

Integrated Performance Report

Agenda item: 5.1 (Public session)

June 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** which summarises 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** which sets 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.
- ICB footprint changes

Performance overview by exception (1 of 2)

Areas of improved performance

- **Adult inpatients who are autistic or have a learning disability** - Performance improved in March 2026, with the number of inpatients falling to 1,900, compared with 1,965 in February 2026 and 2,000 in March 2025. This represents a reduction of 65 patients month on month and 100 patients year on year.
- **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.
- **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 67.2% in December 2024 to 69.5% in December 2025.
 - Cholesterol treatment to target is up from 46.9% December 2024 to 50.6% in December 2025.
- **Access to preferred healthcare professional** - Latest Wave 23 (31 March 26 to 22 April 26) is 68.6%, compared to Wave 10 (1 April to 21 April 2025) which was 60.3%. The percentage of patients who were able to see their preferred healthcare professional has improved by 3.0 percentage points over the last year.
- **Crisis care face-to-face contact within 24 hours** - Face to face contact within 24 hours improved to 69.2% in March 2026 up from 57.8% (March 2025), up 11.4 percentage points.
- **Readmission rates** - Performance improved in 2024/25, with 52.5% of trusts significantly lower than the national average, compared with 49.4% in 2023/24. This is an increase of 3.2 percentage points year on year.
- **Total elective waiting list** - As at March 2026, the number of patients on the elective waiting list stands at 7.11 million. When compared to February 2026 there was a decrease of 1.5%. When compared to March 2025, there was a 4.2% decrease.
- **RTT18 week waits** - Patients waiting less than 18 weeks for treatment was 65.3%, compared to March 2025, which is a 5.5 percentage point improvement.
- **CYP elective waiting list** - As at week ending (w/e) 29 March 2026, the number of under 18 patients on the elective waiting list was 736,860. When compared to w/e 30 March 2025, there was 5% decrease. This is equivalent to 38,970 patients.
- **A&E 4-hour performance** — April 2026 was 76.9%, up 2.1 percentage points from April 2025. The March 2026 year-end position was 77.1%, also up 2.1 percentage points from March 2025.
- **A&E 12-hour waits** — April 2026 was 9.3%, down 0.8 percentage points from April 2025.

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 83.8% (December 2025), slightly lower than previous year 84.0% (December 2024). Uptake remains below WHO thresholds, posing continued outbreak risk.
- **Continuing healthcare referrals completed within 28 days** - Performance deteriorated in March 2026, falling to 74.2%, compared with 76.8% in December 2025 and 77.6% in March 2025. This is a decline of 2.6 percentage points quarter on quarter and 3.4 percentage points year on year.
- **Average discharge delay** - Although there was a small improvement between February 2026 (0.93 days) and March 2026 (0.92 days), performance remains worse than in March 2025 (0.85 days), indicating a deterioration over the longer-term reporting period.
- **Diagnostic 6 week waits** – In March 2026, the proportion of patients waiting over 6 weeks for a diagnostic test stood at 21.2%, a deterioration of 1.0 percentage points from February 2026 (in line with usual seasonal trends), and 2.8 percentage points worse than March 2025.
- **Staff sickness absence** - January 2026 was 5.74%, a slight improvement from December 2025 (5.91%) but above January 2025 (5.71%).



Improving Health and Reducing Inequality



Improving Health and Reducing Inequality - summary of metrics

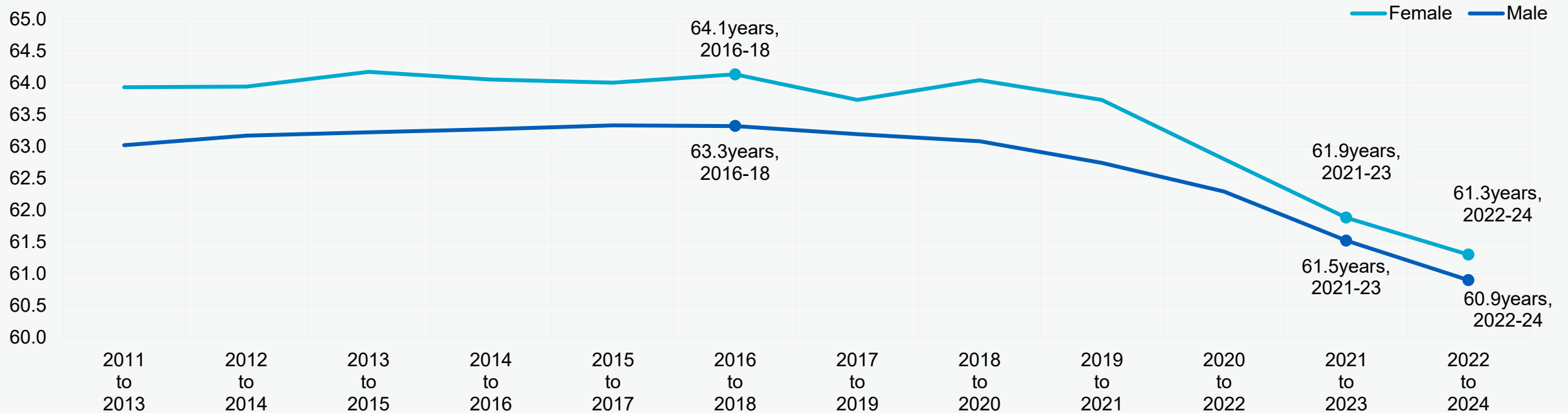
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	Healthy life expectancy (years)	61.3 (Female) 60.9 (Male) 2022 to 2024			61.9 (Female) 61.5 (Male) 2021 to 2023	-0.6 (Female) -0.6 (Male)
Mental Health Care	Talking therapies: reliable recovery	48.4% Mar-26	47.3% Feb-26	1.1 ppt (2.3%)	48.5% Mar-25	-0.1 ppt (-0.2%)
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	83.8% Dec-25	83.5% Sep-25	0.4 ppt (0.5%)	84.0% Dec-24	-0.2 ppt (-0.2%)
Inequalities	Checks completed for patients with a learning disability or who are autistic	79.8% Mar-26	71.0% Feb-25	8.8 ppt (12.4%)	79.9% Mar-25	-0.1 ppt (-0.1%)
Inequalities	Older inpatients (over 65) with over 90 day length of stay (Mental Health trusts)	41.2% Mar-26	40.5% Feb-26	0.7 ppt (1.8%)	40.6% Mar-25	0.6 ppt (1.4%)

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 (split by male and female) are expected to spend in healthy life

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% 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. As part of the prevention work, NHS England has 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.

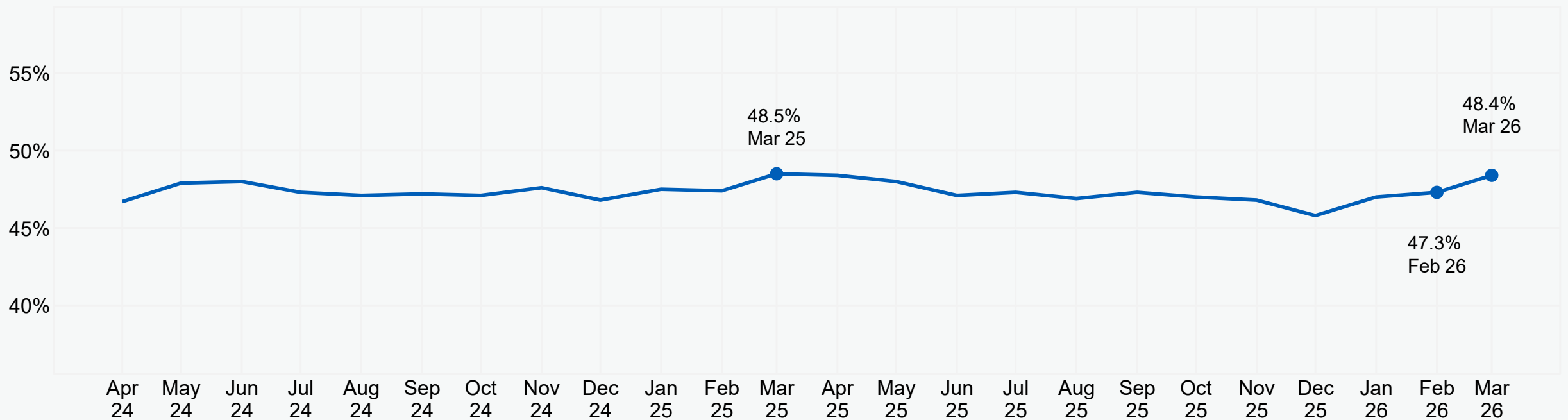
Please see Annex for additional information on healthy life expectancy and health inequalities

Reliable recovery for Talking Therapies has been 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 March 2026, the reliable recovery rate for Talking Therapies was 48.4%. Compared to February 2026, there was an increase of 1.1 percentage points. When compared to March 2025, there was a 0.2 percentage point decrease. Overall, this indicates performance has remained stable.

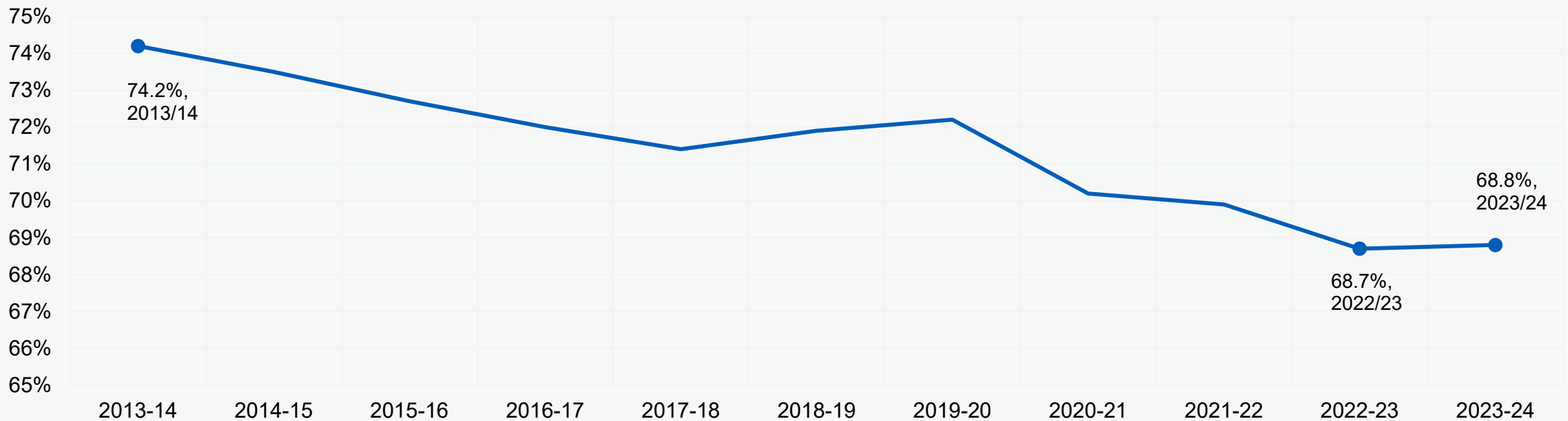
Actions: The NHS Talking Therapies Manual is being updated and will include a breakdown of the average number of sessions that it takes for reliably recovery for each diagnosis and is expected to be published in summer 2026. The manual will encourage application of findings from national analysis undertaken with University College London (UCL), which set out the gains achievable through delivering more sessions, early diagnosis, shorter waiting times, reduction of DNAs (Did Not Attends). The programme is embedding these messages through national webinars and updated guidance across the year. Working with regions, a small number of services will be invited to take part in a deep dive in Quarter 2 where performance is below expectations/targets. Practical solutions and actions will be agreed to get back onto the expected trajectory.

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 25-64-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. A new Cervical Screening Management System (CSMS) was implemented in June 2024. The focus has been on maximising the patient-facing benefits of CSMS, with lower priority on data gathering. Active work is underway to re-instate routine monthly, quarterly and annual cervical screening coverage data at all geographic levels but the timeline for this remains uncertain.

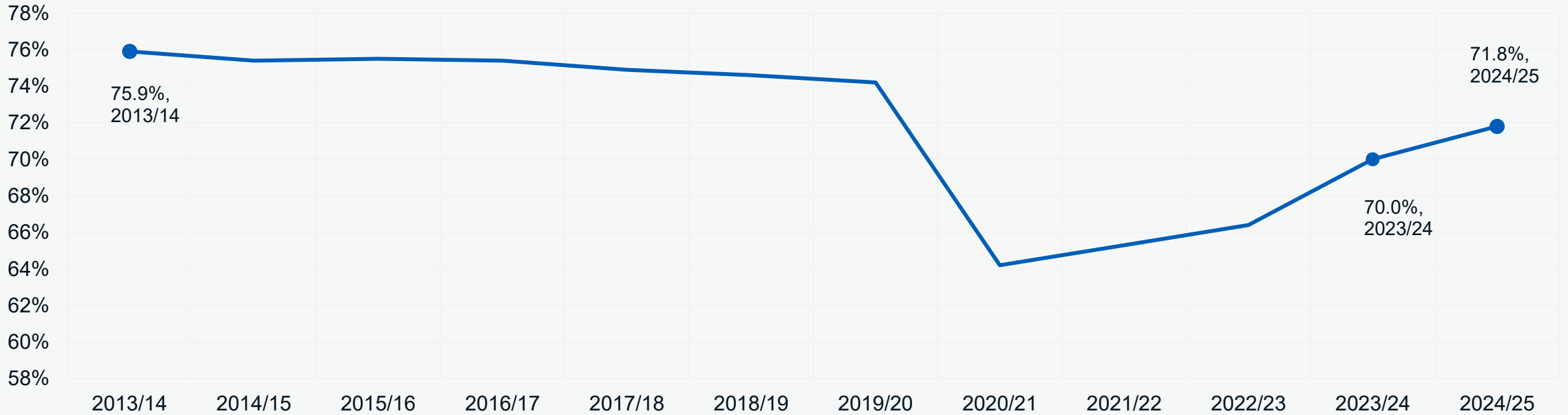
Actions: Between April 2025 and early 2026, NHS England delivered targeted digital and service enhancements to improve access, experience and consistency across the cervical screening programme. These included digital-first correspondence for invitations, reminders and results; an opt-in pathway for 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, following stabilisation and enhancement of the CSMS.

Breast screening coverage continues its steady post pandemic recovery

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

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

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



Current position: 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.

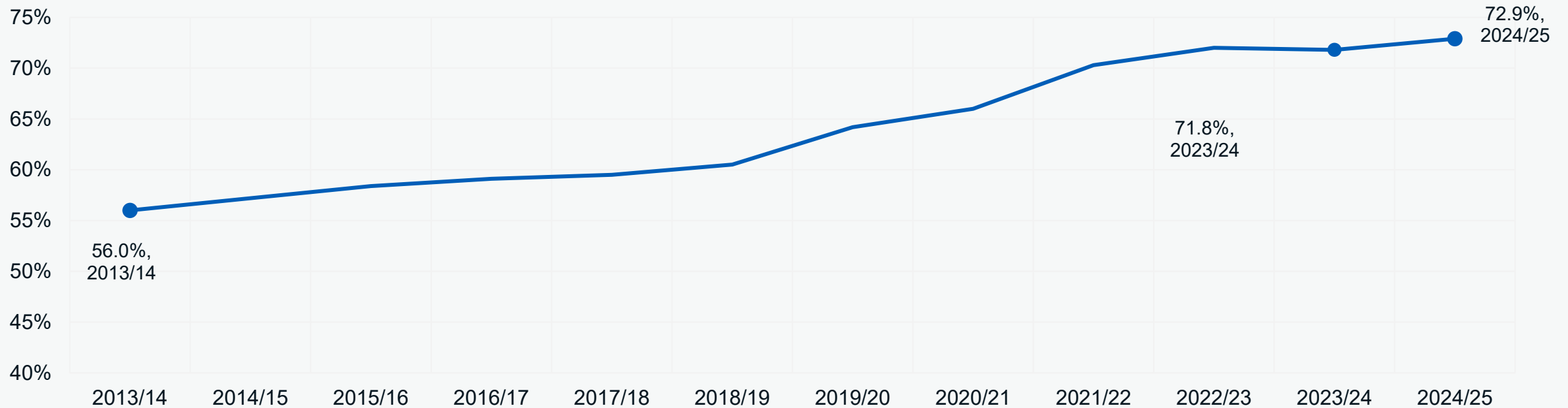
Actions: NHS England has strengthened the breast screening programme through targeted actions to improve access, uptake and performance. This includes publication of the updated Your guide to NHS breast screening in 30 languages and British Sign Language to improve accessibility, the reintroduction of 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 faecal occult blood test (FOBT) result in the previous 30 months

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

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



Current position: 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.

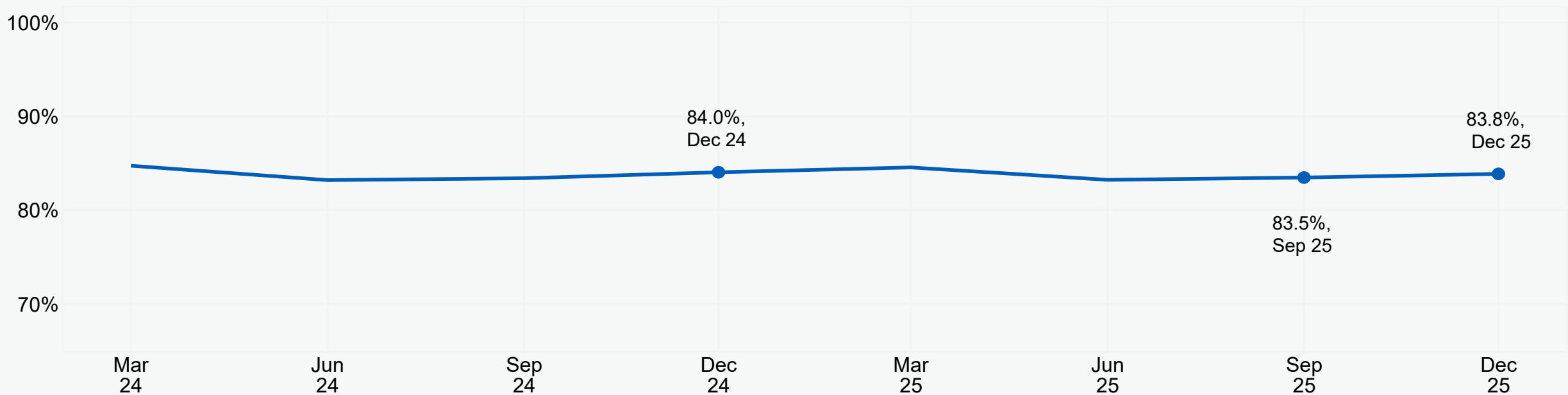
Actions: NHS England has continued to advance early detection through targeted innovation and digital transformation. The FIT@80 programme is now live in 13 sites, identifying an additional 110 cancer diagnoses and 824 high-risk polyps, with evaluation underway and plans to expand to 60% site coverage 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, North East and Yorkshire, 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.

MMR vaccination rates remain stable but below the 95% World Health Organisation recommendation

Chart description: Measles, Mumps and Rubella (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 at December 2025, coverage stands at 83.8%, representing a modest increase of 0.3 percentage points since September 2025, however, this is a slight decrease on performance of 0.2% on the same period December 2024. 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. A measles outbreak affected Enfield, with the London region implementing targeted local actions, including catch-up vaccination clinics and community engagement.

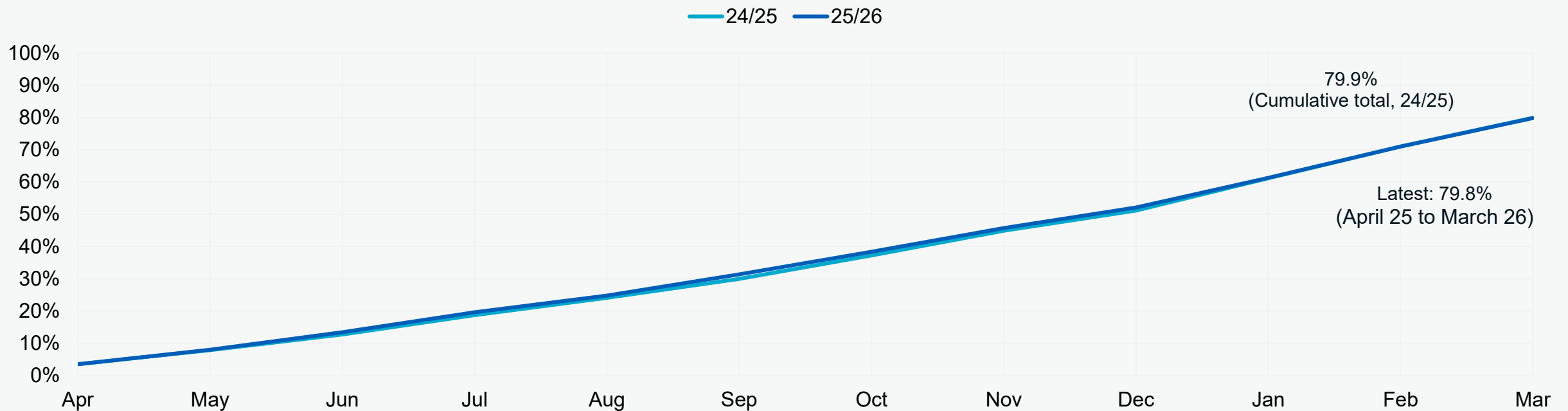
Actions: Between 2023 and 2026, NHS England is delivering a coordinated programme of action to improve MMR and Measles, Mumps, Rubella and Varicella (MMRV) uptake and reduce the risk of measles outbreaks. This includes implementation of the 0–5 Vaccination Uptake Improvement Plan, strengthening data 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.

As at year end The percentage of health checks completed so far this year is similar to 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 March 2026 was 79.8%, which is 0.01 percentage point lower than at the same period last year. The total number of health checks has increased with an additional 5,764 checks completed at the same point last year.

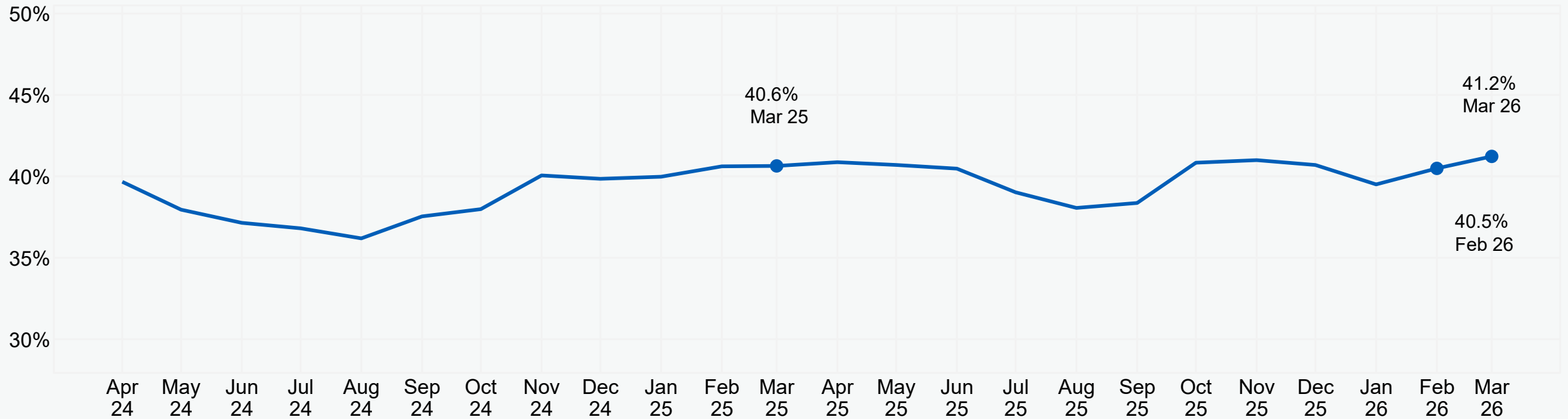
Actions: Continuous work is underway within Primary Care Networks (PCNs) to improve the size and accuracy of the General Practitioner Learning Disability (GP LD) registers to ensure as many eligible people as possible receive their annual check. The number of people aged 14 and over on the GP LD register 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 day has remained stable over the past 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 March 2026, the proportion of people with a length of stay greater than 90 days was 41.2%. Compared to February 2026, there was an increase of 0.7 percentage point. When compared to March 2025, there was an increase of 0.6 percentage point. Overall, this indicates performance has remained stable.

Actions: The national programme team continue to work with regions on implementation of the 'Flow improvement strategy'. The urgent emergency care and mental health flow programme is used to review regional performance and discuss key system challenges to improve flow. Bespoke support is available to systems identifying unique challenges, with offers including improvement director support. Monthly calls are in place to match systems/providers facing quality challenges with the right support offer.

Effectiveness



Effectiveness - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Quality and Safety	Summary Hospital Level Mortality Indicator: mortality higher than expected	9 trusts Nov-25	11 trusts Oct-25	-2 trusts (-18.2%)	9 trusts Nov-24	0 trusts (0.0%)
Learning Disability & Autism	Adult inpatients who are autistic or have a learning disability	1,900 Mar-26	1,965 Feb-26	-65 (-3.3%)	2,000 Mar-25	-100 (-5.0%)
Urgent and Emergency Care	Average discharge delay (days)	0.92 Mar-26	0.93 Feb-26	-0.01 (-1.2%)	0.85 Mar-25	0.06 (7.5%)
Primary Care and Community Services	Percentage of continuing healthcare referrals completed in 28 days	74.2% Mar-26	76.8% Dec-25	-2.6 ppt (3.5%)	77.6% Mar-25	3.4 ppt (-4.6%)
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	2.2% Mar-26	2.9% Feb-26	-0.7 ppt (-23.2%)	3.4% Mar-25	-1.2 ppt (-34.4%)
Mental Health Care	Percentage of inpatients with over 60 day length of stay	24.2% Mar-26	24.2% Feb-26	0.0 ppt (0.1%)	25.0% Mar-25	-0.8 ppt (-3.0%)
Primary Care and Community Services	Urgent Community Response 2 hour performance	85.4% Mar-26	84.9% Feb-26	0.5 ppt (0.6%)	84.6% Mar-25	0.8 ppt (1.0%)
Urgent and Emergency Care	Percentage of ambulance patients conveyed to the Emergency Department	48.3% Apr-26	48.2% Mar-26	0.1 ppt (0.3%)	50.0% Apr-25	-1.7 ppt (-3.4%)
Quality and Safety	NHS staff survey – advocacy score	6.64 2025/26			6.77 2024/25	-0.13 (-1.9%)

Effectiveness - summary of metrics

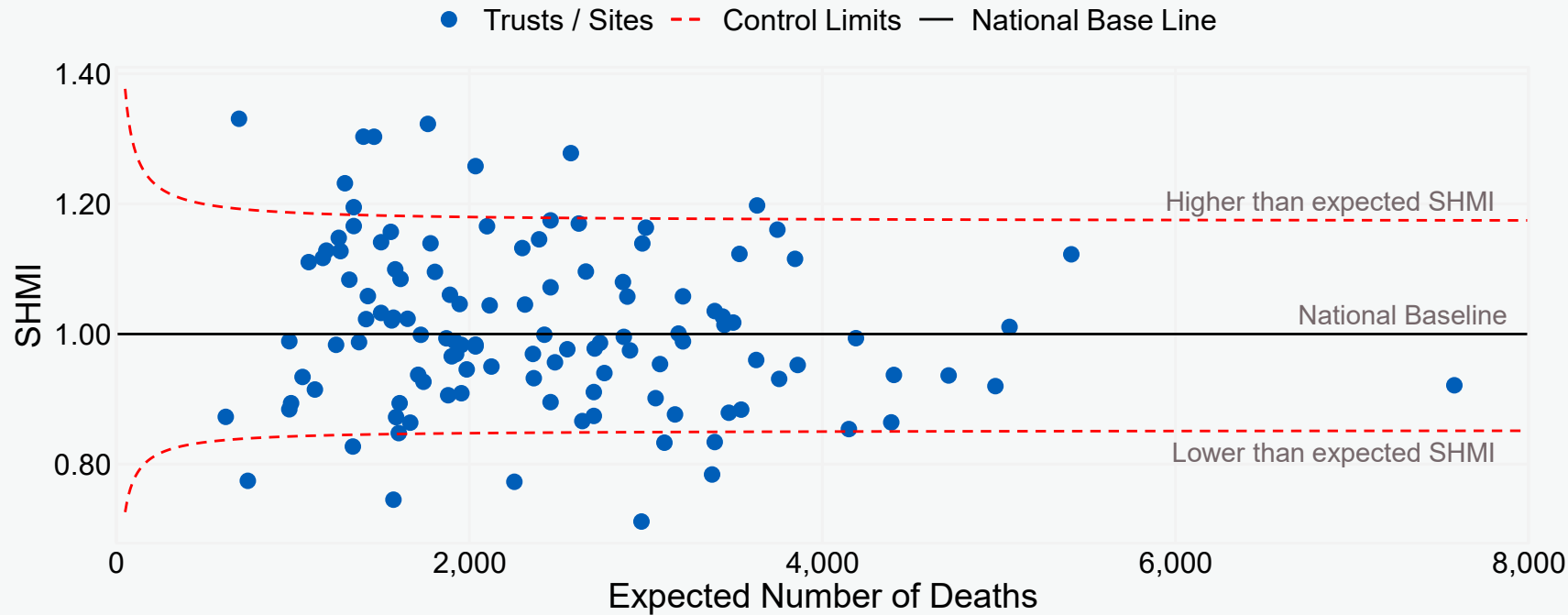
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Prevention and Long Term Conditions	Patients who receive all 8 diabetes care processes (Type 1)	28.9% Dec-25	18.3% Sep-25	10.6ppt (58.3%)	27.3% Dec-24	1.6ppt (5.9%)
Prevention and Long Term Conditions	Patients who receive all 8 diabetes care processes (Type 2)	43.8% Dec-25	28.3% Sep-25	15.5ppt (54.6%)	41.9% Dec-24	1.9ppt (4.5%)
Prevention and Long Term Conditions	GP recorded CVD patients with cholesterol levels managed to NICE guidance in the preceding 12 months	50.6% Dec-25	48.9% Sep-25	1.7 ppt (3.5%)	46.9% Dec-24	3.7 ppt (8.0%)
Prevention and Long Term Conditions	Hypertension patients treated to target, in the preceding 12 months	69.5% Dec-25	68.7% Sep-25	0.8 ppt (1.2%)	67.2% Dec-24	2.3 ppt (3.5%)

Nine providers have higher than expected mortality rates

Chart description: Summary Hospital Level Mortality Indicator funnel plot – range of expected deaths (January 2025 to December 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 9 providers with higher than expected number of deaths

*** The first 4 listed below also had higher than expected deaths in the same reporting period in the previous year**

- *County Durham and Darlington NHS FT (possible data quality issues)*
- *East Cheshire NHS Trust*
- *East Lancashire Hospitals NHS Trust*
- *Medway NHS FT*
- *Blackpool Teaching Hospitals FT (possible data quality issues)*
- *The Queen Elizabeth Hospital, King's Lynn, NHS FT (possible data quality issues)*
- *The Rotherham NHS FT*
- *University Hospitals of Morecambe Bay NHS FT (possible data quality issues)*
- *University Hospitals of North Midlands NHS Trust (possible data quality issues)*

Current position: Nine providers had higher than expected number of deaths in the period 1 January 2025 - 31 December 2025 with four 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.

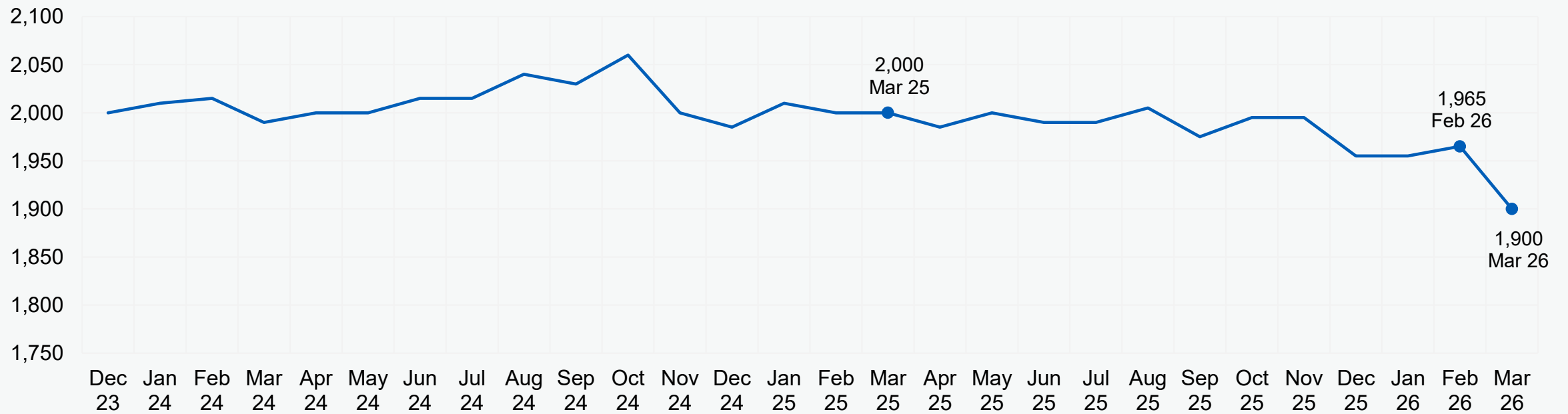
*** A higher than expected number of deaths should not immediately be interpreted as indicating poor performance and instead should be viewed as a 'smoke alarm' which requires further investigation at a local level.**

Number of adult inpatients who are autistic or have a learning disability has decreased in the last year

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

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

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



Current position: In March 2026 inpatient numbers were 1,900. This is a decrease of 65 in comparison to the previous month (1,965 in February) and a decrease of 100 inpatients on the previous year March 2025 (2,000).

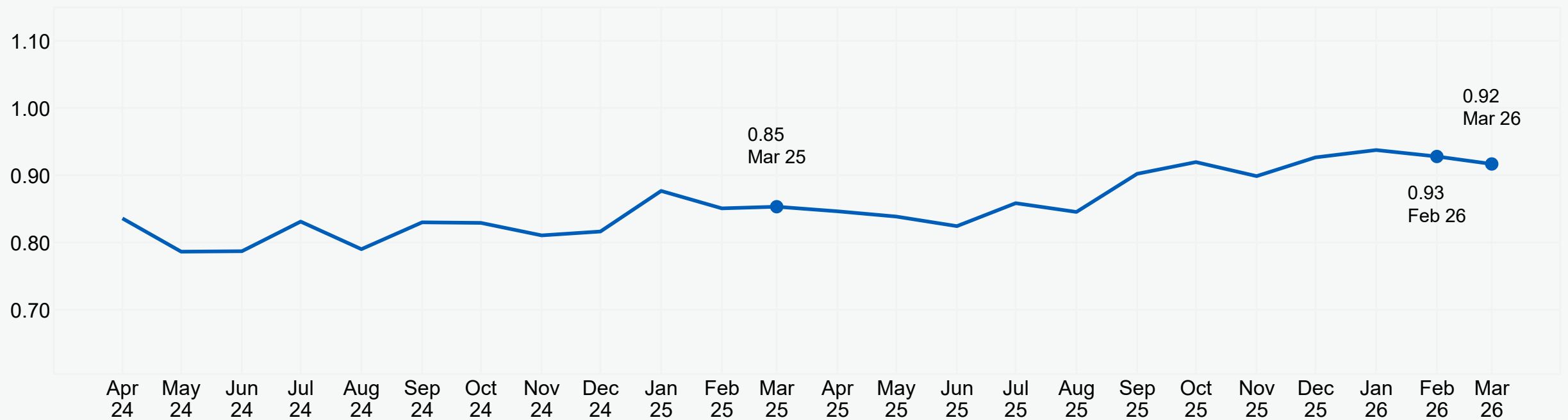
Actions: The main focus of programme activity is working with Department of Health and Social Care (DHSC) on Mental Health Act (MHA) implementation, including work on statutory guidance and regulations. Regional meetings with ICBs are taking place to highlight the work ICBs could undertake to prepare for MHA reform. The programme are finalising updated guidance on community infrastructure for people with a learning disability and autistic people and promoting good practice in these services through the Community Development Network. Expressions of interest have been sought for the housing capital budget in 2027/28 with conversations ongoing with counterparts in MHCLG (Ministry of Housing, Communities and Local Government)/ DHSC to explore opportunities to increase supply of supported housing.

Average discharge delay remains higher than last year

Chart description: Average number of days patient's 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 March 2026, average discharge delay was 0.92 days. Compared to February 2026, this was a decrease of 0.01 days. When compared to March 2025 this was an increase of 0.07 days,

Actions: Model Discharge designed to work jointly with local authorities, using BCF-funded intermediate and reablement care will be published in Q1 and will set out best-practice guidance to improve patient flow and safety by standardising high-quality, timely discharge across all acute providers, reducing avoidable discharge delays, long lengths of stay (including >14-day stays), and inappropriate use of acute beds.

Percentage of continuing healthcare (CHC) referrals completed in 28 days has declined this month

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

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

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



Current position: As of Q4 2026 (March), standard NHS continuing healthcare (CHC) referrals completed within 28 days was 74.2%. Compared to the previous quarter Q3 2025 (December), there was a 2.6 percentage point decrease. When compared to March 2025, there was 3.4 percentage point decrease, demonstrating deteriorated performance in this area.

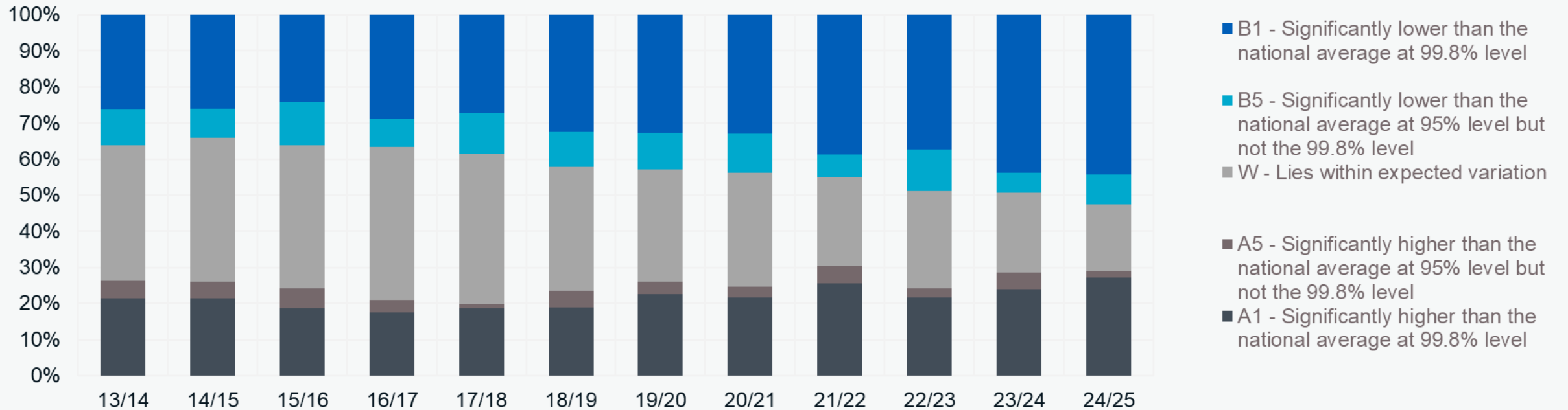
Actions: Since March 2025 to date, NHS England has implemented a shift from quarterly to bi-monthly operational assurance and a strengthened regional assurance model to improve performance and reduce unwarranted variation in the delivery of CHC across integrated care boards. Continued impact of these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

The proportion of trusts with significantly lower than national average readmission rates has increased over the past decade

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.

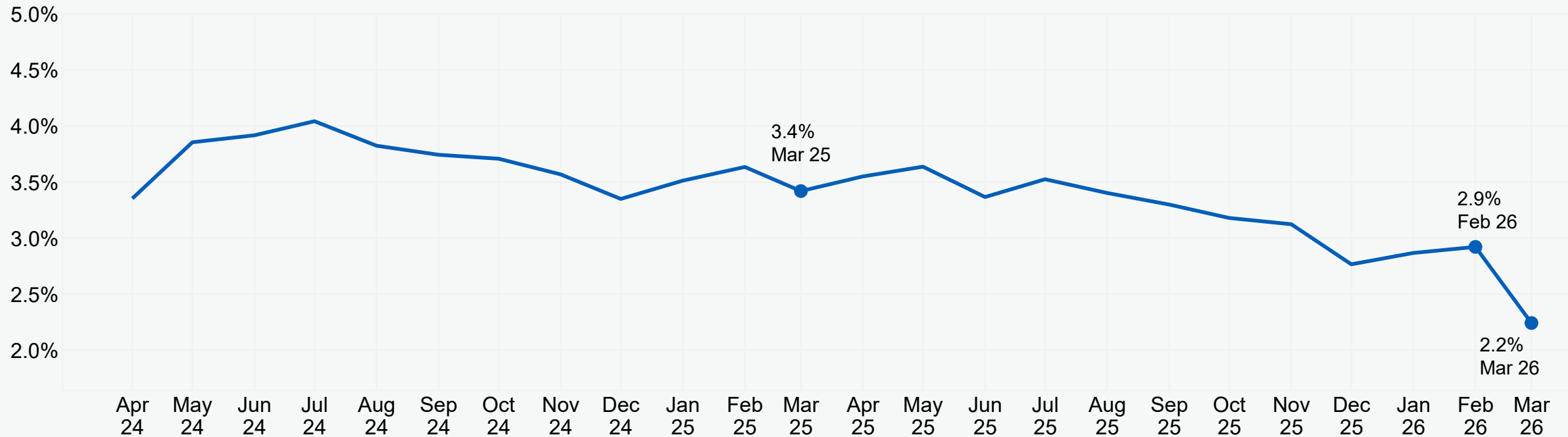
Actions: NHS England are leading work to support improved performance in relation to reducing readmission rates through admissions avoidance measures e.g. providing timely 'step-up' services such as integrated care in the community through 'hospital at home' services and urgent community response teams.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

Active acute out of area placements has reduced to its lowest level in two years

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 March 2026, the percentage of out of area placements (OAPs) was 2.2% (276 placements). Compared to February 2026, a decrease of 0.7 percentage point (67 placements). When compared to March 2025, there was a decrease of 1.0 percentage point. Overall, this indicates performance has improved by 168 placements since last March.

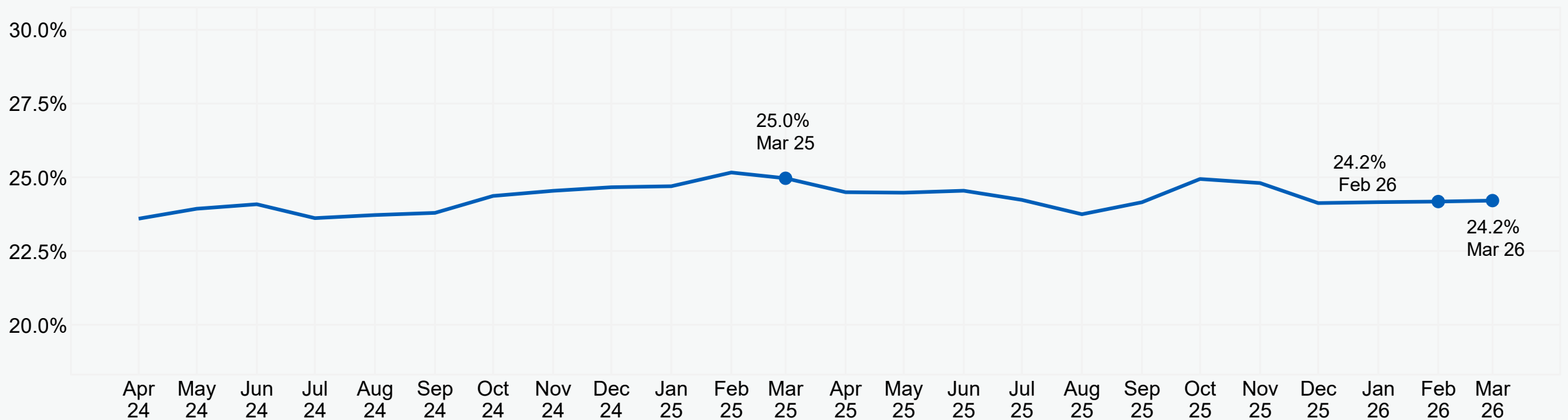
Actions: A national stocktake of all Out of Area Placements is being taken to assure grip of current commissioning practice and progress against localising care ambitions. Returns are due back to the national team in May which will inform support solutions. Additional work and Commissioning Support Unit has focused on ensuring that all providers are reporting into Mental Health Services Data Set (MHSDS) consistently, to ensure that data reflecting the number of people placed in inpatient settings is reliable and accurate as Data Quality remains a challenge. NHSE/DHSC (Department of Health and Social Care) is exploring further work with HACT (Housing Associations' Charitable Trust) to support housing solution clinics where systems have identified this as a local challenge, pending available resource.

Mental health inpatient length of stay over 60 days has improved over the last year

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 March 2026, the proportion of adults discharged from acute mental health beds with a length of stay over 60 days was 24.2%, no change since February 2026. Compared to March 2025 (25.0%), this represents a 0.8 percentage point decrease, equivalent to a 3.2% relative reduction year-on-year. Overall, performance has improved in year.

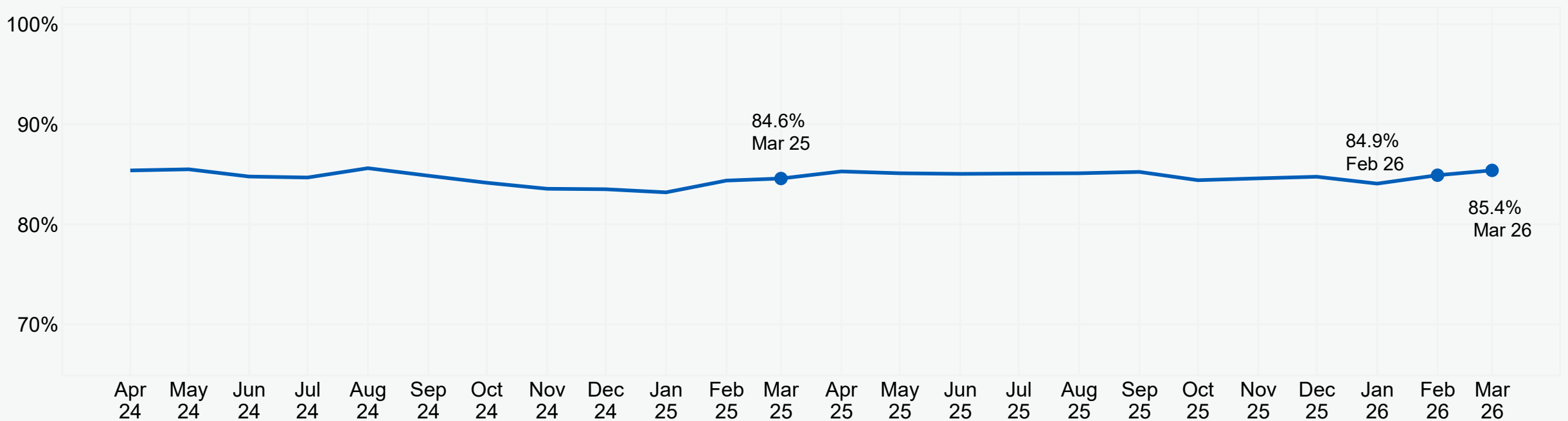
Actions: The national programme team continue to work with regions on implementation of the 'Flow improvement strategy'. The urgent emergency care mental health flow programme is used to review regional performance and discuss key system challenges to improve flow. Bespoke support is available to systems identifying unique challenges, with offers including improvement director support. Monthly calls are in place to match systems/providers facing quality challenges with the right support offer.

Urgent Care Response 2-hour performance is sustained relative to the last two years

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

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

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



Current position: As at March 2026, the percentage of urgent community response referrals that achieved the 2-hour standard was 85.4%. Compared to February 2026, there was a 2.6 percentage point increase. When compared to March 2025, there was 0.8 percentage point increase. Overall, performance has been sustained.

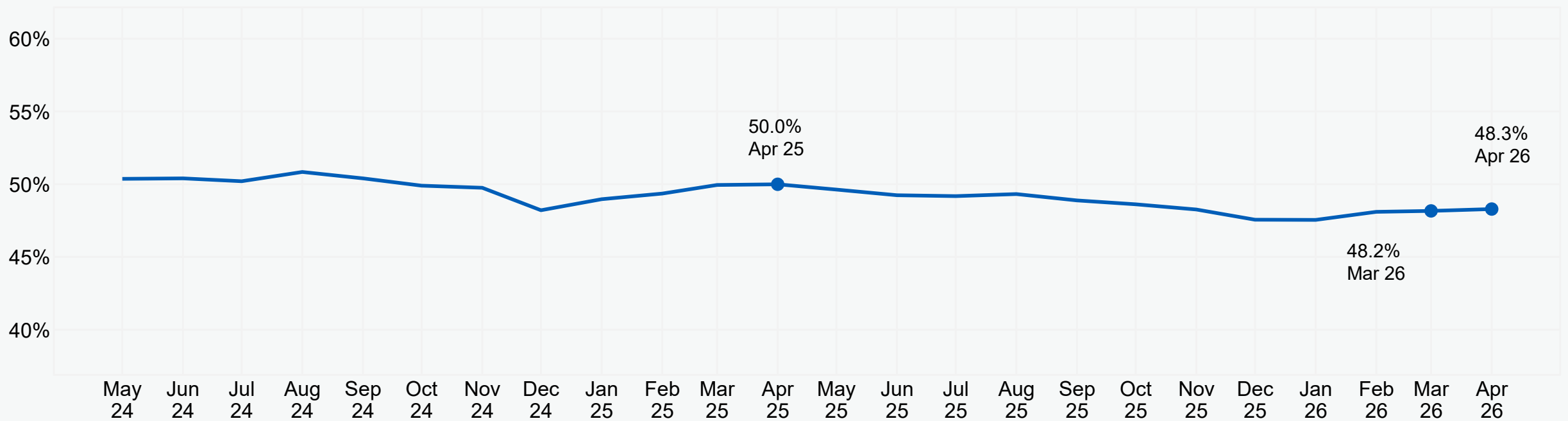
Actions: Since March 2025 NHS England has delivered a set of interventions to improve UCR performance. Key deliverables include supporting development of best practice guide for NHS frailty pathways as well as the modern service framework for frailty and dementia. Continued coordination with ambulance colleagues on increasing visibility of UCR capacity and directory of services colleagues on sharing of monthly reports with regions to ensure accurate data. The Strategy Unit is close to completing the final report on post UCR Pathways research. 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 improved in the last year

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 April 2026, 48.3% of patients were conveyed to emergency department. Compared to March 2026, this was a 0.1 percentage point increase. When compared to April 2025, this was a 1.7 percentage point decrease. This represents an improvement year on year.

Actions: A key priority in 2026/27 is to shift more care into community settings. This will be achieved by continuing to support increased referrals into alternative pathways by increasing Hear and treat, See and Treat, Single Point of Access and Call before convey, and supporting the sector to implement processes for holding urgent care patients overnight.

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). Overall, the data indicates a period of stability since 2021, followed by a modest decline in 2025.

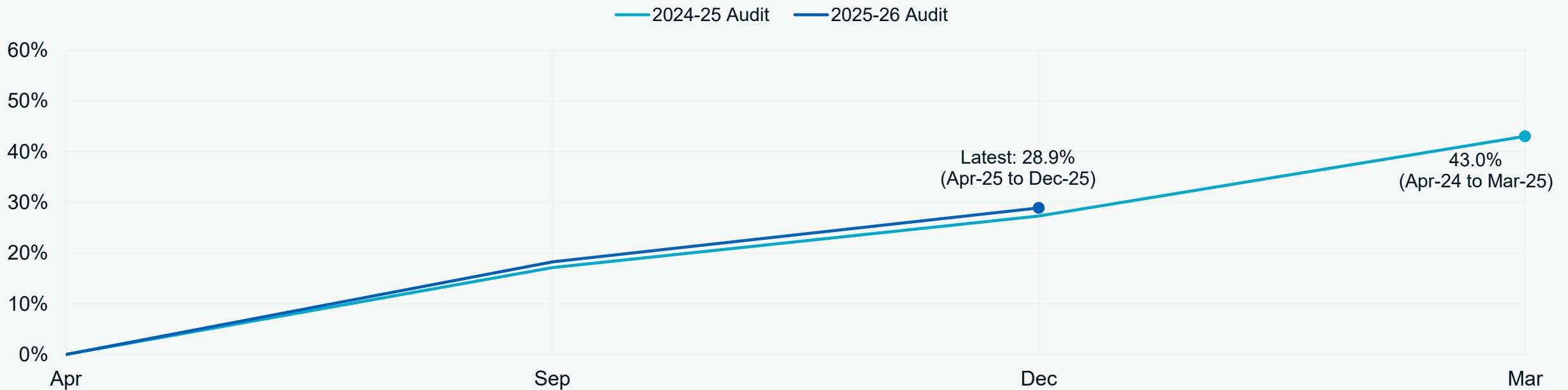
Actions: The NHS Quarterly Pulse Survey data is being analysed to identify trends and priority areas. Focus is on understanding root causes, as advocacy links to retention, performance, and patient outcomes.

The proportion of type 1 diabetes patients receiving all 8 NICE recommended care processes has improved on the previous year in the 9 months to December 2025

Chart description: Percentage of patients with type 1 diabetes who received all 8 NICE (National Institute for Health and Care Excellence) 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 December 2025 was 28.9%, which is 1.6 percentage points higher than at the same period for the previous year. This represents an increase from 75,690 receiving all 8 checks in April-December 2024, to 80,900 in April-December 2025, an increase of 5,210.

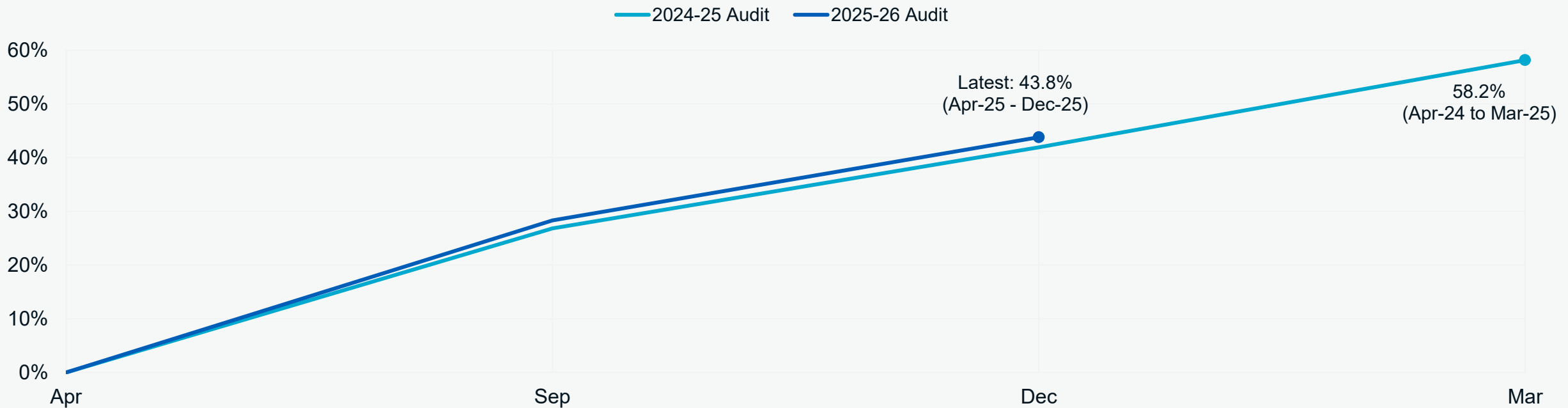
Actions: New Quality and Outcomes Framework (QOF) indicator for all 8 care process completion for 2026/27 will be monitored for impact on variation at system level throughout the year. Diabetes Programme continues to promote and encourage use of new Federated Data Platform dashboard to support improvement. A focus on regional performance has provided significant assurance on improvement activity underway at both regional and system level. Actively exploring feasibility of including diabetes 8 care processes in national strategic documents, such as Cardiovascular Disease (CVD) Mortality Standardisation Framework (MSF) and Neighbourhood Health Framework. Sharing good practice and innovative approaches, including Neighbourhood Health models of care, via regions and clinical networks. Liaising with Nursing Directorate to support diabetes 8 care processes being a key metric in the Group Consultations Vanguards programme.

The proportion of patients with type 2 diabetes receiving all 8 NICE recommended care processes has improved on the previous year in the 9 months to December 2025

Chart description: Percentage of patients with type 2 diabetes who received all 8 NICE (National Institute for Health and Care Excellence) 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 December 2025 was 43.8%, which is 1.9 percentage points higher than at the same period for the previous year. This represents an increase from 1,559,690 receiving all 8 checks in April-December 2024, to 1,673,855 in April-December 2025, an increase of 114,165.

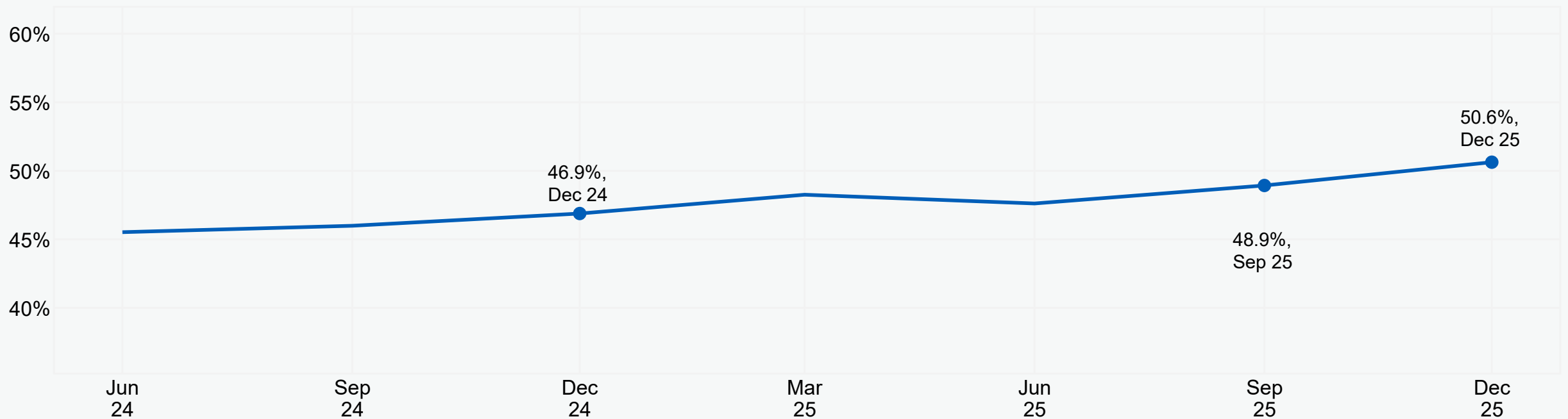
Actions: New Quality and Outcomes Framework (QOF) indicator for all 8 care process completion for 2026/27 will be monitored for impact on variation at system level throughout the year. Diabetes Programme continues to promote and encourage use of new Federal Data Platform (FDP) dashboard to support improvement. Focus on metric at Regional Performance and Assurance Group (RPAG) meetings in April provided significant assurance on improvement activity underway at both regional and system level, however regional restructure and voluntary redundancy impact noted as significant risk by regions. Actively exploring feasibility of including diabetes 8 care processes in national strategic documents, such as Cardiovascular Disease (CVD) Mortality Standardisation Framework (MSF) and Neighbourhood Health Framework. Sharing good practice and innovative approaches, including Neighbourhood Health models of care, via regions and clinical networks. Liaising with Nursing Directorate to support diabetes 8 care processes being a key metric in the Group Consultations Vanguard programme.

Percentage of patients with GP recorded CVD with managed cholesterol has increased in the latest reporting period

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 December 2025, the percentage of patients treated to target with general practitioner recorded high cholesterol has increased to 50.6%, following a continuing steady upward trend from 46.9% in December 2024 up to 48.3% in March 2025. There has been a 3.7 percentage point improvement over the twelve-month period since December 2024. This represents a continued increase over the year from 1,336,012 people treated to target in December 24 to 1,469,260 in December 25, an increase of 133,248. The March peak may be influenced by QOF (Quality and Outcomes Framework) reporting. In 2025/26 a change in metric monitoring to numbers was implemented, to ensure the actual number of people treated to target is captured, rather than solely the percentage of patients with general practitioner recorded being treated to target.

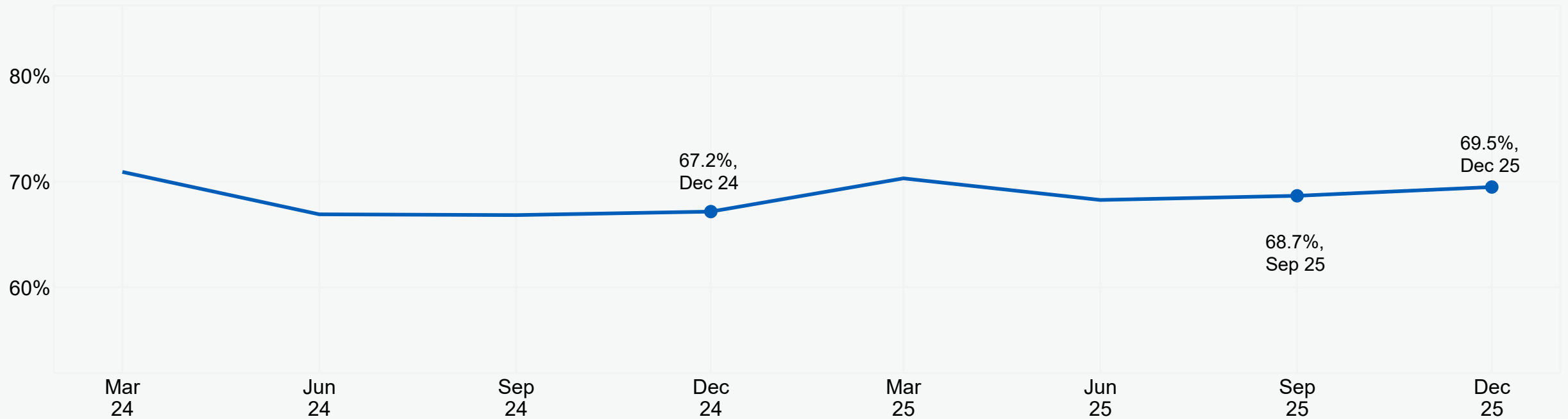
Actions: The CVD prevention programme are working with Heart UK to develop a patient facing resource on treatments for raised cholesterol. CVDPREVENT data has now been published up to December 2025 and quality improvement data packs including an overview of December 2025 data and actions for improvement have been published to ICBs to support continued improvement.

Proportion of hypertension patients treated to target in the last 12 months has slightly increased on last quarter

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: . From December 2024 (67.2%) to December 2025 (69.5%), there was an increase in the percentage of patients treated to target for hypertension of 2.3 percentage points. There was an increase over the year from 6,074,082 treated to target in December 2024 to 6,518,616 in December 2025, reflecting the hypertension register’s continuing baseline growth and the challenges in achieving significant percentage increases. In 2025/26 a change in metric monitoring to numbers has been implemented, to ensure the actual improvement in the number of people treated to target is captured.

Actions: A new cardiovascular disease (CVD) Modern Service Framework is in development and is expected to be published later this year. It will provide a clinically led framework to support quality improvement, reduce inequalities and foster innovation at national scale where this is needed the most. The final phase of the national CLEAR (Clinically-Led workforcE and Activity Redesign) Living Well programme has now been completed, with over 60 Primary Care Networks taking part. A formal evaluation is currently under way.

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	51.0% 2025			47.7% 2024	3.3 ppt (6.9%)
Primary Care and Community Services	Preferred healthcare professional	68.6% Apr-26	65.5% Mar-26	3.1 ppt (4.7%)	60.3% Mar-25	8.3 ppt (12.7%)

Inpatient satisfaction improved 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. The 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.

There is an improvement in patient experience scores in all areas of maternity care 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: During 2025/26 the focus will be on improving experience, equity and postnatal care within maternity services. NHS England will introduce a Patient Reported Experience Measure (PREM) for personalised care in 2026 to provide timely feedback from services users. The Perinatal Equity and Anti-Discrimination Programme continues to support trusts to reduce racism and discrimination in maternity care. The Equity and Equality dashboard, published in January 2026, has strengthened visibility of inequalities in outcomes for women and babies, with further developments planned through 2027. NHS England also published the Improving Postnatal Care Toolkit and began developing resources to support the safe provision of homebirth services.

Community mental health survey satisfaction rate improved from 2024 to 2025

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%
2025	51.0%

Current position: In 2025, 51.0% annual survey respondents rated their mental health experience as good. This is a slight improvement in the satisfaction rate compared to the previous year (47.7%) when the first survey was carried out.

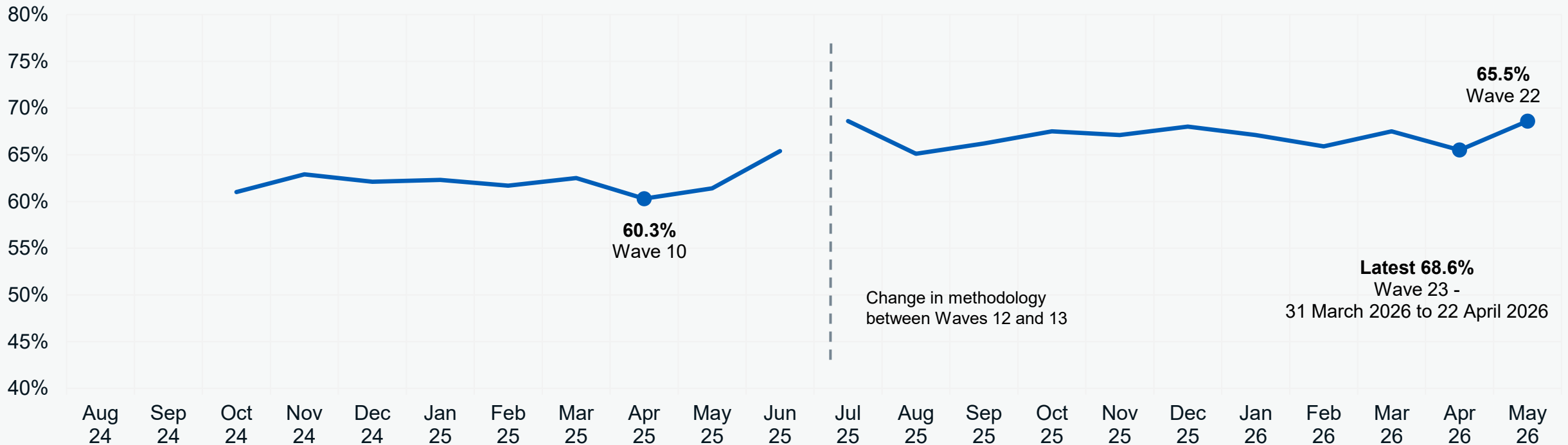
Actions: As part of the 10 Year Health Plan the NHS will implement a wide range of measures that ensure a rigorous focus on patient safety and ensuring staff and patients are able to raise safety concerns, including whether it has effective freedom to speak up functions. The NHS complaints process will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

Proportion stating that they were able to see their preferred healthcare professional has increased slightly from the previous month and remains broadly steady

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 preferred general practice professional reporting they were able to get an appointment with that professional (Integrated care boards)

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



Current position: Latest Wave 23 (31 March 26 to 22 April 26) is 68.6%, compared to Wave 10 (1 April to 21 April 2025) was 60.3%. The percentage of patients who were able to see their preferred healthcare professional has improved by 3.0 percentage points over the last year.

Actions: We are aiming to maintain or improve on current levels of continuity of care. In 2025/26, practices were incentivised to risk stratify for those who would benefit most from continuity of care. From 2026/27, risk stratification becomes a core contractual requirement. GMS reform will explore future measures and we aiming to increase numbers of fully qualified GPs. With access the priority, there are no specific additional continuity interventions underway.

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) – percentage rated good or outstanding	33.9% Apr-26	34.3% Mar-26	-0.4 ppt (-1.1%)		
Prevention and Long Term Conditions	Number of C. difficile infections (healthcare-associated)	861 Mar-26	757 Feb-26	104 (13.7%)	889 Mar-25	-28 (-3.1%)
Prevention and Long Term Conditions	Number of E.coli infections (healthcare-associated)	1,281 Mar-26	1,127 Feb-26	154 (13.7%)	1,226 Mar-25	55 (4.5%)
Prevention and Long Term Conditions	Number of MRSA infections (healthcare-associated)	44 Mar-26	51 Feb-26	-7 (-13.7%)	37 Mar-25	7 (18.9%)
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	-0.1 (-2.9%)
Mental Health Care	Rate of restrictive intervention use, per 1,000 bed days	31 Mar-26	36 Feb-26	-5 (-13.9%)	35 Mar-25	-4 (-11.4%)
Mental Health Care	Proportion of urgent referrals to crisis care services receiving contact within 24 hours	69.2% Mar-26	68.3% Feb-26	0.8 ppt (1.2%)	57.8% Mar-25	11.4 ppt (19.7%)
Prevention and Long Term Conditions	Percentage of children (aged 0–9) prescribed antibiotics in the last 12 months	28.0% Jan-26	28.1% Dec-25	-0.1 ppt (-0.5%)	33.8% Jan-25	-5.8 ppt (-17.2%)

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 percentage 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 (April 2026)	Count of trusts	Proportion
Outstanding	1	0.6%
Good	58	33.3%
Requires Improvement	112	64.4%
Inadequate	3	1.7%
Total	174	100.0%

Current position: As of April 2026, the proportion of NHS Trusts with a safe inspection score within the last two years of "Good" or "Outstanding" was 33.9% down from 34.7% in January 2026. Around two thirds of trusts (66.1%) that received a CQC inspection in the past 2 years were rated as "requires improvement" or "inadequate", this is up from 65.3% in January 2026.

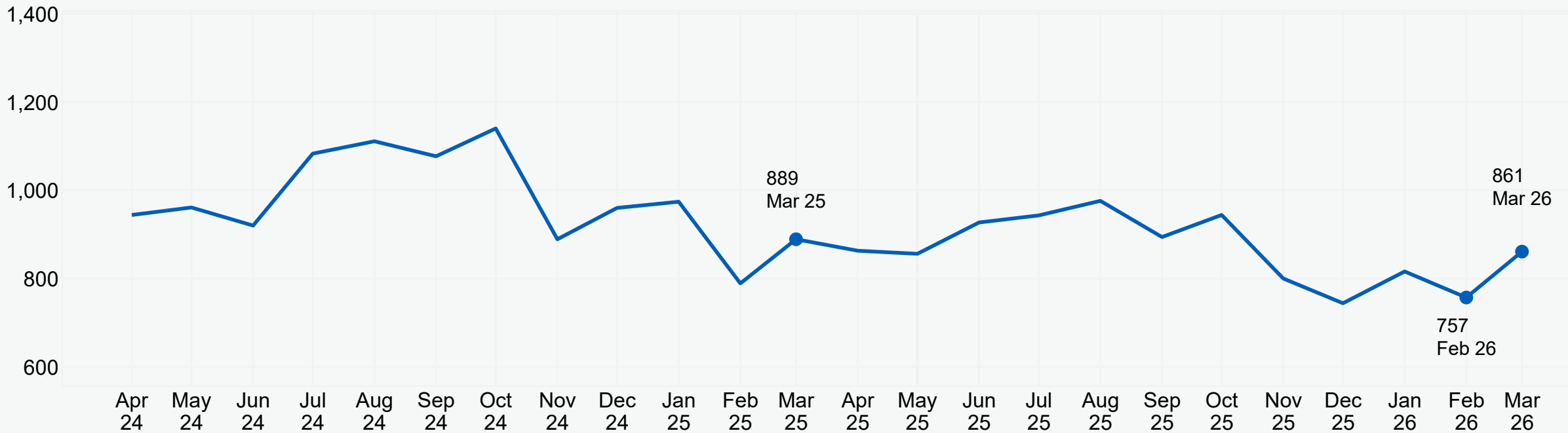
Actions: As part of the 10 Year Health Plan the NHS commits to widespread reform of the quality and patient safety landscape. Specific actions to increase transparency and accountability and support CQC towards a more data led regulatory model will enable improvement in key outcome measures, including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

C. difficile infection levels have remained relatively stable in year

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: As at March 2026, infection level for C. difficile was 861. Compared to February 2026, there was an increase of 104 cases. When compared to March 2025, there was a 28-case decrease. Overall, this indicates performance has remained stable for a year.

Actions: C.difficile infections remain a key patient safety and quality metric within the NHS Oversight Framework, with performance demonstrating significant unwarranted variation between organisations. Interim update to the guidance on the most effective methods of prevention and control of C.difficile infections published this month, Clostridioides difficile infection: how to deal with the problem - GOV.UK and work is ongoing work to review and publish new guidance.

E. coli infections levels have remained relatively stable with some fluctuation in the last year

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: As at March 2026, infection level for E. coli was 861. Compared to February 2026, there was an increase of 154 cases. When compared to March 2025, there was a 55-case increase. Overall, this indicates performance has remained stable for two years.

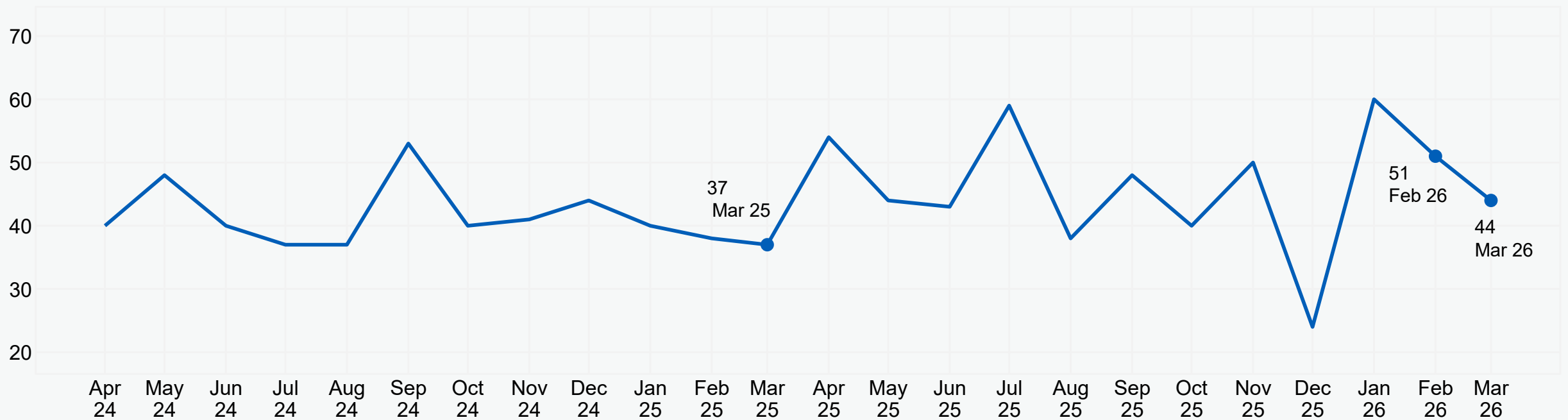
Actions: Progress against trajectory should be closely monitored, with clear accountability and assurance that improvements in hospital care are matched by equivalent progress in community and pre-admission settings to achieve sustained reduction. Maintaining focus on reducing avoidable E. coli bacteraemia through strengthened infection prevention and control, antimicrobial stewardship, and a particular emphasis on catheter and Urinary Tract Infection (UTI) management across the whole pathway remains a priority.

MRSA infections levels have remained relatively stable in the last year

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: As at March 2026, infection level for MRSA was 44. Compared to February 2026, there was a decrease of 7 cases. When compared to March 2025, there was a 7-case increase. Overall, this indicates performance has remained stable for two years.

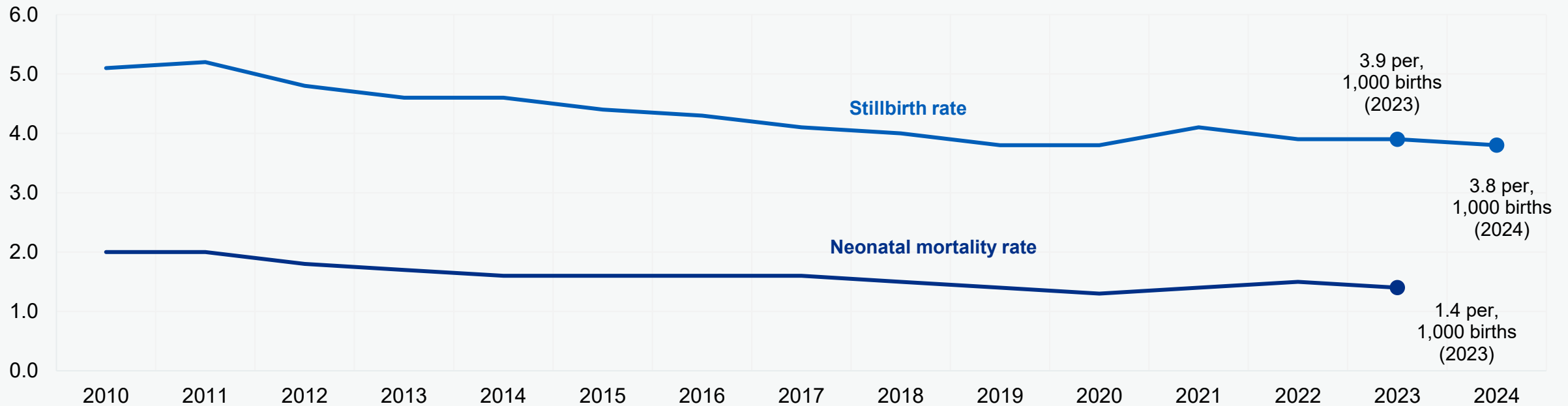
Actions: The relationship between MRSA and MSSA (methicillin-sensitive staphylococcus aureus) is important: both arise from similar transmission routes and clinical risks, meaning MSSA trends are often a more sensitive indicator of underlying system performance. MSSA bacteraemia demonstrates a slight overall reduction, driven by decreases in healthcare-associated cases, partially offset by a small increase in community-onset cases, indicating overall stable performance with variation across pathways.

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 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. The 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.

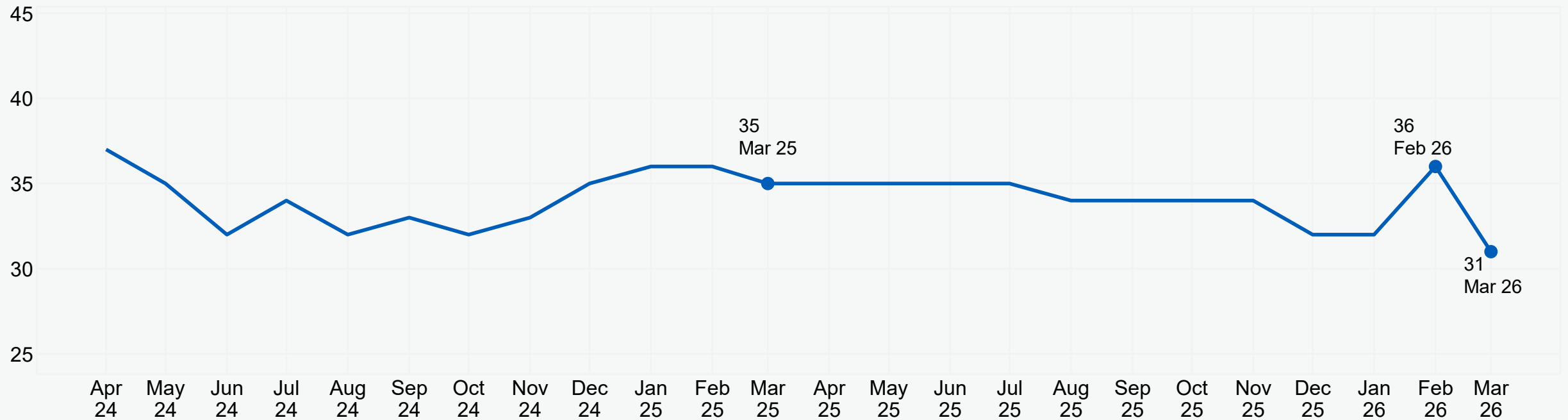
*Please note that there are key differences in ONS methodology leading to statistics on stillbirths and neonatal deaths in England differing from those published by MBRRACE-UK. More detail can be found [here](#).

The rate of restrictive intervention use has stabilised over 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 March 2026, the rate of restrictive interventions was 31 per 1,000 occupied beds. Compared to February 2026, there was a decrease of 5 on the prior month. The increase in February was related to improved reporting through Mental Health Services Data Set (MHSDS) as detailed in the actions section below. When compared to March 2025, there was a decrease of 4 in the use of a restrictive intervention (35). Overall, this indicates performance has remained stable over the past year.

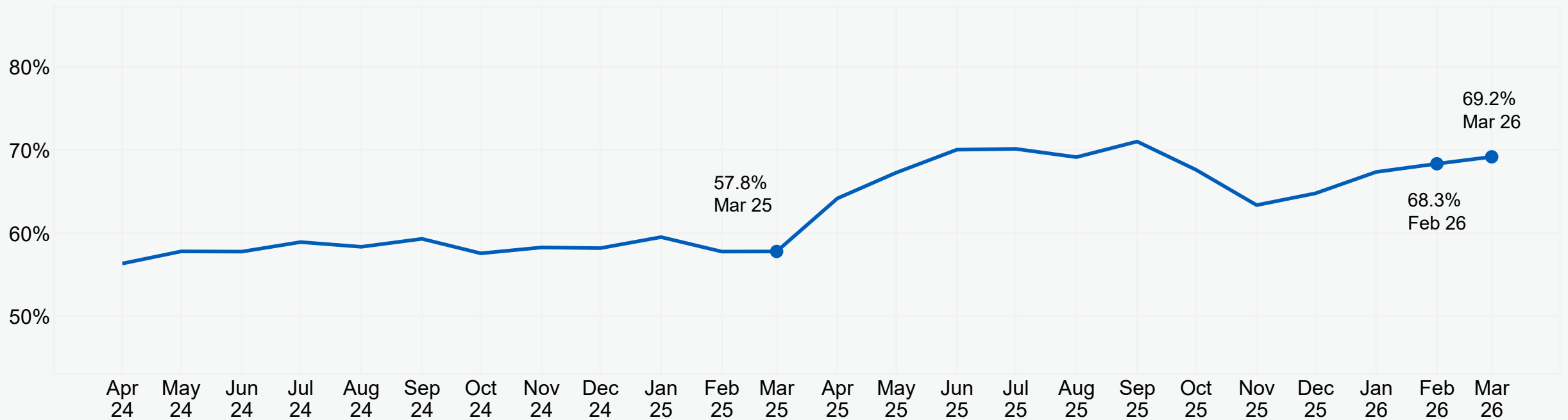
Actions: As part of the prioritisation process the MHLDA Leadership group has refocused national policy work for reducing restrictive practices including the national restrictive practices oversight group (RPOG) to enable focus on priority commitments. Targeted programme support on improving the reporting through MHSDS by identifying beds not included in the dataset was expected to increase the number of restrictive interventions being reported which can be seen in the increase for February 26 data.

The proportion of referrals to crisis care services receiving a face-to-face contact within 24 hours has improved in year

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 March 2026, the patients in crisis to receive face-to-face contact within 24 hours was 69.2%. Compared to February 2026, there was an increase of 0.8 percentage points. When compared to March 2025, there was an increase of 11.4 percentage points. Overall, this indicates performance has improved throughout 2025/26.

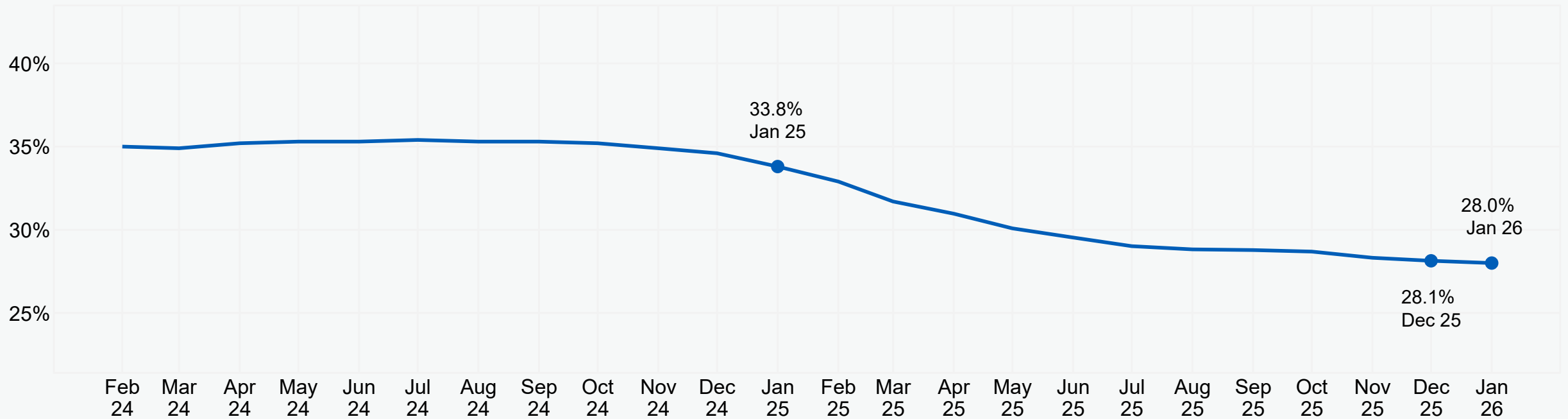
Actions: National Programme work to define metrics for call responses is underway in consultation with stakeholders. This will support improvements to call response times. Neighbourhood Mental Health Centre implementation is underway supported by capital, with independent evaluation due in Q2 which will look at the impact on wait times.

Proportion of children aged 0-9 years prescribed antibiotics has been on a gradual decreasing trend

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 28.0% in January 2026. 0.1% lower than December 2025 and 5.8% lower than January 2025. Performance continues on an improving trajectory after reaching a plateau of around 35% exposure during 2024.

Actions: From April 2026, this metric has been added to the group of metrics used for segmentation of ICBs. A new target of at or below 25% has been proposed and guidance for ICBs on achievement of this target is pending publication approval (May 2026). NHSE continues to support delivery of training sessions for Primary Care Network (PCN) staff on responsible antibiotic prescribing and supports four specialist paediatric infection networks to drive improvement.



People and Workforce



People and Workforce - summary of metrics

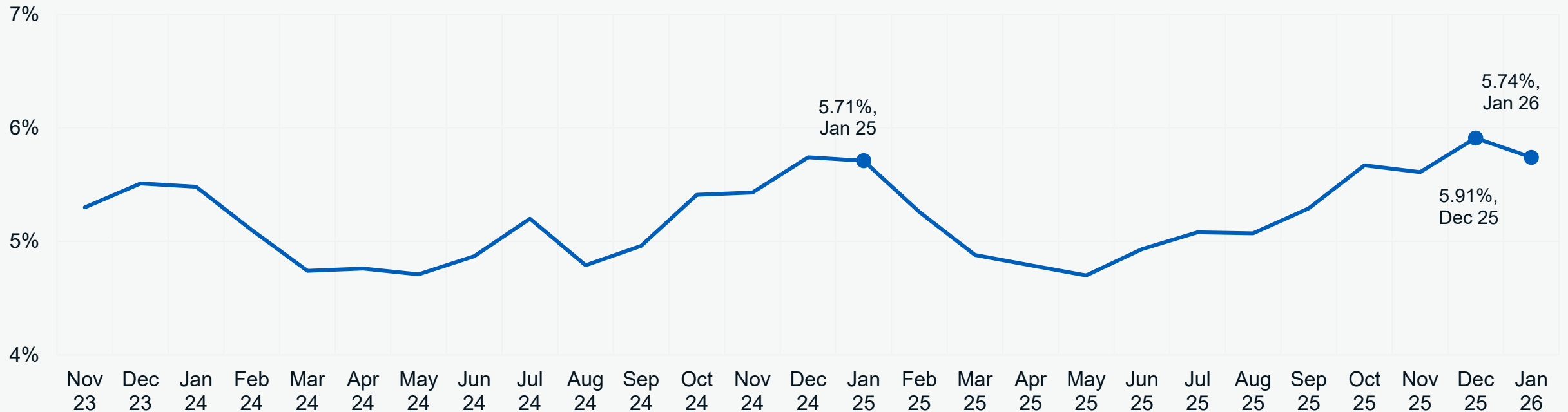
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
WTE	Sickness absence rate	5.74% Jan-26	5.91% Dec-25	-0.17 ppt (-2.9%)	5.71% Jan-25	0.03 ppt (0.5%)
WTE	NHS staff survey - engagement theme score	6.75 2025/26			6.85 2024/25	-0.1 (-1.3%)
WTE	NHS staff survey - education and training 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		0.28 ppt (4.2%)	87.0% 2024	0.75 ppt (12.2%)
WTE	GP Leavers rate in previous 12 months (full-time equivalent)	6.90% Mar-26	6.62% Dec-25	0.28 ppt (4.2%)	6.15% Mar-25	0.70 ppt (11.3%)

Sickness absence levels are slightly higher than at the same point last year and remain an area for 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 January 2026, the national sickness absence rate was 5.74%. This has fallen since December 2025 (5.91%) and is slightly higher than January 2025 (5.71%).

Actions: Work is continuing to develop staff standards as part of the ambition set out in the 10 Year Health Plan (10YHP), with the first iteration expected in Q1 2026/27. This will enable a consistent and supportive environment for staff, which will improve overall wellbeing. Developing detailed implementation and mobilisation plans and governance infrastructure will progress the implementation of the Staff Treatment Hub, also a 10YHP commitment, to 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. 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 slightly 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]

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 0.1 decrease on the 2024 position. There has been a slight reduction in scores between 2020 and 2025. Whilst response rates have improved over time, between 2020 and 2025 the average staff engagement score has reduced from 7.05 to the current position of 6.75. A 1% increase in the engagement theme score generally equates to a 1-1.5% increase in productivity. Quarterly data from the NQPS allows more regular insight into working experience than the published annual data, providing opportunity for more timely local action. The latest NQPS engagement score was 6.46 in 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: Trusts have access to their 2025 NSS results, and national data was published on 12 Mar 2026. A national 'How to Improve Employee Engagement' event took place in 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](#). There will be several specific commitments made as part of the 10 year workforce plan expected to be published in Q1 2026/27, with the ambition of being the Best Employer in the country.

The NHS staff ‘we are always learning’ theme score has largely remained static over the past three years

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 latest 2025 NHS Staff Survey ‘we are always learning’ score is 5.63 out of 10, representing an overall improvement of 0.34 points over the past five years. However, the score has largely plateaued since 2023/24, suggesting that while core appraisal and development processes are in place across the NHS, progress has been modest and has not yet translated into a sustained step change in staff experience.

Actions: 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. It will place greater emphasis on the quality and follow through of appraisal conversations, not solely completion, including clearer expectations for how appraisal outputs translate into development and learning opportunities.

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

Chart description: Data from National Education and Training Survey NETS 2025 (open to all students, doctors and dentists undertaking a practice placement or training post in healthcare services) covering the overall educational experience score.

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	84.0%
2022	84.0%
2023	85.0%
2024	87.0%
2025	87.8%

Current position: Overall satisfaction from the latest NETS (2025) is 87.8%, an increase of 2.8 percentage points since 2023. Prior to 2024, figures were presented rounded to 1 decimal place. From 2024 onwards the figure reflects the accurate, not rounded value. The NETS is the only national survey open to all undergraduate students, postgraduate students and trainees undertaking a practice placement/training post in healthcare as part of their education and training programme. Response rates have continued to improve, with the 2025 NETS seeing the highest number (over 43,600) of responses since its inception in 2019. The 2025 survey results noted an improvement across a number of the NETS questions - from 2021 to 2025 there has been an upward trend in the number of learners reporting an overall positive educational experience at 87.8% (84% in 2021), however learners also continue to report negative experiences in relation to workload.

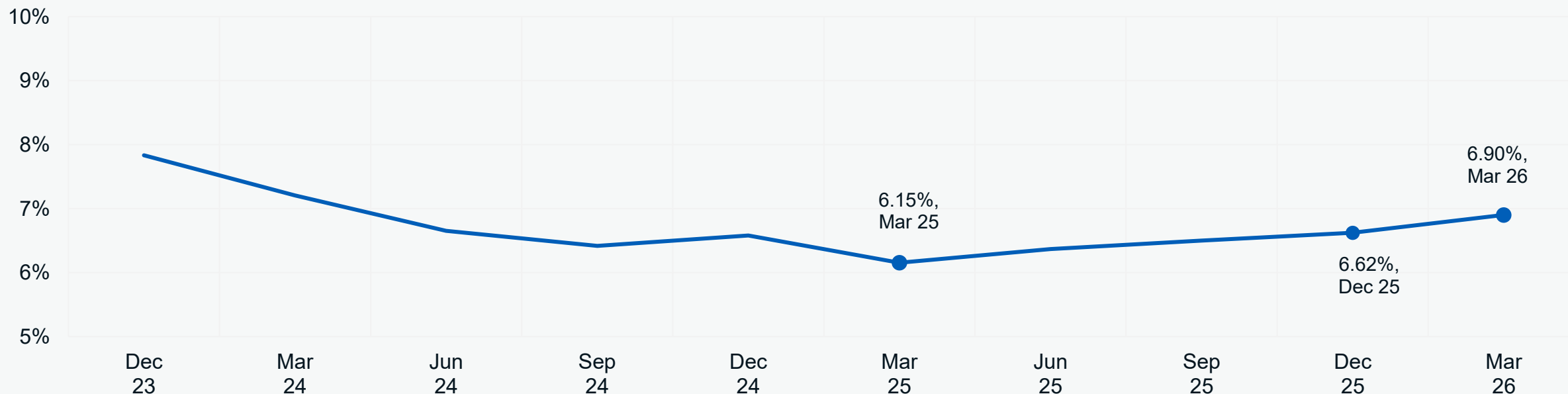
Actions: The results from NETS 2025 were published in March 2026 alongside the results of the NHS Staff Survey. NHS England will assess whether overall satisfaction has continued to improve, identifying areas of good practice and areas for improvement. The results will underpin education quality improvements supporting the 10 Year Health Plan, the new NHS Staff Standards, and the Resident Doctor 10 Point Plan.

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

Chart description: Percentage of GP leavers in the 12-month rolling period that left the cohort prior to the subsequent 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 March 2026, the GP leaver rate is 6.90%, this is an increase on the previous quarter in December 2025 of 0.28 percentage points and is 0.75 percentage points higher than the position in Mar 2025 (6.15%). As this is a 12-month rolling measure derived from primary care workforce submissions, movements can be influenced by changes in the underlying workforce denominator and reporting variability.

Actions: NHS England continues to tackle GP leaver rates by strengthening retention initiatives and applying learning from the Exemplar Programme to the Supporting Retention in General Practice programme. Delivery is underway through interactive learning labs (webinars) and a GP-specific staff experience self-assessment toolkit to support practice teams. Access is also being enabled to national leadership programmes and CPD-accredited training for practice managers, PCN leads and GPs, and work is underway with regions and analysts to strengthen assurance of the primary care workforce data underpinning the metric.



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)	7,106,135 Mar-26	7,216,208 Feb-26	-110,073 (-1.5%)	7,418,598 Mar-25	-312,463 (-4.2%)
Elective Care	Total elective waiting list for under 18s (including estimates)	736,860 w/e 29th Mar 26	740,370 w/e 1 st Mar 26	-3,510 (-0.5%)	775,830 w/e 30th Mar 25	-38,970 (-5.0%)
Elective Care	RTT: 18 weeks or less	65.3% Mar-26	62.6% Feb-26	2.7 ppt (4.3%)	59.8% Mar-25	5.5 ppt (9.2%)
Elective Care	RTT: 52 weeks or more	1.33% Mar-26	1.70% Feb-26	-0.37 ppt (-21.8%)	2.43% Mar-25	-1.10 ppt (-45.3%)
Primary Care and Community Services	Number of 52+ week community waiters	89,630 Mar-26	94,189 Feb-26	-4,559 (-5.09%)	77,712 Mar-25	11,918 (15.3%)
Cancer	Faster Diagnostic Standard (28 Days)	79.4% Mar-26	80.5% Feb-26	-1.0 ppt (-1.3%)	79.0% Mar-25	0.5 ppt (0.6%)
Cancer	62-day Combined Standard	72.8% Mar-26	68.6% Feb-26	4.1 ppt (6.0%)	71.4% Mar-25	1.3 ppt (1.9%)
Cancer	Percentage of all cancers diagnosed at stage 1 or 2	59.2% Jan-26	59.0% Dec-25	0.2 ppt (0.3%)	58.0% Jan-25	1.2 ppt (2.1%)
Diagnostics	Percentage of people waiting over 6 weeks for a diagnostic procedure or test	21.2% Mar-26	20.2% Feb-26	1.0 ppt (4.8%)	18.4% Mar-25	2.8 ppt (15.5%)
Urgent and Emergency Care	A&E 4 hour performance	76.9% Apr-26	77.1% Mar-26	-0.2 ppt (-0.3%)	74.8% Apr-25	2.1 ppt (2.9%)

Access - summary of metrics

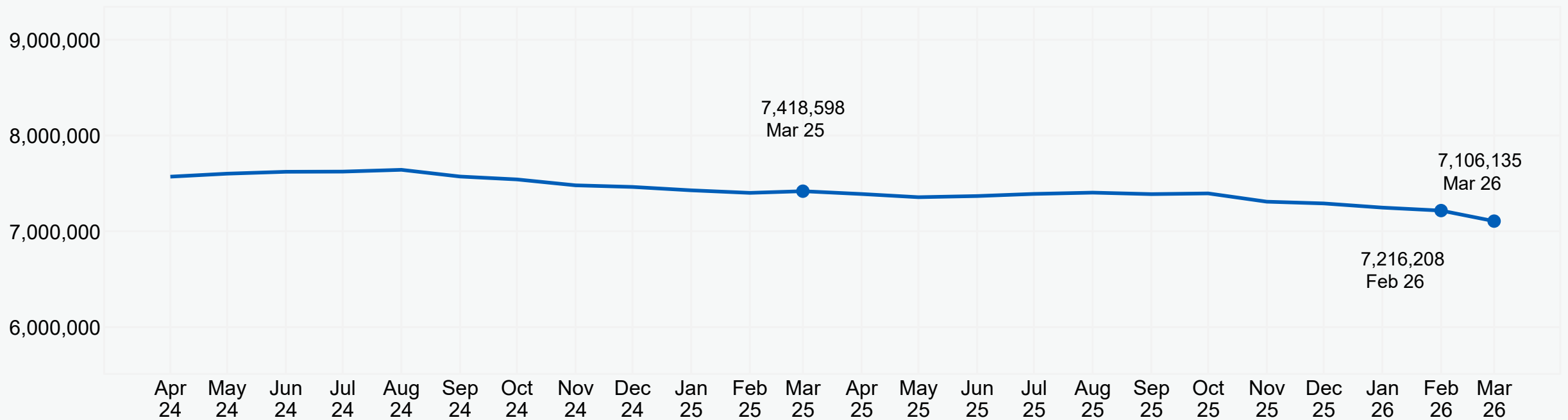
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year
Urgent and Emergency Care	A&E 12 hour performance	9.3% Apr-26	9.0% Mar-26	0.3 ppt (3.0%)	10.1% Apr-25	-0.8 ppt (-8.0%)
Urgent and Emergency Care	Cat 2 mean response time	00:24:27 Apr-26	00:26:18 Mar-26	-00:01:51 (-7.0%)	00:27:32 Apr-25	-00:03:05 (-11.2%)
Mental Health Care	Number of Children and Young People accessing Mental Health services in the last 12 months	879,955 Mar-26	875,531 Feb-26	4,424 (0.5%)	840,063 Mar-25	39,892 (4.7%)
Mental Health Care	Number of adults accessing community mental health services with 2 or more care contacts (12 months rolling average)	702,557 Mar-26	700,886 Feb-26	1,671 (0.2%)	667,218 Mar-25	35,339 (5.3%)
Learning Disability & Autism	Number of patients with suspected autism waiting more than 13 weeks for contact	82.7% Mar-26	83.6% Feb-26	-0.9 ppt (-1.1%)	80.5% Mar-25	2.2 ppt (2.8%)
Primary Care and Community Services	Proportion of patients that described booking a general practice appointment as easy	75.3% Apr-26	74.5% Mar-26	0.8 ppt (1.1%)	73.4% Apr-25	1.9 ppt (2.6%)

The total elective waiting list has decreased significantly during 2025/26

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 March 2026, the number of patients on the elective waiting list stands at 7.11 million. When compared to February 2026 there was a decrease/improvement of 1.5%, this is equivalent to 110,073 pathways. When compared to March 2025, there was a 4.2% decrease/improvement, this is equivalent to 312,463 pathways.

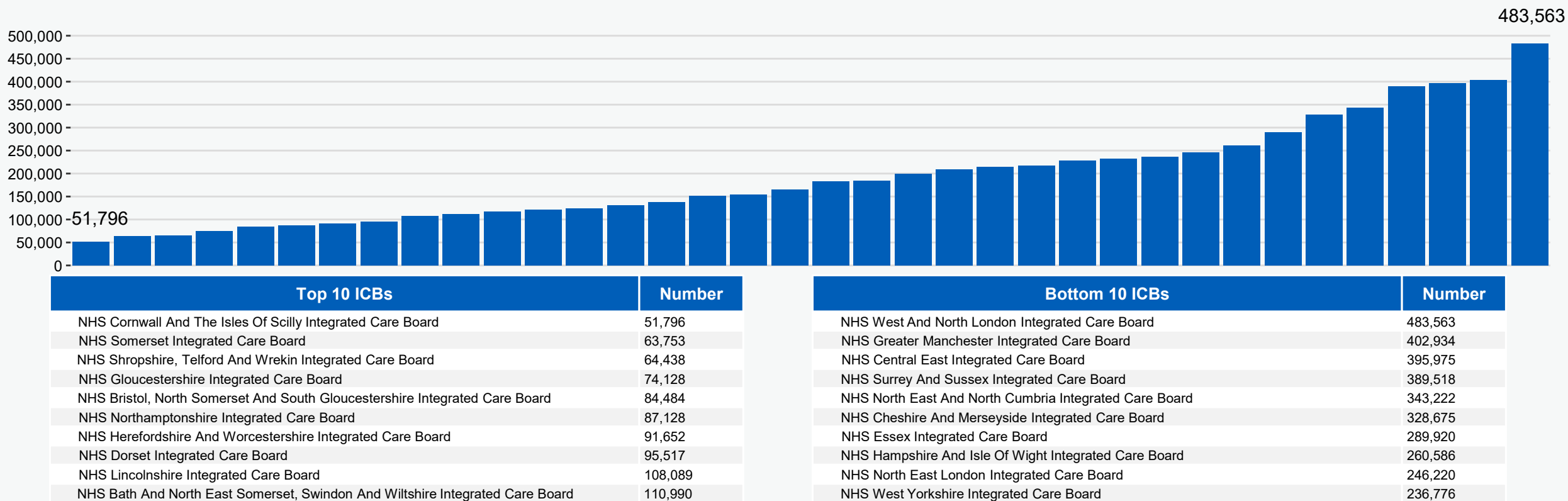
Actions: The elective waiting list remains a key enabler to delivering Referral To Treatment (RTT) ambitions in 2025/26 and longer term, as set out in the Medium-Term Planning Framework. NHS England actions during Q4 included validation incentivisation, enhanced National and Regional oversight through Tiering and a Q4 performance sprint on additional elective activity (supported by the Getting It Right First Time (GIRFT) programme where required). During 2026/27 it will remain a key focus and is included within the NHS Oversight Framework.

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

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

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

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



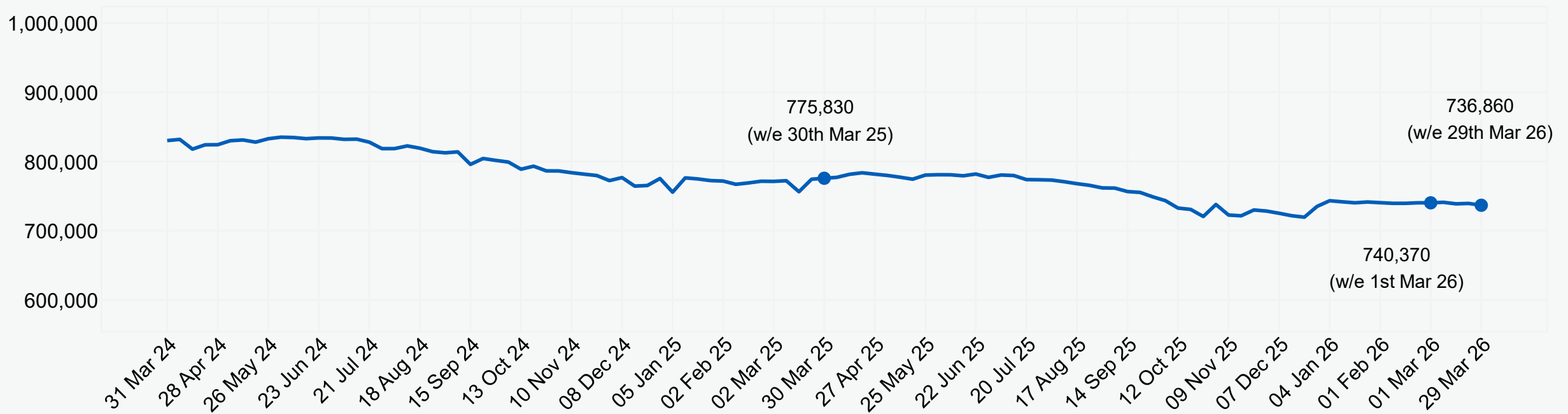
The chart shows total patient numbers on the elective waiting list in March 2026 split by integrated care boards. Highest patient numbers 483,563 through to lowest 51,796.

CYP waiting list has been on a decreasing trend in the last two years

Chart description: Number of under 18s 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) 29 March 2026, the number of under 18 patients on the elective waiting list was 736,860, compared with w/e 1 March 2025 this was a 0.5% decrease/improvement. This is equivalent to 3,510 patients. When compared to w/e 30 March 2025, there was 5% decrease/improvement. This is equivalent to 38,970 patients.

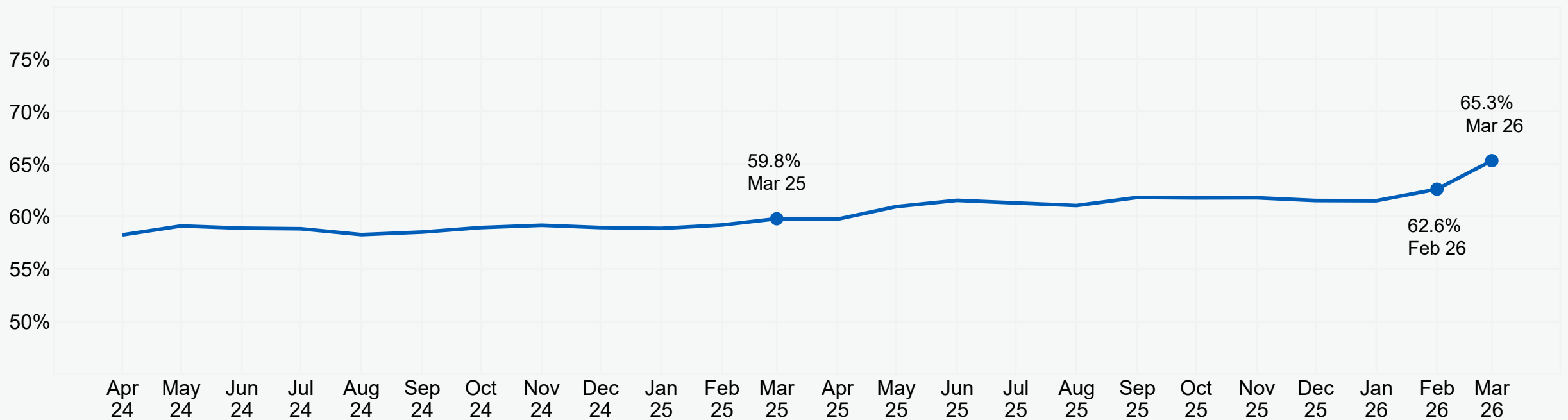
Actions: NHS England continues to monitor the elective waiting list for Children and Young People (across a range of metrics) to ensure operational performance improvement activity is equitable.

RTT performance has exceeded the 65% target for March 2026

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

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

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



Current position: As of March 2026, the percentage of elective patients waiting less than 18 weeks for treatment was 65.3%, a 2.7 percentage point increase/improvement on February 2026. When compared to March 2025, this is a 5.5 percentage point increase/improvement.

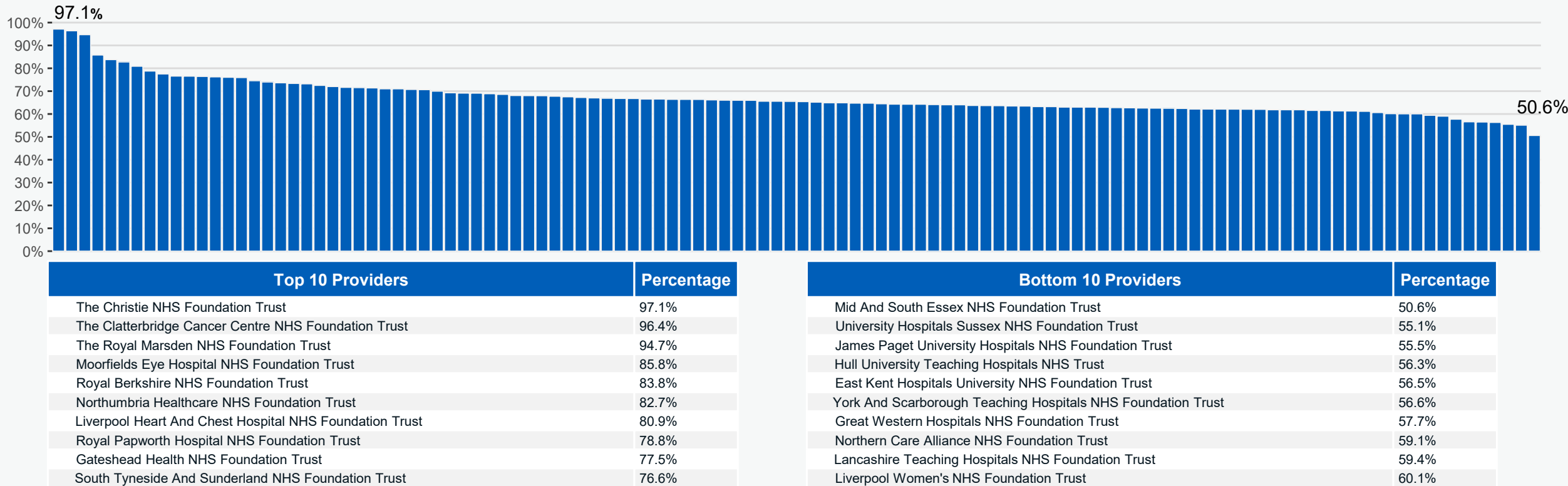
Actions: Referral to Treatment (RTT) is the main elective performance priority for 2026/27 as set out in the Medium Term Planning Framework. NHS England achieved the March 26 ambition of 65%. Focus is now on strategic and tactical actions required throughout 2026/27 to achieve the March 2027 plan.

18-week RTT performance varies across providers in March

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

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

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



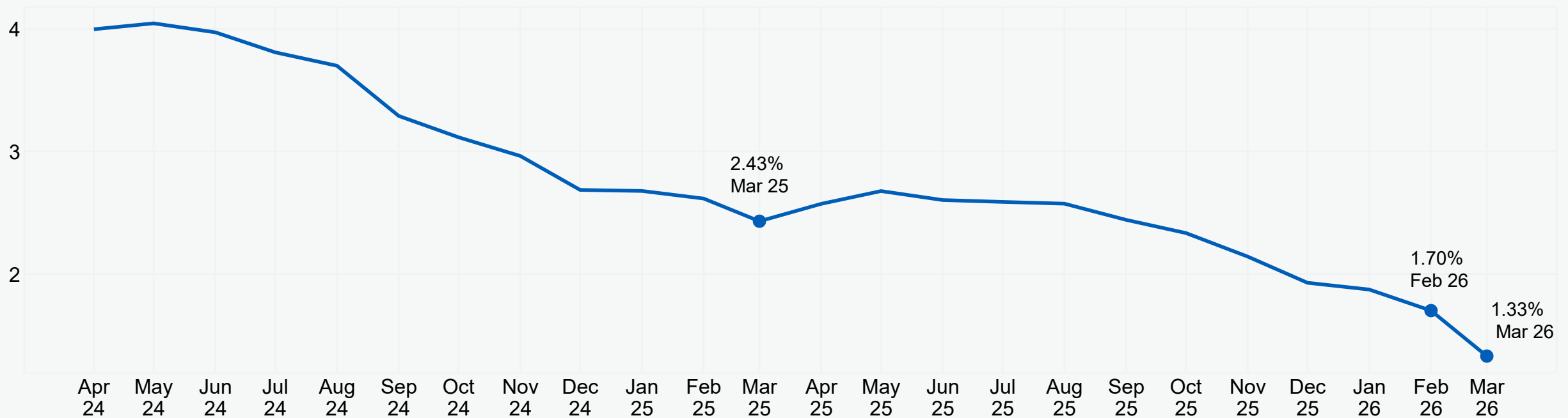
This chart shows the percentage of patients waiting less than 18 weeks for elective treatment in March 2026 split by acute trust(excludes community and independent sector). Highest performing (97.1%) through to lowest performing (50.6%).

Number of patients waiting over 52 weeks has continued to improve

Chart description: Percentage of elective pathways 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 March 2026, the percentage of elective pathways waiting over 52 weeks for treatment was 1.33% (94,406), down from 1.70% in February 2026 (122,668). When compared to March 2025 this represents a 1.1 percentage point decrease/improvement (85,837).

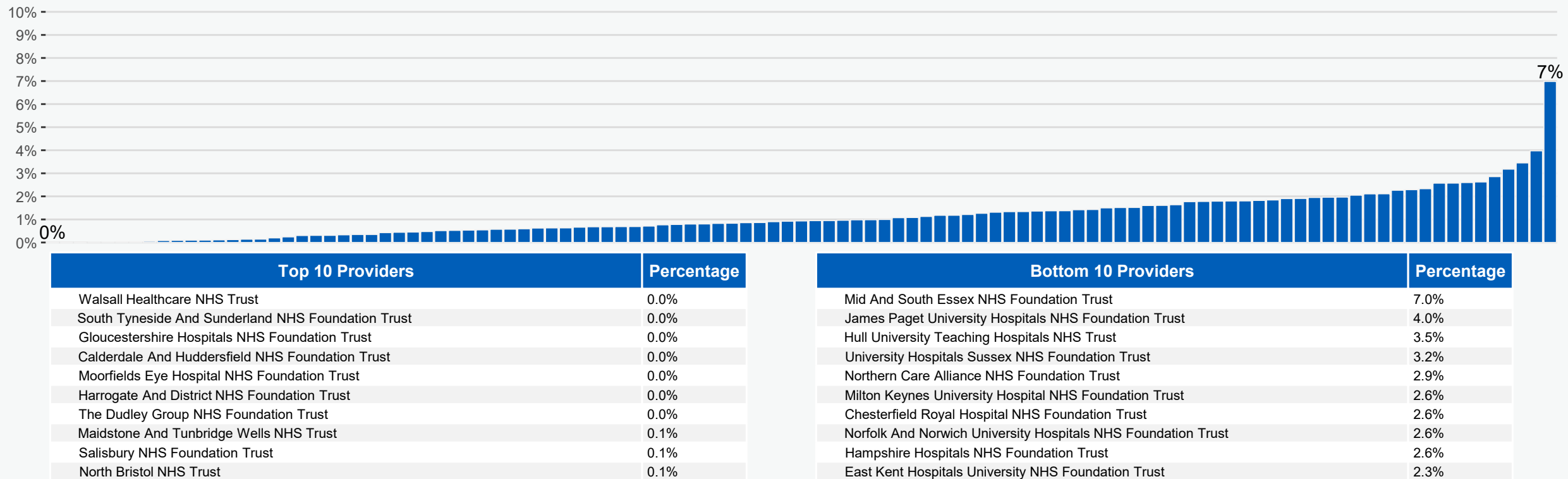
Actions: Reduction of the longest waits remains a key priority and is a focus of NHS England's performance oversight with Regional teams. The Getting it Right First Time (GiRFT) team have established a time limited programme to focus on elimination of 78 week waiters itself a cohort of 52ww long waiters.

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

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

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

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



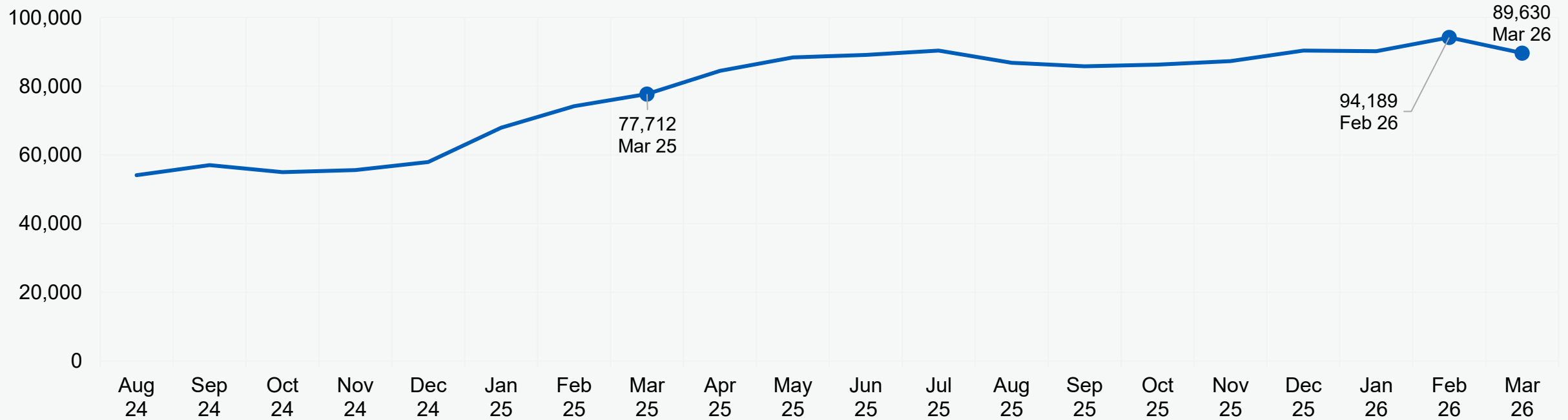
This chart shows the percentage of patients waiting less than 52 weeks for elective treatment in March 2026 split by acute trust. Highest percentage (7.0%) through to lowest (0.0%).

The number of patients waiting over 52 weeks for community health services has increased in the last year

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

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

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



Current position: As of March 2026, 89,630 community health services waiting times are reported as over 52 weeks. This is a decrease of 4,559 (5.09%) from February 2026 data and an increase of 11,918 (15.3%) from March 2025 data. 83.8% of all >52 week waits are observed in the community pediatrics service line, 5.2% in the children and young people’s speech and language therapy service line and 2.0% in the adult weight management and obesity service line.

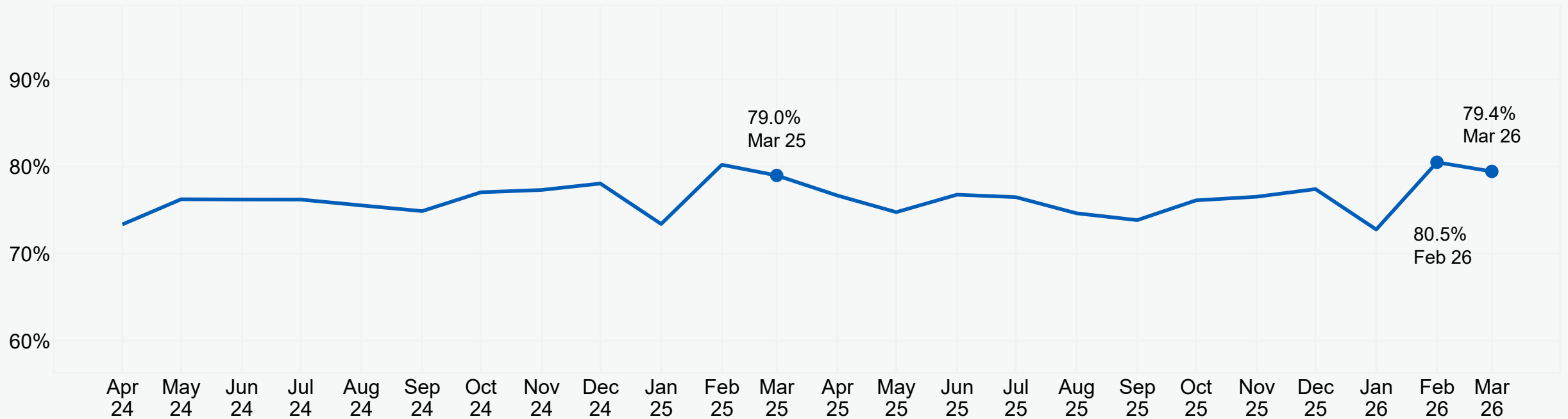
Actions: NHS England has implemented a series of interventions to improve community waiting time performance and has further activity planned to drive reductions now that formal waiting time targets have been published in the Medium Term Planning Framework (setting 2026/27 ICB targets of 78% of waits under 18 weeks and requiring plans to eliminate waits over 52 weeks). Key deliverables include; publication of a system-wide action plan with system- and provider-level checklists to baseline provision and drive improvement (Q4 25/26) and a national community Musculoskeletal (MSK) service specification to reduce waits in this high-volume service line (Q4 2025/26). 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 FDS performance narrowly missed the 80% target for March 2026

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 March 2026, the percentage of patients receiving a definitive diagnosis within the 28-day faster diagnosis standard was 79.4%. Compared to February 2026, a decrease/deterioration of 1.1 percentage points (in line with normal seasonal trends). When compared to March 2025 this represents a 0.4 percentage point increase/improvement.

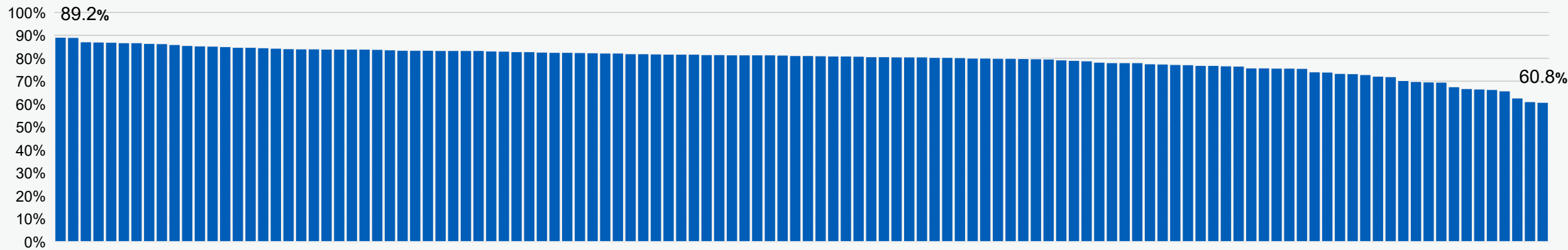
Actions: From April 2026 we have formally raised the Operational Standard to 80%, with the planning requirement to maintain this level overall across the year. The immediate priority is to recover performance to trajectory early in 2026/27. This will require consistent delivery of the key levers for improvement including; 1) Maximising elective and diagnostic capacity to meet cancer demand (including histopathology turnaround), 2) Prioritising improvement in breast and skin pathways (including Cancer Alliance and GIRFT support), 3) Fully utilising Cancer Alliances under the new operating model to drive provider and pathway level improvement, supported by £100m investment and 4) Maintaining rigorous focus on outliers through enhanced oversight, ensuring support translates into measurable delivery

Latest data shows performance for the Cancer Faster Diagnosis Standard, split by trusts in March 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	89.2%
University Hospitals Coventry And Warwickshire NHS Trust	89.1%
Walsall Healthcare NHS Trust	87.2%
Royal Berkshire NHS Foundation Trust	87.1%
Frimley Health NHS Foundation Trust	87.0%
Guy's And St Thomas' NHS Foundation Trust	86.8%
Cambridge University Hospitals NHS Foundation Trust	86.8%
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	86.5%
The Rotherham NHS Foundation Trust	86.4%
The Shrewsbury And Telford Hospital NHS Trust	86.0%

Bottom 10 Providers	Percentage
Gateshead Health NHS Foundation Trust	60.8%
North Cumbria Integrated Care NHS Foundation Trust	61.1%
Mid And South Essex NHS Foundation Trust	62.7%
Nottingham University Hospitals NHS Trust	65.8%
Northern Lincolnshire And Goole NHS Foundation Trust	66.4%
Blackpool Teaching Hospitals NHS Foundation Trust	66.6%
Northampton General Hospital NHS Trust	66.8%
University Hospitals Of Leicester NHS Trust	67.6%
County Durham And Darlington NHS Foundation Trust	69.6%
United Lincolnshire Teaching Hospitals NHS Trust	69.7%

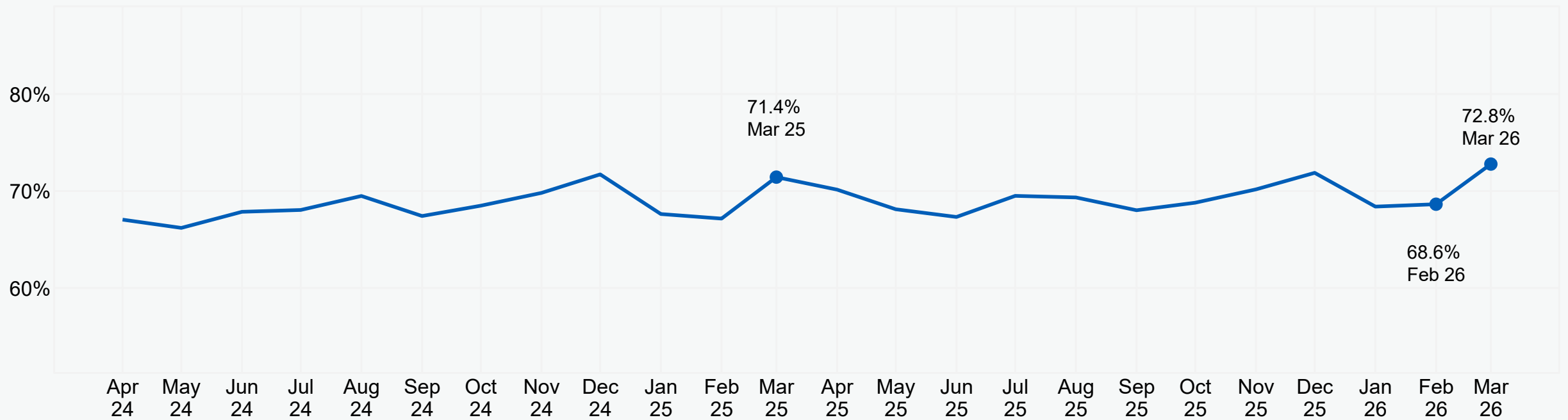
This chart shows the percentage of patients with an urgent cancer referral who received a definitive diagnosis within 28 days in March 2026, split by acute trust. Highest performance in (89.2%) through to lowest (60.8%).

Cancer 62-day performance has seen a slight in year improvement

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 March 2026, the percentage of patients treated within the 62-day cancer standard was 72.8%, which was 2.2% percentage points beneath the 2025/26 planning target of 75% in March 2026. Compared to February 2026, this was an increase/improvement of 4.2 percentage points. When compared to March 2025 this represents a 1.4 percentage point increase/improvement.

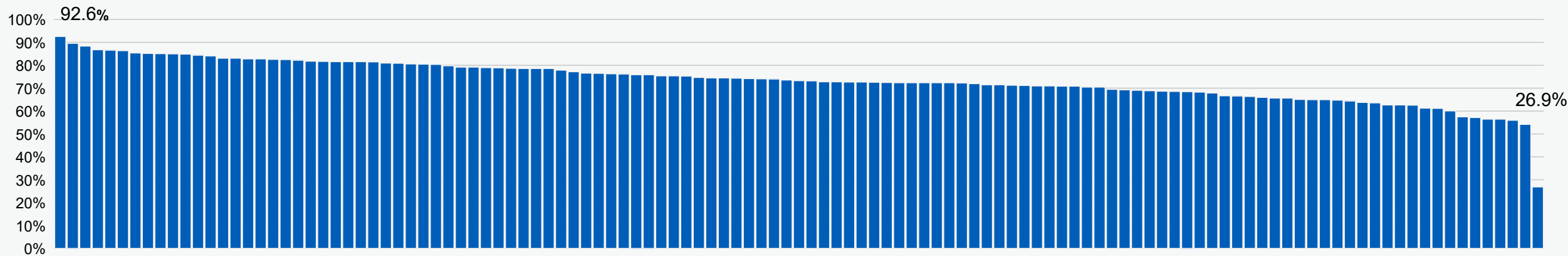
Actions: Focus now shifts on to accelerating progress to enable recovery to 80% by March 2027. The immediate priority is to recover performance to trajectory early in 2026/27. This will require consistent delivery of the key levers for improvement including; 1) Maximising elective and diagnostic capacity to meet cancer demand (including histopathology turnaround), 2) Prioritising improvement in breast and skin pathways (including Cancer Alliance and GIRFT support), 3) Fully utilising Cancer Alliances under the new operating model to drive provider and pathway level improvement, supported by £100m investment and 4) Maintaining rigorous focus on outliers through enhanced oversight, ensuring support translates into measurable delivery.

Latest data shows performance for Cancer 62-day performance, split by trusts in March 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]



Top 10 Providers	Percentage
Calderdale And Huddersfield NHS Foundation Trust	92.6%
Maidstone And Tunbridge Wells NHS Trust	89.6%
Wye Valley NHS Trust	88.4%
Epsom And St Helier University Hospitals NHS Trust	86.8%
Homerton Healthcare NHS Foundation Trust	86.6%
Mersey And West Lancashire Teaching Hospitals NHS Trust	86.4%
Northumbria Healthcare NHS Foundation Trust	85.4%
Royal Free London NHS Foundation Trust	85.2%
Kingston And Richmond NHS Foundation Trust	85.1%
Harrogate And District NHS Foundation Trust	85.0%

Bottom 10 Providers	Percentage
Dorset County Hospital NHS Foundation Trust	26.9%
Mid And South Essex NHS Foundation Trust	54.2%
Hull University Teaching Hospitals NHS Trust	56.0%
Oxford University Hospitals NHS Foundation Trust	56.5%
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	56.5%
Worcestershire Acute Hospitals NHS Trust	57.2%
Sheffield Teaching Hospitals NHS Foundation Trust	57.5%
Torbay And South Devon NHS Foundation Trust	60.1%
Blackpool Teaching Hospitals NHS Foundation Trust	61.2%
Salisbury NHS Foundation Trust	61.3%

This chart shows the percentage of patients treated for cancer within 62 days in March 2026 split by acute trust, highest performance (92.6%) through to lowest (26.9%).

Proportion of cancers diagnosed at stage 1 or 2 continues to improve since January 2024

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 January 2026, the percentage of all cancers diagnosed at stage 1 or 2 was 59.2% (12-month average), this represents an increase since December 2025 and a 1.2% improvement over the last 12 months (since January 2025).

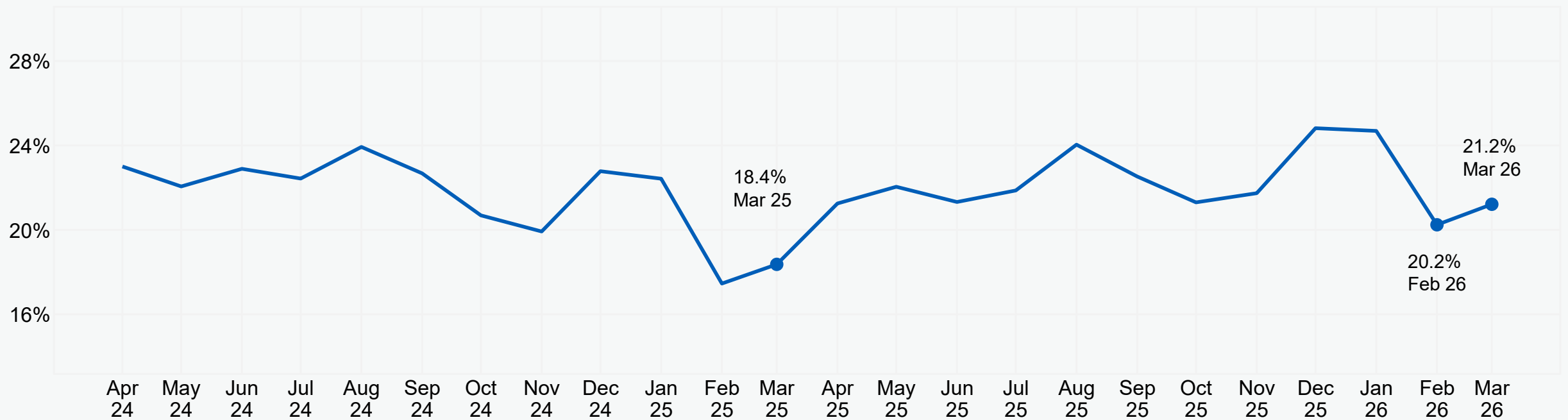
Actions: The lung cancer screening programme has now diagnosed over 10,000 lung cancers, 76% at stage 1 and 2. For 2025/26, the Community Liver Health Check programme identified 3,378 patients suitable for surveillance for hepatocellular carcinoma following outreach to particularly high-risk communities. The national cancer plan was published in February, and the NHS and DHSC cancer programme teams, and other delivery partners, are progressing delivery. We are launching our procurement process for a new 'direct to patient' offering for breast cancer gene (BRCA) testing which will allow the continuation of the Jewish BRCA programme and the widening of access to BRCA testing in future. The UK National Screening Committee is expected to announce its final recommendation on a targeted screening programme for prostate cancer soon, and the delivery model for a potential programme is under development.

Diagnostic 6 week performance has deteriorated over the last 12 months

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

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

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



Current position: In March 2026 the proportion of patients waiting over 6 weeks for a diagnostic test stood at 21.2%, a deterioration of 1.0 percentage points from February 2026 (in line with usual seasonal trends), and 2.8 percentage points worse than March 2025. While diagnostics investments facilitated significant and historic increases in activity (29.9m compared to a 29.1m target), waiting list growth (4.6%) outstripped waiting list activity (3.9%). This has affected our 2025-26 performance trajectory, with the total waiting list increasing to 1.9m.

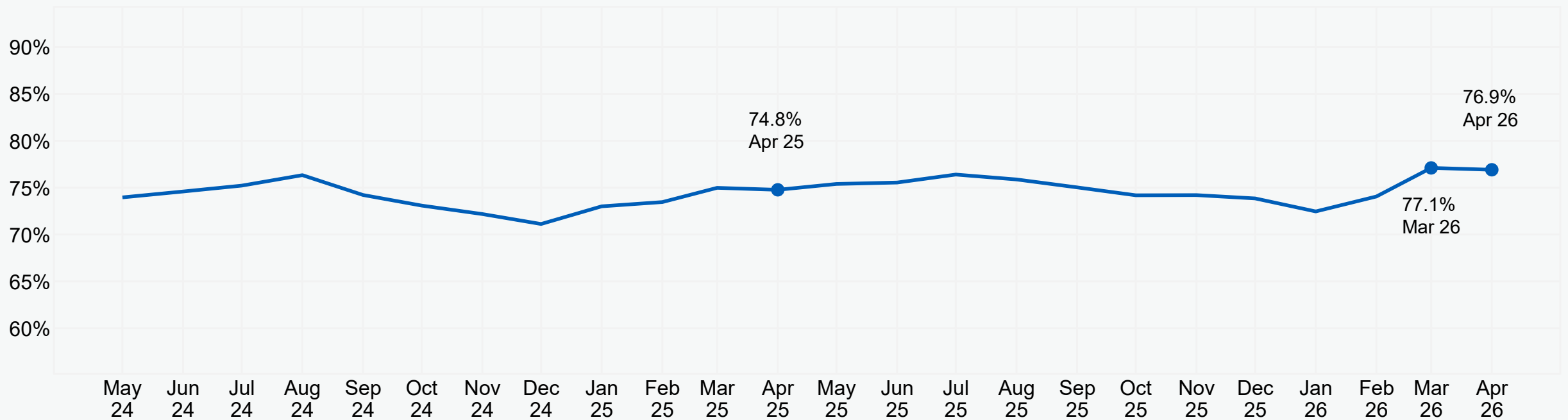
Actions: Between May 2025 and March 2026, NHS England has worked to improve performance using key deliverables that included capital investment in capacity, clinical support for Tier 1 providers and provider level modality specific deep dives and demand optimisation initiatives. These actions were designed to tackle drivers of poor outcomes/performance. The reintroduction of a national target for diagnostics in 2026-27 will drive prioritisation of diagnostics at local level, with projected activity growth supporting required performance improvement. NHSE operational expenditure has been agreed to support additional interventions to drive recovery of the 6WW position in 2026.

A&E 4 hour performance is improved over the last 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 April 2026, the percentage of emergency department attendances admitted, transferred or discharged within 4 hours was 76.9%. Compared to March 2026, this was a 0.2 percentage point decrease/deterioration. When compared to April 2025, it was 2.1 percentage point increase/improvement. The year end position (March 2026) was 77.1%, this was a 2.1 percentage point increase compared to 75.0% in March 2025. This is 0.9 percentage points below the March 2026 target of 78%.

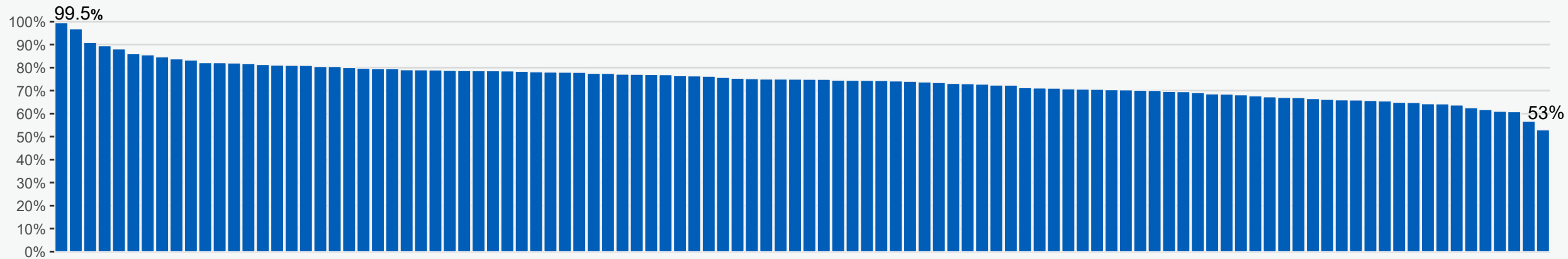
Actions: In 2026/27, we have set an ambition for 82% of ED patients to be admitted, transferred or discharged within four hours, supported by rollout of the Model Emergency Department (Model ED). Model ED implementation this year will strengthen front-door flow and non-admitted pathways, working alongside expanded Same Day Emergency Care, Urgent Treatment Centres and community provision to reduce avoidable admissions and free up inpatient beds.

4-hour performance across consultant led ED departments in April

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

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

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



Top 10 Providers	Percentage
Queen Victoria Hospital NHS Foundation Trust	99.5%
Moorfields Eye Hospital NHS Foundation Trust	96.9%
Northumbria Healthcare NHS Foundation Trust	91.0%
George Eliot Hospital NHS Trust	89.6%
West Hertfordshire Teaching Hospitals NHS Trust	88.2%
North Tees And Hartlepool NHS Foundation Trust	86.1%
Calderdale And Huddersfield NHS Foundation Trust	85.5%
Walsall Healthcare NHS Trust	84.7%
Norfolk And Norwich University Hospitals NHS Foundation Trust	83.8%
Bradford Teaching Hospitals NHS Foundation Trust	83.3%

Bottom 10 Providers	Percentage
East Cheshire NHS Trust	53.0%
The Shrewsbury And Telford Hospital NHS Trust	56.7%
Surrey And Sussex Healthcare NHS Trust	60.8%
Royal United Hospitals Bath NHS Foundation Trust	61.0%
North Cumbria Integrated Care NHS Foundation Trust	61.7%
Wirral University Teaching Hospital NHS Foundation Trust	62.5%
Airedale NHS Foundation Trust	63.8%
Torbay And South Devon NHS Foundation Trust	64.2%
Hampshire Hospitals NHS Foundation Trust	64.3%
Countess Of Chester Hospital NHS Foundation Trust	64.8%

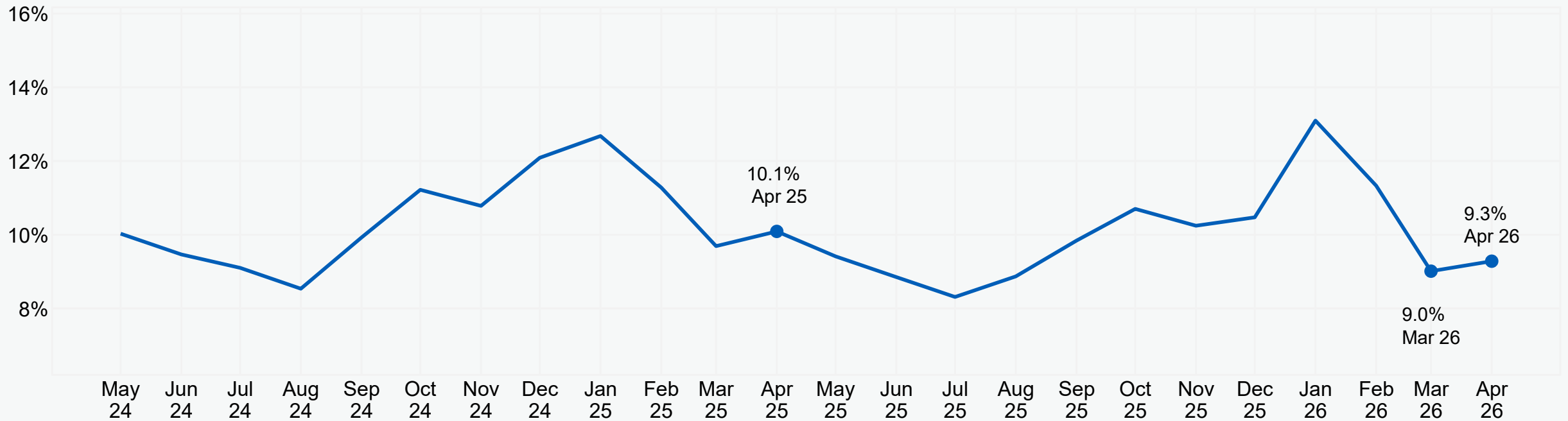
This chart shows the percentage of patients seen within 4hrs in A&E in April 2026 split by acute trust (excludes community and independent sector). Highest performing (99.5%) through to Lowest performing (53.0%).

Proportion waiting over 12 hours A&E attendances has improved relative to previous 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 April 2026, the percentage of emergency department (ED) attendances spending over 12 hours in the department is 9.3%. Compared to March 2026, this was a 0.3 percentage point increase/deterioration. When compared to April 2025, there was a 0.8 percentage point decrease/improvement.

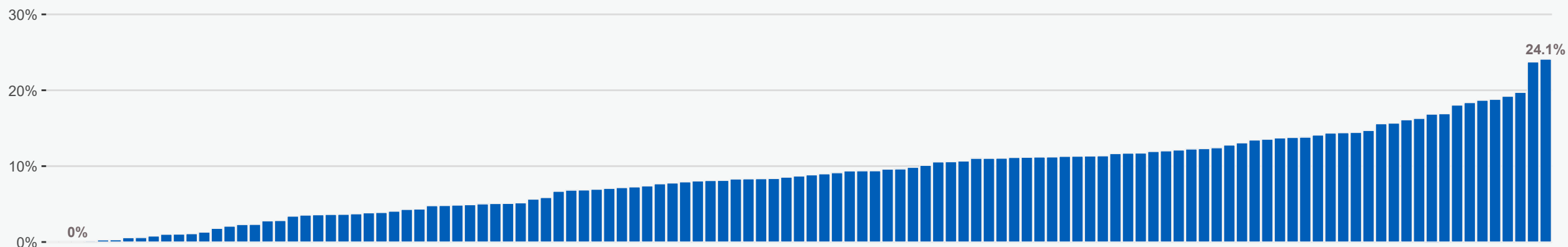
Actions: In 2026/27 we have set an ambition to reduce the number of patients waiting over 12 hours by improving flow through the whole system. This will be achieved through stronger front-door processes via Model ED, reduced avoidable admissions through expanded Same Day Emergency Care, Urgent Treatment Centres and urgent community pathways, and faster discharge supported by improved operational grip and system working.

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

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]



Top 10 Providers	Percentage
Liverpool Women's NHS Foundation Trust	0.0%
Moorfields Eye Hospital NHS Foundation Trust	0.0%
Sheffield Children's NHS Foundation Trust	0.0%
Alder Hey Children's NHS Foundation Trust	0.2%
Northumbria Healthcare NHS Foundation Trust	0.3%
Birmingham Women's and Children's NHS Foundation Trust	0.3%
Homerton University Hospital NHS Foundation Trust	0.6%
Barnsley Hospital NHS Foundation Trust	0.6%
North Tees and Hartlepool NHS Foundation Trust	0.8%
South Tyneside and Sunderland NHS Foundation Trust	1.0%

Bottom 10 Providers	Percentage
Warrington and Halton Teaching Hospitals NHS Foundation Trust	24.1%
Countess of Chester Hospital NHS Foundation Trust	23.7%
Blackpool Teaching Hospitals NHS Foundation Trust	19.7%
Wirral University Teaching Hospital NHS Foundation Trust	19.2%
The Shrewsbury and Telford Hospital NHS Trust	18.8%
University Hospitals Plymouth NHS Trust	18.7%
Mersey and West Lancashire Teaching Hospitals NHS Trust	18.4%
Mid Cheshire Hospitals NHS Foundation Trust	18.0%
East Cheshire NHS Trust	16.9%
Nottingham University Hospitals NHS Trust	16.9%

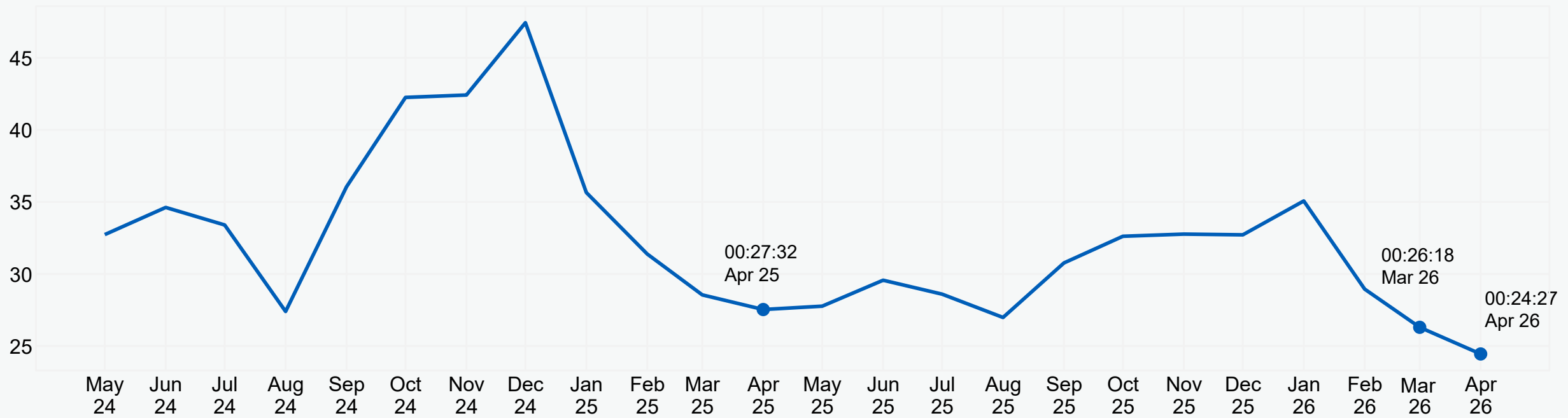
This chart shows the percentage of patients waiting more than 12hrs in A&E in March 2026 split by acute trust (excludes community and independent sector). Highest performing (0.0%) through to lowest performing (24.1%).

Cat 2 response times have improved over the last 12 months

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 April 2026, average Category 2 ambulance response time was 24 minutes and 27 seconds, an improvement by 1 minute and 51 seconds on the previous month's performance (March 2026 00:26:18). Performance has improved by 3 minutes and 5 seconds when compared to April 2025. We finished 2025/26 with a whole year average Category 2 time of 30mins and 4 seconds just 4 seconds off the target for the year.

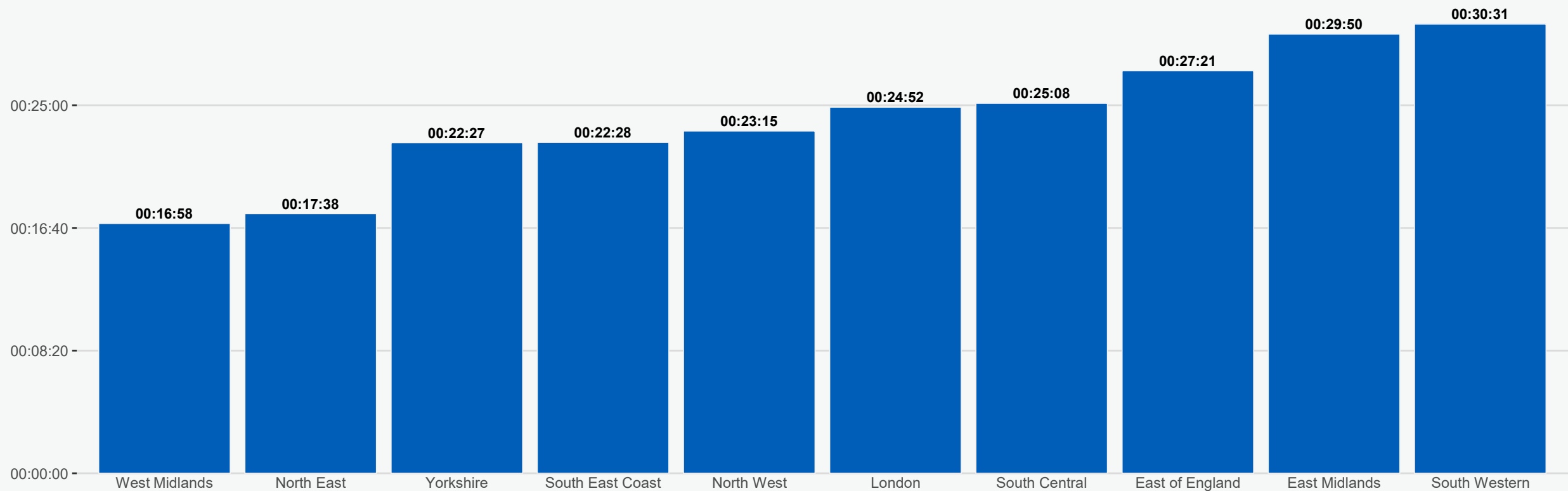
Actions: The national Category 2 response time ambition for 2026/27 is 25 minutes, with trusts expected to deliver continued improvement. Additional planning has been undertaken to support delivery, including collaborative national oversight, central management of activity growth funding, and targeted improvement support where required. We will continue to work with regions to develop and implement system-level hospital handover action cards ahead of winter, supporting sustained improvement in performance.

Response times differ significantly across Ambulance Trusts, ranging from just under 16 minutes to 58 seconds to 30 minutes and 31 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]



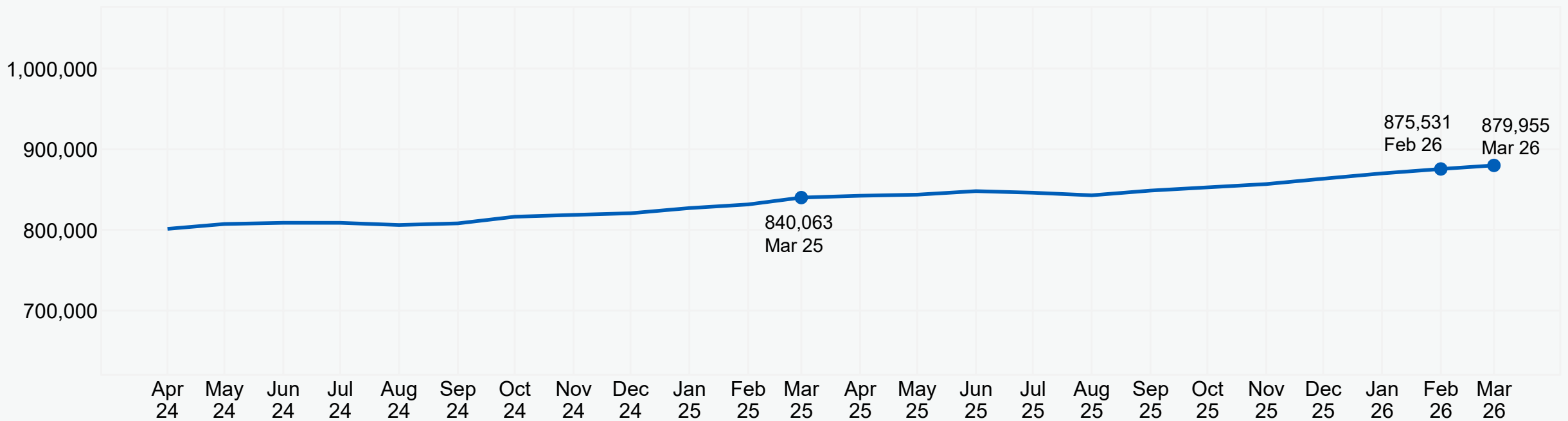
This chart shows performance on Category 2 ambulance response times in April 2026 split by Ambulance trusts. Lowest average response times, best performance (West Midlands 00:16:58) through to Highest (South Western 00:30:31).

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 accessing NHS-funded MH services (Mental health trusts)

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



Current position: As at March 2026, the number of CYP who accessed NHS funded MH services was 879,955. Compared to February 2026, there was an increase of 0.5%, equivalent to 4,424. When compared to March 2025, there was an increase of 4.7%, equivalent to 39,892. Performance has continued to improve in recent years.

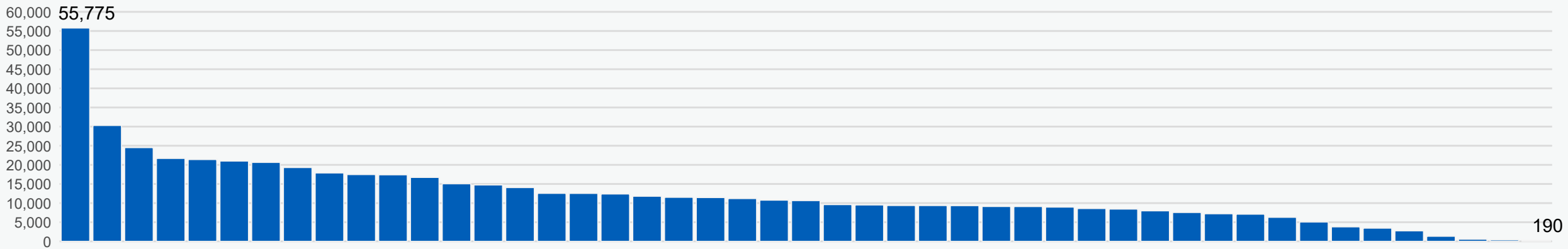
Actions: GIRFT (Get It Right First Time) visits continue with 32 complete with 5 remaining. Visits help to understand local data, and strengths/weaknesses to drive improvements in access and waiting times. GIRFT plan to share a draft report on outcomes due in autumn, with a second report on discharge rates and waiting times to follow. The CYPMH (Children and Young People Mental Health) team have scheduled a national webinar for June to share best practice on key elements of productivity including job planning, improving data quality, and contacts per WTE (Whole Time Equivalent).

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



Top 10 Providers	Number
North East London NHS Foundation Trust	55,775
Tees, Esk And Wear Valleys NHS Foundation Trust	30,295
Oxford Health NHS Foundation Trust	24,510
South London And Maudsley NHS Foundation Trust	21,680
Lancashire & South Cumbria NHS Foundation Trust	21,390
Cumbria, Northumberland, Tyne And Wear NHS Foundation Trust	20,990
East London NHS Foundation Trust	20,640
Hampshire And Isle Of Wight Healthcare NHS Foundation Trust	19,300
Pennine Care NHS Foundation Trust	17,880
Central And North West London NHS Foundation Trust	17,460

Bottom 10 Providers	Number
Great Ormond Street Hospital For Children NHS Foundation Trust	190
Essex Partnership University NHS Foundation Trust	375
Leeds And York Partnership NHS Foundation Trust	555
Kent And Medway Mental Health NHS Trust	1,330
East Of England Community Health And Care NHS Trust	2,750
Derbyshire Healthcare NHS Foundation Trust	3,450
Tavistock And Portman NHS Foundation Trust	3,790
Oxleas NHS Foundation Trust	5,060
Gloucestershire Health And Care NHS Foundation Trust	6,285
South Tyneside And Sunderland NHS Foundation Trust	7,105

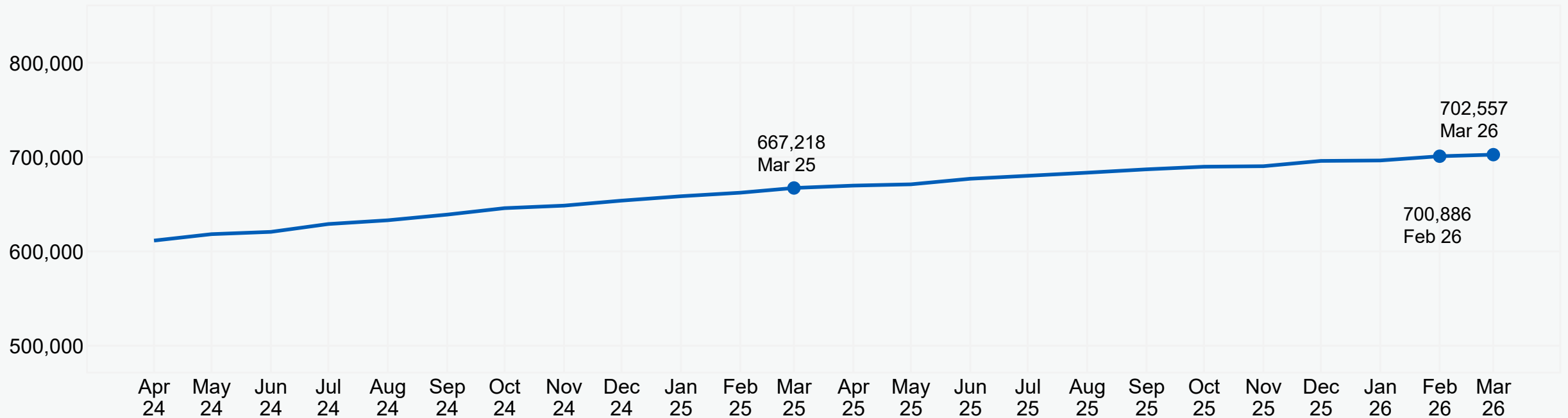
The chart shows children and young people access levels (patients) to NHS funded mental health service in March 2026 split by all mental health trusts. Highest patient numbers 55,775 through to lowest 190.

Access to adult community MH services in the last 12 months is 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 March 2026, the number of adults accessing community mental health services was 702,557. Compared to February 2026, there was an increase of 0.2%, this is equivalent to 1,671. When compared to March 2025, there was an increase of 5.3%, this is equivalent to 35,339. Overall, performance has continued to improve in recent years.

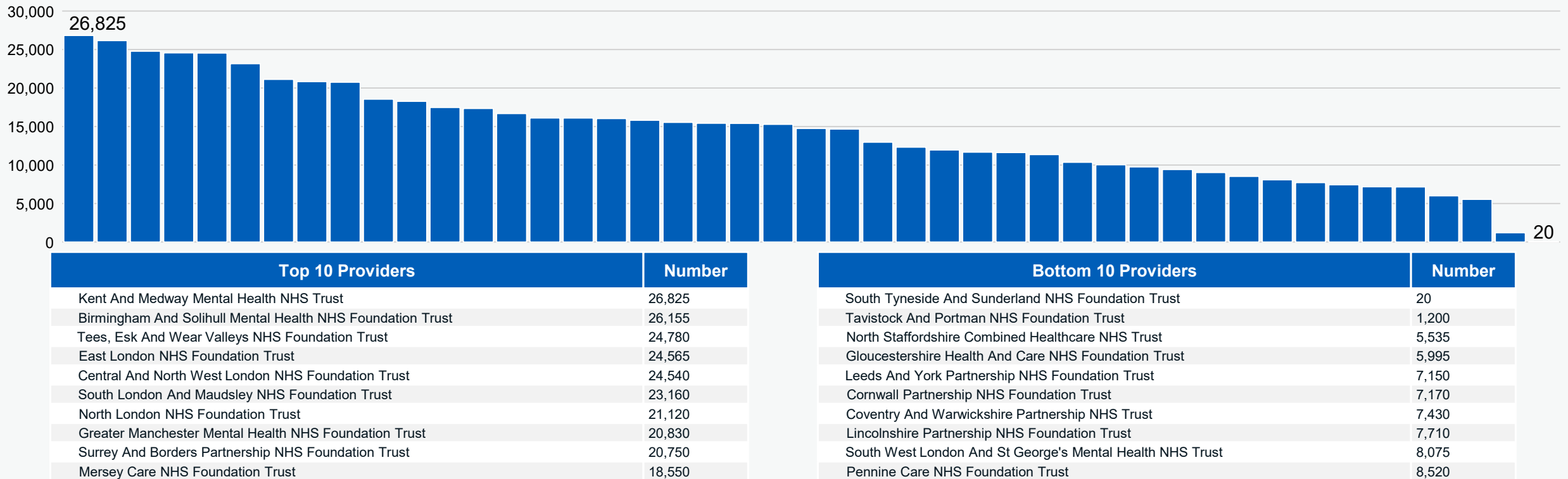
Actions: The national programme continues to focus on improving service quality alongside increased access. This includes development of an SMI (Severe Mental Illness) Modern Service Framework and forthcoming publication of a Mental Health Personalised Care Framework. A publication date has yet to be confirmed.

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



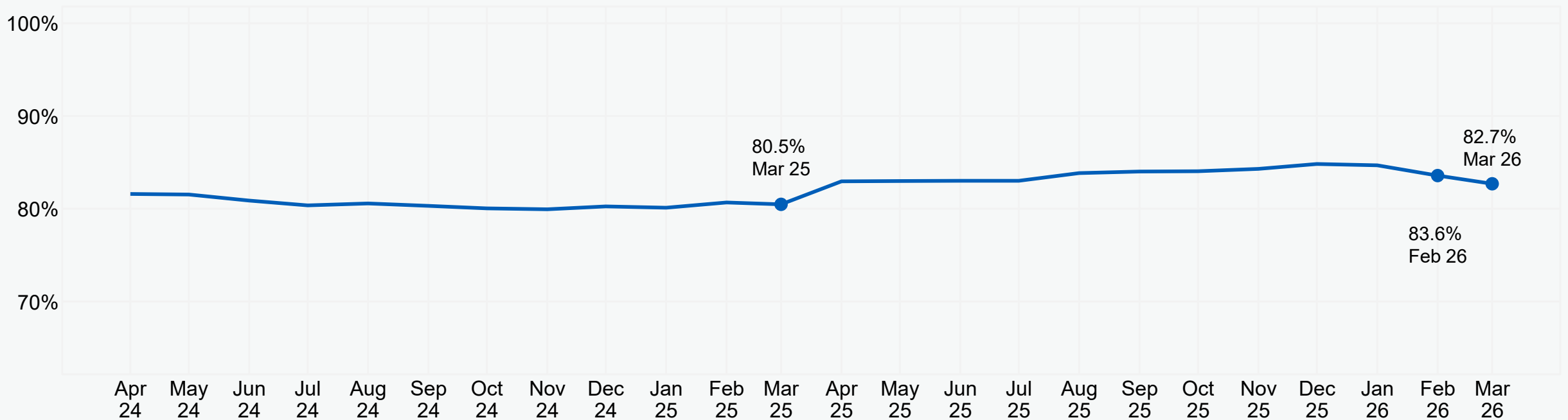
The chart shows adult access levels (patients) to community mental health services in March 2026 split by all mental health trusts. Highest patient numbers 26,825 through to lowest 20.

Percentage of patients with suspected autism waiting more than 13 weeks have decreased since December 2025

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 March 2026, 82.7% were waiting 13 weeks or longer for contact, this is a 0.9 percentage point decrease on the previous month and 2.2 percentage points higher than in March 2025.

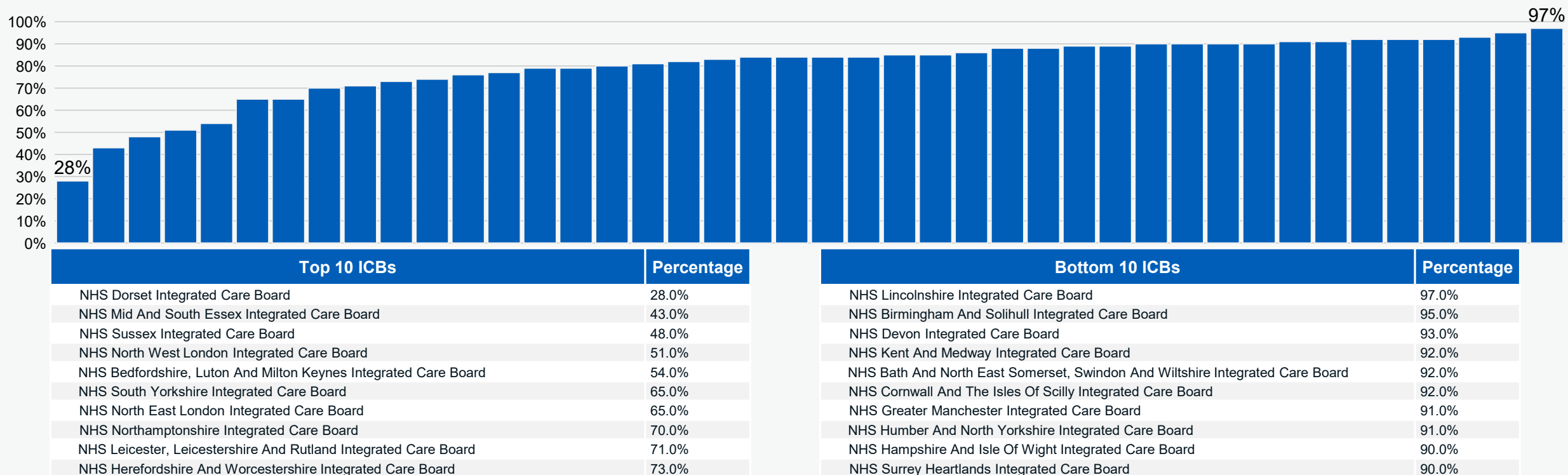
Actions: NHS England are advising ICBs (Integrated Care Boards) on the commissioning of evidence-based innovation, evaluation and implementation of new models of care including the International Classification of Functioning, Disability and Health (ICF). The Autism team is working closely with stakeholders to trial adoption of the ICF as part of needs-led service transformation across clinical pathways. The trial is due to commence in September 2026 with an intended duration of 18 – 24 months. Work is progressing towards the development of mandated prices for autism diagnostic assessment services by 2027/28. We are liaising closely with DHSC (Department of Health and Social Care) CQC (Care Quality Commission) to improve oversight of regulation of autism assessment services and working with NICE (National Institute for Health and Care Excellence) in their prioritisation of the clinical guidance updates in relation to autism.

In March 2026, system performance on autism referrals ranges from 28% 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 March 2026 split by Integrated care boards.

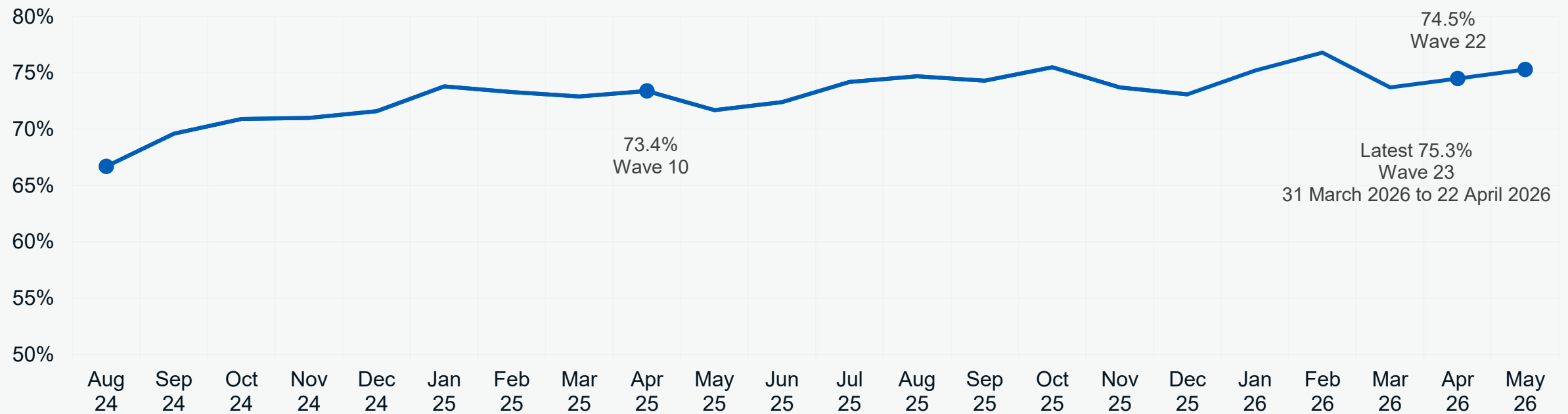
Lowest percentage of referrals (28.0%) through to highest percentage (97.0%).

Latest results show a slight increase from the last survey in perceived ease of contacting GP

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 23 (31 March 2026 to 22 April 2026) is 75.3%, compared to Wave 10 (1 April 2025 to 23 April 2025) was 73.4%.

Actions: NHS England has implemented measures to reduce unwarranted variation in general practice, including routine sharing of variation data with ICBs through the GP Dashboard and requiring ICB primary care action plans for 2026/27, due by the end of May. GP Contract changes for 2026/27 aim to improve access, including same-day appointments for 90% of clinically urgent patients, and continue recent growth in fully qualified GP FTEs. Work is also under way to understand GP-to-patient ratios, starting with a diagnostic exercise around practices with higher ratios.



Finance and Productivity



Financial position by system (surplus / deficit basis) £m

ICS Name	Outturn including DSF				Movement in FOT from M11*	Outturn excluding DSF			Efficiency variance
	Plan	Outturn	Variance	Variance as % of allocation		Plan	Outturn	Variance	
Kent and Medway	(0.0)	(190.2)	(190.2)	-3.5%	0.1	(118.3)	(259.3)	(140.9)	(138.3)
Cheshire and Merseyside	(0.0)	(178.0)	(178.0)	-2.1%	12.4	(178.3)	(288.7)	(110.4)	(29.8)
Nottingham and Nottinghamshire	(0.0)	(169.5)	(169.5)	-4.9%	0.1	(70.0)	(208.8)	(138.8)	(57.7)
Humber and North Yorkshire	(0.0)	(96.7)	(96.7)	-2.0%	(3.3)	(79.2)	(156.1)	(76.8)	(43.3)
Hampshire and Isle of Wight	0.5	(81.4)	(81.9)	-1.6%	(0.4)	(62.7)	(125.4)	(62.7)	(34.4)
Leicester, Leicestershire and Rutland	0.0	(69.3)	(69.3)	-2.3%	0.0	(80.0)	(115.8)	(35.8)	(22.9)
Devon	0.0	(64.3)	(64.3)	-1.7%	0.1	(53.8)	(91.2)	(37.4)	(28.2)
North East London	0.0	(63.7)	(63.7)	-1.0%	0.7	(42.0)	(88.7)	(46.7)	(18.6)
Mid and South Essex	(0.0)	(63.4)	(63.4)	-1.9%	0.2	(106.0)	(135.3)	(29.3)	(37.8)
Northamptonshire	0.0	(56.2)	(56.2)	-2.7%	0.3	(64.0)	(104.0)	(40.0)	(16.9)
South Yorkshire	0.0	(54.6)	(54.6)	-1.3%	4.3	(71.4)	(115.9)	(44.5)	13.6
Derby and Derbyshire	(0.0)	(40.6)	(40.6)	-1.3%	10.6	(45.0)	(81.9)	(36.9)	(18.7)
West Yorkshire	(0.0)	(28.2)	(28.2)	-0.4%	0.3	(49.2)	(74.4)	(25.1)	(18.0)
Bath and NE Somerset	0.0	(25.0)	(25.0)	-1.1%	0.0	(23.4)	(42.5)	(19.1)	(18.5)
Herefordshire and Worcestershire	0.0	(4.7)	(4.7)	-0.2%	(8.0)	(73.2)	(81.2)	(8.0)	(19.0)
Black Country	0.0	0.6	0.6	0.0%	(12.6)	(95.0)	(107.5)	(12.5)	(24.1)
Bedfordshire, Luton and Milton Keynes	0.0	3.5	3.5	0.1%	0.2	0.0	0.2	0.2	(1.8)
Somerset	0.0	4.9	4.9	0.2%	0.0	0.0	0.0	0.0	0.5
Frimley	(0.0)	5.0	5.0	0.3%	0.1	(23.9)	(23.8)	0.1	(9.6)
Staffordshire and Stoke On Trent	(0.0)	6.6	6.6	0.2%	0.0	(95.0)	(95.0)	0.0	(26.3)
Suffolk and North East Essex	(0.0)	6.7	6.7	0.2%	0.1	0.0	0.1	0.1	(3.5)
Cornwall and The Isles Of Scilly	0.0	6.8	6.8	0.4%	0.2	0.0	0.2	0.2	(5.4)

Financial position by system (surplus / deficit basis) £m (cont.)

ICS Name	Outturn including DSF				Movement in FOT from M11*	Outturn excluding DSF			Efficiency variance
	Plan	Outturn	Variance	Variance as % of allocation		Plan	Outturn	Variance	
Gloucestershire	(0.0)	7.1	7.1	0.5%	0.0	0.0	0.5	0.5	(5.4)
Lincolnshire	0.0	8.2	8.2	0.4%	0.0	0.0	0.0	0.0	(16.3)
Surrey Heartlands	0.0	9.8	9.8	0.3%	0.0	(25.8)	(25.7)	0.0	(1.7)
Shropshire, Telford and Wrekin	0.0	10.6	10.6	0.7%	0.1	(83.8)	(81.4)	2.4	7.9
Lancashire and South Cumbria	0.0	11.5	11.5	0.2%	0.0	(164.0)	(163.9)	0.0	(105.2)
Bristol, North Somerset and South Gloucestershire	(0.0)	11.7	11.7	0.4%	0.3	0.0	0.2	0.2	2.7
Norfolk and Waveney	0.0	11.8	11.8	0.4%	0.3	(51.1)	(50.8)	0.3	(10.6)
Coventry and Warwickshire	0.0	11.8	11.8	0.4%	0.3	(13.0)	(12.7)	0.3	4.7
Cambridgeshire and Peterborough	(0.0)	13.2	13.2	0.4%	0.1	0.0	0.1	0.1	(8.3)
Dorset	(0.0)	13.2	13.2	0.6%	0.1	(13.9)	(13.8)	0.1	(14.6)
Hertfordshire and West Essex	0.0	13.4	13.4	0.3%	0.3	(12.2)	(12.0)	0.3	(17.8)
Birmingham and Solihull	0.0	14.4	14.4	0.3%	1.2	0.0	1.3	1.3	(19.7)
Sussex	(0.0)	16.9	16.9	0.3%	0.5	(44.3)	(43.9)	0.5	(9.9)
Buckinghamshire, Oxfordshire and Berkshire West	0.0	18.2	18.2	0.4%	0.2	(54.0)	(53.8)	0.2	(13.9)
South East London	0.0	23.3	23.3	0.3%	0.7	(75.0)	(73.0)	2.0	(44.0)
North Central London	(0.0)	23.7	23.7	0.3%	0.7	0.0	0.7	0.7	(7.1)
Greater Manchester	(0.0)	24.1	24.1	0.3%	0.3	(200.0)	(197.2)	2.8	(20.4)
South West London	0.0	24.7	24.7	0.6%	0.2	(103.8)	(102.1)	1.7	4.5
North East and North Cumbria	0.0	35.5	35.5	0.4%	1.1	(33.3)	(32.2)	1.1	(21.4)
North West London	0.0	35.9	35.9	0.5%	1.5	0.0	1.5	1.5	12.8
ICS total	0.5	(812.8)	(813.3)		13.6	(2,204.8)	(3,052.9)	(848.1)	(842.9)

* M12 outturn compared to M11 FOT plus additional DSF distribution

Providers with an overspend greater than £5m

Organisation	Including DSF £m			Excluding DSF £m		
	Plan	Outturn	Variance	Plan	Outturn	Variance
Nottingham University Hospitals NHS Trust	0.0	(80.6)	(80.6)	(36.2)	(103.0)	(66.8)
Barking, Havering and Redbridge University Hospitals NHS Trust	(0.0)	(64.9)	(64.9)	(22.7)	(70.6)	(47.9)
Mid and South Essex NHS Foundation Trust	(0.0)	(63.6)	(63.6)	(85.5)	(115.0)	(29.5)
Nottinghamshire Healthcare NHS Foundation Trust	0.0	(53.7)	(53.7)	(11.6)	(59.5)	(47.9)
Medway NHS Foundation Trust	(4.9)	(54.9)	(49.9)	(46.1)	(79.6)	(33.5)
Liverpool University Hospitals NHS Foundation Trust	(12.1)	(61.0)	(48.9)	(56.6)	(72.1)	(15.5)
University Hospitals of Leicester NHS Trust	0.0	(46.4)	(46.4)	(64.8)	(85.3)	(20.4)
University Hospital Southampton NHS Foundation Trust	0.0	(45.0)	(45.0)	(13.9)	(53.6)	(39.8)
Royal Devon University Healthcare NHS Foundation Trust	0.0	(43.9)	(43.9)	0.0	(43.9)	(43.9)
East Kent Hospitals University NHS Foundation Trust	(6.6)	(47.4)	(40.8)	(64.2)	(81.9)	(17.8)
Wirral University Teaching Hospital NHS Foundation Trust	(5.2)	(45.3)	(40.1)	(22.1)	(49.5)	(27.4)
Northampton General Hospital NHS Trust	(4.7)	(37.7)	(33.0)	(35.2)	(60.5)	(25.2)
Portsmouth Hospitals University NHS Trust	0.0	(32.6)	(32.6)	(25.4)	(46.6)	(21.2)
York and Scarborough Teaching Hospitals NHS Foundation Trust	0.0	(32.3)	(32.3)	(16.6)	(44.7)	(28.2)
Sherwood Forest Hospitals NHS Foundation Trust	0.0	(29.0)	(29.0)	(9.8)	(33.9)	(24.1)
Warrington and Halton Teaching Hospitals NHS Foundation Trust	(10.4)	(36.1)	(25.7)	(28.7)	(40.7)	(12.0)
County Durham and Darlington NHS Foundation Trust	2.0	(21.9)	(23.9)	2.0	(21.9)	(23.9)
Harrogate and District NHS Foundation Trust	0.0	(23.8)	(23.8)	(5.3)	(27.7)	(22.4)
Kettering General Hospital NHS Foundation Trust	(5.3)	(28.6)	(23.2)	(38.8)	(53.5)	(14.7)
Chesterfield Royal Hospital NHS Foundation Trust	0.0	(23.1)	(23.1)	(14.5)	(34.0)	(19.5)
Hull University Teaching Hospitals NHS Trust	0.0	(22.0)	(22.0)	(14.2)	(32.7)	(18.5)

Providers with an overspend greater than £5m (cont.)

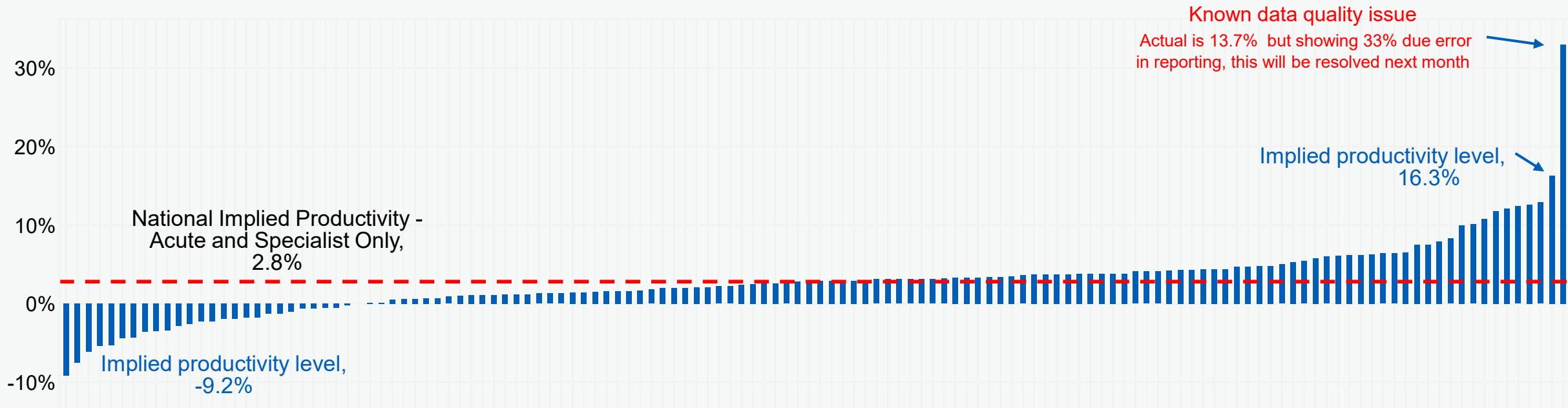
Organisation	Including DSF £m			Excluding DSF £m		
	Plan	Outturn	Variance	Plan	Outturn	Variance
Royal United Hospitals Bath NHS Foundation Trust	0.0	(20.5)	(20.5)	0.0	(20.5)	(20.5)
University Hospitals of Derby and Burton NHS Foundation Trust	0.0	(17.5)	(17.5)	(30.5)	(48.0)	(17.5)
Maidstone and Tunbridge Wells NHS Trust	0.0	(16.6)	(16.6)	0.0	(16.6)	(16.6)
Dartford and Gravesham NHS Trust	(3.0)	(19.2)	(16.1)	(22.6)	(29.0)	(6.4)
University Hospitals Birmingham NHS Foundation Trust	(4.2)	(20.1)	(15.9)	(4.2)	(20.1)	(15.9)
Bradford Teaching Hospitals NHS Foundation Trust	(2.7)	(17.8)	(15.1)	(2.7)	(17.8)	(15.1)
Northern Lincolnshire and Goole NHS Foundation Trust	0.0	(14.5)	(14.5)	(14.9)	(25.6)	(10.8)
Torbay and South Devon NHS Foundation Trust	(8.0)	(22.4)	(14.4)	(38.8)	(37.9)	1.0
Great Western Hospitals NHS Foundation Trust	0.0	(13.9)	(13.9)	(9.6)	(21.1)	(11.5)
Lancashire Teaching Hospitals NHS Foundation Trust	0.0	(13.7)	(13.7)	(30.0)	(43.7)	(13.7)
East Cheshire NHS Trust	(7.6)	(21.1)	(13.5)	(17.9)	(23.7)	(5.8)
Salisbury NHS Foundation Trust	0.0	(13.4)	(13.4)	(13.8)	(23.8)	(10.0)
Mid Yorkshire Teaching NHS Trust	(8.1)	(21.1)	(13.0)	(8.1)	(21.1)	(13.0)
Airedale NHS Foundation Trust	(3.6)	(16.5)	(12.8)	(15.9)	(25.7)	(9.7)
Sandwell And West Birmingham Hospitals NHS Trust	0.0	(12.6)	(12.6)	(14.2)	(26.8)	(12.6)
Worcestershire Acute Hospitals NHS Trust	0.0	(12.0)	(12.0)	(47.3)	(59.3)	(12.0)
Bedfordshire Hospitals NHS Foundation Trust	0.0	(11.8)	(11.8)	0.0	(11.8)	(11.8)
Surrey and Sussex Healthcare NHS Trust	(9.1)	(20.5)	(11.4)	(22.6)	(34.0)	(11.4)
University Hospitals Plymouth NHS Trust	0.0	(8.6)	(8.6)	(23.0)	(20.1)	2.9
The Rotherham NHS Foundation Trust	0.0	(6.4)	(6.4)	(4.1)	(9.5)	(5.4)
University Hospitals of Morecambe Bay NHS Foundation Trust	0.0	(6.1)	(6.1)	0.0	(6.1)	(6.1)
Isle of Wight NHS Trust	0.0	(5.6)	(5.6)	(5.8)	(9.1)	(3.2)
Great Ormond Street Hospital for Children NHS Foundation Trust	0.0	(5.0)	(5.0)	0.0	(5.0)	(5.0)

Acute providers are continuing to deliver above the productivity target of 2% set by Government, as of M10

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

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

Source: NHS Productivity Growth Estimates [UNPUBLISHED]



Current position: The latest provisional estimate as at M10 YTD (April 2025 to January 2026) is 2.8%, which is based on 2.4% cost weighted activity growth and -0.4% 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 (1.4% weighted growth compared to 2024/25), which is partially offset by decreases in temporary staff and other pay spending (- 1.2% weighted). Non-pay resources are estimated to have reduced in real terms by 0.5% (weighted). Activity growth in acute trusts is driven by weighted growth (compared to 2024/25) in non-electives (1.0%), electives (0.5%), outpatient follow-ups (0.3%), outpatient firsts (0.2%) and A&E attendances (0.2%).

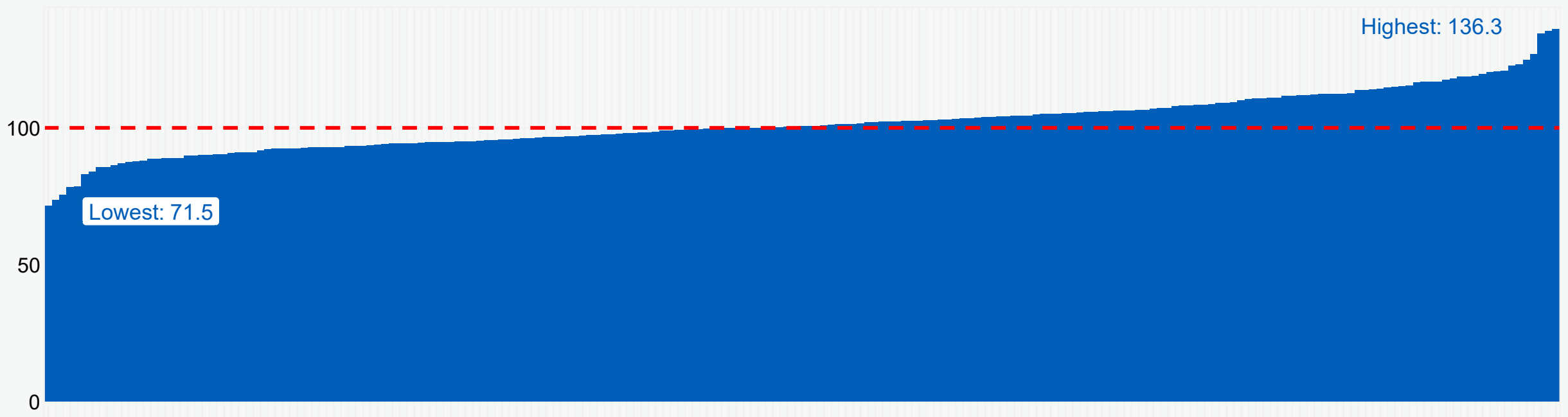
Actions: NHS productivity growth estimates continue to be published on a monthly basis, alongside a published methodology with details on how these estimates have been calculated. Tools and resources have been shared with trusts through the Productivity and Efficiency Improvement Hub on NHS Futures, 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 England 2024/25

Chart description: Relative cost difference adjusted for market force factors, National Cost Collection Index, by acute trust 2024/25

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.

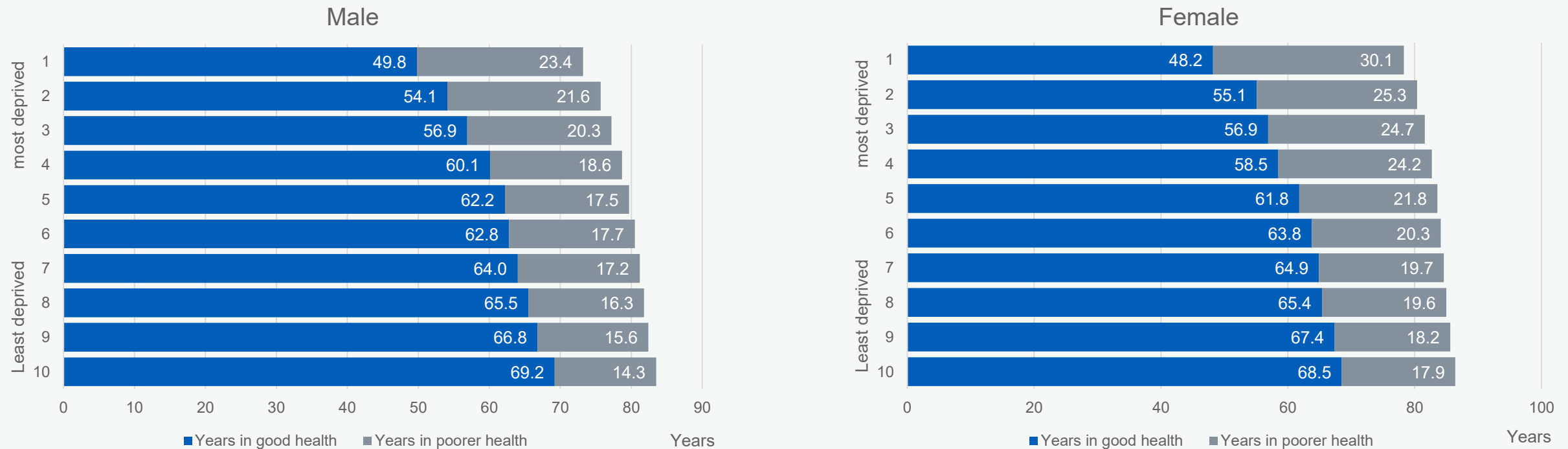
Actions: Providers have been issued with individual analysis packs which highlight the total scale of the productivity opportunity they can use as part of medium-term planning. Guidance has also been developed to prevent misclassification. The 13 workstreams in the productivity delivery plan are on track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

Annex



Action - BM352 - Healthy Life Expectancy

Healthy Life Expectancy - Data from the Office for National Statistics (ONS) between 2022-24 shows that healthy life expectancy fell by approximately 1.8 years for males and 2.5 years for females since 2019-21. The Health gap between the most and least deprived deciles in England has widened to record levels, with the gap being 19.4 years for males and 20.3 years for females.



Between 2022 and 2024, men in the most deprived decile can expect to live 49.8 years in good health compared to men in the least deprived deciles, who can expect to live 69.2 years in good health. Women in the most deprived deciles can expect to live 48.2 years in good health, compared to 68.5 years in the least deprived decile.

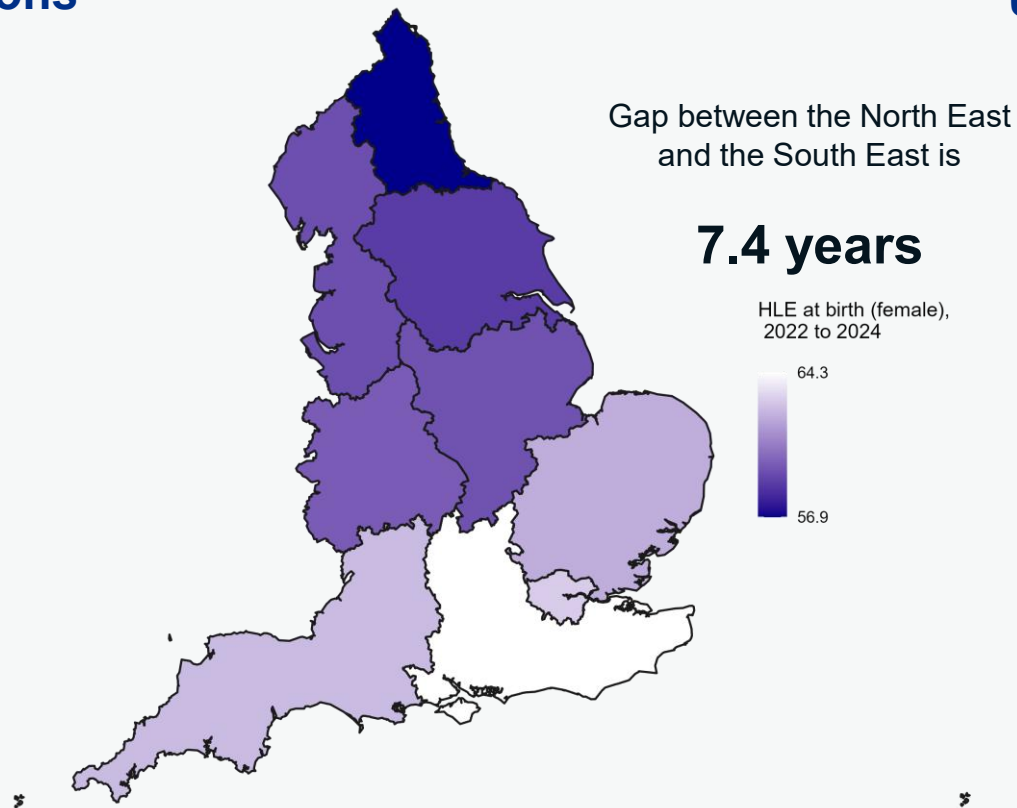
Based on World Health Organisation data, the UK when compared to other nations in western Europe, the Nordics, North America and Oceania, is now ranked 20th out of 21, with only the US seeing its population live fewer years in good health. It is one of only five of the richest 21 countries to see HLE decline and its fall was the second steepest.

Action - BM352 - Healthy Life Expectancy

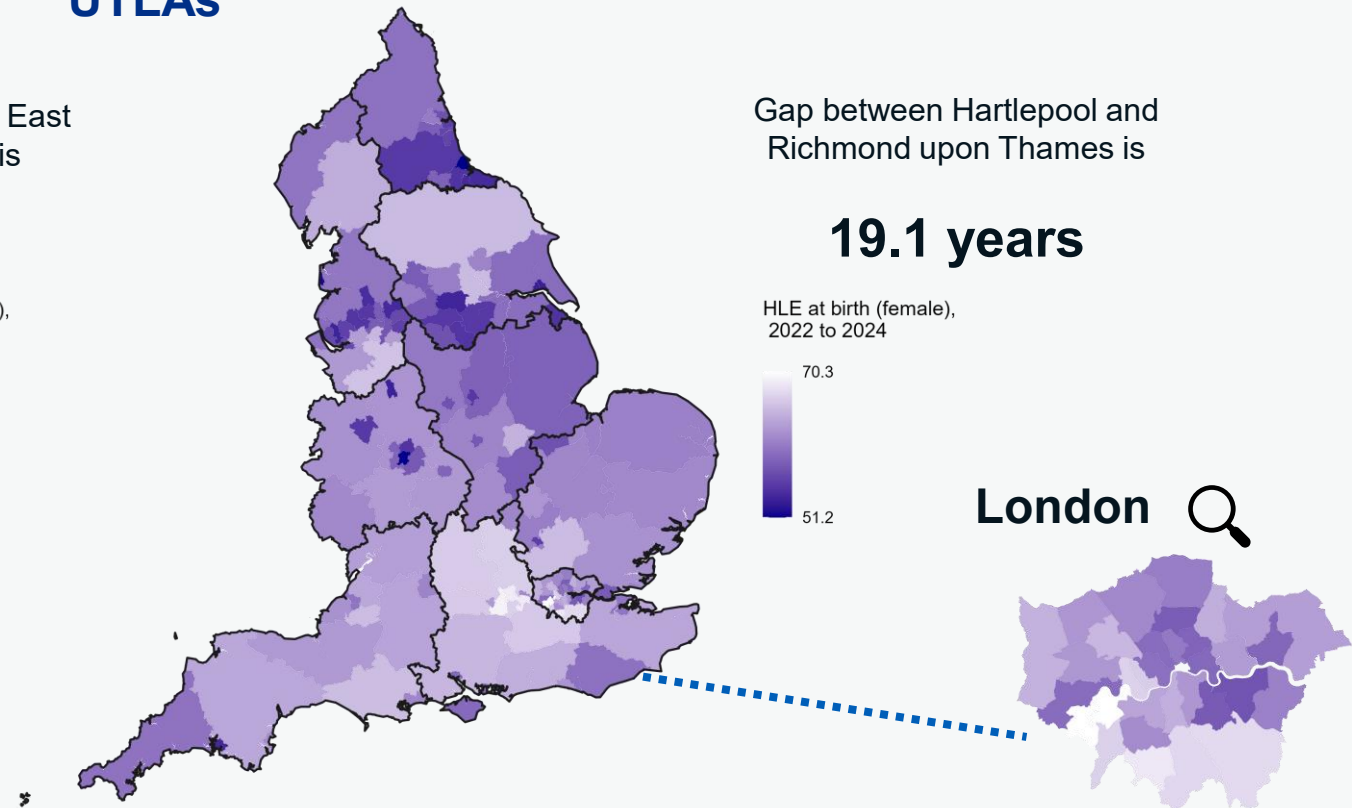
The 10 Year Health Plan committed to halving the gap in healthy life expectancy between the richest and poorest regions, whilst improving it for everyone.

The midpoint of HLE between the best and worst performing regions is around 60 years for males and 60.6 years for females.

Regions



UTLAs



Action - BM352 - Healthy Life Expectancy

Healthy life expectancy – Overview of current NHS action and 10 Year Health Plan (10YHP) alignment

Overview

The 10 Year Health Plan aims to halve the gap in healthy life expectancy (HLE) between the richest and poorest regions while increasing it for everyone.

- **Rising years lived with chronic disease** - Chronic health conditions and multimorbidity are clear drivers of self-reported poor health. Deaths from conditions such as cancer and cardiovascular disease also make the largest contribution to years of life lost and therefore have the biggest impact on life expectancy.
 - **10YHP actions underway:** Shift from reactive treatment of long-term conditions earlier identification and effective management through neighbourhood health services and secondary prevention (e.g. Cardiovascular Disease, Mortality Standard Framework and Prevention Accelerators scaling high impact preventative interventions)
- **Behavioural and socioeconomic risk factors** – Risk factors such as obesity, smoking, physical inactivity, alcohol are associated with self-reported poor health and often cluster with each other, impacting physical health status and both morbidity and mortality rates.
 - **10YHP actions underway:** Accelerate primary prevention policy (e.g. Tobacco and Vapes Bill) and support proactive management of risk factors e.g. roll out weight loss medicines (GLP-1s)
- **Mental ill-health and Musculoskeletal (MSK) conditions in young people and working age population** – MSK conditions have a large population prevalence (17.2%), and Office for Health Improvement and Disparities (OHID) analysis suggests that those with chronic MSK conditions have over 3 times the odds of reporting poor health than those without. In addition, there has been a 3 million increase in working-age individuals self-reporting long-term mental health conditions over the past decade – the sharpest rise among those aged 16–34. Both conditions are more prevalent in deprived areas.
 - **10YHP actions underway:** Strengthen integrated, community-based services (e.g. expanding mental health support teams in schools and colleges and testing work, health and skills offers through the Health and Growth Accelerators)



Action - BM355 - Productivity

This Board Integrated Performance Report (IPR) provides a concise summary of the national position within the Finance and Productivity section. The NOF productivity metric within the IPR provides a national average implied productivity level YTD and shows the variance at provider level (acute trusts).

Where further detail is required the NHS England Productivity team have produced and made available productivity improvement packs for all NHS trusts and ICBs. They describe quantified opportunities for improving productivity, which are based on benchmarking using data available nationally. The opportunities cover the Medium-Term Planning period of 2026/27 – 2028/29 and should be assessed alongside local insight, data and delivery capacity.

Opportunities focus on reducing variation seen in the national data available, which trusts can be benchmarked to using central assumptions. These are shared to support planning discussions and ensure all potential opportunities are explored.

Packs can be accessed directly via the NHS Futures collaboration platform via the [Productivity improvement packs - Productivity and Efficiency Improvement Hub – Futures](#) and selecting a trust's regional page or the ICB. **You will need an NHS.net email address to access this NHS Futures workspace.**

NB There remains some data quality issues at trust level.