



# Integrated Performance Report

NHS England Board  
February 2026



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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

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

- Percentage of inpatients acquiring a new pressure ulcer (Acute trusts)
- Percentage of pregnant women who quit smoking (Integrated care boards)
- Percentage of inpatients referred to in-house tobacco treatment services who make a supported attempt to quit stop smoking (Integrated care boards)
- Percentage of patients supported by obesity programmes (Integrated care boards)
- 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)

New metric - now included in the Effectiveness section, Readmission rate band (Acute, community and mental health trusts)

*Note – All charts show data call outs points under #10 to 2 decimal places, all data call out points over #10 to 1 decimal place*

# Performance overview by exception (1 of 3)

## Improvements:

- **Number of adult inpatients who are autistic or have a learning disability** - In November 2025 inpatient numbers (1,820) decreased by 50 inpatients, an improvement compared to the previous month (1,879 in October) and down 180 from November 2024 (2,000)
- **Continuing Healthcare Referrals** - As at September 2025, standard NHS continuing healthcare referrals completed within 28 days was 76.0%, a 0.38 percentage point improvement compared to June 2025, and a 3.5% improvement from September 2024.
- **Mental Health bed days that are out of area** - As at November 2025, there were 367 out of area placements, a decrease of 9.8%, an improvement compared to October 2025 (reduced from 407), and a 19.0% improvement compared to November 2024 (reduced from 453).
- **Percentage of patients conveyed to emergency departments by ambulance** – As at December 2025, 47.6% of patients were conveyed to an emergency department, a 0.7 percentage point reduction compared to November 2025, and a reduction of 0.7 percentage points from December 2024.
- **Diabetes care processes** - The national completion rate for people with diabetes who received all 8 NICE recommended care processes improved in the financial year up to September 2025:
  - Type 1 diabetes 18.3% (1.2% higher than the same period last year).
  - Type 2/other diabetes 28.3% (1.5% higher than the same period last year).This quarterly data relates to primary care activity only; specialist diabetes services data are not included until the full annual publication.
- **Percentage of patients able to see preferred healthcare professional (GP)** – The Health Insights Survey undertaken 11 November 25 – 3 December 25 (Wave 18) , shows the proportion of patients surveyed who were able to see or speak to their preferred healthcare professional was 68.0%. Compared to survey undertaken 14 October 25 – 5 November 25 (Wave 17) this is equivalent to 0.9 percentage point increase. When compared to survey undertaken 12 November 24– 4 December 24 (Wave 5), this is equivalent to 5.1 percentage point increase.
- **Percentage of patients with perceived ease of contacting GP** – The percentage of patients who described contacting their GP as easy has increased over the past year. Latest Wave 18 (11 November 25 – 3 December 25) is 73.1%, compared to Wave 5 (12 November 24 – 4 December 24) was 71.0% this is equivalent to 5.1 percentage point increase. Using the NHS App was reported as the easiest method to contact the GP (83.3%), compared to 76.8% online.



# Performance overview by exception (2 of 3)

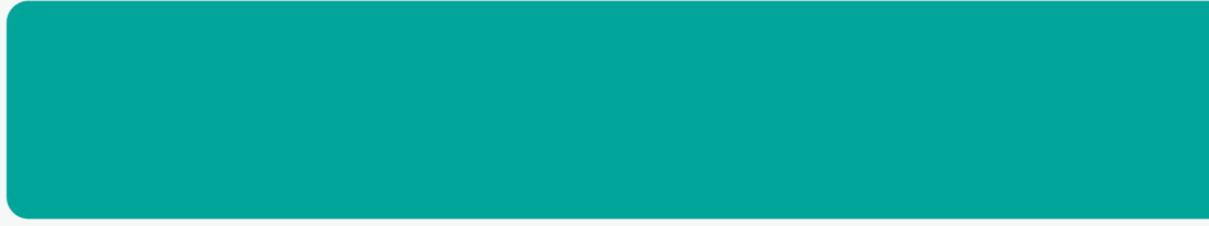
## Improvements:

- **Percentage of children (Aged 0 – 9) prescribed antibiotics** - The proportion of children under 10 years exposed to antibiotic(s) in the previous 12 months was 28.8% in September 2025. Sustained from August 2025 and 6.5% lower than September 2024. Performance is on an improving trajectory after reaching a plateau of around 35% exposure during 2024.
- **Total elective waiting list** - As at November 2025, the number of patients on the elective waiting list stands at 7.31 million, which is 86,517 lower than October 2025, and a decrease of 1.2%.
- **Children and Young People elective waiting list** - As of week ending (w/e) 28 December 2025, the number of under 18 patients on the elective waiting list was 708,715, which is 66,735 lower than w/e 29 December 2024, and a decrease of 8.6%.
- **Category 2 ambulance response times** - As at December 2025, average category 2 ambulance response is 32 minutes and 43 seconds – the best December performance since December 2020. This is a 3 second improvement compared to November 2025; and a 14 minutes and 43 seconds improvement compared to December 2024.
- **Children and young people accessing NHS-funded Mental Health services** - As at November 2025, the number of children and young people who accessed NHS funded MH services was 856,806. Compared to October 2025, there was an increase of 0.5%, (4,064 patients). When compared to the November 2024, there was an increase of 4.7%, (38,195 patients). Performance has continued to improve in recent years.
- **Community Mental Health access rate** - As at November 2025, the number of adults accessing community mental health services was 690,306. Compared to October 2025, there was an increase of 0.1%, (537 patients). When compared to November 2024, there was a decrease of 6.4%, (41,796 patients). Overall, performance has continued to improve in recent years.

# Performance overview by exception (3 of 3)

## Challenges:

- **Cervical screening** - At the end of 2024/25, cervical screening coverage for 25-64-year-olds was 68.8%, a slight (0.1%) increase on the 2022/23 position. Cervical Screening rates have generally trended downward (deteriorated) from 72.2% in 2019/20. Coverage improved slightly in 2023/24, with an uptick in performance for the younger age cohort (25- to 49-year-olds).
- **MMR vaccine uptake rate, for second dose of five-year-olds** - MMR vaccination rates remain under World Health Organisation recommended levels. As of September 2025, the MMR vaccine uptake stands at 83.5%, which is an increase of 0.3% points from June 2025.
- **CQC maternity survey score** - Of the measures relating to the three-year delivery plan, almost all improved in 2025 compared to 2024. The 6–8-week GP check measure shows year on year improvement since 2019. However, some of the improvements follow reductions seen between 2023 and 2024. The scores for around half of all comparable measures remain below 2019.
- **Percentage of patients waiting over 52-week waits for community services** - there were 87,125 patients waiting over 52 weeks in November 2025, a 56.8% increase over the previous year (November 2024).
- **Percentage of people with suspected autism waiting more than 13 weeks for contact** - Of those people waiting for assessment in September 2025, 84.1% were waiting 13 weeks or longer for contact, this shows a further deterioration in performance with an increase of 0.2% on the previous month and 3.7% increase on 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	46.8% Nov-25	47.0% Oct-25	-0.2 ppt (-0.4%)	47.6% Nov-24	-0.8 ppt (-1.7%)
Vaccinations & Screening	Cervical cancer screening rate	68.8% 2023/24			68.7% 2022/23	0.1 ppt (0.1%)
Vaccinations & Screening	Breast cancer screening coverage	70.0% 2023/24			66.4% 2022/23	3.6 ppt (5.4%)
Vaccinations & Screening	Bowel cancer screening coverage	71.8% 2023/24			72.0% 2022/23	-0.2 ppt (-0.3%)
Vaccinations & Screening	MMR vaccine uptake rate	83.5% Sep-25	83.2% Jun-25	0.2 ppt (0.3%)	83.4% Sep-24	0.1 ppt (0.1%)
Inequalities	Checks completed for patients with a learning disability or who are autistic	45.7% Nov-25	38.4% Oct-25	7.3ppt (19.1%)	44.9% Nov-24	0.8ppt (1.8%)
Inequalities	Older inpatients (over 65) with over 90 day length of stay (Mental Health trusts)	41.0% Nov-25	40.8% Oct-25	0.2 ppt (0.4%)	40.1% Nov-24	0.9 ppt (2.3%)

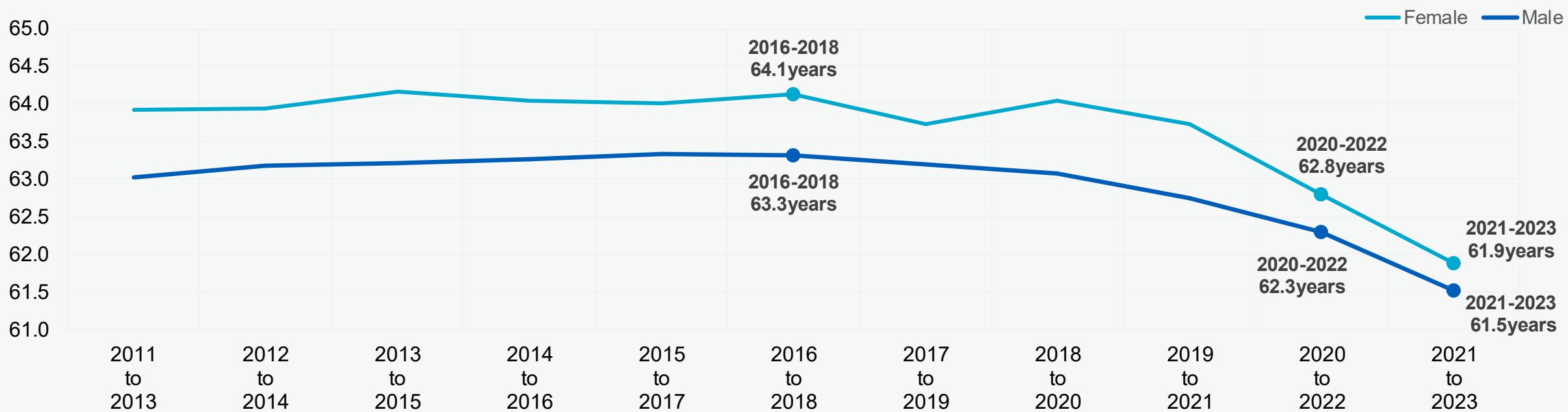
# Health inequalities persist and the narrowing gender gap reflects faster decline in female healthy life expectancy

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

**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]

ONS definition - The average years lived in "very good" or "good" health, which is derived from a subjective assessment of a person's health status ranging from "very good" to "very bad". General health can be interpreted as measuring health-related well-being.



**Current position:** As at the period 2021 to 2023, healthy life expectancy from birth was 61.9 years for females and 61.5 years for males. Compared to 2020 to 2022, there was a 1.48% decrease for females and 1.24% decrease for males. This is equivalent to a decrease of 0.92 years for females and 0.77 years for males. When compared to 2016-2018 when the current declining trend started, there was a 3.5% decrease for females and 2.4% decrease for males. This is equivalent to a decrease of 2.25 years for females and 1.8 years for males.

**Actions:** Over the 5 years from 2025 to 2030, the NHS will shift from sickness to prevention as part of the 10 Year Health Plan for England. The prevention workstream have identified high impact policy areas and deliverables expected to impact and increase healthy life expectancy during this period and beyond. Deliverables include mandatory food standards, tobacco and vape legislation, alcohol labelling, physical activity campaigns and glucagon-like peptide-1 receptor agonists (GLP-1s) medicines to tackle obesity and diabetes. These interventions aim to empower healthy choices, close gaps in healthy life expectancy, and raise the healthiest generation of children.

# Achieving reliable recovery following talking therapies has remained relatively stable over the last two 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 (Mental health trusts)

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



**Current position:** As at November 2025, the reliable recovery rate for Talking Therapies was 46.8%. Compared to October 2025, there was a decrease of 0.2 percentage points. When compared to November 2024, there was a 0.8 percentage point decrease. This is a decrease of 1.68% between November 2024 and November 2025. Overall, this indicates performance has declined.

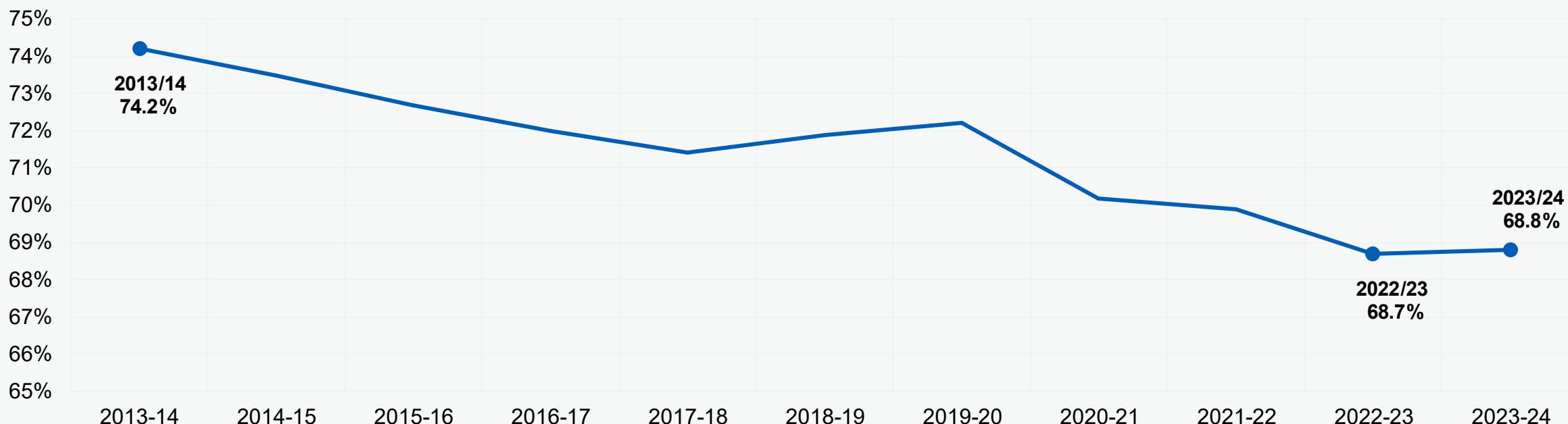
**Actions:** The national programme has been working to provide regions with a workforce modelling tool, and work with regional NHSE colleagues to review Medium Term Planning returns, to ensure final plans show how the targets will be reached through sufficient workforce growth. This is anticipated to indicate where expansion in workforce is needed, enable improved performance on key metrics, expansion in workforce, and ensure fully spent funding allocations for Talking Therapies.

# The proportion of eligible women receiving cervical screening has been decreasing over the last 10 years

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

**NHSOF ambition/metric:** Cervical screening coverage rate (Integrated Care Boards)

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



**Current position:** At the end of 2024/25, cervical screening coverage for 25-64-year-olds was 68.8%, a slight (0.1%) increase on the 2022/23 position. Cervical Screening rates have generally trended downward (deteriorated) from 72.2% in 2019/20. Coverage improved slightly in 2023/24, with an uptick in performance for the younger age cohort (25- to 49-year-olds).

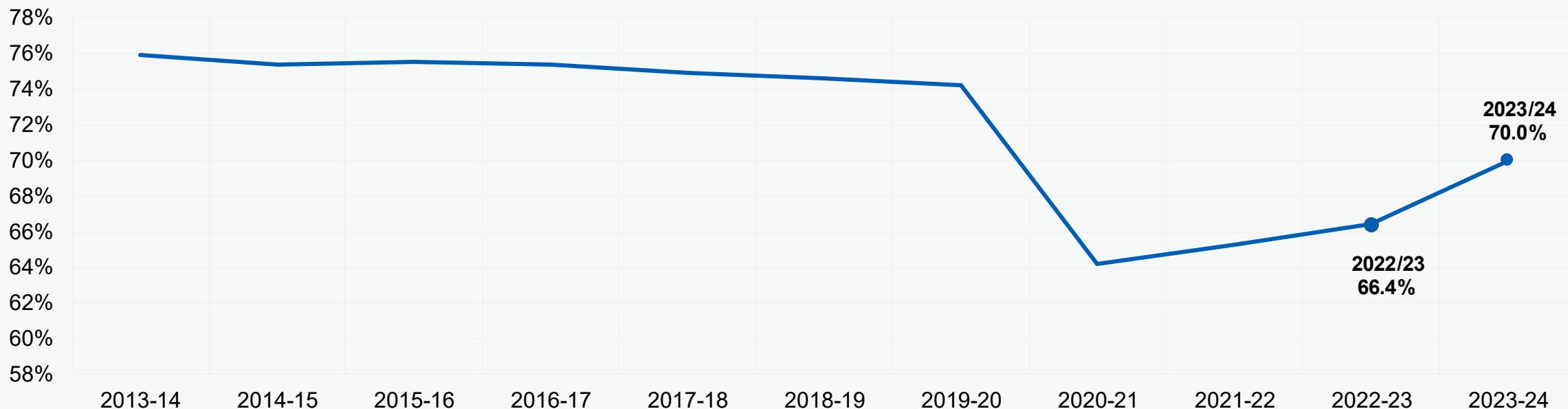
**Actions:** Between April 2025 and early 2026, NHS England implemented digital and service improvements to strengthen the screening programme and improve patient access and experience. Key improvements included the rollout of digital first correspondence for invitations; reminders and nonreferral result letters; an option process for transgender and nonbinary patients and extending screening intervals. Further improvements include rollout of referral result letters following completion of user research and implementing Human Papillomavirus (HPV) self testing for under-screened populations from early 2026. These actions are designed to change patient engagement and follow-up behaviours, improving access and consistency across screening pathways. The impact of these improvements on screening coverage, pathway efficiency and equitable access is expected to be reflected in the data from mid year 2026 following stabilisation and enhancement of the Cervical Screening Management Service.

# The proportion of women receiving breast screening is improving but remains lower than 10 years ago

**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 screening rates (Integrated care boards)

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



**Current position:** Breast Screening coverage is currently on an improving trajectory and, at the end 2023/24, the coverage for 53 to <71 years olds was 70.0% which is a 3.6% increase on 66.4% in 2022/23. Breast screening coverage continues to recover consistently following the impact of the COVID pandemic on the service.

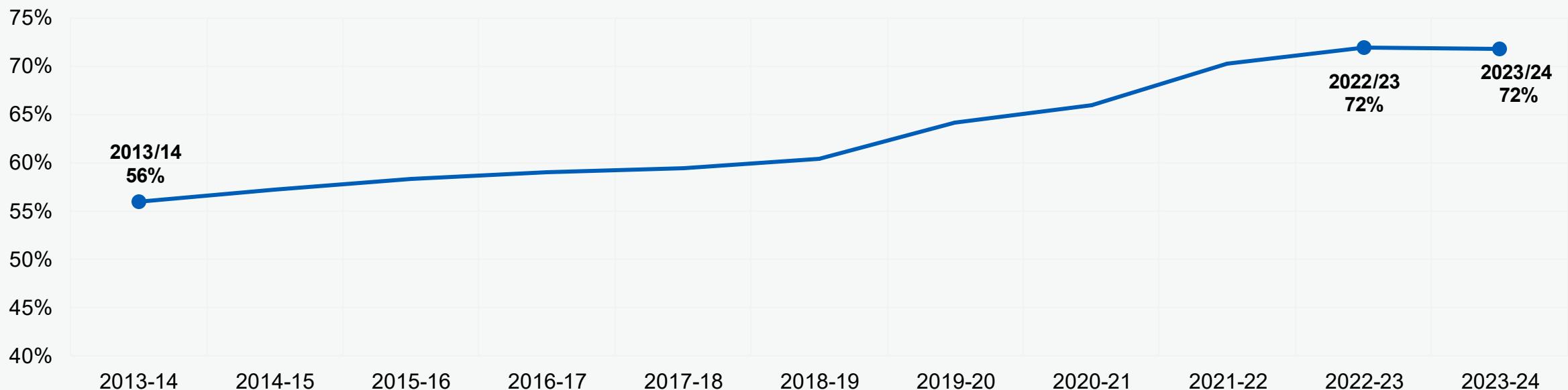
**Actions:** NHS England has continued to strengthen oversight, referral accuracy, and improve accessibility within the NHS Breast Screening Programme through targeted service and digital improvements. Key improvements include updated guidance and monthly referral cross checks via the National Inherited Cancer Predisposition Register. The Breast Screening After Radiotherapy Dataset contract has been extended to March 2026 to support reconciliation audits and service planning. Further planned improvements include publication of the updated "Your Guide to Breast Screening" leaflet in 30 languages and British Sign Language, alongside initial rollout of NHS App digital invitations. These actions are designed to change referral and assurance behaviours, reduce errors, and improve access for high-risk populations. The impact on referral accuracy, screening access, and pathway assurance is expected to be observed in the data from mid year 2026 onwards.

# The proportion of people receiving bowel cancer screening is improving

**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:** Overall, the trend in the proportion of eligible people receiving bowel cancer screening is positive. The Bowel Cancer Screening rates for men and women between the ages of 60 and 74 invited for screening was relatively consistent between 2022/23 (72%) and 2023/24 (71.8%) year ends. 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.

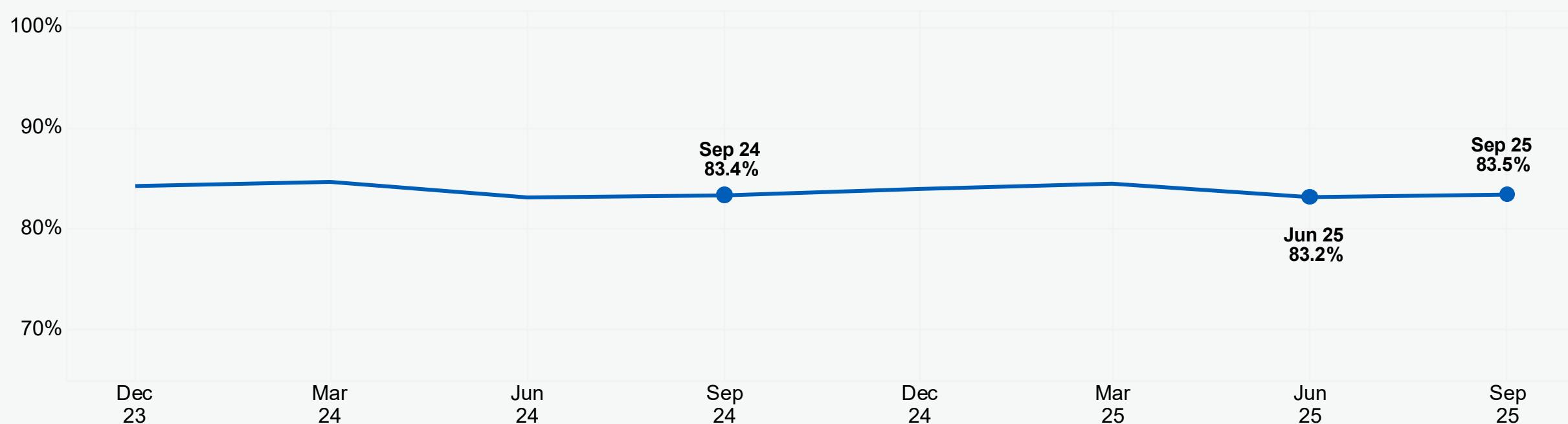
**Actions:** The FIT@80 programme has progressed with nine sites now live, identifying 44 additional cancers and 339 high-risk polyps, with evaluation underway. Optical Diagnosis, live since May 2024, has trained 501 clinicians and accredited 276, enabling the diagnosis and safe discarding of over 33,000 polyps and delivering more than £1.2M in pathology savings. The NHS Notify pilot has introduced digital pre-invites in the NEY hub, sending 20,730 notifications through the NHS App with a read rate of around 30%, significantly reducing paper use. Work continues with regions to expand FIT@80, targeting 60% site coverage by 2026/27 and full national rollout by 2027/28, supporting a coordinated effort to strengthen early detection and improve outcomes.

# Measles Mumps and Rubella (MMR) vaccination rates remain under World Health Organisation (WHO) recommended levels

**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 remain under WHO recommended levels. As of Sept 2025, the MMR vaccine uptake stands at 83.5%, which is an increase of 0.3% points from June 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.

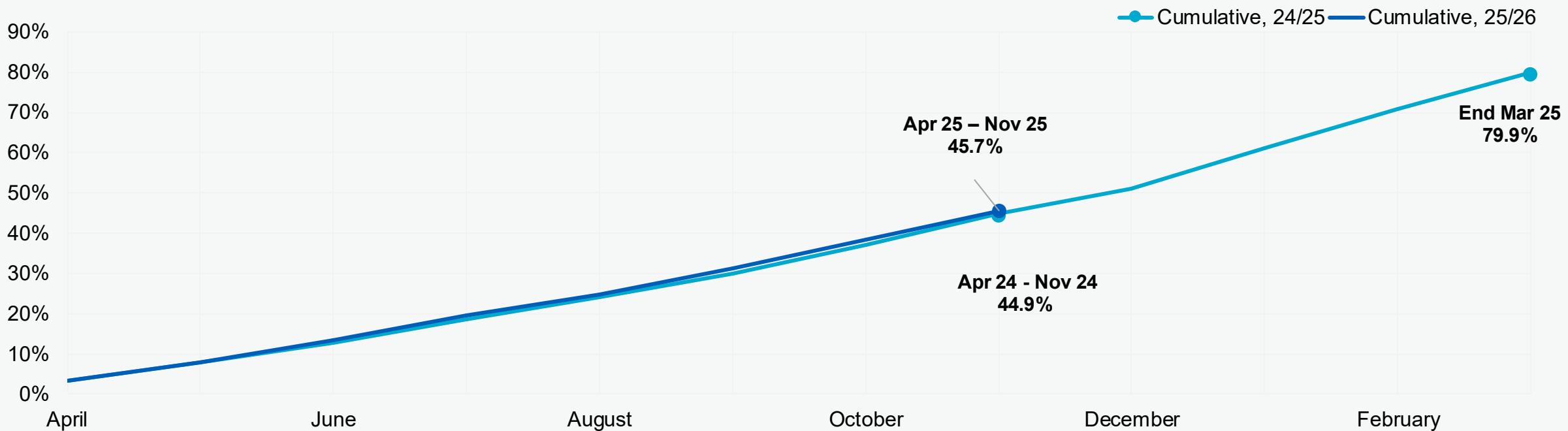
**Actions:** Between 2023 and 2026, NHS England will deliver targeted actions to improve MMR and MMRV (MMR and Varicella) vaccination uptake and reduce measles outbreak risk. Key deliverables include implementation of the 0–5 Vaccination Uptake Improvement Plan, covering data quality, reporting, inequalities, communications, and system oversight. Further deliverables include monitoring uptake against improvement milestones and delivery of the next phase of the national MMR/MMRV communications campaign. Additional deliverables include targeted vaccination actions in areas with low coverage, focusing on increasing first dose uptake following recent measles incidents. These actions are designed to change risk perception, vaccine confidence, and access behaviours among parents and carers. They aim to reduce inconvenience, socio demographic variation, and cultural barriers limiting uptake. The impact on MMR/MMRV coverage and progress towards the 95% WHO target is expected to be reflected in the data from mid year 2026 onwards

# LD&A Health checks completed so far are higher than for the same period last year

**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 (LD) 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 (AHCs) for the financial year up to November 2025 was 45.7%, which is 0.8 percentage points higher than at the same period last year.

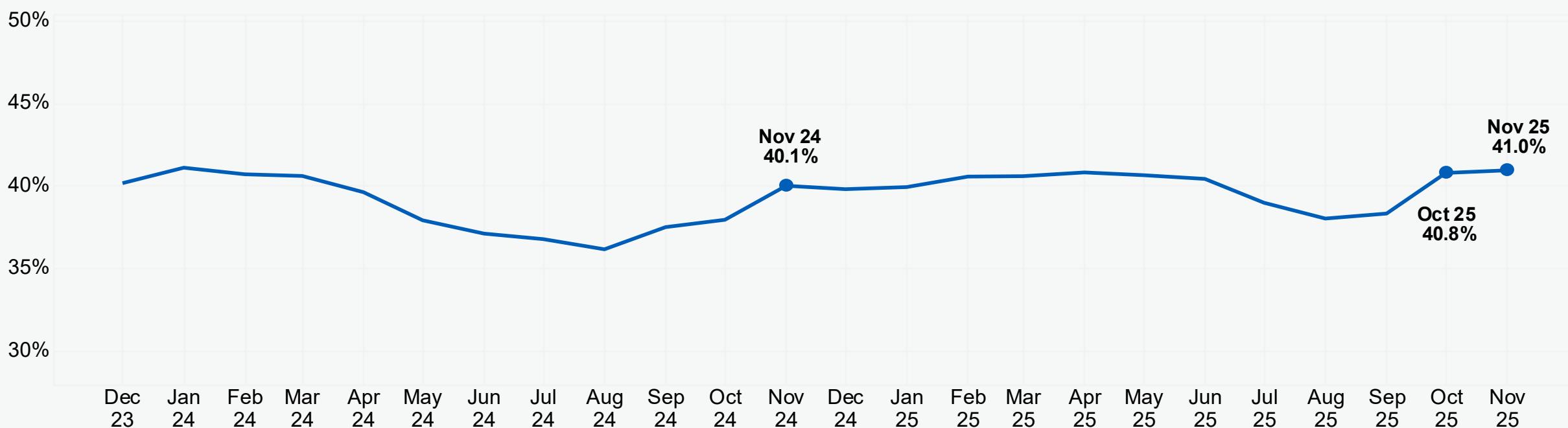
**Actions:** The national team have produced a suite of co-produced documents to improve the number of AHCs undertaken, the quality of AHCs and Health Actions Plans, and increase the number of people who might be added to the LD Register.

## A slightly higher proportion of older mental health inpatients are spending more than 90 days in acute mental health beds

**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:** As at November 2025, the proportion of people with a length of stay greater than 90 days was 41.0%. Compared to October 2025, there was an increase of 0.2 percentage points. When compared to the November 2024, there was an increase of 0.9 percentage points. Overall, this indicates performance has deteriorated.

**Actions:** The National Programme team continue to work with regions on reducing length of stay through implementation of the 'Flow improvement strategy' in both crisis and acute mental health services. The UEC and MH Flow Programme was used in Quarter 2 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.

# Effectiveness

# Effectiveness - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	Summary Hospital Level Mortality Indicator: mortality higher than expected	9.3% Aug-25	9.3% Jul-25	0.0 ppt (0.0%)	10.1% Aug-24	-0.8 ppt (-7.6%)
Learning Disability & Autism	Adult inpatients who are autistic or have a learning disability	1,820 Nov-25	1,870 Oct-25	-50 (-2.7%)	2,000 Nov-24	-180 (-9.0%)
Urgent and Emergency Care	Average discharge delay (days)	0.92 Nov-25	0.90 Oct-25	-0.02 (-2.3%)	0.81 Nov-24	0.11 (10.9%)
Primary Care and Community Services	Percentage of continuing healthcare referrals completed in 28 days	76.0% Sep-25	75.6% Jun-25	0.4 ppt (0.5%)	72.5% Sep-24	3.5 ppt (4.8%)
Urgent and Emergency Care	Readmission rates: proportion of trusts significantly lower than the national average (at 95% & 99.8% levels)	52.5% 24/25			49.4% 23/24	3.2ppt (6.4%)
Mental Health Care	Out of area: Mental Health bed days	367 Nov-25	407 Oct-25	-40 (-9.8%)	453 Nov-24	-86 (-19.0%)
Mental Health Care	Percentage of inpatients with over 60 day length of stay	24.8% Nov-25	24.9% Oct-25	-0.1 ppt (-0.5%)	24.5% Nov-24	0.3 ppt (1.1%)
Primary Care and Community Services	Urgent Community Response 2 hour performance	84.5% Oct-25	85.2% Sep-25	-0.8 ppt (-0.9%)	84.1% Oct-24	0.3 ppt (0.4%)
Urgent and Emergency Care	Percentage of ambulance patients conveyed to the Emergency Department	47.6% Dec-25	48.3% Nov-25	-0.7 ppt (-1.5%)	48.2% Dec-24	-0.7 ppt (-1.4%)
Quality and Safety	NHS staff survey – advocacy score (Ambulance trusts)	6.13 2024			6.15 2023	-0.02 (-0.3%)

# Effectiveness - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Prevention and Long Term Conditions	Patients who receive all 8 diabetes care processes (Type 1)	18.3% Sep-25	39.5% Mar-25		17.1% Sep-24	1.1ppt (6.7%)
Prevention and Long Term Conditions	Patients who receive all 8 diabetes care processes (Type 2)	28.3% Sep-25	57.6% Mar-25		26.8% Sep-24	1.5ppt (5.6%)
Prevention and Long Term Conditions	Patients with GP recorded CVD, with cholesterol levels managed to NICE guidance in the preceding 12 months	47.6% Jun-25	48.3% Mar-25	-0.6 ppt (-1.3%)	45.5% Jun-24	2.1 ppt (4.6%)
Prevention and Long Term Conditions	Hypertension patients treated to target, in the preceding 12 months	68.3% Jun-25	70.3% Mar-25	-2.0 ppt (-2.9%)	66.9% Jun-24	1.4 ppt (2.0%)

# Proportion of trusts with a higher-than-expected Summary Hospital Level Mortality Indicator (SHMI) has fluctuated over the last two years

**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:** For the 118 trusts included in the SHMI from 1 September 2024 to 31 August 2025, 11 trusts had a higher-than-expected number of deaths. Of these 11 trusts, 4 also had a higher-than-expected number of deaths for the same period in the previous year. 97 trusts had a number of deaths within the expected range. 10 trusts had a lower-than-expected number of deaths. Of these 10 trusts, 9 also had a lower-than-expected number of deaths for the same period in the previous year.

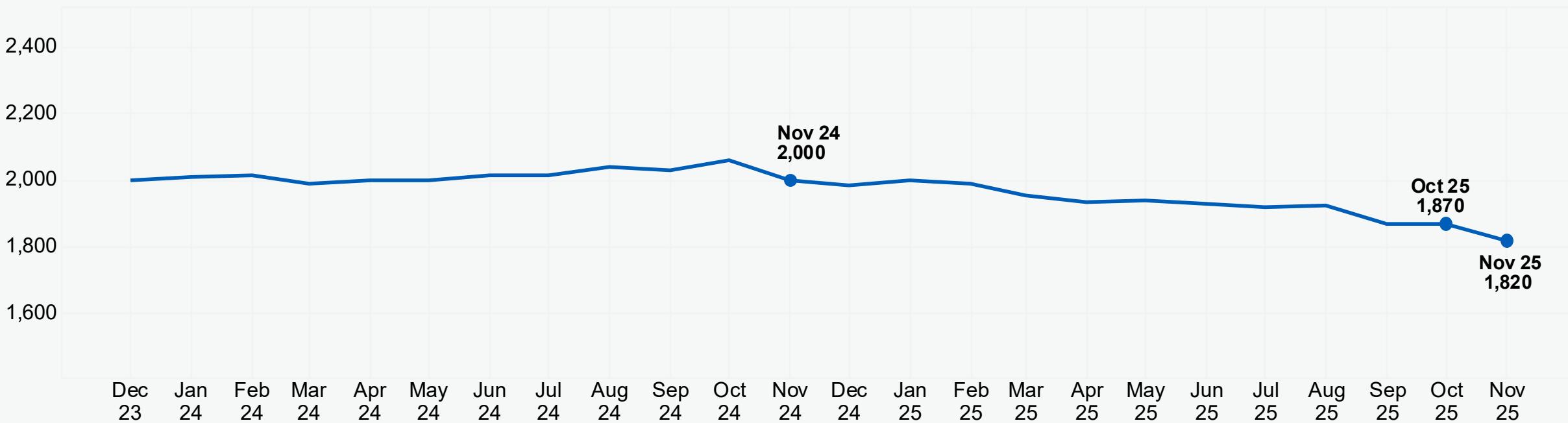
**Actions:** A new Quality Strategy is in development as part of the 10 Year Health Plan. Through this the NHS will implement a range of measures that ensure a rigorous focus on quality of care. This will include publication of easy-to-understand league tables that rank providers against key quality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

**Chart description:** Number of adult inpatients who are autistic or have a learning disability

**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 November 2025 inpatient numbers (1,820) decreased by 50 inpatients, which is an improvement in comparison to the previous month (1,870 in October) and are down by 180 from November 2024 (2,000).

**Actions:** The national team are working with DHSC to prepare for Mental Health Act reform, implementation of the housing capital programme, and on the development of resources to support implementation of accessible and effective community infrastructure. The programme is implementing the national and regional housing capital programme with £13m new investment and reinvestment of sale of existing assets to be delivered by March 2026.

## Patients who are ready to be discharged are experiencing more delays

**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:** As of November 2025, average discharge delays was 0.92 days. Compared to October 2025, this was a slight increase in delays of 0.02 days. When compared to November 2024 which was 0.81 days, this represents an increase of 0.11 days and a deterioration in performance.

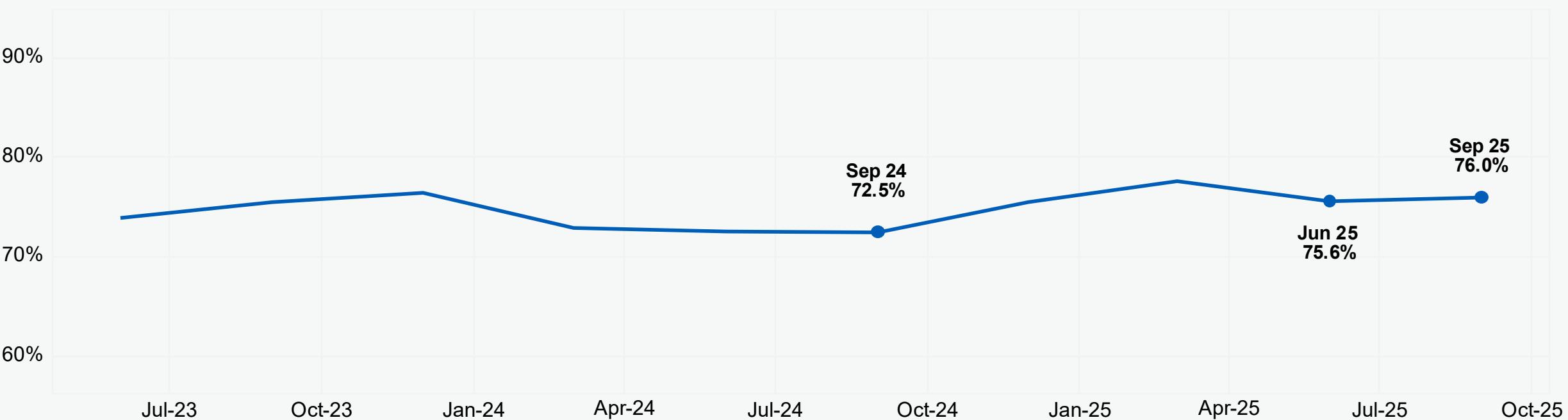
**Actions:** NHS England has now implemented winter discharge plans. By activating surge capacity for social care assessments and placements and expediting discharge this has freed more beds. The discharge and admissions group are providing support to high-delay areas, using real-time data to unblock discharge barriers and maintain patient flow. These actions allowed more patients to be discharged on their discharge ready date and improved hospital processes and flow.

## More continuing healthcare referrals are being completed in 28 days

**Chart description:** Percentage of standard NHS continuing healthcare (CHC) 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:** As of September 2025, standard NHS continuing healthcare referrals completed within 28 days was 76.0%. Compared to June 2025, there was a 0.38 percentage point increase. When compared to September 2024, there was 3.50 percentage point increase, demonstrating improved performance in this area.

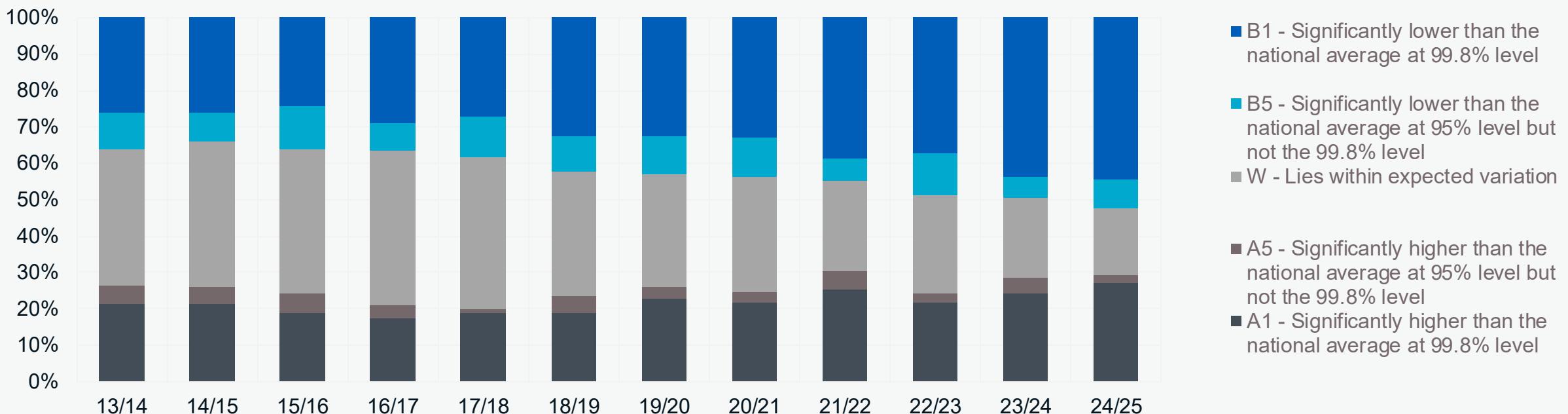
**Actions:** Since March 2025 to date, NHS England has implemented a shift from quarterly to bi-monthly operational assurance and a strengthened regional assurance model to improve performance and reduce unwarranted variation in the delivery of CHC across integrated care boards. These actions are designed to reduce unwarranted variation. Impact of these interventions on CHC performance is expected to be reflected when data for quarter 3 of 2025/26 is released.

# There has been a reduction in hospital readmission rates within 30 days of discharge

**Chart description:** Hospital readmission rate bands, proportion of trusts within each band

**NHSOF ambition/metric:** Readmission rate band (Acute, community and mental health trusts)

Source: Hospital Episode Statistics [publication link](#) [PUBLISHED]



**Current position:** As of 2024/2025 the hospital readmission rates for Band 1 and Band 5 (trusts with significantly lower than the national average readmission rates) was 53% compared to 49% in 2023/2024 this equates to a 3 percentage point increase/improvement

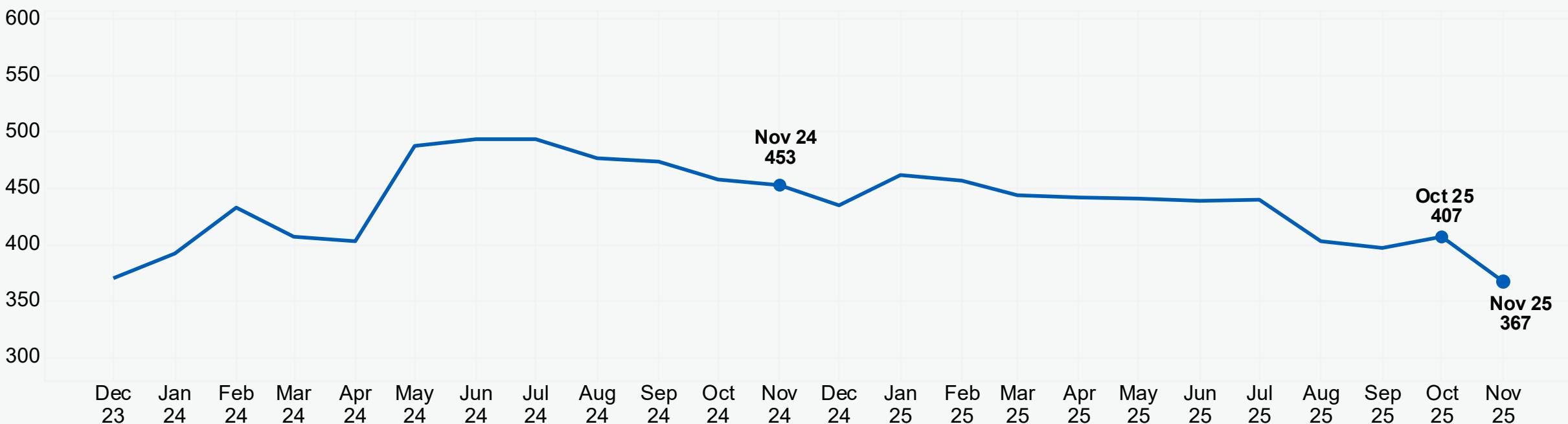
**Actions:** NHSE are leading work to support improved performance in relation to reducing readmission rates through admissions avoidance measures e.g. providing timely 'step-up' services such as integrated care in the community through 'hospital at home' services and urgent community response teams. In addition to this we are optimising the productivity in step-down discharge and flow services, such as intermediate care provision which focusses on rehabilitation and reablement, providing a 'bridge' between hospital and home often aimed at older adult leaving hospital to reduce the risk of readmission.

## More people are receiving mental health placements closer to home

**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]



**Current position:** As at November 2025, the number of out of area placements was 367. Compared to October 2025, a decrease of 9.8%. This is equivalent to 40 out of area placements. When compared to November 2024, there was a decrease of 19.0%. This is equivalent to 86 less out of area placements. Overall, this indicates performance has improved.

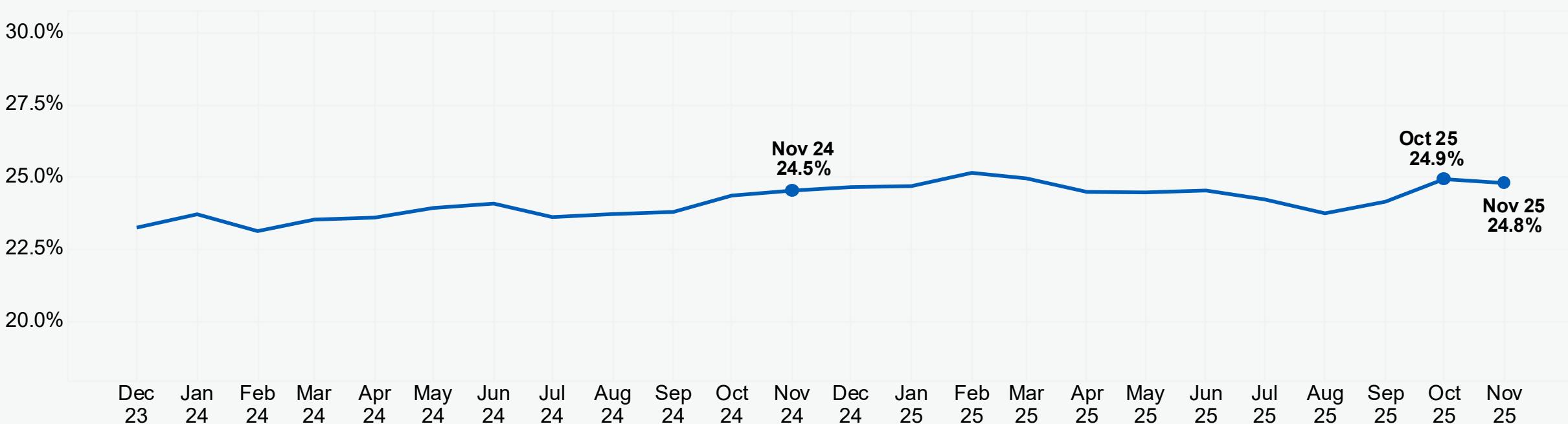
**Actions:** The urgent emergency care and mental health flow programme is used to review regional performance and discuss key system challenges to improve flow. It incorporates discussion on national programmes, including out of area patient transfer guidance and winter planning. Systems have submitted draft medium term planning framework (MTPF) plans which suggest a reduction in out of area placements in 2026/27, and 2027/28.

## More people are staying in acute adult mental health hospital beds for periods longer than 60 days

**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:** As at November 2025, the length of stay greater than 60 days was 24.8%. Compared to October 2025, there was a decrease of 0.1 percentage points. When compared to November 2024, there was an increase of 0.3 percentage points which is a 1.22% increase. Overall, this indicates performance has declined.

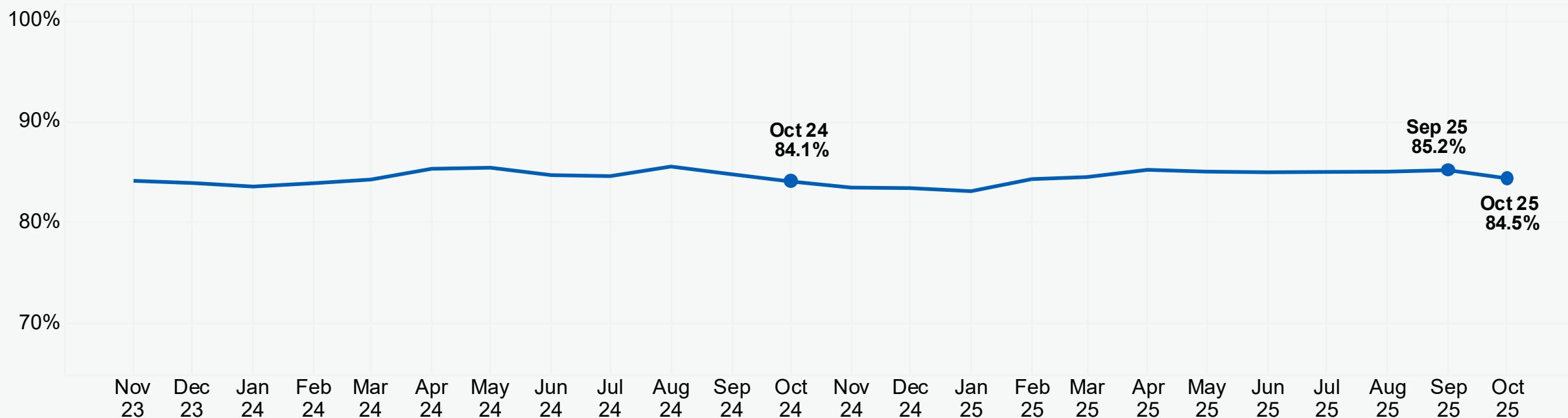
**Actions:** The national programme team continue to work with regions on reducing length of stay through implementation of the 'Flow improvement strategy' in both crisis and acute mental health services. The urgent emergency care and mental health flow programme was used in quarter 2 to review regional performance and discuss key system challenges to improve flow. It incorporates discussion on national programmes, including crises assessment centres, out of area patient transfer guidance and winter planning.

# Urgent community response (UCR) referrals that achieved the 2-hour performance standard is sustained relative to the last two years

**Chart description:** Percentage of 2-hour Urgent Care Response (UCR) referrals that achieved the 2-hour standard

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

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



**Current position:** As of October 2025, the percentage of urgent community response referrals that achieved the 2-hour standard was 84.5%. Compared to September 2025, there was a 0.7 percentage point decrease. When compared to October 2024, there was 0.4 percentage point increase. Overall, performance has been sustained.

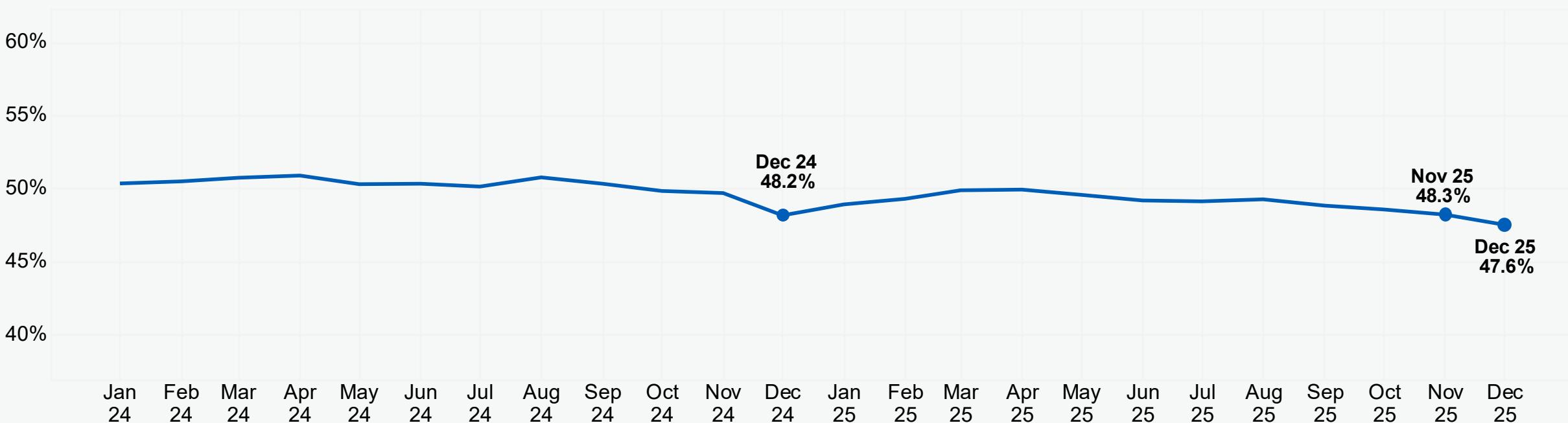
**Actions:** Between March 2025 to latest data, NHS England has delivered a set of interventions to improve UCR performance. Key deliverables include Ambulance Coordination: Ongoing work to increase visibility of UCR capacity for ambulance teams, including scoping options to safely hold non urgent patients overnight for next day UCR review; Directory of Services: Monthly reports and deep dive reviews are underway to improve service profiling, helping 111 call handlers locate and refer patients more efficiently; Quality Framework & Care Homes Guidance: Updated documents, aligned with the Medium-Term Planning Framework, can be shared with ICBs and providers via regional teams in the coming week; Post UCR Pathways research: The Strategy Unit has run workshops and is holding stakeholder interviews to support data analysis for the final report due in February. These actions are designed to safely improve operational efficiency, increase referrals and improve quality. Impact is expected to be reflected incrementally throughout the year.

# Proportion of ambulance patients conveyed to the Emergency Department has been steadily falling over the last two years

**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:** As of December 2025, 47.6% of patients were conveyed to emergency department. Compared to November 2025, this was a 0.7 percentage point decrease. When compared to December 2024, this was a 0.6 percentage point decrease.

**Actions:** NHS England has put in place a number of actions during 2025/26 to meet the maximum 45-minute ambulance handover standard and get more ambulances back on the road. This includes, trusts implementing a release to rescue type protocol; re-directing away from Emergency Departments 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. National teams are also reviewing and updating the Hear & Treat reporting methodology to standardise reporting and reduce unwarranted variation.

## NHS staff survey - advocacy sub-score has shown improvements in recent years with a slight deterioration in 2024

**Chart description:** 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	Advocacy (sub-score out of 10)
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.

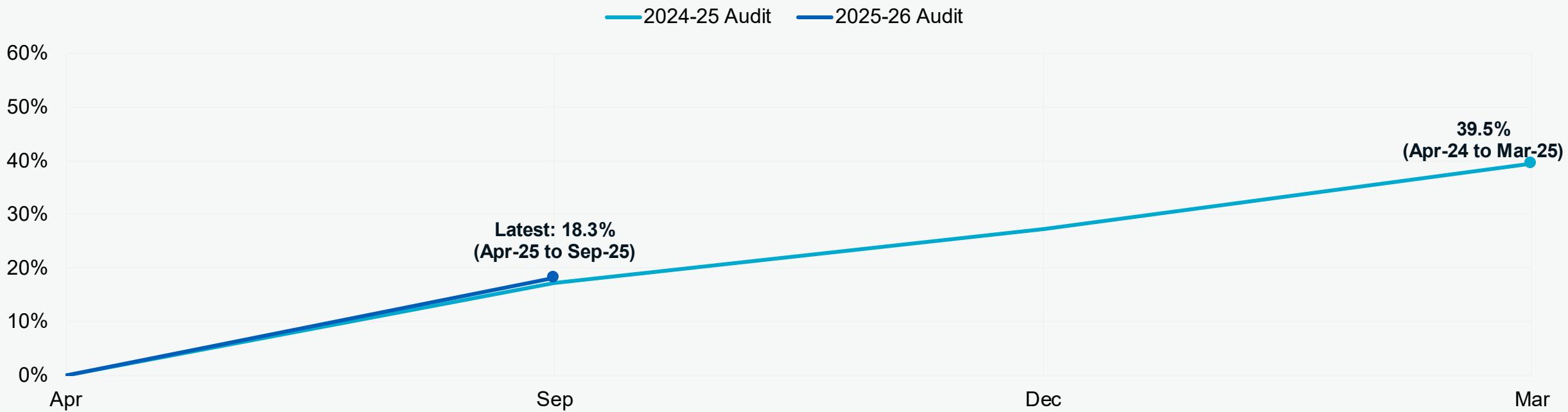
**Actions:** The NHS Quarterly Pulse Survey data is being analysed to identify trends and priority areas. Focus is on understanding root causes, as advocacy links to retention, performance, and patient outcomes.

# The number of patients with type 1 diabetes that received all 8 NICE recommended care processes is higher than the same period last year

**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:** The national completion rate for people with type 1 diabetes who received all 8 NICE recommended care processes for the financial year up to September 2025 was 18.3%, which is 1.2 percentage points higher than at the same period last year. This quarterly data relates to primary care activity; specialist diabetes services data are not included until the full annual publication.

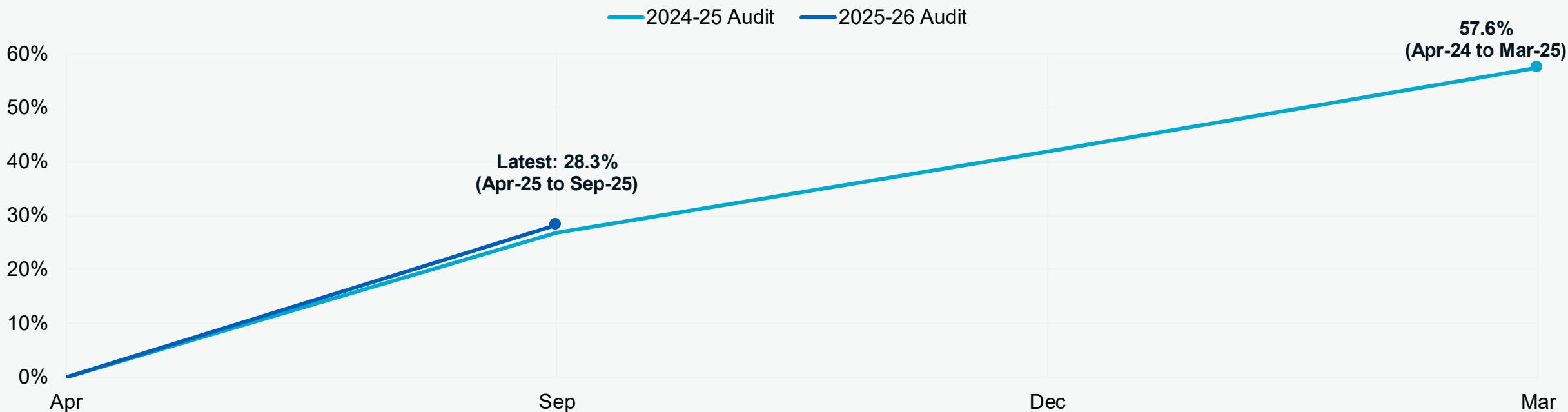
**Actions:** National programme actions, including the launch of the Federated Data Platform dashboard for care processes (launch complete October 2025). The national "Know Your System" webinar attended by over 140 participants was delivered in November 2025. Promotion of awareness and use of national data and best practice to drive improvement via publication of National Diabetes Audit Core Data (publication of annual data in February 2026). Delivery of Local Data Packs (publication planned for April 2026). Clinical networks are now in place, but resource varies significantly by region.

# The number of patients with type 2 diabetes that received all 8 NICE recommended care processes is higher than the same period last year

**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 position:** The national completion rate for people with type 2/other diabetes who received all 8 NICE recommended care processes for the financial year up to September 2025 was 28.3%, which is 1.5 percentage points higher than at the same period last year. This quarterly data relates to primary care activity; specialist diabetes services data are not included until the full annual publication.

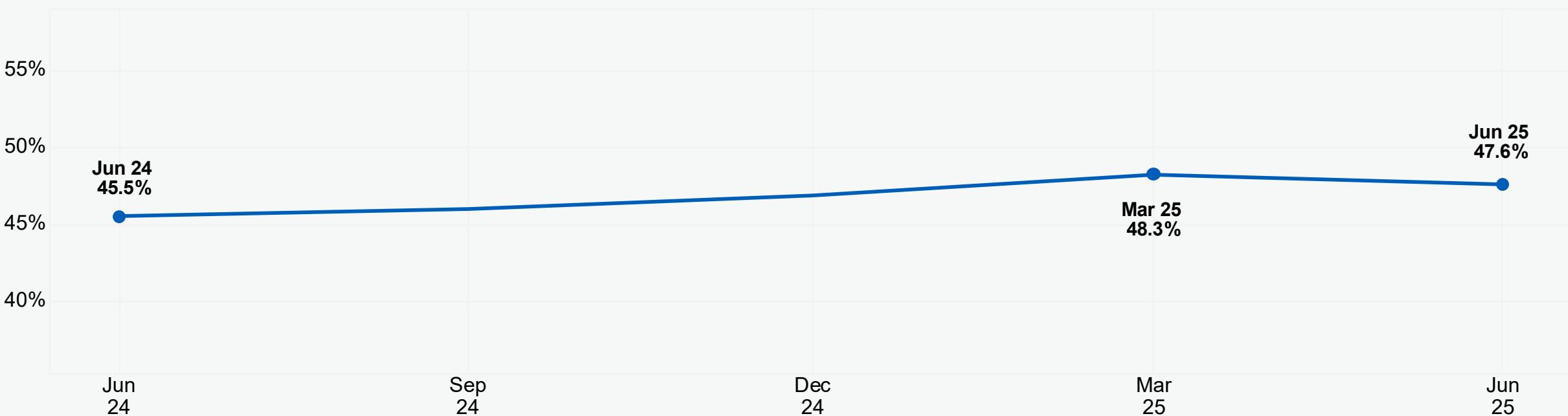
**Actions:** National programme actions, including the launch of the Federated Data Platform dashboard for care processes (launch complete October 2025). The national "Know Your System" webinar attended by over 140 participants was delivered in November 2025. Promotion of awareness and use of national data and best practice to drive improvement via publication of National Diabetes Audit Core Data (publication of annual data in February 2026). Delivery of Local Data Packs (publication planned for April 2026). Clinical networks are now in place, but resource varies significantly by region.

## Slight reduction in the proportion of patients with (GP recorded) CVD treated to target in the last quarter, however, the total number of people treated to target has increased overall in the last 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: PREVENT [publication link](#) [PUBLISHED]



**Current position:** As of June 2025, the percentage of patients treated to target with general practitioner recorded high cholesterol has dropped slightly to 47.6%, following a continuing steady upward trend from 45.5% in June 2024 up to 48.3% in March 2025. This represents a 2.1 percentage point improvement over the twelve-month period. There has been a continued increase over the year from 1,283,420 people treated to target in June 24 to 1,367,902 in June 25, an increase of 84,482. The March peak may be influenced by QOF (Quality and Outcomes Framework) reporting. In 25/26 a change in metric monitoring to numbers has been implemented, to ensure the actual number of people treated to target is captured, rather than solely the percentage of patients with general practitioner recorded being treated to target.

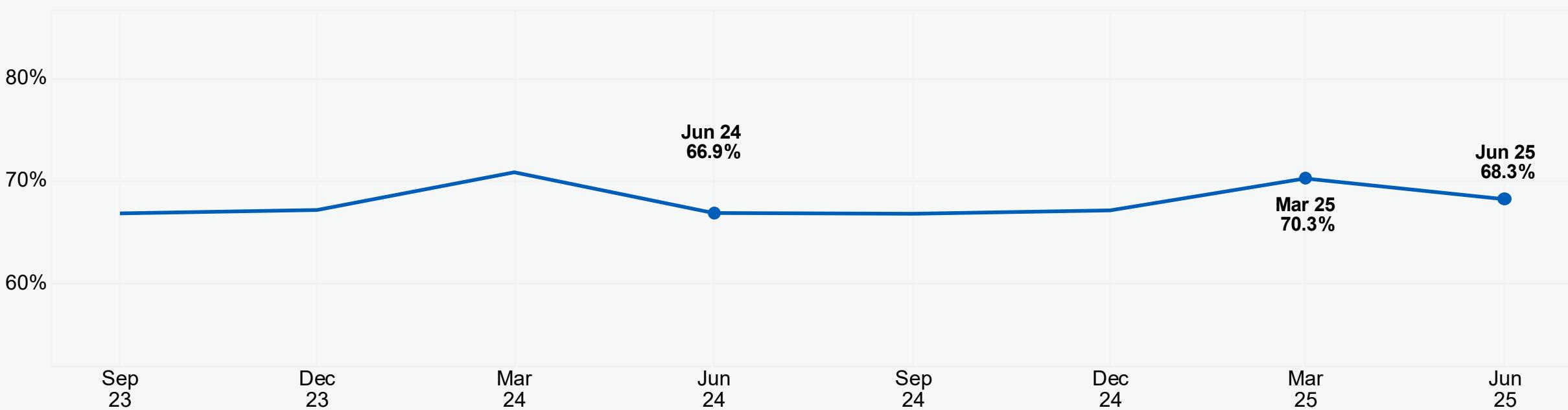
**Actions:** During 25/26, NHS England has commissioned the Pharmacy Pathfinders Programme to test best practice to improve patient adherence and optimisation to improve the management of patients with high cholesterol. 30 sites across the country have signed up to the project and are live and seeing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

## Increase in the proportion of patients with (GP recorded) hypertension treated to target in the last quarter, alongside an increase in the total number of people treated to target

**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: PREVENT [publication link](#) [PUBLISHED]



**Current position:** The chart shows performance drop in June, following QOF (Quality and Outcomes Framework) peak in March. In both June 2024 (66.9%) and June 2025 (68.3%), there was a decrease in the percentage of patients treated to target for hypertension, following QOF related peaks. From June 2023 to June 2025, there's a general upward trend in the percentage of patients treated to target, rising from 66.7% to 68.3%. 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. In 25/26 a change in metric monitoring to numbers has been implemented, to ensure the actual improvement in the number of people treated to target is captured.

**Actions:** During 25/26, NHS England has commissioned the CLEAR (Clinically-Led workforce and Activity Redesign) 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, including those with hypertension. 6 Integrated Care Boards (91 Primary Care Networks or PCNs) have signed up to deliver the programme for 25/26. 53 PCNs have completed their cycle with the final PCNs are currently undertaking the final cycle for the programme.

# Experience

# Experience - summary of metrics



Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	CQC inpatient survey satisfaction rate	70.3% 2024			70.0% 2023	0.3ppt (0.4%)
Maternity and Neonatal	National maternity survey scores	11/11 metrics improved between 2024 and 2025	2/11 metrics improved between 2023 and 2024		3/9 metrics improved since 2019	
Mental Health Care	Community Mental Health survey satisfaction rate	47.7% 2024			48.1% 2023	-0.4ppt (-0.8%)
Primary Care and Community Services	Preferred healthcare professional	68.0% Dec-25	67.1% Nov-25	0.9ppt (1.3%)	62.9% Dec-24	5.1ppt (8.1%)

## There has been an increase in inpatient satisfaction since last year, although satisfaction remains below 2020 levels

**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 was at 70.3%, up 0.3 percentage points in 2023, but down 4.2 percentage points against 2020 satisfaction. This year's survey indicates early signs of improvement in how people experience acute adult inpatient services.

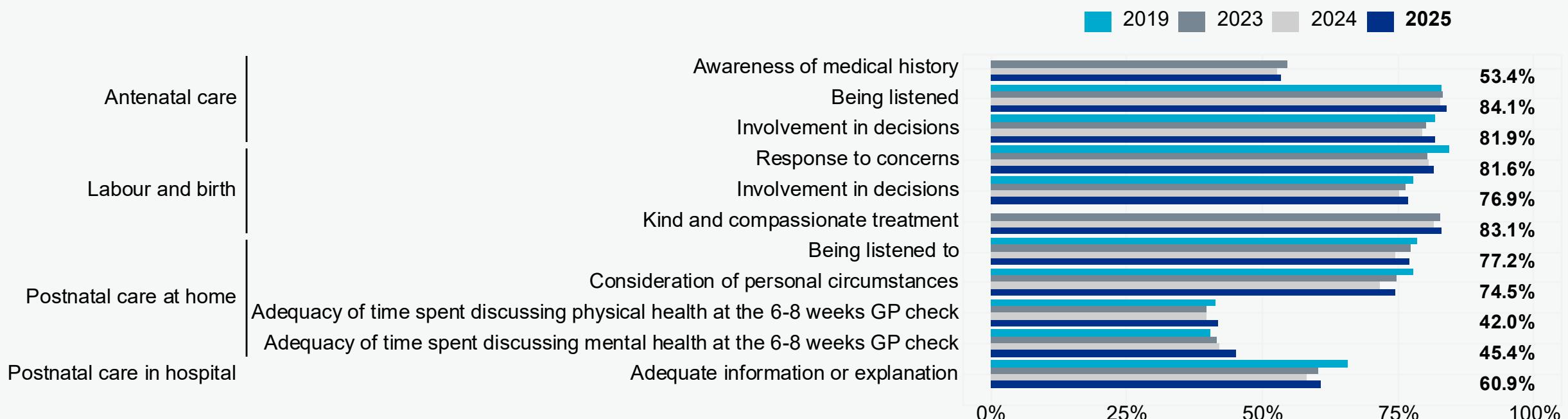
**Actions:** Key areas for improvement in the survey relate to waiting times and care after leaving hospital. Through the 10 Year Health Plan, the NHS will implement a range of measures that ensure a rigorous focus on the quality of care. Developing the NHS App to allow patients to search and choose providers based on quality data, length of wait, patient ratings and clinical outcomes. This will also include patient reported experience and outcome measures.

# There is some deterioration of patient experience in some areas of maternity care

**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:** Of the measures relating to the three-year delivery plan (shown above), almost all improved in 2025 compared to 2024. The 6–8-week GP check measure shows year on year improvement since 2019. However, some of the improvements follow reductions seen between 2023 and 2024. The scores for around half of all comparable measures remain below 2019.

**Actions:** NHS England will introduce a Patient Reported Experience Measure (PREM) for personalised care in 2026. This will allow Trusts to have more timely feedback from service users on their experience of care and take action accordingly. Over the next two years, the Perinatal Equity and Anti-Discrimination Programme will work with every Trust, supporting them to take the action required to ensure that women and families receive care that is free from racism and discrimination. Phase 1 of the Equity and Equality Dashboard planned to be published at the end of January 2026. Bringing together data to facilitate better visibility and focus on inequalities in outcomes for women and babies in maternity and neonatal care.

## There was a slight decline in community mental health survey satisfaction rate 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	Proportion scoring 8-10 (%)
2023	48.1%
2024	47.7%

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

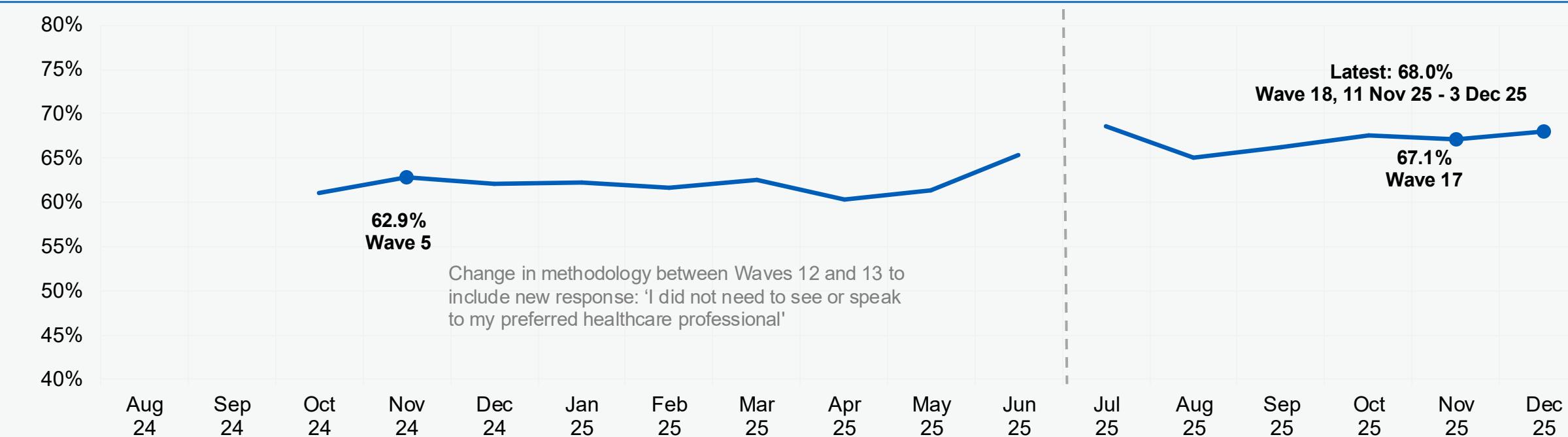
**Actions:** As part of the 10 Year Health Plan the NHS will implement a wide range of measures that ensure a rigorous focus on patient safety and ensuring staff and patients are able to raise safety concerns, including whether it has effective freedom to speak up functions. The NHS complaints process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

# Proportion of patients stating they were able to see their preferred healthcare professional in general practice has increased steadily

**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 (HIS)

**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 18 (11 November 25 – 3 December 25), the proportion of patients surveyed who were able to see or speak to their preferred healthcare professional was 68.0%. Compared to Wave 17 (14 October 25 – 5 November 25) this is equivalent to 0.9 percentage point increase. When compared to Wave 5 (12 November 24 – 4 December 24) this is equivalent to 5.1 percentage point increase.

**Actions:** Between the start of HIS and the current wave, NHS England has implemented measures to strengthen continuity of care within primary care. Key actions include incentivising Primary Care Networks to stratify patients by need and identify those who would benefit most from continuity through the Capacity and Access Improvement Payment (CAIP) within the Network Contract Directed Enhanced Service. These actions are designed to support proactive care, reduce unwarranted variation, and improve outcomes for patients with higher continuity needs. Impact is expected to be reflected in upcoming primary care performance data.

# 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 2024			6.46 2023	-0.01 (-0.2%)
Quality and Safety	CQC safe inspection score (if awarded within the preceding 2 years)	33.7% Dec-25	33.7% Nov-25	0.0ppt (0.0%)		
Prevention and Long Term Conditions	Number of C. difficile infections (healthcare-associated)	793 Nov-25	946 Oct-25	-153 (-16.2%)	889 Nov-24	-96 (-10.8%)
Prevention and Long Term Conditions	Number of E.coli infections (healthcare-associated)	1,227 Nov-25	1,281 Oct-25	-54 (-4.2%)	1,171 Nov-24	56 (4.8%)
Prevention and Long Term Conditions	Number of MRSA infections (healthcare-associated)	48 Nov-25	40 Oct-25	8 (20.0%)	41 Nov-24	7 (17.1%)
Maternity and Neonatal	Neonatal deaths per 1,000 total births	1.4 2023			1.47 2022	-0.05 (-3.3%)
Maternity and Neonatal	Stillbirths per 1,000 total births	3.8 2024			3.94 2023	-0.11 (-2.9%)
Mental Health Care	Rate of restrictive intervention use, per 1,000 bed days	34 Nov-25	34 Oct-25	0 (0.0%)	33 Nov-24	1 (3.0%)
Mental Health Care	Proportion of urgent referrals to crisis care services receiving contact within 24 hours	63.4% Nov-25	67.6% Oct-25	-4.3 ppt (-6.3%)	58.3% Nov-24	5.1 ppt (8.7%)
Prevention and Long Term Conditions	Percentage of children (aged 0–9) prescribed antibiotics in the last 12 months	28.7% Oct-25	28.8% Sep-25	-0.1 ppt (-0.3%)	35.2% Oct-24	-6.5 ppt (-18.5%)

## Staff saying they would feel secure raising concerns has been stable in recent years

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

**Current position:** In 2024, the national average score for raising concerns was 6.45 (out of 10) which is similar to the previous year's score of 6.46 and has remained relatively constant since 2021 (6.54). Data shows that over 70% of staff selected 'agree' or 'strongly agree' in response to the statement "I would feel secure raising concerns about unsafe clinical practice".

**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

**Chart description:** Count and proportion 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	1	0.6%
Good	60	33.2%
Requires Improvement	117	64.6%
Inadequate	3	1.7%
<b>Total</b>	<b>181</b>	<b>100.0%</b>

**Current position:** Within the last two years, the proportion of NHS Trusts with a safe inspection score of "Good" (33.2%) increased from 32.6% in the last report or "Outstanding" was (0.6%) an increase from 0.5%. This means that approximately two thirds of trusts that received a CQC inspection in the past 2 years were rated as requires improvement or inadequate.

**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. difficile infections have remained within acceptable tolerance over the last two years

**Chart description:** Number of healthcare-associated C. difficile infections

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

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



**Current position:** The most recent published UKHSA data show a decrease in C. difficile across England when compared with the same month of the previous year. However, the numbers of infections remain significantly higher than pre-pandemic, and continued surveillance and monitoring are necessary to determine whether this decrease will be sustained over time.

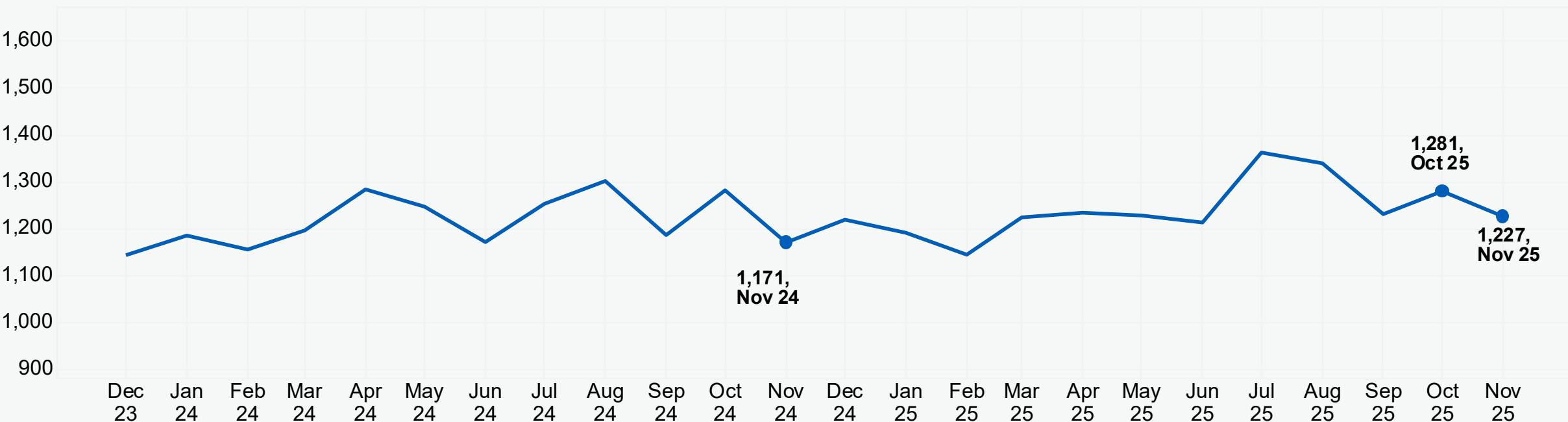
**Actions:** C difficile national incident survey closed on the 12 December, and currently awaiting collation of findings by UKHSA. UKHSA data capture system (DCS) CDI Risk Factor questions have been agreed following consultation and awaiting formal roll out by UKHSA for 2026/27. The draft NHS Standard Contract 2026/27 includes provisions to support national guidance on diarrhoea sampling and C. difficile testing, setting requirement for all acute trusts to meet the UK Standard for Microbiology Investigations by 31 March 2027, ensuring consistent testing and timely diagnosis.

## E. coli infection numbers remain stable

**Chart description:** Number of healthcare-associated E. coli infections

**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 data show broadly consistent E. coli numbers across England when compared with the same month of the previous year. However, AMR National Action Plan target is for zero increase in Gram-negative Bloodstream Infections (of which E. coli forms a key part) by 2029 on 2019/20 baseline. Cases continue to be higher than 2019/20. Seasonal trends are largely driven by urinary tract infections (UTIs) linked to dehydration, which predominantly develop and present in the community. These are the primary driver of hospital admissions for E. coli bacteraemia. The burden of UTIs on the NHS is significant, affecting patients across all ages/sexes.

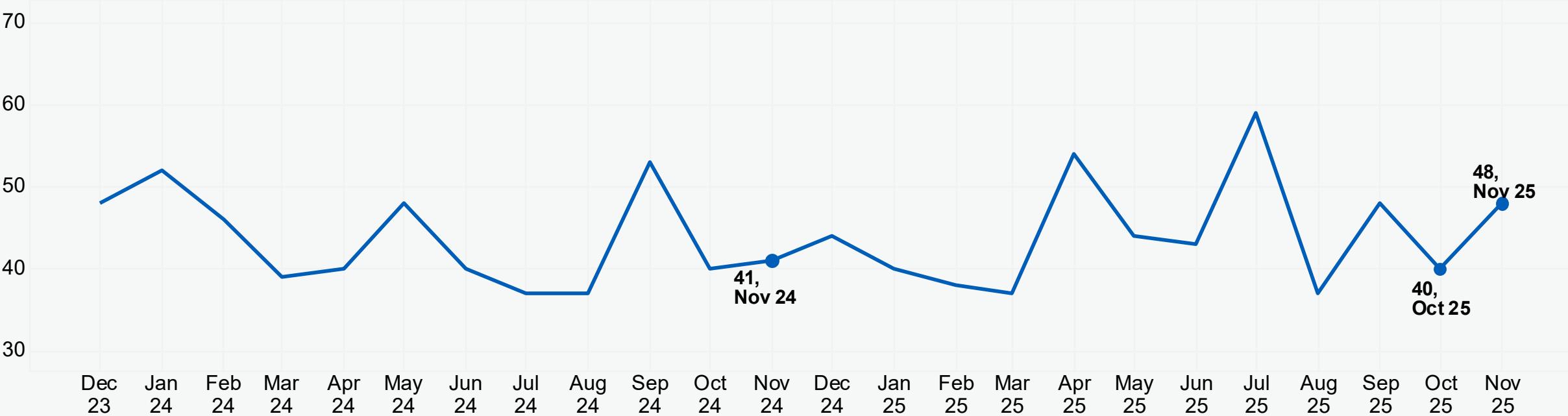
**Actions:** A collaborative system-wide approach, particularly involving community and primary care settings, is needed to reduce E. coli. Approximately 65% of GNBSIs (Gram-negative bloodstream infections) originate in the community yet frequently result in hospital admissions. UTIs linked to dehydration are the driver of seasonality in the data, with UTIs that develop and present in the community being the main driver of hospital admission for E. coli bacteraemia. The burden of UTIs on the NHS (included assessment by sex and age) is available here: [Understanding the burden of UTI hospitalisations in England](#).

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

**Chart description:** Number of healthcare-associated MRSA (Methicillin-resistant *Staphylococcus aureus*) infections

**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 data show a small increase in MRSA across England when compared with the same month of the previous year. However, there is insufficient data to determine whether this increase is associated with natural variation. Continued surveillance and monitoring are necessary to determine whether this increase will be sustained over time.

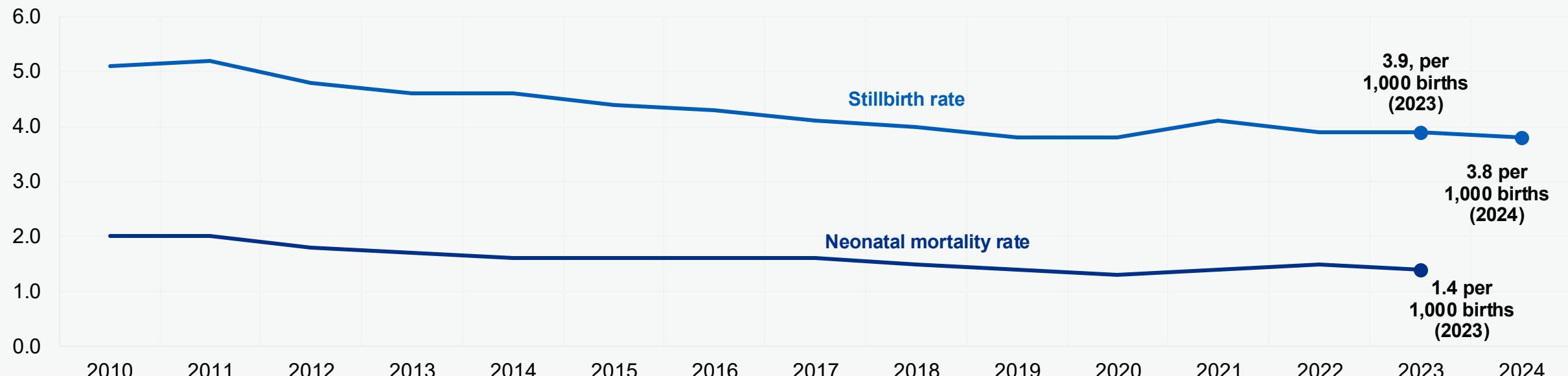
**Actions:** Overall performance remains stable, whilst modest increases are observed in both national and regional data. It is therefore essential that there is standardised reporting and timely escalation of performance against the MRSA threshold. Effectiveness is hindered by challenges such as varying trust capacities, differing patient demography, and increasing trends in infection rates.

# The stillbirth and neonatal death rates per 1,000 total births have both reduced

**Chart description:** Neonatal mortality rates 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 stillbirths per 1,000 total births (Integrated care boards)

Source: ONS birth registrations [publication link](#) [PUBLISHED]; ONS Child and infant mortality [publication link](#) [PUBLISHED]



**Current position:** In 2024, the stillbirth rate was 3.8 per 1,000 total births, a reduction of 0.1 per 1,000 from 2023 and 25.2% lower than the 2010 baseline (down 1.2 per 1,000). This indicated that performance has improved slightly, further reductions have become increasingly challenging despite the continued implementation of improvement initiatives. The 2023 neonatal mortality rate was 1.4 per 1,000 live births, 0.1 per 1,000 lower than 2022 and 27.7% below the 2010 baseline (down 0.5 per 1,000). This reflected a slight improvement consistent with national safety ambitions. Maternal mortality (data not shown in chart) There were 252 direct and indirect maternal deaths in 2022-2024, excluding 6 deaths related to COVID-19 infection. The maternal mortality rate was 12.5 per 100,000 maternity's, up from 11.3 in 2021-2023 and 10.1 in 2019-2021, highlighting increasing maternal risk

**Actions:** NHS England is implementing high-priority actions to improve maternity and neonatal services while awaiting the outcome of the independent investigation and taskforce action plan. The Maternity Outcomes Signal System, launched in November 2025 is now in use across England. It uses near-real-time data to flag potential intrapartum safety issues. Carrying out rapid safety checks within 8 working days, escalating to trust boards where needed. A new Maternity and Neonatal Strategic Performance Dashboard provides a balanced scorecard of operational, outcome and patient experience measures, supported by daily operational pressure reporting to enhance oversight in line with other acute services. Maternity and Neonatal Improvement Support Teams, launched on 5 January 2026 provide targeted, time-limited support to trusts. It has added neonatal support and stronger family and service user involvement to reinforce local accountability for improvement. The Maternal Care Bundle published on 6 January 2026 sets best practice standards across 5 areas of clinical care and is aimed to reduce maternal mortality and morbidity and reduce inequalities.

## The rate of restrictive intervention use has remained relatively stable in recent months

**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:** As at November 2025, the rate of restrictive interventions was 34 per 1,000 occupied beds. Compared to October 2025, there was no change in performance. When compared to November 2024, there was a decrease of 3.0%, equivalent to one use of a restrictive intervention. Overall, this indicates performance has declined in recent years.

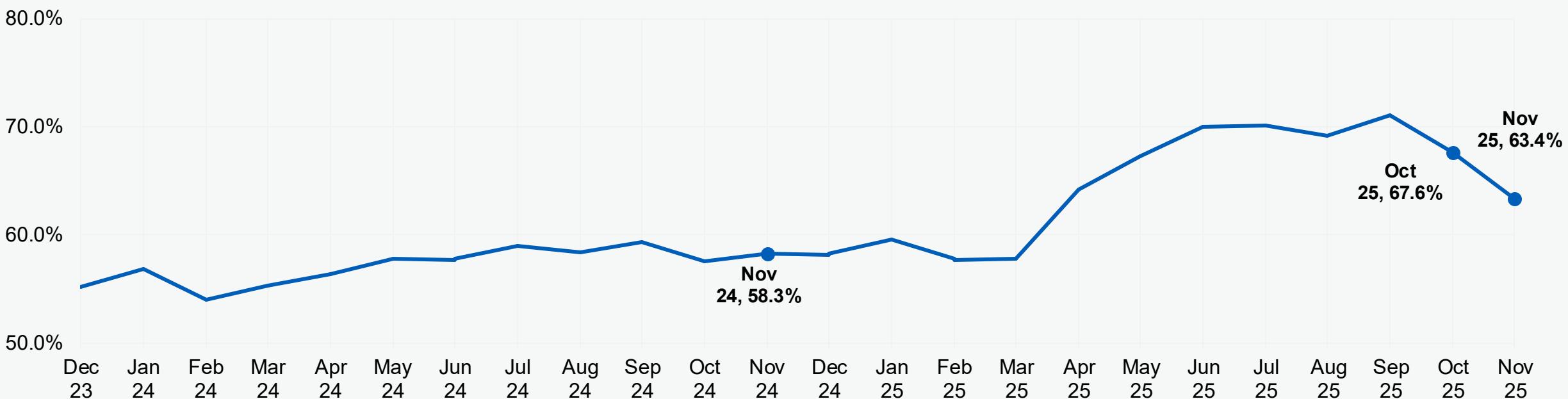
**Actions:** The programme has been working to improve reporting on restrictive interventions in line with the requirements in the Use of Force Act which will be fully enacted in 2026. This includes targeted engagement with providers to improve data quality. Whilst we expect restrictive interventions reported to rise as services continue to implement their requirements, we also recognise the importance of sharing a transparent picture in supporting quality improvement to help drive change. Additionally, there is focused work underway on setting expectations for systems in reducing restrictive practices specifically for children and young people.

# Latest data shows an improved position in the proportion of referrals to crisis care services receiving a face-to-face contact within 24 hours relative to the last two years

**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:** As at November 2025, the patients in crisis to receive face-to-face contact within 24 hours was 63.4%. Compared to October 2025, there was a decrease of 4.3 percentage points. When compared to the November 2024, there was an increase of 5.1 percentage points. Overall, this indicates performance has improved throughout 2025.

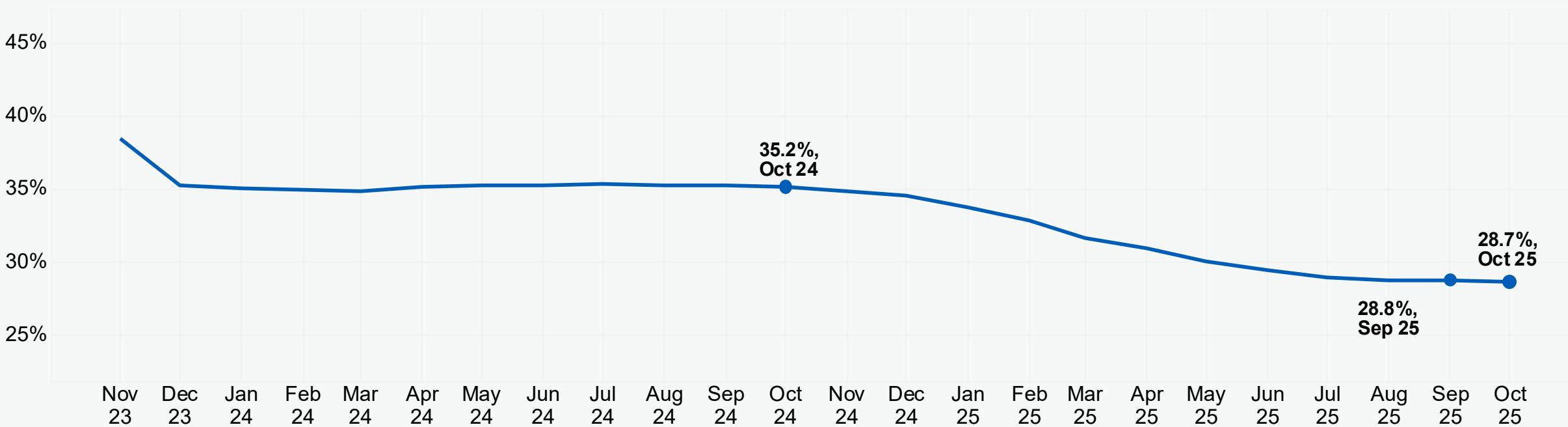
**Actions:** To improve performance mental health systems are enhancing data quality and reporting accuracy for crisis response times, supported by tools like MEN-SAT (Mental Health Services Assessment Tools) and targeted audits. Approximately 70% of callers to the crisis care service are de-escalated and supported on the phone, receiving immediate assistance and often referred to community support services. This frees up capacity to support urgent referrals for patients who need to be seen face-to-face within 24hrs.

# Proportion of children aged 0-9 years prescribed antibiotics in the last 12 months has been on a gradual decreasing trend

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

**NHSOF ambition/metric:** Percentage of children (Aged 0 – 9) prescribed in the last 12 months (Integrated Care Boards)

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



**Current position:** The proportion of children under 10 years exposed to antibiotics in the previous 12 months was 28.8% in September 2025. Sustained from August 2025 and 6.5% lower than September 2024. Performance is on an improving trajectory after reaching a plateau of around 35% exposure during 2024.

**Actions:** The national programme team continue to focus on supporting primary care to reduce avoidable antibiotic exposure in children, including providing systems with quality improvement resources and training, developing data dashboards, supporting paediatric antimicrobial stewardship networks in some areas of the country, and addressing paediatric prescribing where relevant as part of the Antimicrobial Resistance (AMR) ICB leadership programme. Given the improvements in performance in 2025/26 a more challenging threshold is being proposed for the NHSOF for 2026/27.

# 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
Workforce, Training & Education	Sickness absence rate	5.29% Sep-25	5.07% Aug-25	0.22 ppt (4.3%)	4.96% Sep24	0.33 ppt (6.7%)
Workforce, Training & Education	NHS staff survey - engagement theme score	6.85 2024			6.89 2023	-0.04 (-0.6%)
Workforce, Training & Education	NHS staff survey - education and training theme score	5.67 2024			5.64 2023	0.03 (0.5%)
Workforce, Training & Education	National Education and Training Survey overall satisfaction score	87% 2024			85% 2023	2.00 ppt (2.4%)
Workforce, Training & Education	GP Leavers, previous 12 months (full-time equivalent)	6.62% Dec-25	6.50% Sep-25	0.12 ppt (1.9%)	6.58% Dec-24	0.04 ppt (0.6%)

# Sickness absence levels have broadly been sustained over the past two years

**Chart description:** Percentage of staff sickness rates across England for all NHS organisations

**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:** As at September 2025, the national sickness absence rate was 5.29%; a 0.2 percentage point increase compared to the previous month, and a 0.3 percentage point increase compared to September 2024. Despite these small increases and seasonal fluctuations, overall sickness absence levels have been sustained over the last two years.

**Actions:** Implementation of the Staff Treatment Hub, referenced in the 10 Year Health Plan, will help to reduce sickness absence and increase productivity. It is envisaged that the Hub will deliver a five-fold return on investment by reducing instances of poor mental health and musculoskeletal issues among staff. In Q4 2025/26 the Staff Training Action Review (STAR) report will be published, providing further detail of a long-term implementation plan and team support in this area. Progress is being made against deliverables within the Growing Occupational Health & Wellbeing Together strategy - examples include the creation of an Occupational Health Wellbeing service specification, and Occupational Health Wellbeing core datasets for trusts. Initial co-design work has begun; first draft datasets are expected in Q1 2026/27. Pending engagement with stakeholders, the national Supporting Health and Improving Attendance Policy Framework will be published by the end of March 2026.

# Staff engagement has fallen since 2020

**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 link](#) [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 staff engagement score from the latest (2024) NSS is 6.85 out of a maximum possible score of 10 – this is a 0.04 decrease on the 2023 position. A significant reduction in scores was seen between 2020 and 2024. Whilst response rates have improved over time, between 2013 and 2024 the average staff engagement score has fluctuated between 6.79 and 7.05. A 1% increase in the engagement theme score generally equates to a 1-1.5% increase in productivity. Internal quarterly management data from the NQPS allows more regular insight into working experience than the published annual data, providing opportunity for more timely local action. The latest NQPS engagement score was 6.46 in Q2 25/26, the lowest score since the introduction of NQPS in Q1 22/23. This indicates worsening staff engagement across the NHS, reflecting continuous pressures and challenges. The engagement score is made up of three sub-themes: Advocacy, Involvement and Motivation. Advocacy has the lowest score of all sub-themes, which is of concern given the correlation with patient experience.

**Actions:** The Q4 2025/26 NQPS survey is currently underway. 2025 NHS Staff Survey results will be published in March 2026, a range of events relating to the results and evidenced-based approaches to improving employee engagement will take place in the coming months. Workforce experience will be covered in the 10 Year Workforce Plan. NHS Staff Standards are being created building on the People Promise, communicating employment minimum standards, protecting and supporting staff and minimising variation of experience.

## The NHS staff 'we are always learning' theme score has improved marginally in recent years

**Chart description:** Data shows the 'we are always learning' score from 2021-2024. This is an element of the People Promise, based on sub-scores relating to 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 each year from 5.29 in 2021 to 5.67 in 2024. Of the 5 organisation types, there has been a decline 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 specific action plans for improvement. Action plans will be developed following the publication of the 2025 NHS Staff Survey results in March 2026.

## Students' and trainees' overall satisfaction with their educational experience has improved slightly in the last few years

**Chart description:** Data from National Education and Training Survey NETS 2024 (open to all students, doctors and dentists undertaking a practice placement or training post in healthcare services) 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:** Overall satisfaction from the latest NETS (2024) is 87%, an increase of 2 percentage points since 2023. The NETS is the only national survey open to all undergraduate, 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, with the 2024 NETS seeing the highest number (over 43,000) of 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 at 87% (84% in 2021), however learners also reported the greatest negative experiences in relation to workload since 2021.

**Actions:** The latest NETS closed in December 2025, and improvement activities will be identified once results are available in March 2026. Following a pilot in September 2025, work is underway to launch the Educator Voice Survey initiative in 2026 - this will be an underpinning element of the [Educator Workforce Strategy](#). Work is also underway to deliver the 2026/27 national and regional Education Quality Improvement Plan, that will support elements of the 10-Year Health Plan and 10-Year Workforce Plan. Such initiatives should improve attrition rates of trainees, resident doctors, and students, improve sexual safety and the overall experience of clinical practice learning. Work is continuing at pace with providers to implement the 10 Point Plan to improve doctors working lives and establish this as business-as-usual practice.

## Although the number of full-time equivalent (FTE) GP leavers has been on an overall downward trend over the last two years, some increases have been seen in the current financial year

**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)

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

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



**Current position:** As at December 2025, the GP leaver rate is 6.6% (1,812 FTE) – this is 0.1 percentage point higher than the position in September 2025.

**Actions:** GP leaver rates are being addressed by strengthening retention initiatives and applying learning from exemplar sites to the Supporting Retention in General Practice programme. This programme improves staff experience and retention by embedding evidence-based interventions, aligned to the People Promise, that make general practice a better place to work. NHS England is continuing to deliver interactive learning labs to help practices utilise retention self-assessment tools and implement interventions such as flexible working and wellbeing strategies. Access is also being enabled to national leadership programmes and Continuing Professional Development-accredited training for practice managers, Primary Care Network leads and GPs, supporting effective team leadership, change management and operational improvement. To better prepare new GPs, all GP Specialty Trainees now spend 24 months in practice placements, and structured learning placements are being tested.

# 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 (estimated)	7,308,928 Nov-25	7,395,445 Oct-25	-86,517 (-1.2%)	7,479,867 Nov-24	-170,939 (-2.3%)
Elective Care	CYP waiting for elective treatment	708,715 w/e 28/12/2025	728,490 w/e 30/11/2025	-19,775 (-2.7%)	775,450 w/e 29/12/2024	-66,735 (-8.6%)
Elective Care	RTT: 18 weeks or less	61.8% Nov-25	61.8% Oct-25	0.0 ppt (0.0%)	59.2% Nov-24	2.5 ppt (4.2%)
Elective Care	RTT: 52 weeks or more	2.1% Nov-25	2.3% Oct-25	-0.2 ppt (-8.7%)	3.0% Nov-24	-0.9 ppt (-30.0%)
Primary Care and Community Services	Number of 52+ week community waiters	87,125 Nov-25	86,130 Oct-25	995 (1.2%)	55,558 Nov-24	31,567 (56.8%)
Cancer	Faster Diagnostic Standard (28 Days)	76.5% Nov-25	76.1% Oct-25	0.4 ppt (0.5%)	77.3% Nov-24	-0.8 ppt (-1.0%)

# Access - summary of metrics



Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Cancer	62-day Combined Standard	70.2% Nov-25	68.8% Oct-25	1.4 ppt (2.0%)	69.8% Nov-24	0.4 ppt (0.5%)
Cancer	Percentage of all cancers diagnosed at stage 1 or 2	59.5% Sep-25	59.4% Aug-25	0.1 ppt (0.2%)	58.2% Sep-24	1.3 ppt (2.2%)
Diagnostics	Percentage of people waiting over 6 weeks for a diagnostic procedure or test	21.7% Nov-25	21.3% Oct-25	0.4 ppt (2.0%)	19.9% Nov-24	1.8 ppt (9.1%)
Urgent and Emergency Care	A&E 4-hour performance	73.8% Dec-25	74.2% Nov-25	-0.4 ppt (-0.5%)	71.1% Dec-24	2.7 ppt (3.8%)
Urgent and Emergency Care	A&E 12-hour performance	10.5% Dec-25	10.1% Nov-25	0.4ppt (4.0%)	12.1% Dec-24	-1.6ppt (-13.1%)
Urgent and Emergency Care	Category 2 mean ambulance response time	00:32:43 Dec-25	00:32:46 Nov-25	-00:00:03 (-0.2%)	00:47:26 Dec-24	-00:14:43 (-31.0%)

# Access - summary of metrics



Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Primary Care and Community Services	Patients that described booking a general practice appointment as easy	73.1% Dec-25	73.7% Nov-25	-0.6ppt (-0.8%)	71.6% Dec-24	1.5ppt (2.1%)
Mental Health Care	Number of Children and Young People accessing Mental Health services in the last 12 months	856,806 Nov-25	852,742 Oct-25	-4,064 (0.5%)	818,611 Nov-24	38,195 (4.7%)
Mental Health Care	Number of adults accessing community mental health services with 2 or more care contacts (12 months rolling average)	690,306 Nov-25	689,769 Oct-25	537 (0.1%)	648,510 Nov-24	47,796 (6.4%)
Learning Disability & Autism	Number of patients with suspected autism waiting more than 13 weeks for contact	90.1% Sep-25	89.2% Aug-25	0.8ppt (0.9%)	89.1% Sep-24	1.0ppt (1.1%)
Learning Disability & Autism	Patients with suspected autism waiting more than 13 weeks for contact, split by ICB					

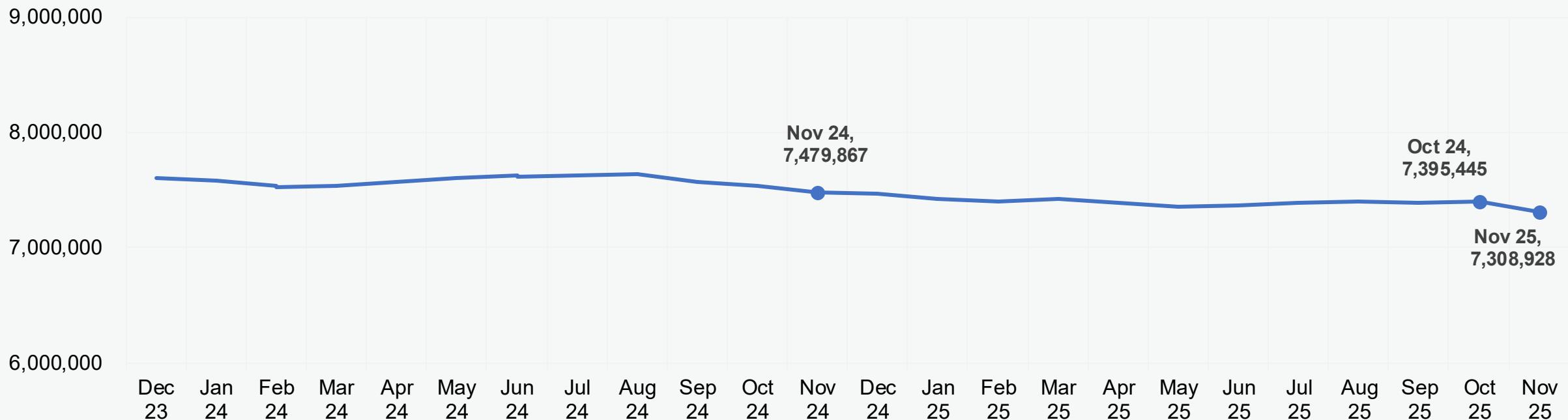
# The total elective waiting list has continued to decrease across 2025



**Chart description:** Number of patients 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 of November 2025, the number of patients on the elective waiting list stands at 7.31 million, when compared to October 2025 there was a decrease/improvement of 1.2%, this is equivalent to 86,517. When compared to November 2024, there was a 2.3% decrease/improvement, this is equivalent to 170,939 patients.

**Actions:** The elective waiting list remains a key enabler to delivering Referral To Treatment (RTT) ambitions in 25/26 and longer term, as set out in the Medium Term Planning Framework. NHS England actions during Q4 include validation incentivisation, enhanced National and Regional oversight through Tiering and a Q4 performance sprint on additional elective activity (supported by the Getting It Right First Time programme where required). Work also continues with the Frontline Digitisation Programme to give providers support as they implement new Electronic Patient Records (EPRs) which can lead to short-term waiting list inflation.

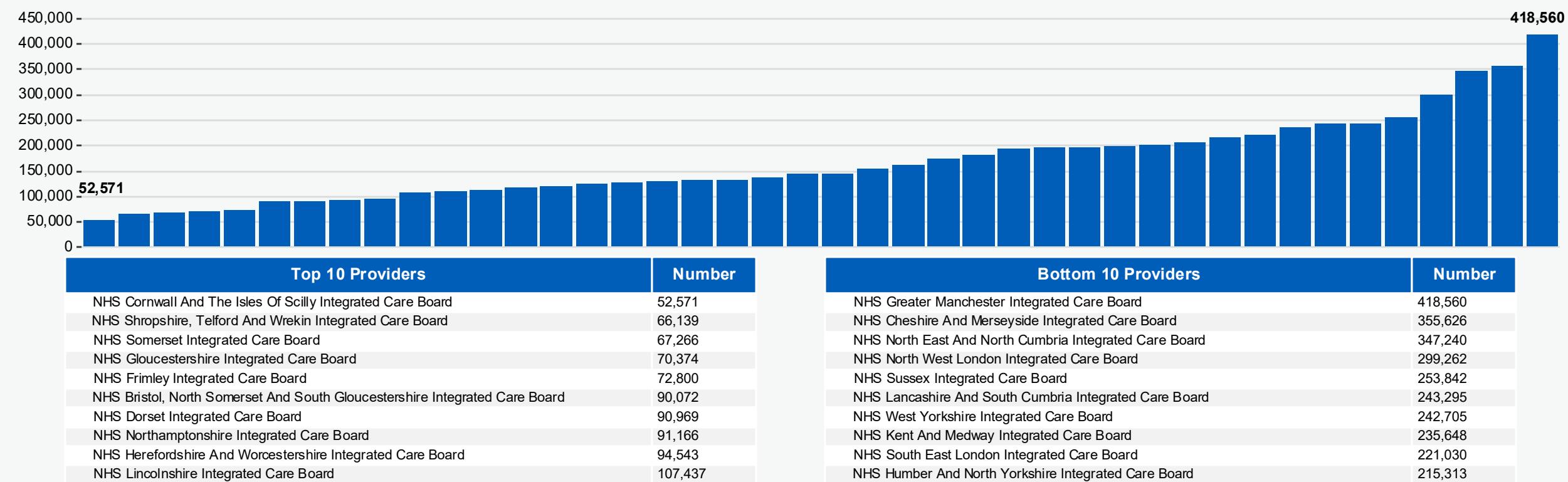
# The size of the waiting list varies across Integrated Care Boards in November



**Chart description:** Number of patients on the elective waiting list (including estimates), split by ICB

**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]



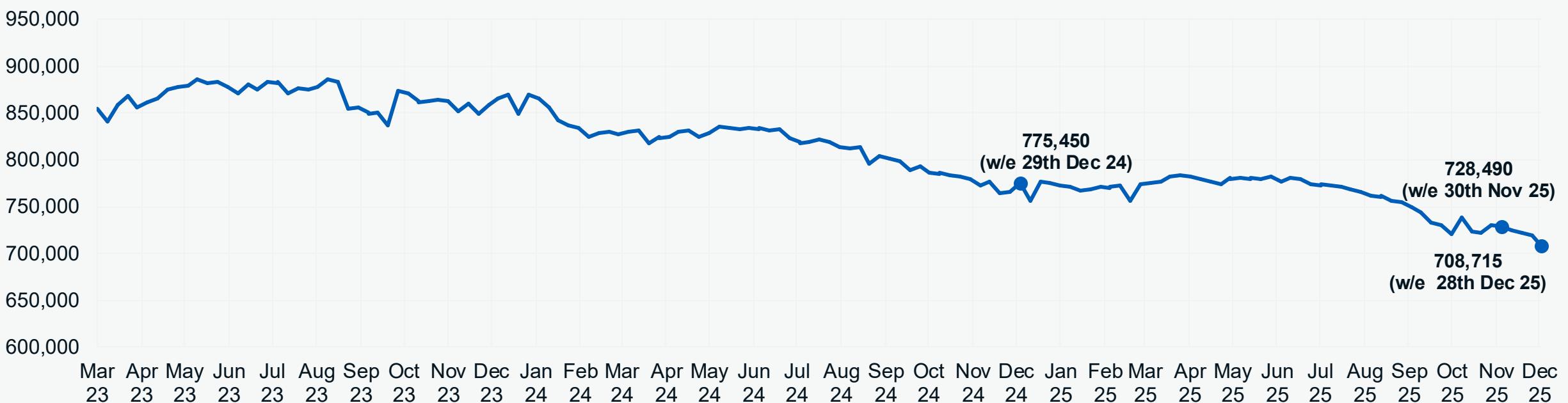
The chart shows total patient numbers on the elective waiting list in November 2025 split by integrated care boards. Highest patient numbers 418,560 through to lowest 52,571.

# Children and Young People (CYP) waiting list has been on a decreasing trend in the last two years

**Chart description:** Number of under 18 patients on the elective waiting list (includes estimates)

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

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



**Current position:** As of week ending (w/e) 28 December 2025, the number of under 18 patients on the elective waiting list was 708,715, compared with w/e 30 November 2025 this was a 2.7% decrease/improvement, this is equivalent to 19,775 patients. When compared to w/e 29 December 2024, there was 8.6% decrease/improvement. This is equivalent to 66,735 patients.

**Actions:** NHS England continues to monitor the elective waiting list for Children and Young People (across a range of metrics) to ensure operational performance improvement activity is equitable.

# The percentage of elective patients waiting less than 18 weeks for treatment has slightly improved over the past two years

**Chart description:** Percentage of elective patients waiting less than 18 weeks for treatment (includes estimates)

**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 of November 2025, the percentage of elective patients waiting less than 18 weeks for treatment was 61.8%, with no change from October 2025. When compared to November 2024, this is a 2.6 percentage point increase/improvement.

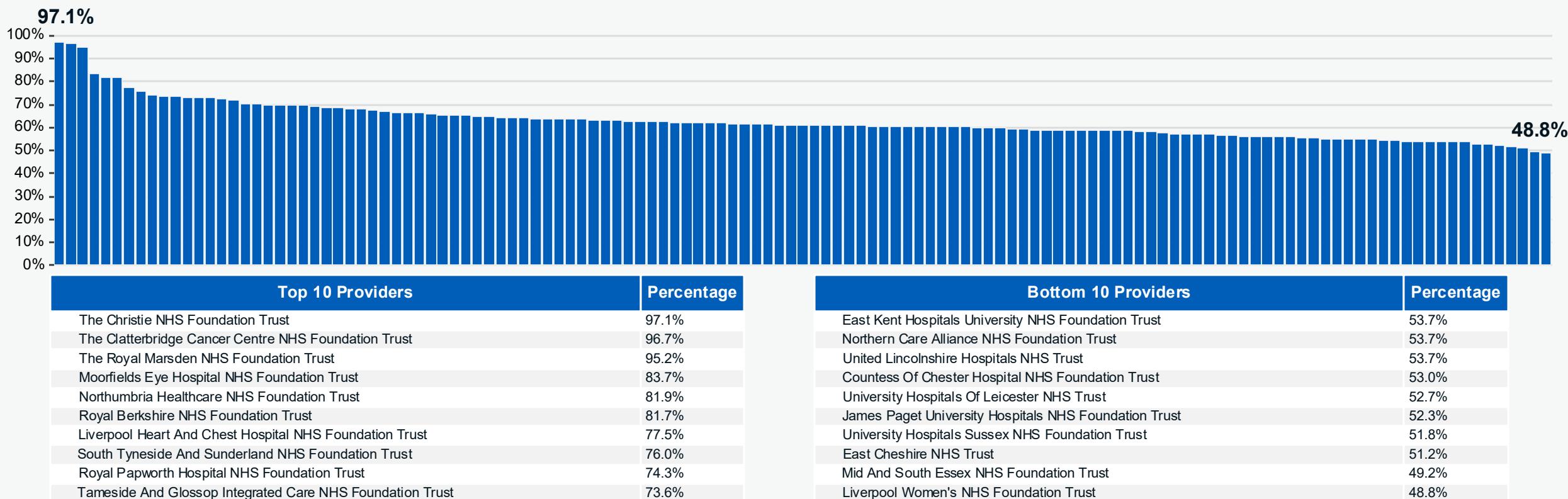
**Actions:** Referral to Treatment (RTT) is the main elective performance priority for 25/26 and for 26/27 as set out in the Medium Term Planning Framework. NHS England is taking a number of strategic and tactical actions to accelerate RTT performance improvement to deliver the 25/26 requirement of 65%. This includes validation incentivisation, enhanced National and Regional oversight through Tiering and a Q4 performance sprint on additional elective activity (supported by the Getting It Right First Time programme where required).

# 18-week RTT performance varies across providers in November

**Chart description:** Percentage of elective patients waiting less than 18 weeks for treatment (includes estimates), split by Acute Trust

**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]



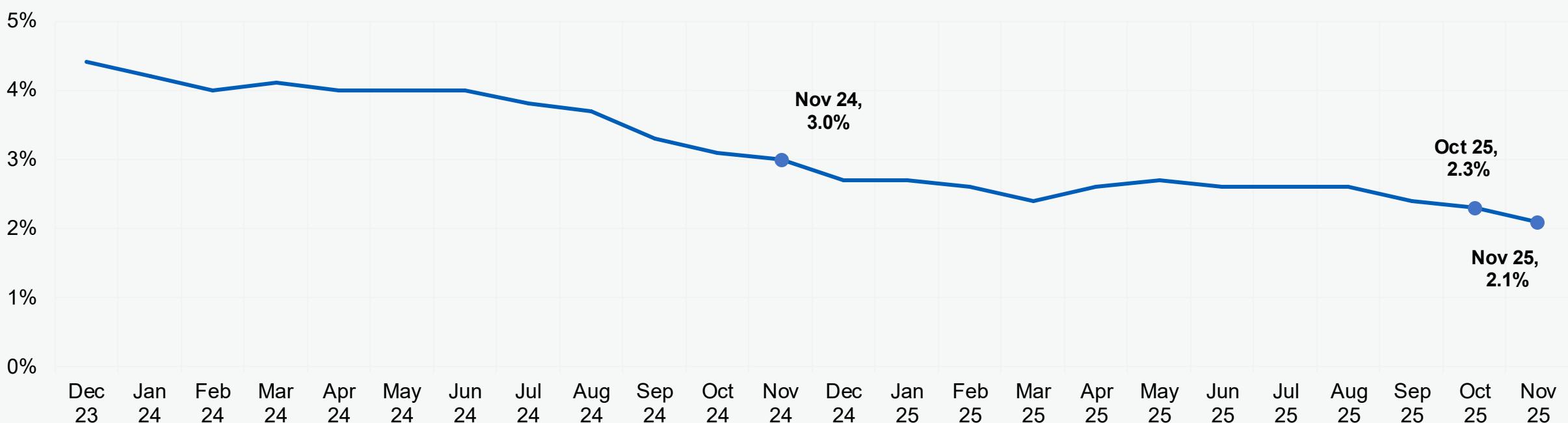
This chart shows the percentage of patients waiting less than 18 weeks for elective treatment in November 2025 split by acute trust (excludes community and independent sector). Highest performing (97.1%) through to lowest performing (48.8%).

## Elective over 52 week waits has improved slightly over the course of 2025

**Chart description:** Percentage of elective patients waiting over 52 weeks for treatment (includes estimates)

**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 November 2025, the percentage of elective patients waiting over 52 weeks for treatment was 2.1%. Compared to October 2025, a decrease/improvement of 0.2 percentage point. When compared to November 2024 this represents a 0.9 percentage point decrease/improvement.

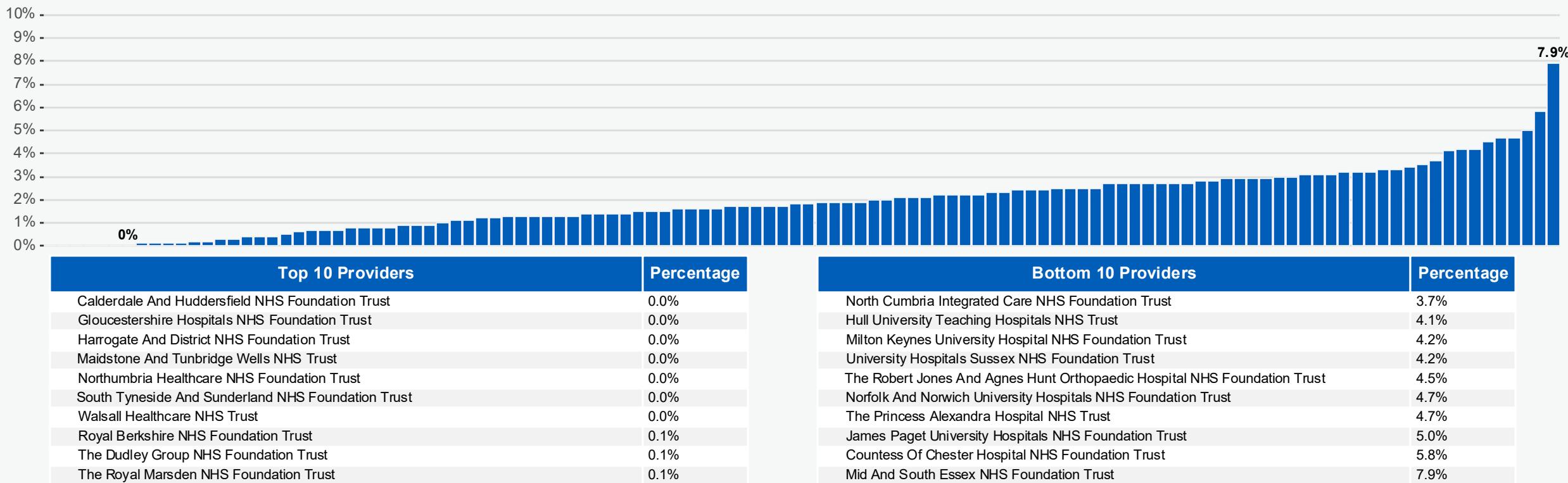
**Actions:** Reduction of the longest waits remains a key priority and is a focus of NHS England's performance oversight conversations with Regional teams and directly with providers who are in elective tiering. It will also be a specific focus of the Q4 performance sprint.

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

**Chart description:** Percentage of elective patients waiting over 52 weeks for treatment (includes estimates), split by Acute Trust

**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]



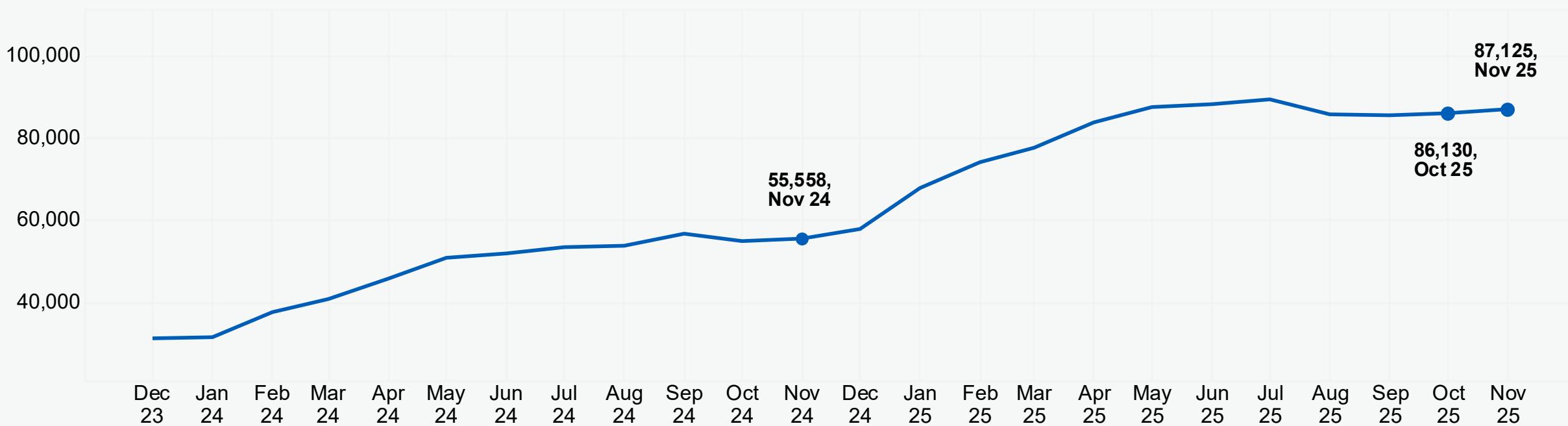
This chart shows the percentage of patients waiting less than 52 weeks for elective treatment in November 2025 split by acute trust. Highest percentage (7.9%) through to lowest (0.0%).

# Community waits over 52 weeks shows deterioration over the last two years but has stabilised in recent months

**Chart description:** 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 November 2025, number of patients waiting more than 52 weeks for community services was 87,125. Compared to October 2025 there was a 1.2% increase. This is equivalent to an increase of 995 patients. When compared to November 2024, there was a 56.8% increase. This is equivalent to 31,567 patients.

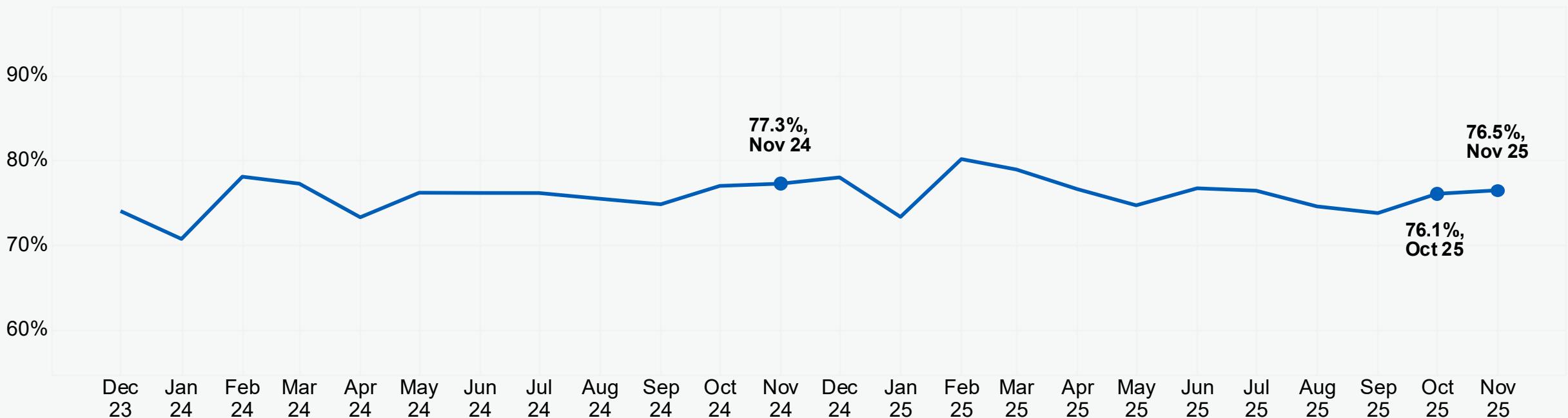
**Actions:** Between March 2025 and latest data, NHS England has implemented a series of interventions to improve community waiting time performance in line with the Medium-Term Planning Framework. Key deliverables include setting 2026/27 ICB targets of 78% of waits under 18 weeks and requiring plans to eliminate waits over 52 weeks; developing a system-wide action plan with system- and provider-level checklists to baseline provision and drive improvement (Q4 25/26); publishing a national community Musculoskeletal (MSK) service specification to reduce waits in this high-volume service line (Q4 25/26); and issuing commissioning guidance for community paediatrics (Q1 26/27). These actions are designed to reduce variation and address drivers of long waits. Impact on Community Health Services waiting time performance is expected to be reflected in 2026/27 data.

# Cancer Faster Diagnosis Standard performance is sustained relative to the last two years

**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:** Nationally we have seen some further improvements for Faster Diagnosis Standard (FDS) performance, with this increasing to 76.5% in November 2024, an increase of 0.4% from previous month (in line with normal seasonal trends). Whilst we remain 2.9% off agreed operational plans, modelling indicates we are still broadly on track to achieve the 80% target in March 2026. As has been the case for several months, the focus remains on recovering both the Breast (87% vs 92% a year ago), and Skin (80% vs 85% a year ago) pathway positions, alongside improvements to the diagnostic pathway for patients who are subsequently diagnosed with cancer, where pathways can be more complex.

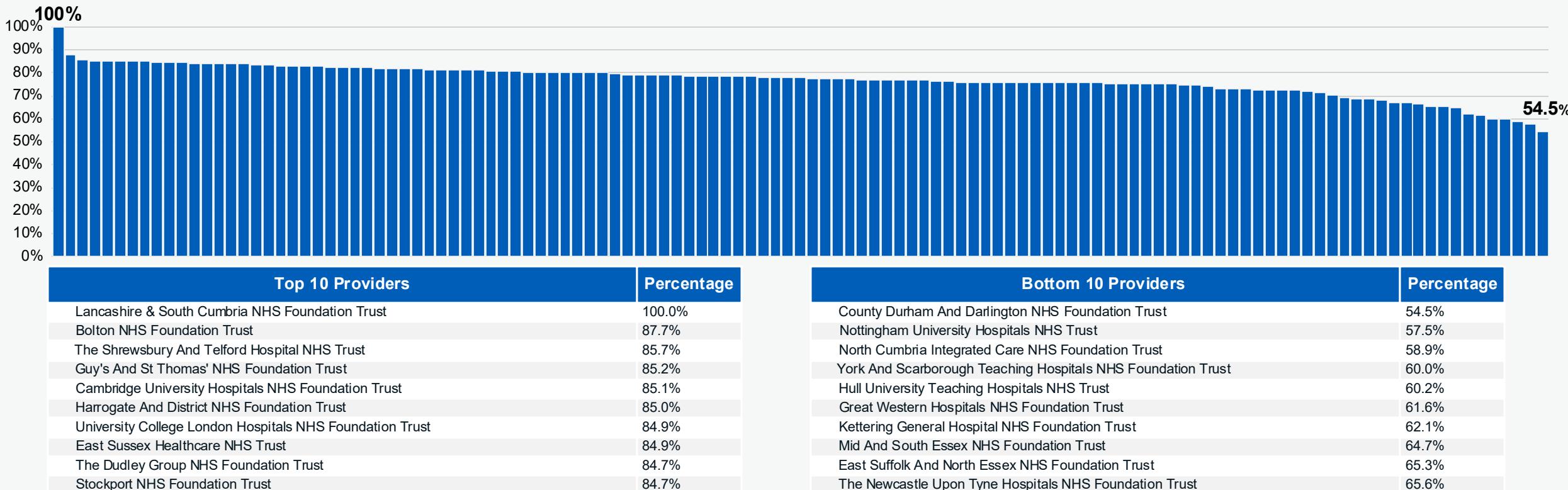
**Actions:** To support delivery of the ambition to exceed 80% in March 2026 additional funding for activity has been given to the most challenged providers (c.£30m) supplemented by prioritised oversight and support provided through the Tiering process. Additionally, longer term work to transform services through Cancer Alliances continues.

# Latest data shows performance for the Cancer Faster Diagnosis Standard, split by trusts in November 2025

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

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

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



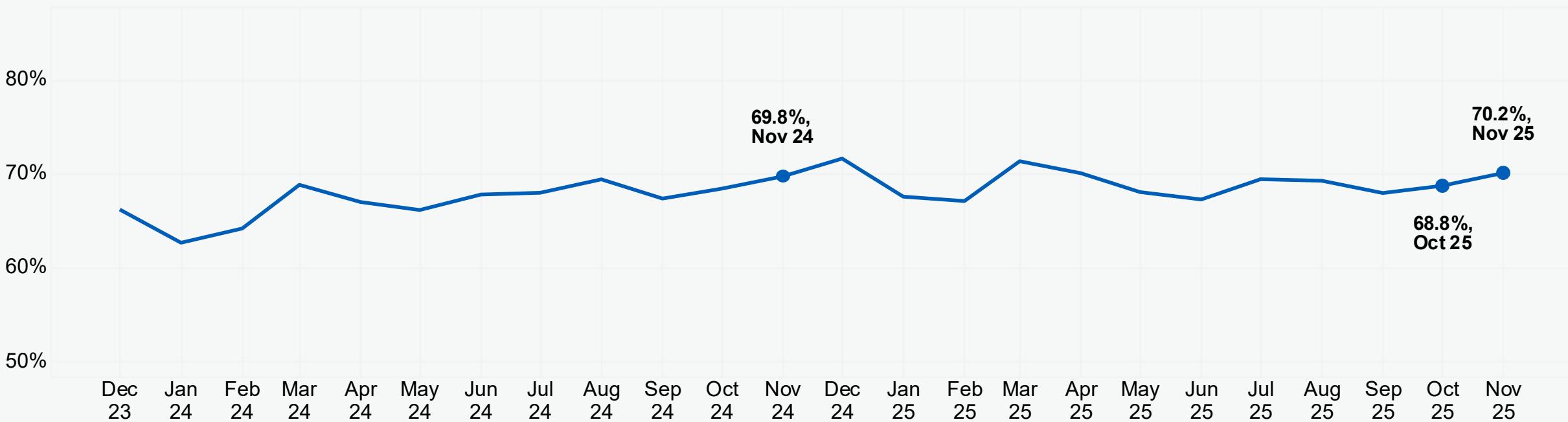
This chart shows the percentage of patients with an urgent cancer referral who received a definitive diagnosis within 28 days, split by acute trust. Highest performance in (100.0%) through to lowest (54.5%).

# Cancer 62-day performance is sustained relative to the last two years

**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:** The position remains challenged, with performance at 70.2% in November 2025, against the year-end target of 75% in March. Over the first eight months of the year (including November) performance has broadly tracked against the levels delivered in 2024/25, if this continued it would result in performance in March 2026 landing 3% short of the national target.

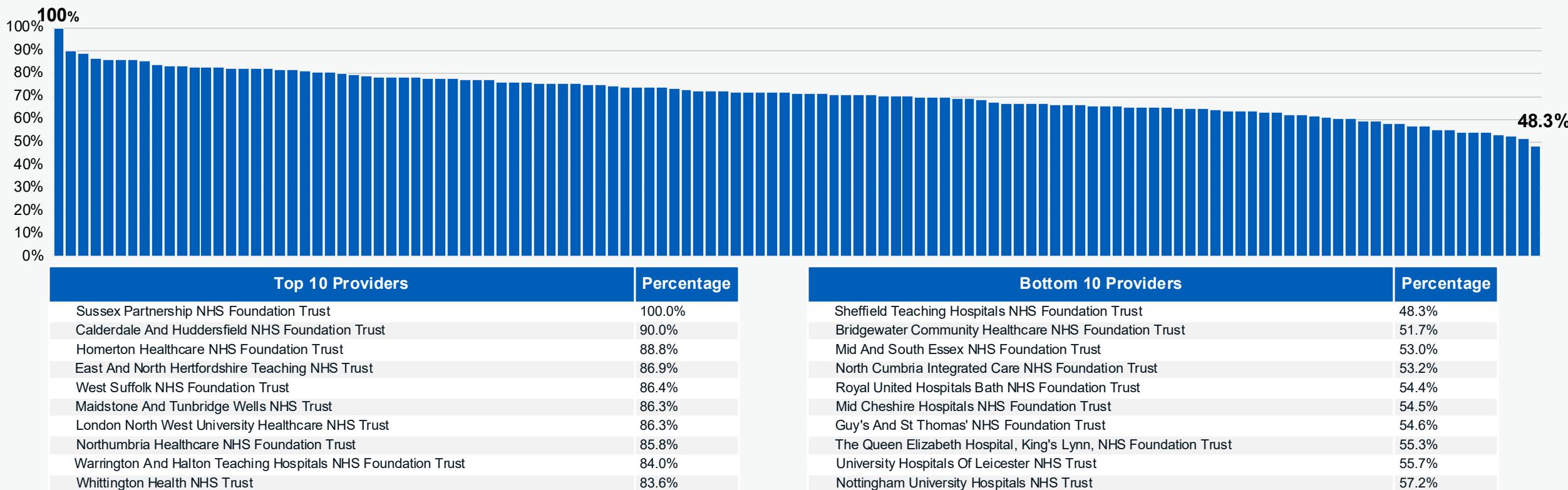
**Actions:** To support delivery of the 75% target, NHS England have provided further funding for activity to the most challenged providers (c.£30m) to cover additional activity in Q4, supplemented by prioritised oversight and support provided through the Tiering process. Additionally, longer term work to transform services through Cancer Alliances continues.

# Latest data shows performance for Cancer 62-day performance, split by trusts in November 2025

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

**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 November 2025 split by acute trust. One trust achieved the highest performance (100.0%) through to lowest (48.3%).

# Proportion of cancers diagnosed at stage 1 or 2 has increased steadily over the past 18 months

**Chart description:** Percentage of all cancers 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 September 2025, the percentage of all cancers diagnosed at stage 1 or 2 was 59.5% (12 mth. avg.), an increase of 0.1pp from August 2025. This was also an improvement from the September 2024 position of 58.2%, an increase of 1.3pp.

**Actions:** The Lung Cancer Screening programme has now diagnosed over 9,000 lung cancers. Planning is now under way at local level to ensure complete implementation by 2030. The first wave of bowel cancer screening services is now live with the new lower threshold to trigger colonoscopy. The cancer programme are preparing the procurement of a 'Direct to Patient' genomic counselling service to support the sustainability of the Jewish BRCA and Retrospective BRCA testing programmes, taking over from the ICR at the end of the pilots. Publication of the NHS Cancer Plan is expected shortly, which will outline further key actions to promote earlier diagnosis and improved outcomes.

# The proportion of patients waiting over 6 weeks for a diagnostics procedure or test has been largely sustained throughout 2025

**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 November 2025 the proportion of patients waiting over 6 weeks for a diagnostic test stood at 21.7%, a deterioration of 0.4 ppts from October 2025 and of 1.8 ppts from November 2024.

**Actions:** Between May 2025 and January 2026, NHS England worked to improve performance using key deliverables that included capital investment in capacity, clinical support for Tier 1 providers and provider level modality specific deep dives and demand optimisation initiatives. These actions were designed to tackle drivers of poor outcomes/performance. Impact of these interventions on 6-week diagnostics waits are expected to be reflected in 2026 data.

# Proportion of patients admitted, transferred or discharged from emergency departments within 4 hours is showing improvement compared to previous years

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

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

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



**Current position:** As of December 2025, the percentage of emergency department attendances admitted, transferred or discharged within 4 hours was 73.8% - compared to November 2025, this was a -0.4 percentage point decrease. When compared to December 2024, it was 2.7 percentage points improvement. Performance over the Christmas and New Year period has been significantly improved in comparison to previous years.

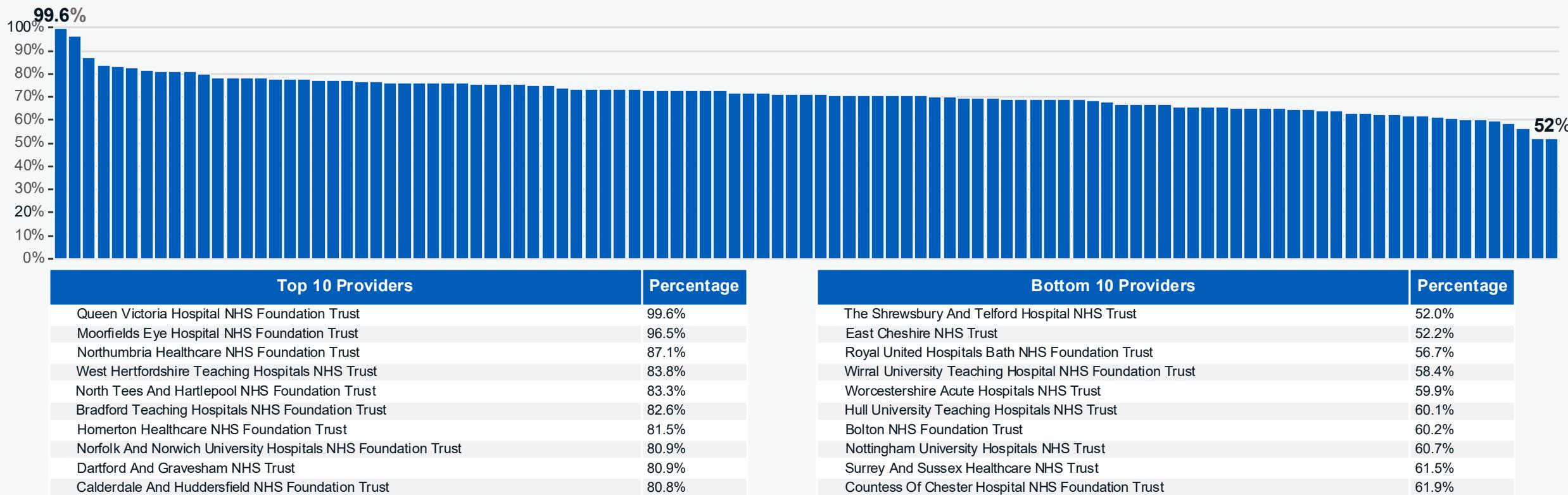
**Actions:** The Urgent and Emergency Care (UEC) plan for 2025/26 aims to ensure that a minimum of 78% of patients who attend Emergency Departments (ED) are admitted, transferred or discharged within 4 hours. As we come out of winter, we are planning significant further action during the remainder of the year to achieve the 78% ambition. This will involve ramping up national communications, and targeting clear areas of improvement opportunity (e.g. in non-admitted performance, paediatric, and 'near miss' breaches) to drive in-month improvements and lay the foundations for implementation of the Model ED.

## 4-hour performance across consultant led ED departments in December

**Chart description:** Percentage of emergency department attendances admitted, transferred or discharged within 4 hours (all types), split by Acute Trust

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

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



This chart shows the percentage of patients waiting more than 4hrs in A&E in December 2025 split by acute trust(excludes community and independent sector). Highest performing (99.6%) through to Lowest performing (52.0%).

# Proportion of patients spending 12 hours in emergency department has improved compared to last year despite a moderate deterioration this month

**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:** As of December 2025, the percentage of emergency department (ED) attendances spending over 12 hours in the department is 10.5%. Compared to November 2025, this was a 0.3 percentage point increase/deterioration. When compared to December 2024, there was a 1.8 percentage points decrease/improvement.

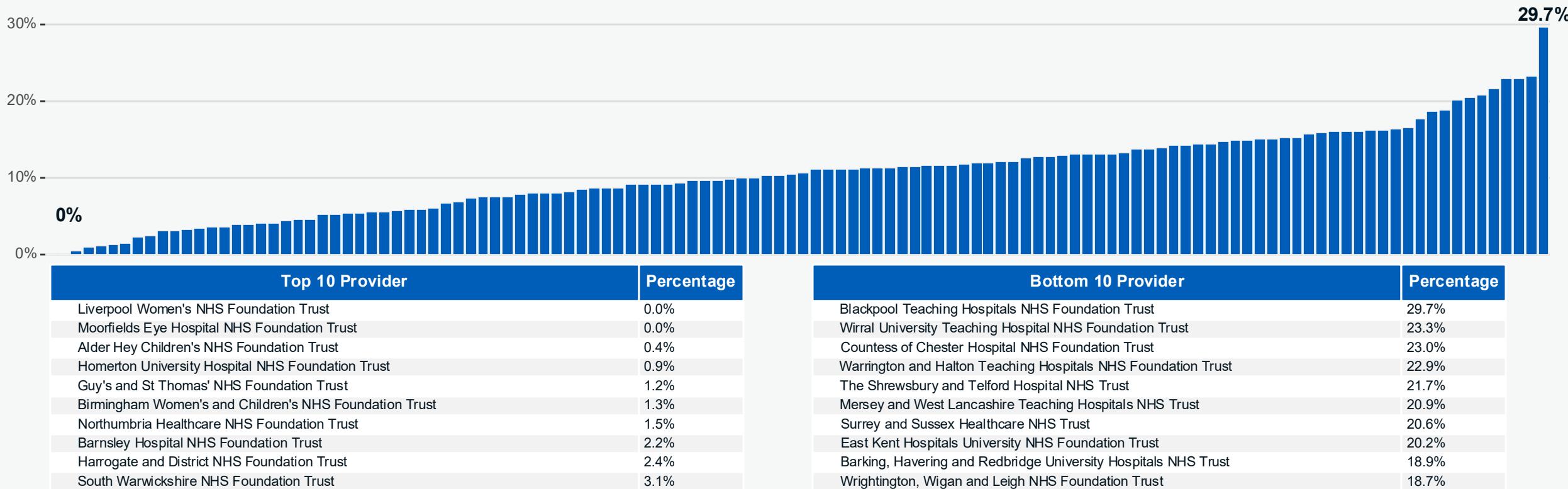
**Actions:** The Urgent and Emergency Care plan for 2025/26 aims to reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so this occurs less than 10% of the time. National and regional teams are assuring this via strong operational grip to support improved patient flow through reducing in-hospital process delays and maximising streaming and redirection. GIRFT continues to provide targeted improvement support for Trusts in UEC Tier 1 for 12-hour performance, with an ongoing review of interventions and tiering based on performance data and progress. These interventions ensure that patients can be treated in a timely and safe manner and avoids overcrowding in ED.

# There is marked variation in 12-hour performance across acute providers in December

**Chart description:** Percentage of emergency department attendances spending over 12 hours in the department (type 1 and type 2), split by Acute Trust

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

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



This chart shows the percentage of patients waiting more than 12hrs in A&E in December 2025 split by acute trust(excludes community and independent sector). Highest performing (29.7%) through to Lowest performing (0.0%).

## Average Category 2 ambulance response times have improved overall compared to both last month and same period last year, this is the best December performance since December 2020

**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:** As of December 2025, average category 2 ambulance response is 32 minutes and 43 seconds – the best December performance since December 2020. This is a 3 second improvement compared to November 2025; and a 14 minutes and 43 seconds improvement compared to December 2024.

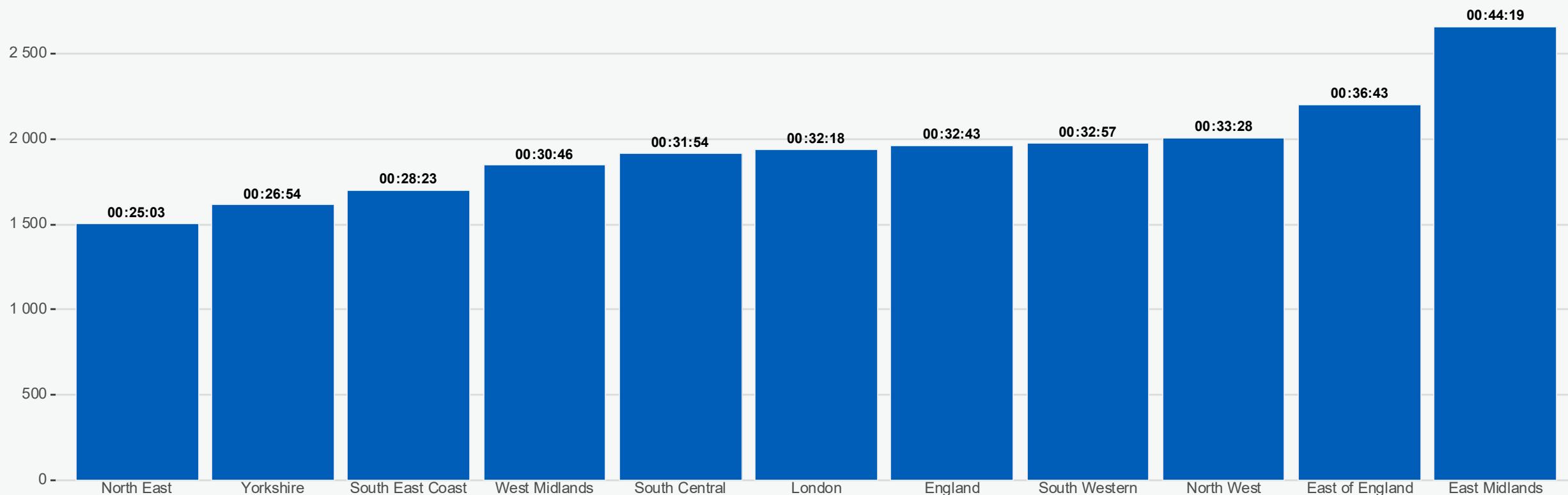
**Actions:** The Urgent and Emergency Care plan for 2025/26 aims to reduce ambulance wait times for Category 2 patients – such as those with a stroke, heart attack, sepsis or major trauma – by over 14% (from 35 minutes to 30 minutes). To achieve this, national and regional teams are providing rigorous performance oversight of ambulance service operational plans. They continue to work with services to expand Hear & Treat models, enhance clinical navigation and validation of eligible 999 calls. These interventions will improve response times as well as reduce a voidable ambulance dispatches and conveyance to Emergency Departments.

# Response times differed significantly across Ambulance Trusts in December

**Chart description:** Average Category 2 ambulance response times, split by Ambulance trust (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 Category 2 ambulance response times in December 2025 split by Ambulance trusts. Lowest average response times, best performance (North East 00:25:03) through to Highest (East Midlands 00:44:19).

# Patients describing their contact with their General Practice as easy, has improved over the past year

**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, via the Health Insights Survey (HIS)

**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:** The percentage of patients who described contacting their GP as easy has improved over the past year. Latest Wave 18 (11 November 25 – 3 December 25) is 73.1%, compared to Wave 5 (12 November 24 – 4 December 24) was 71.0%. Using the NHS App was reported as the easiest method to contact the GP (83.3%), compared to 76.8% online.

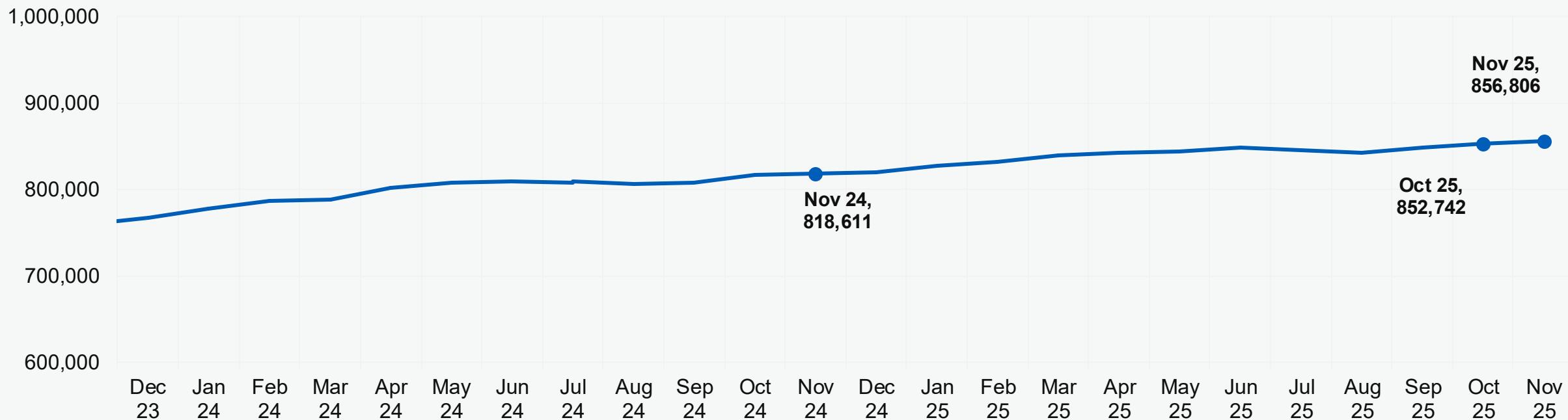
**Actions:** Between the start of HIS and current wave, NHS England has implemented a set of interventions to reduce unwarranted variation in general practice, with a particular focus on access. Key deliverables include routinely sharing variation data with ICBs; requiring all ICBs to develop and implement general practice action plans for 25/26; and establishing monthly regional updates to support delivery. National improvement support is being provided to nominated practices throughout Q4. Changes to the GP contract from 1 October 2025 are also improving access by requiring practices to keep online consultation tools open during core hours, enabling appropriate information sharing through GP Connect, and linking practices to the patient charter (You and Your GP) to set clear service standards. These actions are designed to reduce variation, improve access and strengthen patient experience. Impact is expected to be reflected in forthcoming general practice performance data.

# Children and Young People access to Mental Health services in the last 12 months shows an increasing trend

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

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

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



**Current position:** As at November 2025, the CYP accessed NHS funded MH services was 856,806. Compared to October 2025, there was an increase of 0.5%, equivalent to 4,064. When compared to November 2024, there was an increase of 4.7%, equivalent to 38,195. Performance has continued to improve in recent years.

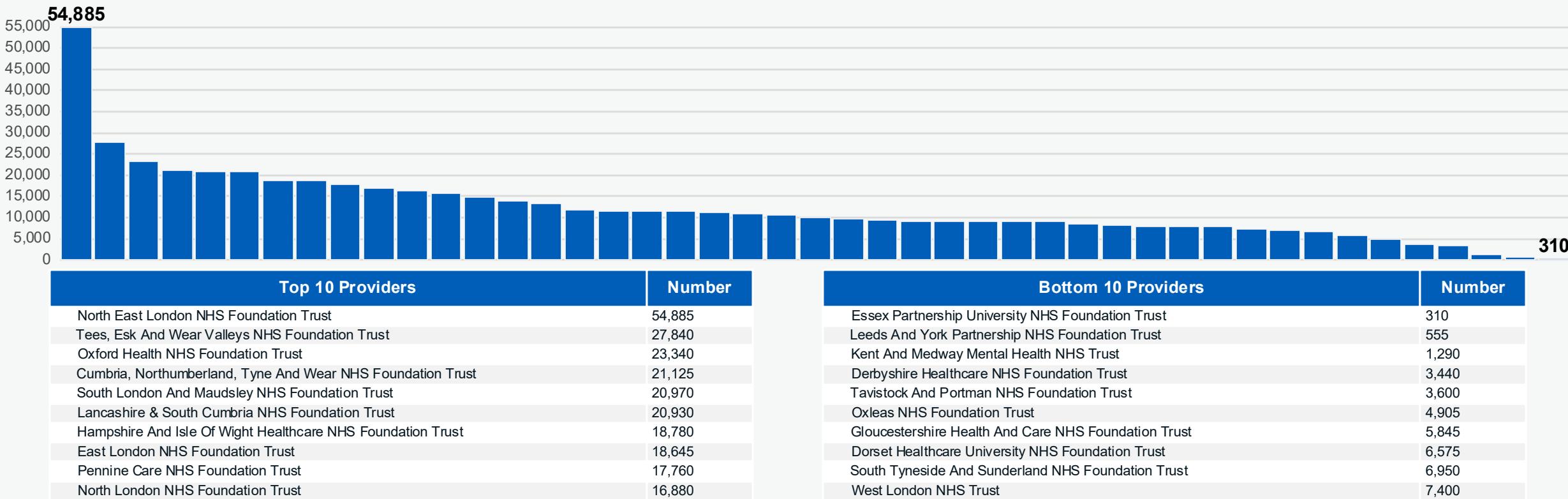
**Actions:** Achievement of the access commitment continues nationally. Regional variation remains and the programme continues to focus on targeting this during 2025/26 in line with planning guidance. This includes working with regional leadership and colleagues working on CYP MH to understand the causes and support required by systems. Initial focus is on data quality and variation in reported activity, including in new Mental Health Support Teams in schools and colleges.

# Number of children and young people accessing community mental health services, split by trusts in November 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), split by Mental health trust

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

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



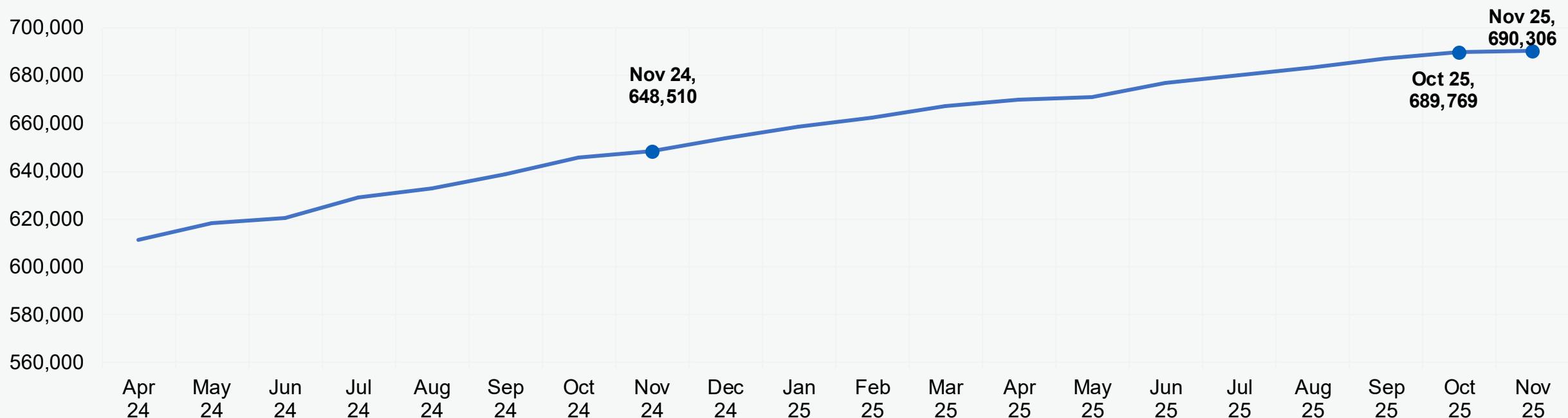
The chart shows children and young people access levels (patients) to NHS funded mental health service in November 2025 split by all mental health trusts. Highest patient numbers 54,885 through to lowest 310.

## Access to adult community MH services in the last 12 months shows an increasing trend

**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:** As at November 2025, the Number of adults accessing community mental health services was 690,306. Compared to October 2025, there was an increase of 0.1%, this is equivalent to 537. When compared to November 2024, there was a decrease of 6.4%, this is equivalent to 41,796. Overall, performance has continued to improve in recent years.

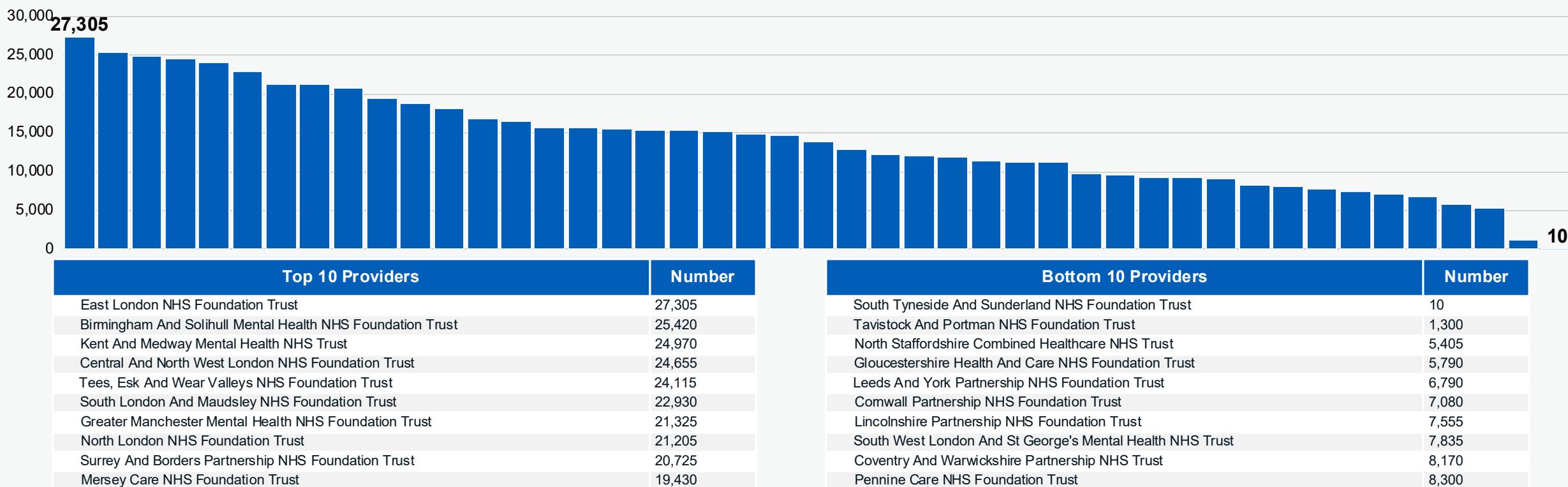
**Actions:** Continued focus on improving quality of provision within mental health services, including improving availability of intensive and assertive care, and development of new 'Personalised Care Framework' to improve core elements of care provision across all services.

# Number accessing adult community mental health services (2 or more care contacts), split by trust in November 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]



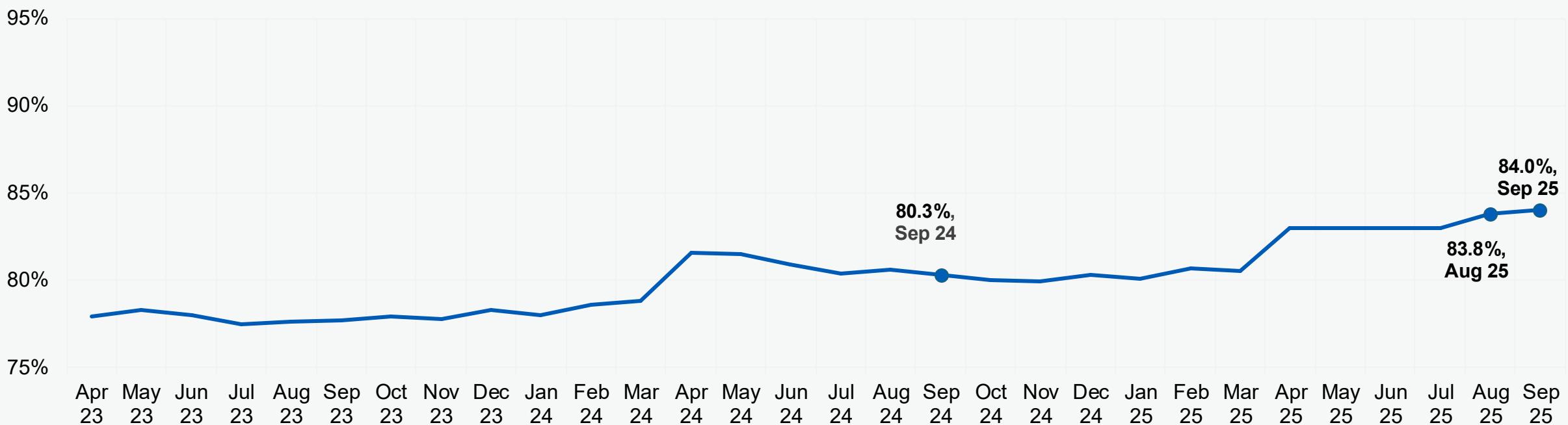
The chart shows adult access levels (patients) to community mental health services in November 2025 split by all mental health trusts. Highest patient numbers 27,305 through to lowest 10.

# Proportion of patients with an open suspected autism referral for at least 13 weeks is increasing

**Chart description:** Percentage of patients with suspected autism waiting more than 13 weeks for contact

**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, 84.1% were waiting 13 weeks or longer for contact, this is a 0.2 percentage point increase on the previous month and 3.7 percentage points higher than in September 2024.

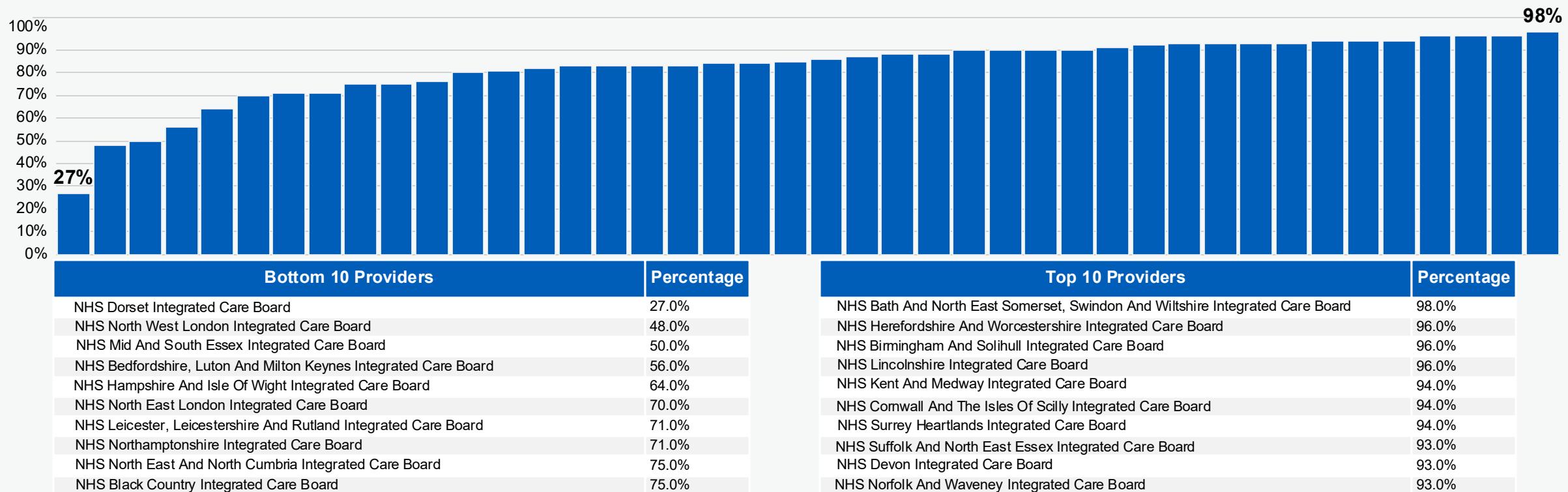
**Actions:** Whilst there appears to have been a gradual reduction in the referral rates over the past year, referrals continue to outstrip capacity. Factors, including data reporting and Right to Choose referrals may impact current figures. The Autism Team are working with the Data Analytics Team to understand anomalies and improve data reporting and recording. The programme have contacted relevant providers which have committed to resolving data quality issues over the next quarter with a notification date in May to resolve all issues for 2025/26.

# In September 2025, system performance on autism open referrals in September

**Chart description:** Percentage of patients with suspected autism waiting more than 13 weeks for contact, by ICB

**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 the 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 (27.0%) through to highest percentage (98.0%).

# Finance and Productivity

# Finance and Productivity - summary of metrics

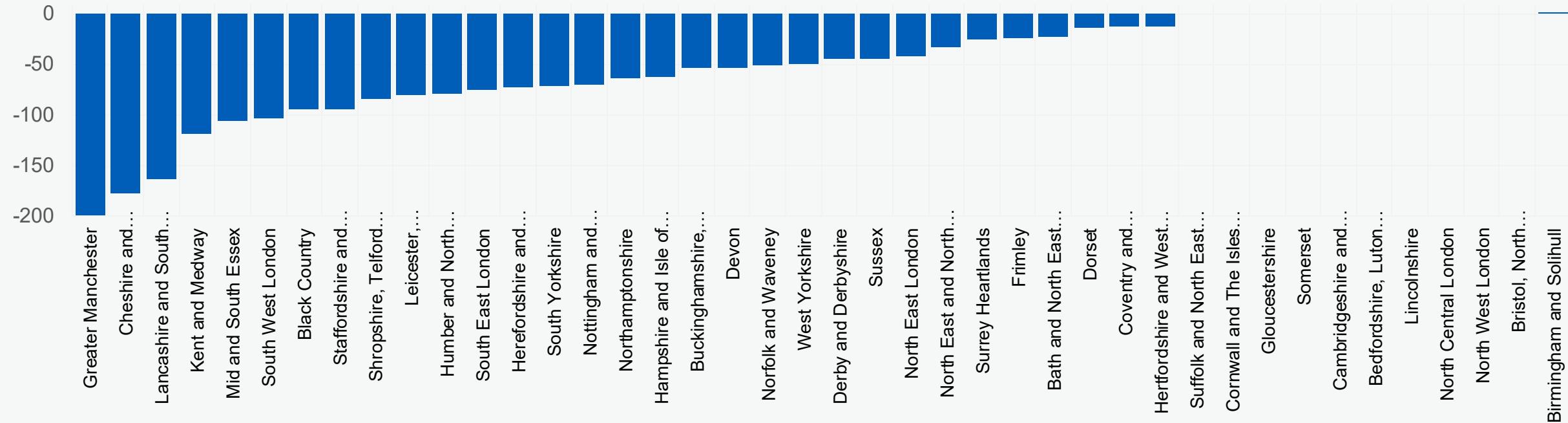
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Finance	Planned surplus/deficit, excluding Deficit Support Funding	-£2,205m 2025/26	N/A	N/A	-£2,283m 2024/25	-£78m
Finance	Variance year-to-date to financial plan, including Deficit Support Funding	-£703m M8 25/26	-£460m M7 25/26	-£243m	-£973m M8 24/25	£270m
Productivity	Implied productivity level (year-to-date), by Acute Trust	2.4% M3 25/26	2.6% M2 25/26	-0.2 ppt (-8.5%)	-	-
Productivity	Relative difference in costs	136.3 to 71.5 (range: 64.8) 2024/25	138.6 to 66.6 (range: 72) 2023/24	-7.2 (range difference, -10.0%)	177.0 to 58.0 (range: 135) 2022/23	-70.2 (range difference, -52.0%)

# Nationally, the planned deficit at (excluding deficit support funding -DSF) for 2025/26 is £2,204.8 million and 31 of 42 systems have a planned deficit

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

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

Source: NHS Finance [UNPUBLISHED]



**Current position:** Nationally, the full year system planned deficit (excluding DSF) is £2,205 million. 31 of 42 systems have a planned deficit (excluding DSF) ranging from Greater Manchester, £200 million deficit plan to breakeven plans

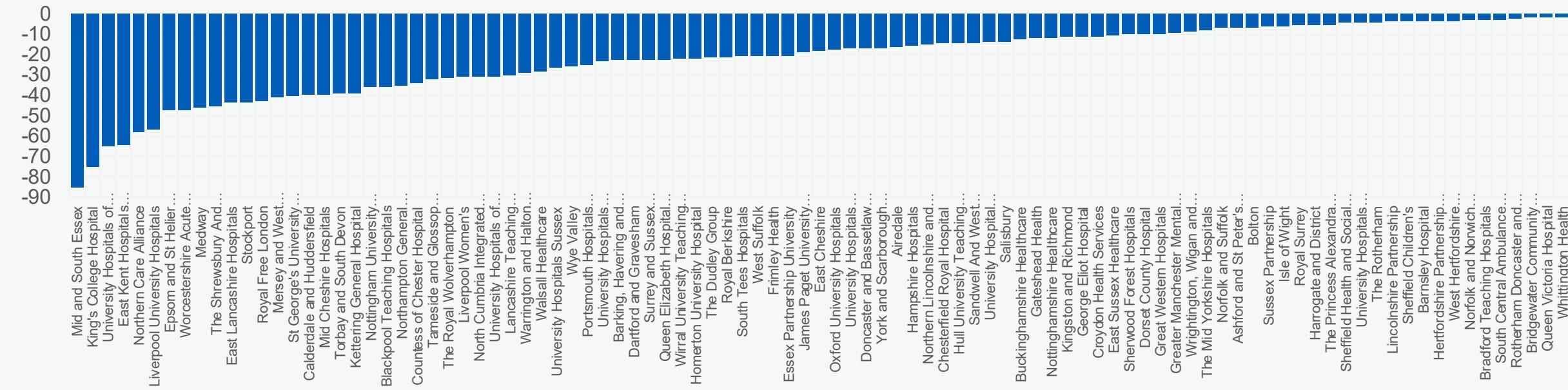
**Actions:** Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding receive funding on a quarterly 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, 13 systems have not received quarter 4 deficit support funding and a further 4 systems deferring the decision until post M9 reporting. Given the scale of the challenge for these systems, our focus is on making sure that they deliver the best position that they can and improve run rate going into 26/27.

# Nationally 99 providers have a planned deficit of greater than £1 million

**Chart description:** 2025/26 full year planned surplus or deficit (in £millions), excluding Deficit Support Funding (DSF), for providers with deficit greater than £1M

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

Source: NHS Finance [UNPUBLISHED]



**Current position:** Nationally, the full year system planned deficit (excluding DSF) is £2,205 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

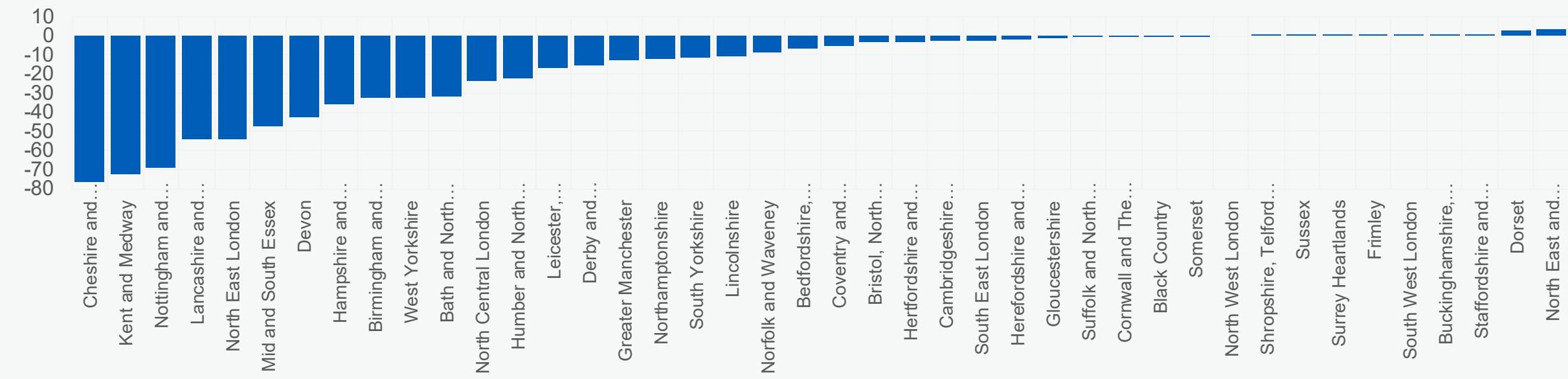
**Actions:** Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding receive funding on a quarterly 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, 13 systems have not received quarter 4 deficit support funding with a further 4 systems deferring the decision until post M9 reporting. Given the scale of the challenge for these systems, our focus is on making sure that they deliver the best position that they can and improve run rate going into 26/27.

# As of M8, the year to date (YTD) variance to plan was a £703.2m overspend across systems

**Chart description:** Variance year-to-date to financial plan, including Deficit Support Funding, by ICB

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

Source: NHS Finance [UNPUBLISHED]



**Current position:** Month 8 YTD adverse variance of £703m compared to £460m at month 7. This compares to a YTD overspend of £973m at the same period in the prior financial year. YTD overspend is driven primarily by efficiency slippage (£361m), DSF held back (£186m) and the impact of July and November industrial action.

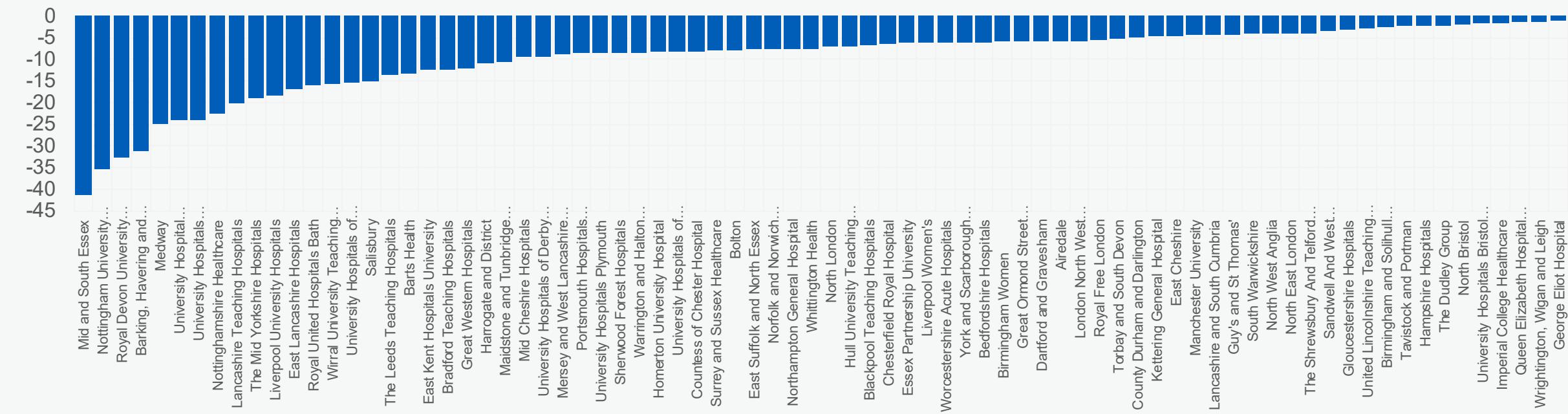
**Actions:** Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding receive funding on a quarterly 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, 13 systems have not received quarter 4 deficit support funding with a further 4 systems deferring the decision until post M9 reporting. Given the scale of the challenge for these systems, our focus is on making sure that they deliver the best position that they can and improve run rate going into 26/27.

# As of M8 we continue to see overspend across providers, with some overspends larger than £1million

**Chart description:** Variance year-to-date to financial plan, excluding Deficit Support Funding, for providers with variance greater than £1M

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

Source: NHS Finance [UNPUBLISHED]



**Current position:** As of M8, the YTD variance to plan was £716m across providers. This compares to £807m at the same point in the prior financial year. In providers with the largest overspends there is a correlation between the YTD variance, pay variance and efficiency shortfall. At M8 variances are mainly driven by slippage against efficiency plans £363m, impact of July and November industrial action and workforce increases beyond planned levels. 92 providers report overspends at month 8.

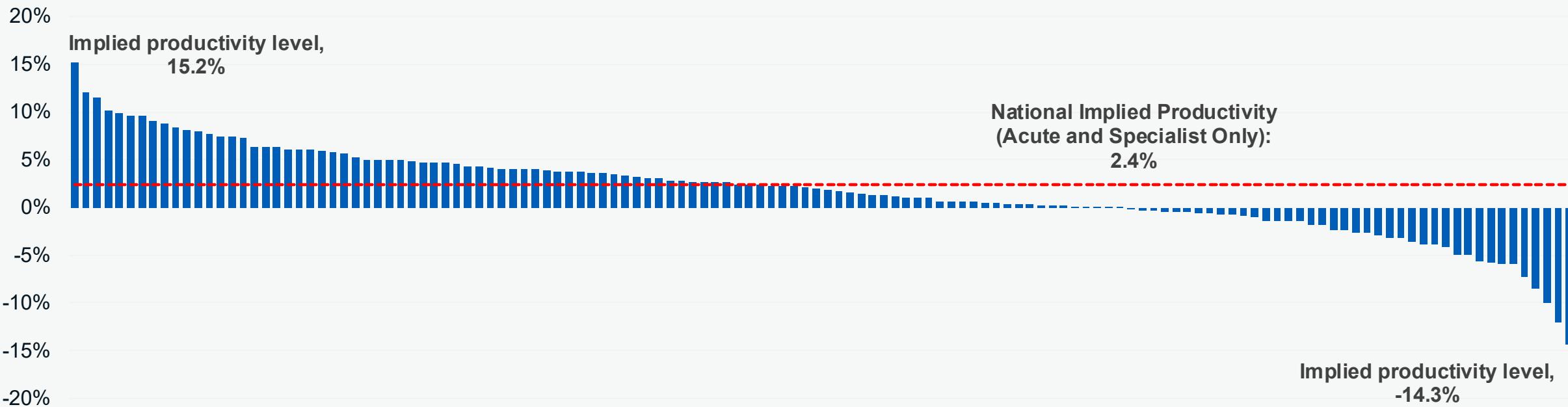
**Actions:** Further restrictions on cash-borrowing have been introduced since the start of the year, to help make sure that spending is kept under control as far as possible and to strengthen appropriate financial discipline. Systems in receipt of deficit support funding receive funding on a quarterly 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, 13 systems have not received quarter 4 deficit support funding with a further 4 systems deferring the decision until post M9 reporting. Given the scale of the challenge for these systems, our focus is on making sure that they deliver the best position that they can and improve run rate going into 26/27.

## As at M3 overall productivity is improving as key operational and clinical indicators move in the right direction

**Chart description:** Implied productivity level (year-to-date), by acute trust

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

Source: NHS Finance, NOF Implied Productivity Values [publication link](#) [PUBLISHED]



**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

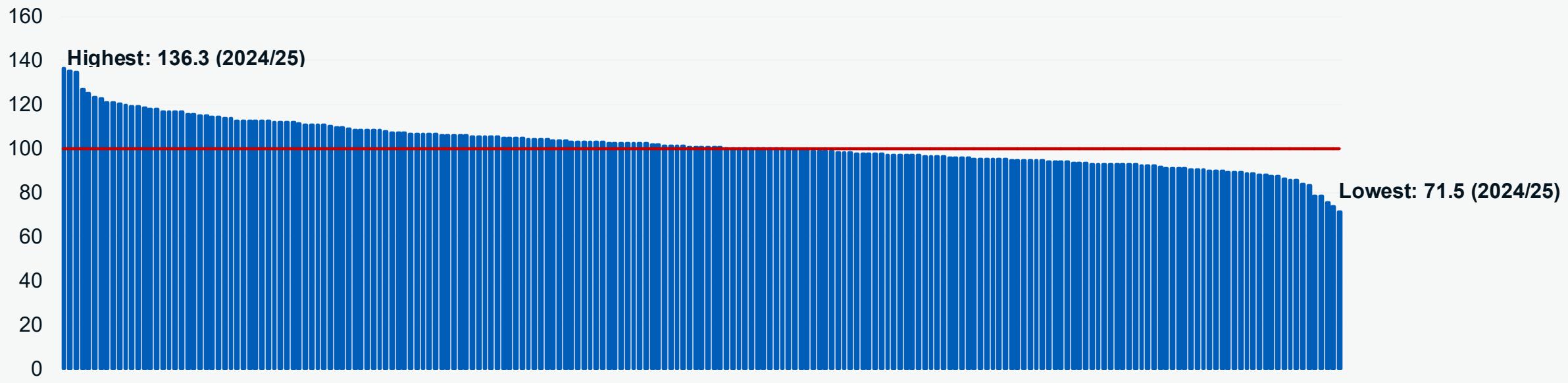
**Actions:** The Medium-Term Planning Framework sets out the actions being taken to continue the recent improvement in productivity into and beyond the next year, including reforming consultant job planning, reducing the use of temporary staff (including a 30% reduction in agency and 10% reduction in 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.

# The National Cost Collection Index for 2024/25 shows considerable variation in how costs are impacting NHS organisations

**Chart description:** Relative cost difference adjusted for market force factors, National Cost Collection Index, by acute trust

**NHSOF ambition/metric:** Relative difference in costs (Mental health, community and ambulance trusts)

Source: National Cost Collection for the NHS [publication link](#) [PUBLISHED]



**Current position:** As at month 7 efficiency savings stand at £896m (9.9% below plan of £994m). Year to date savings are £5.2bn (47.3% of the annual plan), with 4.8% undelivered. This is £1.1bn higher than same point last year. Recurrent savings improved by 3percentage points to 65% from month 6.

**Actions:** Providers have been issued with individual analysis packs which highlight the total scale of the productivity opportunity they can use as part of medium-term planning. Guidance has also been developed to prevent misclassification. The 13 workstreams in the productivity delivery plan are on track and delivering their objectives.

# Annex

# Board action responses

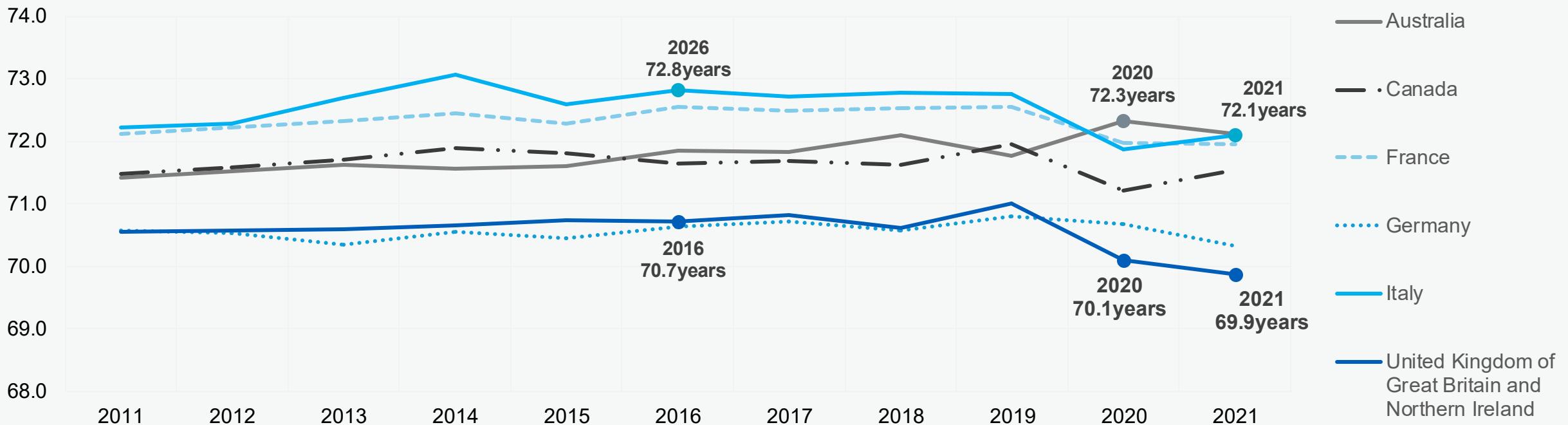
# Females in the United Kingdom of Great Britain and Northern Ireland are experiencing lower healthy life expectancy compared to those in peer nations.

**Chart description:** Average number of years people (female) are expected to spend in healthy life at birth split by country

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

Source: WHO, Health state life expectancy [publication link](#) [PUBLISHED]

WHO definition - The average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury



**Note:** There are differences in the healthy life expectancy definitions between the ONS and WHO. In addition to this ONS data uses a 3-year interval and coverage is for England and Wales. WHO data uses 1-year intervals and coverage is England, Scotland, Wales (collectively making up Great Britain) and Northern Ireland.

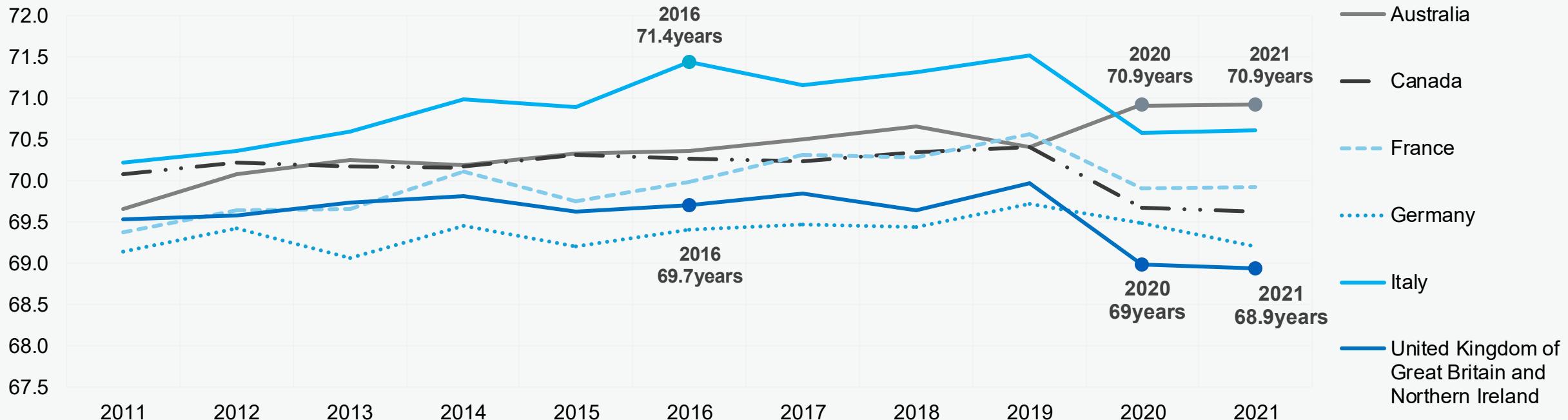
# Males in the United Kingdom of Great Britain and Northern Ireland are experiencing lower healthy life expectancy compared to those in peer nations. Male healthy life expectancy for all countries is lower than females.

**Chart description:** Average number of years people (male) are expected to spend in healthy life at birth split by country

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

Source: .WHO, Health state life expectancy [publication link](#) [PUBLISHED]

WHO definition - The average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury



**Note:** There are differences in the healthy life expectancy definitions between the ONS and WHO. In addition to this ONS data uses a 3-year interval and coverage is for England and Wales. WHO data uses 1-year intervals and coverage is England, Scotland, Wales (collectively making up Great Britain) and Northern Ireland.

## Flu Vaccination Activity: every region has delivered more vaccinations compared to last year

Chart description: Regional breakdown of total activity in 2024/25 and 2025/26 Autumn/Winter flu vaccination campaigns



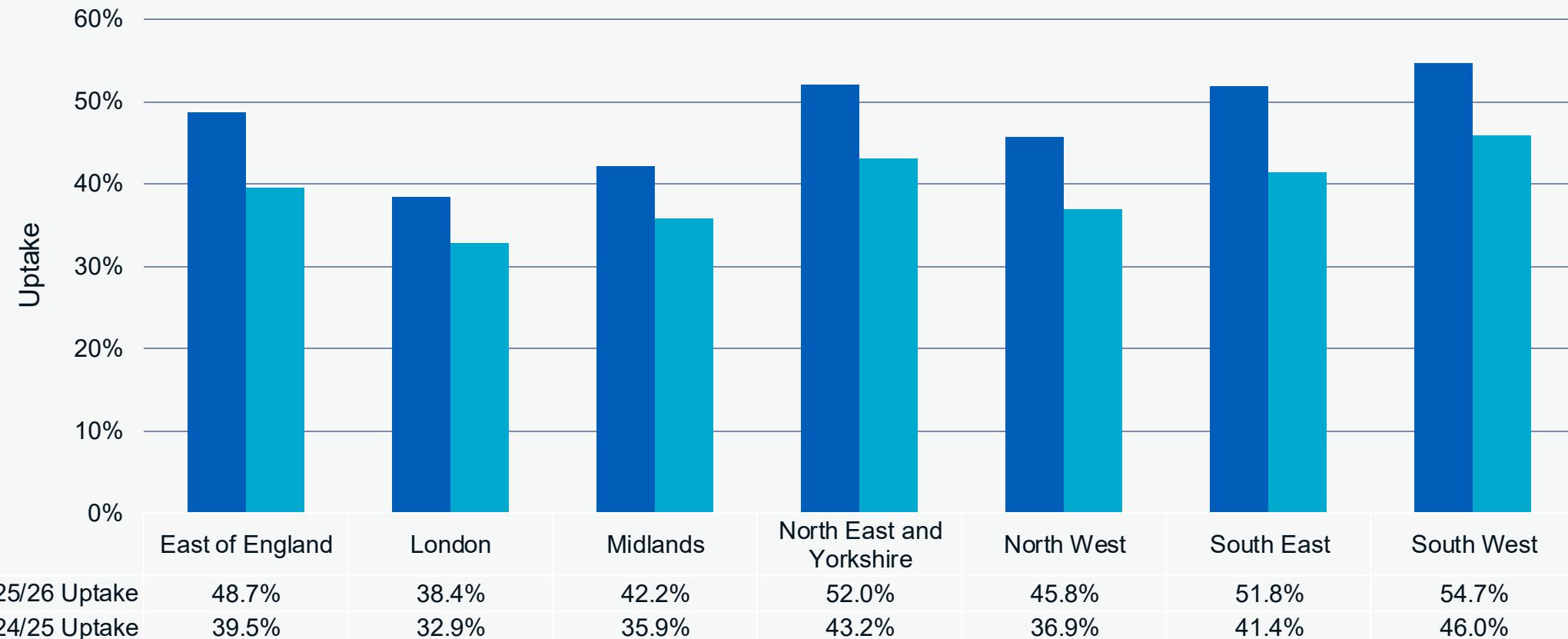
Note: the above uses published figures for both campaigns, for 2024/25 the data is as of 19<sup>th</sup> January 2025 <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2025/01/Flu-vaccinations-23-January-2025.xlsx> and for 2025/26 the data is as of 18<sup>th</sup> January 2026 <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2026/01/Flu-vaccinations-22-January-2026.xlsx>

# Frontline Healthcare Worker Flu Uptake – Regional Summary

**Chart description:** Regional breakdown of frontline healthcare worker uptake in 2024/25 and 2025/26 Autumn/Winter flu vaccination campaigns

Earlier this year, the UEC plan set out a national ambition to improve national uptake by 5 percentage points from 40.6% to 45.6%.

The latest published figure up to the 18 January shows uptake is at 47.2%.



Note: The above chart uses published figures for both campaigns, for 2024/25 the data is as of 31<sup>st</sup> December 2024 (<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2025/01/Autumn-Winter-2024-25-Monthly-COVID-Flu-vaccinations-16-January-2025.xlsx>) and for 2025/26 the data is as of 4 January 2026 (<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2026/01/Flu-vaccinations-for-frontline-healthcare-workers-8-January-2026.xlsx>)

# Estimates of potentially avoidable A&E attendances - Supplementary Information

**Chart description:** Period: April 2024 to March 2025

Source: [ECDS](#) [PUBLISHED]

Method	% Total attendances that are potentially avoidable
<b>ECDS Acuity (Lower Estimate)</b>	9%
<b>HRG Acuity (Higher Estimate)</b>	28%
<b>Central Estimate</b>	19%

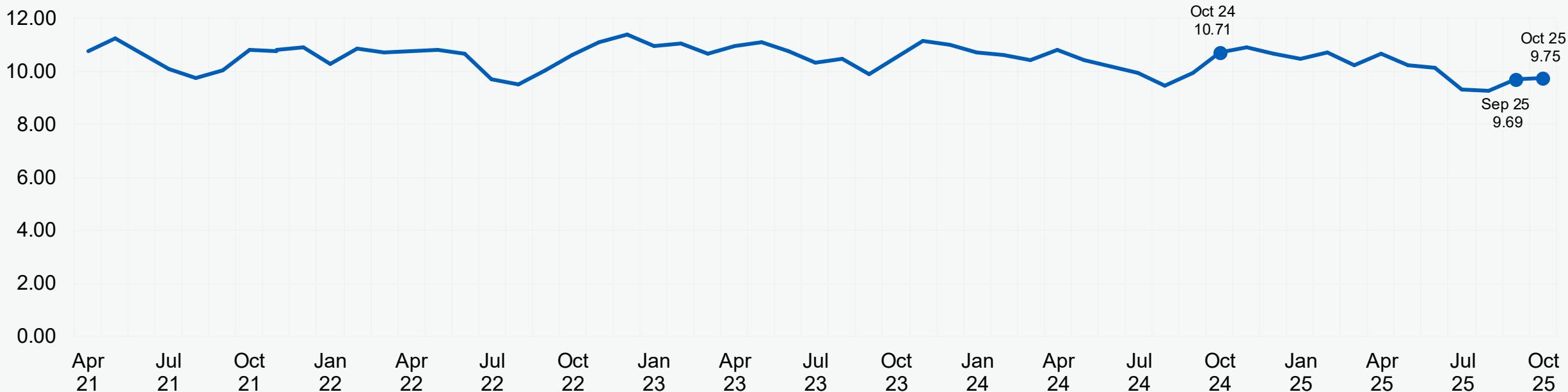
## Notes:

1. Figures are rounded to the nearest 1,000
2. Both approaches used above to identify acuity of A&E attendances and therefore attendances that may have been dealt with in an alternative setting are imperfect, they are likely to be an under or over count of low acuity attendances. We have assumed that they provide an upper and lower bound and taken the mid point as a central estimate. There is uncertainty in this estimate which is reflected in the wording of the statement "around 1 in 5".

## Percentage of emergency admissions that may be avoidable

**Chart description:** % Adults admitted for non-elective inpatient spells occurring between 01/04/2020 and 31/10/2025 with a length of stay of at least 1 day for all admissions and ambulatory care sensitive conditions

Source: [HES](#) [PUBLISHED]



Please note that the data presented here represent counts of events, not patients. An individual may have more than one admission in a given period.