



England

Integrated Performance Report

March 2026





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)

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

- Please note within the summary tables the percentage values are rounded to one decimal place for readability. The comparison reflects the difference between the unrounded original values. As a result, the displayed difference may not precisely match the subtraction of the visible rounded percentages.

Performance overview by exception (1 of 2)

Areas of improvement:

- **Adult inpatients who are autistic or have a learning disability** - Inpatient numbers fell from 1,875 in December to 1,825 in January, an improvement of 50 inpatients, and are down 185 compared with January last year.
- **Cervical screening coverage** - After a long-term downward trend, 2023/24 coverage increased slightly to 68.8% in 2023/24, an increase from 68.7% in 2022/23 with improvements in the 25-49 age cohort.
- **Breast screening coverage** - Continued recovery post pandemic, rising to 71.8% in 2024/25, a 1.8 percentage point improvement from 2023/24.
- **Bowel cancer screening** - Uptake increased from 71.8% in 2023/24 to 72.9% in 2024/25, continuing multi year positive momentum.
- **Mental health bed days that are out of area** - bed days proportion reduced to 2.9% (January 2026) from 3.2% (January 2025), a 0.4 percentage point improvement year on year, with 110 fewer placements than last January.
- **Crisis care face-to-face contact within 24 hours** - Face to face contact within 24 hours improved to 67.4% in January 2026 up from 64.8% (December 2025), up 7.8% percentage points when compared to January 2025.
- **Hypertension and cholesterol management** - Continued year on year improvement in the proportion of patients treated to target from 2024 to 2025.
 - Hypertension treatment to target is up from 68.3% in June 2025 to 68.7% in September 2025, and up 1.8% percentage points on September 2024.
 - Cholesterol treatment to target is up from 47.6% in June 2025 to 48.9% in September 2025, and up 2.9% percentage points on September 2024.
- **Continuing Healthcare 28-day completion** - Improved quarterly from 76% in September up to 76.8% in December 2025, up 1.3 percentage point from December 2024.

Performance overview by exception (2 of 2)

Areas of Challenged Performance

- **Healthy life expectancy** - Continued multi year decline for both males (60.9 years) and females (61.3 years) in 2022–24.
- **MMR vaccination uptake** – Stands at 83.5% (September 2025), slightly higher than 83.2% (June 2025) but below 83.4% (September 2024). Uptake remains below WHO thresholds, posing continued outbreak risk.
- **Community mental health satisfaction rate** - Slight decline in 2024, down to 47.7% from 48.1% in 2023.
- **28-day cancer Faster Diagnostic Standard** - Declined from 77.4% in December 2025 to 72.8% in January 2026, indicating increased diagnostic pressures, however this is in line with usual seasonal trends.
- **62-day cancer standard** – Declined from 71.9% in December 2025 to 68.4% in January 2026, year on year shows slight improvement, up from 67.6% in January 2025.
- **Diagnostics 6 week waits** – Performance continues to decline with waits increasing up to 24.7% (Jan 2026) from 22.4% (Jan 2025).
- **Community 52-week waiters** - Increased significantly up to 90,049 in January 2026 from 67,879 in January 2025, an increase of 32.7% (+22,170 patients).
- **Suspected autism 13 week waits** – Delays in autism assessments persist, with 84.8% waiting more than 13 weeks in December 2025, up from 80.3% in December 2024 .
- **Staff engagement and experience measures (2025)**
 - Raising Concerns sub score has fallen to 6.37 in 2025, down from 6.45 in 2024.
 - 'We Are Always Learning' theme score, staff experience of appraisal, development, and organisational learning culture, also fell slightly, reducing from 5.67 (2024) to 5.63 (2025)
 - The Engagement theme score has experienced a year-on-year decline, falling from 6.85 in 2024 to 6.75 in 2025
- **Infection control indicators (January 2026)**
 - MRSA: Increased to 59 in January 2026, up from 24 in December 2025, variation remains high.



Improving Health and Reducing Inequality



Improving Health and Reducing Inequality - summary of metrics

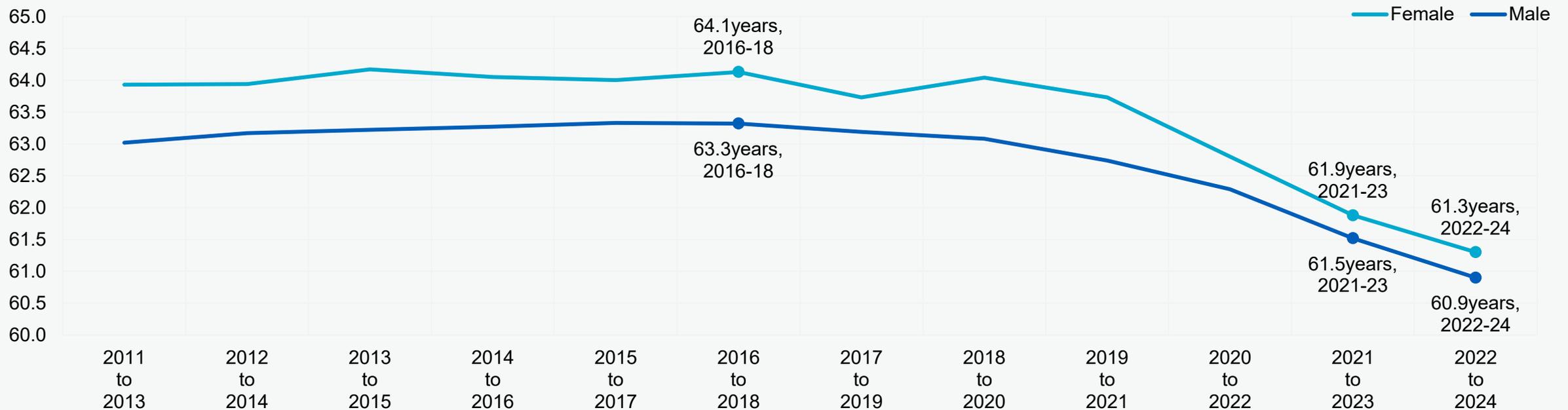
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	Healthy life expectancy (years)	61.3 (Female) 60.9 (Male) 2022 to 2024			61.9 (Female) 61.5 (Male) 2021 to 2023	-0.60 (Female) -0.60 (Male)
Mental Health Care	Talking therapies: reliable recovery	47.0% Jan-26	45.8% Dec-25	1.2 ppt (2.6%)	47.5% Jan-25	-0.5 ppt (-1.1%)
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	71.8% 2024/25			70.0% 2023/24	1.8 ppt (2.6%)
Vaccinations & Screening	Bowel cancer screening coverage	72.9% 2024/25			71.8% 2023/24	1.1 ppt (1.5%)
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	61.3% Jan-26	52.0% Dec-25	9.2 ppt (17.7%)	61.1% Jan-25	0.1 ppt (0.2%)
Inequalities	Older inpatients (over 65) with over 90 day length of stay (Mental Health trusts)	39.5% Jan-26	40.7% Dec-25	-1.2 ppt (-2.9%)	40.0% Jan-25	-0.5 ppt (-1.2%)

Healthy life expectancy continues to decline for both males and females

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

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

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



Current position: As at the period 2022-24, healthy life expectancy from birth was 61.3 years for females and 60.9 years for males. Compared to 2021-23, there was a 0.98% decrease for males and 0.97% decrease for females. When comparing baseline performance of 2016-18 (when the current declining trend commenced), and 2022-24 baseline performance, there is a 4.4% decrease for females and 3.8% decrease for males. This is equivalent to a decrease of 2.8 years for females and 2.4 years for males.

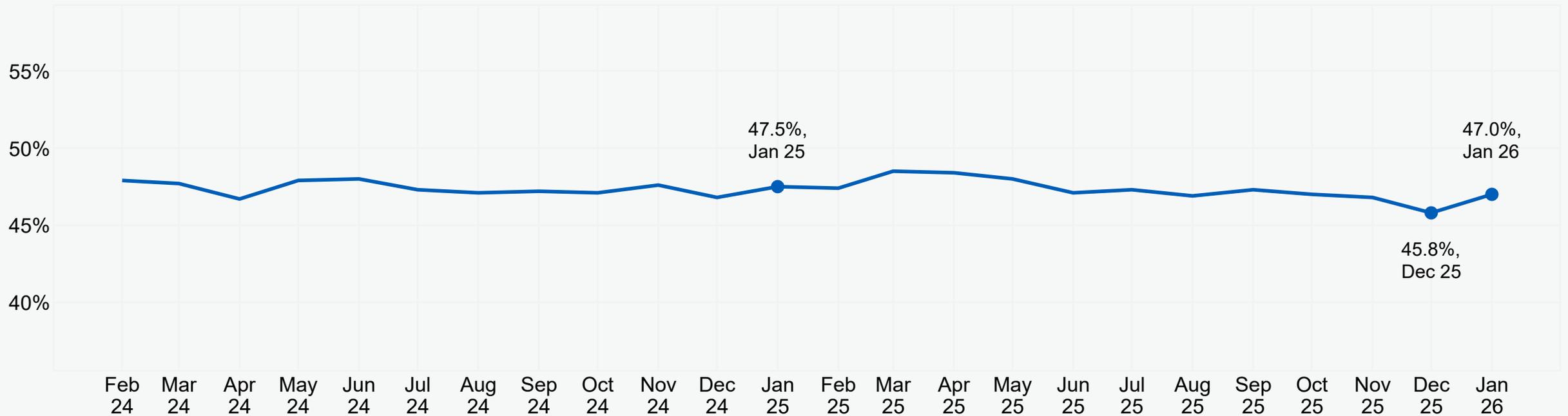
Actions: Over the 5 years from 2025 to 2030, the NHS will shift from sickness to prevention as part of the 10 Year Health Plan for England. The prevention workstream have identified high impact policy areas and deliverables expected to impact and increase healthy life expectancy during this period and 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.

Reliable recovery for 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

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



Current position: As at January 2026, the reliable recovery rate for Talking Therapies was 47.0%. Compared to December 2025, there was an increase of 1.2 percentage points. When compared to January 2025, there was a 0.5 percentage point decrease. Overall, this indicates performance has remained stable.

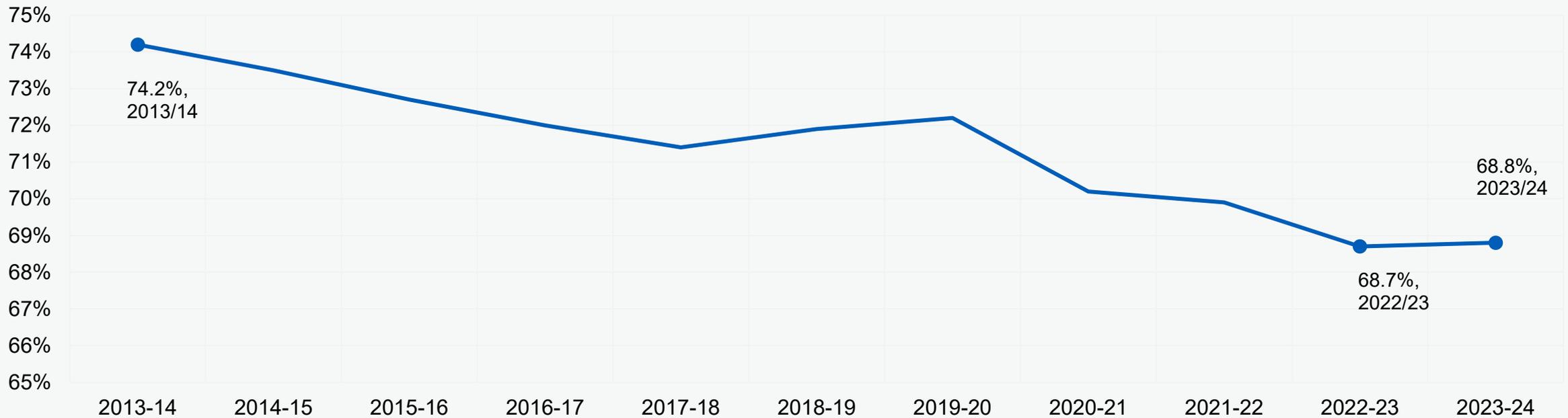
Actions: As part of medium-term planning reliable improvement has objectives to significantly improve by the end of the funding period in 2028/29. A Memorandum of Understanding (MOU) has been issued to secure commitment from ICBs to deliver the agreed plans and providing regions with a framework to understanding the fundamental barriers to delivery. Deep dives are being developed with ICBs to ensure all improve at appropriate rates. Public communications are in place to keep referral rates stable and targeted communications campaigns have been reinstated to improve appropriate referral rates of underserved groups. Workforce expansion: ICBs and providers are being advised that the only way to meet the required trajectory is to expand their clinical workforce. Workforce planning is being strengthened to support expansion of High Intensity therapists, through the deployment of modelling tools to demonstrate growth required at ICB level.

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 2023/24, cervical screening coverage for 25 to 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 delivered targeted digital and service enhancements to improve access, experience and consistency across the cervical screening programme. These included digital-first correspondence for invitations, reminders and results; an opt-in pathway for transgender and non-binary patients; and extended screening intervals for those aged 25-49. Further improvements include rollout of colposcopy referral result letters by March 2026 and the introduction of HPV self-testing for under-screened populations from early 2026. Together, these changes are intended to strengthen engagement, follow-up and equity across the screening pathway. The impact is expected to be reflected in coverage, pathway efficiency and access metrics from mid-2026, following stabilisation and enhancement of the Cervical Screening Management Service (CSMS).

Breast screening coverage continues its steady recovery following a performance dip during and post COVID-19 pandemic

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 2024/25, the coverage for 53 to <71 years olds was 71.8% % which is a 1.8 percentage point increase on 70.0% in 2023/24. Breast screening coverage continues to recover consistently following the impact of the COVID pandemic on the programme.

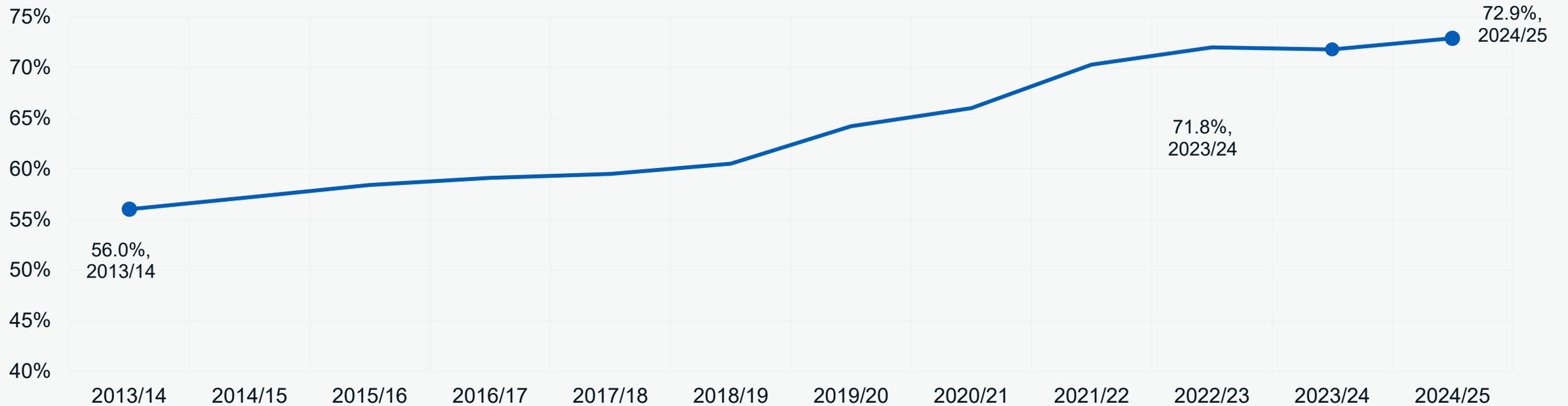
Actions: NHS England has strengthened the breast screening programme through targeted actions to improve access, uptake and performance. This includes publication of the updated Your Guide to NHS Breast Screening in 30 languages and British Sign Language to improve accessibility, the reintroduction of timed invitations for all women from April 2025 to support uptake, and publication of Tackling the uptake challenge, setting out progress and next steps. In parallel, the Screening Quality Assurance Service continues to work with commissioners to support services in restoring round length performance to the 90% standard.

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 fecal 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: Bowel cancer screening uptake continues to improve. Coverage among men and women aged 60-74 increased by 1.1 percentage points, from 71.8% in 2023–24 to 72.9% in 2024–25. Data for those aged 50-59 is not yet included, reflecting the recent extension of eligibility and inherent reporting lags within the programme.

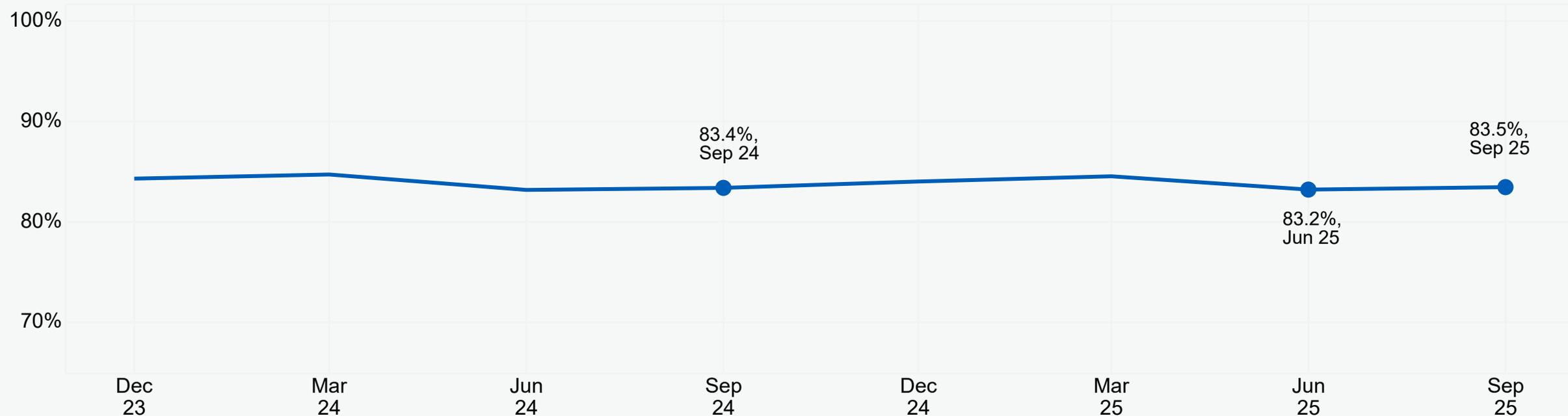
Actions: NHS England has continued to advance early detection through targeted innovation and digital transformation. The FIT@80 programme is now live in ten sites, identifying 82 additional cancers and 658 high-risk polyps, with evaluation underway and plans to expand to 60% site coverage by 2026/27 ahead of national rollout in 2027/28. Optical Diagnosis, live since May 2024, has trained 501 clinicians and accredited 347, enabling the safe diagnosis and discarding of over 58,000 polyps and delivering more than £2.1 million in pathology savings. In parallel, the NHS Notify pilot has introduced digital pre-invites across NEY, London and the Midlands, issuing over 243,000 notifications via the NHS App, achieving a 31% read rate and significantly reducing reliance on paper correspondence.

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 uptake remains below WHO-recommended levels. As of September 2025, coverage stands at 83.5%, representing a modest increase of 0.3 percentage points since June 2025. Uptake continues to be constrained by a combination of perceived risk, low confidence in vaccine effectiveness, access and convenience barriers, and socio-demographic and cultural factors, alongside variable local endorsement

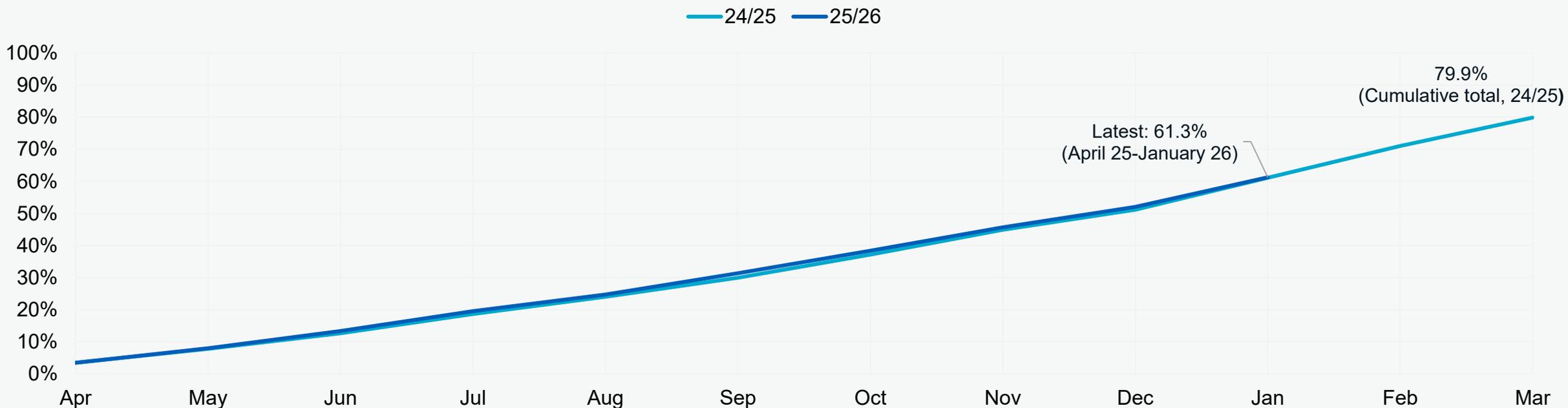
Actions: Between 2023 and 2026, NHS England is delivering a coordinated programme of action to improve MMR and MMRV (MMR and Varicella) uptake and reduce the risk of measles outbreaks. This includes implementation of the 0-5 Vaccination Uptake Improvement Plan, strengthening data quality, reporting, inequalities, communications and system oversight. Delivery is supported by ongoing monitoring against improvement milestones, the next phase of the national MMR/MMRV communications campaign, and targeted vaccination activity in areas of low coverage, with a focus on increasing first-dose uptake following recent measles incidents. Together, these actions aim to improve vaccine confidence, access and convenience, and address socio-demographic and cultural barriers to uptake. A measles outbreak is currently affecting Enfield, with the London region implementing targeted local actions, including catch-up vaccination clinics and community engagement.

The percentage of health checks completed for patients with a learning disability so far this year is slightly higher than last year

Chart description: Cumulative percentage of annual health checks completed for patients with a learning disability, who may also be autistic

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

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



Current position: The national completion rate for annual health checks (AHCs) for the financial year up to January 2026 was 61.3%, which is 0.2 percentage point higher than at the same period last year and the total number of health checks has increased with an additional 6,888 checks completed at the same point last year. Based on the current trajectory, there is a strong level of confidence that the percentage of annual health checks completed will exceed 75% by year end.

Actions: Continuous work is underway within PCNs to improve the size and accuracy of the GP LD registers to ensure as many eligible people as possible receive their annual check. The number of people aged 14 and over on the GP learning disability has increased by 7,395 since the same point last year (342,786).

Proportion of patients aged over 65 with a length of stay of over 90 days has decreased compared to the same month last year

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 January 2026, the proportion of people with a length of stay greater than 90 days was 39.5%. Compared to December 2025, there was a decrease of 1.2 percentage point. When compared to January 2025, there was a decrease of 0.5 percentage point. Overall, this indicates performance has improved.

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 is used 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.



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: proportion with mortality higher than expected	9.3% Oct-25	7.6% Sep-25	1.7ppt (22.4%)	8.4% Oct-24	0.9ppt (10.7%)
Learning Disability & Autism	Adult inpatients who are autistic or have a learning disability	1,825 Jan-26	1,875 Dec-25	-50 (-2.7%)	2,010 Jan-25	-185 (-9.2%)
Urgent and Emergency Care	Average discharge delay (days)	0.94 Jan-26	0.93 Dec-25	0.01 (1.2%)	0.88 Jan-25	0.06 (6.9%)
Primary Care and Community Services	Percentage of continuing healthcare referrals completed in 28 days	76.8% Dec-25	76.0% Sep-25	0.8 ppt (1.1%)	75.5% Dec-24	1.3 ppt (1.7%)
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	Proportion of mental health bed days that are out of area	2.9% Jan-26	2.8% Dec-25	0.1 ppt (3.7%)	3.2% Jan-25	-0.4 ppt (-11.3%)
Mental Health Care	Percentage of inpatients with over 60 day length of stay	24.2% Jan-26	24.1% Dec-25	0.0 ppt (0.1%)	24.7% Jan-25	-0.5 ppt (-2.2%)
Primary Care and Community Services	Urgent Community Response 2 hour performance	83.5% Jan-26	84.8% Dec-25	-1.3 ppt (-1.5%)	83.2% Jan-25	0.3 ppt (0.3%)
Urgent and Emergency Care	Percentage of ambulance patients conveyed to the Emergency Department	48.1% Feb-26	47.5% Jan-26	0.6 ppt (1.2%)	49.4% Feb-25	-1.3 ppt (-2.5%)
Quality and Safety	NHS staff survey – advocacy score	6.64 2025/26			6.77 2024/25	-0.13 (-1.9%)

Effectiveness - summary of metrics



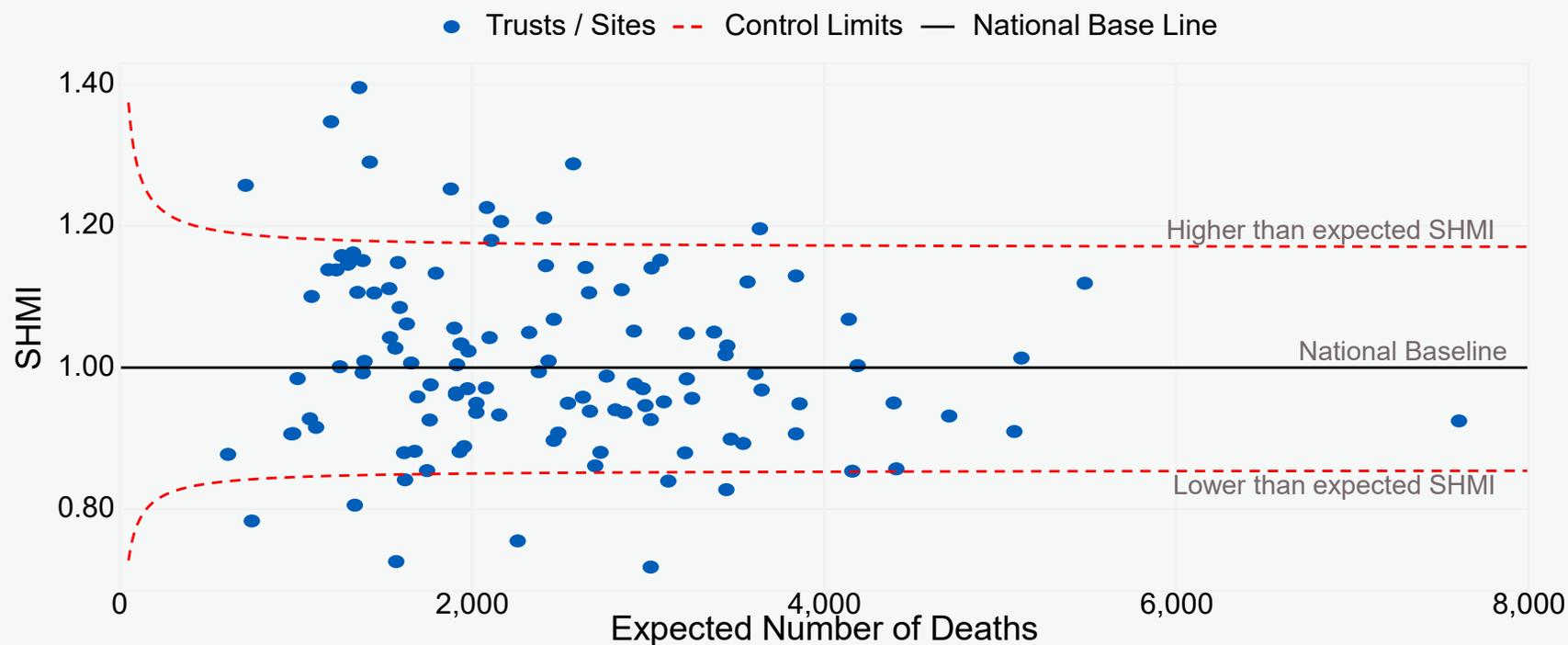
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Prevention and Long Term Conditions	Patients who receive all 8 diabetes care processes (Type 1)	18.3% Sep-25	39.5% Mar-25		17.1% Sep-24	1.1ppt (6.7%)
Prevention and Long Term Conditions	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	GP recorded CVD patients with cholesterol levels managed to NICE guidance in the preceding 12 months	48.9% Sep-25	47.6% Jun-25	1.3 ppt (2.8%)	46.0% Sep-24	2.9 ppt (6.4%)
Prevention and Long Term Conditions	Hypertension patients treated to target, in the preceding 12 months	68.7% Sep-25	68.3% Jun-25	0.4 ppt (0.6%)	66.8% Sep-24	1.8 ppt (2.7%)

Eleven trusts have higher-than-expected mortality rates

Chart description: Summary Hospital Level Mortality Indicator funnel plot – range of expected deaths (November 2024 to October 2025)

NHSOF ambition/metric: Summary Hospital Level Mortality Indicator by expected number of deaths, by acute provider (12-month rolling) (Acute Trusts)

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



There were 11 providers in total with higher than expected number of deaths

The first 5 listed below also had higher than expected deaths in the same reporting period in the previous year

1. *County Durham and Darlington NHS FT (possible data quality issues)*
2. *East Cheshire NHS Trust*
3. *East Lancashire Hospitals NHS Trust*
4. *Medway NHS FT*
5. *University Hospitals Plymouth NHS Trust (possible data quality issues)*
6. *Blackpool Teaching Hospitals NHS FT (possible data quality issues)*
7. *Calderdale and Huddersfield NHS FT*
8. *The Queen Elizabeth Hospital, King's Lynn, NHS FT (possible data quality issues)*
9. *University Hospitals Coventry and Warwickshire NHS Trust (possible data quality issues)*
10. *University Hospitals of Morecambe Bay NHS FT (possible data quality issues)*
11. *University Hospitals of North Midlands NHS Trust (possible data quality issues)*

Current position: Eleven providers had higher than expected number of deaths in the period 1 November 2024 - 31 October 2025 with five having higher than expected deaths for the same reporting period last 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 continues to fall

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 January 2026 inpatient numbers (1,825) decreased by 50 inpatients, which is an improvement in comparison to the previous month (1,875 in December) and are down by 185 from January 2025 (2,010).

Actions: There continues to be significant variation in admission rates across ICBs, with high rates of admission of autistic people with no learning disability. The programme have made available a benchmarking tool to enable ICBs view their performance relative to their peers to use with regions to drive performance conversations with ICBs. The programme continue to hold peer learning networks to share local practice where community interventions have positively impacted admission rates. A £13m capital budget is available which ICBs are using to buy homes to enable people to leave hospital.

Patients who are ready to be discharged are experiencing more delays

Chart description: Average number of days patients discharge 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 January 2025, average discharge delays was 0.94 days which is an increase of 0.01 days and a deterioration in performance from the 0.06 days in December 2024.

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.

Continuing healthcare referral completion within 28 days continues to improve

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

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

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



Current position: As of December 2025, standard NHS continuing healthcare referrals completed within 28 days was 76.8%. Compared to the previous quarter September 2025, there was a 0.81 percentage point increase. When compared to December 2024, there was a 1.3 percentage point increase, demonstrating improved performance in this area.

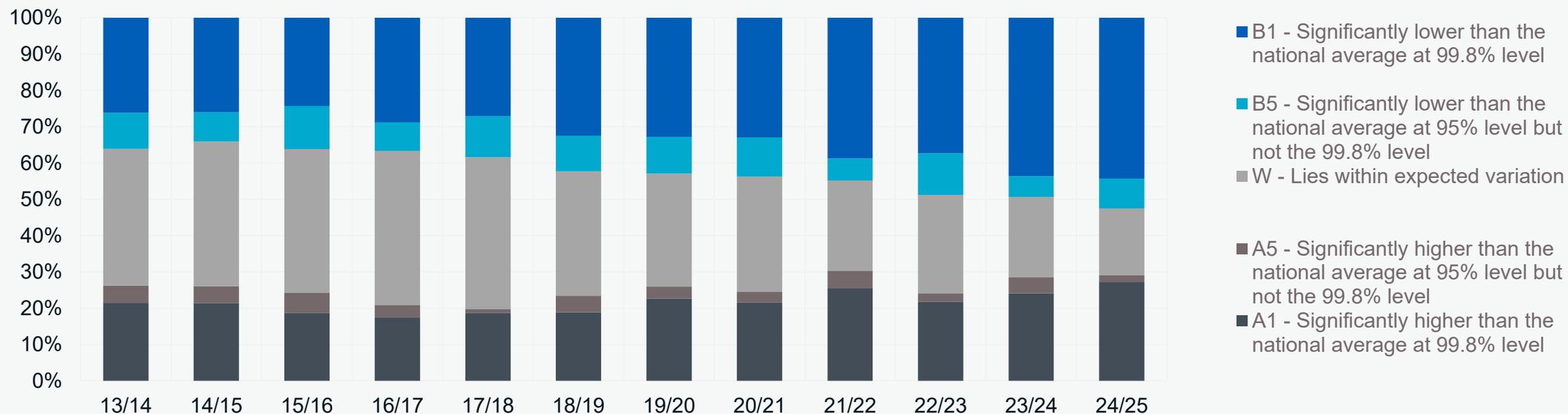
Actions: Since March 2025 to date, NHS England has implemented a shift from quarterly to bi-monthly operational assurance and a strengthened regional assurance model to improve performance and reduce unwarranted variation in the delivery of Continuing Healthcare (CHC) across integrated care boards. Continued impact of these interventions on CHC performance is expected to continue to be reflected in quarterly performance during 2025/26 and into 2026/27.

More providers achieving lower readmission rates year-on-year

Chart description: Readmission rate bands (within 30 days of discharge), 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 2024/25 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 2023/24 this equates to a 4 percentage point increase/improvement.

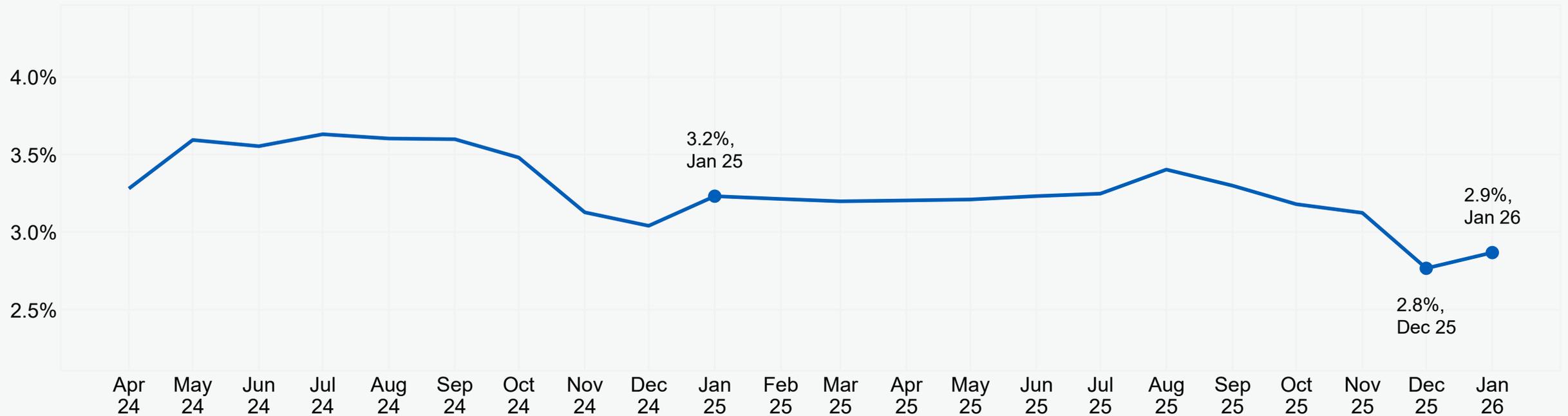
Actions: NHS England are leading work to support improved performance in relation to reducing readmission rates through admissions avoidance measures e.g. providing timely 'step-up' services such as integrated care in the community through 'hospital at home' services and urgent community response teams. 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 adults leaving hospital to reduce the risk of readmission.

More people are to receive mental health placements closer to home

Chart description: Proportion 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: Proportion 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 January 2025, the percentage of out of area placements (OAPs) was 2.9% (352 placements). Compared to December 2025, a decrease of 0.1 percentage point (22 placements). When compared to January 2025, there was a decrease of 0.4 percentage point. Overall, this indicates performance has improved by 110 placements since last January.

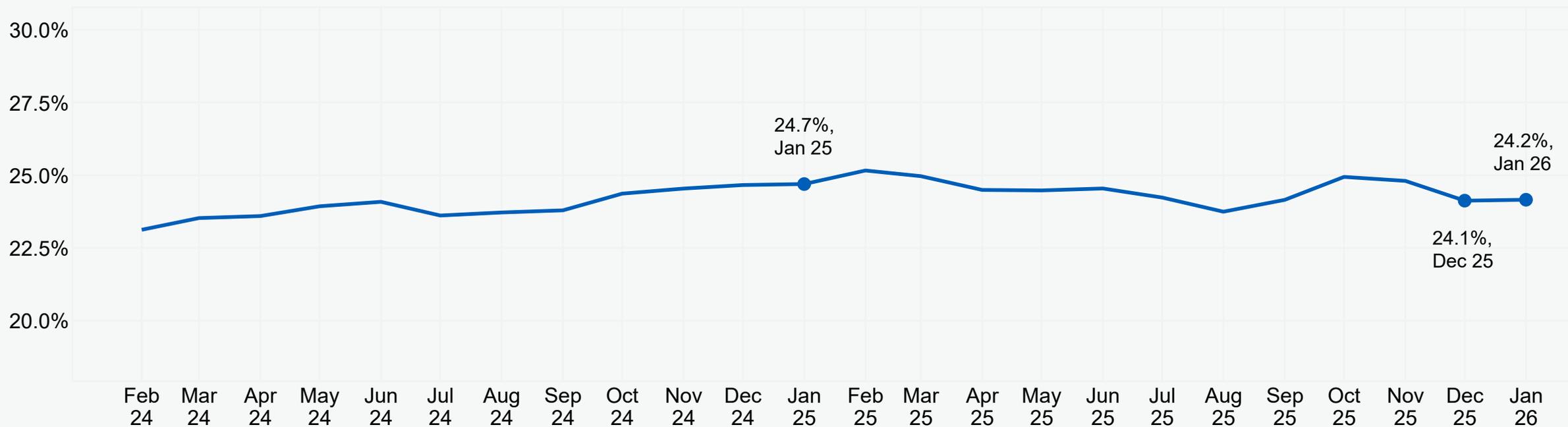
Actions: The national programme are planning to implement recommendations from the national executive, including seeking to address inappropriate out of area placements. Currently communication is being drafted to be cascaded via Regional Directors to support delivery of the Medium-Term Planning Framework (MTPF) aiming to eliminate OAPs by 2028/29. Additional work and Commissioning Support Unit has focused on ensuring that all providers (NHS/IS) are reporting into Mental Health Services Data Set (MHSDS) consistently, to ensure that the data reflecting the number of people placed in inpatient hospital settings is reliable and accurate as Data Quality issues on OAPs reporting remains a challenge.

Length of stay over 60 days remains relatively stable

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 January 2026, the proportion of adults discharged from acute mental health beds with a length of stay over 60 days was 24.2%, a 0.03 percentage point increase from December 2025 (24.1%). Compared to January 2025 (24.7%), this represents a 0.5 percentage point decrease, equivalent to a 2.2% relative reduction year-on-year. Overall, performance has improved slightly.

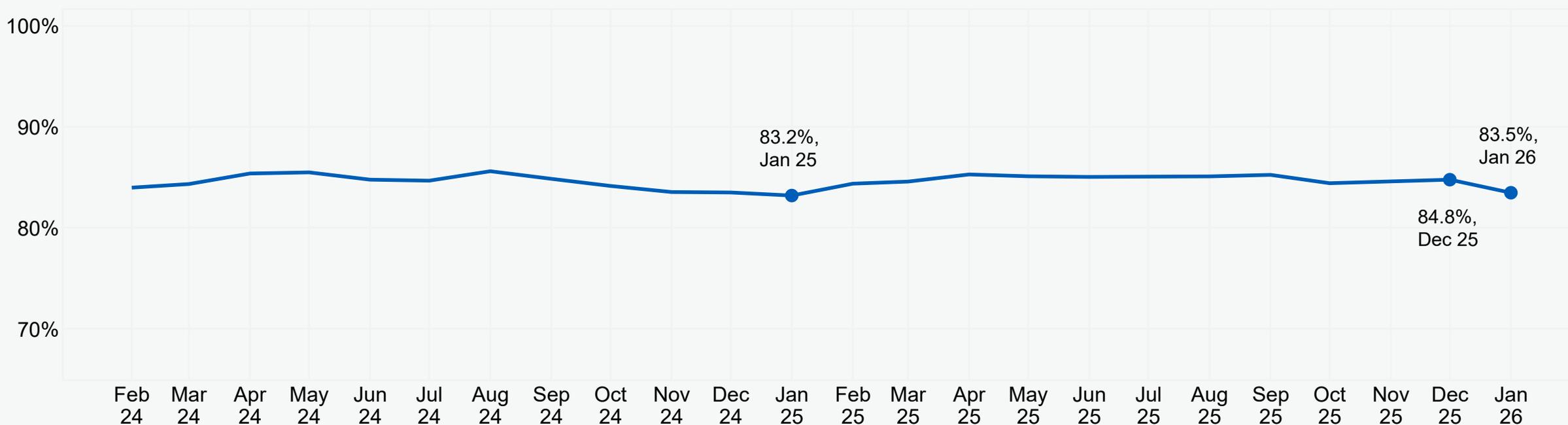
Actions: The national programme team continue to work with regions on reducing length of stay through implementation of the 'Flow improvement strategy' in both crisis and acute mental health services. The urgent emergency care and mental health flow programme is used to review regional performance and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

Urgent community response (UCR) performance remains strong and stable

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 January 2026, the percentage of urgent community response referrals that achieved the 2-hour standard was 83.5%. Compared to December 2025, there was a 1.3 percentage point decrease. When compared to January 2025, there was 0.3 percentage point increase. Overall, performance has been sustained.

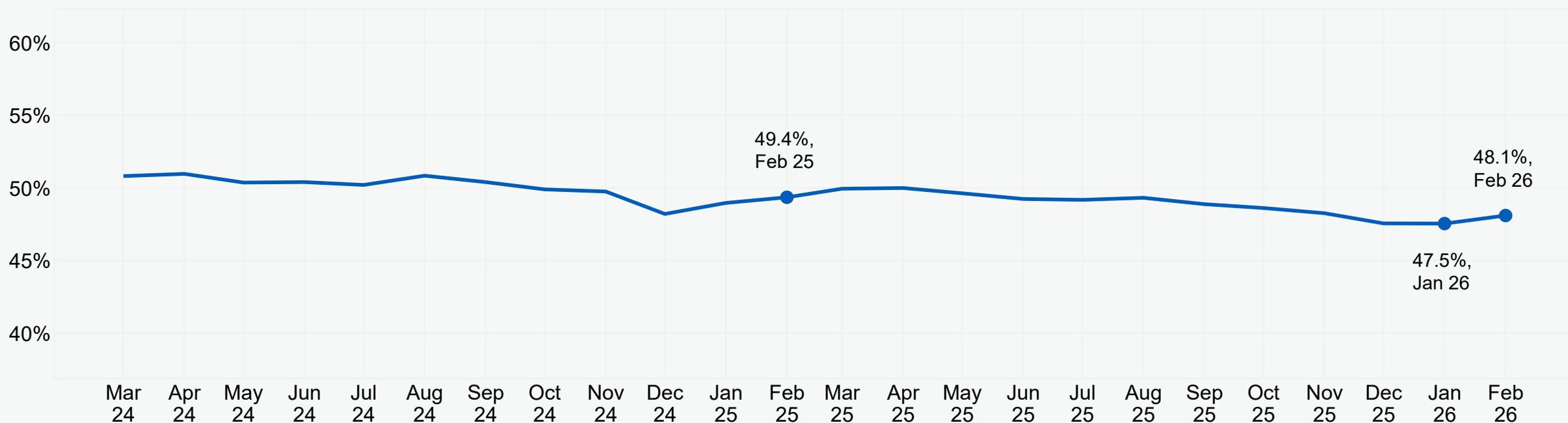
Actions: Since March 2025 NHS England has delivered a set of interventions to improve UCR performance. Key deliverables include Ambulance Coordination: Ongoing work to increase visibility of UCR capacity for ambulance teams, including providing a set of falls codes to automatically trigger referral to Community First Responders/UCR; Directory of Services: Monthly reports shared with regions to ensure accurate data is recorded to enable 111 call handlers to locate and refer patients more efficiently. The Quality Framework & Care Homes Guidance have now been updated to align with the Medium-Term Planning Framework and have been shared with regional teams to use as needed. The Strategy Unit has drafted a post UCR Pathways research interim report with draft final report due shortly. 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 steadily fallen over the last two years, with a slight uptick in the latest month

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 February 2026, 48.1% of patients were conveyed to emergency department. Compared to January 2026, this was a 0.6 percentage point increase. When compared to February 2025, this was a 1.3 percentage point decrease, indicating improved performance over the last 12 months.

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 and Treat’ reporting methodology to standardise reporting and reduce unwarranted variation.

NHS staff survey score for advocacy remains stable year on year

Chart description: National average advocacy score (out of 10)

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

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

Year	Score
2021	6.83
2022	6.66
2023	6.81
2024	6.77
2025	6.64

Current position: In 2025, the national average advocacy score for all trusts was 6.64 out of 10, representing a 0.13-point decrease (around 1.9%) from the 2024 score of 6.77. This decline returns performance to levels last seen in 2022, when the score stood at 6.66. For context, advocacy levels had remained relatively stable in recent years. In 2024, the national average score of 6.77 was broadly consistent with 2023 (6.81), reflecting only a 0.04-point shift (around 0.6%). Overall, the data indicates a period of stability since 2021, followed by a modest decline in 2025.

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.

Completion of all 8 Type 1 diabetes care processes has improved

Chart description: Percentage of patients with type 1 diabetes who received all 8 NICE recommended care processes, cumulative year to date (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 represents an increase from 47,120 receiving all 8 checks in April–September 2024, to 50,880 in April–September 2025, an increase of 3,760. This quarterly data relates to primary care activity; specialist diabetes services data are not included until the full annual publication in December 2026

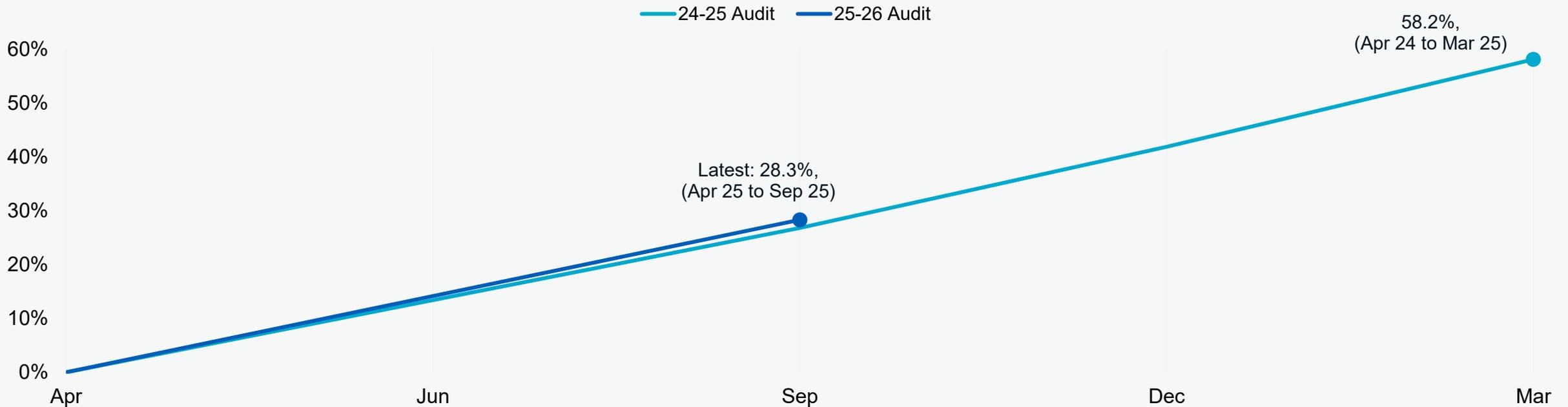
Actions: NHS England are taking forward several actions to address variation at system level, including the development of a new all 8 care process QOF (Quality and Outcomes Framework) indicator for 26/27, the publication of a new, improved, FDP (Federated Data Platform) dashboard and attendance at RPAG (Regional Performance and Assessment Group) meetings to focus on outliers and improvement support. In addition, NHS England are actively exploring feasibility of including diabetes 8 care processes in national strategic documents, such as cardiovascular disease (CVD), Modern Service Framework (MSF) and Neighbourhood Health Framework. Sharing good practice and innovative approaches, including Neighbourhood Health models of care, via regions and clinical networks and liaising with Nursing Directorate to support diabetes 8 care processes being a key metric in the Group Consultations Vanguards programme.

Completion of all 8 Type 2 diabetes care processes has improved

Chart description: Percentage of patients with type 2 diabetes who received all 8 NICE recommended care processes, cumulative year to date (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 represents an increase from 985,645 receiving all 8 checks in April-September 2024, to 1,075,790 in April-September 2025, an increase of 90,145. This quarterly data relates to primary care activity; specialist diabetes services data are not included until the full annual publication in December 2026.

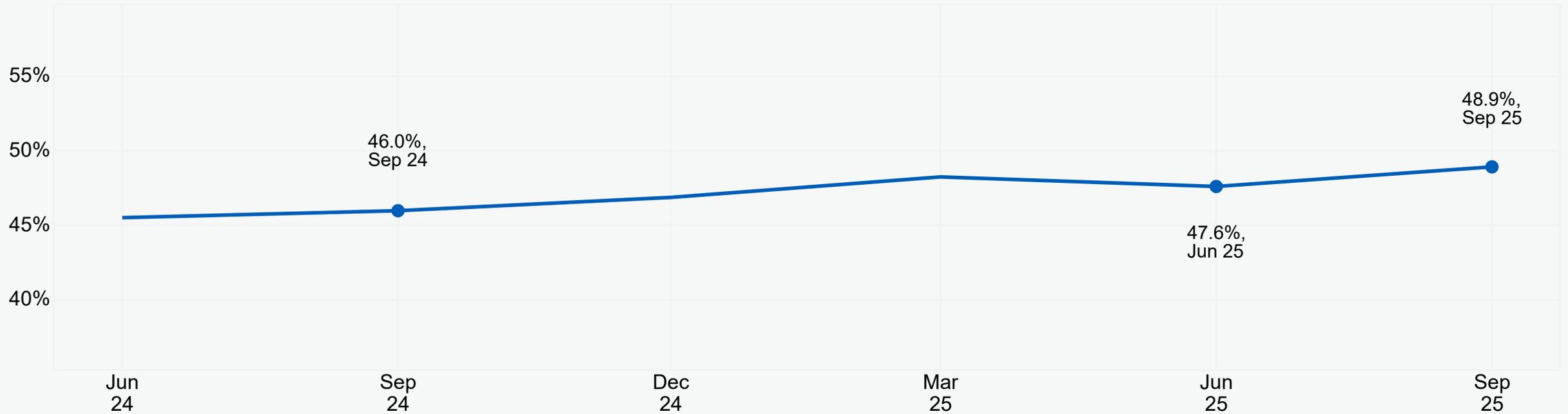
Actions: NHS England are taking forward several actions to address variation at system level, including the development of a new all 8 care process QOF (Quality and Outcomes Framework) indicator for 26/27, the publication of a new, improved, FDP (Federated Data Platform) dashboard and attendance at RPAG (Regional Performance and Assessment Group) meetings to focus on outliers and improvement support. In addition, NHS England are actively exploring feasibility of including diabetes 8 care processes in national strategic documents, such as cardiovascular disease (CVD), Modern Service Framework (MSF) and Neighbourhood Health Framework. Sharing good practice and innovative approaches, including Neighbourhood Health models of care, via regions and clinical networks and liaising with Nursing Directorate to support diabetes 8 care processes being a key metric in the Group Consultations Vanguards programme.

Cholesterol treatment to target continues to improve

Chart description: Percentage of patients with GP recorded cardiovascular disease (CVD) who have their cholesterol levels managed to NICE guidance, in the preceding 12 months

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

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



Current position: As of September 2025, the percentage of patients treated to target with general practitioner recorded high cholesterol has increased to 48.9%, following a steady upward trend from 46% in September 2024 up to 48.3% in March 2025. There has been a 2.9 percentage point improvement over the twelve-month period since September 2024. This represents a continued increase over the year from 1,305,264 people treated to target in September 24 to 1,415,065 in September 25, an increase of 109,801 people.

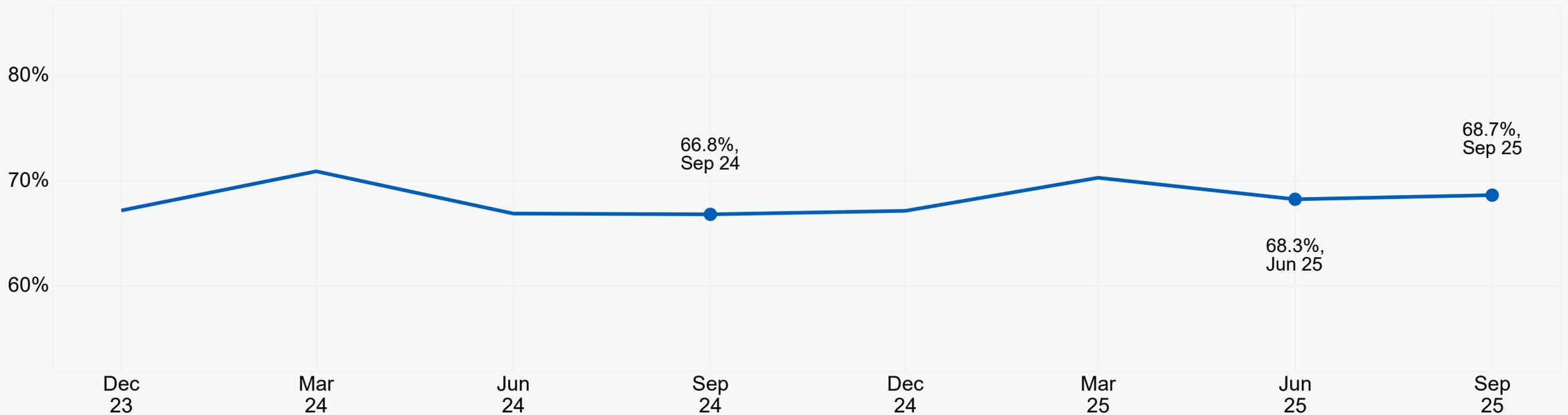
Actions: NHS England have worked with Heart UK to develop a patient facing resource on cholesterol management which has been published as part of Heart Month (Feb 2026). In addition, NHS England is working to develop ambitions for 2026/27, working closely with the primary care incentives team to ensure that QOF indicator descriptions and payment thresholds continue to align with national ambitions. Quality improvement data packs including an overview of September 2025 data and actions for improvement have been developed and are available to ICBs to support quality improvement.

Hypertension treatment to target continues to improve

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

NHSOF ambition/metric: Percentage of hypertension patients treated to target (Integrated Care Boards)

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



Current position: The chart shows a performance drop in June, following QOF (Quality and Outcomes Framework) peak in March. In both September 2024 (66.8%) and September 2025 (68.7%), there was a decrease in the percentage of patients treated to target for hypertension, following QOF payment related peaks. From September 2023 to September 2025, there's a general upward trend in the percentage of patients treated to target, rising from 66.9% to 68.7%. There was a numerical increase over the year from 5,982,862 treated to target in September 2024 to 6,387,215 in September 2025, reflecting the hypertension register's baseline growth and the challenges in achieving significant percentage increases.

Actions: To accelerate progress and tackle variation across the country, a new CVD (cardiovascular disease) Modern Service Framework (MSF) is currently in development and will be published later this year. This framework will be a clinically led tool to support quality improvement, reduce inequalities, and foster innovation on a national scale where it is needed most. The team is also working closely with the primary care incentives team to ensure that QOF indicator descriptions and payment thresholds continue to align with national ambitions. Quality improvement data packs including an overview of September 2025 data and actions for improvement have been developed and are available to ICBs to support continued improvement.

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 – proportion rating experience as good	70.3% 2024			70.0% 2023	0.3 ppt (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 – proportion rating experience as good	47.7% 2024			48.1% 2023	-0.4 ppt (-0.8%)
Primary Care and Community Services	Preferred healthcare professional	65.9% Jan-26	67.1% Dec-25	-1.2 ppt (-1.8%)	62.3% Jan-25	3.6 ppt (5.8%)

Inpatient satisfaction improves slightly in 2024

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	Score
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 2024 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 and development of a new quality strategy, 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.

Maternity experience scores improved across all areas in 2025 compared with 2024

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 providing trusts with timely feedback on service users experience of care. Over the next two years, the Perinatal Equity and Anti-Discrimination Programme will be supporting trusts in taking action to ensure women and families receiving care, free from racism and discrimination. The Equity and Equality Dashboard, published in January 2026, has improved visibility and focus on inequalities in outcomes for women and babies in maternity and neonatal care. To support postnatal care improvements, NHS England also published the *Improving postnatal care* toolkit in January 2026. The toolkit supports ICBs, place-based partners, health and care providers in working with service users and professionals to improve postnatal care experience, both in short and long-term maternal and infant health.

Community mental health satisfaction rate has dipped slightly in 2024

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

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

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

Year	Score
2023	48.1%
2024	47.7%

Current position: In 2024, 47.7% annual survey respondents rated their mental health experience as good. This is a slight reduction in the satisfaction rate compared to the 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.

Patient access to preferred professionals shows steady improvement

Chart description: Percentage of patients surveyed stating they were able to see healthcare professional via Health Insights Survey

NHSOF ambition/metric: Percentage of patients with a 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: Latest Wave 20 (6 January 26 to 28 January 26) is 65.9%, compared to Wave 7 (7 January 25 – 29 January 25) was 62.3%. The percentage of patients who were able to see their preferred healthcare professional has improved by 3.6 percentage points over the last year

Actions: Since April 2025 Primary Care Networks (PCNs) have been incentivised to stratify their patients to identify those who would benefit most from continuity of care through the Capacity and Access Improvement Payment (CAIP) as part of the Network Contract Directed Enhanced Service (DES).

Patient Safety



Patient Safety - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	NHS staff survey - raising concerns sub-score	6.37 2025/26			6.45 2024/25	-0.08 (-1.2%)
Quality and Safety	CQC safe inspection score (if awarded within the preceding 2 years)	34.5% Jan-26	33.2% Dec-25	1.3 ppt (3.9%)		
Prevention and Long Term Conditions	Number of C. difficile infections (healthcare-associated)	816 Jan-26	742 Dec-25	74 (10.0%)	974 Jan-25	-158 (-16.2%)
Prevention and Long Term Conditions	Number of E.coli infections (healthcare-associated)	1,153 Jan-26	1,191 Dec-25	-38 (-3.2%)	1,192 Jan-25	-39 (-3.3%)
Prevention and Long Term Conditions	Number of MRSA infections (healthcare-associated)	59 Jan-26	24 Dec-25	35 (145.8%)	40 Jan-25	19 (47.5%)
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	32 Jan-26	32 Dec-25	0 (0.0%)	36 Jan-25	-4 (-11.1%)
Mental Health Care	Proportion of urgent referrals to crisis care services receiving contact within 24 hours	67.4% Jan-26	64.8% Dec-25	2.6 ppt (4.0%)	59.5% Jan-25	7.8 ppt (13.2%)
Prevention and Long Term Conditions	Percentage of children (aged 0–9) prescribed antibiotics in the last 12 months	28.1% Dec-25	28.3% Nov-25	-0.2 ppt (-0.6%)	34.6% Dec-24	-6.5 ppt (-18.7%)

Raising concerns sub-score shows weakened performance

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

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

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

Year	Score
2021	6.54
2022	6.44
2023	6.46
2024	6.45
2025	6.37

Current position: In 2025, the national average score for raising concerns about unsafe clinical practice was 6.37 out of 10, a 0.08-point decline (around 1.2%) from the 2024 score of 6.45. Since 2021, when the score stood at 6.54, a 0.17-point reduction (around 2.6%) has emerged, signalling a gradual downward trend in people’s confidence to raise concerns or believe that action would be taken. Within this overall decline, 2023 stands out as an outlier, with a score of 6.46, the highest since 2021, before the curve began to fall again in 2024 and 2025. This pattern suggests that, despite a temporary improvement, confidence in raising concerns has been steadily weakening over the four-year period.

Actions: As part of the 10 Year Health Plan the NHS is implementing a wide range of measures that ensure a rigorous focus on ensuring staff have the ability and access to raise safety concerns, including whether it has effective freedom to speak up functions.

Around two thirds of trusts who received a safety 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 (Jan 2026)
Outstanding	1	0.7%
Good	50	34.0%
Requires Improvement	94	63.9%
Inadequate	2	1.4%
Total	147	100.0%

Current position: Within the last two years, the proportion of NHS Trusts with a safe inspection score of “Good” (34%) increased from 33.2% in the last report or “Outstanding” was (0.7%) an increase from 0.1%. 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.

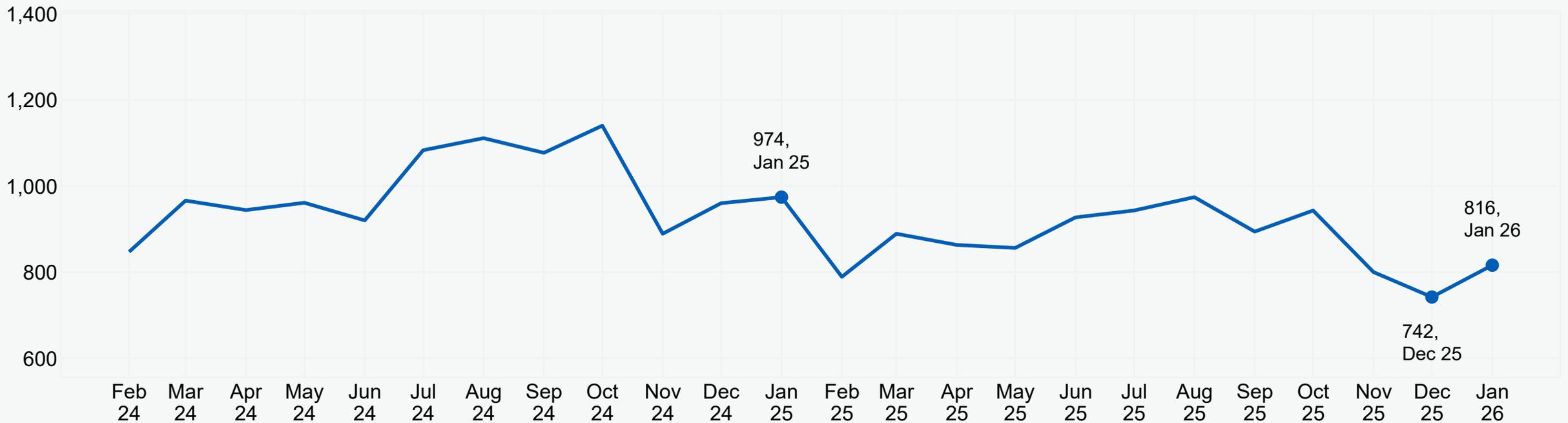
Actions: As part of the 10 Year Health Plan the NHS commits to widespread reform of the quality and patient safety landscape. Specific actions to increase transparency and accountability and support CQC towards a more data led regulatory model will enable improvement in key outcome measures, including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

C. difficile infections remain steady

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

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

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



Current position: The most recent published UK Health Security Agency (UKHSA) data show an 816 C. difficile cases across England an increase on the previous month of 74 and a reduction of 158 when comparing 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.

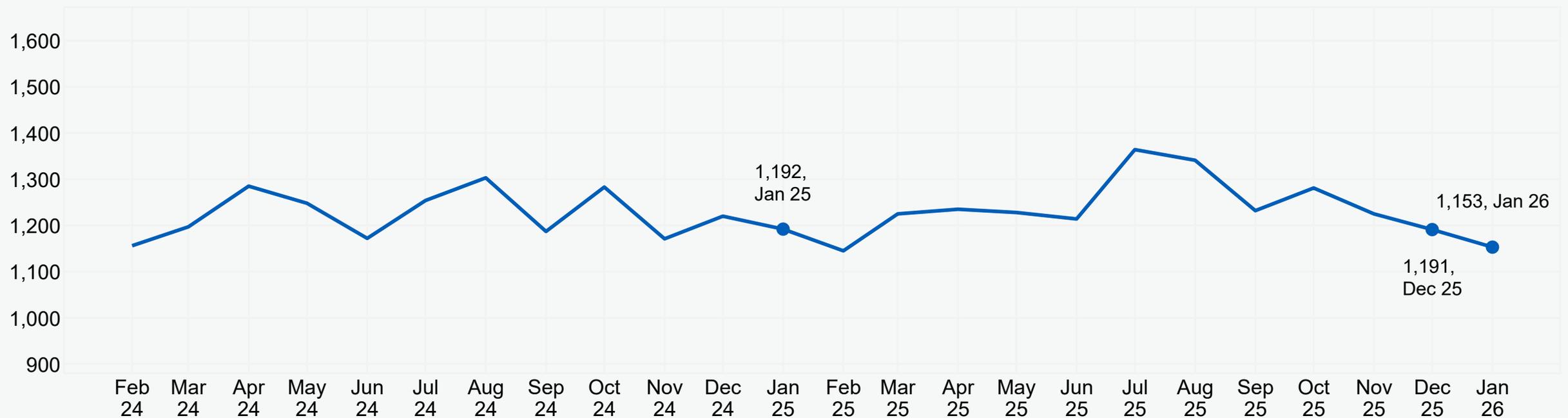
Actions: NHS England and UKHSA are not only monitoring trends closely but also updating surveillance systems, strengthening infection prevention and antimicrobial stewardship requirements, coordinating regional responses, and enhancing diagnostic guidance all aimed at reducing C. difficile infection rates sustainably. Continued surveillance and evaluation over time will be essential to measure the impact of these interventions.

E. coli infections continue to decrease in last three months

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: **January** data shows infections at 1,153 decrease of 38 from the previous month and 39 as compared to the same month last year. However, numbers remain higher than the Antimicrobial resistance (AMR) National Action Plan (NAP) 2019/20 baseline target for Gram-negative Bloodstream infections. Seasonal trends are largely driven by urinary tract infections (UTIs), linked to dehydration, which predominately develop in the community, and are the primary driver of hospital admissions for E.coli. The burden of UTIs on the NHS is significant, affecting patients across all ages/sexes.

Actions: NHS England and UK Health Security Agency (UKHSA) are addressing the E. coli and Gram-negative bloodstream infection challenge through a combination of enhanced surveillance, antimicrobial stewardship (particularly in UTI management), clinical pathway optimisation, infection prevention efforts, and public education, all aligned to the 2024-2029 AMR National Action Plan goals. Continued monitoring and quality improvement will be essential. NHS England and UKHSA share surveillance data and evidence with clinical leaders to support local quality improvement initiatives. Reducing E.coli bacteraemia requires coordination across primary care, community health services, social care, and hospitals.

MRSA infections vary monthly but remain at comparatively low levels below upper threshold

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 shows 59 infections in January 2026 an increase of 35 on the previous month and an increase of 19 compared to the same month last 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, the level is currently below tolerance levels.

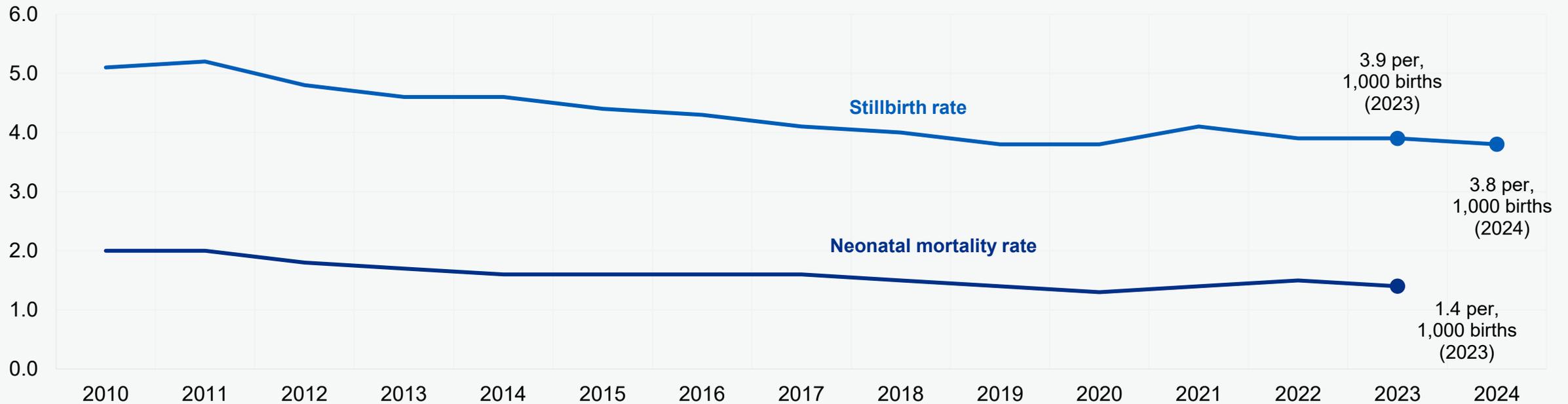
Actions: While the most recent decrease in MRSA is encouraging, small case numbers mean variation must be interpreted cautiously. NHS England and UK Health Security Agency (UKHSA) continue to prioritise robust surveillance, strong infection prevention and control, antimicrobial stewardship, and system-wide quality improvement to ensure sustained reductions, early identification of increasing cases, and prompt intervention. Whole-genome sequencing and reference laboratory services should be used where appropriate to investigate clusters or potential outbreaks. Ongoing antimicrobial stewardship programmes in hospitals and primary care ongoing providing enhanced epidemiological assessment to distinguish natural variation of emerging patterns or outbreaks is essential.

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, down 0.1 from 2023 and 25.2% lower than the 2010 baseline, showing continued improvement though further reduction remain challenging. The 2023 neonatal mortality rate was 1.4 per 1,000 live births, a 0.1 decrease from 2022 and 27.7% below the 2010 baseline, reflecting steady progress towards national safety ambitions. Maternal mortality data (not shown in chart) recorded 252 direct and indirect deaths between 2022–2024 (excluding six COVID-19 cases). The rate rose to 12.5 per 100,000 maternities, up from 11.3 in 2021–2023 to 10.1 in 2019–2021, indicating rising maternal risk.

Actions: Baroness Amos’s interim report was published on 26 February, with the final report due in spring 2026. While awaiting the independent investigation and taskforce plan, NHS England is progressing high-priority improvements. The Maternity Outcomes Signal System (MOSS), launched in November 2025, is live across England, using near-real-time data to flag intrapartum safety concerns, triggering rapid reviews within eight working days, and escalate issues to trust boards where required. Testing to add brain injury data is due May. A new Maternity and Neonatal Strategic Performance Dashboard combines outcome, experience and operational metrics, supported by daily pressure reporting. Maternity and Neonatal Improvement Support Teams, launched on 5 January 2026, now provides targeted, time-limited support to trusts, with enhanced neonatal input and greater family involvement to reinforce local accountability.

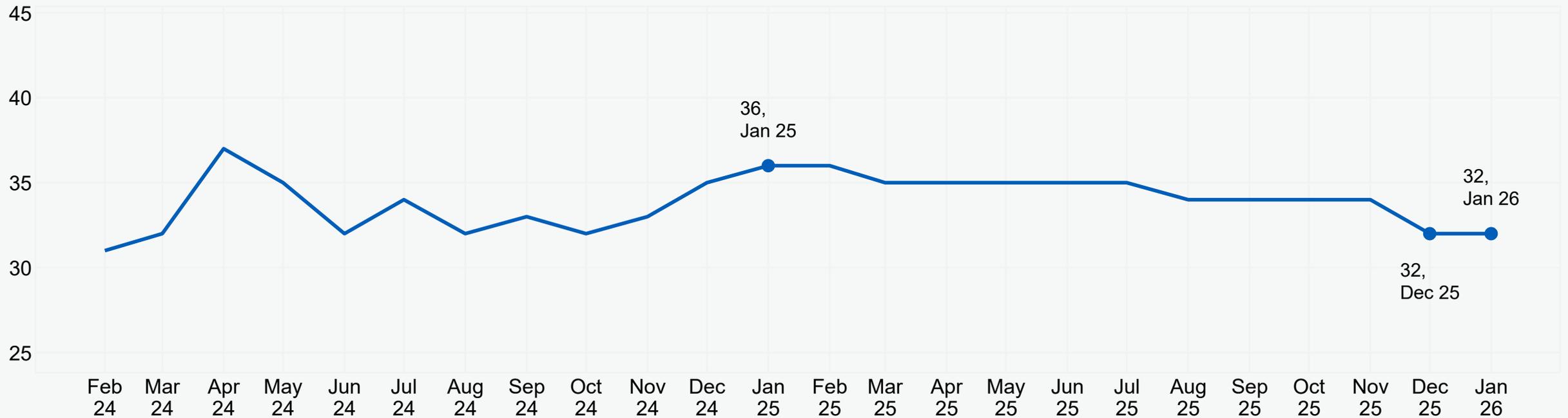
*Please note that there are key differences in ONS methodology leading to statistics on stillbirths and neonatal deaths in England differing from those published by MBRRACE-UK. More detail can be found [here](#).

The rate of restrictive intervention use has reduced in the past year

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 January 2026, the rate of restrictive interventions was 32 per 1,000 occupied beds. Compared to December 2025, there was no change on the prior month. When compared to January 2025, there was a decrease of 11.1%, equivalent to four uses of a restrictive intervention. Overall, this indicates performance has improved over the past year.

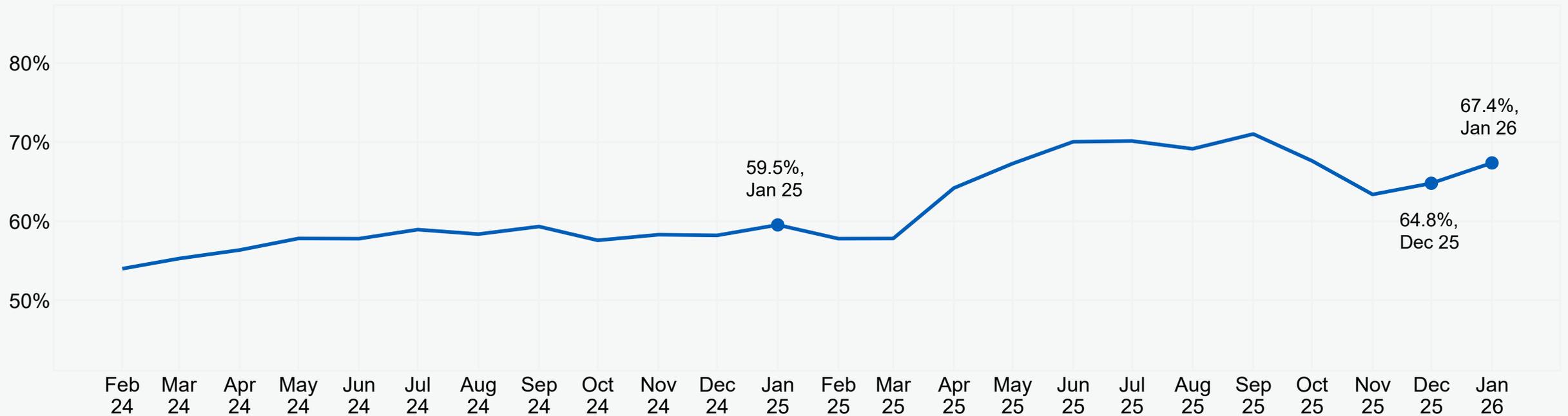
Actions: The programme are currently implementing targeted support with identified providers (via regional leads) following data quality deep dives, to identify beds not currently included in Mental Health Services Data Set (MHSDS) reporting. This is due to be completed by 31 March 2026. This is to ensure inclusion and reporting of restrictive interventions from all liable services in preparation for full enactment of the Use of Force Act later this year. This is expected to increase the number of restrictive interventions currently being reported. An accurate, reliable picture is important to ensure work on reducing restrictive practices is focused in the right areas.

Crisis response within 24 hours continues to improve

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 January 2026, the patients in crisis to receive face-to-face contact within 24 hours was 67.4%. Compared to December 2025, there was an increase of 2.6 percentage points. When compared to the January 2025, there was an increase of 7.8 percentage points. Overall, this indicates performance has improved throughout 2025.

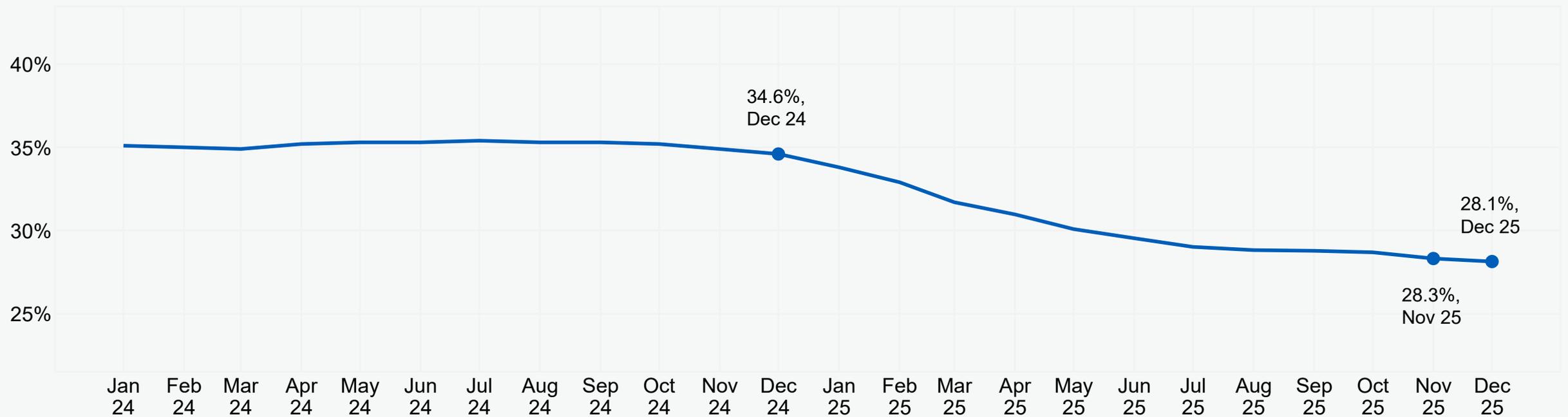
Actions: To improve performance mental health systems are enhancing data quality and reporting accuracy for crisis response times, supported by tools like MEN-SAT (Mental Health Services Assessment Tools) and targeted audits. Approximately 70% of callers to the crisis care service are de-escalated and 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.

Antibiotic exposure in children aged 0-9 years continues to fall

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

NHSOF ambition/metric: Percentage of children (Aged 0–9) prescribed 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 28.1% in December 2025. 0.2% lower than November 2025 and 6.5% lower than December 2024. Performance continues an improving trajectory after reaching a plateau of around 35% exposure during 2024.

Actions: There is continued focus on supporting primary care to reduce avoidable antibiotic exposure in children, including providing systems with quality improvement resources and training, updating 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 (25% or below) is being proposed for the NHS Oversight Framework for 2026/27. Guidance for healthcare systems has been drafted.



People and Workforce



People and Workforce - summary of NOF metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
WTE	Sickness absence rate	5.61% Nov-25	5.67% Oct-25	-0.06 ppt (-1.0%)	5.43% Nov-24	0.18 ppt (3.4%)
WTE	NHS staff survey - engagement theme score	6.75 2025/26			6.85 2024/25	-0.09 (-1.3%)
WTE	NHS staff survey – ‘We are always Learning’ theme score	5.63 2025/26			5.67 2024/25	-0.04 (-0.7%)
WTE	National Education and Training Survey overall satisfaction score	87.8% 2025			87.0% 2024	0.8 ppt (0.9%)
WTE	GP Leavers rate in 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 are slightly higher than the same point last year and remain an area of focus

Chart description: Staff sickness rates (percentage) 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 November 2025, the national sickness absence rate was 5.6%; a 0.06 percentage point decrease compared to the previous month, and a 0.18 percentage point increase compared to November 2024. Despite these small and seasonal fluctuations, overall sickness absence levels have been relatively stable over the last two years.

Actions: Work is underway to develop NHS Staff Standards, in line with the commitment in the 10 Year Health Plan (10YHP). This will enable a consistent and supportive environment for staff, which will improve overall wellbeing. The first iteration is expected to be published in Q1 2026/27. Staff Treatment Hub Implementation, also a 10YHP commitment, will help reduce sickness absence and increase productivity. It is estimated that the Hub will deliver a five-fold return on investment by reducing instance of poor mental health and musculoskeletal issues among staff. Work is ongoing in Q4 2025/26 to finalise an implementation plan aligned to the Multi Year Spending Review. Pending further engagement with stakeholders and policy approval, the national Supporting Health and Improving Attendance Policy Framework is expected to be published in Q1 2026/27. This Framework will create a consistent approach to how NHS organisations support sickness absence in the workplace.

Staff engagement has fallen since 2020

Chart description: NHS Staff Survey (NSS) and National Quarterly Pulse Survey (NQPS) engagement scores (out of 10)

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
2025	6.75

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	2025/26 Q4	6.46

Current position: The staff engagement score from the latest (2025) NSS is 6.75 out of a maximum possible score of 10 – this is a 0.10 decrease on the 2024 position. Whilst response rates have improved over time, a significant reduction in the staff engagement scores has been seen since 2020. A 1% increase in the engagement theme score generally equates to a 1-1.5% increase in productivity. The latest NQPS engagement score was 6.46 in Q4 2025/26, the same as Q2 2025/26 and the lowest score since the introduction of NQPS in Q1 2022/23. 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.

Actions: The Q4 2025/26 NQPS data has now been published. Quarterly data from the NQPS allows more regular insight into working experience than the published annual data, providing opportunity for more timely local action. Trusts have access to their 2025 NSS results, and national data was published on 12 March 2026. A national ‘How to Improve Employee Engagement’ event took place on 5 March 2026. Resources to support improvement across all areas of the People Promise are available on the NHS retention website: [NHS England » Retention hub: looking after our people](#).

The NHS staff ‘we are always learning’ theme scores has fallen slightly

Chart description: Data shows the ‘we are always learning’ score from 2021-2025. 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	5.60	5.64	5.67	4.23
2022	5.39	5.33	5.61	5.74	5.80	4.47
2023	5.64	5.59	5.79	5.92	6.00	4.83
2024	5.67	5.63	5.87	5.90	5.96	4.92
2025	5.63	5.59	5.79	5.84	5.93	4.94

Current position: The national average score for ‘We are always learning’ has fallen by 0.04 since 2024, this follows increases every year between 2021 and 2024. Of the 5 organisation types, there has been the largest decline for Acute Specialist organisations, from 5.87 in 2024 to 5.79 in 2025. Ambulance trusts are the only organisation type to show an increase (from 4.92 in 2024 to 4.94 in 2025).

Actions: All NHS organisations are mandated to run the NHS Staff survey and develop and implement action plans for improvement. Action plans will be developed following on from 2025 NHS Staff Survey results that were published on 12 March 2026. A Standard Appraisal Framework will be developed in 2026/27 to introduce a phased, coherent national approach to improving appraisal quality and consistency, and strengthening manager capability.

Sustained improvement in education and training experience

Chart description: Data from National Education and Training Survey NETS 2025 (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%
2025	88%

Current position: Overall satisfaction from the latest NETS (2025) is 88%, an increase of 1 percentage point since 2024, and continuing the upward trend seen since 2021. 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. The 2025 survey results noted an improvement across several key education quality measures, including overall educational experience, induction and supervision. The workload score has steadily declined since 2019, with 55% of learners reporting that workload (either too quiet or too busy) had a negative impact on their education and training in 2025. However, this measure has improved from 59% in 2024.

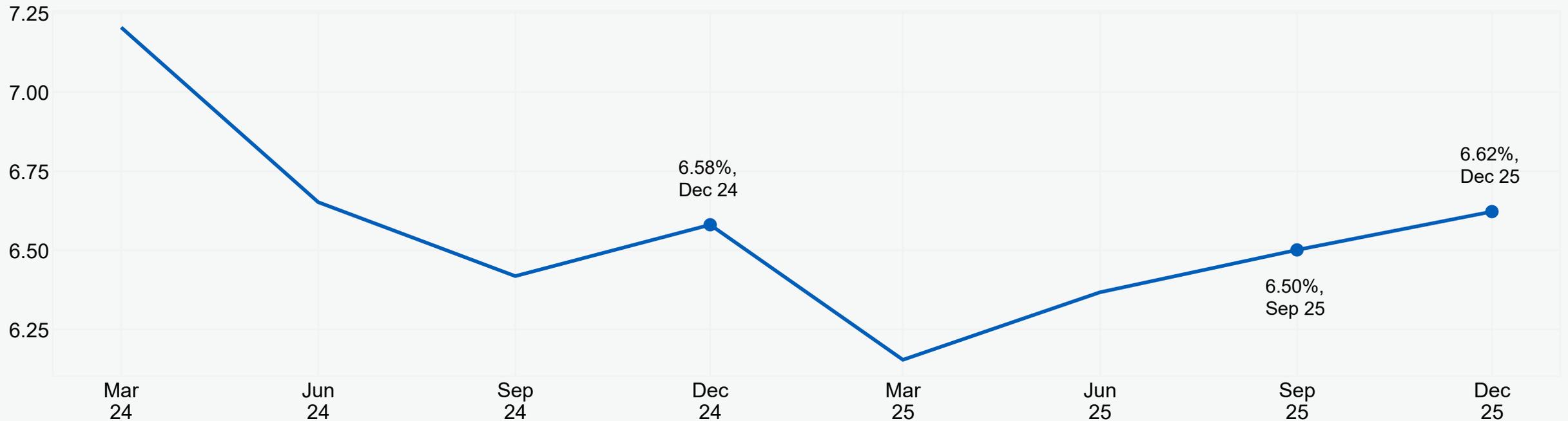
Actions: The results from NETS 2025 were published on 12 March 2026 alongside the results of the NHS Staff Survey. NHS England will identify areas of good practice and areas for improvement. The results will underpin education quality improvements supporting the 10 Year Health Plan, the new NHS Staff Standards, and the Resident Doctor 10 Point Plan.

GP leaver rate broadly unchanged year-on-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 6.62% (1,812 FTE), this is 0.12 percentage point higher than the position in September 2025, and a 0.04 change from December 2024.

Actions: NHS England is working to reduce GP leaver rates by strengthening retention initiatives and applying learning from the Exemplar Programme 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 in which to work. NHS England continues to deliver interactive learning labs to help practices use retention self-assessment tools and implement interventions such as flexible working and wellbeing strategies. Access is also being enabled to national leadership programmes and CPD-accredited training for practice managers, PCN 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 (including estimates)	7,247,214 Jan-26	7,290,880 Dec-25	-43,666 (-0.6%)	7,427,669 Jan-25	-180,455 (-2.4%)
Elective Care	Total elective waiting list for under 18s (including estimates)	740,420 w/e 22nd Feb 26	740,555 w/e 1st Feb 26	-135 (-0.0%)	771,515 w/e 23rd Feb 25	-31,095 (-4.0%)
Elective Care	RTT: 18 weeks or less	61.5% Jan-26	61.5% Dec-25	-0.0 ppt (-0.0%)	58.9% Jan-25	2.6 ppt (4.5%)
Elective Care	RTT: 52 weeks or more	1.87% Jan-26	1.93% Dec-25	-0.06 ppt (-2.9%)	2.68% Jan-25	-0.81 ppt (-30.1%)
Primary Care and Community Services	Number of 52+ week community waiters	90,049 Jan-26	90,220 Dec-25	-171 (-0.2%)	67,879 Jan-25	22,170 (32.7%)
Cancer	Faster Diagnostic Standard (28 Days)	72.8% Jan-26	77.4% Dec-25	-4.6 ppt (-6.0%)	73.4% Jan-25	-0.6 ppt (-0.9%)
Cancer	62-day Combined Standard	68.4% Jan-26	71.9% Dec-25	-3.5 ppt (-4.8%)	67.6% Jan-25	0.8 ppt (1.1%)
Cancer	Percentage of all cancers diagnosed at stage 1 or 2	59.7% Nov-25	59.5% Oct-25	0.2 ppt (0.4%)	58.2% Nov-24	1.5 ppt (2.6%)
Diagnostics	Percentage of people waiting over 6 weeks for a diagnostic procedure or test	24.7% Jan-26	24.8% Dec-25	-0.1 ppt (-0.5%)	22.4% Jan-25	2.3 ppt (10.1%)
Urgent and Emergency Care	A&E 4 hour performance	74.1% Feb-26	72.5% Jan-26	1.6 ppt (2.2%)	73.5% Feb-25	0.6 ppt (0.8%)

Access - summary of metrics

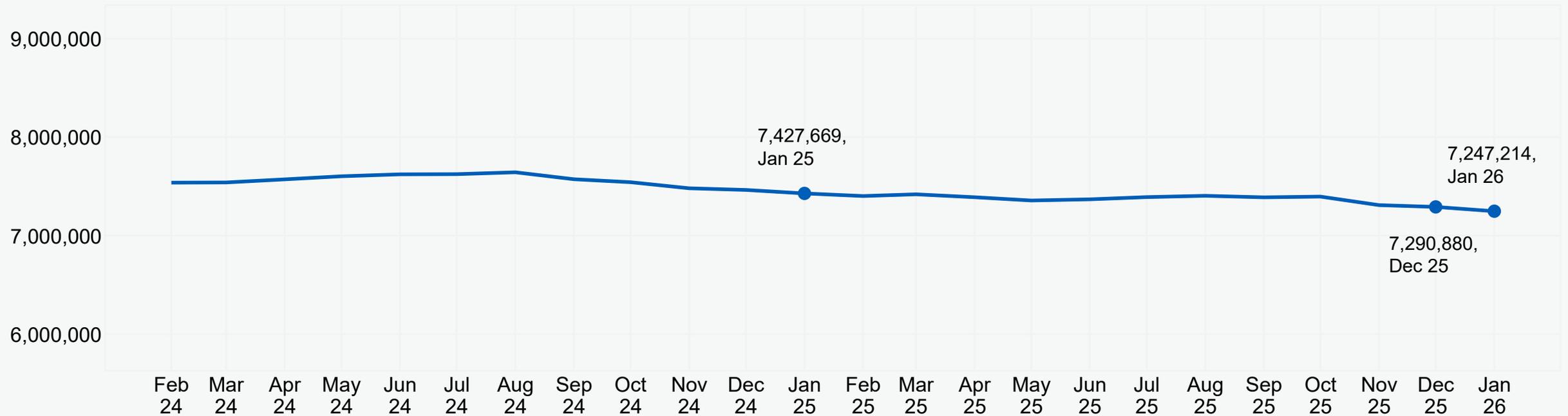
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Urgent and Emergency Care	A&E 12 hour performance	11.3% Feb-26	13.1% Jan-26	-1.8 ppt (-13.7%)	11.4% Feb-25	-0.1 ppt (-1.2%)
Urgent and Emergency Care	Cat 2 mean response time	00:28:57 Feb-26	00:35:04 Jan-26	-00:06:07 (-17.4%)	00:31:23 Feb-25	-00:02:26 (-7.8%)
Mental Health Care	Number of Children and Young People accessing Mental Health services in the last 12 months	870,059 Jan-26	863,472 Dec-25	6,587 (0.8%)	827,034 Jan-25	43,025 (5.2%)
Mental Health Care	Number of adults accessing community mental health services with 2 or more care contacts (12 months rolling average)	696,395 Jan-26	695,913 Dec-25	482 (0.1%)	658,464 Jan-25	37,931 (5.8%)
Learning Disability & Autism	Number of patients with suspected autism waiting more than 13 weeks for contact	84.8% Dec-25	84.3% Nov-25	0.5 ppt (0.6%)	80.3% Dec-24	4.6 ppt (5.7%)
Primary Care and Community Services	Proportion of patients that described booking a general practice appointment as easy	76.8% Jan-26	75.1% Dec-25	1.7 ppt (2.3%)	73.8% Jan-25	3.0 ppt (4.1%)

The total elective waiting list has continued to decrease during 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 at January 2026, the number of patients on the elective waiting list stands at 7.25 million, when compared to December 2025 there was a decrease/improvement of 0.6%, this is equivalent to 43,666 patients. When compared to January 2025, there was a 2.4% decrease/improvement, this is equivalent to 180,455 patients.

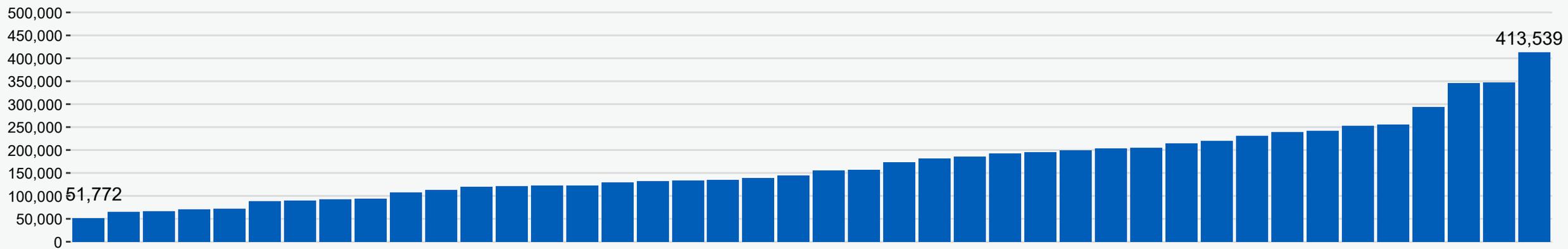
Actions: The elective waiting list remains a key enabler to delivering Referral To Treatment (RTT) ambitions in 2025/26 and longer term, as set out in the Medium-Term Planning Framework. NHS England actions during Q4 include validation incentivisation, enhanced National and Regional oversight through Tiering and a Q4 performance sprint on additional elective activity (supported by the Getting It Right First Time (GIRFT) 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 January

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]



Top 10 Providers	Number
NHS Cornwall And The Isles Of Scilly Integrated Care Board	51,772
NHS Somerset Integrated Care Board	64,673
NHS Shropshire, Telford And Wrekin Integrated Care Board	65,819
NHS Gloucestershire Integrated Care Board	70,241
NHS Frimley Integrated Care Board	71,603
NHS Bristol, North Somerset And South Gloucestershire Integrated Care Board	87,901
NHS Northamptonshire Integrated Care Board	89,995
NHS Herefordshire And Worcestershire Integrated Care Board	92,786
NHS Dorset Integrated Care Board	93,547
NHS Lincolnshire Integrated Care Board	108,044

Bottom 10 Providers	Number
NHS Greater Manchester Integrated Care Board	413,539
NHS Cheshire And Merseyside Integrated Care Board	346,990
NHS North East And North Cumbria Integrated Care Board	346,454
NHS North West London Integrated Care Board	293,407
NHS North East London Integrated Care Board	254,838
NHS Sussex Integrated Care Board	253,108
NHS Lancashire And South Cumbria Integrated Care Board	241,965
NHS West Yorkshire Integrated Care Board	238,662
NHS Kent And Medway Integrated Care Board	230,581
NHS South East London Integrated Care Board	220,029

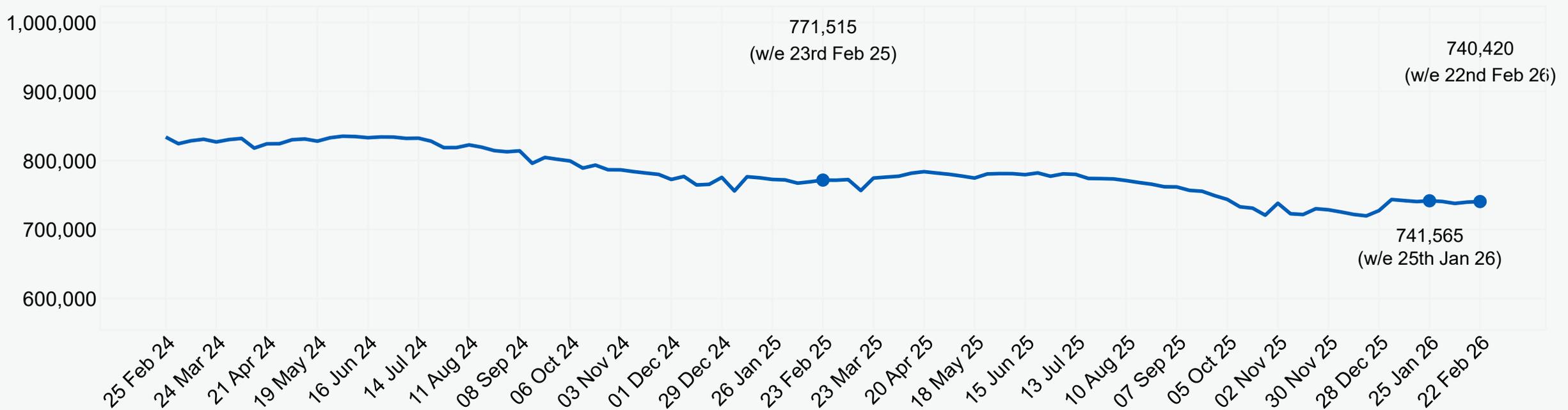
The chart shows total patient numbers on the elective waiting list in January 2026 split by integrated care boards. Lowest patient numbers 51,772 through to highest patient numbers 413,539.

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 at week ending (w/e) 22 February 2026, the number of under 18 patients on the elective waiting list was 740,420, compared with w/e 25 January 2026 this was a 0.2% decrease/improvement, this is equivalent to 1,145 patients. When compared to w/e 23 February 2025, there was 4% decrease/improvement. This is equivalent to 31,095 patients.

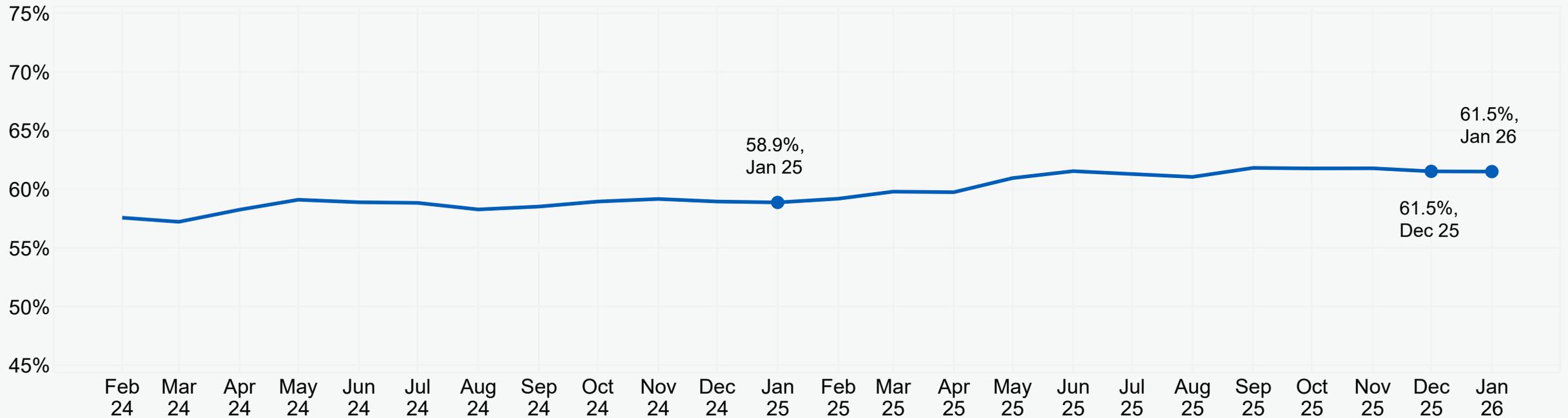
Actions: NHS England continues to monitor the elective waiting list for Children and Young People (across a range of metrics) to ensure operational performance improvement activity is equitable.

The percentage of elective patients waiting less than 18 weeks for treatment has improved over the last 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 at January 2026, the percentage of elective patients waiting less than 18 weeks for treatment was 61.5%, the same as in December 2025. When compared to January 2025, this is a 2.6 percentage point increase/improvement.

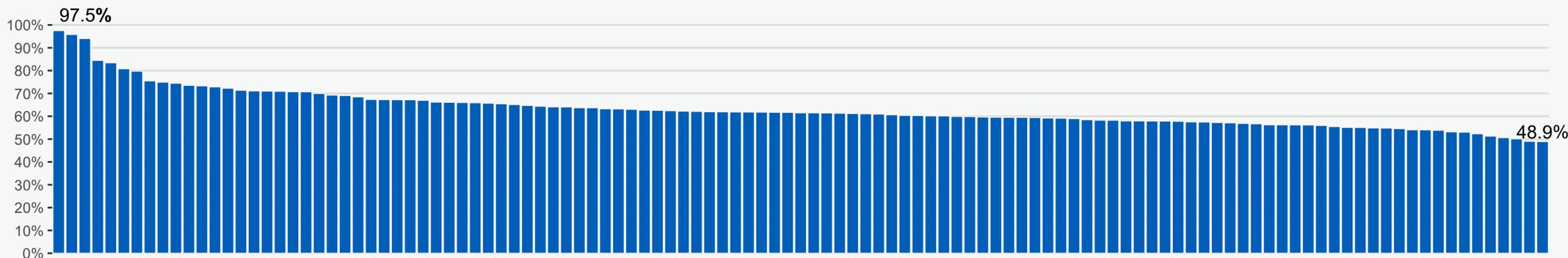
Actions: Referral to Treatment (RTT) is the main elective performance priority for 2025/26 and for 2026/27 as set out in the Medium Term Planning Framework. NHS England is taking a number of strategic and tactical actions to accelerate RTT performance improvement to deliver the 2025/26 requirement of 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 January

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]



Top 10 Providers	Percentage
The Christie NHS Foundation Trust	97.5%
The Clatterbridge Cancer Centre NHS Foundation Trust	95.9%
The Royal Marsden NHS Foundation Trust	94.1%
Moorfields Eye Hospital NHS Foundation Trust	84.5%
Royal Berkshire NHS Foundation Trust	83.5%
Northumbria Healthcare NHS Foundation Trust	80.8%
Liverpool Heart And Chest Hospital NHS Foundation Trust	79.8%
Royal Papworth Hospital NHS Foundation Trust	75.5%
South Tyneside And Sunderland NHS Foundation Trust	75.0%
Calderdale And Huddersfield NHS Foundation Trust	74.5%

Bottom 10 Providers	Percentage
Liverpool Women's NHS Foundation Trust	48.9%
Mid And South Essex NHS Foundation Trust	49.1%
East Cheshire NHS Trust	50.1%
University Hospitals Sussex NHS Foundation Trust	50.7%
East Kent Hospitals University NHS Foundation Trust	51.3%
Northern Care Alliance NHS Foundation Trust	52.4%
James Paget University Hospitals NHS Foundation Trust	53.1%
Lancashire Teaching Hospitals NHS Foundation Trust	53.2%
Chesterfield Royal Hospital NHS Foundation Trust	53.9%
East Suffolk And North Essex NHS Foundation Trust	54.1%

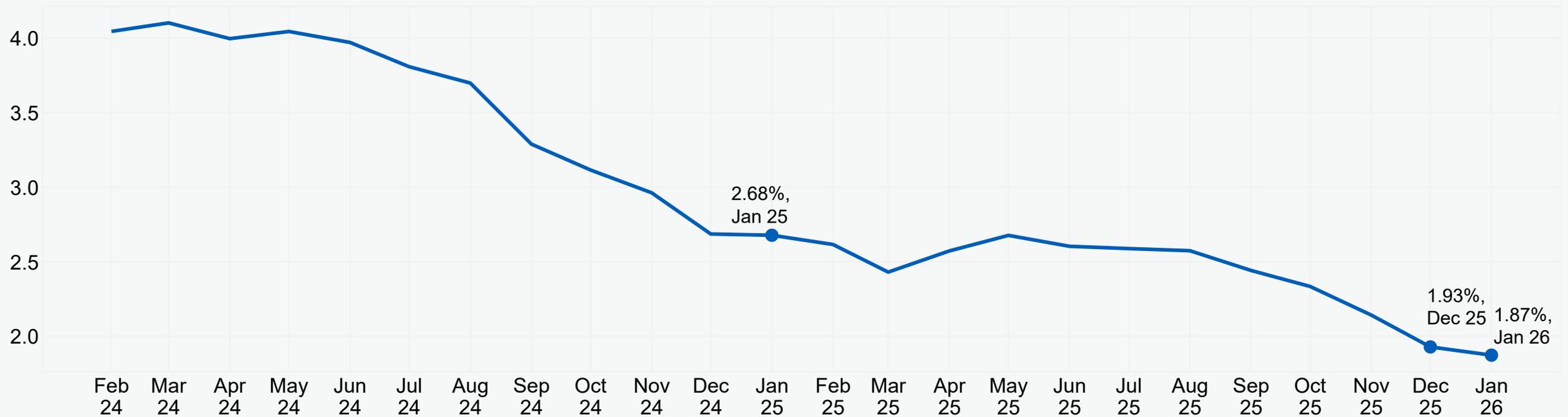
This chart shows the percentage of patients waiting less than 18 weeks for elective treatment in January 2026 split by acute trust(excludes community and independent sector). Highest performing (97.5%) through to Lowest performing (48.9%).

Elective over 52 week waits have continued to decrease over the past 2 years

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 January 2026, the percentage of elective patients waiting over 52 weeks for treatment was 1.9% (135,657 patients), the same as in December 2025 (140,508). When compared to January 2025 this represents a 0.8 percentage point decrease/improvement (63,171).

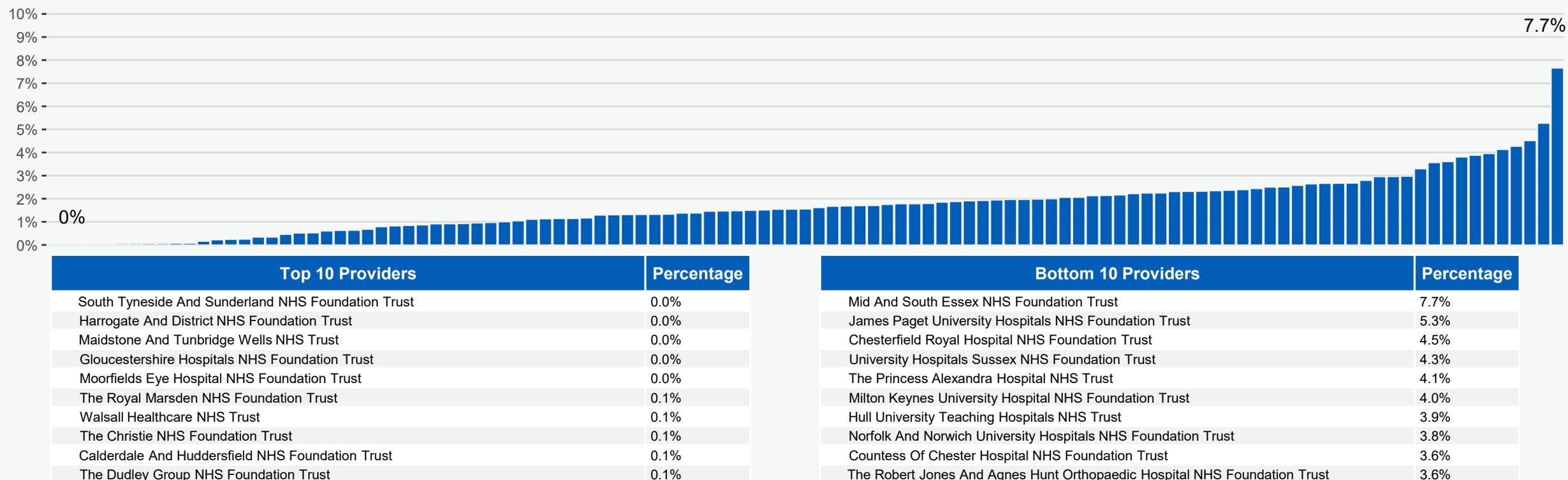
Actions: Reduction of the longest waits remains a key priority and is a focus of NHS England's performance oversight with Regional teams and directly with providers who are in elective tiering. It will also be a specific focus of the Q4 performance sprint.

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

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]



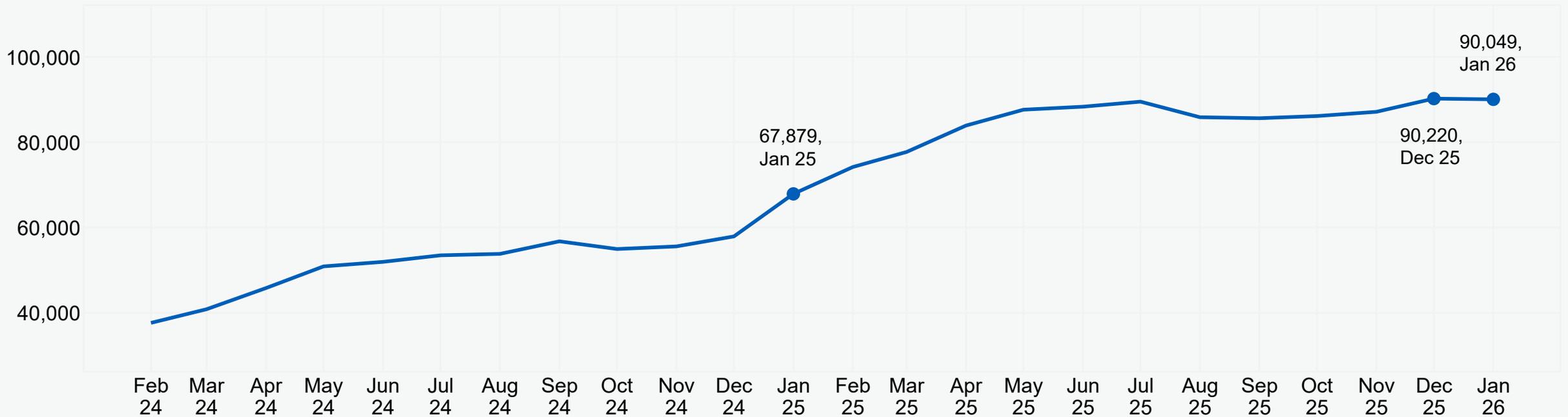
This chart shows the percentage of patients waiting less than 52 weeks for elective treatment in January 2026 split by acute trust. Lowest percentage 0.0% through to highest at 7.7%.

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 at January 2026, number of patients waiting more than 52 weeks for community services was 90,049. Compared to December 2025 data there was a 0.2% decrease. This is equivalent to a decrease of 171 patients. When compared to January 2025, there was a 32.7% increase. This is equivalent to 22,170 patients. 90% of all >52-week community waits are in children’s services, with 82% of all community >52 weeks in the community paediatrics service line (largely driven by demand for neurodevelopmental assessment.)

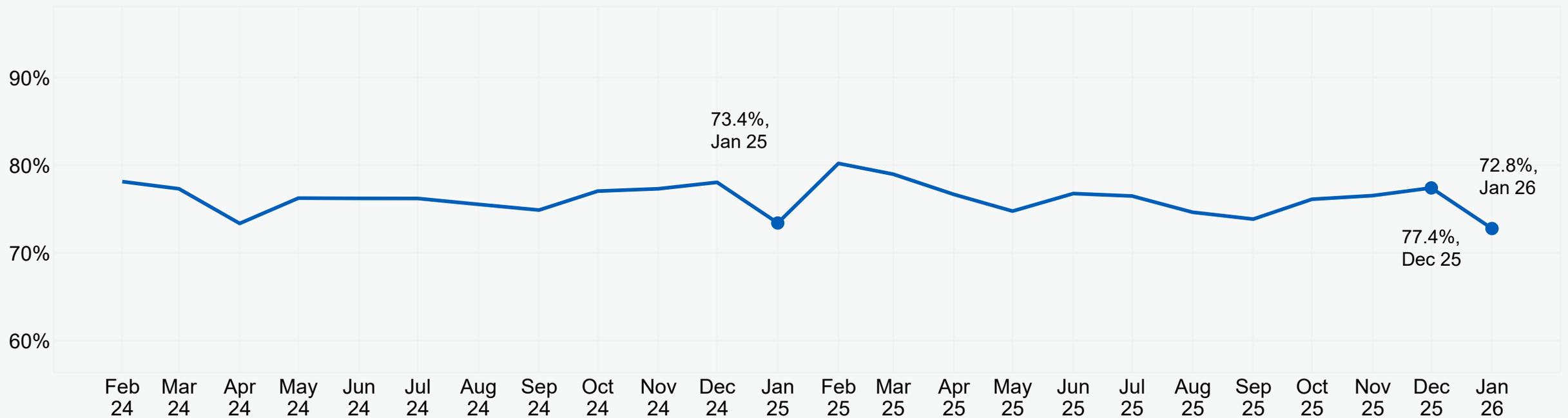
Actions: NHS England has implemented a series of interventions to improve community waiting time performance and has further activity planned to drive reductions now that formal waiting time targets have been published in the Medium Term Planning Framework (setting 2026/27 ICB targets of 78% of waits under 18 weeks and requiring plans to eliminate waits over 52 weeks). Key deliverables include; development of a system-wide action plan with system- and provider-level checklists to baseline provision and drive improvement (Q4 2025/26) and a national community Musculoskeletal (MSK) service specification to reduce waits in this high-volume service line (Q425/26). These actions are designed to reduce variation and address drivers of long waits with impact on waiting time performance expected 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: As at January 2026, the percentage of patients receiving a definitive diagnosis within the 28-day faster diagnosis standard was 72.8% Compared to December 2025, a decrease/deterioration of 4.6percentage point in line with expected seasonal trends. When compared to January 2025 this represents a 0.6 percentage point decrease/deterioration.

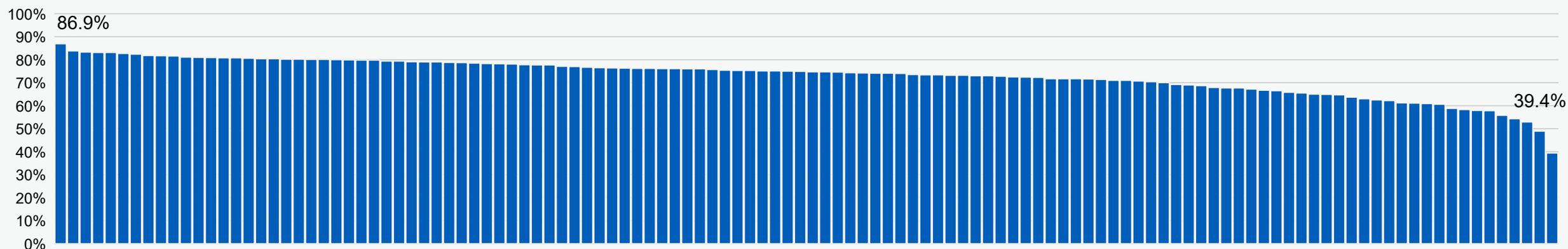
Actions: To support delivery of the ambition to exceed 80% in March 2026 additional funding for activity has been given to the most challenged providers (c.£30m) supplemented by prioritised oversight and support provided through the tiering process. Additionally, longer term work to transform services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

Latest data shows performance for the Cancer Faster Diagnosis Standard, split by trusts in January 2026

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]



Top 10 Providers	Percentage
Whittington Health NHS Trust	86.9%
University Hospitals Coventry And Warwickshire NHS Trust	83.8%
Northumbria Healthcare NHS Foundation Trust	83.3%
Mid Yorkshire Teaching NHS Trust	83.1%
Kingston And Richmond NHS Foundation Trust	83.1%
Cambridge University Hospitals NHS Foundation Trust	82.7%
Queen Victoria Hospital NHS Foundation Trust	82.4%
The Rotherham NHS Foundation Trust	81.8%
Epsom And St Helier University Hospitals NHS Trust	81.7%
The Dudley Group NHS Foundation Trust	81.6%

Bottom 10 Providers	Percentage
Gateshead Health NHS Foundation Trust	39.4%
Kettering General Hospital NHS Foundation Trust	48.9%
Hull University Teaching Hospitals NHS Trust	52.9%
Nottingham University Hospitals NHS Trust	54.3%
County Durham And Darlington NHS Foundation Trust	55.8%
Gloucestershire Hospitals NHS Foundation Trust	57.8%
Portsmouth Hospitals University NHS Trust	57.9%
North Cumbria Integrated Care NHS Foundation Trust	58.3%
York And Scarborough Teaching Hospitals NHS Foundation Trust	58.8%
Torbay And South Devon NHS Foundation Trust	60.6%

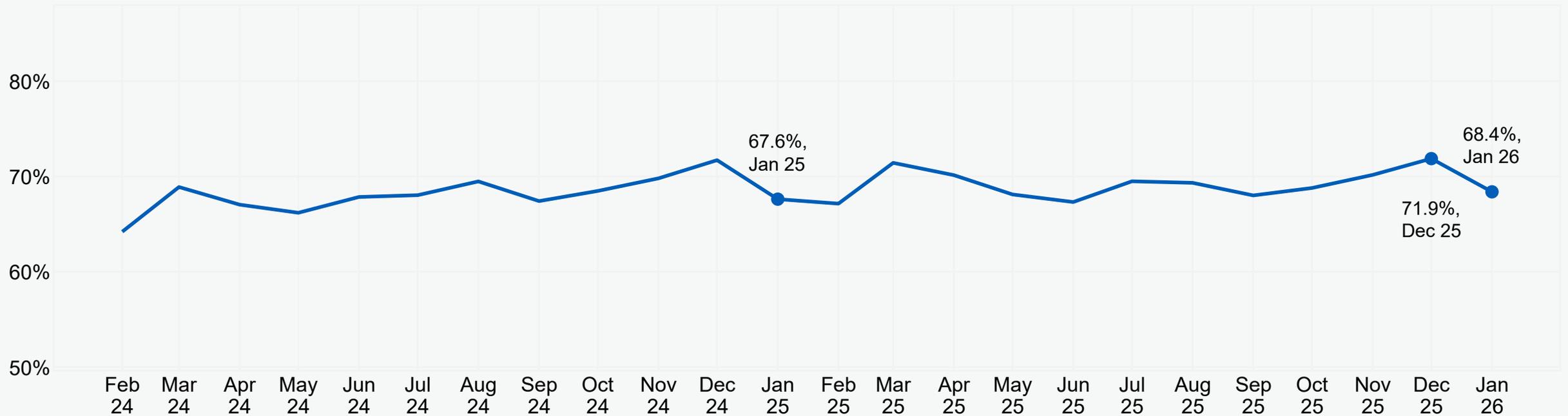
This chart shows the percentage of patients with an urgent cancer referral who received a definitive diagnosis within 28 days in January 2026 split by acute trust. Highest performance in (86.9%) through to lowest (39.4%).

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: As at January 2026, the percentage of patients treated within the 62-day cancer standard was 68.4% against the 80% planning guidance ambition. Compared to December 2025, this was a decrease/deterioration of 3.5 percentage points in line with normal seasonal trends. When compared to January 2025 this represents a 0.8 percentage point increase/improvement.

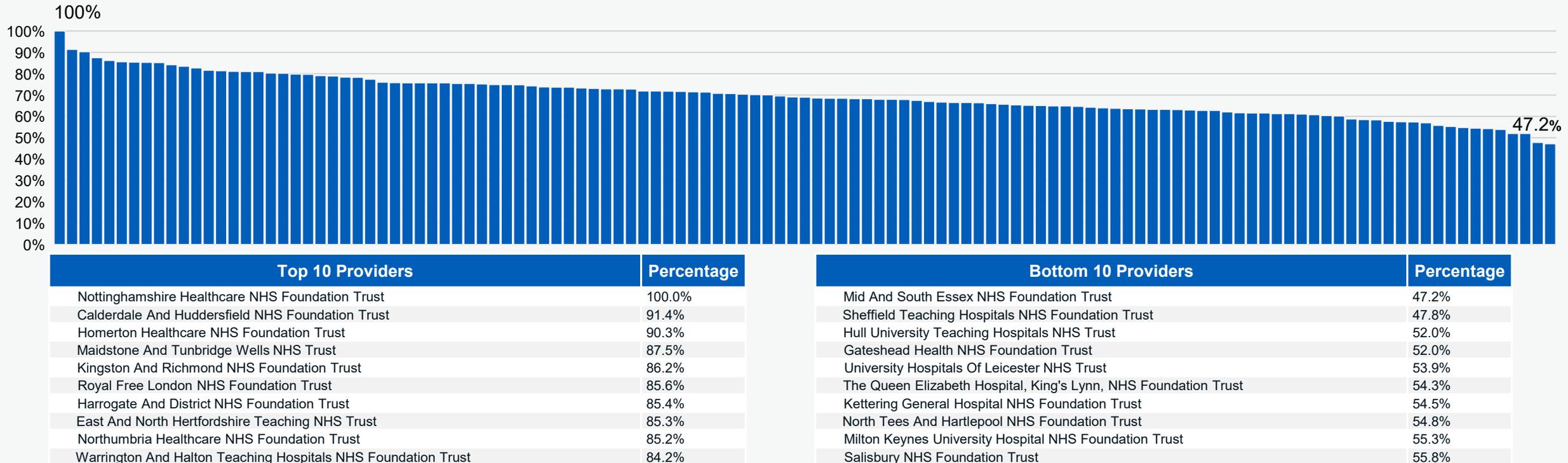
Actions: To support delivery of the 75% target, NHS England have provided further funding for activity to the most challenged providers (c.£30m) to cover additional activity in Q4, supplemented by prioritised oversight and support provided through the tiering process. Additionally, longer term work to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

Latest data shows performance for Cancer 62-day performance, split by trusts in January 2026

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



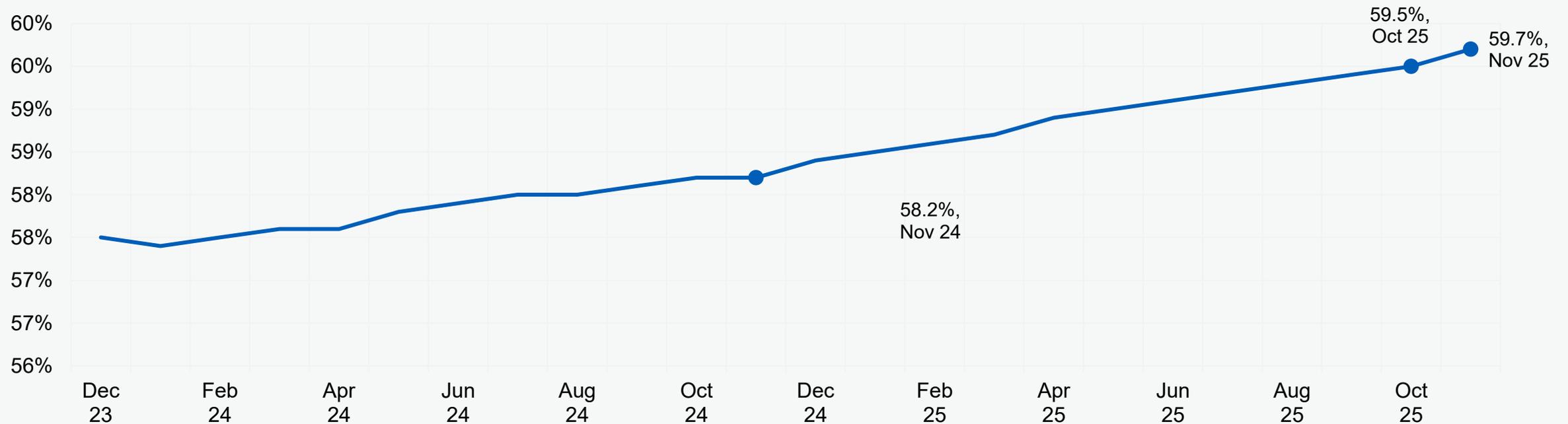
This chart shows the percentage of patients treated for cancer within 62 days in January 2026 split by acute trust. 1 trust achieved the highest performance (100.0%) through to lowest (47.2%).

Proportion of cancers diagnosed at stage 1 or 2 has increased steadily over the past 2 years

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 November 2025, the percentage of all cancers diagnosed at stage 1 or 2 was 59.7% (12 month avg.), an increase of 0.2 percentage points from October 2025. This was also an improvement from the November 2024 position of 58.2%, an increase of 1.5 percentage points.

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 Institute of Cancer Research (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 increased

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: In January 2026 the proportion of patients waiting over 6 weeks for a diagnostic test stood at 24.7%, an improvement of 0.1 percentage points from December 2025, but 2.3 percentage points worse than January 2025. This is due to waiting list activity growth failing to keep pace with waiting list demand growth: activity growth is 3.3% YTD (to December 25) vs demand growth of 3.6% (against a 4% projection).

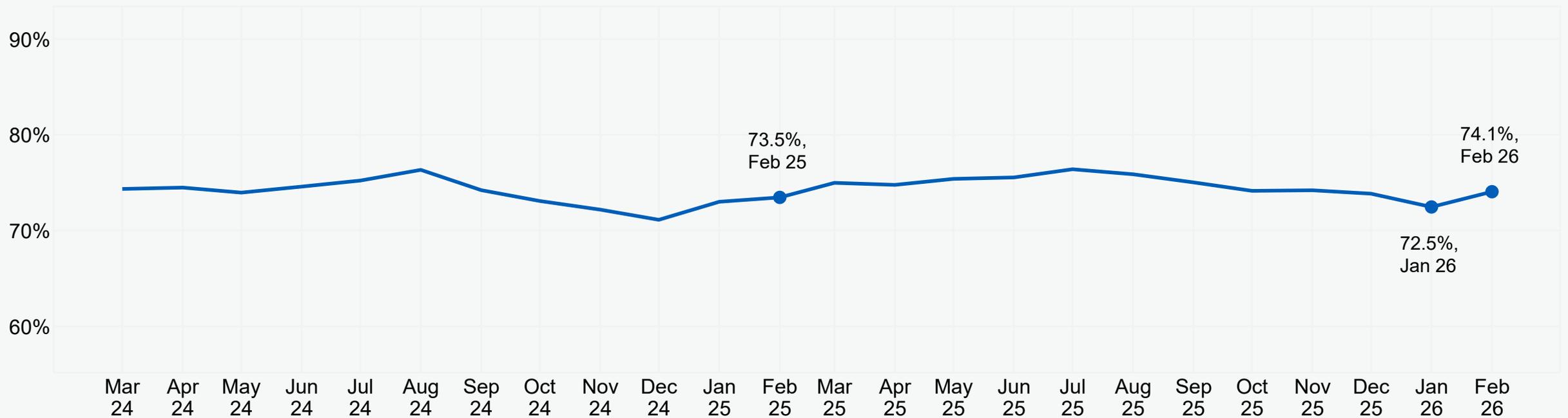
Actions: Between May 2025 and March 2026, NHS England has worked to improve performance using key deliverables that included capital investment in capacity, clinical support for Tier 1 providers and provider level modality specific deep dives and demand optimisation initiatives. These actions were designed to tackle drivers of poor outcomes/performance.

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

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

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

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



Current position: As at February 2026, the percentage of emergency department attendances admitted, transferred or discharged within 4 hours was 74.1%. Compared to January 2026, this was a 1.6 percentage point increase/improvement. When compared to February 2025, it was 0.6 percentage point increase/improvement.

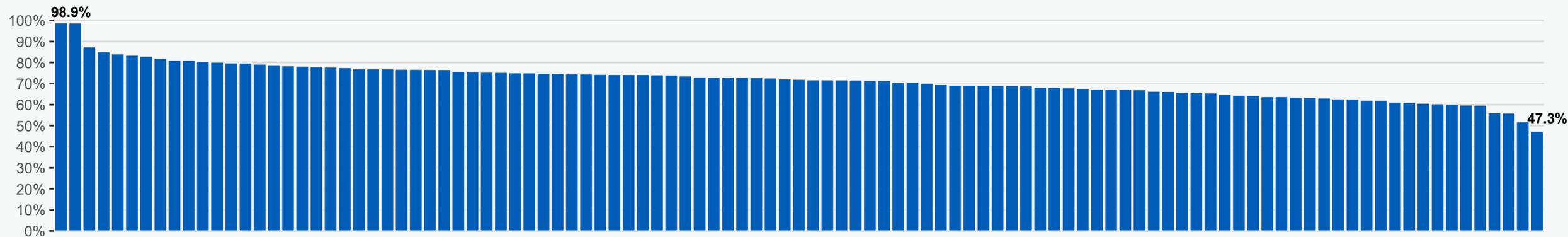
Actions: The Urgent and Emergency Care (UEC) plan for 2025/26 aims to ensure that a minimum of 78% of patients who attend Emergency Departments (ED) are admitted, transferred, or discharged within 4 hours. From 1 March the 'Spring Reset' will start with daily reporting on breach numbers and recovery actions co-ordinated at regional level. A capital incentive scheme to incentivise 4hr performance in March has been agreed and communicated to Trusts. We will continue to target 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. Self-assessments are being coordinated with systems and providers as the first step to support early improvement and readiness for full implementation in 2026/27.

4-hour performance across consultant led ED departments in February

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



Top 10 Providers	Percentage
Moorfields Eye Hospital NHS Foundation Trust	98.9%
Queen Victoria Hospital NHS Foundation Trust	98.8%
Northumbria Healthcare NHS Foundation Trust	87.5%
West Hertfordshire Teaching Hospitals NHS Trust	85.2%
Bradford Teaching Hospitals NHS Foundation Trust	84.1%
Homerton Healthcare NHS Foundation Trust	83.5%
North Tees And Hartlepool NHS Foundation Trust	83.0%
Calderdale And Huddersfield NHS Foundation Trust	82.1%
Oxford University Hospitals NHS Foundation Trust	81.2%
The Hillingdon Hospitals NHS Foundation Trust	81.2%

Bottom 10 Providers	Percentage
East Cheshire NHS Trust	47.3%
The Shrewsbury And Telford Hospital NHS Trust	51.9%
Royal United Hospitals Bath NHS Foundation Trust	56.0%
Surrey And Sussex Healthcare NHS Trust	56.1%
Countess Of Chester Hospital NHS Foundation Trust	59.8%
Mid Cheshire Hospitals NHS Foundation Trust	59.9%
Hull University Teaching Hospitals NHS Trust	60.3%
Wirral University Teaching Hospital NHS Foundation Trust	60.4%
Airedale NHS Foundation Trust	60.7%
Tameside And Glossop Integrated Care NHS Foundation Trust	61.0%

This chart shows the percentage of patients waiting more than 4hrs in A&E in February 2026 split by acute trust (excludes community and independent sector). Highest performing (98.9%) through to lowest performing (47.3%).

Proportion of patients spending 12 hours or more in emergency departments has increased compared to last year

Chart description: Percentage of emergency department (ED) 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 February 2026, the percentage of emergency department (ED) attendances spending over 12 hours in the department is 11.3%. Compared to January 2026, this was a 1.8 percentage point decrease/improvement. When compared to February 2025, there was a 0.1 percentage point decrease/improvement.

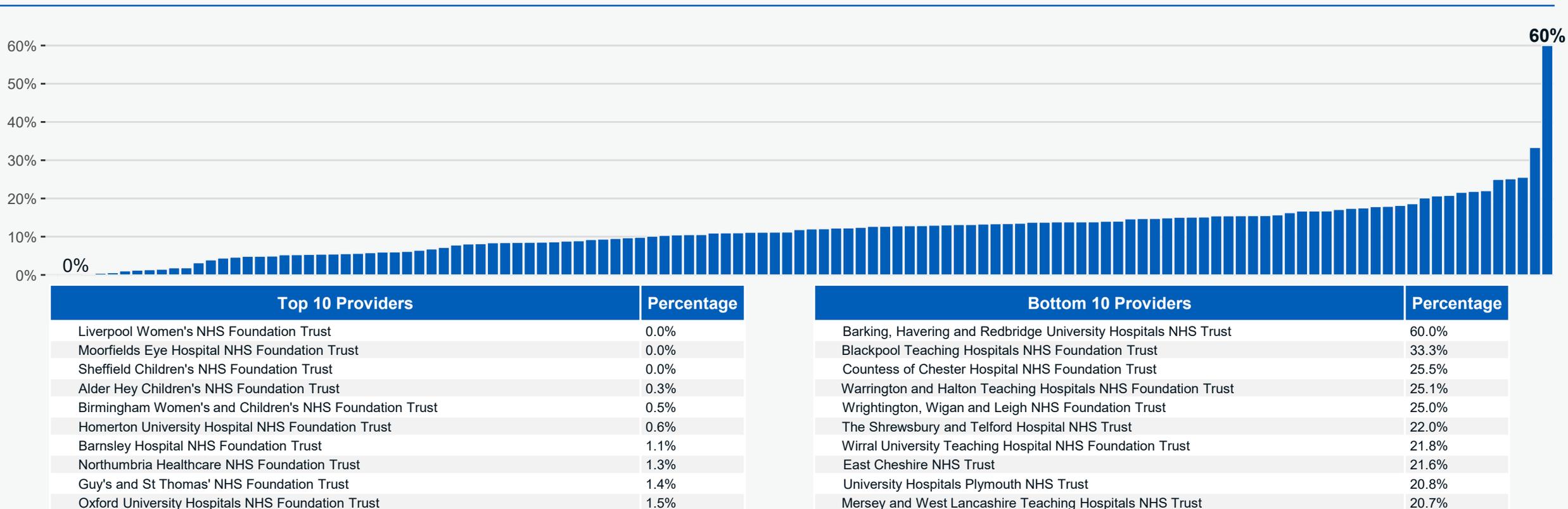
Actions: The Urgent and Emergency Care plan for 2025/26 aims to reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so this occurs less than 10% of the time. National and regional teams are assuring this via strong operational grip to support improved patient flow through reducing in-hospital process delays and maximising streaming and redirection. The Getting it Right First Time (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 February

Chart description: Percentage emergency department attendances spending over 12 hours in the department from arrival (type 1 and 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 January 2026 split by acute trust(excludes community and independent sector). Highest performing (0.0%) through to lowest performing (60.0%).

Average Category 2 ambulance response times have improved overall compared to the same period last year

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: In February 2026, average Category 2 ambulance response time was 28 minutes and 57 seconds, an improvement by 6 minutes and 7 seconds on the previous month's performance. Performance has improved by 2 minutes and 26 seconds when compared to February 2025, and when assessing performance over both December and January, this was 8 minutes and 40 seconds better than last winter and 7 minutes and 55 seconds better than winter 2023/24.

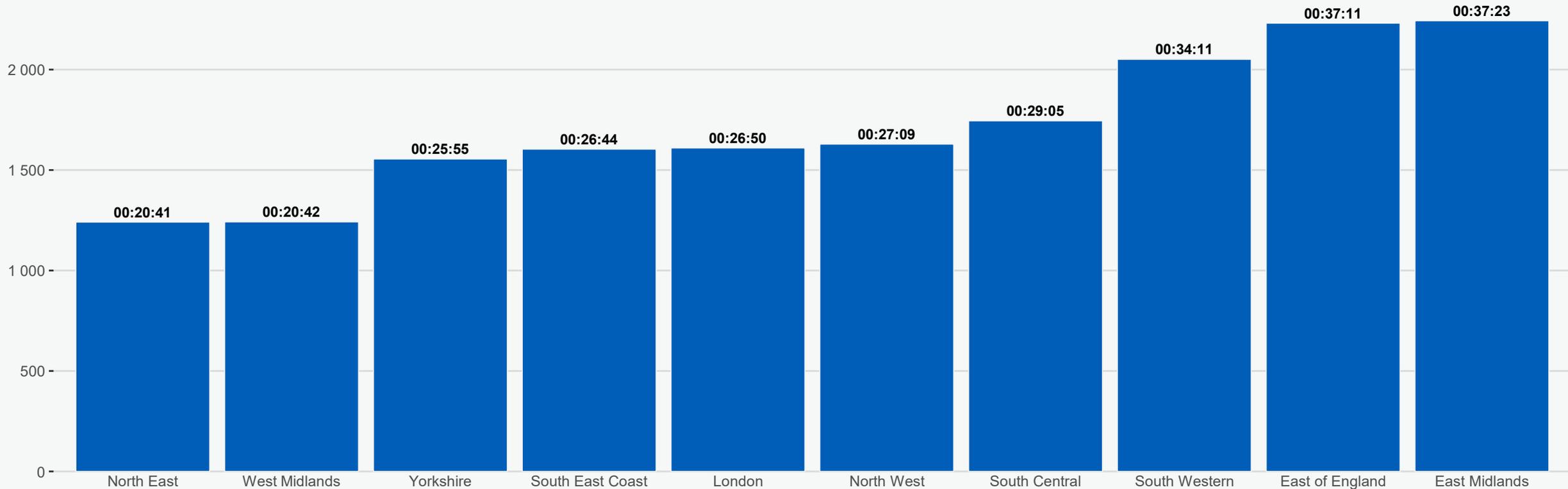
Actions: The Urgent and Emergency Care plan for 2025/26 aims to reduce ambulance wait times for Category 2 patients, for example those with a stroke, heart attack, sepsis or major trauma by over 14% (from 35 minutes to 30 minutes). To achieve this, national and regional teams are providing rigorous performance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

Response times differ significantly across Ambulance Trusts, ranging from just under 21 minutes to 37 minutes and 23 seconds

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]



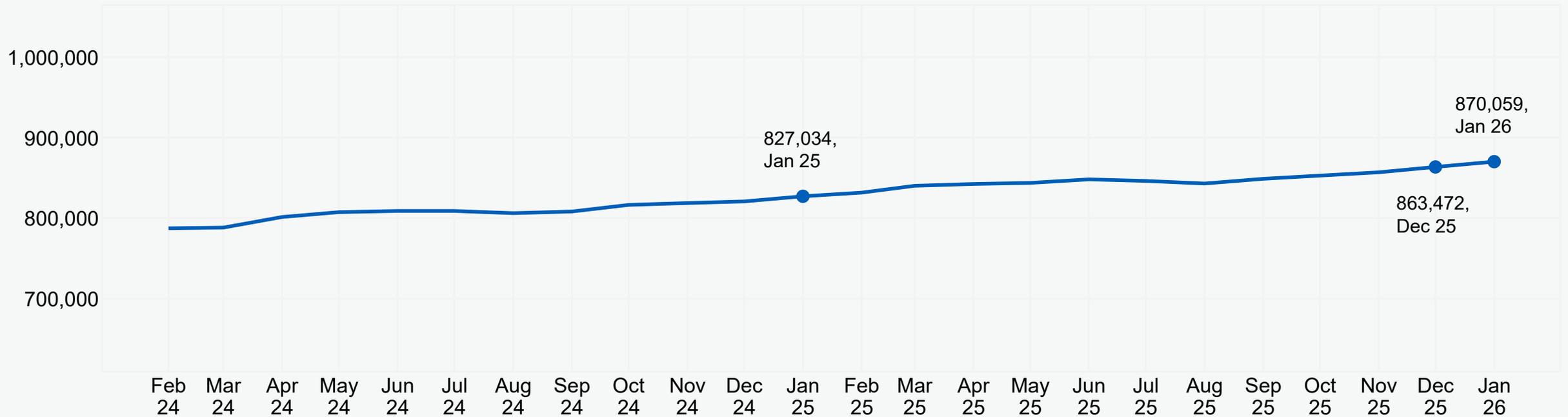
This chart shows performance on Category 2 ambulance response times in February 2026 split by Ambulance trusts. Lowest average response times, best performance (North East 00:20:41) through to highest (East Midlands 00:37:23).

Children and young people accessing Mental Health services is on an increasing trend in the last 12 months

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 January 2026, the number of CYP who accessed NHS funded MH services was 870,059. Compared to December 2025, there was an increase of 0.8%, equivalent to 6,587. When compared to January 2025, there was an increase of 5.2%, equivalent to 43,025. Performance has continued to improve in recent years.

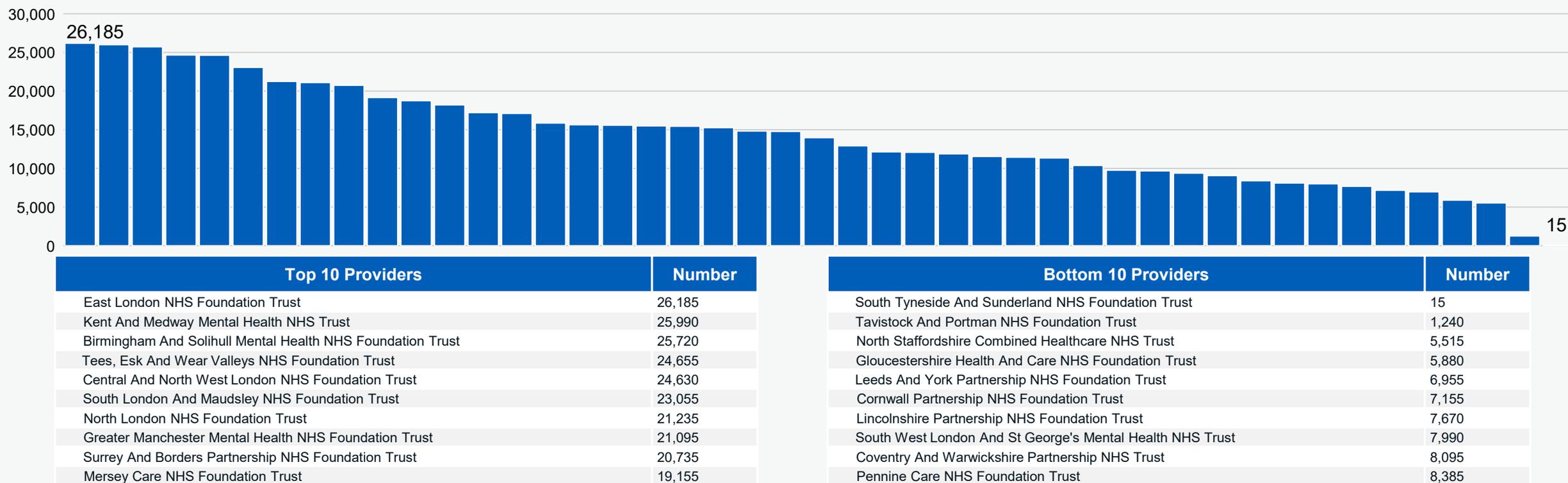
Actions: The access commitment (840,254 contacts) was achieved nationally in April 2025 and growth continues. Regions hold regular meetings with underperforming systems with the aim that these systems meet their original planning target by the end of 2025/26. Guidance on what counts as, and how to flow indirect contacts (which count towards the CYPMH access metric) has been developed with services and shared with the system to improve performance.

Number of children and young people accessing community mental health services, split by trusts January 2026

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]



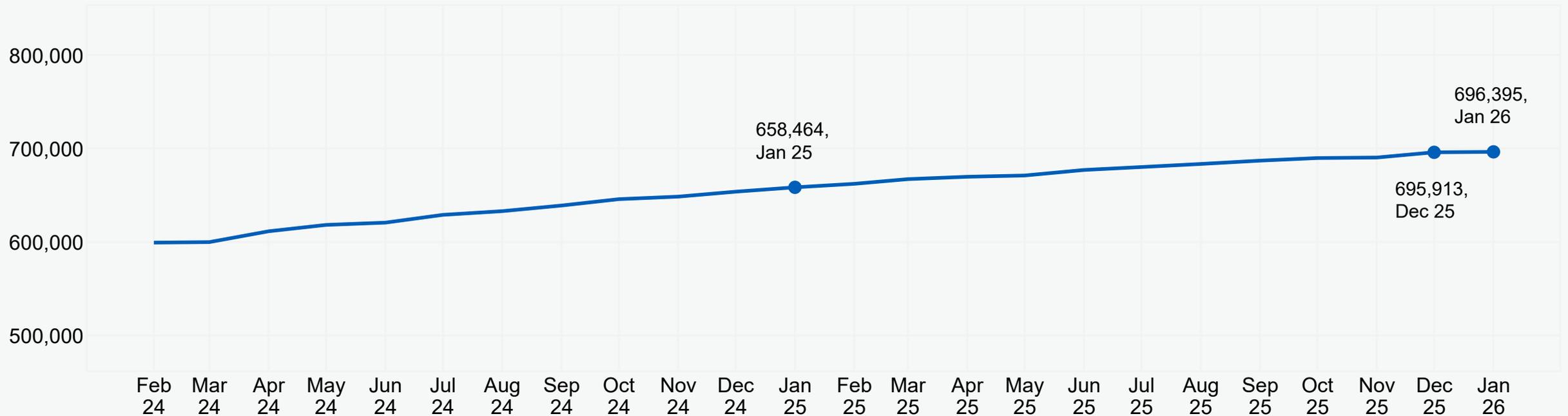
The chart shows adult access levels (patients) to community mental health services in January 2026 split by all mental health trusts. Highest patient numbers 26,185 through to lowest 15.

Access to adult community mental health services in the last 12 months on 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 January 2026, the Number of adults accessing community mental health services was 696,395. Compared to December 2025, there was an increase of 0.1%, this is equivalent to 482. When compared to January 2025, there was an increase of 5.8%, this is equivalent to 37,931. Overall, performance has continued to improve in recent years.

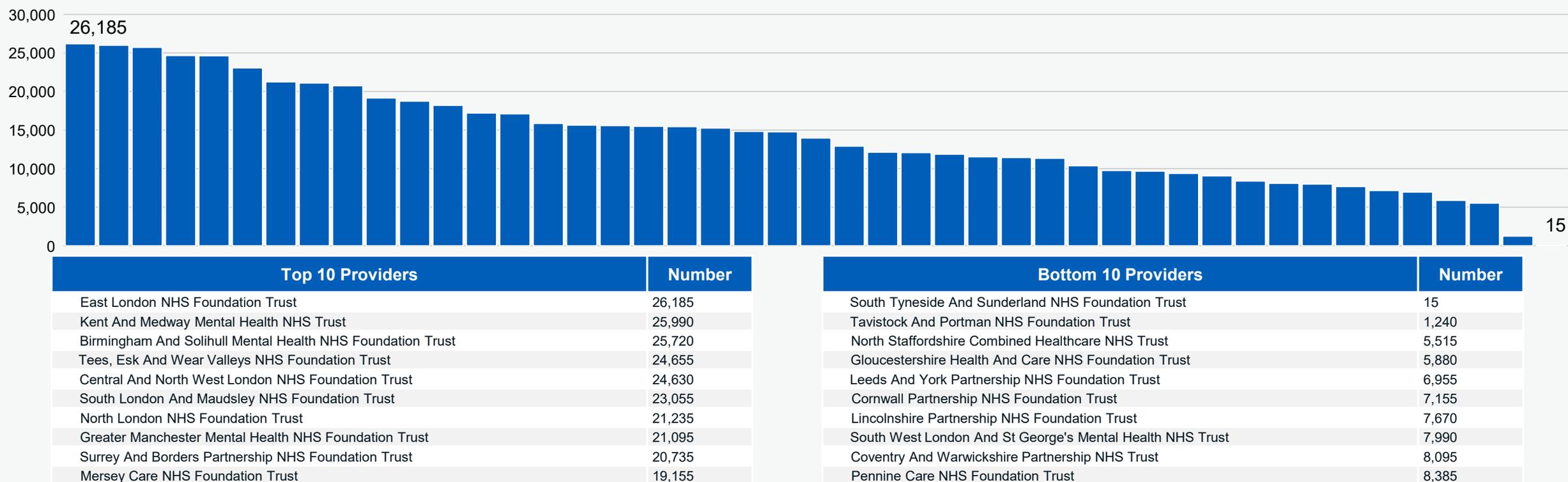
Actions: National and regional support to systems is focused on improving the quality of provision alongside increasing access. Current work includes the development of the Modern Service Framework for Severe Mental Illness (SMI), as well as expected publication of the new Mental Health Personalised Care Framework. A publication date has yet to be confirmed.

Number accessing adult community mental health services (2 or more care contacts), split by trust in January 2026

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

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

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



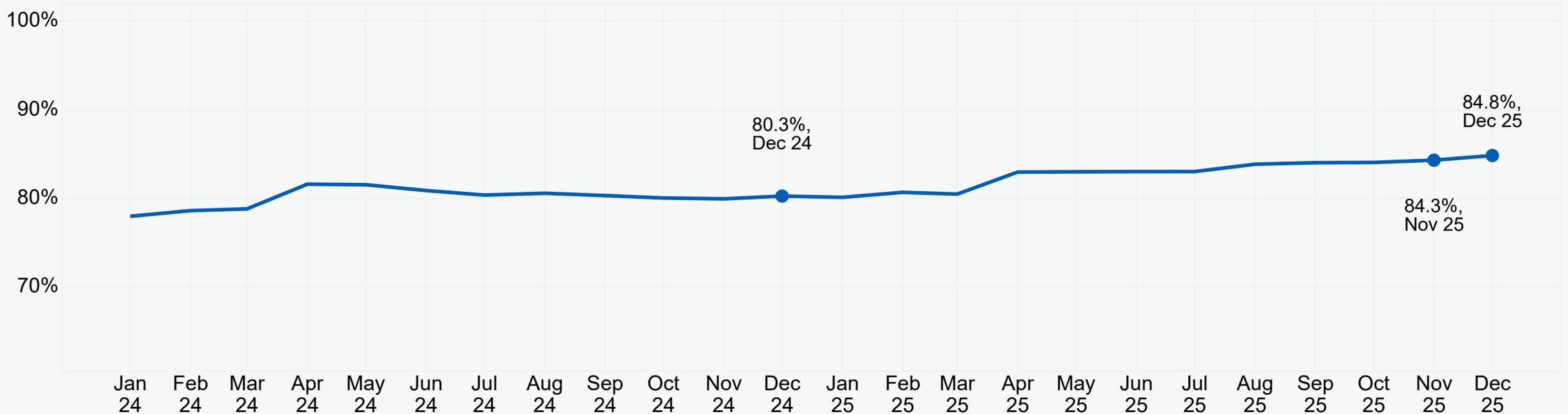
The chart shows adult access levels (patients) to community mental health services in January 2026 split by all mental health trusts. Highest patient numbers 26,185 through to lowest 15.

Percentage of patients with suspected autism waiting more than 13 weeks for contact continues to increase

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 December 2025, 84.8% were waiting 13 weeks or longer for contact, this is a 0.5 percentage point increase on the previous month and 4.5 percentage points higher than in December 2024.

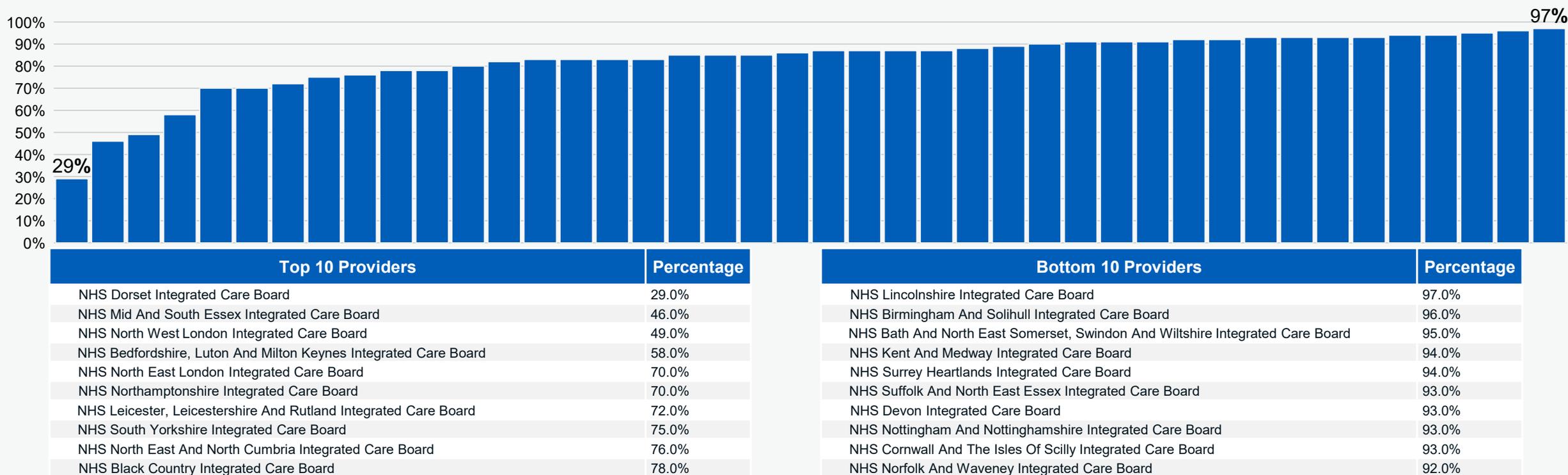
Actions: The Autism Improvement Plan continues to focus on support for local systems and services, advising on funding evidence-based innovation and evaluation and implementing new models (such as the International Classification of Function (ICF)), identifying and implementing mandated prices for autism assessment services in 2027/28, and work with DHSC and CQC to improve oversight of regulation of autism assessment services.

In December 2025, system performance on autism referrals ranges from 29% up to 97% of patients waiting 13 weeks or longer for contact

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]



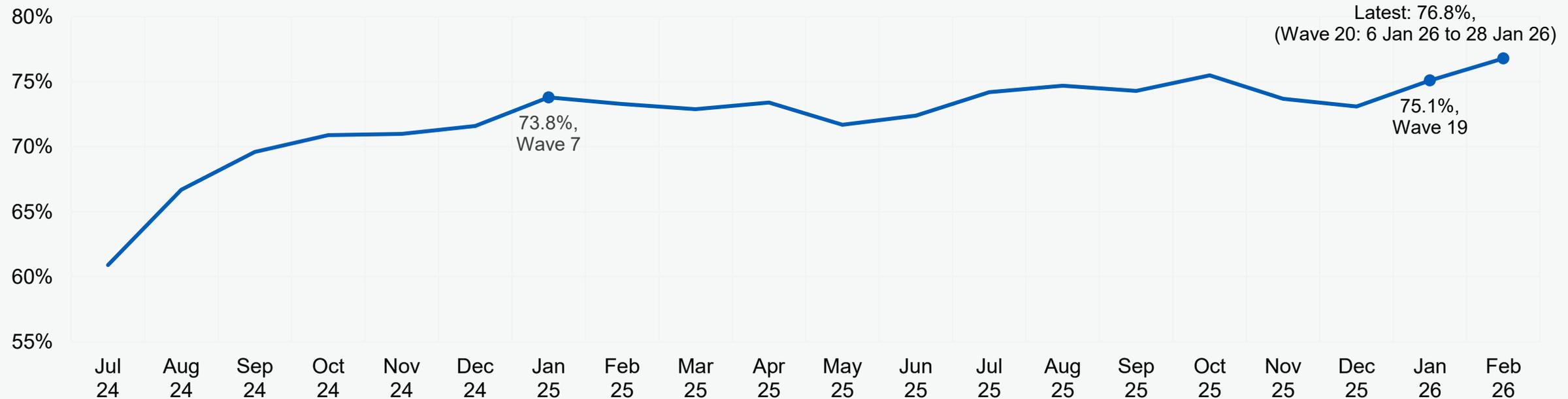
This chart shows the waiting 13 weeks or more with a suspected autism diagnosis as a percentage of total open referrals in December 2025 split by Integrated care boards. Lowest percentage of referrals (29.0%) through to highest percentage (97.0%).

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

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 20 (6 January 2026 to 28 January 2026) is 76.8%, compared to Wave 7 (7 January 2025 to 29 January 2025) was 73.8%.

Actions: NHS England has implemented a set of interventions reduce unwarranted variation in general practice. Key deliverables include routinely sharing variation data with ICBs via the General Practice Dashboard and requiring all ICBs to develop and implement general practice action plans for 2025/26. National improvement support is being provided to nominated practices throughout Q4 but this will cease in 2026/27. Changes to the GP contract from 1 October 2025 required practices to keep online consultation tools open during core hours, enable appropriate information sharing through GP Connect, and link practices to the patient charter (You and Your GP) to set clear service standards. ICBs have been monitoring compliance with these actions to reduce variation, improve access and strengthen patient experience. New changes in the GP Contract in 2026/27 that aim to support patient access have now been announced including same day appointments for 90% of clinically urgent patients.



Finance and Productivity

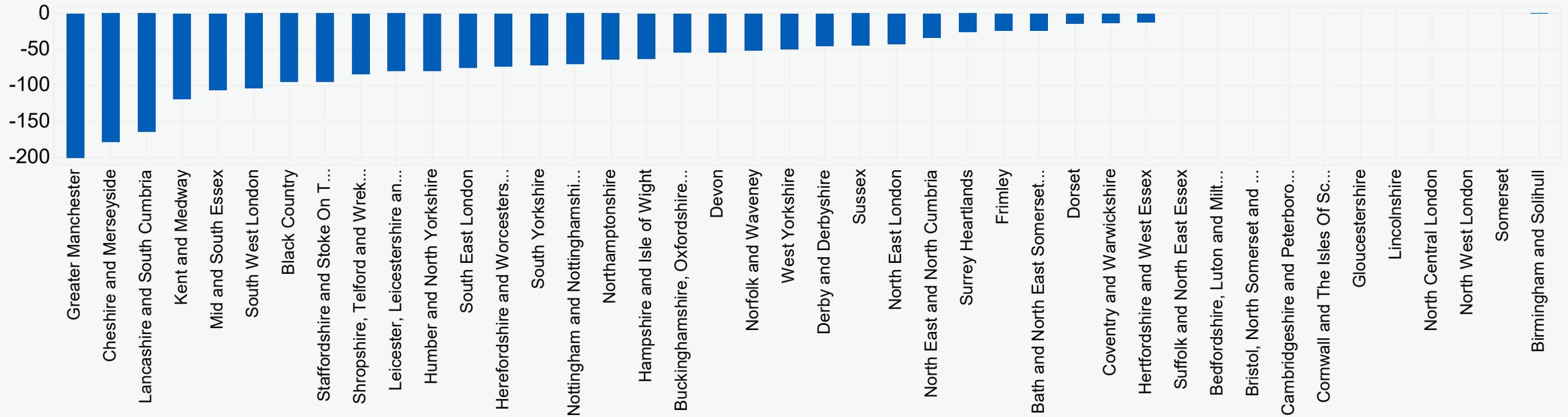


Systems spending plans in 2025/26 show 31 systems have planned overspend of over £1million

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

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

Source: NHS Finance [UNPUBLISHED]

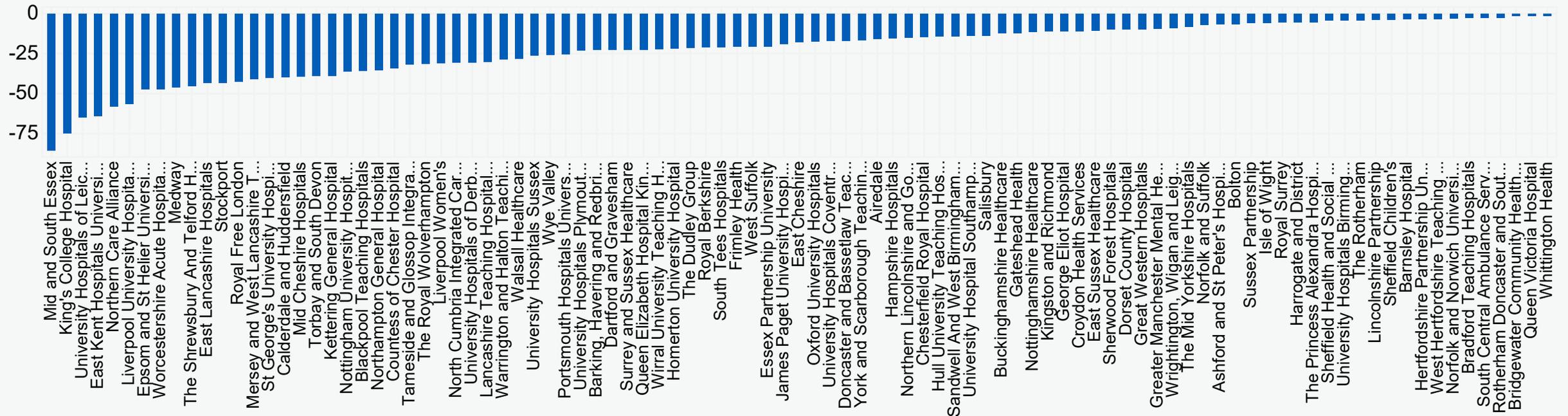


Provider spending plans in 2025/26 show 97 providers have an overspend of more than £1million

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

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

Source: NHS Finance [UNPUBLISHED]

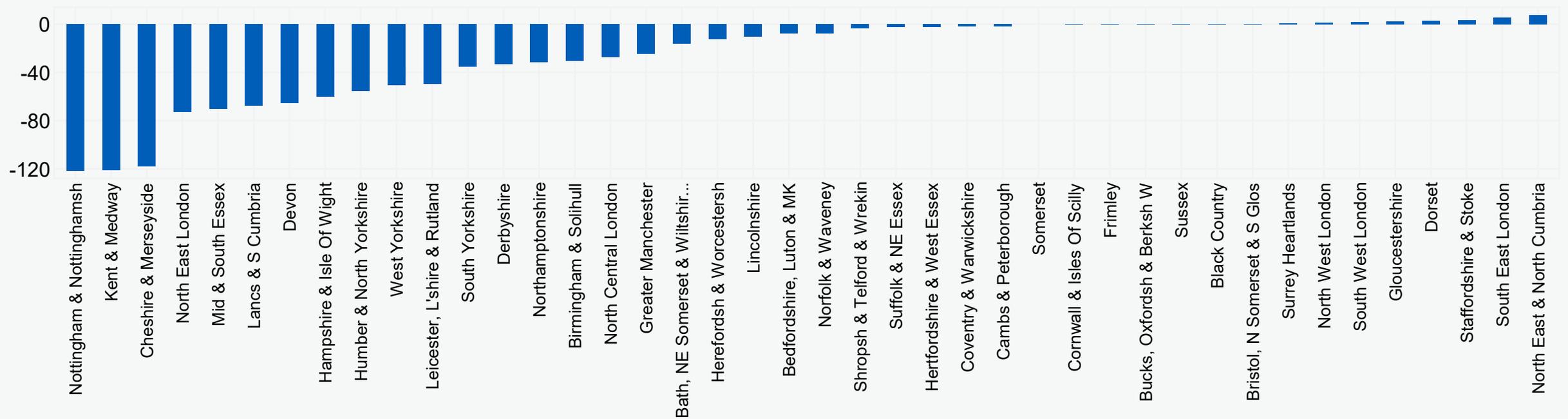


As of M10, the YTD variance to plan (including DSF) was a £428m overspend across systems

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

NHSOF ambition/metric: Variance year-to-date to financial plan (Integrated care boards)

Source: NHS Finance [UNPUBLISHED]



Current position: Month 10 YTD adverse variance of £1,077m. This YTD overspend reduces to £428m once YTD impact of withheld DSF and underspends in relation to Specialised Commissioning delegated budgets are included. This compares to a like-for-like YTD overspend of £1,089m at the same period in the previous financial year. Adverse YTD overspend in individual systems is driven primarily by efficiency slippage (£649m), DSF held back (£314m) and the impact of July industrial action.

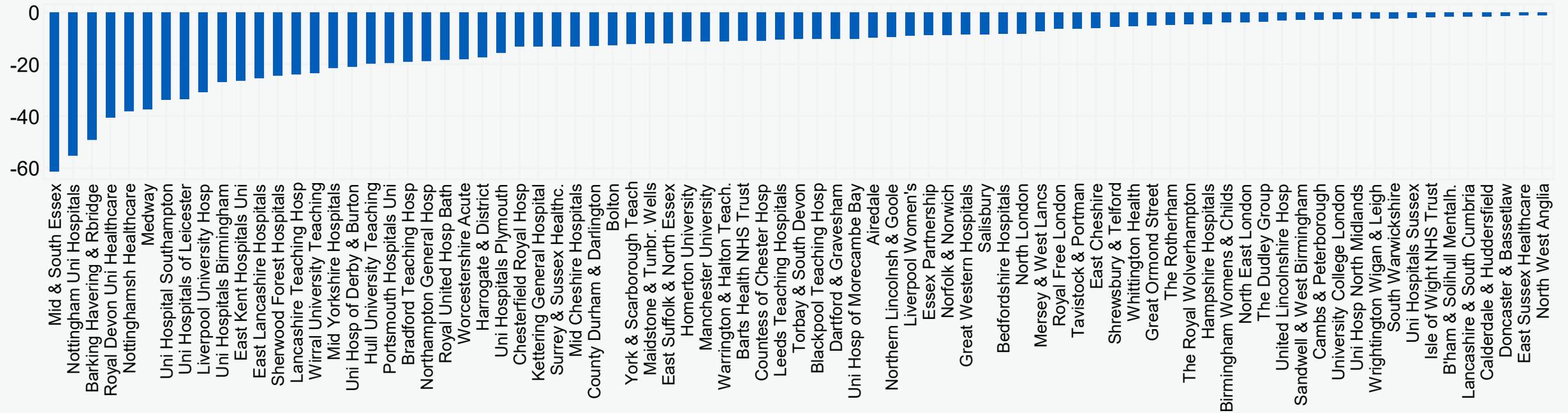
Actions: At month 10, fourteen systems which have been behind their planned financial performance during the year, are now formally forecasting a year-end overspend. Where applicable, these systems will not receive their share of quarter 4 DSF. Systems forecasting overspends have been asked to work closely with NHS England regional teams to identify further actions this year to improve the reported position and reduce the run-rate carried into 2026/27. The more that efficiencies and cost reductions can be brought forward and accelerated this year, the stronger the starting position will be next year.

As of M10, the YTD variance to plan was a £1,039m overspend across providers

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

NHSOF ambition/metric: Variance year-to-date to financial plan (Integrated care boards)

Source: NHS Finance [UNPUBLISHED]

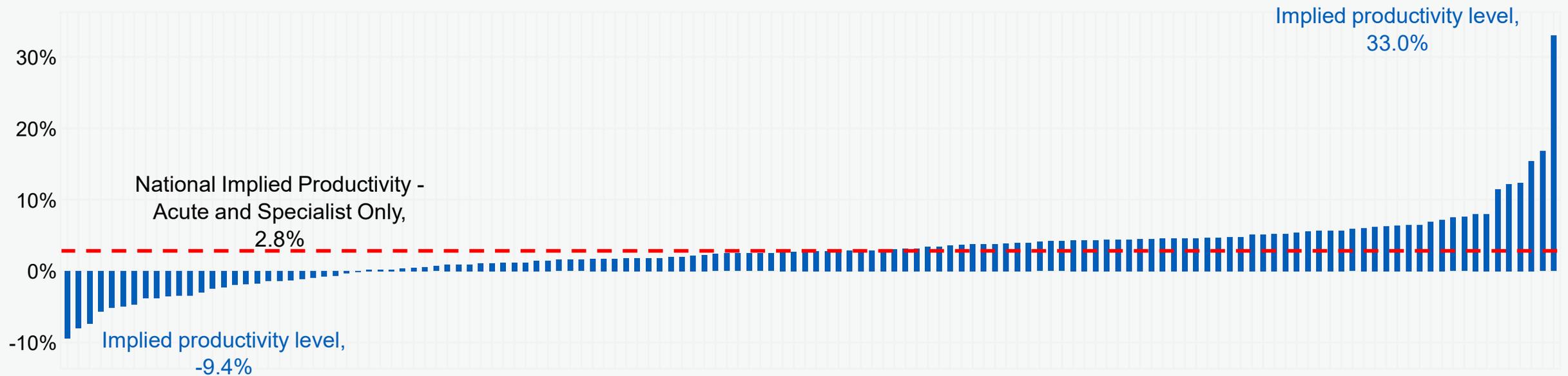


Acute providers continue to deliver above the productivity target of 2% set by Government

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

NHSOF ambition/metric: Implied productivity level (Acute trusts)

Source: NHS Productivity Growth Estimates [published link](#) [PUBLISHED]



Current position: The latest provisional estimate as at **M8 YTD (April to November 2025) is 2.8%**, which is based on 2.6% cost weighted activity growth and -0.2% real terms resource growth. Productivity estimates remain above the 2% minimum national target. Resource growth estimates for acute trusts are driven by real terms increases in substantive staff pay spending (1.5% weighted growth compared to 2024/25), which is partially offset by decreases in temporary staff and other pay spending (- 1.3% weighted). Non-pay resources are estimated to have reduced in real terms by 0.4% (weighted). Activity growth in acute trusts is driven by weighted growth (compared to 2024/25) in non-electives (1.1%), electives (0.7%), outpatient follow-ups (0.4%), outpatient firsts (0.1%) and A&E attendances (0.1%).

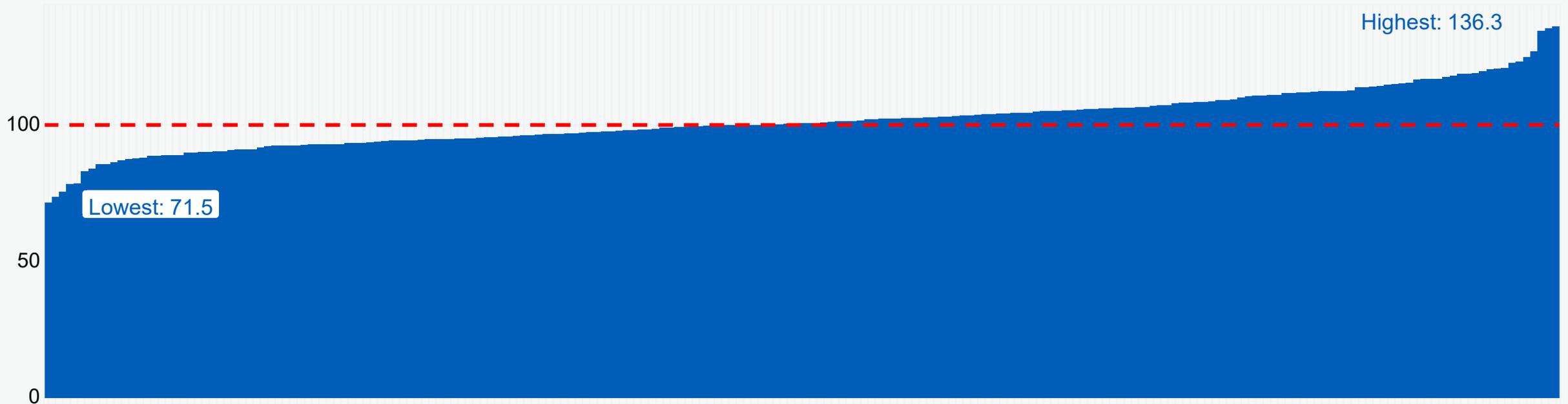
Actions: NHS productivity growth estimates continue to be published on a monthly basis, alongside a published methodology with details on how these estimates have been calculated. Tools and resources have been shared with trusts through the Productivity and Efficiency Improvement Hub on NHS Futures, including explainer videos and metadata. Data limitations are highlighted and notes are included alongside estimates, where there are known limitations. Atypical reporting in the data used to estimate productivity are raised with regional teams and trusts. Trusts are encouraged to formally report known issues with their data, which may be impacting on productivity estimates.

There is a large variation in relative costs across NHS Trusts in England in 2024/25

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

NHSOF ambition/metric: Relative difference in costs (All trusts)

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



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

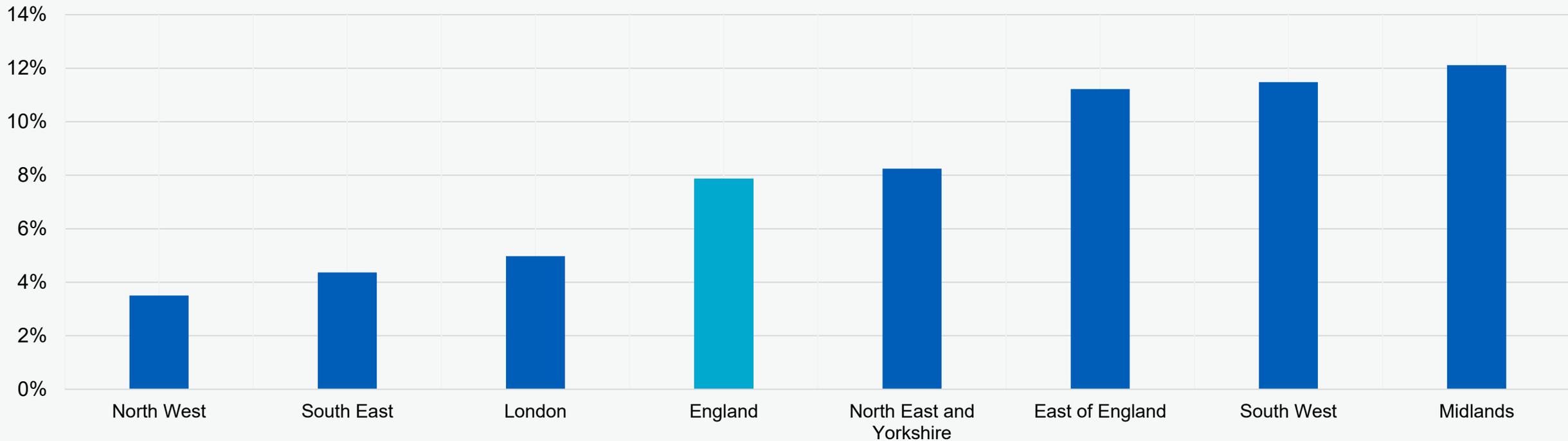
Actions: Providers have been issued with individual analysis packs which highlight the total scale of the productivity opportunity they can use as part of medium-term planning. Guidance has also been developed to prevent misclassification. The 13 workstreams in the productivity delivery plan are on track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

Annex



Action BM309 - East of England, South West and Midlands have higher proportion of community waits over 52 weeks compared to England

Chart description: Community waits over 52 weeks by region as proportion of regional waiting list – January 2026

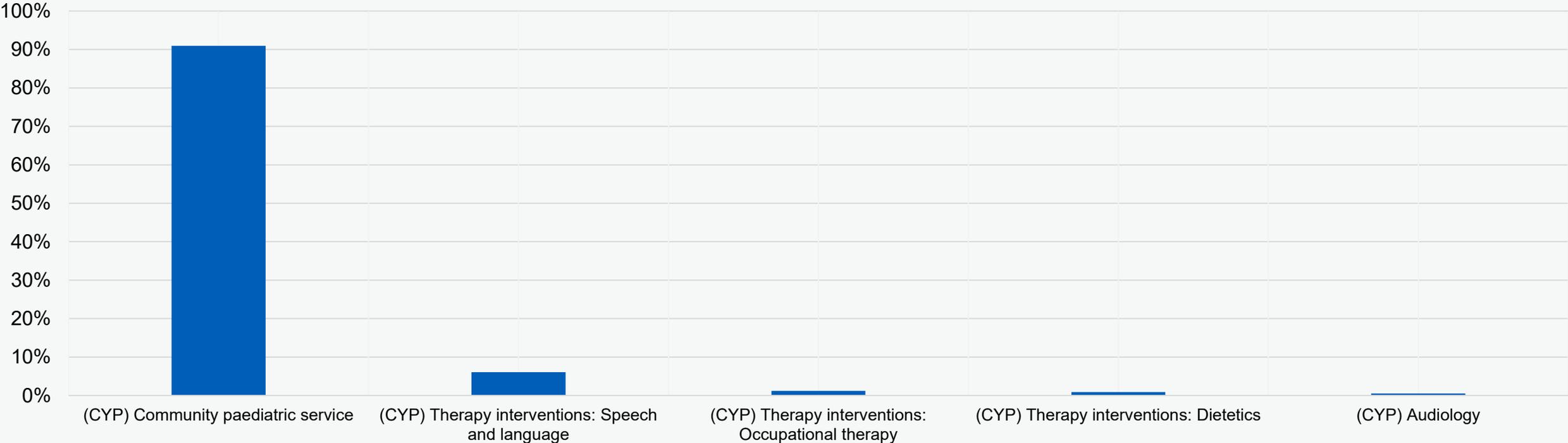


81,401 children and young people waiting over 52 weeks accounting to **90.2% of total waits** (CYP waiting list breakdown provided on the next slide)

8,790 adults waiting over 52 weeks accounting to **9.7% of total waits** (Adults largest waiting list is for weight management and obesity services).

Action BM309 - Children and young people’s community paediatrics service has largest percentage of the total waiting list over 52 weeks

Chart description: Speciality breakdown of CYP community waits over 52 weeks – January 2026



Local intelligence suggest Autism and ADHD referrals account for a significant proportion of community paediatric service.

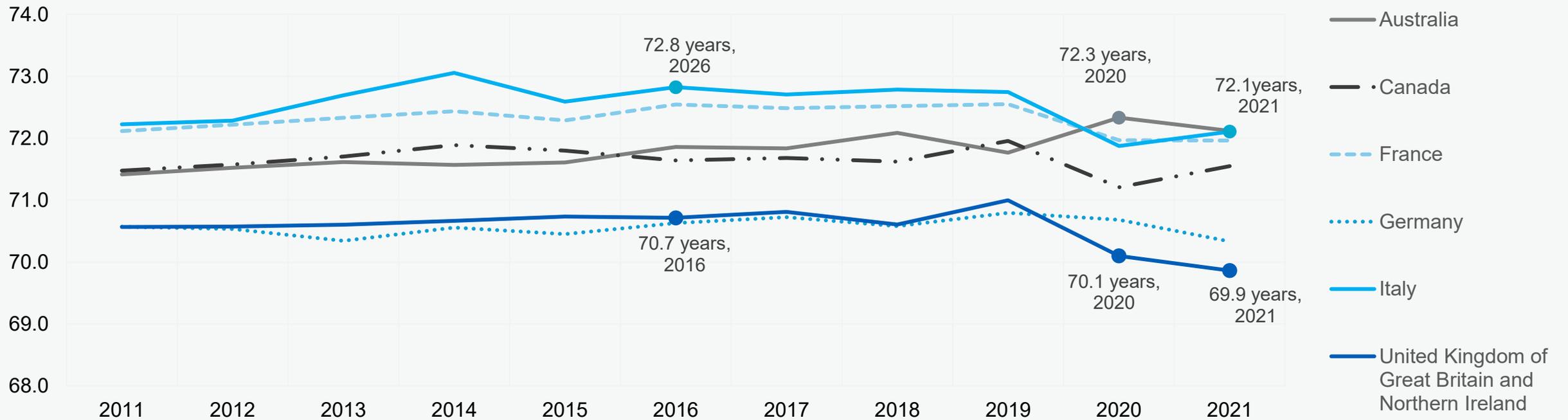
Action BM311 - Females in the United Kingdom of Great Britain and Northern Ireland are experiencing lower healthy life expectancy compared to those in peer nations.

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.

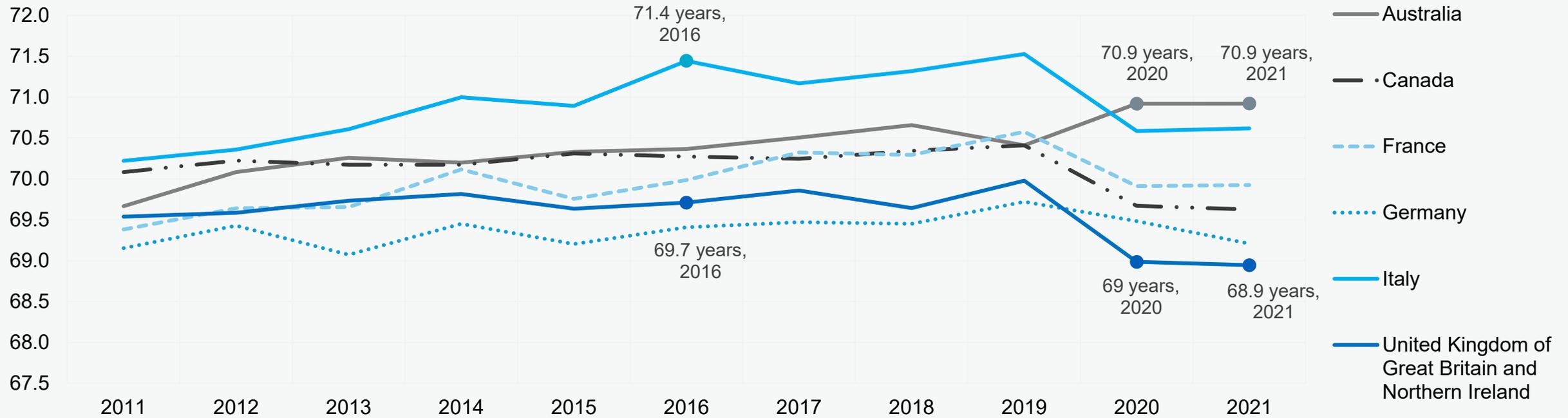
Action BM311 - Males in the United Kingdom of Great Britain and Northern Ireland are experiencing lower healthy life expectancy compared to those in peer nations. Male healthy life expectancy for all countries is lower than females.

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.

Action BM313 - Percentage of emergency admissions 65+

Chart description: % Adults aged 65+ admitted for non-elective inpatient spells occurring between 01/04/2021 and 31/10/2025 with a length of stay of at least 1 day for specific acute treatment functions

Source: digital.nhs.uk [PUBLISHED]

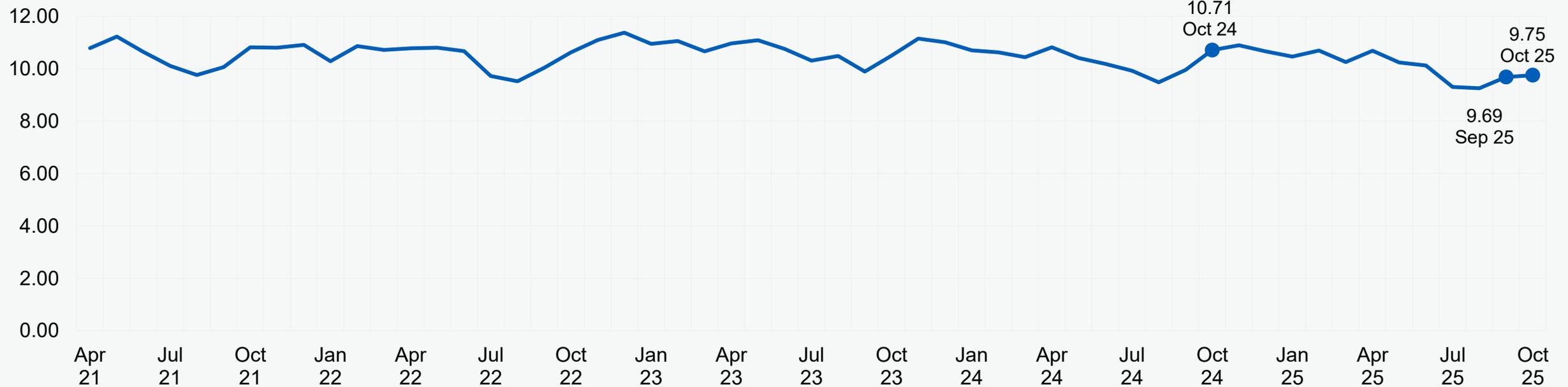


Please note that the data presented here represent counts of events, not patients. An individual may have more than one admission in a given period.

Percentage of all emergency admissions that may be avoidable

Chart description: % Adults admitted for non-elective inpatient spells occurring between 01/04/2021 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.