score for the staff survey question ‘we are always learning’ has improved in recent years, from 5.29 in 2021 to 5.67 in 2024

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’.

NHSOF ambition/metric: NHS staff survey ‘We are always learning’ score (All Trusts)

Source: NHS Staff Survey [publication link](#) [PUBLISHED]

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 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 NHS organisations are mandated to run the survey and subsequently develop and implement localised action plans for improvement.

Education satisfaction, represented by the proportion of respondents rating their overall educational experience as positive, has improved in recent years, from 84% in 2022 to 87% in 2024

Chart description: Data from NETS 2024 covering the overall educational experience score (Question 37.7)

NHSOF ambition/metric: National Education and Training Survey (NETS) training and education theme score (Integrated care boards)

Source: National Education and Training Survey [publication link](#) [PUBLISHED]

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 since 2021.

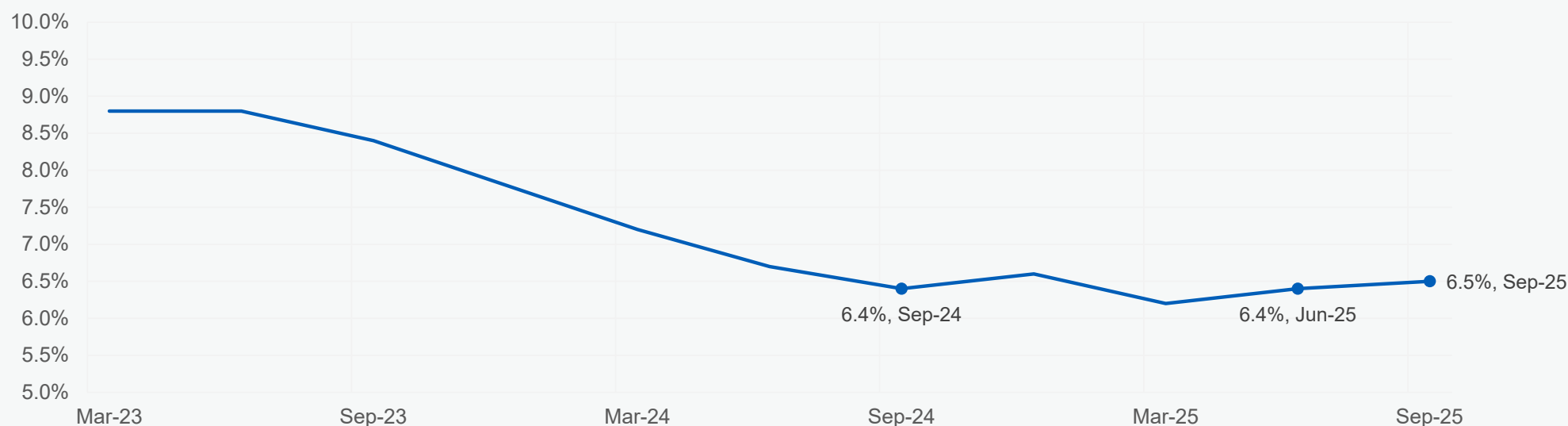
Actions: The 2025 NETS closed on the 2 December 2025; we will review and measure learner experience and drive our improvement activities once results are available in March 2026. The planned Educator Voice Survey pilot was undertaken successfully, underpinning the [Educator Workforce Strategy](#). Results are being analysed and will be published in March 2026. The 2026/27 national and regional Education Quality Improvement Plan is now finalised, to support the NHS 10YHP and 10 Year Workforce Plan, action plans are now in development, seeking to improve attrition rates of trainees and students, improve sexual safety and overall experience of clinical practice learning.

Number of full-time equivalent staff leaving the GP workforce within the last 12 months has reduced since March 2023, standing at 1,761 (6.5%) in the 12 months to September 2025

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 – 1a national data)

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

Source: General Practice Workforce Statistics [publication link](#) [PUBLISHED]



Current position: The GP leaver rate for September 2025 is 6.5%, which is up 0.1pp from June 2025, and up 0.1pp from September last year. The largest increase in GP leaver rates compared to last year is in the Midlands region.

Actions: NHSE continues to focus on tackling GP leaver rates by strengthening retention initiatives. This includes applying learning from the Exemplar Programme to the Supporting Retention in General Practice programme in partnership with the Primary Care and Medical Directorate. The Supporting Retention in General Practice programme improves staff experience and retention for GPs and practice staff by embedding evidence-based interventions aligned to the People Promise principles, helping to make general practice a better place to work, so staff feel valued and are more likely to stay. WTE are delivering interactive learning labs that equip practice teams to use the retention self-assessment tools effectively and implement interventions such as flexible working models and comprehensive wellbeing strategies, to improve staff experience and build organisational resilience. In addition, access to nationally-offered leadership programmes and CPD-accredited training modules is available to practice managers, PCN leads, and GPs. These programmes focus on practical skills for leading teams, managing change, and improving operational effectiveness, supporting GPs to thrive in leadership roles and sustain high-quality patient care. To better prepare new GPs for a career in general practice, all GP Specialty Trainees now spend 24 months in practice placements, and we are testing structured learning placements. 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 - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Elective care	Total waiting list	7,389,443 Sep-25	7,405,288 Aug-25	-15,845	7,571,549 Sep-24	-182,106
Elective care	CYP waiting for elective treatment	720,640 w/e 26/10/2025	749,010 w/e 28/09/2025	-28,370	786,470 w/e 27/10/2024	-65,830
Elective care	RTT: 18 weeks or less	61.8% Sep-25	61.0% Aug-25	0.78 ppt	58.5% Sep-24	3.25 ppt
Elective care	RTT: 52 weeks or more	2.45% Sep-25	2.58% Aug-25	-0.13 ppt	3.29% Sep-24	-0.84 ppt
Diagnostics	Diagnostics: 6 weeks or more	22.5% Sep-25	24.0% Aug-25	-1.44 ppt	22.7% Sep-24	-0.15 ppt
Cancer	Faster Diagnostic Standard (28 Days)	73.9% Sep-25	74.6% Aug-25	-0.74 ppt	74.9% Sep-24	-1.00 ppt
Cancer	62-day Combined Standard	67.9% Sep-25	69.1% Aug-25	-1.18 ppt	67.4% Sep-24	0.52 ppt
Cancer	Percentage of all cancers diagnosed at stage 1 or 2	59.4% Jul-25	59.3% Jun-25	0.10 ppt	58.0% Jul-24	1.40 ppt

Access - summary of metrics

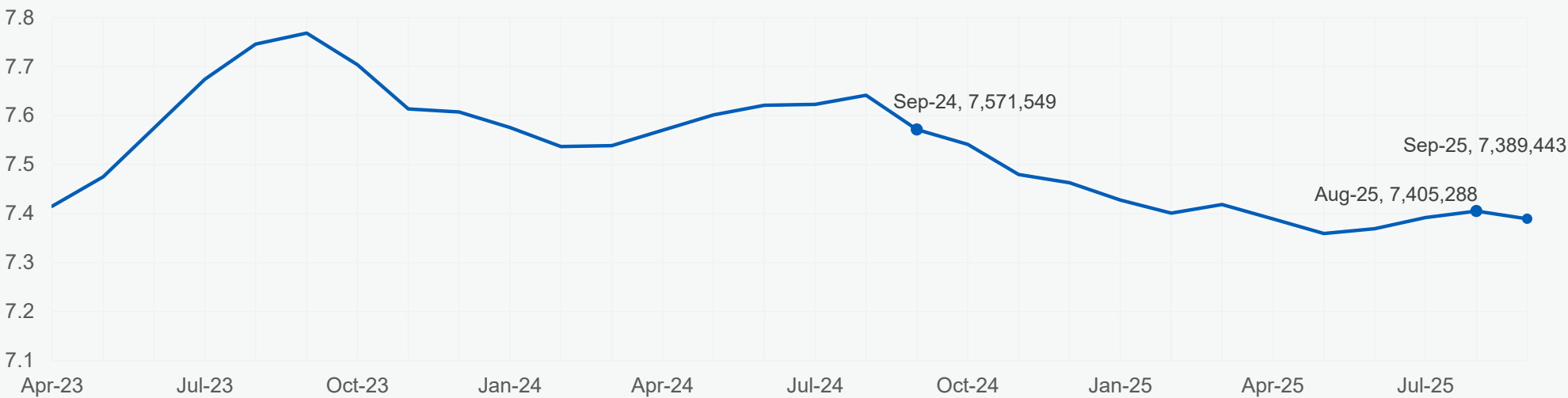
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Urgent and emergency care	A&E 4 hour performance	74.1% Oct-25	75.0% Sep-25	-0.88 ppt	73.1% Oct-24	1.06 ppt
Urgent and emergency care	A&E 12 hour performance	10.8% Oct-25	9.77% Sep-25	1.00 ppt	11.2% Oct-24	-0.6 ppt
Urgent and emergency care	Cat 2 mean response time	00:32:37 Oct-25	00:30:46 Sep-25	00:01:51	00:42:15 Oct-24	-00:09:38
Primary care and community services	Number of 52+ week community waiters	85,624 Sep-25	85,853 Aug-25	-229	56,746 Sep-24	28,878
Primary care and community services	Patients that described booking a general practice appointment as easy	75.5% Sep/Oct-25	74.3% Aug/Sep-25	1.2 ppt	-	-
Mental health care	CYP access to MH services in the last 12 months on an increasing trend	848,750 Sep-25	842,900 Aug-25	5,850	808,111 Sep-24	40,639
Mental health care	Number of adults accessing community mental health services with 2 or more care contacts (12 months rolling average)	686,999 Sep-25	683,441 Aug-25	3,558	638,989 Sep-24	48,010
Learning Disability & Autism	Patients with suspected autism waiting more than 13 weeks for contact	90.1% Sep-25	89.2% Aug-25	-0.9 ppt	89.2% Sep-24	-0.9 ppt

The total waiting list has reduced from 7.6m in Sept 2024 to 7.4m in Sept 2025

Chart description: Total patient numbers on the elective waiting list (including estimates)

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

Source: Referral to Treatment (RTT) Waiting Times [publication link](#) [PUBLISHED]



Current position: As at end September 2025 the waiting list was 7,389,443 – this was a reduction from the August 2025 position (decreased by 0.2% from 7,405,288) and an improvement year-on-year from September 2024, having decreased by 2.4% from 7,571,549.

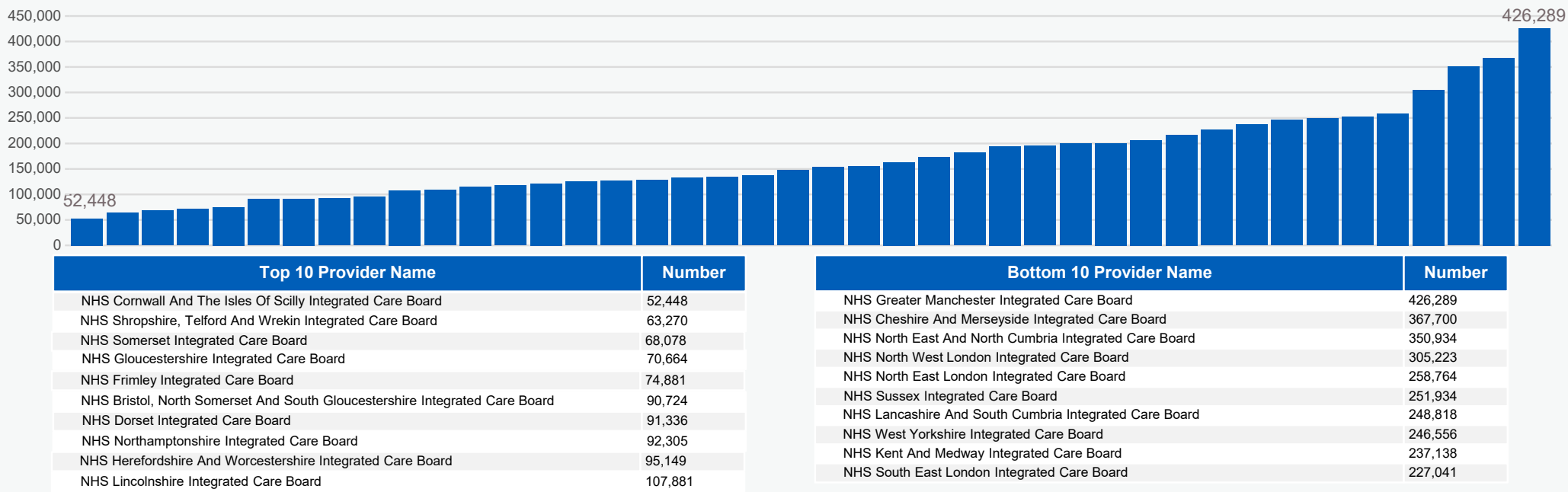
Actions: NHSE and DHSC to complete elective demand deep dives and set out plan to mitigate higher than modelled demand. The Quantitative and qualitative assessment is complete; final findings shared with government in late November and mitigating actions are already in progress. NHSE are also implementing enhanced regional accountability, with control totals set for waiting list size and long waits – these have been agreed alongside re-tiering being in place.

The size of the waiting list varies across ICBs (52K to 426k)

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

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

Source: Referral to Treatment (RTT) Waiting Times [publication link](#) [PUBLISHED]



The chart shows total patient numbers on the elective waiting list in September 2025 split by integrated care boards. Highest patient numbers 426,289 through to lowest 52,448.

The number of Children and Young People waiting for elective treatment has continued to decrease, standing at 720,640 at the end of October 2025

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

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

Source: Waiting List Minimum Data Set (WLMDS) [publication link](#) [PUBLISHED]



Current position: As at end of October 2025, the under 18s elective waiting list showed a slight improvement and was 720,640 - a decrease of 28,370 patients (3.8%). from the end of September position of 749,010 .This was an improvement end of October 2024 decreasing from 786,470 (an 8.4% decrease translating to 65,830 patients).

Actions: The NHSE GIRFT Further Faster programme held a launch event on the 26 November 2025, with a specific focus on increasing surgical productivity and to further close the gap with adult recovery.

18 week RTT performance increased to 61.8% in Sept-25

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

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

Source: Referral to Treatment (RTT) Waiting Times [publication link](#) [PUBLISHED]



Current position: As at end September 2025 the percentage of patients waiting less than 18 weeks for treatment was 61.8% – this was an improvement from the August 2025 position (increased by 0.8pp from 61.0%), this was also a year-on-year improvement from the September 2024 position, having increased by 3.3pp from 58.5%.

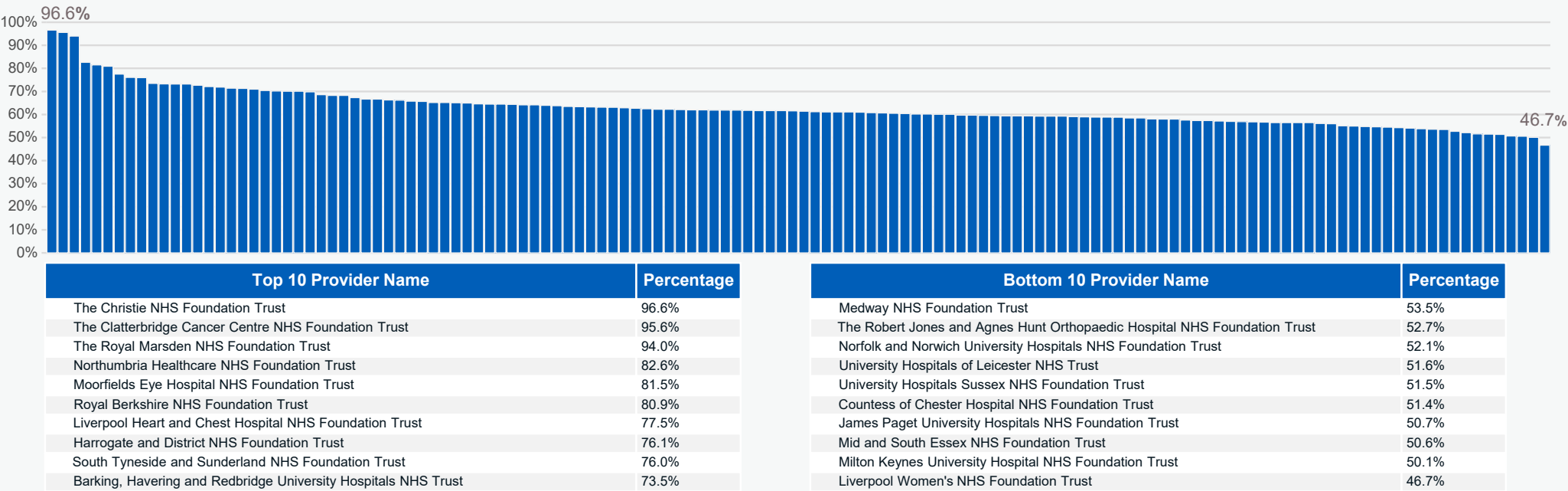
Actions: All relevant Trusts have now submitted revised trajectories to NHSE for both RTT and long waits. Providers have had mid-year reviews during October and November; with 5 attended by the NHSE CEO. Advice & Guidance recovery plan implemented to return A&G to plan in H2 – September A&G requests were closest to plan of any month to date (4.5% below plan; diversions 1.3% above plan). Demand deep dives have also been conducted to provide a clear understanding of drivers, including growth in urgent pathways.

18 week RTT performance varies across providers from 96.6% - 46.7%

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

NHSOF ambition/metric: Percentage of patients waiting 18 weeks or less from referral (Acute Trusts)

Source: Referral to Treatment (RTT) Waiting Times [publication link](#) [PUBLISHED]



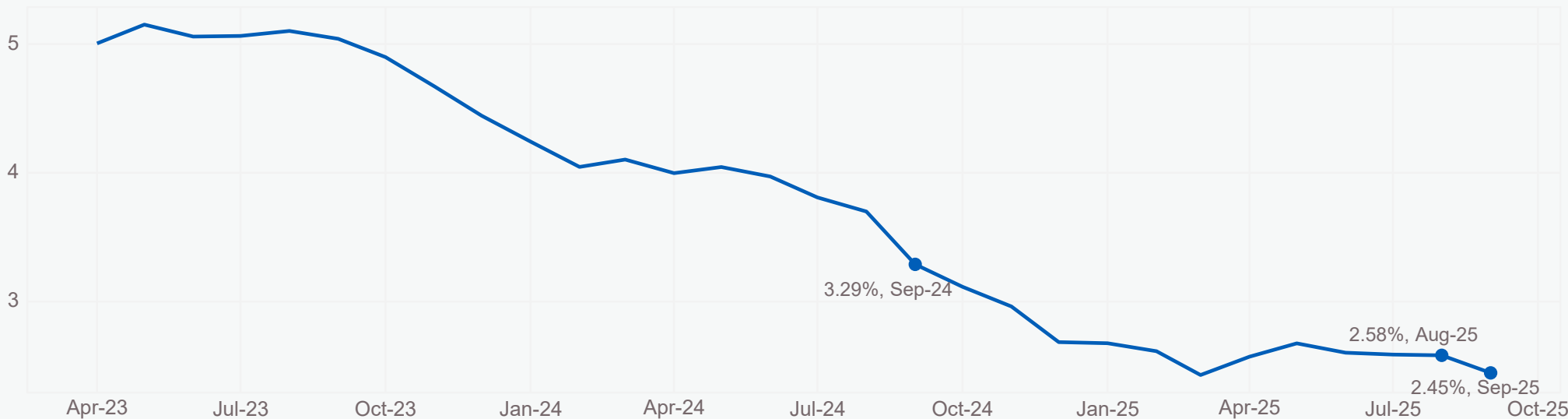
This chart shows the percentage of patients waiting less than 18 weeks for elective treatment split by acute trust(excludes community and independent sector). Highest performing (96.6%) through to lowest performing (46.7%).

We have seen further improvements in the proportion of patients waiting over 52 weeks in Sept-25 to 2.45%

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

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

Source: Referral to Treatment (RTT) Waiting Times [publication link](#) [PUBLISHED]



Current position: As at end September 2025 the percentage of patients waiting over 52 weeks for treatment was 2.45% – this was an improvement from the August 2025 position having decreased by 0.13pp from 2.58%, this was also a year-on-year improvement from the September 2024 position, having decreased by 0.84pp from 3.29%. The position remains improved in September with Ear, Nose and Throat (ENT) remaining the most challenged specialty, whilst plastic surgery has now moved into the bottom 2 specialties.

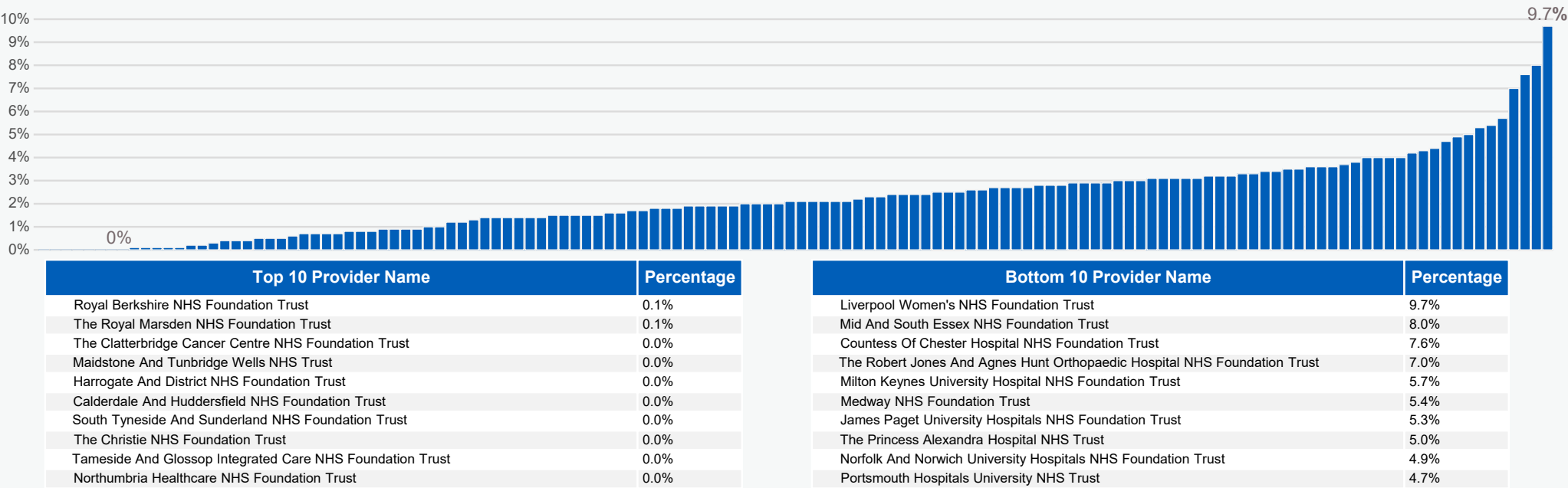
Actions: All relevant Trusts have now submitted revised trajectories for RTT and long waits to NHSE. Providers have had mid-year reviews during October and November; with 5 attended by the NHSE CEO including a specific focus on reducing the number and proportion of 52ww.

Latest data showing the proportion of patients waiting over 52 weeks with varied performance across acute trusts

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

NHSOF ambition/metric: Percentage of patients waiting more than 52 weeks from referral (Acute Trusts)

Source: Referral to Treatment (RTT) Waiting Times [publication link](#) [PUBLISHED]



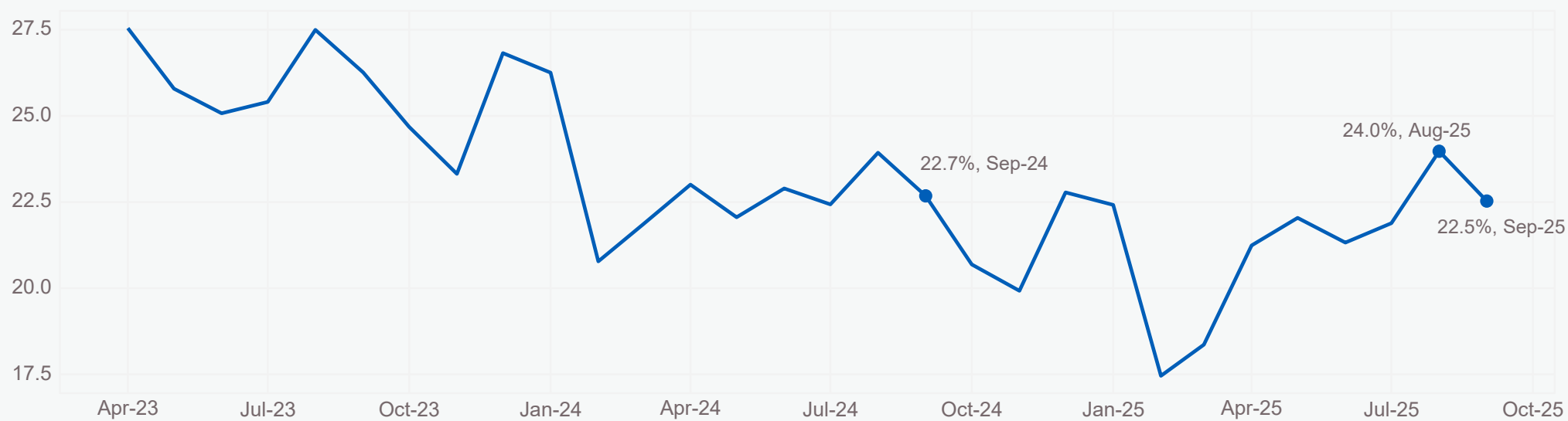
This chart shows the percentage of patients waiting less than 52 weeks for elective treatment in September 2025 split by acute trust. Highest percentage (9.7%) through to lowest (0.0%).

Latest data shows a sustained level of performance in the proportion of patients waiting more than 6 weeks for a diagnostic test across the last 12 months

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

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

Source: Monthly Diagnostic Waiting Times and Activity [publication link](#) [PUBLISHED]



Current position: As at September 2025, the percentage of people waiting over 6 weeks for a diagnostic test or procedure was 22.5%, 1.5pp lower and an improvement from August 2025 of 24.0% and year-on-year which was 22.7% in September 2024. The biggest list overall is for CT scans (768K) having grown by 0.6% in the last 12 months. The longest waits are in Electrophysiology, where 47.7% of patients are waiting over six weeks

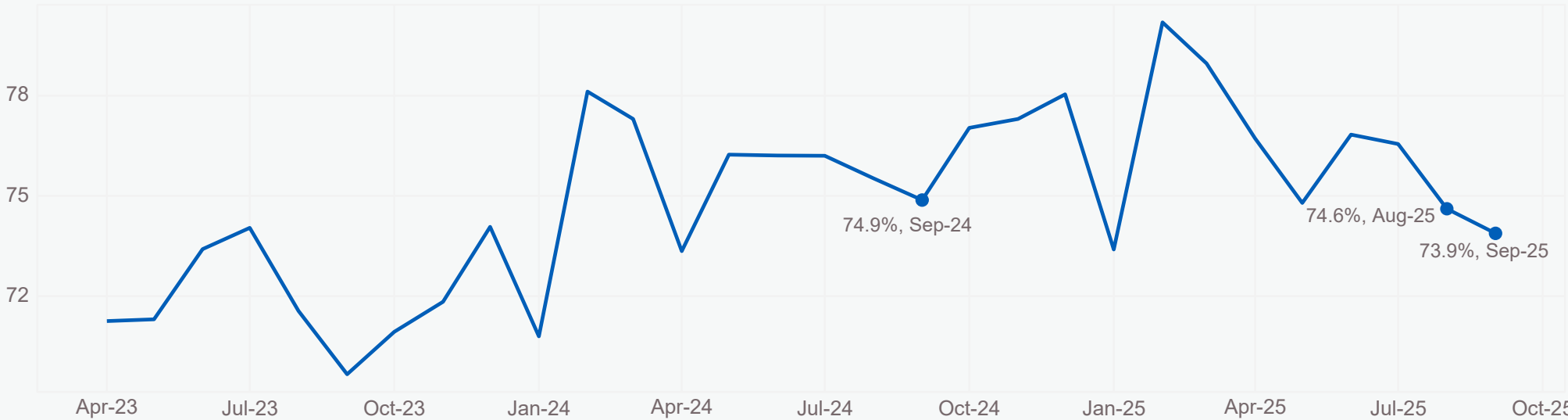
Actions: NHSE remain focused on an approach that combines demand management with capacity generation and productivity improvement. This includes delivery of significant additional capacity in the form of Community Diagnostic Centres (CDCs) and other capital investments in the current year and into the new Spending Review period. Systematic demand management is underway to reduce unwarranted demand on the system, and raising productivity to agreed standards for throughput and turnaround time, and supporting struggling organisations through the Tier 1 process, focus and wider improvement initiatives

Latest data shows declining performance for Cancer Faster Diagnosis, currently standing at 73.9% in September 2025

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

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

Source: Cancer Waiting Times [publication link](#) [PUBLISHED]



Current position: As at end Sept 2025 the percentage of urgent referrals to receive a diagnosis in 28 days was 73.9% – this was a decline from the August 2025 position having decreased by 0.7pp from 74.6%, this was also a year-on-year decline from the Sept 2024 position, having decreased by 1 pp from 74.9%.

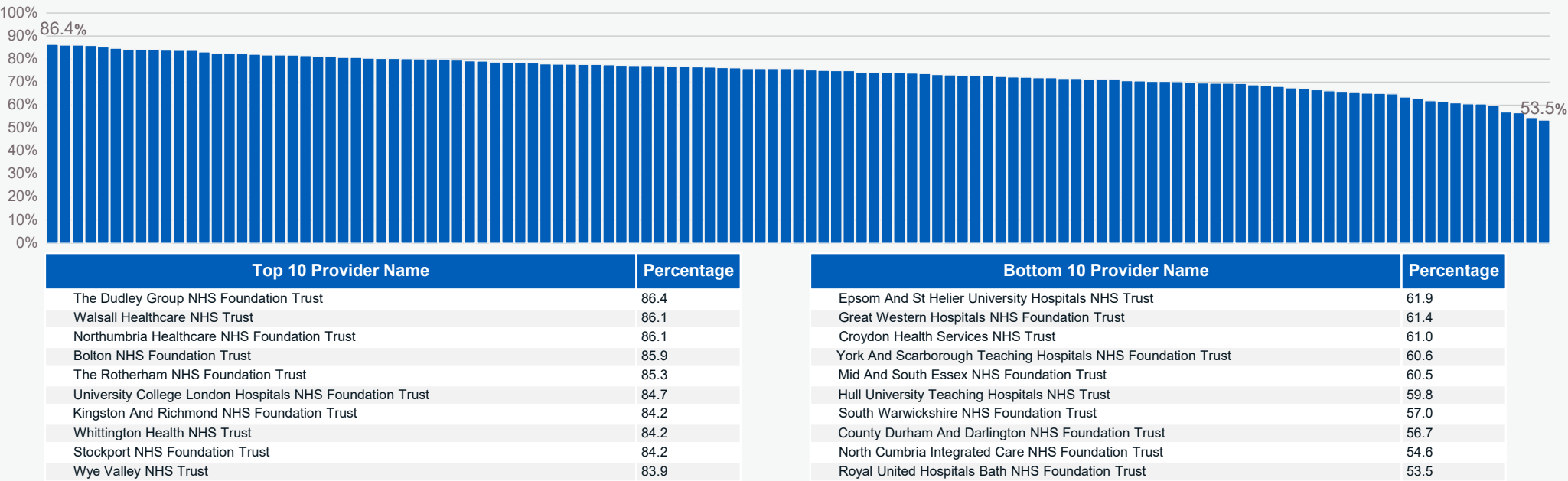
Actions: NHSE are providing direct advice and investment through Cancer Alliances, including on pathway transformation through the 'Days Matter' GIRFT programme of work. The funding package is providing tactical funding of £17.5m for additional activity in our most challenged organisations. There is a priority the focus on fundamentals in managing Cancer Waiting Times in NHS Trusts, and increasing the thresholds for escalation into Tiering to enable a larger cohort of Trusts to benefit from the additional oversight and support provided through the process.

Latest data shows performance for Cancer Faster Diagnosis, split by trusts in September 2025, ranging from 86.4% to 53.5%

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

NHSOF ambition/metric: Faster Diagnostic Standard - 28 Days (Acute Trust)

Source: Cancer Waiting Times [publication link](#) [PUBLISHED]



This chart shows the percentage of patients with an urgent cancer referral who received a definitive diagnosis within 28 days, split by acute trust. Highest performance in (86.4%) through to lowest (53.5)%.

Latest data shows declining performance for Cancer 62-day performance, currently standing at 67.9% in September 2025

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

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

Source: Cancer Waiting Times [publication link](#) [PUBLISHED]



Current position: As at end Sept 2025 the percentage of patients treated within 62 days of referral was 67.9% – this was a 1.2 pp decrease from the Aug 2025 position (69.1%), and a year-on-year decrease of 0.5 pp from Sept 2024

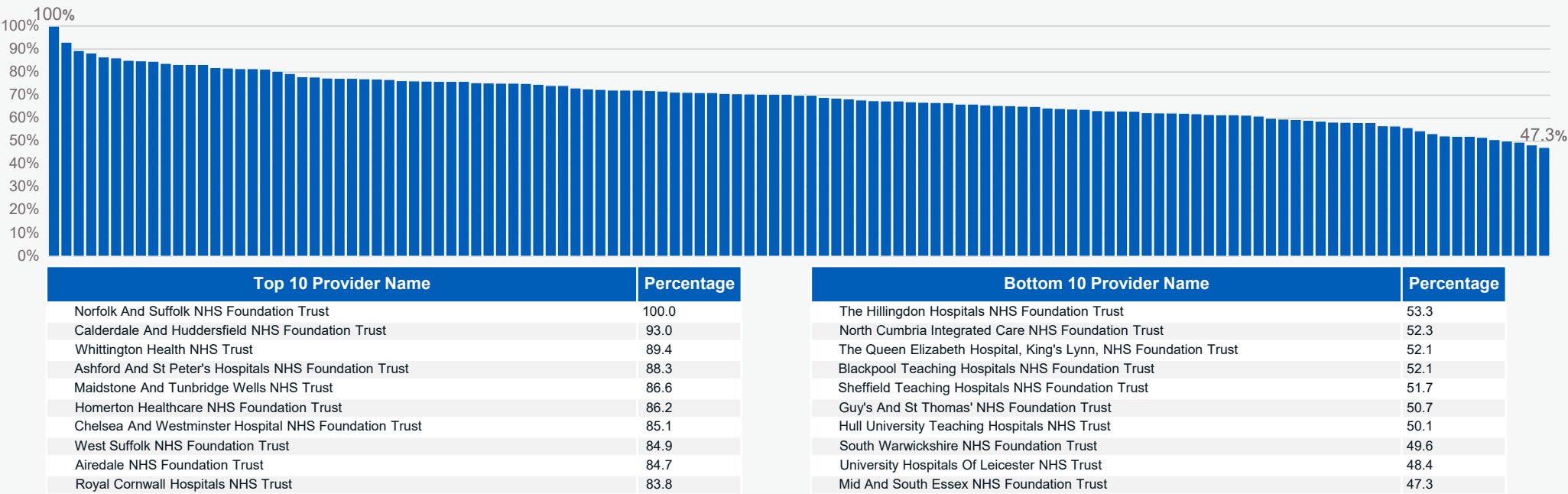
Actions: NHSE are providing direct advice and investment through Cancer Alliances, including on pathway transformation through the 'Days Matter' GIRFT programme of work. The funding package is providing tactical funding of £17.5m for additional activity in our most challenged organisations. There is a priority the focus on fundamentals in managing Cancer Waiting Times in NHS Trusts, and expanding the thresholds for escalation into Tiering to enable a larger cohort of Trusts to benefit from the additional oversight and support provided through the process.

Latest data shows performance for Cancer 62 day performance in September 2025, split by trusts ranging from 100% to 47.3%

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

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

Source: Cancer Waiting Times [publication link](#) [PUBLISHED]



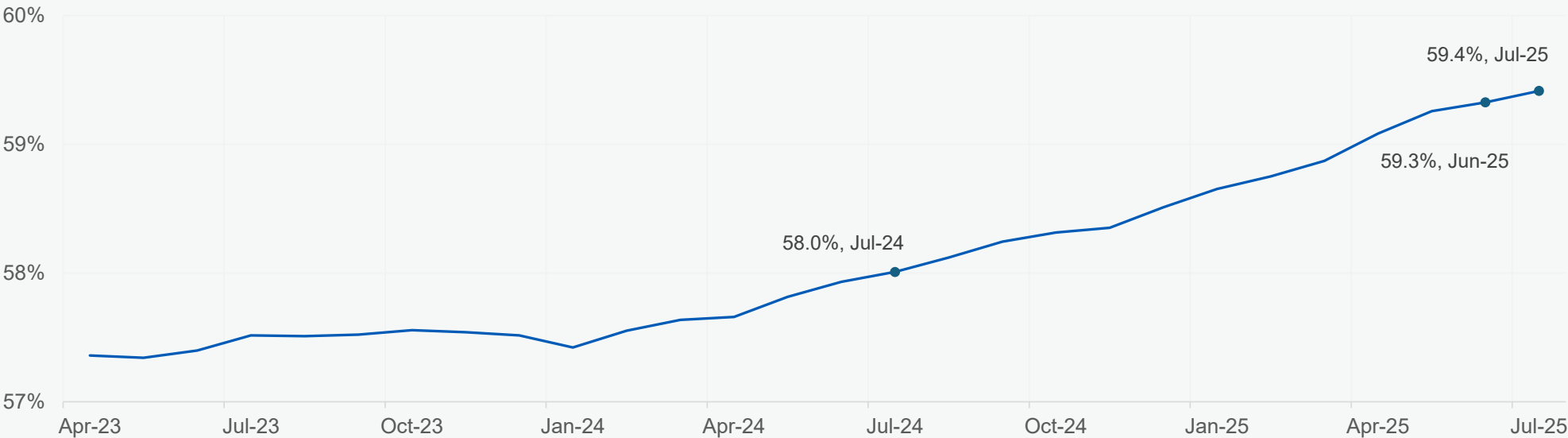
This chart shows the percentage of patients treated for cancer within 62 days in September 2025 split by acute trust. The highest performance (100%) through to lowest (47.3)%.

The proportion of cancers diagnosed at either stage 1 or 2 in the last 12 months has increased by 1.4 ppt since Jul 24 (12 mth. avg.)

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

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

Source: NDRS, Rapid Cancer Registration Data [publication link](#) [PUBLISHED]



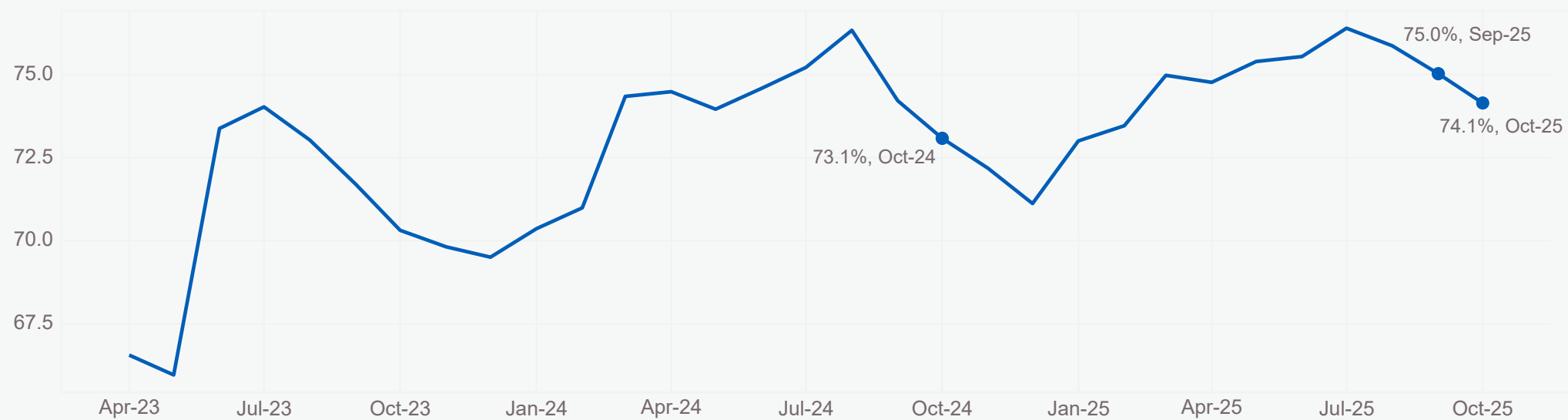
Current position: As at July 2025, the percentage of all cancers diagnosed at stage 1 or 2 was 59.4%(12 mth. avg.), an increase of 0.1pp from June 2025. This was also an improvement from the July 2024 position of 58.0%, an increase of 1.4pp.

Actions: NHS England's lung cancer screening programme has now diagnosed nearly 9,000 lung cancers and aim to complete implementation to the whole country by 2030. Patients from the most deprived parts of the country are now more likely to receive an early diagnosis than those from the most deprived. Bowel Cancer Screening age extension rollout to those aged 50 has completed, and the first wave of sites lowering the threshold for colonoscopy to 80 from the current 120 will go live in Q4, following the early adopters. The Jewish BRCA testing programmes has seen over 40,000 people with Jewish ancestry register for testing, with a new programme offering genomic BRCA testing retrospectively to those who qualify for testing but have not received it also now under way.

A&E 4 hours performance is currently 74.1% in Oct 2025

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

NHSOF ambition/metric: A&E 4-hour performance (Acute trusts)
Source: A&E Attendances and Emergency Admissions [publication link](#) [PUBLISHED]



Current position: At end of Oct 2025, 4 hour performance was 74.1%, a decline of 0.9pp from Sept 2025 (75.0%) and increase of 1 pp from previous year (Oct 2024 – 73.1%).

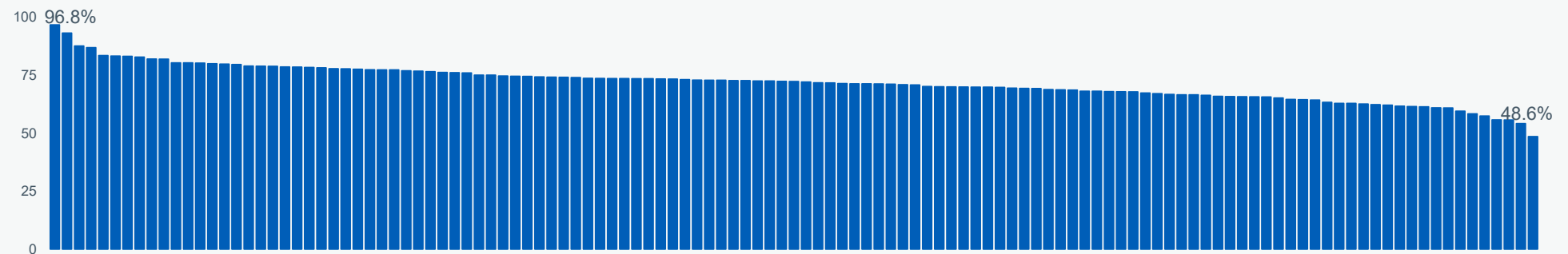
Actions: NHSE is now working closely with providers to prepare for anticipated winter pressures. All Trusts who have been consistently off-track on 4hr and 12hr have submitted their actions to meet agreed trajectories, against which they will be held to account throughout the winter period. DHSC/NHSE are leading on robust vaccination plans which will strengthen influenza and Covid-19 vaccination uptake including for frontline NHS workers. We are continuing to develop the new ED model and have started to undertake winter 'sprints' which will run until the 31 December focused on improving 4hr non admitted performance and reducing discharge delays.

4-hour performance across consultant led ED departments ranges from 48.6% - 96.8%

Chart description: Emergency department attendances admitted, transferred or discharged within 4hrs performance, split by acute trust (consultant led only and stand alone type 3's excluded)

NHSOF ambition/metric: A&E 4 hour performance (Acute Trust, consultant led only)

Source: A&E Attendances and Emergency Admissions [publication link](#) [PUBLISHED]



Top 10 providers	Percentage
Moorfields Eye Hospital NHS Foundation Trust	96.8%
Sheffield Children's NHS Foundation Trust	93.2%
Northumbria Healthcare NHS Foundation Trust	87.7%
Alder Hey Children's NHS Foundation Trust	86.9%
Bradford Teaching Hospitals NHS Foundation Trust	83.5%
Liverpool Women's NHS Foundation Trust	83.3%
West Hertfordshire Teaching Hospitals NHS Trust	83.2%
Calderdale And Huddersfield NHS Foundation Trust	82.8%
North Tees And Hartlepool NHS Foundation Trust	82.0%
Dorset County Hospital NHS Foundation Trust	82.0%

Top 10 providers	Percentage
North Bristol NHS Trust	61.5%
Mid Cheshire Hospitals NHS Foundation Trust	61.0%
Tameside And Glossop Integrated Care NHS Foundation Trust	61.0%
Surrey And Sussex Healthcare NHS Trust	59.6%
University Hospital Southampton NHS Foundation Trust	58.4%
Wirral University Teaching Hospital NHS Foundation Trust	57.5%
Hull University Teaching Hospitals NHS Trust	55.8%
Royal United Hospitals Bath NHS Foundation Trust	55.8%
The Shrewsbury And Telford Hospital NHS Trust	54.2%
East Cheshire NHS Trust	48.6%

This chart shows performance on percentage of emergency department attendances admitted, transferred or discharged within 4hrs, split by trust in October 2025, split by trusts. Highest percentage and best performance (96.8%) through to lowest percentage and poorest performance (48.6%).

12hrs performance is currently at 10.8% in October 2025

Chart description: Percentage of emergency department attendances spending over 12 hours in the department (type 1 and type 2)

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

Source: A&E Attendances and Emergency Admissions [publication link](#) [PUBLISHED]



Current position: Since July 25, we have seen consecutive monthly increase in the % of patients spending over 12 hours in department – 10.8% in Oct 25 which is 1 percentage point higher than Sept 2025 (9.8%) and 0.5 percentage point lower than Oct 2024 (11.3%).

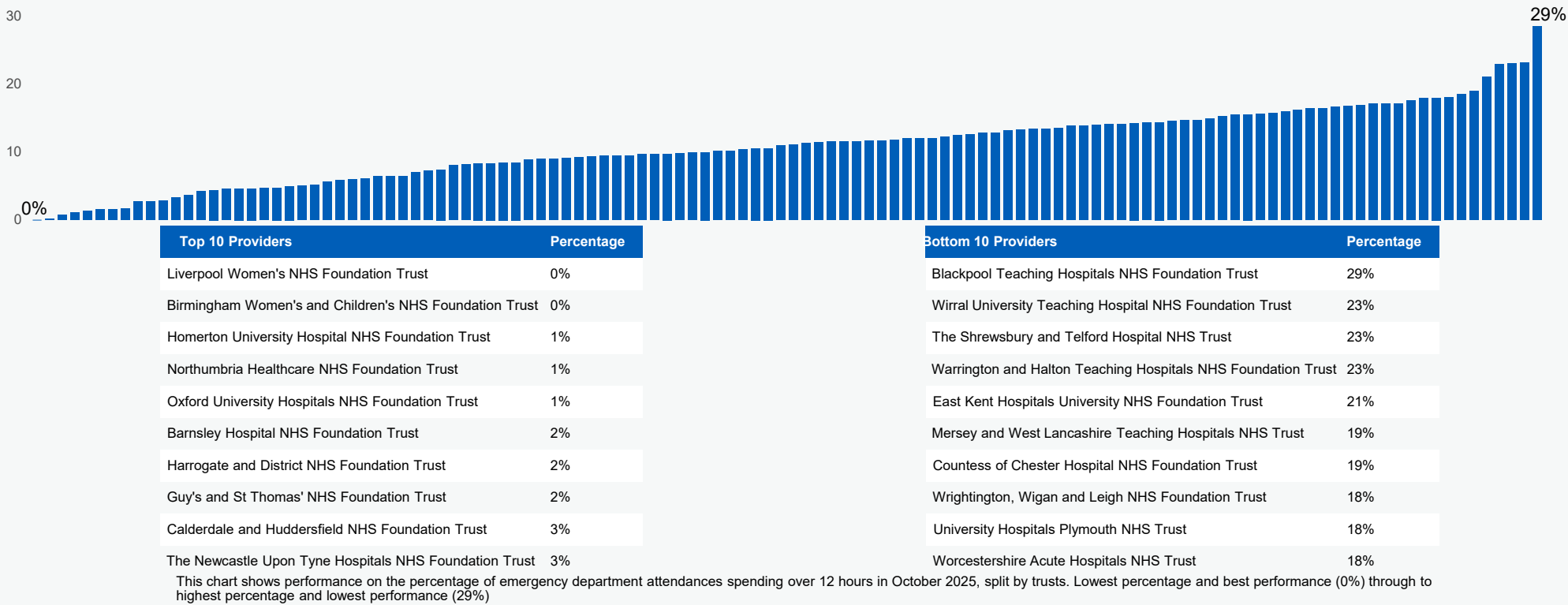
Actions: NHSE National and Regional teams are working with the most challenged organisations. ICBs and Trusts have largely confirmed through their Board Assurance Statements that they are ready for winter and can start to make improvements to 12-hour performance. All Trusts will need to focus on improving non admitted performance to reduce the risk of crowding in EDs and deliver a reduction in beds occupied in advance of and throughout the Christmas period – and then again during the first week in January.

There is marked variation in 12-hour performance across acute providers, ranging from 0% to 29%

Chart description: Percentage of emergency department attendances spending over 12 hours in the department, split by type 1 and type 2 acute trusts

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

Source: A&E Attendances and Emergency Admissions [publication link](#) [PUBLISHED]



Category 2 mean response time has deteriorated since August, reaching 32 minutes and 37 seconds in October 2025

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

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

Source: Ambulance Quality Indicators [publication link](#) [PUBLISHED]



Current position: Cat2 response times have deteriorated since August and continues to remain above 30 minutes. Current month is 1 minute 51 seconds longer than Sept 2025 – 30 minutes 46 seconds, but 9 minutes and 38 seconds quicker than Oct 2024 (42 minutes and 15 seconds). Year to date (up to 31 October 2025) Cat 2 performance was 29:11, 20 seconds

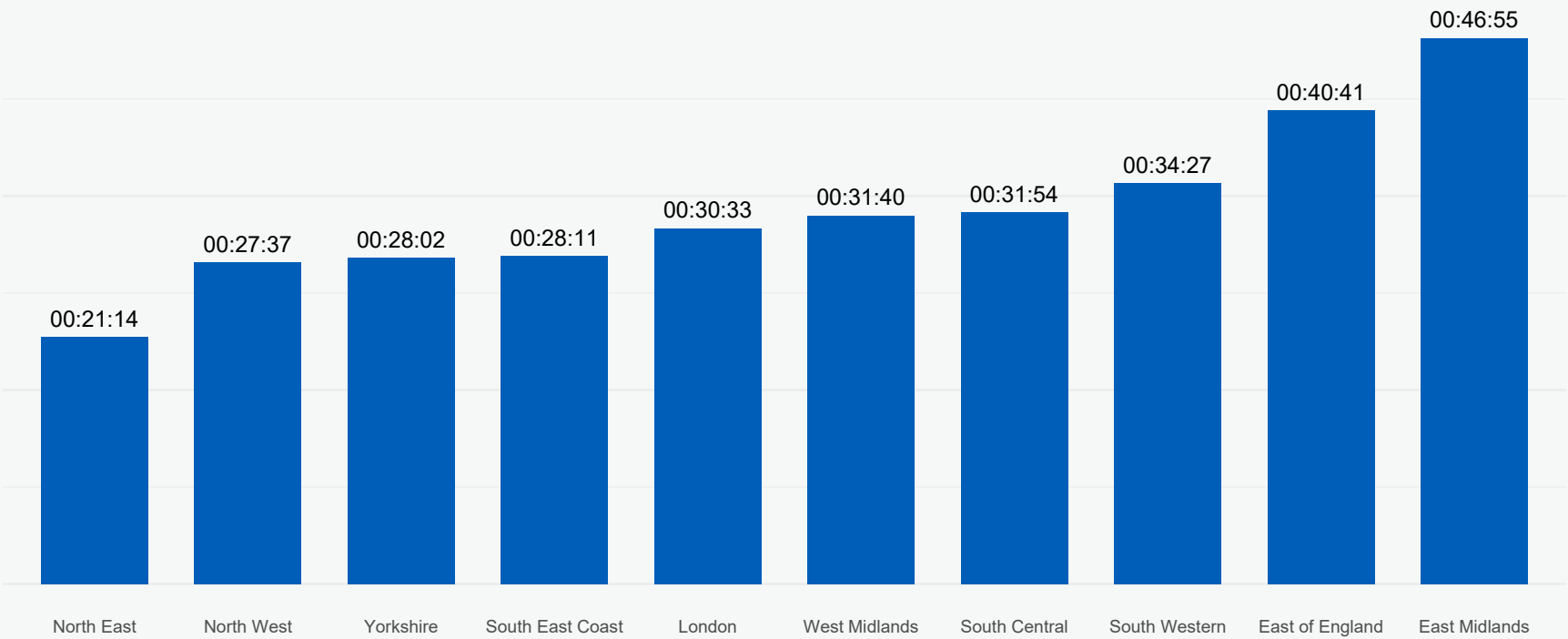
Actions: There is significant work happening to continue to improve Cat 2 performance by maintaining a system-wide focus on reducing hospital handover delays and strengthening operational efficiency. NHSE is collaborating with lead ICBs to ensure that all trusts have "Call Before Convey" pathways, ensuring all ambulance services have implemented, auto-dispatch for all Category 1 and appropriate Category 2a incidents, a review of the Healthcare Professional & Inter-Facility Transfer frameworks and a review of the Hear & Treat reporting is ongoing to standardise reporting and reduce variation in H&T rates across services.

Response times differ significantly across Ambulance Trusts, ranging from just over 21 minutes to more than 46 minutes

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

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

Source: Ambulance Quality Indicators [publication link](#) [PUBLISHED]



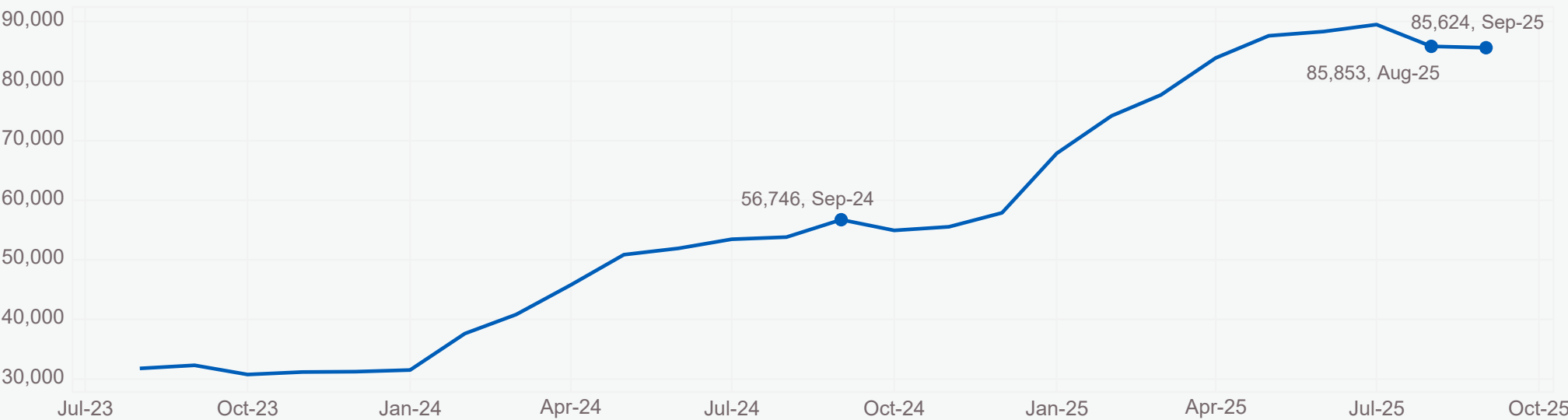
This chart shows performance on Cat 2 ambulance response times in October 2025 split by Ambulance trusts. Highest average response times, best performance (00:21:14) through to lowest average response times (00:46:55).

Latest data shows a reduction in over 52-week waiters for community services, currently standing at 85,624 as of September 2025

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

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

Source: Community Health Services Waiting Lists [publication link](#) [PUBLISHED]



Current position: As of September 2025, 85,624 people had been waiting over 52 weeks for community service, an increase of 28,878 since September 2024. Of the total waiting over 52 weeks, 75,656 are on Children and Young People (CYP) pathways and 10,145 on adult pathways. The services with the largest percentage of the total waiting list waiting over 52 weeks in September 2025 were children and young people's community paediatric service (39% waiting over 52 weeks), adult weight management and obesity services (21%), and children and young people's therapy interventions: speech and language (9%) and dietetics (9%). Please note, some monthly variation may relate to variation in number of submitters.

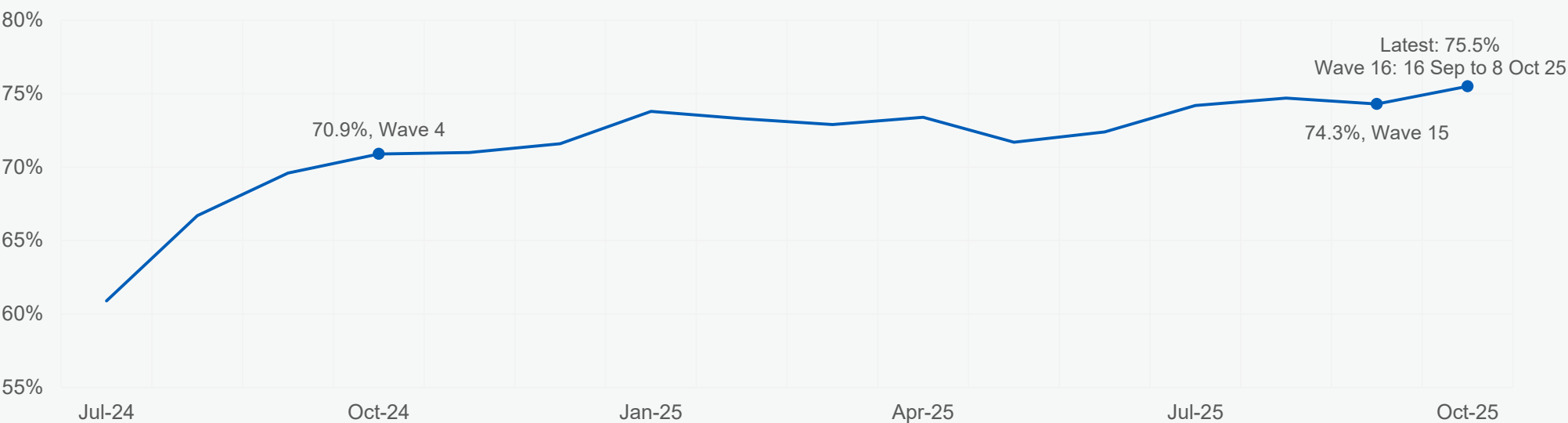
Actions: NHSE are developing national resources to support work to focus on reducing community waits, building on learning from the Getting It Right First Time (GIRFT) Musculoskeletal (MSK) Community Delivery Programme (CDP). The national programme has delivered reductions in community MSK waiting times for participating ICBs through targeted activities this year, including waiting list validation, implementation of patient-initiated follow-up, increased capacity, and high-impact interventions such as community appointment days.

Patient ease of contact with their GP practice highest since the survey began standing at 75.5%

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

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

Source: ONS, Experiences of Healthcare Services in England [publication link](#) [PUBLISHED]



Current position: In Wave 16 (Sept 2025 – Oct 2025) the percentage of patients who found it easy to contact their GP was 75.5% an improvement of 1.2pp from Wave 15 (Aug 2025- Sept 2025) of 74.3%. 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. Online contact was perceived as the easiest contact method with 79.3% of people describing it as 'Easy'. In person is 77.1%.

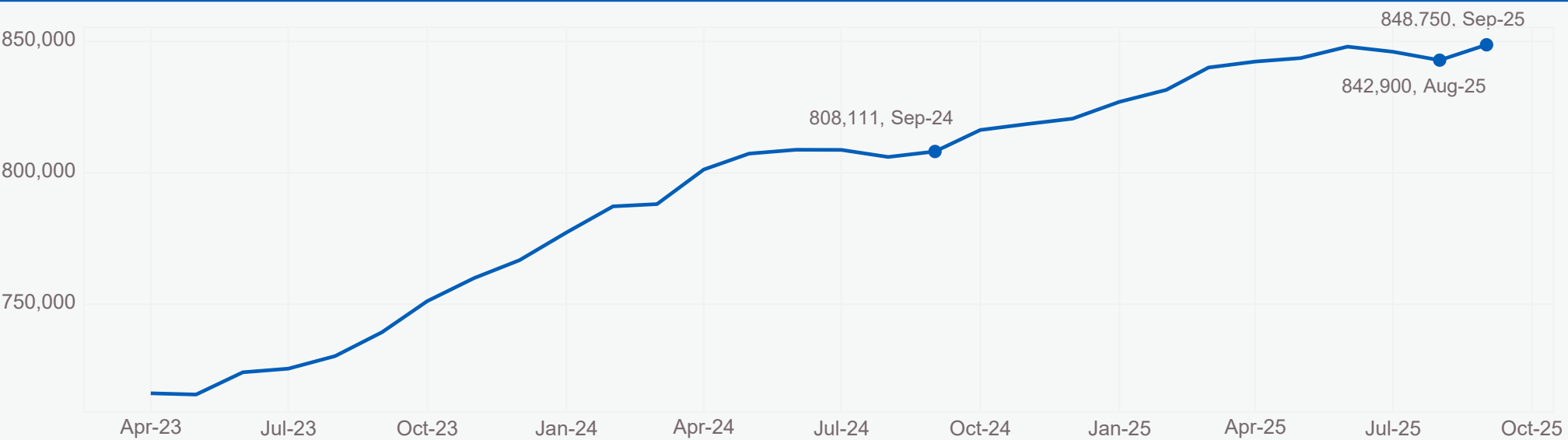
Actions: . Working with NHSE regional teams all ICBs have put in place general practice action plans to address variation and to provide improvement support. Regions are also providing monthly updates on outliers and progress on variation. The changes to the GP contract that have been implemented from 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.

There continues to be an increasing number of children and young people accessing community mental health services, now standing at 848,750 in the 12 months to September 2025

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)

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

Source: Mental Health Services Monthly Statistics [publication link](#) [PUBLISHED]



Current position: Performance in September 2025 shows 848,750 0-17 CYP accessed NHS funded MH services an increase on the previous month (842,900 August 2025)) and a significant increase on previous year (808,111 Sept ember 2024). 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: The NHSE focus remains on outcomes and productivity and improving accuracy of reporting to help highlight performance variation, identify approaches to good practice. A productivity metric has been developed, tested and finalised. The metric will now be included in the productivity planning opportunity packs. Work continues to develop supporting resources to support overall CYP MH Productivity with the national team hosting a webinar series on best practice examples on CYP MH productivity.

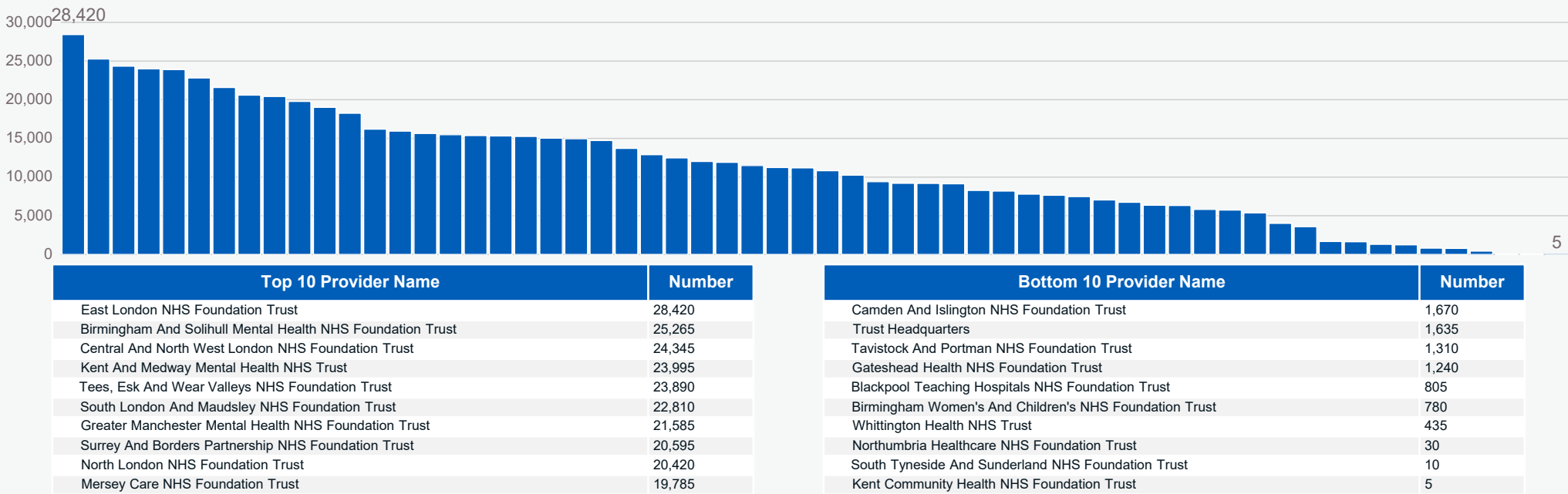
Number of children and young people accessing community mental health services, split by trusts

September 2025

Chart description: Number of children accessing community mental health services with 2 or more care contacts (12 months rolling average), split by Mental Health Trusts

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

Source: Mental Health Services Monthly Statistics [publication link](#) [PUBLISHED]



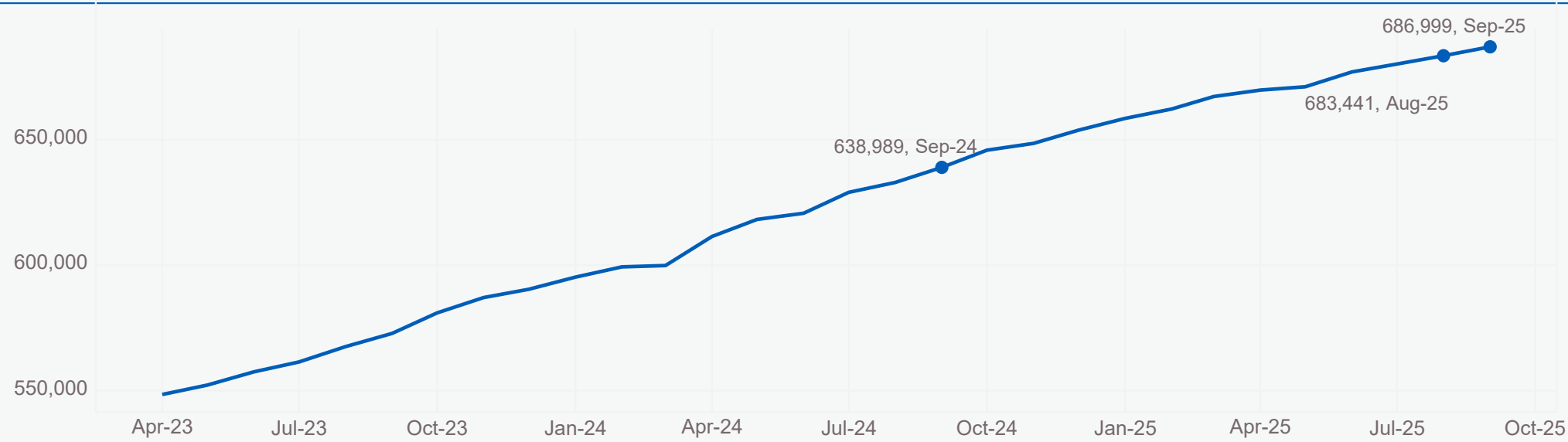
The chart shows adult access levels (patients) to community mental health services in September 2025 split by all mental health trusts. Highest patient numbers 28,420 through to lowest 5.
*Values between zero and four replaced with an asterisk.

There continues to be an increasing number accessing adult community mental health services (2 or more care contacts), now standing at 686,999 in the 12 months to September 2025

Chart description: Number of adults accessing community mental health services with 2 or more care contacts (12 months rolling average)

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

Source: Mental Health Services Monthly Statistics [publication link](#) [PUBLISHED]



Current position: In September 2025 686,999 people accessed mental health services for adults. This is an increase on August 2025 (683,441) and increase on September 2024 (638,989). This shows a continued pattern of month-on-month improvement.

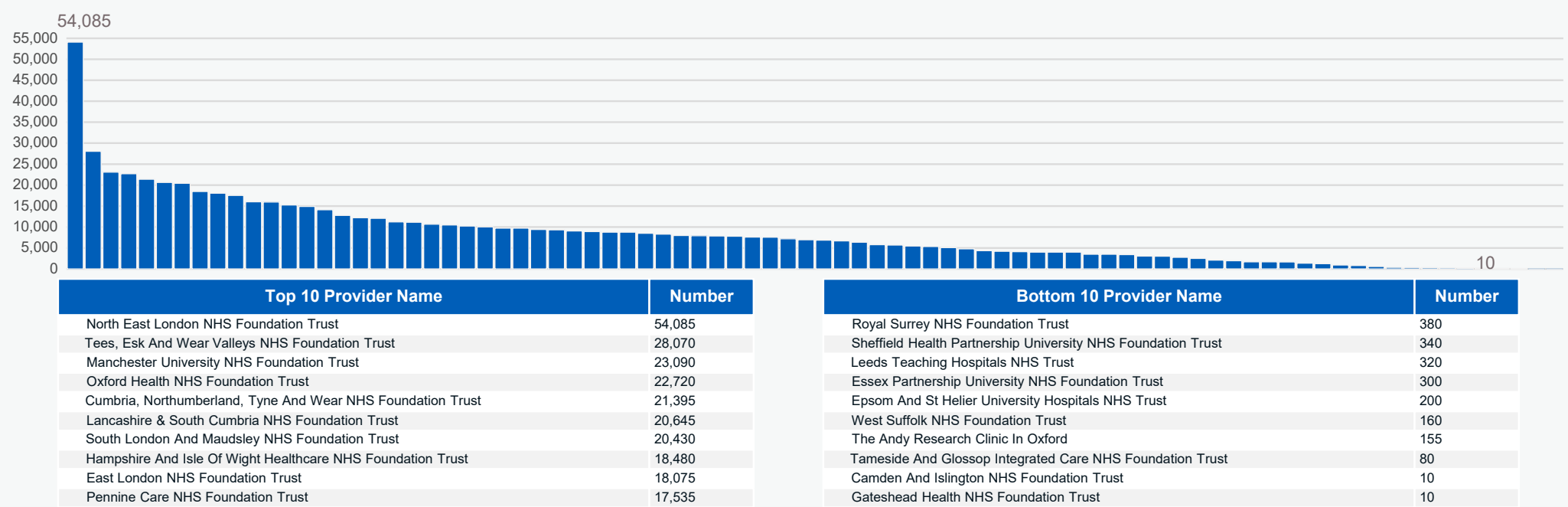
Actions: NHSE continues to focus on improving quality of provision within mental health services, through including improving availability of intensive and assertive care, and the development of new 'Personalised Care Framework' to improve core elements of care provision across all services.

There continues to be an increasing number accessing adult community mental health services (2 or more care contacts), now standing at 686,999 in the 12 months to September 2025

Chart description: Number of adults accessing community mental health services with 2 or more care contacts (12 months rolling average), split by Mental Health Trust

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

Source: Mental Health Services Monthly Statistics [publication link](#) [PUBLISHED]



The chart shows children and young people access levels (patients) to NHS funded mental health service in September 2025 split by all mental health trusts. Highest patient numbers 54,085 through to lowest 10.
* Values between zero and four are removed

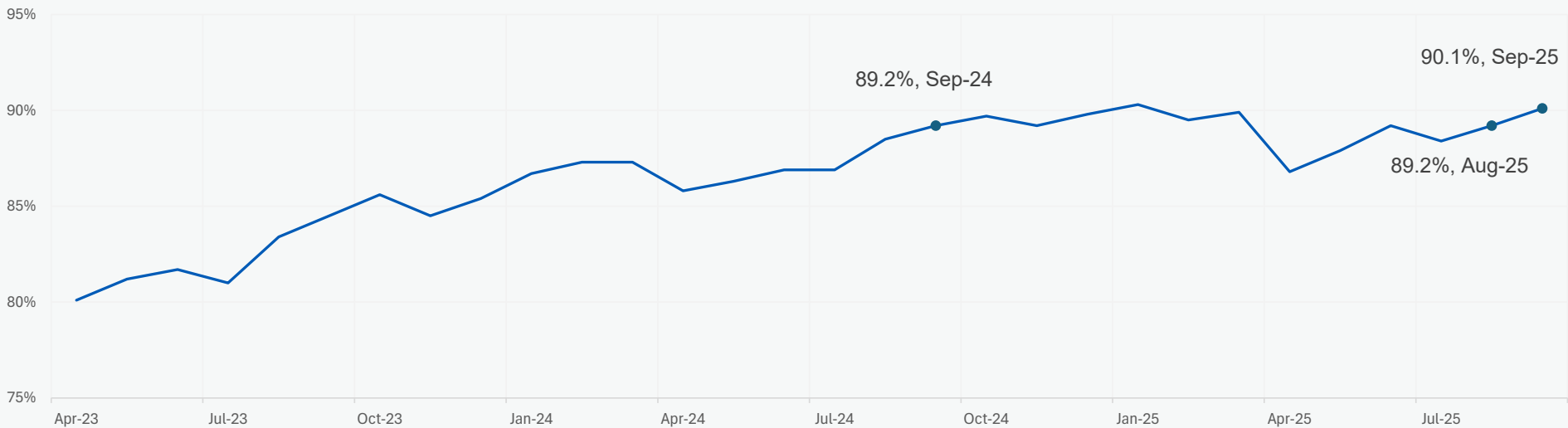
In September 2025, 90.1% of those with suspected autism were waiting over 13 weeks after referral for initial contact



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

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

Source: Autism Waiting Time Statistics [publication link](#) [PUBLISHED]



Current position: Of those people waiting for assessment in September 2025, 90.1% were waiting 13 weeks or longer for contact, this is an increase of 0.9% on the previous month and 0.9% higher proportion than in September 2024.

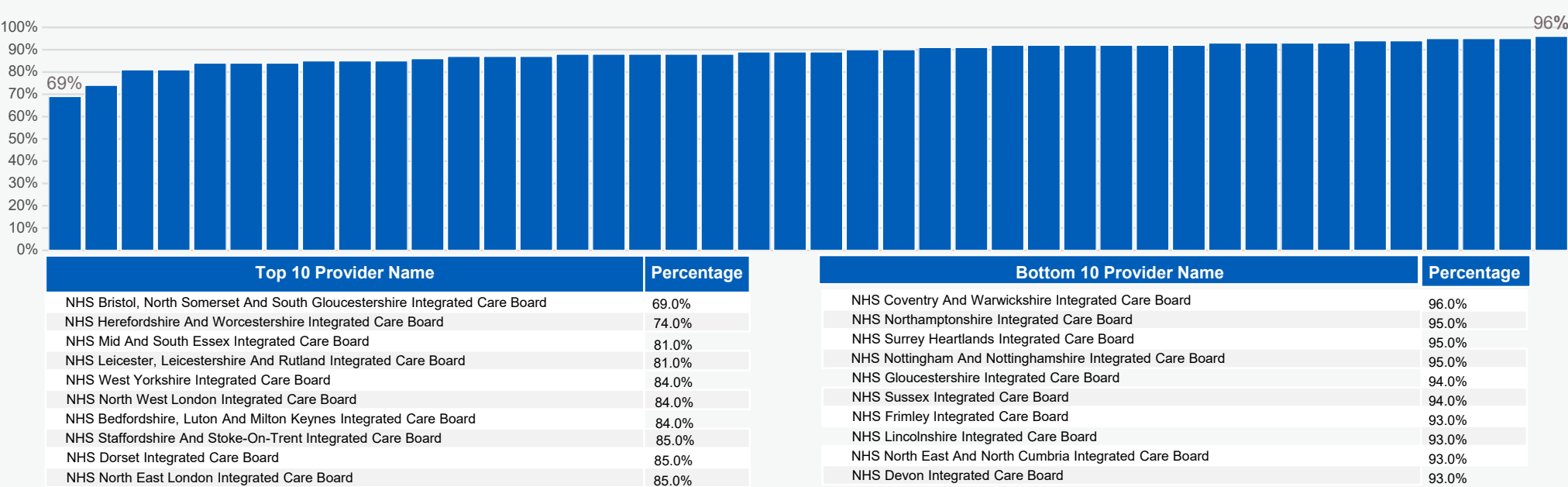
Actions: The NHSE ADHD programme is continuing its work to improve the quality and access to both autism and ADHD assessment pathways, including driving adoption of evidence-based practice and service-redesign across the pathway; supporting the workforce via the Autism Practitioner Network. NHSE is also supporting local areas to implement the autism assessment national framework and operational guidance to deliver improved outcomes in all-age autism assessment pathways.

In September 2025, system performance on autism referrals ranges from 69% up to 96% of patients waiting 13 weeks or longer for contact

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

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

Source: Autism Waiting Time Statistics [publication link](#) [PUBLISHED]



This chart shows patients waiting 13 weeks or more with a suspected autism diagnosis as a percentage of total open referrals in September 2025 split by Integrated care boards. Lowest percentage of referrals still open after 13 weeks at (69.0%) through to highest percentage at (96.0%).



Finance and productivity



Finance and productivity - summary of metrics

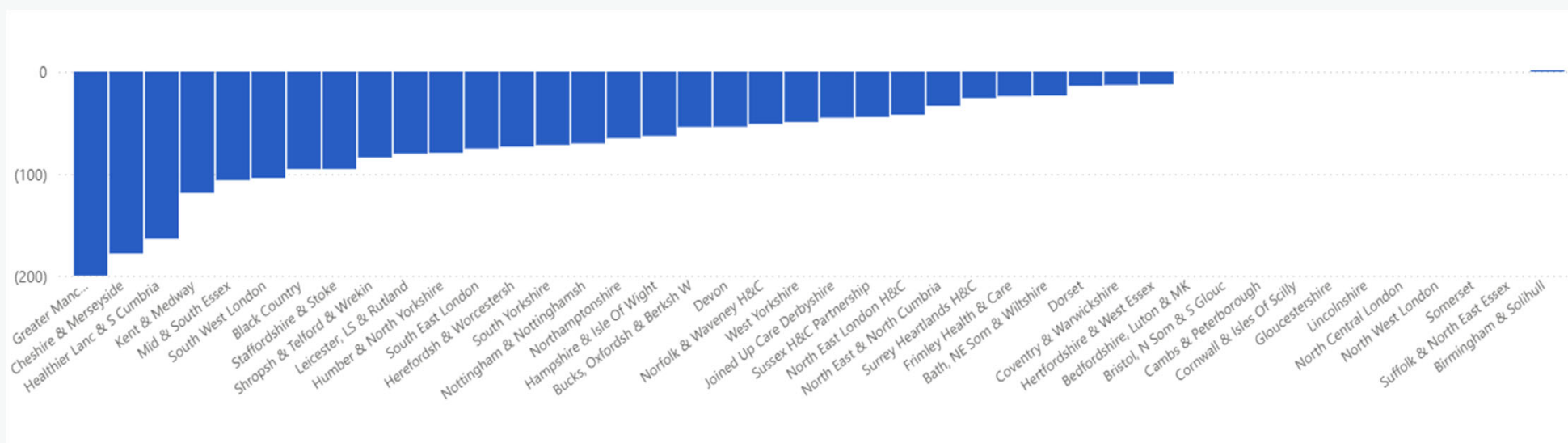
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year
Finance	Planned surplus/deficit for systems (excl. DSF)	-£910.4 million 2025/26 M6	-£906.6 million 2025/26 M5	-£3.8 million	-£2,283m million
	Planned surplus/deficit for providers (excl. DSF)				-£2,358 million
	Variance year-to-date to financial plan for systems (incl DSF)	-£288.5 million 2025/26 M6	-£254.5 million 2025/26 M5	-£34.0 million	-£696.5 million 2025/26 M6
	Variance year-to-date to financial plan for providers (incl DSF)	-£305.1 million 2025/26 M6	-£270.2 million 2025/26 M5	-£34.9 million	-564.5 million 2025/26 M6
Productivity	Implied productivity level (year-to-date)	2.2% 2025/26 M4	2.4% 2025/26 M3	-0.3 ppt	-

The national full year system planned deficit is £2,206 million, 31 of 42 systems have a planned deficit (excluding DSF)

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

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

Source: NHS Finance [PUBLISHED]



Current position: Nationally at M6, 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

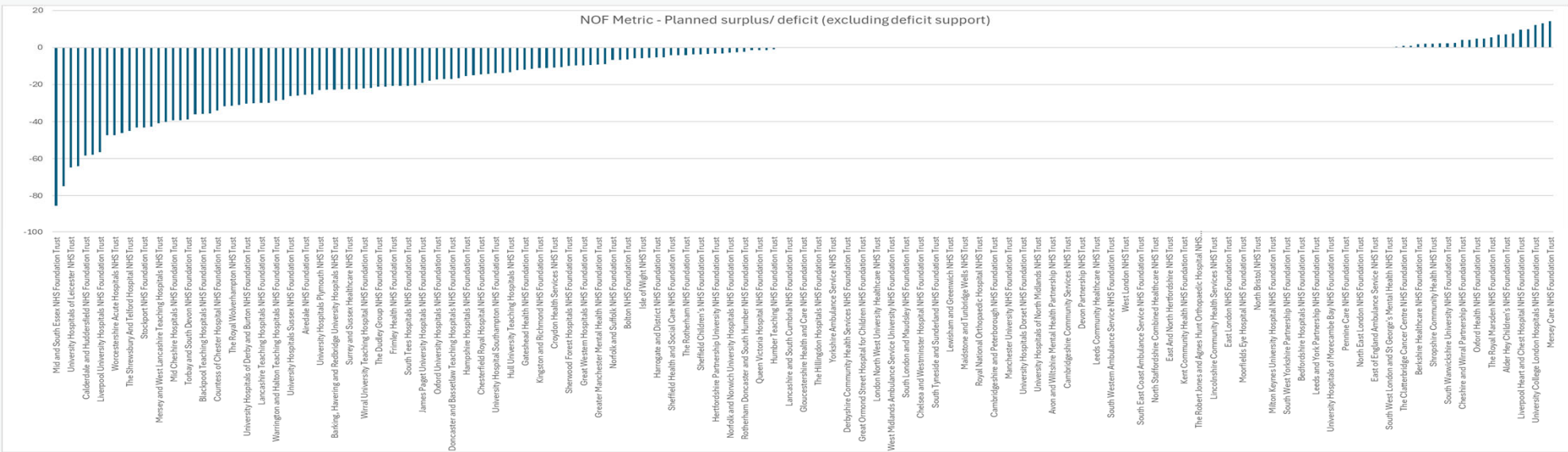
Actions: Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding receive funding on a quarterly basis contingent on continued delivery of their plans. Based on an assessment of the financial position and a range of metrics including efficiency and workforce, 11 systems have not received quarter 3 deficit support funding. Bath & North East Somerset, Swindon and Wiltshire has had funding withheld across all 3 quarters of 25/26. North East London and Cheshire & Merseyside have had funding withheld for quarters 2 and 3. The Financial Performance Improvement Programme continues to target systems with overspends to agree recovery plans and manage down the risk of overspends.

The national full year provider planned deficit is £2,206 million, 99 out of 205 providers have a planned deficit (excluding DSF)

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

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

Source: NHS Finance [PUBLISHED]



Current position: Nationally at M6, the full year system planned deficit (excluding DSF) is £2,206 million. 99 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

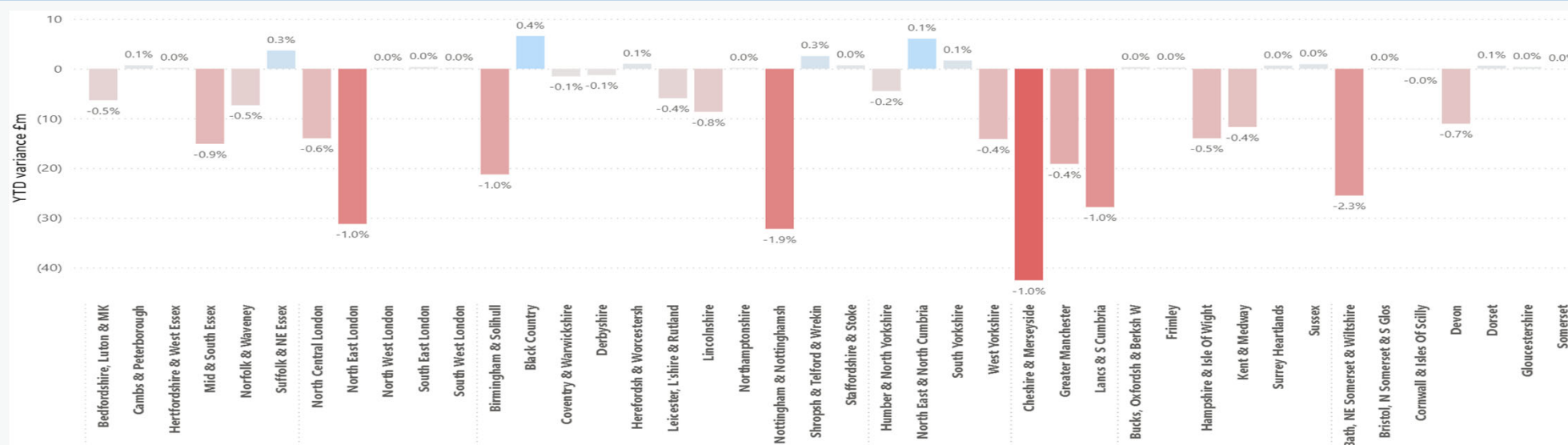
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As at M6 the overall system adverse variance to plan is £289m, compared to £697m at M6 last year

Chart description: Year to Date (YTD to M6) surplus/deficit variance to plan by ICB (including deficit support)

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

Source: NHS Finance [PUBLISHED]



Current position: The chart shows the Year to Date variance to plan (including deficit support funding) and variance as % of YTD allocation. As at M6 the overall system adverse variance to plan is £289m (compared to £697m to M6 last year), with 5 systems making up more than half of this. 22 systems have delivered their plans to M6.

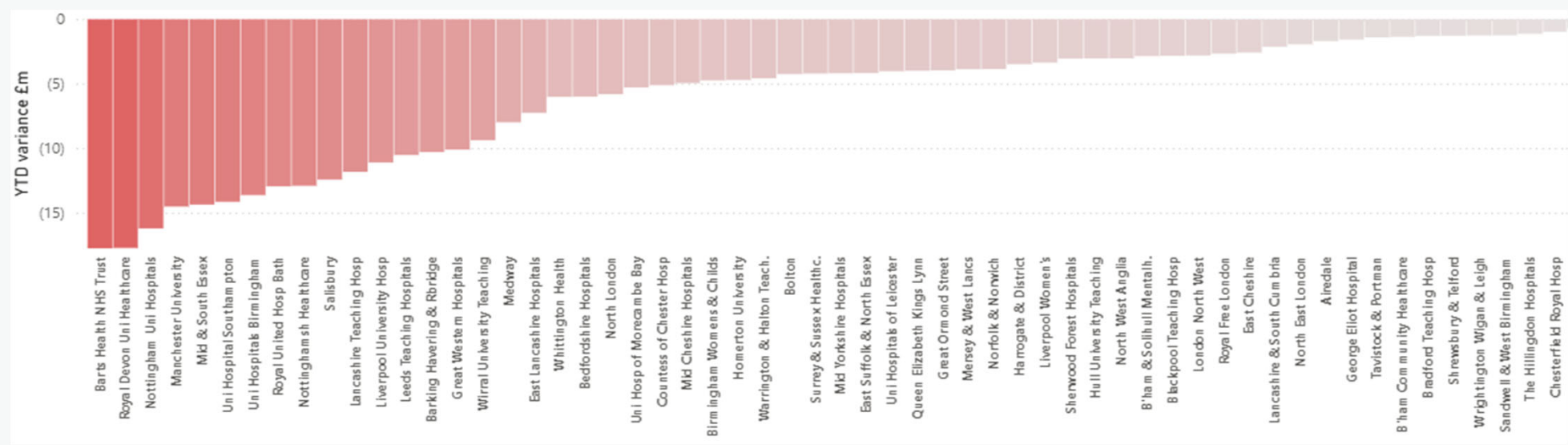
Actions: Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding receive funding on a quarterly basis contingent on continued delivery of their plans. Based on an assessment of the financial position and a range of metrics including efficiency and workforce, 11 systems have not received quarter 3 deficit support funding. Bath & North East Somerset, Swindon and Wiltshire has had funding withheld across all 3 quarters of 25/26. North East London and Cheshire & Merseyside have had funding withheld for quarters 2 and 3. The Financial Performance Improvement Programme continues to target systems with overspends to agree recovery plans and manage down the risk of overspends.

As of M6, the adverse YTD variance to plan was £305m across providers

Chart description: Year to Date deficit variance over £1m to plan for providers (including deficit support)

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

Source: NHS Finance [PUBLISHED]



Current position: The chart shows Providers with adverse YTD variance to plan over £1m (including deficit support funding). As of M6, the YTD variance to plan was £305m across providers. In providers with the largest overspends there is a correlation between the YTD variance, pay variance and efficiency shortfall. At M6 variances are mainly due to £195m slippage against efficiency plans, impact of July industrial action and workforce increases beyond planned levels. 66 providers report overspends at month 6.

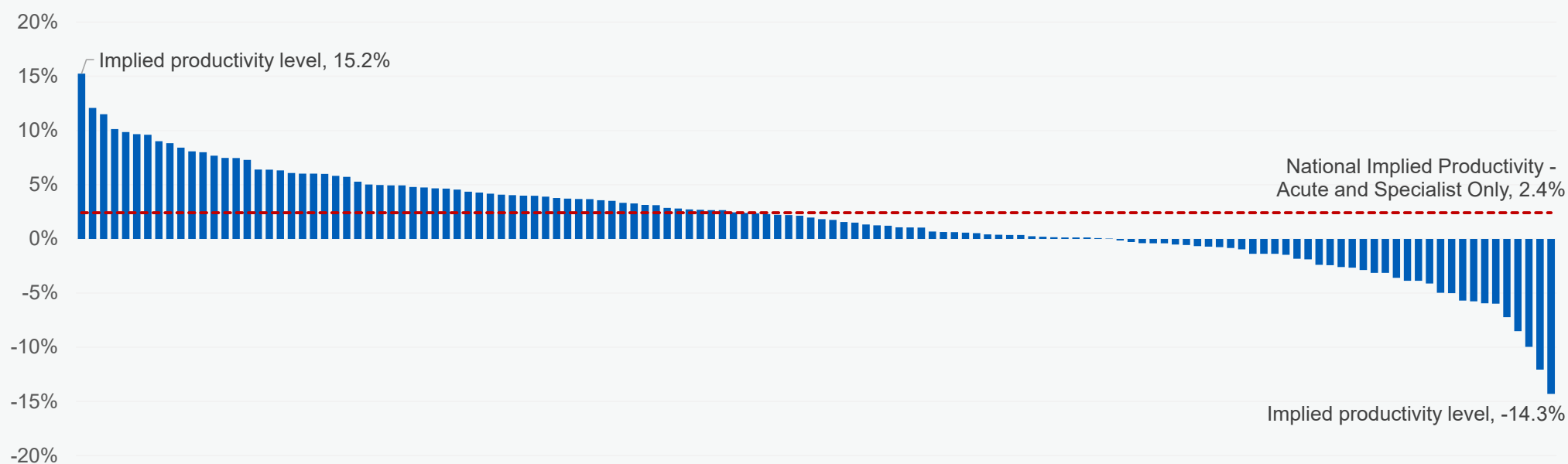
Actions: Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems (including providers) in receipt of deficit support funding receive funding 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, 11 systems have not received quarter 3 deficit support funding. Bath & North East Somerset, Swindon and Wiltshire has had funding withheld across all 3 quarters of 25/26. North East London and Cheshire & Merseyside have had funding withheld for quarters 2 and 3. The Financial Performance Improvement Programme continues to target systems with overspends to agree recovery plans and manage down the risk of overspends.

As at M3 acute providers are continuing to deliver above the productivity target of 2% set by Government

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

NHSOF ambition/metric: Implied productivity level (year-to-date), by Acute Trust

Source: NHS Finance [UNPUBLISHED]



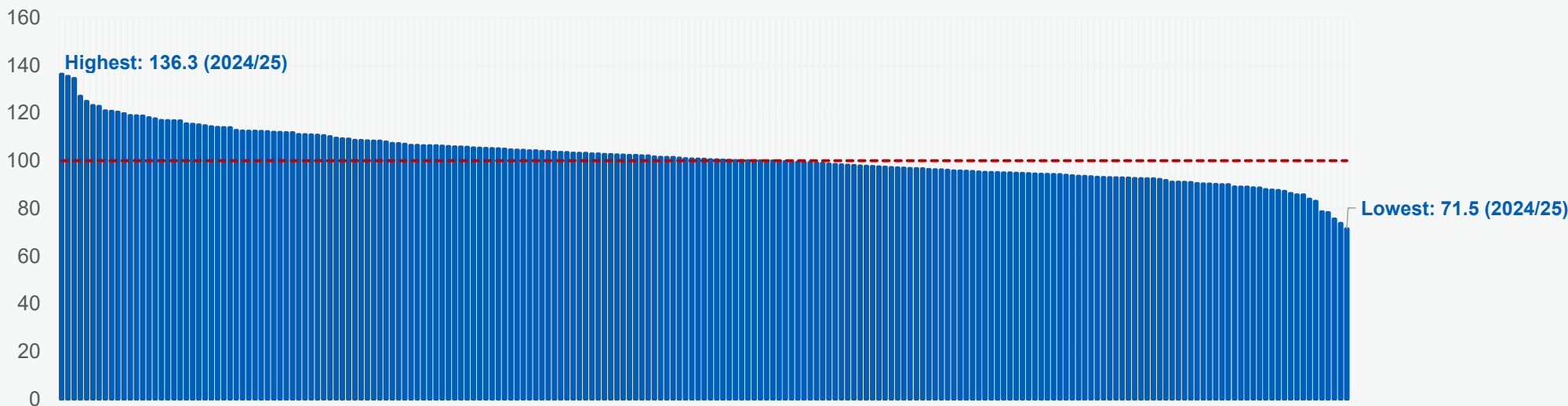
Current position: As at M3, acute providers have delivered growth of 2.4% in productivity terms in the first 3 months of 25/26 when compared to the same period in 24/25. This builds on the 2.7% productivity growth seen in 2024/25 compared to 2023/24. Acute providers are continuing to deliver above the productivity target of 2% set by Government

Actions: The Medium-Term Planning Framework sets out the actions being taken to continue the recent improvement in productivity into and beyond the next year, including reforming consultant job planning, reducing the use of temporary staff (including a 30% reduction in agency and 10% reduction in bank spending in 2026/27) and delivering digitally enabled productivity opportunities. The national programme team has sent each NHS trust a bespoke productivity and efficiency opportunity pack to identify where savings and improvements can be made and the NHS Payment Scheme Efficiency factor has been set at 2% to align financial flows to this ambition.

There is evident variation in relative costs nationally in FY 2024/25

Chart description: Relative cost difference, National Cost Collection across the system

NHSOF ambition/metric: Relative difference in costs
Source: National Cost Collection for the NHS [publication link](#) [PUBLISHED]



Current position: In 2024/25 there was a wide difference in the relative costs of delivering activity in NHS trusts. The most expensive trust had average costs 36.3% above the national average and the least expensive trust had costs 28.5% below the national average. This comparison controls for the mix and complexity of services delivered. Similar patterns have persisted over recent years.

Actions: The Medium-Term Planning Framework sets out the actions being taken to continue the recent improvement in productivity into and beyond the next year, including reforming consultant job planning, reducing the use of temporary staff (including a 30% reduction in agency and 10% reduction in bank spending in 2026/27) and delivering digitally enabled productivity opportunities. The national programme team has sent each NHS trust a bespoke productivity and efficiency opportunity pack to identify where savings and improvements can be made and the NHS Payment Scheme Efficiency factor has been set at 2% to align financial flows to this ambition.