

Integrated Performance Report

Agenda item 5 (Public Session)

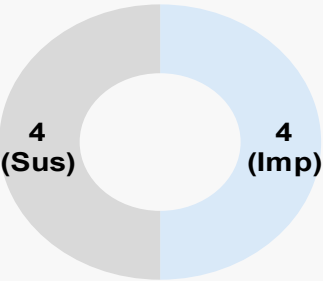
October 2026

Performance overview by NOF domain

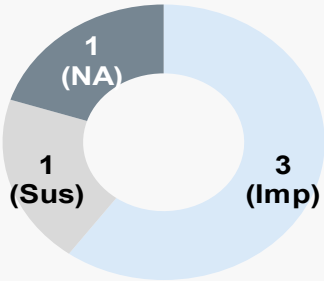
This report provides performance data relating to all the 2026/27 NHS Oversight Framework (NOF) ambitions/metrics, including both scored and contextual (non scored) metrics. The metrics presented in this report also consolidate our current performance reports into a single report covering finance, operations and quality and are aligned to our national priorities as set out in the 2026/27 NHS Oversight Framework (NOF).

Metrics reported 74	Improved 32 <i>- Metrics show an improvement by more than 1 percentage point (% metrics) or 1% (activity metrics) compared to same month last year.</i>	Sustained / stable 17 <i>- Metrics show a within 1 percentage point (% metrics) or 1% (activity metrics) compared to same month last year.</i>	Deteriorated 5 <i>- Metrics show a deterioration by more than 1 percentage point (% metrics) or 1% (activity metrics) compared to same month last year.</i>	Not applicable 20 <i>- Metrics which currently have insufficient data to enable comparisons, or are related to planned data.</i>
------------------------	---	--	---	--

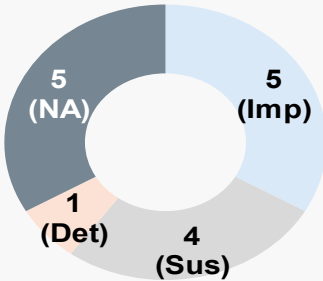
Population health & inequalities



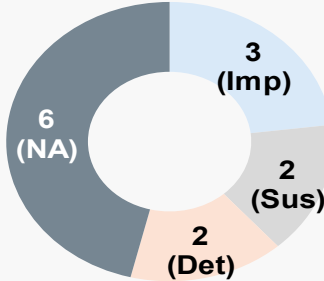
Allocating resources



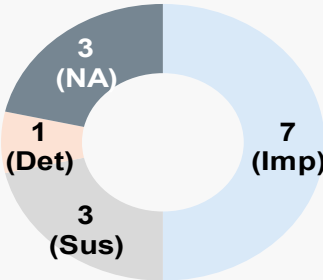
Access to services



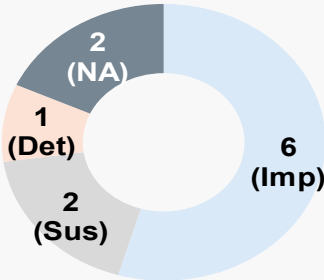
Experience of care



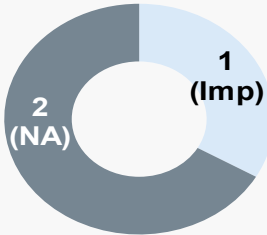
Effectiveness of care



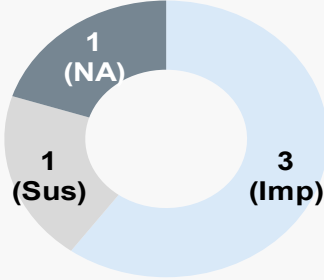
Patient safety



Finance, productivity & innovation



People



Exec summary - Quality

Performance position:

The overall position has stabilised, with most patient safety and clinical effectiveness indicators improving or holding steady. The next phase is disciplined implementation of the Quality Strategy and its supporting delivery architecture.

Patient Safety domain is mostly improving / stable:

- There were fewer inpatient hip fractures, with a reduction from 2.6% in 2024 to 2.5% in 2025.
- MRSA and E. coli were broadly stable, with the data showing a small decrease in MRSA across England when compared with the same month of the previous year
- There was a year-on-year improvement in access to MH crisis support as at July 2026, where patients in crisis receiving face-to-face contact within 24 hours was 72.0%, up 1.9% on the previous year.
- Rates of restrictive intervention reduced slightly compared to July 2025, with a decrease of 3 restrictive interventions per 1000 bed days.

Clinical effectiveness is generally stable, with encouraging improvements in several areas:

- Improved management of GP recorded CVD patients with cholesterol levels managed to NICE guidance, although the deprivation gap has increased and is up 4.7% since March 2025.
- A year-on-year reduction in antibiotic use in children under 9 with prescribing rates 1.1% lower than in June 2025.
- Improved 72-hour follow-up after mental health discharge, which was 4.3% higher compared to last year.
- Mental health readmissions have improved, reducing to 5.9% readmitted within 14 days in July 2026, compared to 6.5% in April 2026.

Patient experience presents a more mixed picture:

- Progress on out-of-area placements, where these have reduced by 1.4 percentage points when compared with June 2025.
- Inpatient satisfaction stable remains stable at 70.9% in 2025, a slight increase on the previous year's figures of 70.3%.
- However, delayed discharge remains a persistent pressure with delays increasing by 0.15 days since July 2025.
- More people in NHS care have no criteria to reside, 25.5% of intermediate care beds occupied by patients with no criteria to reside, up 2% since August 2025.



Exec summary – Quality

Key drivers:

There are a number of cross-cutting areas that are driving the levels and variation in performance across patient safety, clinical effectiveness, and patient experience:

- Workforce pressures, meaning fewer staff are available to deliver care, increasing the workload for existing staff and reducing time for training, supervision, and quality improvement activities. This increases the risk of mistakes, omissions, and delays in care.
- System capacity and the demand for services exceeding the available capacity of beds, clinics, diagnostics, and workforce. The resulting high occupancy reduces operational resilience and limits flexibility to respond to surges in demand.
- Pressures outside acute healthcare (including in social care), resulting in patients who are medically fit for discharge remaining in hospital, resulting in beds being occupied for longer than intended. This creates pressure on emergency departments and elective care pathways.
- Health and regional inequalities, where some disadvantaged socioeconomic groups and some ethnic minority communities experience unequal access to services and differing experiences of care, increasing the risk of adverse outcomes for these communities.

Actions:

The following key documents have now been published:

- Quality Strategy
- Maternity and Neonatal 10 Point Plan
- Achieving Excellent Patient Experience
- Quality Management System
- Modern Service Frameworks – Sepsis, Cardiovascular Disease (CVD) with others in development

These publications provide an important foundation for driving continuous improvement, strengthening quality governance, reducing inequalities and supporting the delivery of safe, effective and person-centred care across services.

Work is continuing on updating of both the Patient Safety Strategy and the National Care Delivery Standards, and they are progressing through the appropriate review and engagement processes. The NHS National Patient Experience Director has now been appointed, an important step in strengthening the national focus on patient experience quality development across the NHS.



Exec summary - Operational

Performance position:

Data shows that whilst improvement is being delivered in several long-standing problem areas, the scale of recovery required in some operational services remains significant.

Allocating resources (ICB specific metrics) has shown mostly positive improvement:

- The proportion of cancers diagnosed at stage 1 or 2 reached 59.3% in May 2026, representing a 1.0 percentage point increase compared with the previous year.
- Acute mental health admissions with no prior contact also improved, falling to 9.9% in July 2026, a reduction of 1.4 percentage points since July 2025.
- In addition, the number of attended community care contacts has increased from 7,293,720 in June 2026 compared with the same period last year this was an increase of 585,595 (8.7%).

Access to services presents a more challenged picture of performance:

- 75.9% of patients rated contacting their GP practice as easy, which is an increase of 0.9 percentage point from last month and 1.6 percentage points higher than last year.
- Just over three quarters of patients defined as clinically urgent were dealt with by their GP the same day
- Long waits in A&E remain a significant challenge, with more than 9% of type 1 and 2 attendances waiting over 12 hours in August 2026 and performance against the four-hour emergency care standard deteriorated to 75.0% in August, compared with both the previous month and the previous year.
- Elective care performance also showed a slight deterioration on the previous month with 65.4% of patients waiting less than 18 weeks for treatment.
- Similarly, 23.1% of patients were waiting more than six weeks for a diagnostic test in July, representing a deterioration of 1.3 percentage points compared with July 2025.
- Cancer waiting times remain below the required trajectory, with 71.2% of patients treated within the 62-day combined standard.
- On community waits, the longer-term trend shows deterioration in performance, however the metric masks significant variation in trust performance and between adult and children and young people performance.
- In contrast, progress continues to be made in reducing the percentage of children and young people discharged from community mental health (with at least two contacts and paired outcome score), which was 30.9% in July, an improvement of 4.4 percentage points on the previous year.



Exec summary - Operational

Key drivers:

The most significant demand and operational pressures remain in our key operational areas and the scale of recovery required in some services remains substantial with urgent and emergency care, elective recovery, diagnostics, and some cancer metrics remaining challenged.

A combination of factors including demand, heatwaves, and the April resident doctors' strike impacted these metrics at a time where performance is usually stronger. For example, overall demand was higher than expected with almost 7.3 million people attending A&E units in England in June, July and August, the highest number ever seen in the summer. The total of 7,268,445 attendances was circa 240,000 more than the 7,027,384 who attended in the same months in 2025. There are also numerous examples of theatres and diagnostic equipment being impacted by air handling issues caused by the weather.

These areas will continue to require focused delivery attention over the coming months, to ensure providers are in the best possible position heading into winter.

Actions:

The Elective recovery plan is focussed on a set of actions, including managing demand, prioritising timely first outpatient appointments, delivering planned activity and maintaining accurate waiting lists, supported by stronger oversight and targeted support to challenge underperformance and accelerate performance improvement.

UEC also has a recovery plan which sets out ten priority actions to improve urgent and emergency care performance through stronger clinical leadership, consistent standards and enhanced system oversight. Key priorities include improving discharge, reducing avoidable admissions, optimising emergency department and ambulance pathways, and expanding community-based alternatives to hospital care to improve patient experience and outcomes. Winter preparations are in progress, as is learning from the impact of heatwaves.

To support improvements in Community Health Services waiting times, a system-wide action plan has been published that contains system and provider level improvement checklists, a national community musculoskeletal (MSK) service specification and the set up of GIRFT workstreams to provide specific and targeted support.

To drive improvements in diagnostics performance all trusts are required to have a demand optimisation delivery plan, including the 12 Right Test, Right Time tests, in addition to any local priorities. Furthermore, all CDCs must deliver to their 2026/27 activity plans, with revenue to fully deliver on this already included in ICB allocations.



Exec summary - Finance

Performance position:

The revenue finance position to the end of July 2026 year-to-date shows an overspend of £194m (0.3% of YTD allocation).

This overall adverse variance reported at month 4 is driven by overspends in providers and ICBs of £231m (0.4%). 68% of frontline organisations have delivered to plan at month 4. At the same point last year providers and ICBs had overspent by £172m. Details of individual organisations with a YTD variance to plan worse than £1m are included in the Finance, productivity and innovations section of this report.

Key drivers:

The principal drivers of provider and ICB overspends at month 4 are the direct cost impact of six days of industrial action in April and shortfall in efficiency delivery. Whilst agency spend continues to be well controlled, bank spend is starting to emerge as a significant area of overspend. Financial recovery actions are being implemented in the most challenged organisations; mid-year reviews are ongoing.

Actions:

Thirteen organisations have had their Deficit Support Funding (DSF) held back at Quarter 2, reflecting concerns about their ability to deliver their financial plan for the year. The total funding held back at month 4 totals £19m.



Population health, prevention and reducing inequality



Population health, prevention and reducing inequality - summary of metrics

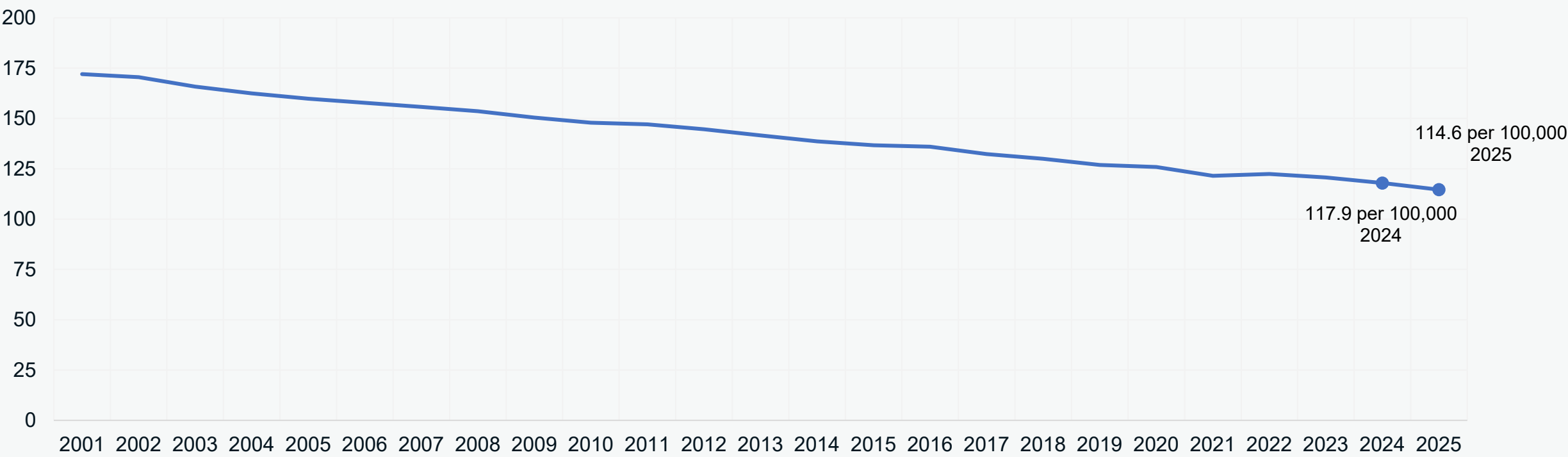
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Population health	Under 75s cancer mortality rate (per 100,000 population)	114.6 2025			117.9 2024	-3.3 (-2.8%)	Improved
Population health	Under 75s cardiovascular disease mortality rate (per 100,000 population)	71.5 2025			74.3 2024	-2.8 (-3.7%)	Improved
Preventing ill health	Cervical cancer screening rate	69.7% Jun-24	69.9% Mar-24	-0.3 ppt (-0.4%)	69.7% Jun-23	-0.0 ppt (-0.0%)	Sustained
Preventing ill health	Breast cancer screening coverage	71.8% 2024/25			70.0% 2023/24	1.8 ppt (2.6%)	Improved
Preventing ill health	Bowel cancer screening coverage	72.9% 2024/25			71.8% 2023/24	1.1 ppt (1.5%)	Improved
Preventing ill health	MMRV (measles, mumps, rubella and varicella) vaccine uptake rate	84.1% Mar-26	83.8% Dec-25	0.3 ppt (0.3%)	84.5% Mar-25	-0.4 ppt (-0.5%)	Sustained
Reducing inequality	Deprivation gap in lipid management (cholesterol)	2.86 Mar-26	2.83 Dec-25	0.03 (1.0%)	2.09 Mar-25	0.77 (36.7%)	Sustained
Reducing inequality	Deprivation gap in hypertension management	4.00 Mar-26	4.08 Dec-25	-0.08 (-2.0%)	3.47 Mar-25	0.53 (15.3%)	Sustained

Cancer mortality rates of under 75 year olds have been gradually falling since 2001

Chart description: Mortality rate per 100,000 persons under 75 years old with cause of death being cancer

NOF ambition/metric: Under 75s cancer mortality rate (ICBs)

Source: OHID (Office for Health Improvement and Disparities) based on Office for National Statistics data. Data accessed via DHSC Fingertips [publication link](#) [PUBLISHED]



Current position: The under 75s cancer mortality rate is 114.6 per 100,000 in 2025, compared to 117.9 per 100,000 in 2024. This is a 2.8% improvement.

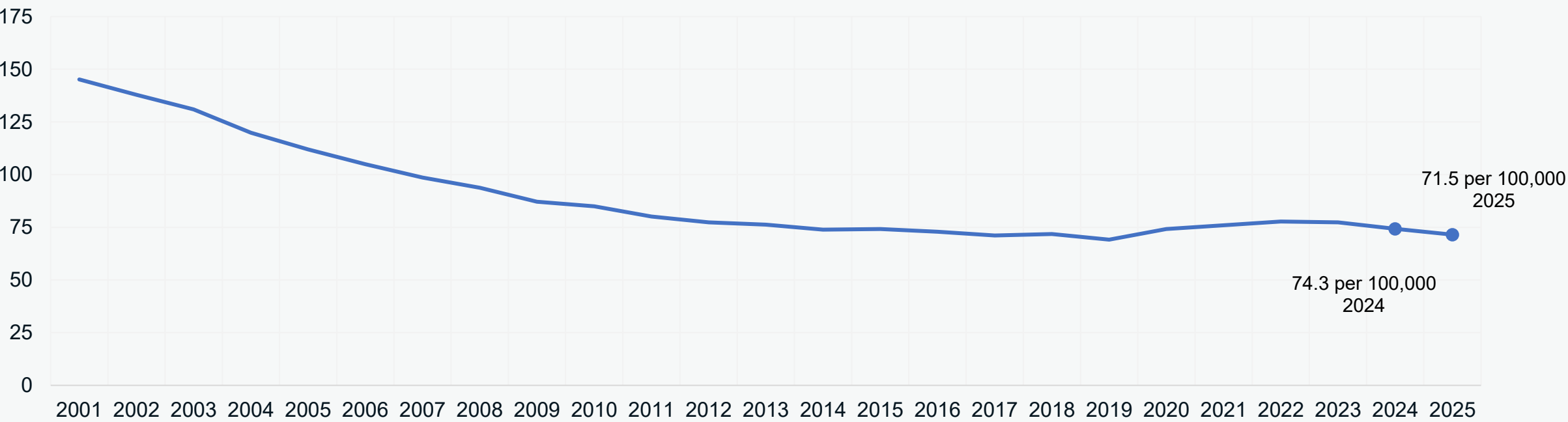
Actions: The national cancer plan's primary aim is to improve survival for all. Many of the actions being taken across prevention, early diagnosis and treatment will also support reductions in cancer mortality for under 75s. This includes expanding HPV vaccination with the ambition of eliminating cervical cancer by 2040, establishing clear quality standards for cancer delivery through cancer manuals, providing greater access to specialist cancer treatment centres and increasing support for children and young people with cancer including improving access to genomic testing and clinical trials.

Mortality rates from cardiovascular disease in under 75 year olds have fallen in recent years following an increase post Covid

Chart description: Mortality rate per 100,000 persons under 75 years old with cause of death being cardiovascular disease (CVD)

NOF ambition/metric: Under 75s cardiovascular disease mortality rate (ICBs)

Source: OHID (Office for Health Improvement and Disparities) based on Office for National Statistics data. Data accessed via DHSC Fingertips [publication link](#) [PUBLISHED]



Current position: Cardiovascular disease mortality has fallen by half since 2001 from 145.2 per 100,000 population to 71.5 per 100,000 population in 2025. Please note the figure for 2025 is based on provisional mortality and population data.

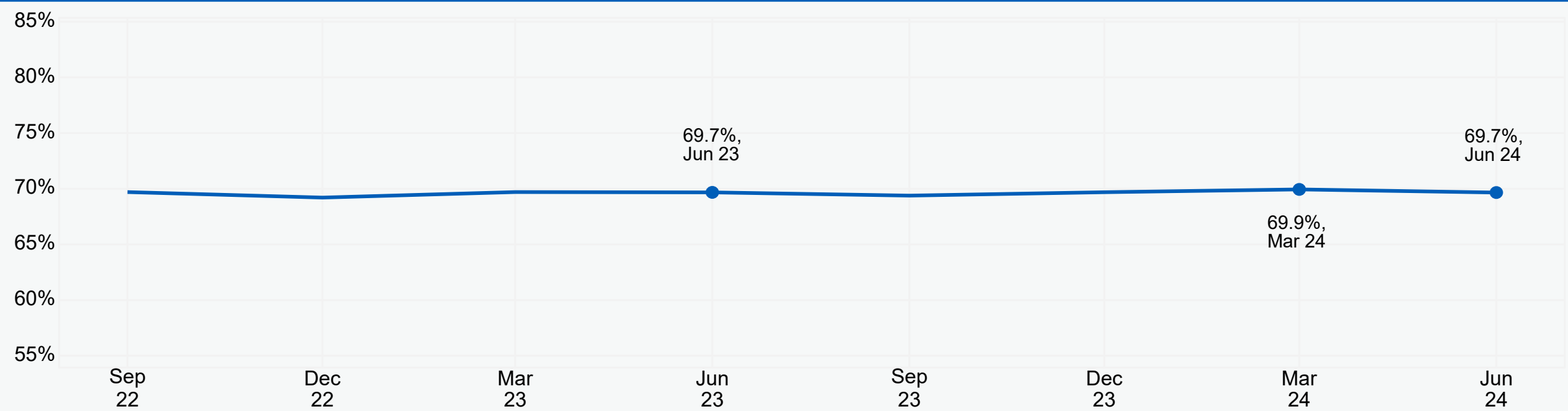
Actions: Work is ongoing to translate the recently published CVD (Cardiovascular Disease) MSF (Modern Service Framework) into a national delivery plan with a clear focus on prevention, earlier detection and evidence-based treatment across the CVD pathway. The national ambitions have been translated into ICB-level numeric targets giving each ICB a clear, measurable contribution to the national ambitions and to reduce hidden variation. CVDPREVENT and other available data will be used to identify local opportunities for improvement, with targeted action for communities experiencing the poorest cardiovascular outcomes. The NHS Oversight Framework for 2026/27 includes two CVD prevention indicators.

Cervical screening rate remains consistent over the last two years

Chart description: Cervical screening coverage, proportion of eligible individuals aged 25 to 64 years old adequately screened on a 3.5 year frequency (24 - 49 years) and 5.5 year frequency (50 - 64 years)

NOF ambition/metric: Cervical screening rate (ICBs)

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



Current position: At June 2024, cervical screening coverage was 69.7%, unchanged from June 2023 and 0.2 percentage points below March 2024 (69.9%), indicating broadly stable performance over the last two years. Longer-term coverage has generally trended very slightly downward. A new Cervical Screening Management System (CSMS) was implemented in June 2024. The focus since then has been on maximising the patient-facing benefits of CSMS, with lower priority on data gathering. Work continues to reinstate routine monthly, quarterly and annual cervical screening coverage data at all geographic levels, but the timeline for this remains uncertain.

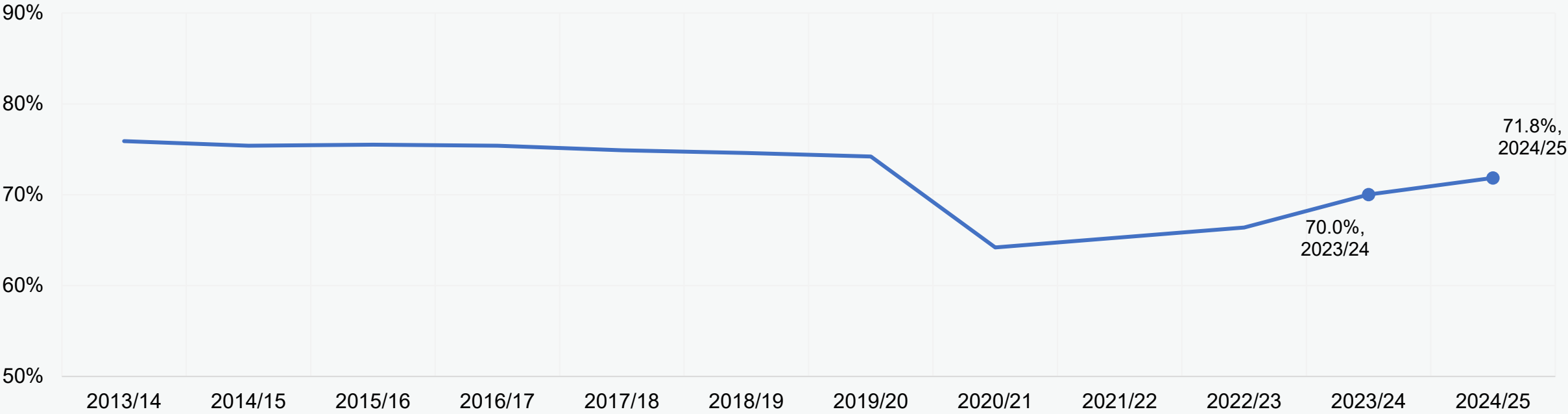
Actions: NHS England is Working to update published guidance relating to management of historic cytology following review and approval in August., and work to finalise analysis and a workforce design toolkit is in final stages of development which will be published shortly. NHS England are also working with stakeholders to improve patient access and experience, and the National rollout of at-home HPV self-testing kits commenced for women overdue for cervical screening, aiming to increase uptake and support cervical cancer prevention.

Breast cancer screening coverage continues to recover post-COVID

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

NOF ambition/metric: Breast screening rate (ICBs)

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



Current position: Breast screening coverage remains on an improving trajectory. At the end of 2024/25, coverage among women aged 53 to under 71 was 71.8%, up 1.8 percentage points from 70.0% in 2023/24. This is the fourth consecutive annual increase since the 2020/21 low of 64.2%, although coverage remains below the pre-pandemic level of 74.2% in 2019/20. The programme therefore continues to show consistent post-COVID recovery.

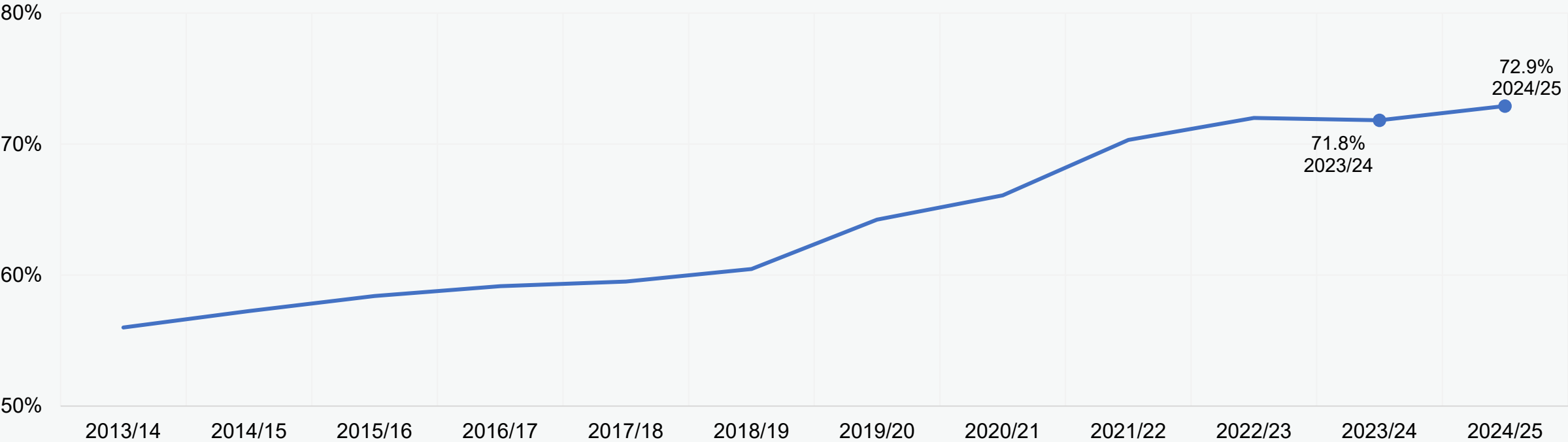
Actions: Capital funding has been secured from the NHS England Digital Diagnostics team to support connectivity on mobile breast screening units. Scoping underway to determine the likely impact of reducing the options for how breast screening services select eligible women for invitation and moving to next test due date (NTDD) model only. Work is underway on Breast screening After Radiotherapy Dataset (BARD) options for future delivery models due to the upcoming end of the National Disease Registration Service (NDRS) honorary contract.

Bowel cancer screening coverage continues to improve overall

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

NOF ambition/metric: Bowel screening rate (ICBs)

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



Current position: Bowel cancer screening uptake continues to improve overall. Coverage among men and women aged 60–74 reached 72.9% in 2024/25, up 1.1 percentage points from 71.8% in 2023/24 and above 72.0% in 2022/23. This maintains the longer-term rise from 56.0% in 2013/14. Data for those aged 50–59 are not yet included, reflecting the recent extension of eligibility and inherent reporting lags within the programme.

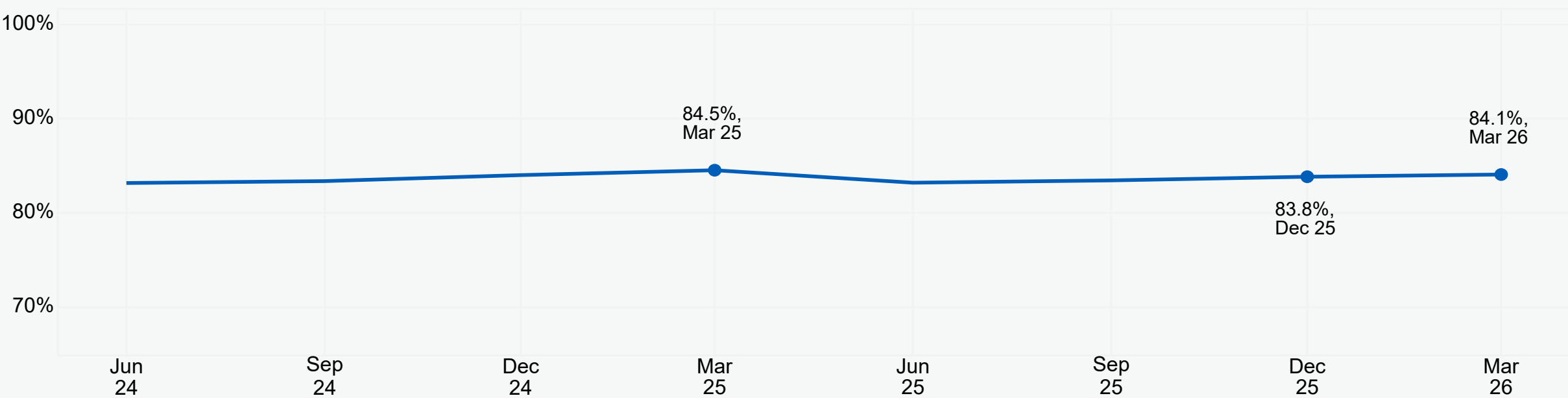
Actions: The team will continue to evaluate and monitor FIT@80 across the 16 live sites, including activity levels and early adopter performance, while supporting regional commissioners to achieve 60% rollout by the end of this financial year and full implementation by the end of 2027/28. Digital pre-invitations will continue through NHS Notify to reduce paper correspondence, supported by SMS notifications for NHS App users without push notifications enabled. Read rates and avoided letters will be closely monitored, with a formal review scheduled in November 2026.

MMR vaccine uptake rate remains stable but below WHO recommended levels

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

NOF ambition/metric: MMRV (measles, mumps, rubella and varicella) uptake rate (ICBs)

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



Current position: MMR vaccination uptake remains broadly stable but below WHO-recommended levels. Coverage was 84.1% in March 2026, up 0.3 percentage points from 83.8% in December 2025, but 0.4 percentage points below 84.5% in March 2025. Uptake continues to be constrained by perceived risk, low confidence in vaccine effectiveness, access and convenience barriers, socio-demographic and cultural factors, and variable local endorsement.

Actions: The 2026/27 0-5 improvement plan has been developed. The plan is split into 4 key themes (professional and public awareness, equitable access and reducing inequalities, improved data capabilities and robust system oversight) and focuses on nationally led actions as regions are responsible for developing and delivering their own improvement plans. A national invitation campaign launched in July 2026 for the MMR/V vaccination programme. Over a 6-week period invitations are being sent to individuals aged 6 years up to and including 11 years who are missing either 1 or 2 doses of the vaccine

The deprivation gap in lipid management (cholesterol) continues to increase

Chart description: Deprivation gap in lipid management (GP recorded cardiovascular disease (CVD), whose cholesterol is managed to NICE (National Institute for Health and Care Excellence) guidance), comparing most and least deprived quintiles

NOF ambition/metric: Deprivation gap in lipid management (ICBs)

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



Current position: The deprivation gap has increased throughout 2025/26. As at March 2026, those living in the least deprived areas had a rate that was 2.86 percentage points higher than those living in the most deprived areas (with regards to the management of cholesterol within patients).

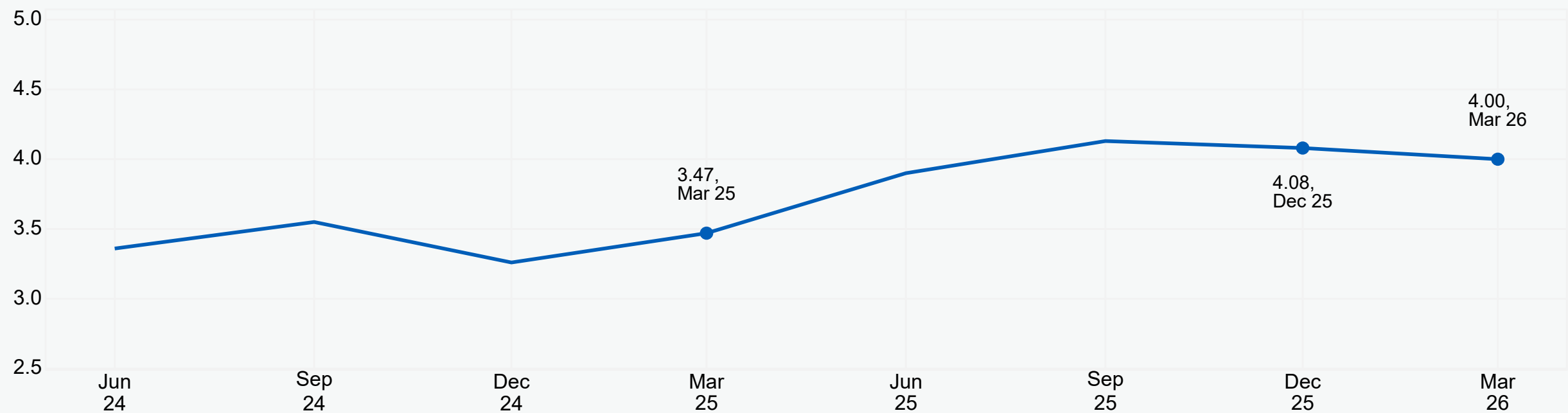
Actions:: Work is ongoing to translate the recently published CVD MSF (Modern Service Framework) into a national delivery plan which includes case finding and lipid management as one of its 12 Areas at Action and embeds equity metrics designed to expose and reduce unwarranted variation, alongside each priority intervention. The national ambition has been translated into ICB-level numeric targets giving each ICB a clear, measurable contribution to the national ambition and to reduce hidden variation.

The deprivation gap in hypertension management has increased throughout 2025/26 levelling off in the last quarter

Chart description: Deprivation gap in hypertension management (GP recorded hypertension whose blood pressure is managed to NICE (National Institute for Health and Care Excellence) guidance), comparing most and least deprived quintiles)

NOF ambition/metric: Deprivation gap in hypertension management (ICBs)

Source: CVDPREVENT publication link [PUBLISHED]



Current position: The deprivation gap has levelled off recently, following a widening gap throughout 2025/26. As at March 2026, those living in the least deprived areas had a rate that was 4 percentage points higher than those living in the most deprived areas (with regards to the management of hypertension within patients).

Actions: Work is ongoing to translate the recently published cardiovascular disease (CVD) Modern Service Framework (MSF) into a national delivery plan which includes treatment to target for people with hypertension as one of its 12 key priorities and embeds equity metrics designed to expose and reduce unwarranted variation, alongside each priority intervention. The national ambition has been translated into ICB-level numeric targets giving each ICB a clear, measurable contribution to the national ambition, enable focussed local improvement and reduce hidden variation.



Allocating resources (ICB specific metrics)



Allocating resources - summary of metrics

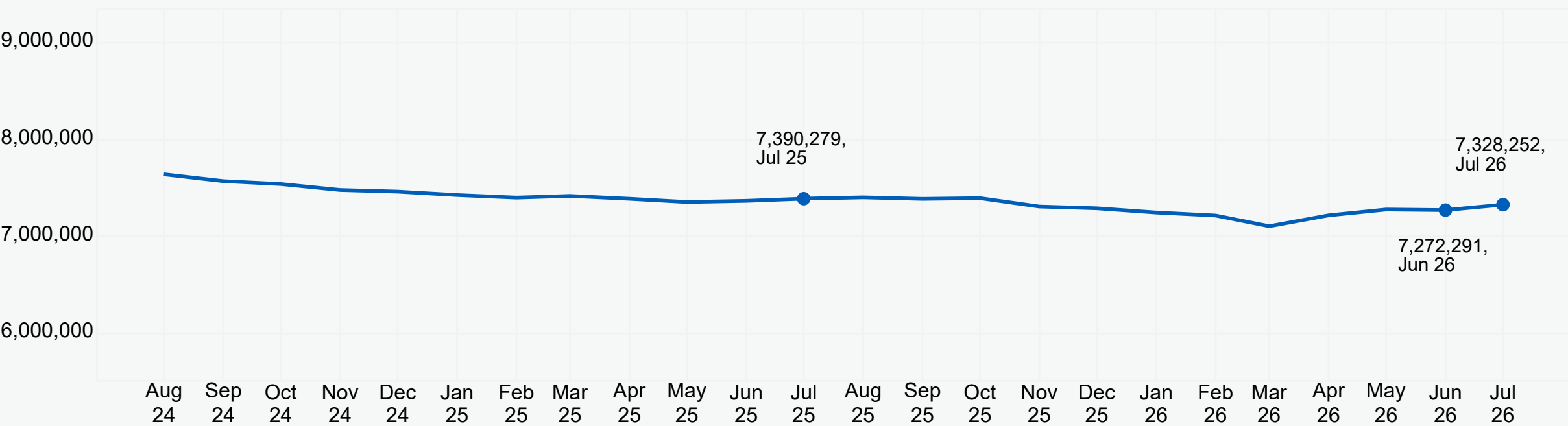
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Elective care	RTT elective total waiting list size	7,328,252 Jul-26	7,272,291 Jun-26	55,961 (0.8%)	7,390,279 Jul-25	-62,027 (-0.8%)	Sustained
Community care	Number of attended community care contacts	7,293,720 Jun-26	6,792,940 May-26	500,780 (7.4%)	6,708,125 Jun-25	585,595 (8.7%)	Improved
Cancer care	% of cancers diagnosed at stage 1 or 2	59.3% May-26	59.2% Apr-26	0.1 ppt (0.2%)	58.3% May-25	1.0 ppt (1.7%)	Improved
Mental health care	% of acute mental health admissions with no contact with community mental health services in the previous year	9.9% Jul-26	10.6% Jun-26	-0.7 ppt (-6.1%)	11.3% Jul-25	-1.4 ppt (-12.2%)	Improved
Primary care	% of clinically urgent GP appointments that take place on the same day	77.0% Jul-26	76.9% Jun-26	0.1 ppt (0.2%)			Not Applicable

The elective waiting list has decreased over the last two years

Chart description: Total elective waiting list, including estimates for missing data

NOF ambition/metric: Percentage change in the elective waiting list size versus same month last year, including estimates for missing data (ICBs)

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



Current position: As at July 2026, the elective waiting list stands at 7.33 million. This is a 0.8% deterioration/increase from June 2026. When compared to July 2025, there was a 0.8% decrease/ improvement, which is equivalent to 62,027 pathways.

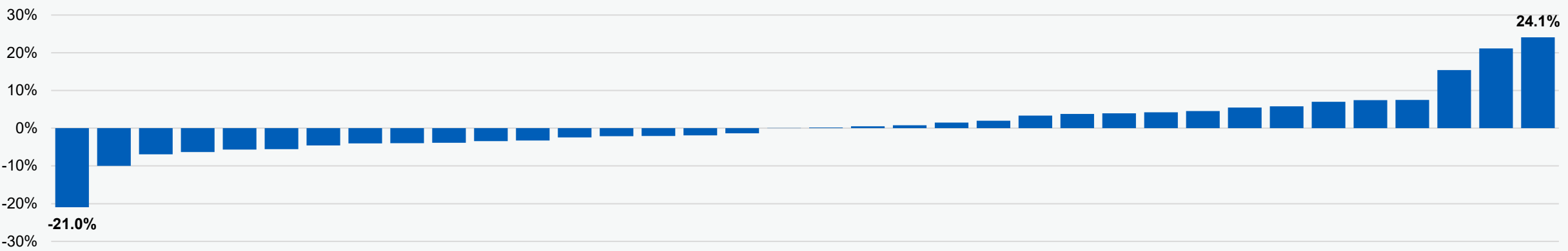
Actions: Reducing the elective waiting list remains a key enabler to delivering Referral To Treatment (RTT) ambitions in 2026/27. A refreshed elective recovery plan and set of actions will support systems to improve performance to meet the end of March 2027 trajectory of 70%. This includes managing demand, prioritising timely first outpatient appointments, delivering planned activity and maintaining accurate waiting lists. This will be supplemented by stronger oversight and targeted support to challenge underperformance and accelerate performance improvement.

The change in the elective waiting list size, performance variation July 2026

Chart description: The percentage change in the elective waiting list size from the same point in the previous year, including estimates for missing data. Positive figures represent increased waits.

NOF ambition/metric: Percentage change in the elective waiting list size versus same month last year, including estimates for missing data (ICBs)

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



Top 10 ICBs	Percentage
NHS Hampshire And Isle Of Wight Integrated Care Board	-21.0%
NHS Norfolk And Suffolk Integrated Care Board	-10.0%
NHS Cheshire And Merseyside Integrated Care Board	-6.9%
NHS Coventry And Warwickshire Integrated Care Board	-6.3%
NHS Devon Integrated Care Board	-5.7%
NHS Lancashire And South Cumbria Integrated Care Board	-5.5%
NHS Greater Manchester Integrated Care Board	-4.6%
NHS Essex Integrated Care Board	-4.0%
NHS Nottingham And Nottinghamshire Integrated Care Board	-4.0%
NHS Birmingham And Solihull Integrated Care Board	-3.9%

Bottom 10 ICBs	Percentage
NHS Cornwall And The Isles Of Scilly Integrated Care Board	24.1%
NHS Thames Valley Integrated Care Board	21.2%
NHS Gloucestershire Integrated Care Board	15.4%
NHS North East And North Cumbria Integrated Care Board	7.5%
NHS Dorset Integrated Care Board	7.4%
NHS Leicester, Leicestershire And Rutland Integrated Care Board	7.0%
NHS South West London Integrated Care Board	5.8%
NHS Humber And North Yorkshire Integrated Care Board	5.5%
NHS Staffordshire And Stoke-On-Trent Integrated Care Board	4.6%
NHS Herefordshire And Worcestershire Integrated Care Board	4.2%

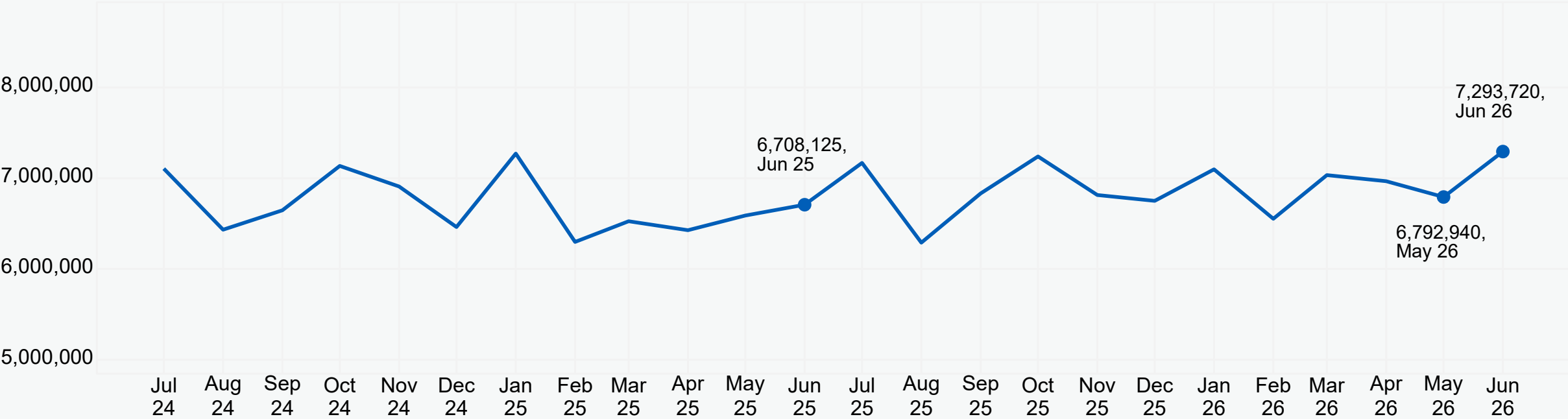
This chart shows the percentage change in the elective waiting list size in July 2026 versus the same month last year (July 2025), split by ICB. Greatest increase (24.1%), through to greatest decrease (-21%).

The number of attended community care contacts year to date has grown compared to the same period last year

Chart description: Total attended community care contacts

NOF ambition/metric: Level of growth in community care contacts (ICBs)

Source: Community Services Statistics [publication link](#) [PUBLISHED]



Current position: As at June 2026, total attended community care contacts were 7,293,720. This was an increase of 500,780 (7.4%) from May 2026 and 585,595 (8.7%) from June 2025. Overall, the latest data show growth both month on month and year on year.

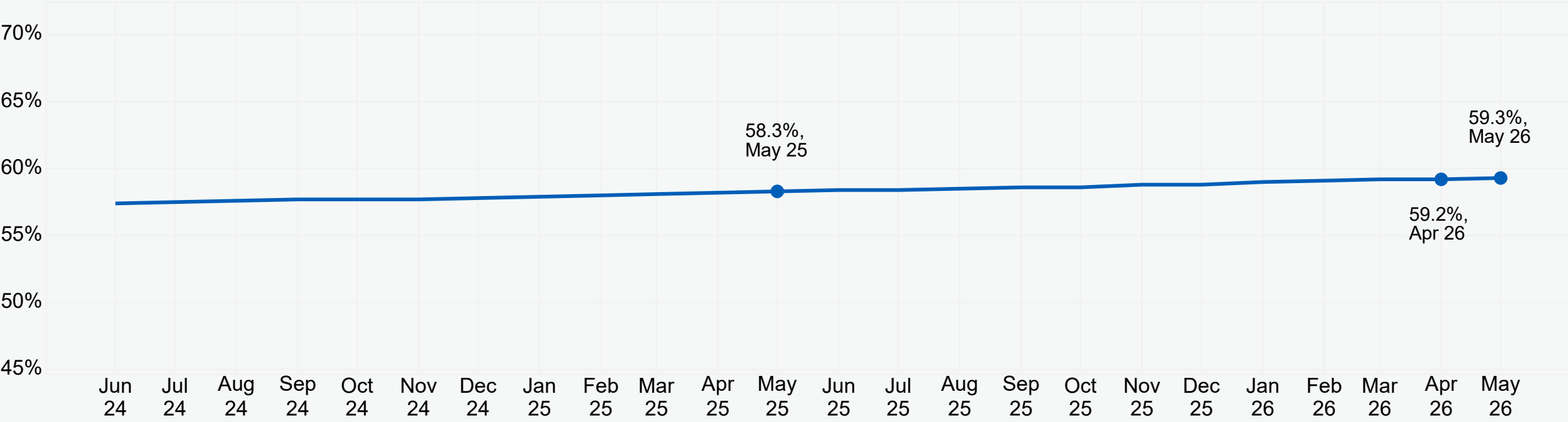
Actions: There was a positive spending review settlement to support ICBs to strengthen community services by increasing capacity to meet growth in demand, which is expected to be on average a 3% nationally per year-as outlined in Medium Term Planning Framework (MTPF). Regions and systems have decided to plan and invest part of their indicative capital allocation of £281m to fund new and expanded Community care facilities.

Proportion of cancers diagnosed at stage 1 or 2 continues on a slight upward trend over the last two years

Chart description: Percentage of all cancers diagnosed at stage 1 or 2

NOF ambition/metric: Percentage of cancers diagnosed at stage 1 or 2, ICBs

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



Current position: As at May 2026, the percentage of all cancers diagnosed at stage 1 or 2 was 59.3% (12-month average), this represents an increase since April 2026 and a 1.7% increase over the last 12 months (since May 2025).

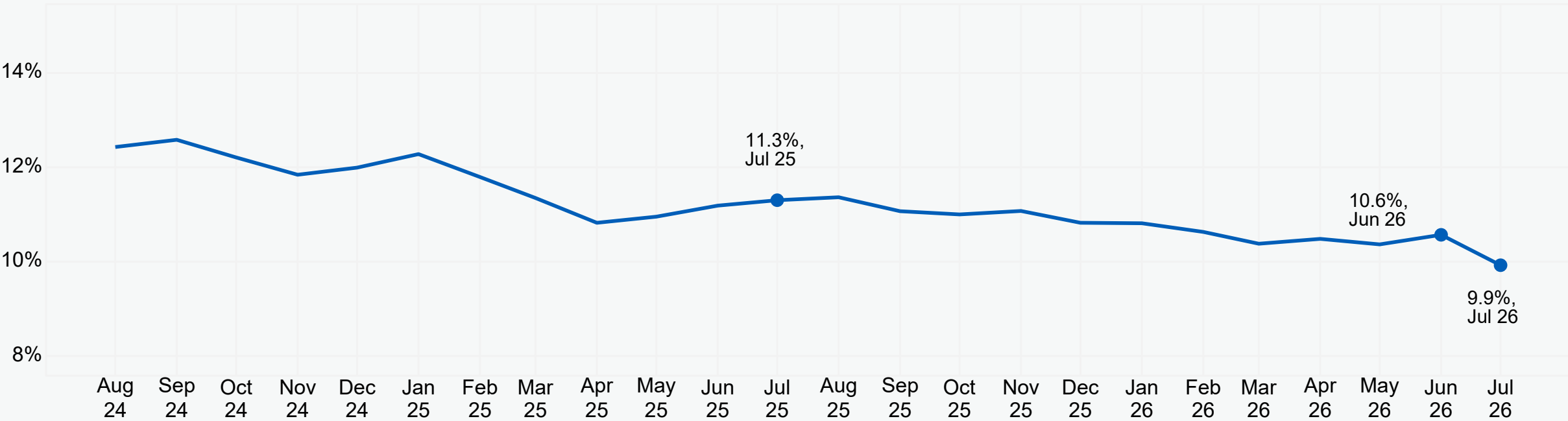
Actions: The national cancer plan was published in February, and the NHS and DHSC cancer programme teams, and other delivery partners, are progressing delivery. The lung cancer screening programme has now diagnosed over 12,400 lung cancers, 79% at stage 1 and 2. The Community Liver Health Check programme is on track to meeting the 26/27 cancer plan commitment to identify 4000 patients suitable for surveillance for hepatocellular carcinoma, with over 1100 identified between April and July 2026. A provider has been appointed which will allow the continuation of the Jewish Breast Cancer gene (BRCA) programme and the widening of access to direct to patient testing in future. The UK National Screening Committee has recommended a targeted prostate cancer screening programme and a dedicated implementation group to roll out screening has been set up.

Percentage of acute mental health admissions with no prior contact has reduced continuing longer-term improvement

Chart description: Percentage of adult acute mental health admissions with no contact in the previous year prior to admission (3 month rolling average)

NOF ambition/metric: Percentage adult acute mental health admissions with no contact in the previous year (ICBs)

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



Current position: As at July 2026, 9.9% of adult acute mental health admissions had no contact with mental health services in the previous year. This represents a reduction of 0.7 percentage points from June 2026 (10.6%) and 1.4 percentage points reduction from July 2025 (11.3%).

Actions: This metric provides insight on the effectiveness of community mental health services in reaching those people needing their support before they require admission to hospital. As systems continue to improve access, including through the rollout of neighbourhood mental health centres, the proportion is expected to continue to decrease.

Just over three quarters of patients defined as clinically urgent were dealt with by their GP the same day

Chart description: The percentage of general practice patients defined as clinically urgent who receive an appointment on the same day as their contact

NOF ambition/metric: Percentage of clinically urgent appointments that take place on the same day (ICBs)

Source: Appointments in General Practice [publication link](#) [PUBLISHED]

Month	Score
June 2026	76.9%
July 2026	77.0%

Current position: As at July 2026, 77.0% of clinically urgent general practice appointments took place on the same day as the patient’s contact. This was an increase of 0.1 percentage point from 76.9% in June 2026. . Note, this is a newly published measure and only limited historical data are currently available, so longer-term trends cannot yet be assessed.

Actions: NHS England are planning a range of actions to strengthen delivery confidence, including sharing guidance with ICBs; continued regional scrutiny; agreeing local improvement trajectories and recovery plans where required; disseminating best practice from high performers; facilitating tailored letters to practices based on their current delivery including noting potential for contractual action. NHS England are also preparing to improve operational grip through review at Regional Performance and Assurance Group meetings



Access to services



Access to services - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Elective care	RTT: 18 weeks or less	65.4% Jul-26	65.8% Jun-26	-0.4 ppt (-0.7%)	61.3% Jul-25	4.1 ppt (6.7%)	Improved
Elective care	RTT: 52 weeks or more (elective care)	1.5% Jul-26	1.5% Jun-26	0.1 ppt (4.6%)	2.6% Jul-25	-1.1 ppt (-41.3%)	Improved
Elective care	RTT: 52 weeks or more (community care)	7.5% Jul-26	7.6% Jun-26	-0.1 ppt (-1.5%)	7.6% Jul-25	-0.1 ppt (-1.2%)	Sustained
Elective care	Percentage of patients waiting less than 18 weeks for community care	75.9% Jul-26	76.0% Jun-26	-0.1 ppt (-0.1%)	75.8% Jul-25	0.1 ppt (0.2%)	Sustained
Diagnostics	Percentage of diagnostic referrals where the patient was waiting over 6 weeks for a procedure or test	23.1% Jul-26	23.3% Jun-26	-0.2 ppt (-0.7%)	21.9% Jul-25	1.3 ppt (5.8%)	Deteriorated
Cancer care	Faster Diagnostic Standard (28 Days)	79.3% Jul-26	79.0% Jun-26	0.4 ppt (0.5%)	76.5% Jul-25	2.8 ppt (3.7%)	Improved
Cancer care	62-day Combined Standard	71.2% Jul-26	69.9% Jun-26	1.3 ppt (1.8%)	69.5% Jul-25	1.7 ppt (2.4%)	Improved
Urgent care	A&E 4 hour performance	75.0% Aug-26	75.4% Jul-26	-0.3 ppt (-0.4%)	75.9% Aug-25	-0.8 ppt (-1.1%)	Sustained
Urgent care	Percentage of attendances waiting over 12 hours in ED (type 1 & 2)	9.7% Aug-26	9.6% Jul-26	0.1 ppt (1.3%)	8.9% Aug-25	0.9 ppt (9.8%)	Sustained

Access to services - summary of metrics

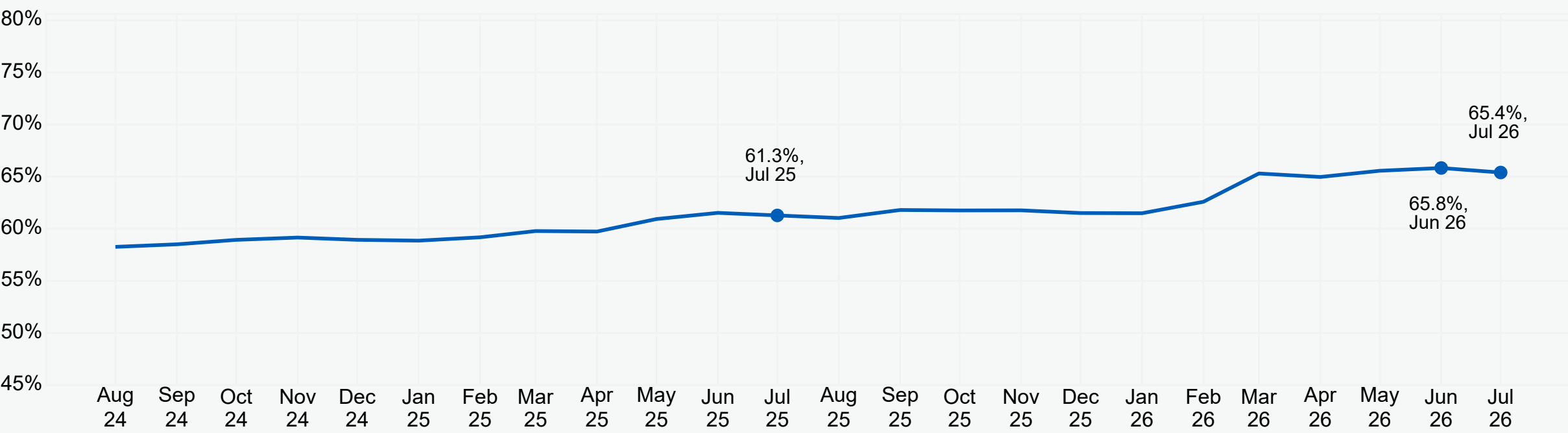
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Urgent care	Cat 2 mean response time	00:28:52 Aug-26	00:29:49 Jul-26	-00:00:57 (-3.2%)	00:26:59 Aug-25	00:01:53 (7.0%)	Not Applicable
Urgent care	Mean 999 call response time in seconds	6 Aug-26	6 Jul-26	0 (0.0%)	3 Aug-25	3 (100.0%)	Not Applicable
Mental health care	Percentage of total Children's and Young Persons mental health patients waiting over 104 weeks for contact	26.7% Jul-26	26.2% Jun-26	0.6 ppt (2.1%)			Not Applicable
Mental health care	Percentage of children and young people discharged from mental health services with a paired outcome score	30.9% Jul-26	25.4% Jun-26	5.5 ppt (21.7%)	26.5% Jul-25	4.4 ppt (16.6%)	Improved
Mental health care	Percentage of adults discharged from mental health services with a paired outcome score	13.1% Jul-26	13.2% Jun-26	-0.1 ppt (-1.1%)			Not Applicable
Learning disabilities and autism	Percentage of people with a learning disability and autistic people in mental health hospital with the longest lengths of stay	44.7% Jul-26	44.2% Jun-26	0.5 ppt (1.1%)			Not Applicable

RTT performance has improved over the last two years with a slight dip in the latest month

Chart description: Percentage of elective patients waiting less than 18 weeks to start consultant led treatment (includes estimates for missing data)

NOF ambition/metric: Percentage of cases where a patient is waiting less than 18 weeks for consultant led elective treatment, including estimates for missing data (acute trusts)

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



Current position: As at July 2026, the percentage of elective patients waiting less than 18 weeks for treatment was 65.4%, a 0.4 percentage point decrease/deterioration on June 2026. When compared to July 2025, this is a 4.1 percentage point increase/improvement, equivalent to 263,835 more patients.

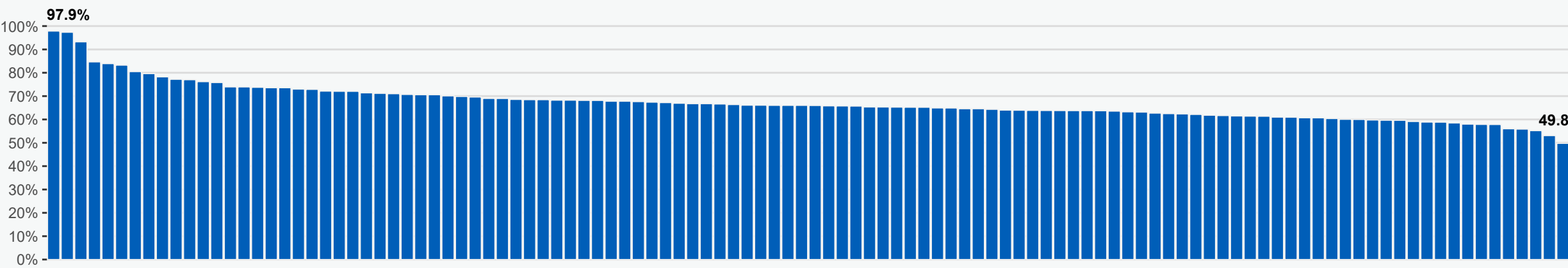
Actions: Referral to Treatment (RTT) performance is the main elective priority for 2026/27. NHS England achieved the March 26 ambition of 65%, though there has been flattening performance since. The focus is now on a set of actions, including managing demand, prioritising timely first outpatient appointments, delivering planned activity and maintaining accurate waiting lists, supported by stronger oversight and targeted support to challenge underperformance and accelerate performance improvement.

RTT performance variation, July 2026

Chart description: Percentage of elective patients waiting less than 18 weeks to start consultant led treatment (includes estimates for missing data)

NOF ambition/metric: Percentage of cases where a patient is waiting less than 18 weeks for consultant led elective treatment, including estimates for missing data (acute trusts)

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



Top 10 Providers	Percentage
The Clatterbridge Cancer Centre NHS Foundation Trust	97.9%
The Christie NHS Foundation Trust	97.4%
The Royal Marsden NHS Foundation Trust	93.3%
Moorfields Eye Hospital NHS Foundation Trust	84.7%
Northumbria Healthcare NHS Foundation Trust	83.9%
Royal Berkshire NHS Foundation Trust	83.3%
Royal Papworth Hospital NHS Foundation Trust	80.5%
Liverpool Heart And Chest Hospital NHS Foundation Trust	79.6%
Tameside And Glossop Integrated Care NHS Foundation Trust	78.2%
Gateshead Health NHS Foundation Trust	77.2%

Bottom 10 Providers	Percentage
Mid And South Essex NHS Foundation Trust	49.8%
University Hospitals Sussex NHS Foundation Trust	53.1%
East Kent Hospitals University NHS Foundation Trust	55.2%
Northern Care Alliance NHS Foundation Trust	55.9%
Hull University Teaching Hospitals NHS Trust	56.0%
Blackpool Teaching Hospitals NHS Foundation Trust	57.8%
Great Western Hospitals NHS Foundation Trust	57.9%
Medway NHS Foundation Trust	58.0%
York And Scarborough Teaching Hospitals NHS Foundation Trust	58.5%
Milton Keynes University Hospital NHS Foundation Trust	58.8%

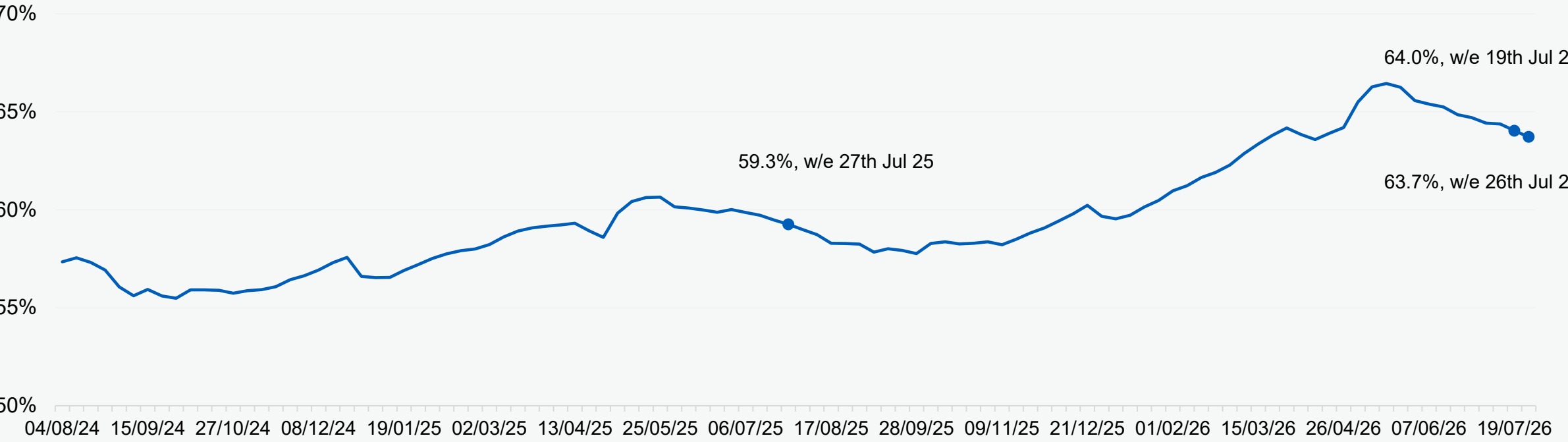
This chart shows the percentage of patients waiting less than 18 weeks for elective treatment in July 2026 split by acute trust(excludes community and independent sector). Highest performing (97.9%) through to Lowest performing (49.8%).

Latest published management information shows a steady decline in 18 week RTT performance since end of May for children and young people (18 years old and below)

Chart description: Percentage of elective patients waiting less than 18 weeks to start consultant led treatment, 0 – 18 years

This is a subset of the main NOF metric: Percentage of cases where a patient is waiting less than 18 weeks for consultant led elective treatment, figures do not include estimates for missing data or data quality adjustments

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



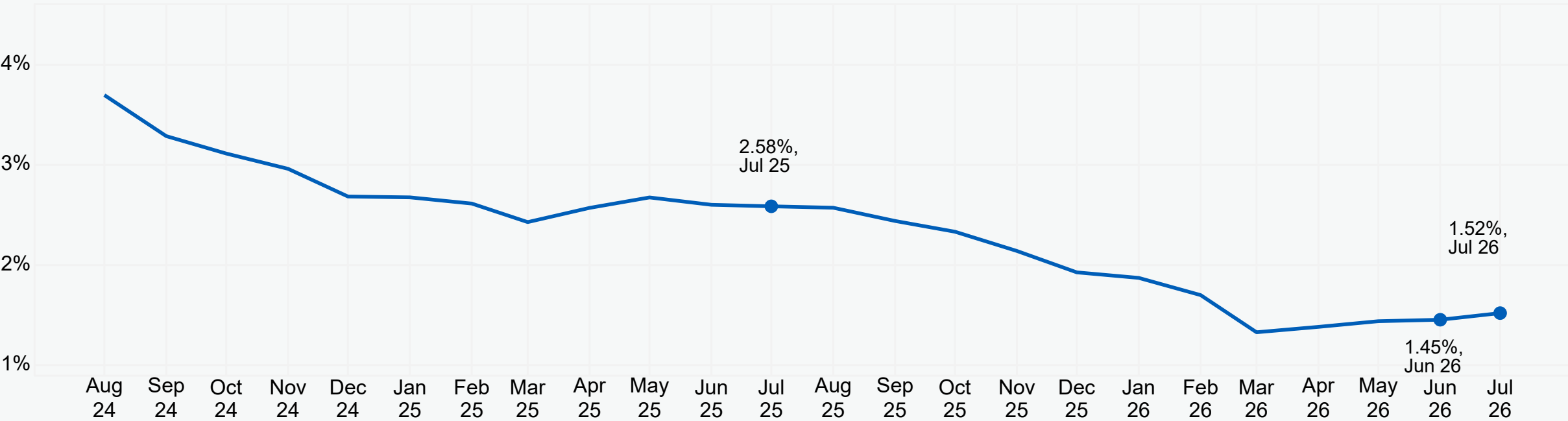
As of w/e 26th July 2026, 63.7% of children and young people had been waiting within 18 weeks to start elective treatment. Whilst this was an improvement on the same week last year (59.3%; w/e/ 27th July 2025), it has steadily been declining since the end of May 2026.

The proportion of over 52 week waiters has improved over the last two years with a slight deterioration in recent months

Chart description: Percentage of cases waiting over 52 weeks for elective treatment (includes estimates for missing data)

NOF ambition/metric: Percentage of cases where a patient is waiting over 52 weeks for consultant led elective treatment, including estimates for missing data (acute trusts)

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



Current position: As at July 2026, the percentage of elective pathways waiting over 52 weeks for treatment was 1.52% (111,379), up 0.07 percentage points from June 2026. When compared to July 2025 this represents a 1.06 percentage point decrease/improvement.

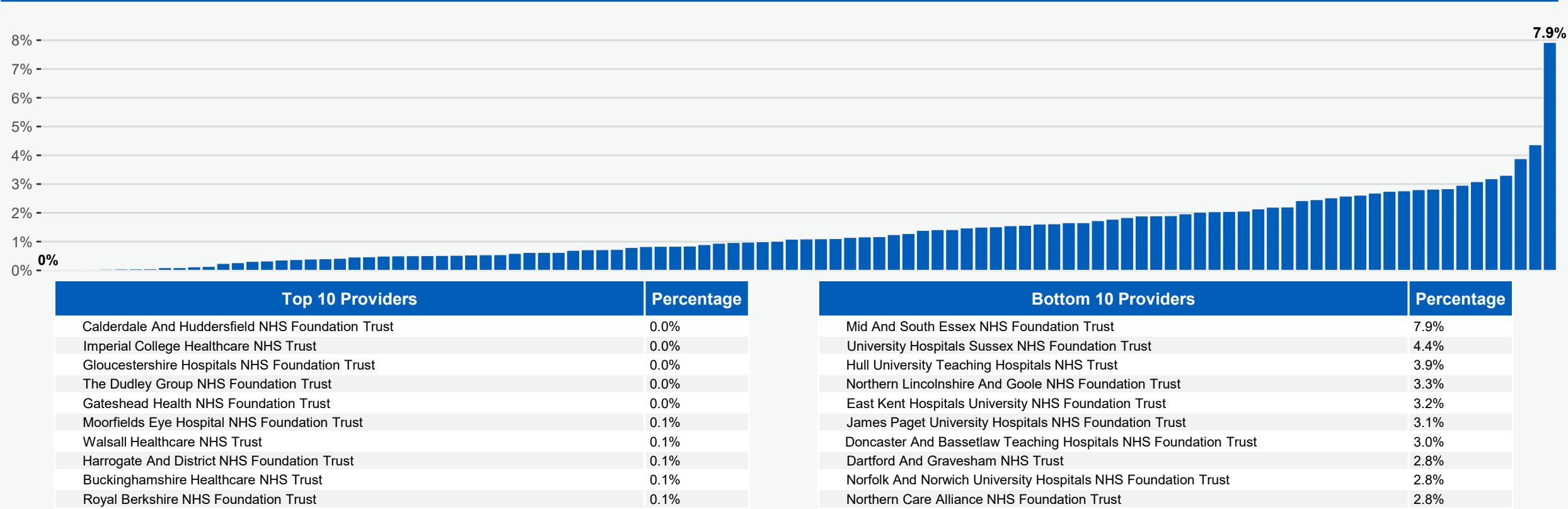
Actions: Reduction of the longest waits remains a key priority and is a focus of NHS England’s performance oversight with Regional teams. The elective recovery plan sets out the continued commitment to reduce those waiting over 52 weeks. The Getting it Right First Time (GiRFT) team have established a time limited programme to focus on elimination of 78 week waiters itself a cohort of 52ww long waiters.

Elective 52 week waiters performance variation, July 2026

Chart description: Percentage of cases waiting over 52 weeks for elective treatment (includes estimates for missing data)

NOF ambition/metric: Percentage of cases where a patient is waiting over 52 weeks for consultant led elective treatment, including estimates for missing data (acute trusts)

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



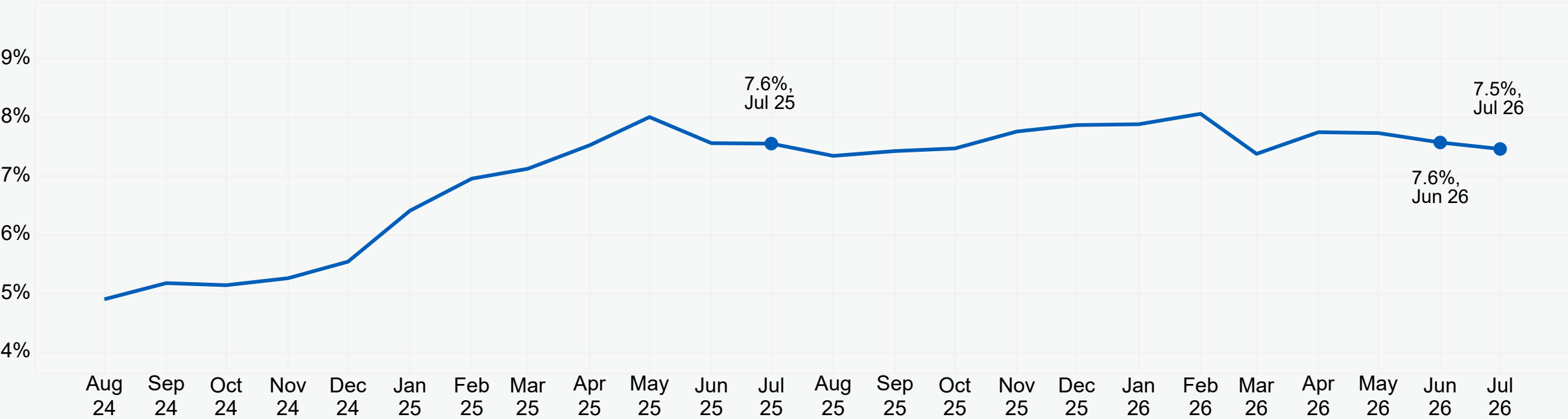
This chart shows the percentage of patients waiting more than 52 weeks for elective treatment in July 2026 split by acute trust. Highest percentage, worst performing (7.9%) through to lowest percentage, highest performing (0.0%).

Over 52 week waiters (community care) has deteriorated relative to the last two years despite a marginal improvement in the most recent data

Chart description: Percentage of cases waiting over 52 weeks for community treatment, including both children and young people’s (CYP) and adult community health services. Figures below include all providers nationally.

NOF ambition/metric: Percentage of cases where a patient is waiting over 52 weeks for community treatment (community trusts)

Source: Community health services waiting lists [publication link](#) [PUBLISHED]



Current position: As at July 2026, 7.5% of cases had been waiting over 52 weeks for community treatment. This was a decrease of 0.1 percentage point from 7.6% in June 2026 and 0.1 percentage point lower than in July 2025. Overall, the latest position shows a marginal improvement both month on month and year on year

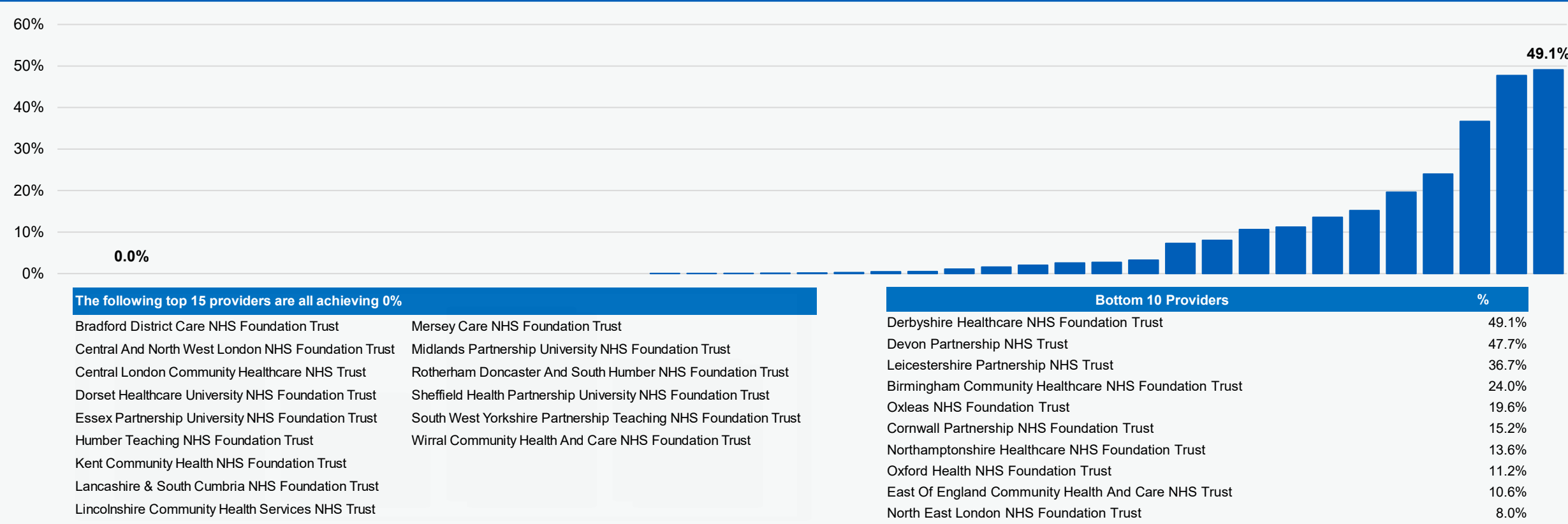
Actions: Community Health Services waiting time targets includes the publication of a system-wide action plan with system and provider level improvement checklists, a national community musculoskeletal (MSK) service specification and the set up of GIRFT workstreams. These will offer targeted support at both an ICB and provider level for outliers for 18-week performance, prioritising waits over 52 weeks. NHS England also aim to improve operational grip though across regions via the Regional performance and Assurance Groups (RPAGs).

Over 52 week waiters (community care) performance variation July 2026

Chart description: Percentage of cases waiting over 52 weeks for community treatment, including both children and young people’s (CYP) and adult community health services. Figures below are for community and mental health trusts only, excluding acutes and independent sector providers.

NOF ambition/metric: Percentage of cases where a patient is waiting over 52 weeks for community treatment (community trusts)

Source: Community health services waiting lists [publication link](#) [PUBLISHED]



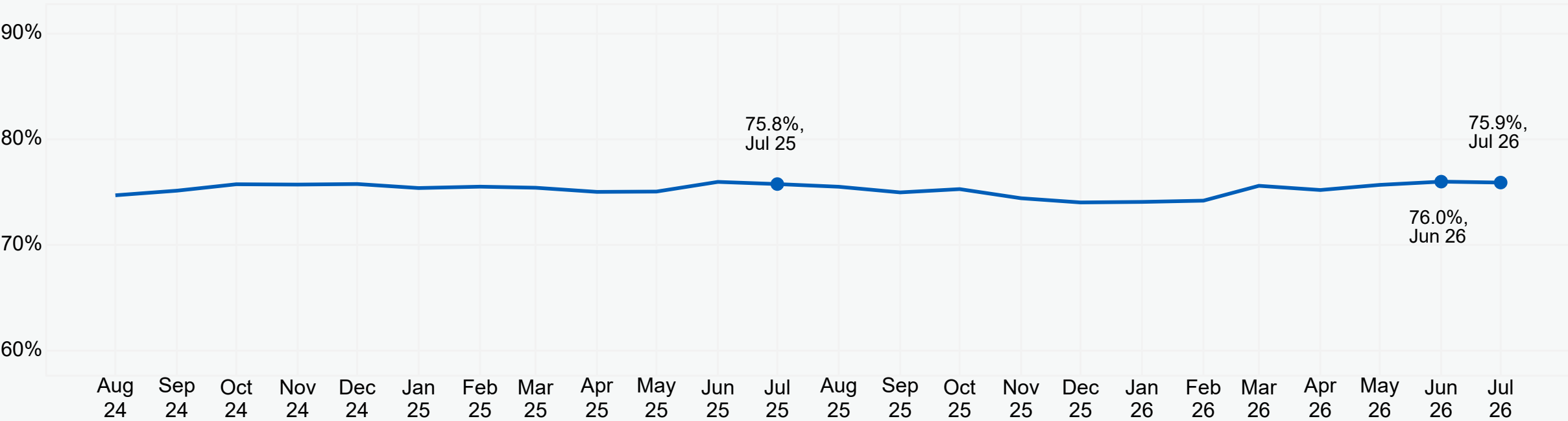
This chart shows the percentage of cases waiting more 52 weeks for elective treatment in July 2026 split by Community and Mental Health trust. Highest percentage, worst performing (49.1%) through to lowest percentage, highest performing (0%).

Percentage of patients waiting under 18 weeks for community care is sustained relative to the last two years

Chart description: Proportion of patients waiting less than 18 weeks for community care

NOF ambition/metric: Percentage of cases waiting less than 18 weeks for community treatment (community trusts)

Source: Community health services waiting lists [publication link](#) [PUBLISHED]



Current position: As at July 2026, 75.9% of cases were waiting less than 18 weeks for community treatment. This was a decrease of 0.1 percentage point from 76.0% in June 2026, but 0.1 percentage point higher than the 75.8% reported in July 2025. Overall, performance remained broadly stable both month on month and year on year.

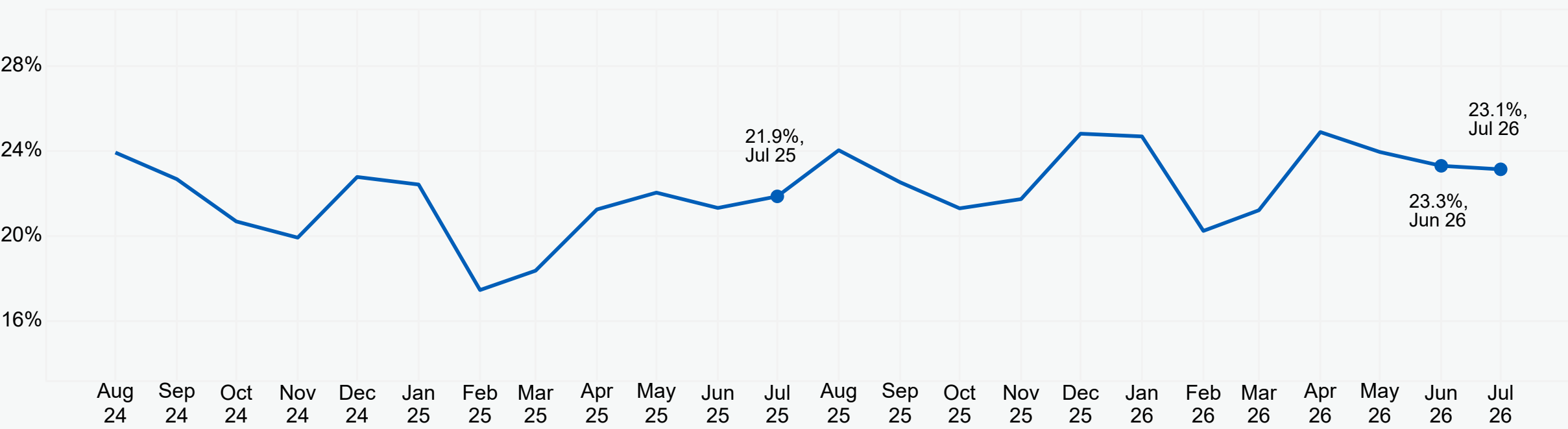
Actions: Community Health Services waiting time targets include publication of a system-wide action plan with system and provider-level improvement checklists, a national community musculoskeletal (MSK) service specification and the set up of GIRFT workstreams. These will offer targeted support at both an ICB and provider level for outliers for 18-week performance, prioritising waits over 52 weeks. These actions aim to reduce variation and address the drivers of long waits, with improvements expected in 2026/27 waiting time data. NHS England also aim to improve operational grip though across regions via the Regional performance and Assurance Groups (RPAGs)

Diagnostic 6 week performance has deteriorated when compared to last year

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

NOF ambition/metric: Percentage of diagnostic referrals waiting over six weeks (acute trusts)

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



Current position: In July 2026 the proportion of patients waiting over 6 weeks for a diagnostic test stood at 23.1%, an improvement of 0.2 percentage points from June 2026, but 1.3 percentage points worse than July 2025.

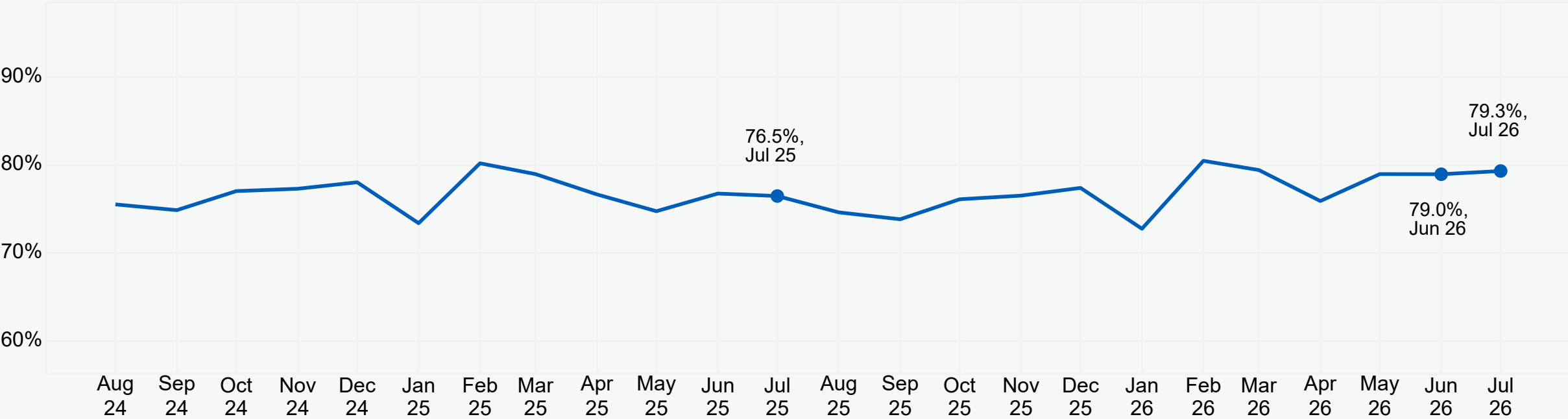
Actions: NHS England is focusing on a set of performance improvement actions: (1) All CDCs must deliver to their 2026/27 activity plans as sufficient revenue to fully deliver these was included in ICB allocations, (2) Trusts with low utilisation levels for CT, MRI, NOUS, Echo and Endoscopy should be performance managed to achieve those targets, (3) 45 trusts with 6-month colonoscopy waits must eliminate those by September 26 and 3-month waits by March 27, (4) All trusts to have a demand optimisation delivery plan, including the 12 Right Test, Right Time tests plus local priorities. In addition, the diagnostics programme is working to ensure each regional roll out of the workforce interventions targeted at fragile professions and services as piloted by East of England; and all new diagnostic capacity approved in 2025/26 should go live on time in 2026/27.

Cancer FDS performance has improved compared to last year

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

NOF ambition/metric: Percentage of cases meeting the 28 day faster diagnosis standard

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



Current position: As at July 2026, the percentage of patients receiving a definitive diagnosis within the 28-day faster diagnosis standard (FDS) was 79.3%. This is a 0.4 percentage point improvement compared to June 2026, and a 2.8 percentage point increase/improvement from July 2025.

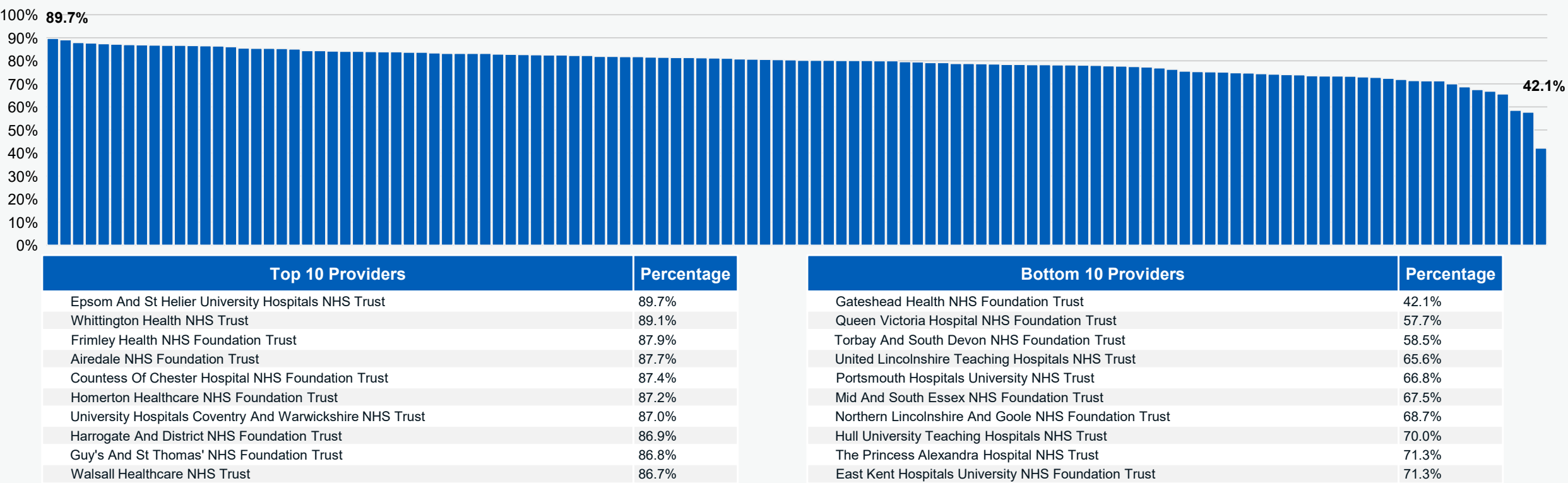
Actions: From April 2026 NHS England has formally raised the Operational Standard to 80%, with the planning requirement to maintain this level overall across the year. Year-to-date performance is at 78.3% and there are several actions being taken to help achieve 80%. These include: maximising elective and diagnostic capacity to meet cancer demand (including histopathology turnaround), prioritising improvement in breast and skin pathways (including Cancer Alliance and GIRFT support), fully utilising Cancer Alliances under the new operating model to drive provider and pathway level improvement (supported by £110m investment) and maintaining rigorous focus on outliers through enhanced oversight, ensuring support translates into measurable delivery.

Cancer FDS performance variation, July 2026

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

NOF ambition/metric: Percentage of cases meeting the 28 day faster diagnosis standard

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



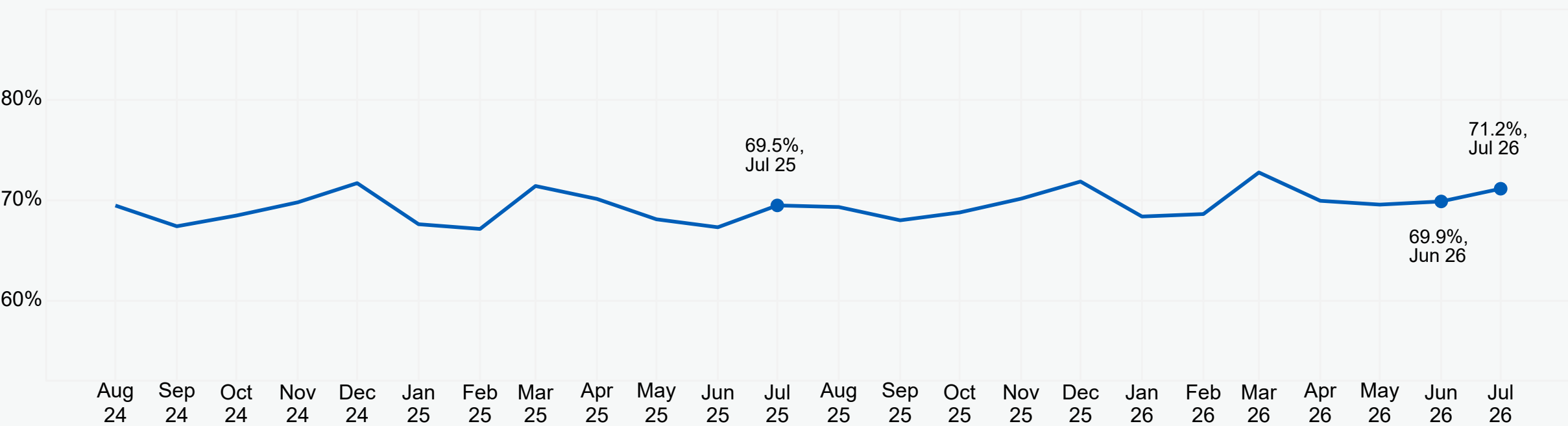
This chart shows the percentage of patients with an urgent cancer referral who received a definitive diagnosis within 28 days in July 2026, split by acute trust. Highest performance in (89.7%) through to lowest (42.1%).

Cancer 62 day performance has improved compared to last year

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

NOF ambition/metric: Percentage of patients receiving a first definitive treatment for cancer within 62 days following an urgent referral (acute trusts)

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



Current position: As at July 2026, the percentage of patients treated within the 62-day cancer standard was 71.2%. Compared to June 2026, this was an increase/improvement of 1.3 percentage points. When compared to July 2025 this represents a 1.7 percentage point increase/improvement.

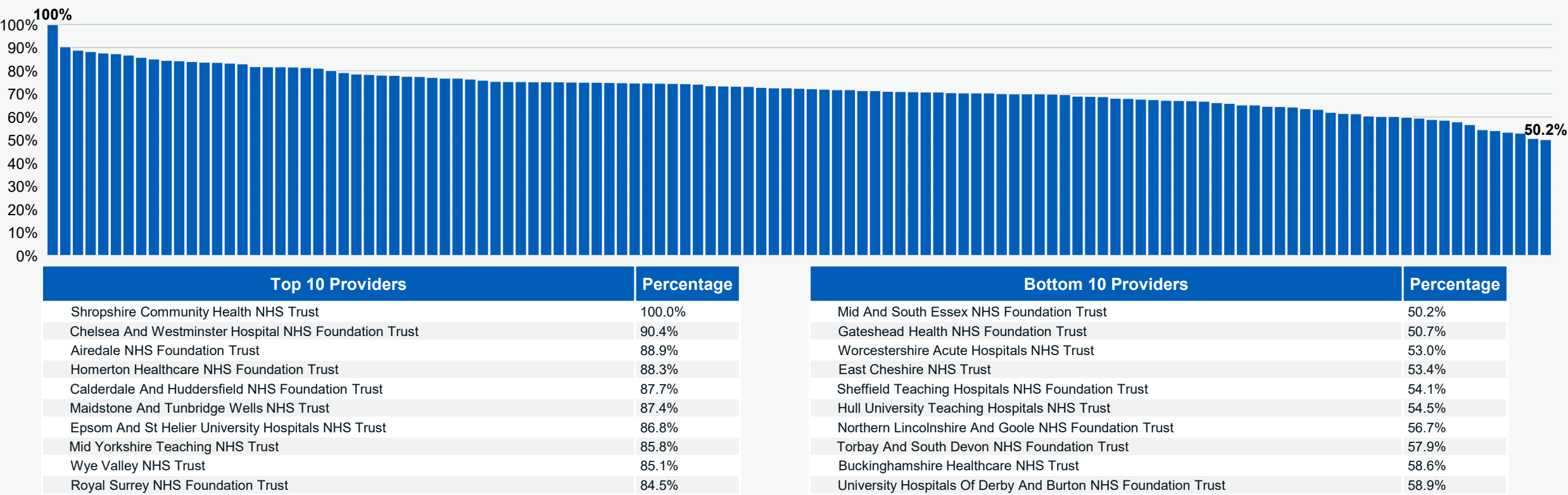
Actions: Performance will need to significantly accelerate to achieve the 80% year end target set out in Operational Planning. To achieve this consistent delivery of the key levers for improvement will be required including, maximising elective and diagnostic capacity to meet cancer demand (including histopathology turnaround), prioritising improvement in breast and skin pathways (including Cancer Alliance and GIRFT support), fully utilising Cancer Alliances under the new operating model to drive provider and pathway level improvement, (supported by £110m investment) and maintaining rigorous focus on outliers through enhanced oversight, ensuring support translates into measurable delivery.

Cancer 62 day performance variation, July 2026

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

NOF ambition/metric: Percentage of patients receiving a first definitive treatment for cancer within 62 days following an urgent referral (acute trusts)

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



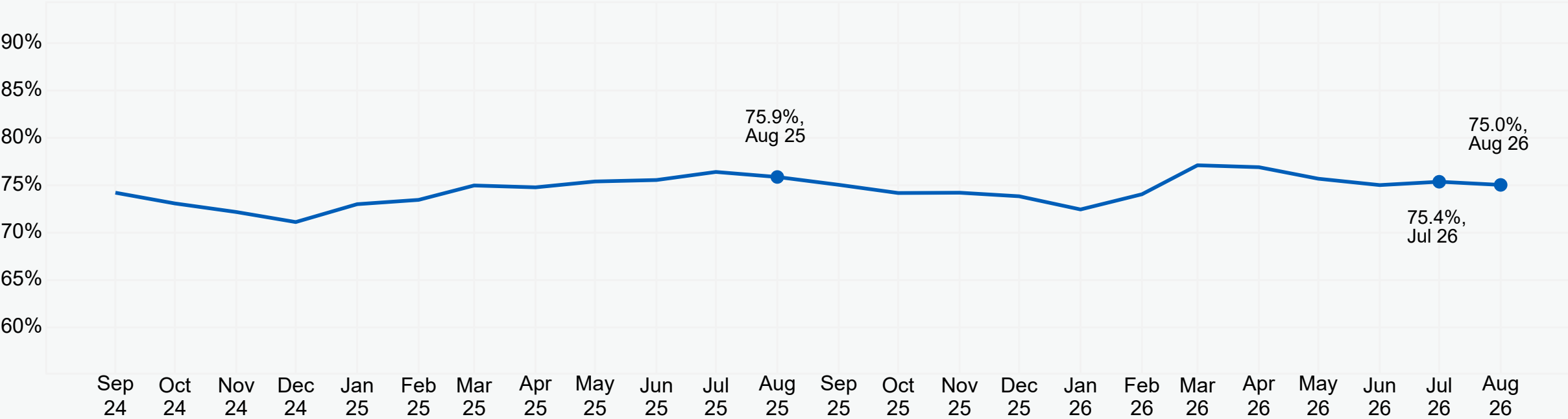
This chart shows the percentage of patients treated for cancer within 62 days in July 2026 split by acute trust. 1 trust(s) achieved the highest performance (100.0%) through to lowest (50.2)%.

A&E 4 hour performance has broadly remained sustained relative to the last two years with slight decrease in performance in recent months

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

NOF ambition/metric: Percentage of patients admitted, discharged or transferred within four hours (acute trusts)

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



Current position: As at August 2026, the percentage of emergency department attendances admitted, transferred or discharged within 4 hours was 75.0%. Compared to July 2026, this was a 0.4 percentage point decrease/deterioration. When compared to August 2025, it was a 0.9 percentage point decrease/deterioration.

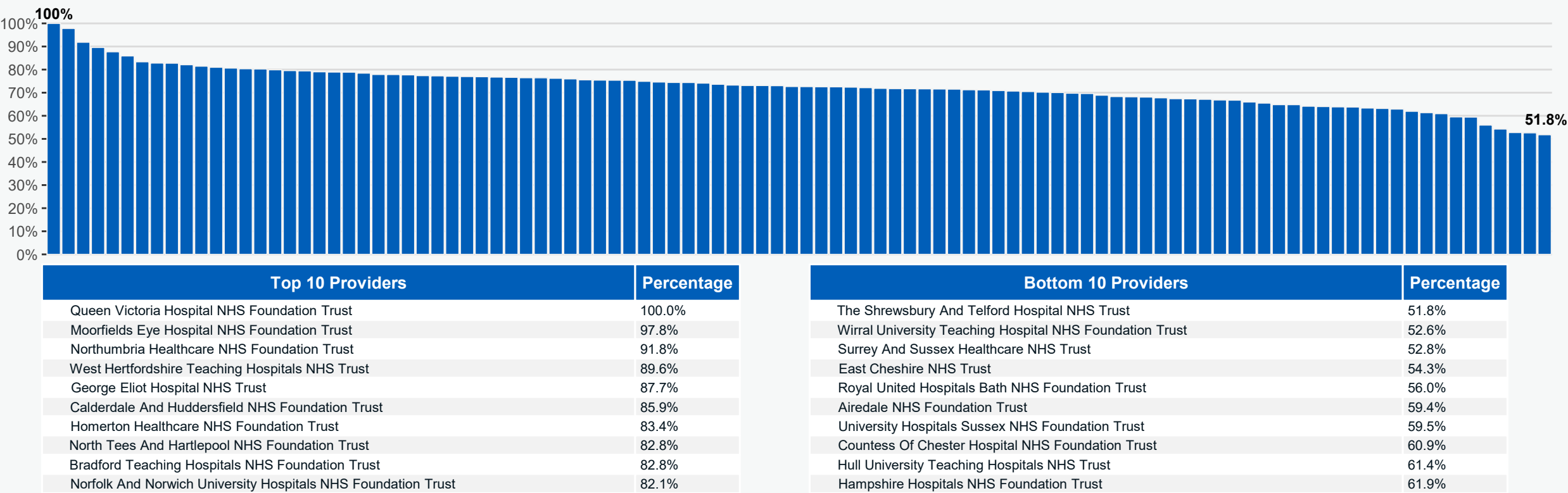
Actions: NHS England is driving improved performance through whole-pathway action, combining national standards (Model Acute Pathway, Model ED and Model Discharge), stronger accountability and targeted interventions on frailty, discharge and UTC/SDEC utilisation to improve patient flow across the pathway.

4-hour performance across consultant led ED departments performance variation, August 2026

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

NOF ambition/metric: Percentage of patients admitted, discharged or transferred within four hours (acute trusts)

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



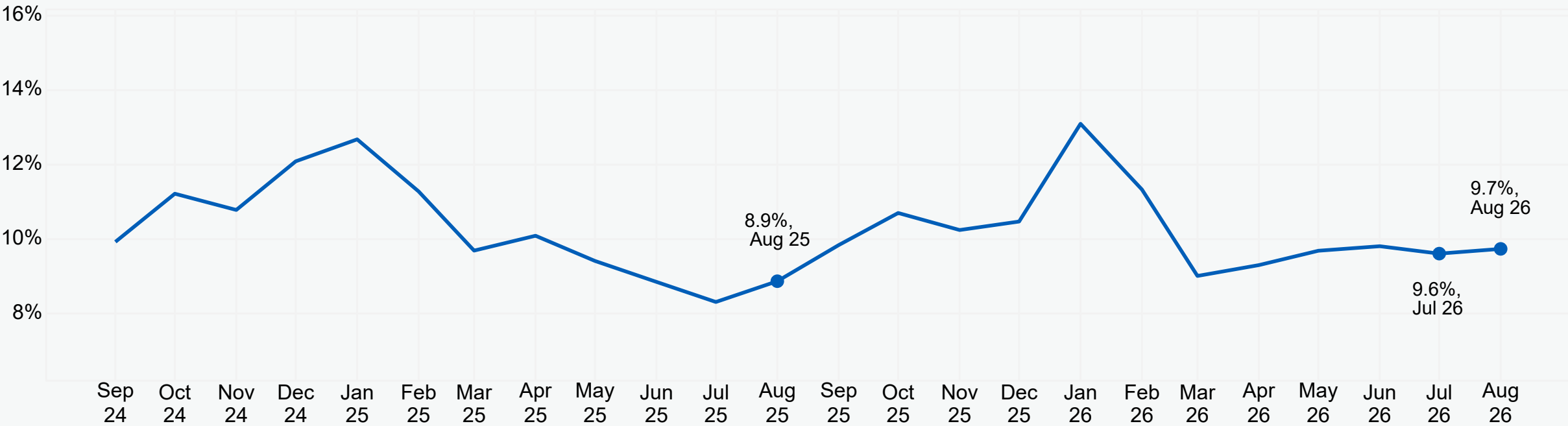
This chart shows the percentage of patients waiting within 4hrs in A&E in August 2026 split by acute trust (excludes community and independent sector). Highest performing (100.0%) through to Lowest performing (51.8%).

Performance has deteriorated in recent months with an increase in the percentage of ED attendances (type 1 & 2) spending over 12 hours

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

NOF ambition/metric: Percentage of patients spending over 12 hours in emergency department (acute trusts)

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



Current position: As at August 2026, the percentage of ED attendances spending over 12 hours in the department is 9.7%. Compared to July 2026, this was a 0.1 percentage point increase/deterioration. When compared to August 2025, there was a 0.8 percentage point increase/deterioration. YTD performance is 9.7%.

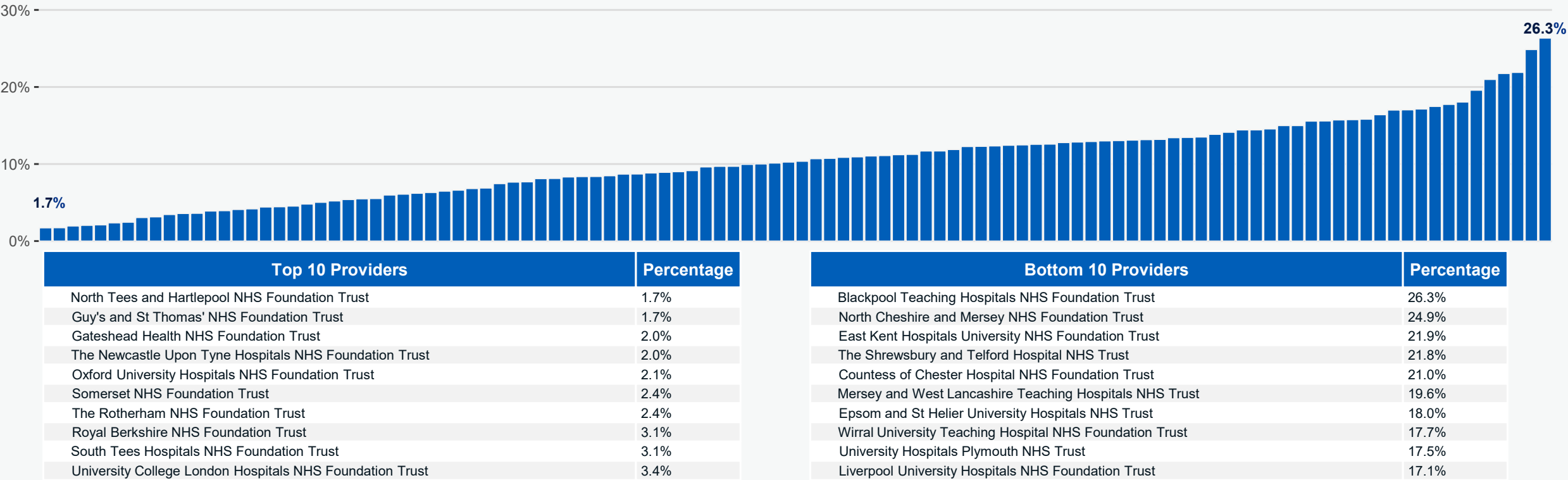
Actions: NHS England is driving improvement through whole-pathway action to improve flow across the pathway, defining clear standards through model ED, model acute pathways and model discharge, to reduce unwarranted variation and spread best practice. This includes targeted actions on patient flow, and a focus on reducing hospital-related discharge delays, particularly Pathway 0 and hospital-related Pathway 1 delays, reducing long stays, improving occupancy and supporting more people to receive care at home rather than being admitted to hospital unnecessarily. Accountability is also being strengthened, through regionally assured recovery plans, monthly trajectories, clinically led reviews and enhanced national oversight for organisations with persistent performance challenges.

12-hour performance variation August 2026

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

NOF ambition/metric: Percentage of patients spending over 12 hours in emergency department (acute trusts)

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



This chart shows the percentage of patients waiting more than 12hrs in A&E in August 2026 split by acute trust(excludes community and independent sector). Highest performing (1.7%) through to lowest performing (26.3%).

Cat 2 response times is sustained relative to the last two years, with a slight deterioration on previous year

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

NOF ambition/metric: Mean response time to Category 2 calls (ambulance trusts)

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



Current position: Category 2 ambulance response times are higher (worse) than those achieved at the same time last year. In August 2026, the average Category 2 response time was 28 minutes and 52 seconds, compared to 26 minutes and 59 seconds in August 2025. Year-to-date performance at 31 August was 29 minutes and 00 seconds, compared to 28 minutes and 09 seconds for the same period last year.

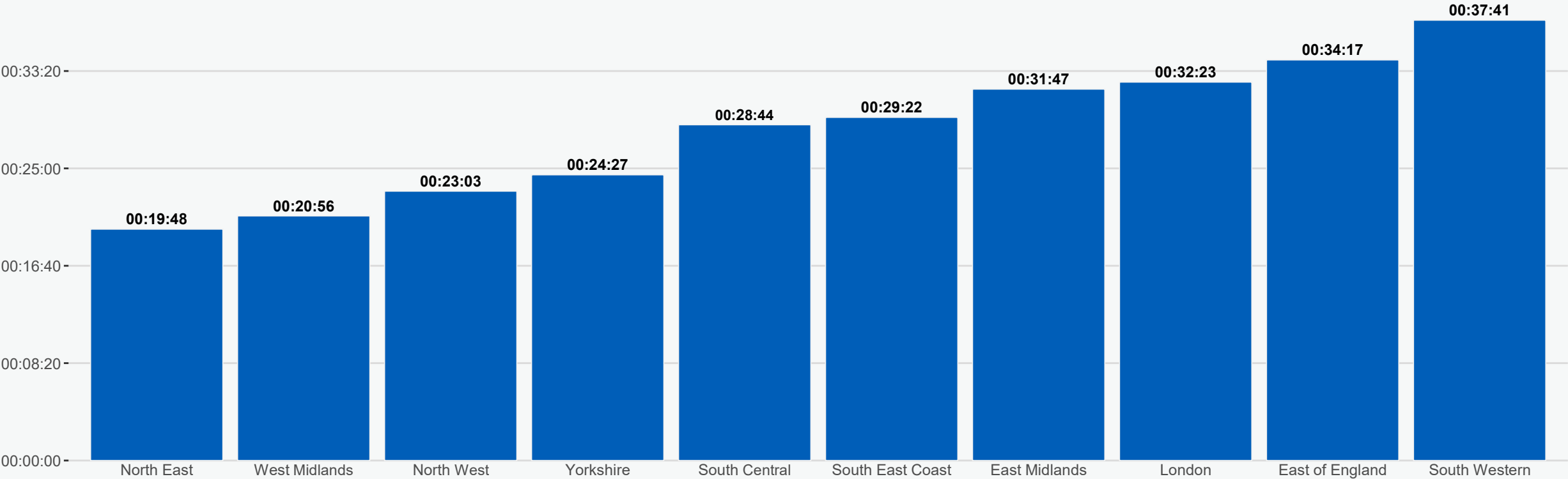
Actions: NHS England is holding providers to their plans to improve ambulance productivity. Targeted action is being taken to clinically triage all non-immediate dispatch, call-before-convey, hear-and-treat and direct access to alternatives to ED, with a 'test bed' for new approaches in London.

Cat 2 response times performance variation, August 2026

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

NOF ambition/metric: Mean response time to Category 2 calls (ambulance trusts)

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



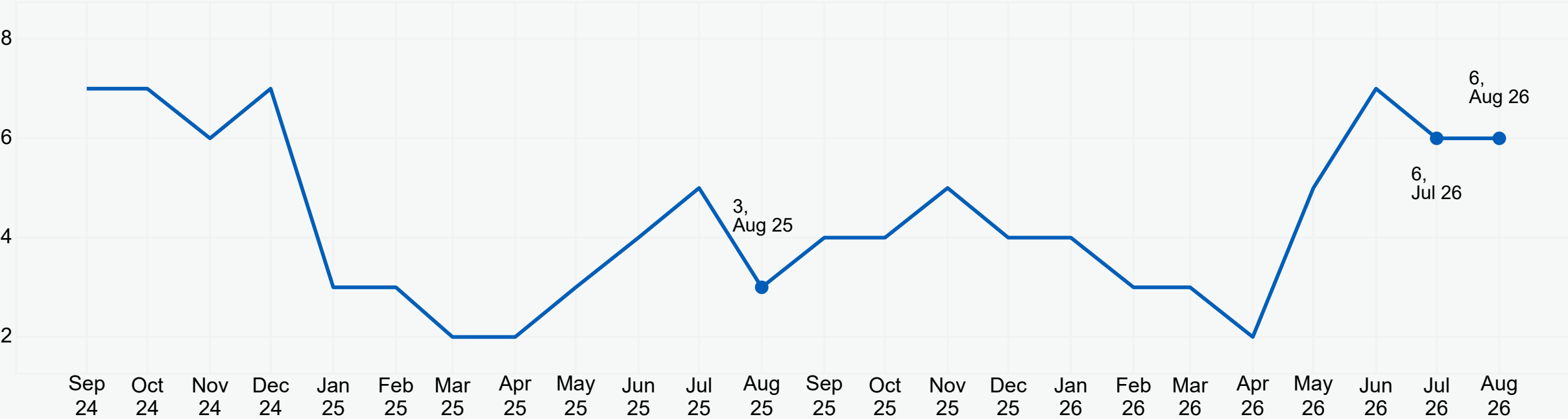
This chart shows performance on Category 2 ambulance response times in August 2026 split by Ambulance trusts. Lowest average response times (best performance) North East 00:19:48, through to highest South Western 00:37:41

The 999 mean call answer time has doubled compared to August 2025 but remains below the national measure of 10 seconds

Chart description: The average time in seconds taken to answer an ambulance 999 call

NOF ambition/metric: Mean 999 call response time (ambulance trusts)

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



Current position: 999 mean call answer time in August 2026 was 6 seconds, with a YTD average of 5 seconds. This is the same as the performance in July 2026, but 3 seconds higher than the average time to answer calls in August 2025. The position remains below the national measure of 10 seconds. In August 2026 8.2% more calls (+66,575) compared to August 2025 (+72,393).

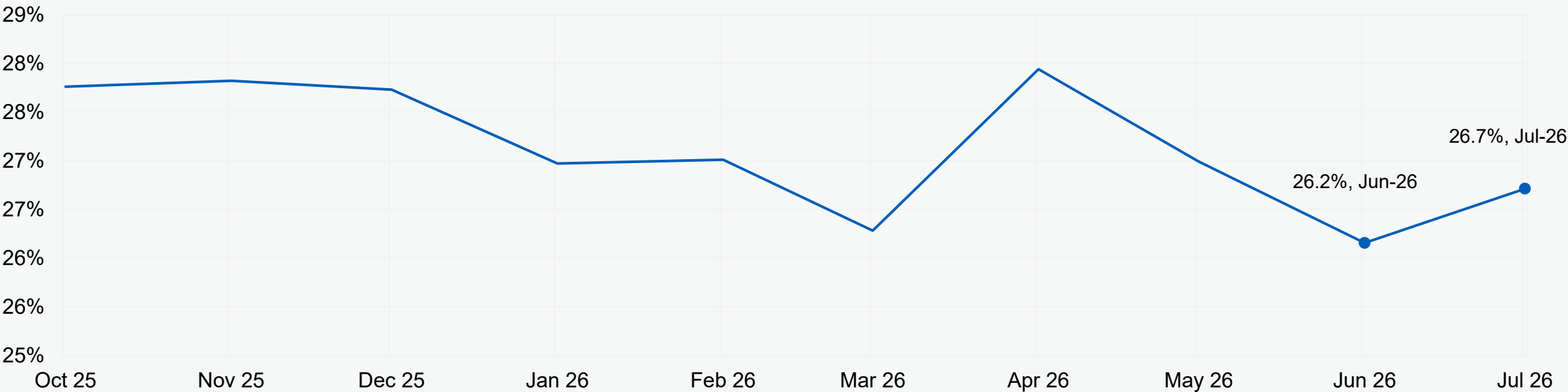
Actions: NHS England continues performance management by maintaining a collaborative oversight approach, managing centrally held activity growth funding, and providing improvement support where needed.

Despite an uptick in April 2026, children’s and young persons mental health waits over 104 weeks for contact has been on a gradual decline

Chart description: Percentage of total open children’s and young people mental health related waits that are over 104 weeks for contact

NOF ambition/metric: Percentage of total Children’s and Young Persons mental health waits for help over 104 weeks for contact (mental health trusts)

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



Current position: As at July 2026, the number of CYP waiting over 104 weeks was 26.7%. Compared to June 2026, there was an increase of 0.6 percentage points, equivalent to 2,532. When compared to October 2025, there was a decrease of -1.0. percentage points, equivalent to 27,347. Performance has gradually improved.

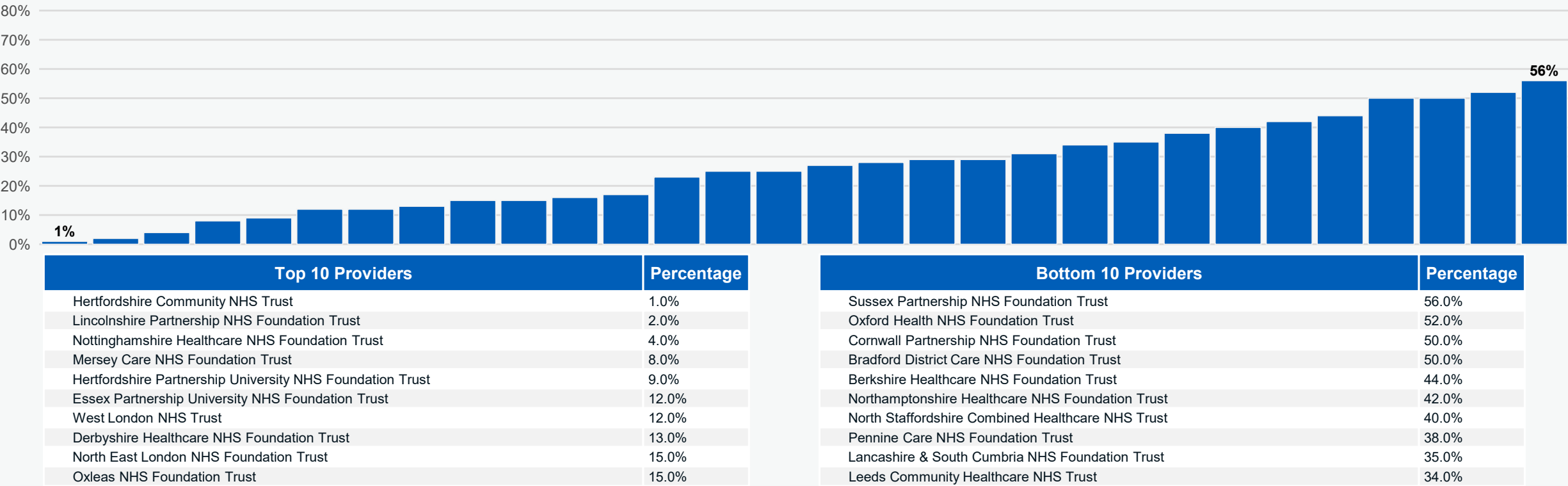
Actions: NHS England continue to support Trusts with direct engagement, query management, and have recently produced additional FAQs. Engagement and data trends indicate that key barriers are currently the clinical embedding of outcomes measure collection and utilisation (separately leveraged via NOF) and data challenges, in response NHS England have provided extensive guidance and support. This includes policy/programme team support, bespoke data extracts and data liaison service input.

Percentage of total Children’s and Young Persons mental health waits over 104 weeks for contact performance variation, July 2026

Chart description: Percentage of total open children’s and young people mental health related waits that are over 104 weeks

NOF ambition/metric: Percentage of total Children’s and Young Persons mental health waits for help over 104 weeks for contact (mental health trusts)

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



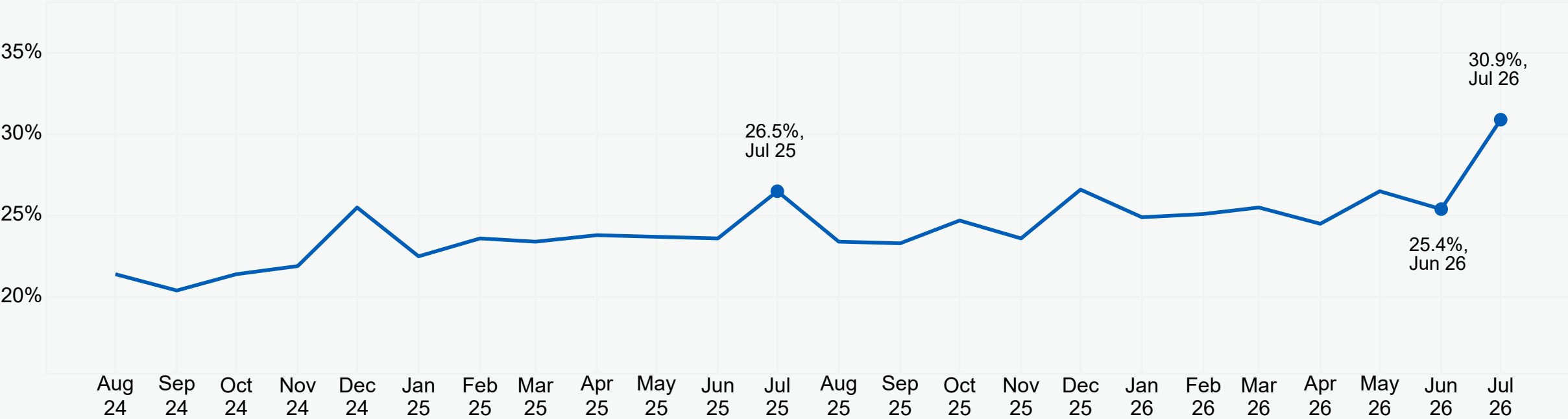
The percentage of children and young people mental health patients, that are waiting over 104 weeks for contact July 2026 split by all mental health trusts. Highest performing 1% through to the lowest performing 56%.

Children and young people discharged from community health services at least one paired outcome (progress tracked over time) continues an upward trend

Chart description: Percentage of children and young people discharged from community mental health services with at least two contacts and a paired outcome score

NOF ambition/metric: Percentage of children and young people discharged from community mental health services with at least two contacts and a paired outcome score (mental health trusts)

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



Current position: As at July 2026, the percentage of CYP discharged from community health with at least two contacts and paired outcome score was 30.9%. Compared to June 2026, there was an increase of 5.5 percentage points. When compared to July 2025, there was an increase of 4.4 percentage points. Performance continues to improve.

Actions: NHS England are embedding outcome measurement in key national enablers, including the Mental Health Strategy and Modern Service Frameworks. Data is provided to the regional delivery group monthly to highlight variation and facilitate shared learning. NHS England run a national Community of Practice to support systems and providers to share learning, highlight best practice and drive innovation. Contributions are also made to the quarterly CYP Digital Outcome Measurement Network, to support the digitalisation of outcome measurement collection and reporting.

Percentage of adults discharged from mental health services with a paired outcome score (progress tracked over time) is stable

Chart description: Percentage of adults discharged from community mental health services with at least two contacts and a paired outcome score

NOF ambition/metric: Percentage of adults discharged from community mental health services with at least two contacts and a paired outcome score (mental health trusts)

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

Month	Score
Apr - 26	13.6%
May - 26	13.1%
Jun - 26	13.2%
Jul - 26	13.1%

Current position: As at July 2026, the number of adults discharged from community health with at least two contacts and paired outcome score was 13.1%. Compared to June 2026, there was a decrease of 0.1 percentage points. Note, this is a newly published measure and only limited historical data are currently available, so longer-term trends cannot yet be assessed.

Actions: NHS England are embedding outcome measurement in key national enablers, including the Mental Health Strategy and Modern Service Frameworks. The programme run a national Community of Practice to support systems and providers to share learning, highlight best practice and drive innovation. NHS England also maintain and promote active use of the CMH PROMs (Community Mental Health – Patient Reported Outcome Measures) dashboard (NHS Futures), for helping providers understand both their outcome completion rates and the outcomes achieved.

The percentage of inpatients with a learning disability or autism with an excessive length of stay has increased compared to the previous month

Chart description: The percentage of people with a learning disability and autistic people in mental health hospital with the longest lengths of stay

NOF ambition/metric: Percentage of people with a learning disability and autistic people in mental health hospital with the longest lengths of stay (ICBs)

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

Month	Score
Apr - 26	45.4%
May - 26	44.8%
Jun - 26	44.2%
Jul - 26	44.7%

Current position: In July 26 the percentage of inpatients with the longest length of stay increased to 44.7%, a 0.5 percentage point increase from June 26. This is lower than the beginning of the year (45.4% April 26) . Note, this is a newly published measure and only limited historical data are currently available, so longer-term trends cannot yet be assessed.

Actions: Capital programme allocation of £13million, plus reinvested funds from sales of properties, to support people into their own homes is ongoing. Work continues to ensure independent oversight of discharge plans, includes developing training in Q3, and updating policy in Q2 &3. This also includes support to recognise reviews in statute during Q3 & Q4. Identification tool has been shared with ICBs for completion by Q3 to further understand population in hospital and barriers to discharge.



Experience of care



Experience of care - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Experience	CQC inpatient survey satisfaction rate – proportion rating experience as good	70.9% 2025			70.3% 2024	0.6 ppt (0.8%)	Sustained
Experience	CQC Community Mental Health survey satisfaction rate – proportion rating experience as good	51.0% 2025			47.7% 2024	3.3 ppt (6.9%)	Improved
Experience	% of patients rating their experience of GP access as easy	75.9% Aug-26	75.0% Jul-26	0.9 ppt (1.2%)	74.3% Sep-25	1.6 ppt (2.2%)	Improved
Experience	% patients able to see or speak to their preferred healthcare professional	67.0% Aug-26	67.4% Jul-26	-0.4 ppt (-0.6%)	66.2% Sep-25	0.8 ppt (1.2%)	Sustained
Experience	NHS staff survey advocacy rate	6.64 2025/26			6.77 2024/25	-0.13 (-1.9%)	Not Applicable
Patient Flow	12 month adult admission rate for people with a learning disability or who are autistic	36 Jul-26	35 Jun-26	0 (0.9%)			Not Applicable
Patient Flow	Number of patients subject to corridor care (ED)	2,296 Aug-26	2,300 Jul-26	-4 (-0.2%)			Not Applicable
Patient Flow	Number of patients subject to corridor care (inpatient)	677 Aug-26	726 Jul-26	-49 (-6.7%)			Not Applicable
Patient Flow	Adult acute inappropriate out of area placement bed days as a % of all bed days	2.1% Jul-26	2.3% Jun-26	-0.2 ppt (-8.5%)	3.5% Jul-25	-1.4 ppt (-39.5%)	Improved
Patient Flow	Mean length of stay (days) for adult acute mental health and psychiatric intensive care unit patients	48 Jul-26	47 Jun-26	1 (2.1%)			Not Applicable

Experience of care - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Patient Flow	Mean length of stay for older adult acute discharges	94 Jul-26	95 Jun-26	-1 (-1.1%)			Not Applicable
Patient Flow	% of intermediate care beds occupied by patients without criteria to reside	25.5% Aug-26	24.1% Jul-26	1.4 ppt (6.1%)	23.5% Aug-25	2.0 ppt (8.5%)	Deteriorated
Patient Flow	Average discharge delay (days)	1.0 Jul-26	1.0 Jun-26	0.0 (1.7%)	0.8 Jul-25	0.2 (18.7%)	Deteriorated

Inpatient satisfaction in 2025 remained stable, with limited improvement

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)

NOF 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%
2025	70.9%

Current position: Inpatient satisfaction was 70.9% in 2025, broadly unchanged from 70.3% in 2024. Performance has remained largely stable since 2021 and continues to sit below the level reported in 2020.

Actions: Implementation of the Quality Strategy and the guide for NHS commissioners and providers for implementing Quality Management Systems. The achieving excellent patient experience document has been published, it defines what excellent experience looks and feels like across NHS-funded care. Additionally, the appointment of the National Director for Patient Experience has taken place, and the successful candidate will take up post next month.

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

NOF ambition/metric: CQC community mental health survey satisfaction rate (mental health trusts and ICBs)

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% of 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.

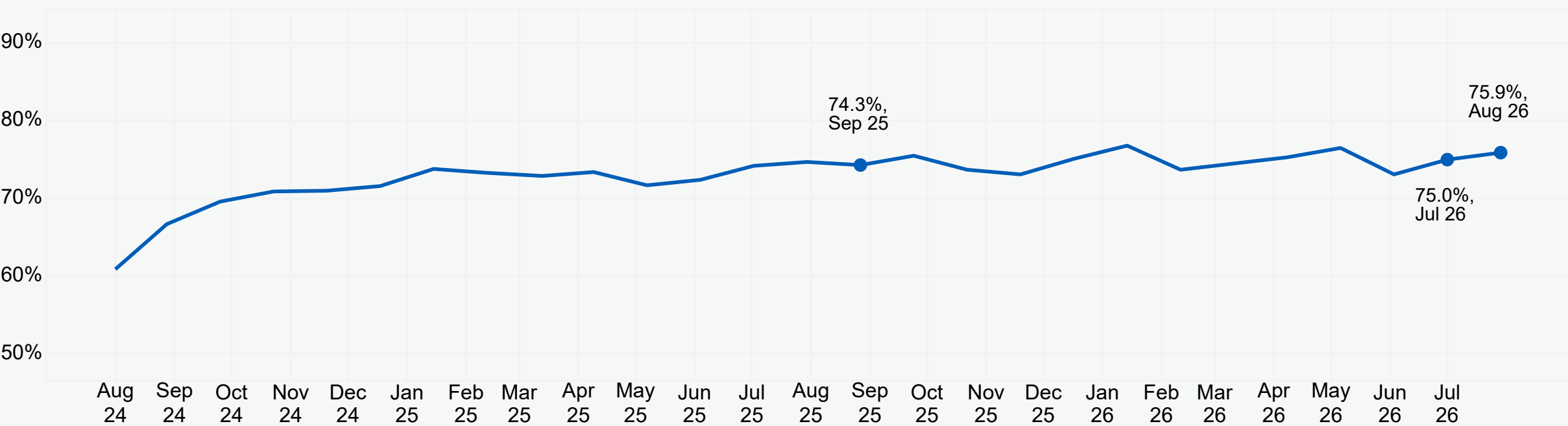
Actions: As part of the 10 Year Health Plan the NHS will implement a wide range of measures that ensure a rigorous focus on patient safety and ensuring staff and patients are able to raise safety concerns, including whether it has effective freedom to speak up functions. The NHS complaints process will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

Latest results show an improvement in 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

NOF ambition/metric: Percentage of patients rating their experience of GP access as easy (ICBs)

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



Current position: As at August 2026, 75.9% of patients rated contacting their GP practice as easy. This was an increase of 0.9 percentage point from 75.0% in July 2026 and 1.6 percentage points above the 74.3% reported in September 2025. Note – the September 2025 data point reflects the position exactly 12 survey rounds previously undertaken.

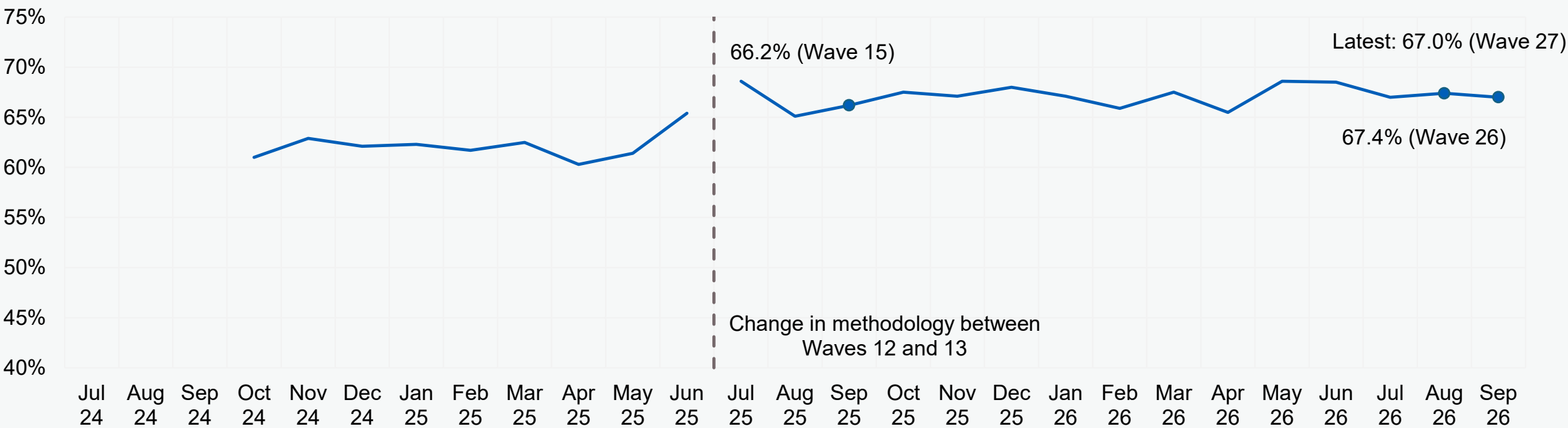
Actions: NHS England has introduced measures to reduce unwarranted differences in access to general practice. These include routinely sharing variation data with ICBs through the GP Dashboard and requiring ICBs to develop primary care action plans for 2026/27. Changes to the GP Contract for 2026/27 are also intended to improve access, with a target for 90% of patients with clinically urgent patients to receive a same-day appointment. Supporting indicators are showing positive movement, including increased use of online consultations and continued growth in fully qualified GP full-time equivalents. The decline reported in the previous months reflected an increase in the survey panel.

Proportion stating that they were able to see their preferred healthcare professional in general practice is stable over the year

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

NOF ambition/metric: Percentage of patients with a preferred general practice professional able to see or speak to that professional (ICBs)

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



Current position: In the latest results (Wave 27), 67.0% of patients said they were able to see or speak to their preferred healthcare professional. This was a decrease of 0.4 percentage point from 67.4% in Wave 26, but 0.8 percentage point higher than the 66.2% reported in Wave 15. Overall, performance remains broadly stable over the year.

Actions: The aim is to maintain current levels of continuity of care while improving access. In 2025/26, practices were incentivised to use risk stratification to identify patients most likely to benefit from continuity of care. Risk stratification will become a core contractual requirement under the Primary Care Network Directed Enhanced Service (DES). Future measures will be considered through General Medical Services reform, alongside action to increase the number of fully qualified GPs.

NHS staff survey score for advocacy sub-score has continued to decline compared to 2021

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

NOF ambition/metric: NHS staff survey advocacy rate (all trusts)

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

Year	Score
2021	6.83
2022	6.66
2023	6.80
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 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 recently launched NHS Staff Standards published 6th July 2026 provides a spotlight on employee experience with the intention of minimising variation. Organisations have access to the NHS People Pulse Survey which provides quarterly insight on staff engagement and experience to indicate direction of travel and support local actions.

The 12-month admission rate for adults with a learning disability or autism has increased slightly

Chart description: 12-month adult admission rate for people with a learning disability and autistic people in mental health hospitals (rate per million)

NOF ambition/metric: 12-month adult admission rate for people with a learning disability and autistic people in mental health hospitals (rate per million) (ICBs)

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

Month	Score
April 2026	34
May 2026	34
June 2026	35
July 2026	36

Current position: In July 26 the 12-month admission rate was 36 per million. This is an increase over June 26 (35 per million)

Actions: Guidance was published July 2026 to help systems in supporting autistic people and people with a learning disability to live well in their communities. Supplementary guidance is in development relating to Community Alternatives to Hospital (planned publication Q3 2026/27). Additional funding has been secured to support the implementation and availability of accommodation-based alternatives to hospital to align with policy, this will be a multi-year scheme delivery. Community Development Network support has been offered to ICBs to learn about and implement admission avoidance initiatives.

Average number of corridor care cases per day within ED is similar to the previous month

Chart description: The total number of cases per day in the period cared for in corridors or other inappropriate physical spaces (ED only)

NOF ambition/metric: Number of patients cared for in corridors (emergency departments) (acute trusts)

Source: UEC Daily SitRep [publication link](#) [PUBLISHED]

Month	Score
May 2026	2,242
June 2026	2,439
July 2026	2,300
August 2026	2,296

Current position: This is a new metric collection. The figures provide a baseline, but the data is expected to evolve and fluctuate as reporting matures ahead of winter. As we move forward seasonality is also likely to have an impact on the data.

Actions: The Getting it Right First Time (GIRFT) programme is providing priority support to the most challenged organisations, addressing the underlying causes of overcrowding and improving patient safety.

Average number of corridor care cases for inpatients has been decreasing since June 2026

Chart description: The total number of cases per day in the period cared for in corridors or other inappropriate physical spaces (inpatients only)

NOF ambition/metric: Number of patients cared for in corridors (inpatient wards) (acute trusts)

Source: UEC Daily SitRep [publication link](#) [PUBLISHED]

Month	Score
May 2026	658
June 2026	749
July 2026	726
August 2026	677

Current position: This is a new metric collection. The figures provide a baseline, but the data is expected to evolve and fluctuate as reporting matures ahead of winter. As winter approaches, seasonality is also likely to have an adverse impact on the data.

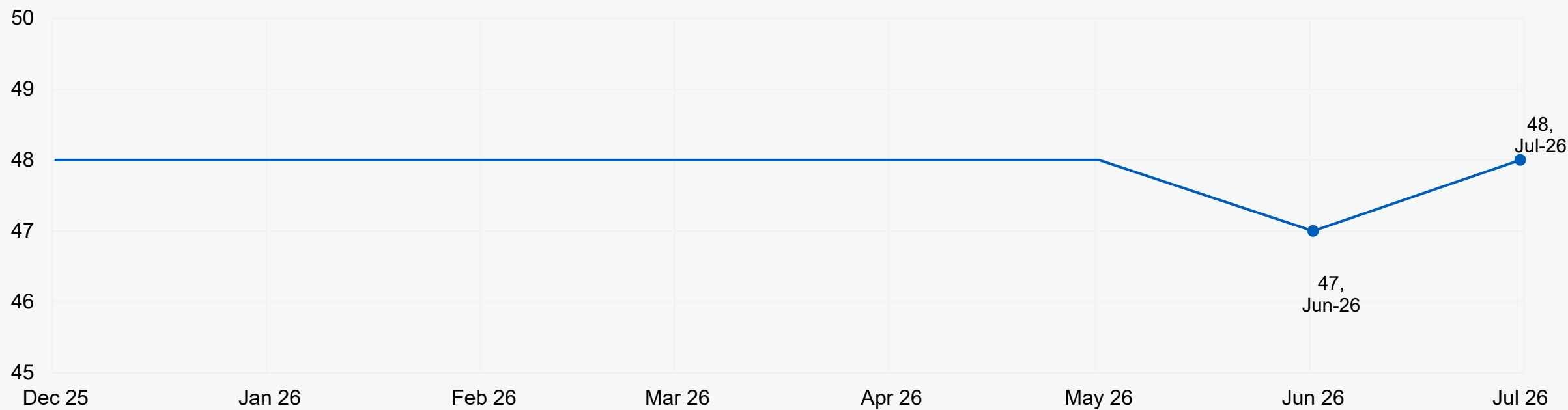
Actions: The Getting it Right First Time (GIRFT) programme is providing priority support to the most challenged organisations, addressing the underlying causes of overcrowding and improving patient safety.

Average length of stay (days) for patients discharged from adult acute mental health and Psychiatric Intensive Care Units stable

Chart description: Average length of stay (days) for patients discharged from adult acute mental health and Psychiatric Intensive Care Unit (PICU) beds in the reporting period (three month rolling average)

NOF ambition/metric: Mean length of stay for adult acute mental health and psychiatric intensive care unit (PICU) patients (mental health trusts)

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



Current position: As at July 2026, the Average length of stay (days) for patients discharged from adult acute mental health and Psychiatric Intensive Care Unit (PICU) was 48. Compared to June 2026, there was an increase of 2.1%.

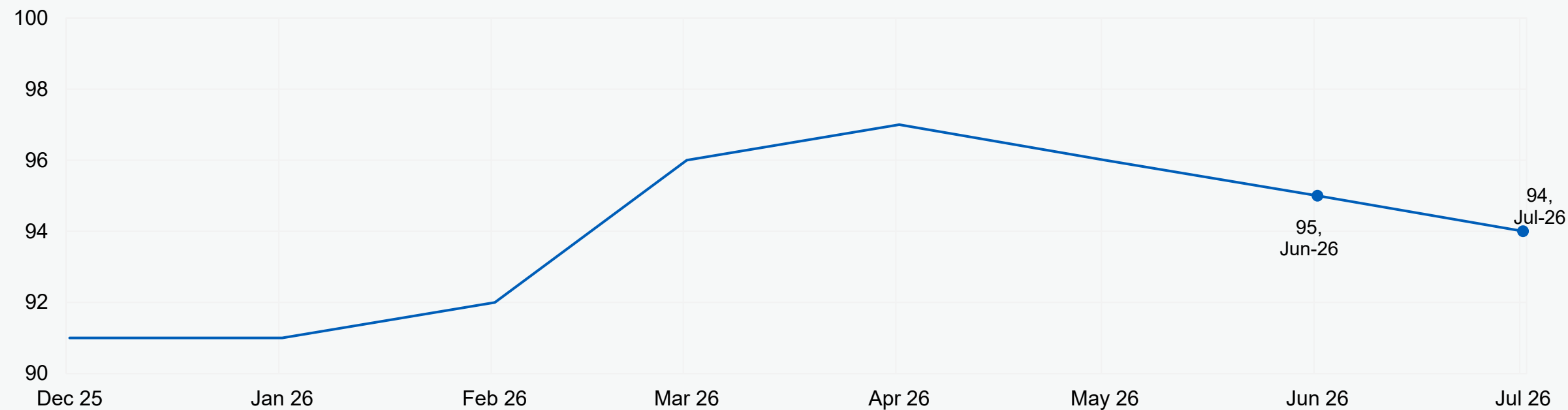
Actions: The programme meets monthly with every region to review support offers and identify where targeted assistance may help address any local factors. All regions can draw down on the full range of support offers; however, as each region has different needs, challenges and priorities, the offers taken up vary accordingly.

Mean length of stay (in days) for older adult acute discharges has decreased slightly over the last few months

Chart description: Mean length of stay for older adult acute mental health patients (three month rolling average)

NOF ambition/metric: Mean length of stay for older adult acute mental health patients (mental health trusts)

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



Current position: As at July 2026, the Average length of stay (days) for patients discharged from older adult acute mental health patients was 94. Compared to June 2026, there was a decrease of 1.0 percentage points.

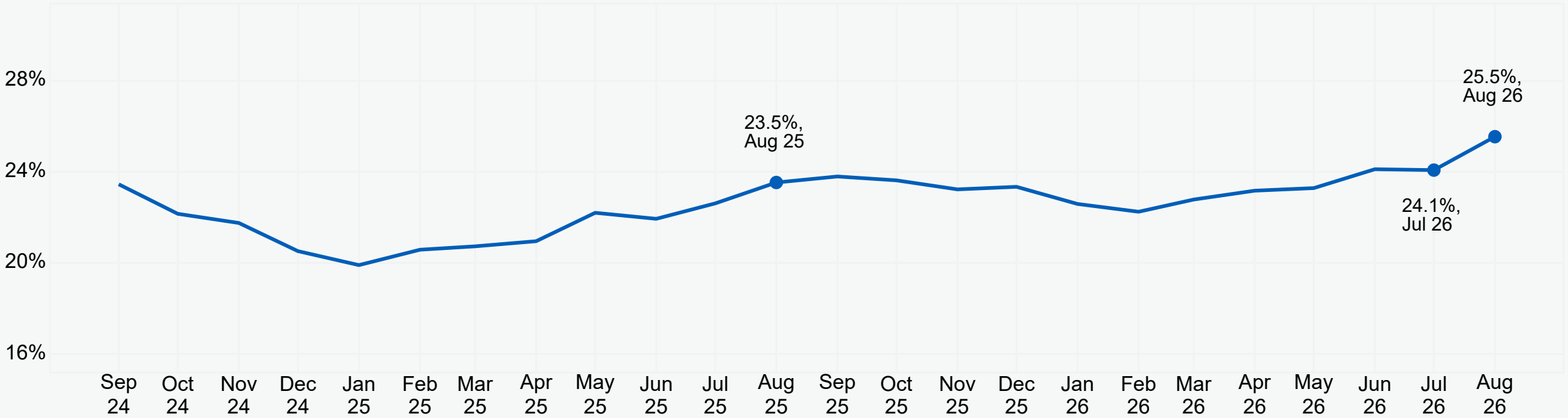
Actions: The national team meets monthly with every region to review support offers and identify where targeted assistance may help address any local factors. All regions can draw down on the full range of support offers; however, as each region has different needs, challenges and priorities, the offers taken up vary accordingly.

The proportion of intermediate care beds occupied by patients with no criteria to reside has been increasing since February, a pattern seen last year

Chart description: % of intermediate care beds occupied by patients without criteria to reside

NOF ambition/metric: Percentage of intermediate care beds occupied by patients without criteria to reside (community trusts)

Source: Intermediate care data collection [publication link](#) [PUBLISHED]



Current position: In August 2026, 25.5% of intermediate care beds were occupied by patients with no criteria to reside, 1.4 percentage points higher than July 2026 and 2.0 percentage points higher than August 2025, continuing the upward trend since February 2026 and matching last year's pattern.

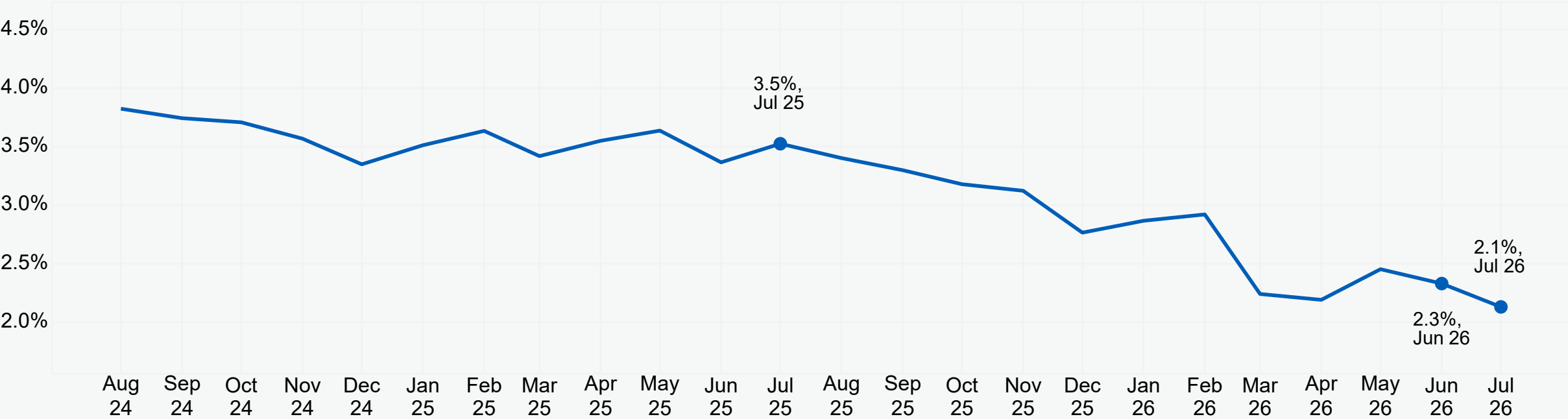
Actions: NHS England and the Getting it Right First Time (GIRFT) programme are developing learning communities to support systems to improve flow, reduce occupancy pressures and maintain safe capacity ahead of winter, and maximising the use and impact of Community Bed Audit data and ICB plan data focusing on no criteria to reside (NCTR).

Active acute out of area placements have fallen slightly in the latest month, continuing an overall decrease since 2024

Chart description: The percentage of ICB commissioned adult inappropriate out of area placement bed days as a proportion of all ICB commissioned bed days

NOF ambition/metric: Percentage of ICB commissioned adult inappropriate out of area placement bed days as a proportion of all ICB commissioned bed days (ICBs)

Source: Mental Health Services Monthly Statistics - Out of Area Placements [publication link](#) [PUBLISHED]



Current position: As at July 2026, the percentage of out of area placements (OAPs) was 2.1% (285 placements). Compared to June 2026, a decrease of 0.2 percentage point (18 placements). When compared to July 2025, there was a decrease of 1.4 percentage points. Overall, this indicates performance has improved by 119 placements since last July.

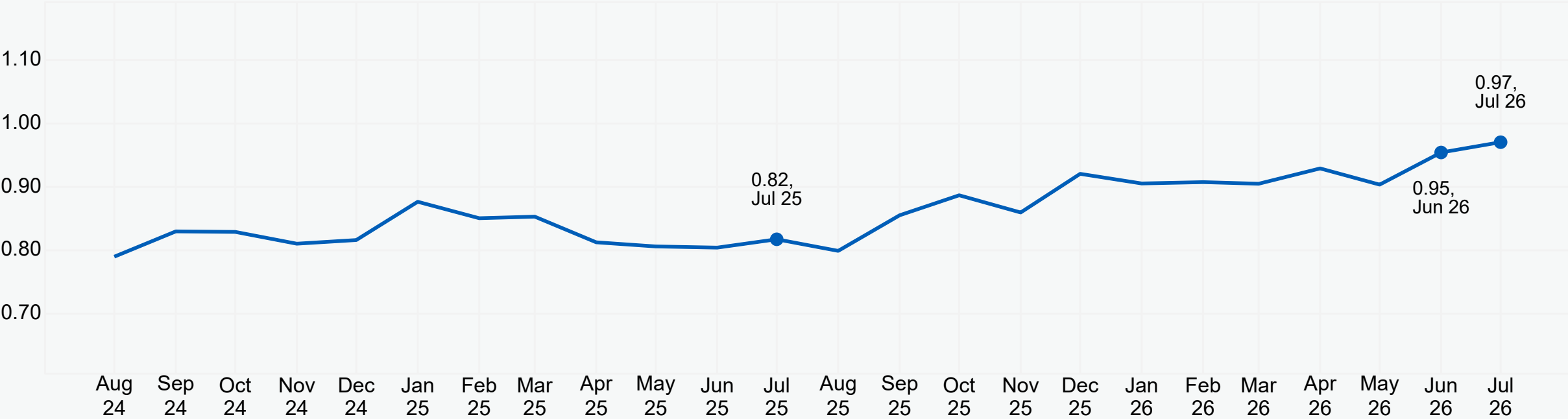
Actions: A range of support offers are available to systems to reduce inappropriate OAP bed days. This includes asking systems to undertake a manual count of how many people are in hospital settings not aligned with the ICBs 3 year plans. The first stocktake was completed in April/May with a further update requested in October. NHS England in collaboration with HACT (Housing Associations' Charitable Trust) have developed housing clinics which offer a practical, supportive improvement offer, with Expressions of Interest (EOI) now being supported and clinics being planned.

Average discharge delay has deteriorated relative to the last two years

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

NOF ambition/metric: Average number of days between discharge ready date and actual discharge date (ICBs)

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



Current position: As at July 2026, the average discharge delay was 0.97 days. Compared to June 2026, this was an increase of 0.02 days. When compared to July 2025 this was an increase of 0.15 days.

Actions: NHS England is driving improvements in discharge and patient flow through implementation of Model Discharge and delivery of a nationally led flow improvement programme. NHS England are leading the September discharge sprint to reduce hospital-related discharge delays, particularly Pathway 0 and hospital-related Pathway 1 delays, removing barriers, reducing long stays and supporting lower bed occupancy ahead of winter.



Effectiveness of care



Effectiveness of care - summary of metrics

Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Outcomes	Summary Hospital Level Mortality Indicator: mortality higher than expected	11 trusts Apr-26	11 trusts Mar-26	0 trusts (0.0%)	10 trusts Apr-25	1 trusts (+10.0%)	Not Applicable
Outcomes	Rate of deliveries with a 6h+ delay to planned induction per 1,000 deliveries	52.9 Jun-26	51.3 Mar-26	1.6 (3.1%)			Not Applicable
Outcomes	Talking therapies: reliable recovery	46.9% Jul-26	48.1% Jun-26	-1.2 ppt (-2.5%)	47.3% Jul-25	-0.4 ppt (-0.8%)	Sustained
Outcomes	% of incidents managed via hear and treat or see and treat	48.6% Aug-26	48.7% Jul-26	-0.1 ppt (-0.2%)	46.2% Aug-25	2.4 ppt (5.2%)	Improved
Outcomes	% of people with 3 or more emergency admissions in the last 90 days of life	6.6% 2024			6.2% 2023	0.4 ppt (6.7%)	Sustained
Outcomes	% of acute and rehabilitation adult discharges followed up within 72 hours	78.3% Jul-26	77.8% Jun-26	0.5 ppt (0.7%)	74.0% Jul-25	4.3 ppt (5.8%)	Improved
Effective discharge	30 day readmission rate band	52.5% 24/25			49.4% 23/24	3.2ppt (6.4%)	Improved
Effective discharge	Mental Health 14 day readmission rate	5.9% Jul-26	5.9% Jun-26	-0.0 ppt (-0.0%)			Not Applicable
Managing long term conditions	Patients who receive all 8 diabetes care processes (Type 1)	40.8% Mar-26	28.9% Dec-25	11.9ppt (41.2%)	39.5% Mar-25	1.3 ppt (3.3%)	Improved
Managing long term conditions	Patients who receive all 8 diabetes care processes (Type 2)	59.1% Mar-26	43.8% Dec-25	15.3ppt (34.9%)	57.6% Mar-25	1.5 ppt (2.6%)	Improved

Effectiveness of care - summary of metrics

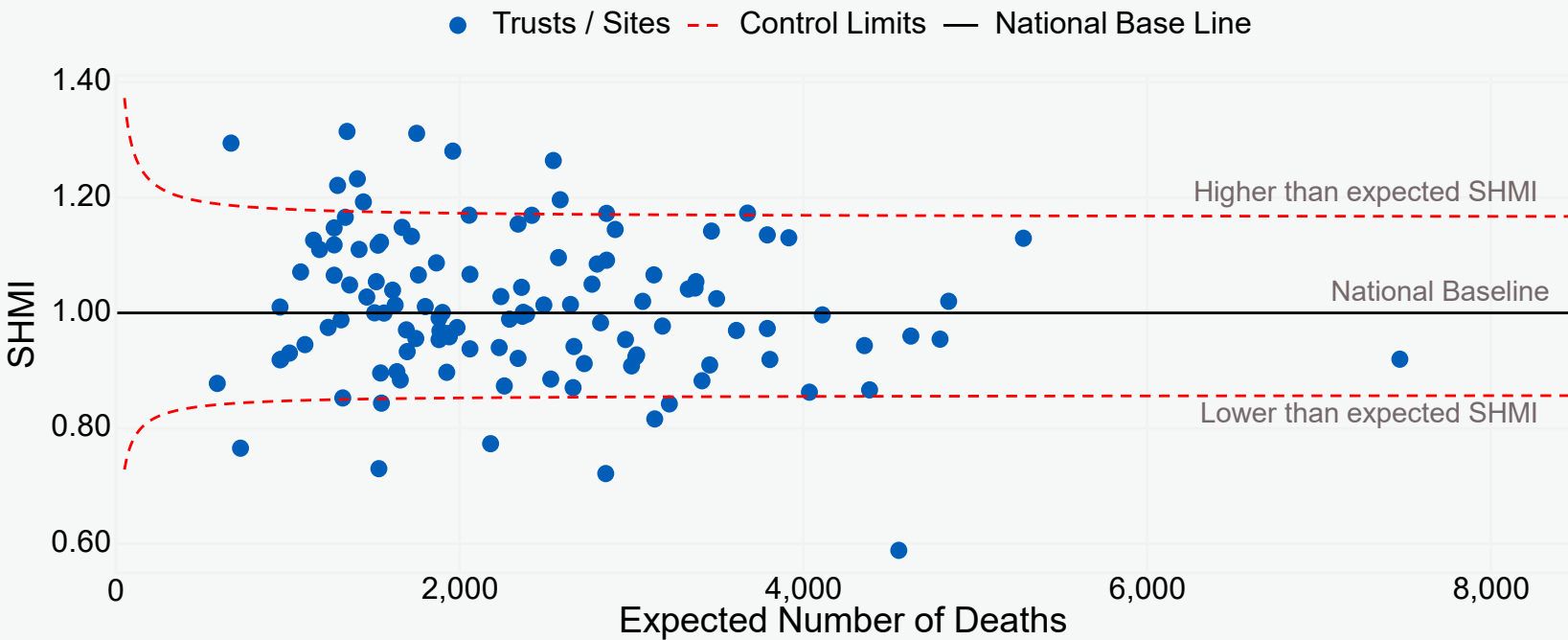
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Managing long term conditions	GP recorded CVD patients with cholesterol levels managed to NICE guidance in the preceding 12 months	53.0% Mar-26	50.6% Dec-25	2.3 ppt (4.6%)	48.3% Mar-25	4.7 ppt (9.8%)	Improved
Managing long term conditions	Hypertension patients whose blood pressure is managed to NICE guidance	74.0% Mar-26	69.5% Dec-25	4.5 ppt (6.5%)	70.3% Mar-25	3.7 ppt (5.3%)	Improved
Managing long term conditions	% of patients on GP severe mental illness registers to receive a full physical health check in the last 12 months	58.6% Jun-26	65.2% Mar-26	-6.6 ppt (-10.2%)	60.0% Jun-25	-1.5 ppt (-2.4%)	Deteriorated
Managing long term conditions	% of patients aged 14+ on GP learning disability registers to receive a full physical health check and action plan in the last 12 months	20.1% Jul-26			19.6% Jul-25	0.5 ppt (2.7%)	Sustained

There were 11 providers with higher than expected number of deaths from May 2025 – April 2026

Chart description: Summary Hospital Level Mortality Indicator funnel plot - range by expected number of deaths, by acute provider (12-month rolling)

NOF ambition/metric: Summary Hospital Mortality Indicator (acute trusts)

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



There were 11 providers with higher than expected number of deaths

** The first 6 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*
- *Norfolk and Norwich University Hospitals NHS FT*
- *South Tyneside and Sunderland NHS FT*

Not higher than expected in previous year

- *Blackpool Teaching Hospitals NHS FT (possible data quality issues)**
- *Bradford Teaching Hospitals NHS FT (possible data quality issues)**
- *Epsom and St Helier University Hospitals NHS Trust*
- *James Paget University Hospitals NHS FT*
- *Nottingham University NHS FT (possible data quality issues)**

**data quality issues so values should be treated with caution*

Current position: 11 providers had higher than expected number of deaths in the period May 2025 – April 2026 with 6 having higher than expected deaths for the same reporting period last year.

Actions: The Quality Strategy has been published, providing a new structured approach to making quality the organising principle for all NHS activity in England over the next decade. Alongside the Strategy, 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, instead should be viewed as a 'smoke alarm' requiring further investigation at a local level.**

The rate of women with planned inductions that are delayed has increased

Chart description: The rate of delays (6+ hours from point of admission for induction) to induction of labour per 1,000 deliveries

NOF ambition/metric: Rate of women with a delayed planned induction per 1,000 deliveries (acute trusts)

Source: Maternity Publication [publication link](#) [PUBLISHED]

Quarter	Rate per 1,000 deliveries
Q4 2025/26	51.3
Q1 2026/27	52.9

Current position: In Q1 26/27 the rate of delays to induction of labour was 52.9 per 1,000 deliveries, an increase of 1.6 compared to Q4 2025/26. *Please note the data quality of this measure is limited, it is partly derived from operational data with limited validation and so may not provide a complete picture of planned induction delays.*

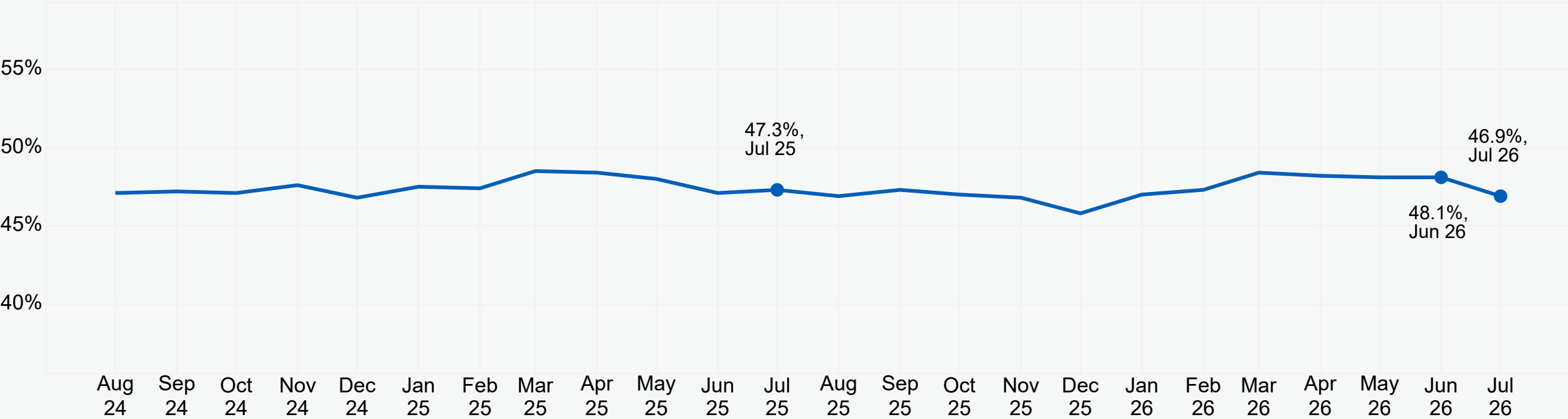
Actions: There is significant unwarranted variation in maternity units relating to delays to induction of labour. Delays are a key operational indicator of both service capacity and women’s experience of care as well as potentially leading to poorer outcomes. This metric, together with supporting work, will drive improvement in the induction of labour pathway. The Delays to Induction of Labour (IoL) framework is in its final draft. This framework is designed to support maternity services to understand, measure and reduce delays across the IoL pathway. To support services, an NHS Futures page is also in development with several good practice case studies.

Reliable recovery for Talking Therapies has been relatively stable over the last two years with a slight dip in the latest month

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

NOF ambition/metric: Percentage of NHS Talking Therapies patients completed a course of treatment and achieving reliable recovery (mental health trusts and ICBs)

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



Current position: As at July 2026, the reliable recovery rate for Talking Therapies was 46.9%. Compared to June 2026, there was a decrease of 1.2 percentage points. When compared to July 2025, there was a 0.5 percentage point decrease. Overall, this indicates performance has remained relatively stable.

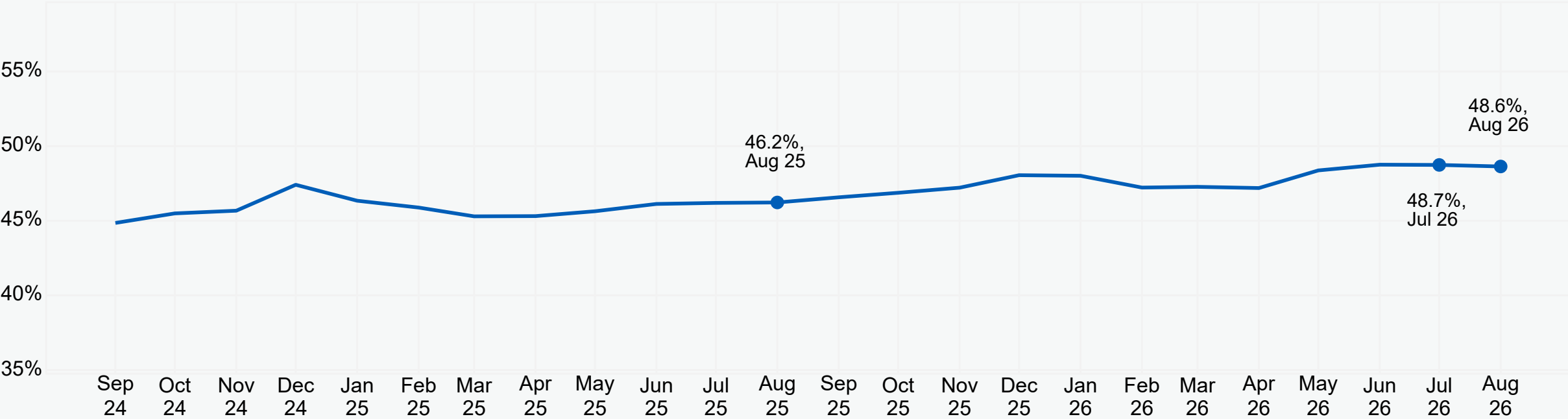
Actions: The NHS Talking Therapies Manual is being updated and will include a breakdown of the average number of sessions that it takes for reliably recovery for each diagnosis and is expected to be published in summer 2026. The manual will encourage application of findings from national analysis undertaken 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). These messages are being embedded 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.

Percentage of ambulance incidents managed via hear and treat or see and treat has been on a slight upward trend

Chart description: Percentage of ambulance incidents dealt with via hear and treat or see and treat

NOF ambition/metric: Percentage of incidents managed via hear and treat or see and treat (ambulance trusts)

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



Current position: The % of incidents managed via hear and treat or see and treat was 48.6% in August 2026. This is 0.1 percentage points lower than in July 2026. When compared to August 2025 this was an increase of 2.4 percentage points.

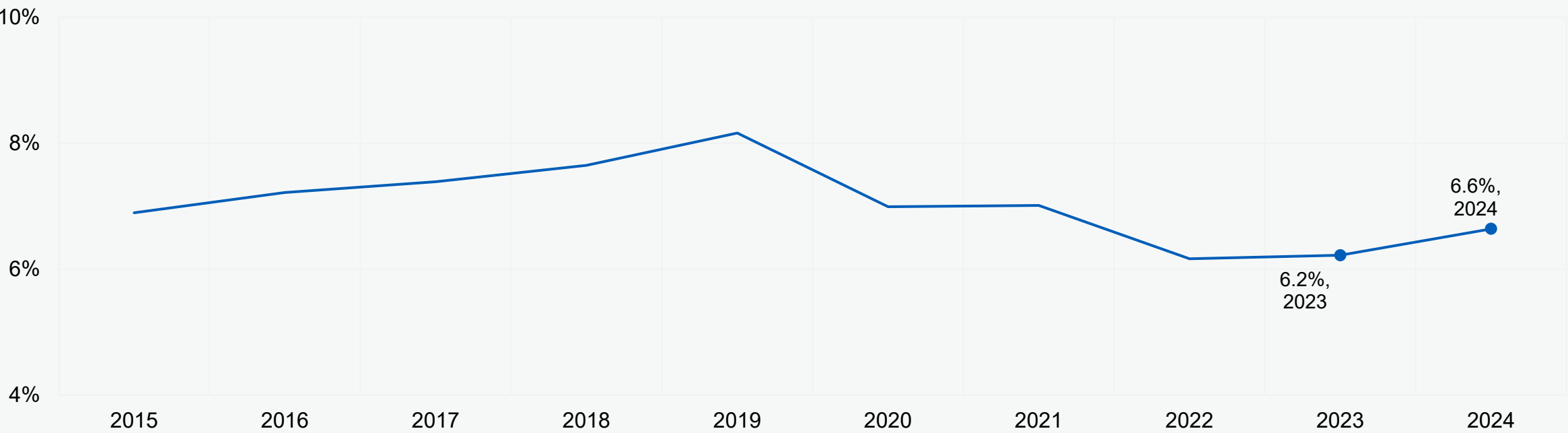
Actions: NHS England is overseeing the expansion of clinically led triage and remote assessment, implementing new Category 2 and Category 3 pathways, and pushing increased use of alternative community services through Hear & Treat, call before convey and direct referral routes.

Percentage of people with 3+ emergency admissions within last 90 days of life decreased from 2019 to 2022 but has increased slightly since then

Chart description: Number of people with 3 or more emergency admissions in their last 90 days of life as a percentage of all deaths.

NOF ambition/metric: Percentage of people with 3 or more emergency admissions in the last 90 days of life (ICBs)

Source: OHID (Office for Health Improvement and Disparities) based on Office for National Statistics data. Data accessed via DHSC Fingertips [publication link](#) [PUBLISHED]



Current position: The percentage of people with 3 or more emergency admissions within the last 90 days of life peaked at 8.2% in 2019. Between 2022 and 2024 the percentage has increased slightly from 6.2% to 6.6%.

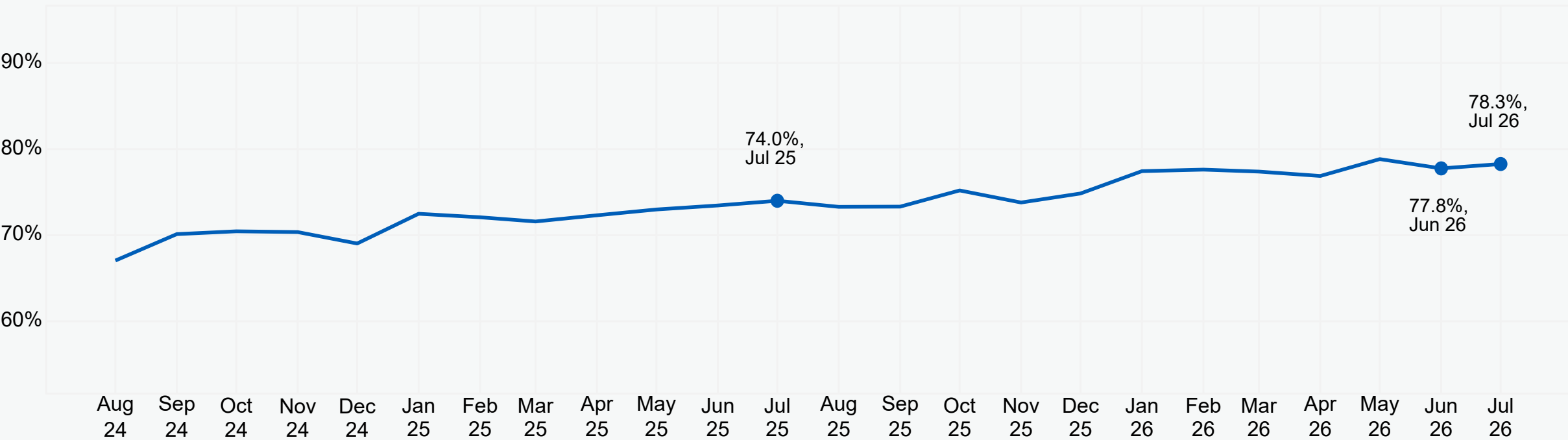
Actions: NHS England is reducing unplanned admissions at the end-of-life through; the Neighbourhood Health Framework which identifies those at the end of life as a priority cohort and the Modern Service Framework for palliative care and end of life care (due for autumn publication) which will set out the service model to improve care for people with palliative care needs.

Adult acute and rehabilitation mental health, learning disability and autism discharges followed up within 72 hours has increased, continuing a longer-term improvement trend

Chart description: Percentage of acute and rehabilitation adult discharges followed up within 72 hours

NOF ambition/metric: Percentage of acute and rehabilitation adult discharges followed up within 72 hours (mental health trusts)

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



Current position: As at July 2026, the percentage of acute and rehabilitation adult discharge followed up within 72 hours was 78.3%. Compared to June 2026, there was an increase of 0.5 percentage points. When compared to July 2025, there was a 4.3 percentage point increase. Overall, this indicates performance continues to improve.

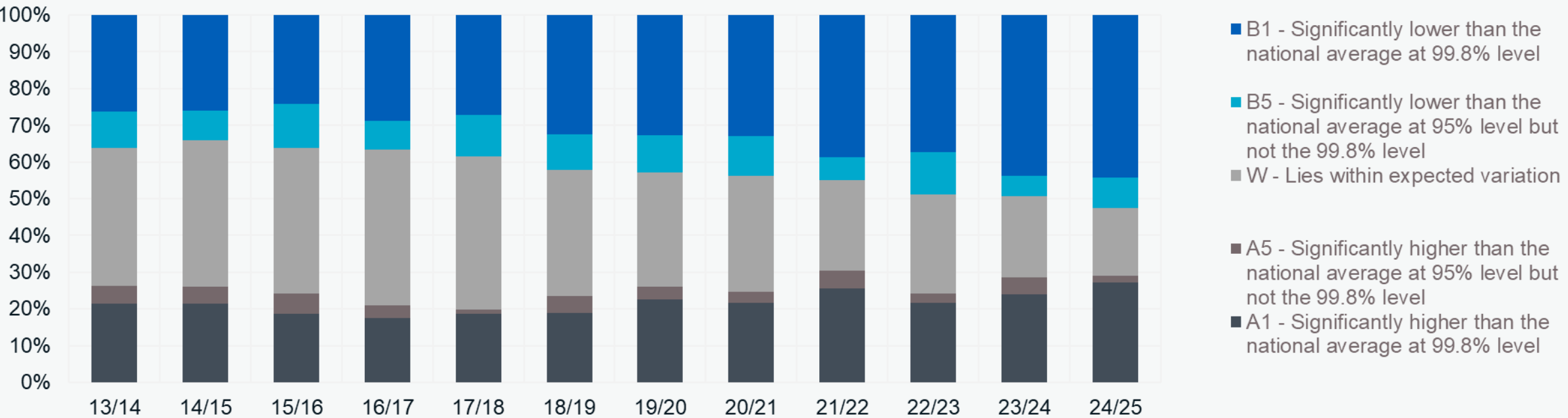
Actions: This measure is included within the NHS Standard Contract and was a national indicator within the Commissioning for Quality and Innovation (CQUIN) framework in 2019/20 to incentivise providers to follow up with adults after discharge. Recent annual research indicates further investigation may be required as to the effectiveness of the 72-hour focus. NHS England is supporting delivery of 72-hour follow-up through publication of the Mental Health Personalised Care Framework (MHPCF), which promotes effective discharge planning, continuity of care and coordinated transitions from inpatient to community mental health services. Services are expected to begin implementing the MHPCF from October 2026, with ongoing implementation support from NHS England throughout 2026/27.

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

Chart description: Readmission rate bands (within 30 days of discharge), proportion of trusts within each band

NOF ambition/metric: 30 day readmission rate band (acute and community trusts)

Source: Hospital Episode Statistics [UNPUBLISHED]



Current position: As at 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 will publish the Model Urgent Community Care and Community Beds Model to support recovery, rehabilitation and community-based alternatives to hospital care.

Mental Health 14 day readmission rate has decreased over the past months

Chart description: Percentage of discharges from adult acute mental health beds which were readmitted within 14 days of discharge

NOF ambition/metric: Mental Health 14 day readmission rate (mental health trusts)

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

Month	Score
April 2026	6.5%
May 2026	6.4%
June 2026	5.9%
July 2026	5.9%

Current position: As at July 2026, the percentage of discharges from adult acute mental health beds which were readmitted within 14 days of discharge was 5.9%. Compared to June 2026, there was a no change from the prior month. Note, this is a newly published measure and only limited historical data are currently available, so longer-term trends cannot yet be assessed.

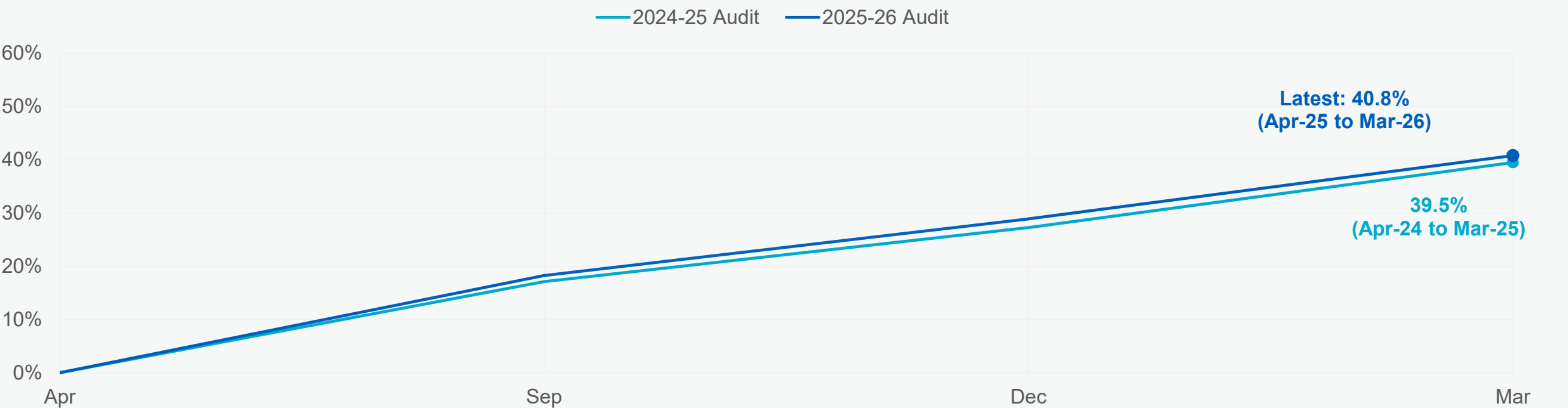
Actions: This is a contextual measure to understand the effectiveness of the interface between community and inpatient teams. NHSE has published the Mental Health Personalised Care framework to support Providers in delivering needs-led, person-centred care. The inpatient Culture of Care programme has ended and an evaluation is underway. This evaluation will explore opportunities to embed, and amplify, learnings.

Performance against all 8 NICE (National Institute for Health and Care Excellence) recommended care processes for patients with type 1 diabetes showed consistent monthly improvement in the last 12 months

Chart description: Percentage of patients with type 1 diabetes who received all 8 NICE recommended care processes, cumulative year to date (resets every April)

NOF ambition/metric: Percentage of patients who receive all 8 diabetes care processes (type 1) (ICBs)

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 March 2026 was 40.8%, which is 1.3 percentage points higher than at the same period for the previous year. This represents an increase from 109,795 receiving all 8 checks in April 2024 - March 2025, to 114,680 in April 2025 - March 2026, an increase of 4,885. This quarterly data relates to primary care activity; specialist diabetes services data are not included until the full annual publication.

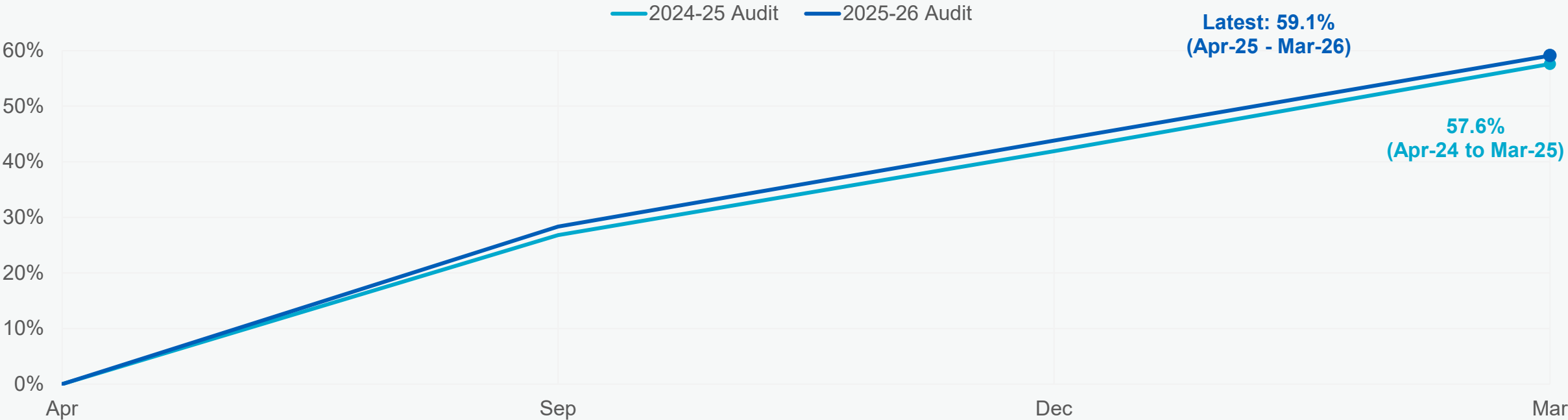
Actions: 26/27 Quality and Outcomes Framework (QOF) indicator for all 8 care process completion expected to support improvement and is under active monitoring. Diabetes Programme continues to promote and encourage use of new FDP (Federated Data Platform) dashboard to support improvement and focus on variation at system level. Metric now included in national strategic documents including CVD (cardiovascular disease) MSF (Modern Service Framework) and Neighbourhood Health Framework. Sharing good practice and innovative approaches, including Neighbourhood Health models of care, via regions and clinical networks.

Performance against all 8 NICE (National Institute for Health and Care Excellence) recommended care processes for patients with type 2 diabetes shows consistent monthly improvement in the last 12 months

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)

NOF ambition/metric: Percentage of patients who receive all 8 diabetes care processes (type 2) (ICBs)

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 March 2026 was 59.1%, which is 1.5 percentage points higher than at the same period last year. This represents an increase from 2,159,900 receiving all 8 checks in April 2024 - March 2025, to 2,273,720 in April 2025 - March 2026, an increase of 113,820. This quarterly data relates to primary care activity; specialist diabetes services data are not included until the full annual publication

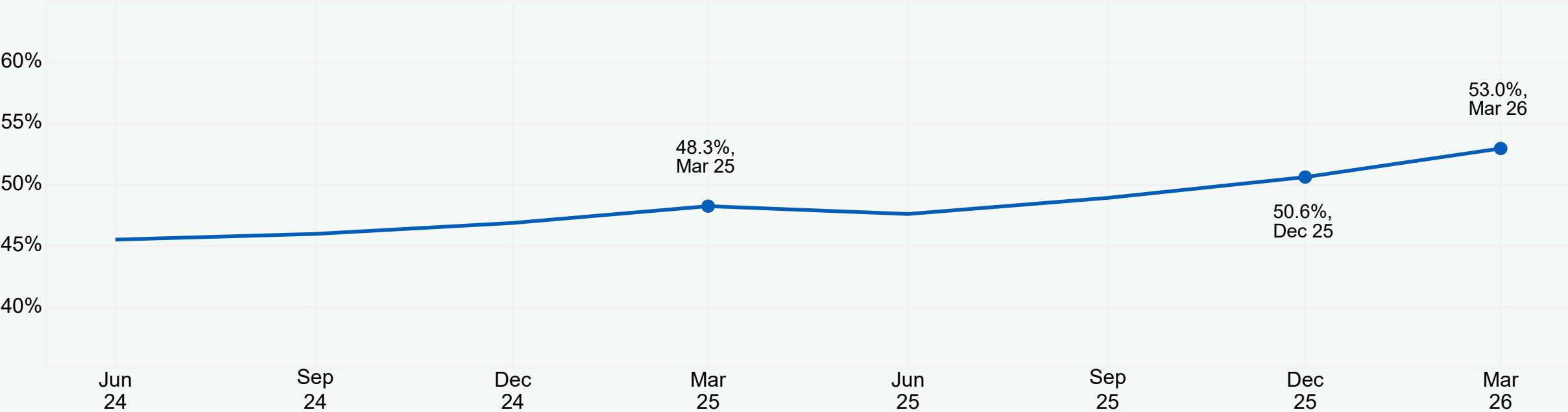
Actions: 26/27 Quality and Outcomes Framework (QOF) indicator for all 8 care process completion expected to support improvement and is under active monitoring. Diabetes Programme continues to promote and encourage use of new FDP (Federated Data Platform) dashboard and Local Data Packs to support improvement and focus on variation at system level. Metric now included in national strategic documents including CVD (Cardiovascular Disease) MSF (Modern Service Framework) and Neighbourhood Health Framework. Sharing good practice and innovative approaches, including Neighbourhood Health models of care, via regions and clinical networks.

Percentage of patients with GP recorded CVD with managed cholesterol has improved throughout the year, with a significant increase compared with the same period last year.

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

NOF ambition/metric: Percentage of patients with GP recorded cardiovascular disease whose cholesterol is managed to NICE guidance (ICBs)

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



Current position: As at March 2026, the percentage of patients treated to target with general practitioner recorded high cholesterol has increased to 53%, following a continuing steady upward trend from 48.3% in March 2025. There has been a 4.7 percentage point improvement over the twelve-month period since March 2025. This represents a continued increase over the year from 1,374,837 people treated to target in March 25 to 1,539,002 in March 26, an increase of 164,165 (12%).

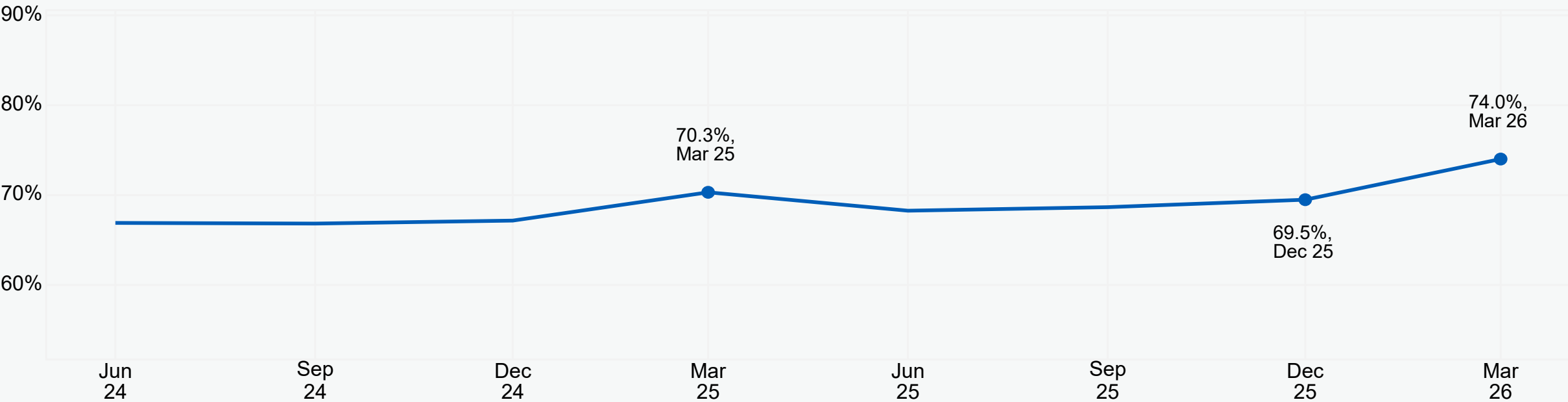
Actions: Work is ongoing to translate the recently published CVD MSF (Modern Service Framework) into a national delivery plan which includes case finding and lipid management as one of its 12 key priorities. The national ambition has been translated into ICB-level numeric targets giving each ICB a clear, measurable contribution to the national ambition and to reduce hidden variation.

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

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

NOF ambition/metric: Percentage of patients with GP recorded hypertension whose blood pressure is managed to NICE (National Institute for Health and Care Excellence) guidance (ICBs)

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



Current position: From March 2025 (70.3%) to March 2026 (74%), there was a marked improvement in the percentage of patients treated to target for hypertension of 3.7 percentage points. There was a numerical increase over the year from 6,424,100 treated to target in March 25 to 7,007,000 in March 26, (582,900, 9% increase) reflecting the hypertension register’s continuing baseline growth and the challenges in achieving significant percentage increases. In 25/26 a change in metric monitoring to numbers has been implemented, to ensure the actual improvement in the number of people treated to target is captured.

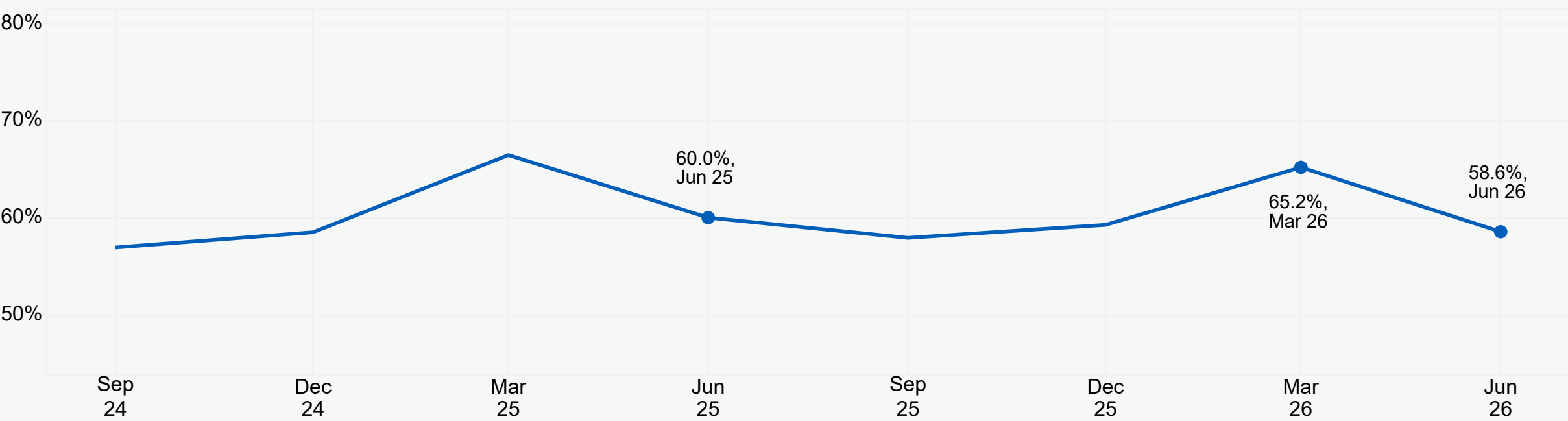
Actions: Work is ongoing to translate the recently published CVD (Cardiovascular Disease) MSF (Modern Service Framework) into a national delivery plan which includes treatment to target for people with hypertension as one of its 12 key priorities. The national ambition has been translated into ICB-level numeric targets giving each ICB a clear, measurable contribution to the national ambition, enable focussed local improvement and to reduce hidden variation.

The proportion of people on the SMI register receiving a full physical health check in the 12 months to the end of Q1 2026/27 just short of that reported for the same period last year

Chart description: The percentage of people on the GP severe mental illness who have received a full physical health check in the past year

NOF ambition/metric: Percentage of patients on GP severe mental illness registers to receive a full physical health check in the last 12 months (ICBs)

Source: PHSMI GPES [publication link](#) [PUBLISHED]



Current position: As at June 2026, the percentage of people on the GP severe mental illness (SMI) who have received a full physical health check in the past year was 58.6%. Compared to March 2026, there was a decrease of 6.6 percentage points. When compared to June 2025, there was a decrease of 1.5 percentage points. Overall, performance remains in line with last year.

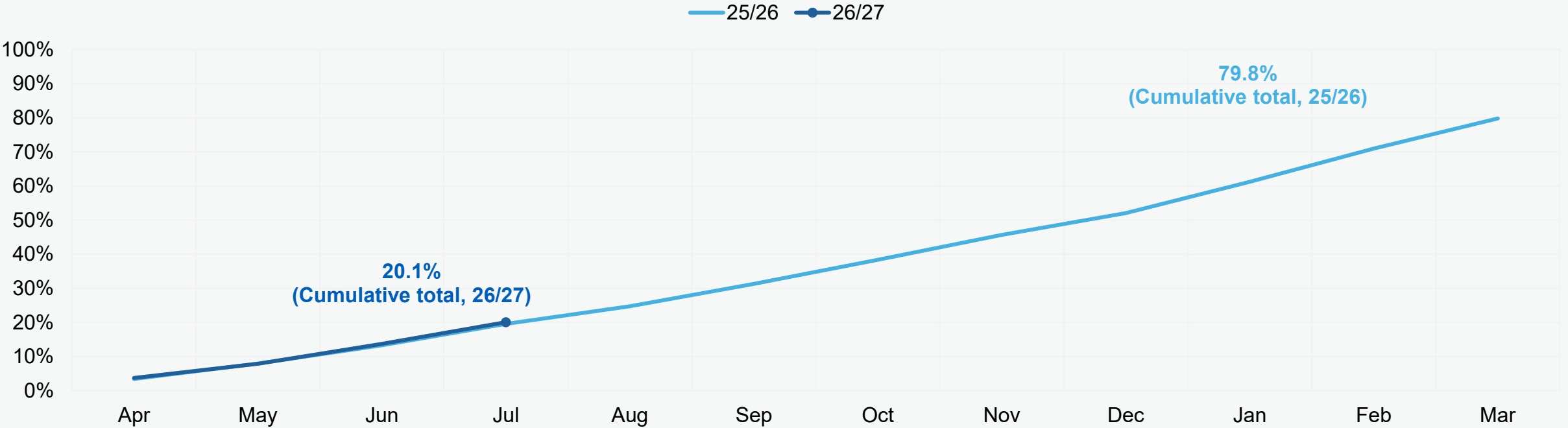
Actions: Alongside routinely publishing performance data, NHS England remains committed to improving physical health care alongside mental health care for people with SMI. This includes the identification of this issue as a priority within the forthcoming SMI Modern Service Framework, as well as integrating physical health and mental health support through the rollout of new neighbourhood mental health centres.

The percentage of health checks completed throughout 26/27 to date is slightly above that of the same period last year

Chart description: Cumulative percentage of annual health checks completed for patients over 14 years old with a learning disability, who may also be autistic

NOF ambition/metric: Percentage of patients over 14 years old on GP learning disability registers to receive a full physical health check and action plan in the last 12 months (ICBs)

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



Current position: For July 26 20.1% of registered patients had completed a health check. This is 0.5 percentage points above the same month last year.

Actions: Revised guidance for GPs on the identification of people with a learning disability was published on the NHS England website on the 1st September. The annual health check and health action planning quality framework was published on NHS Futures on 1st September

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	Variation latest
High quality care	Percentage of patients in mental health crisis to receive face-to-face contact within 24 hours	72.0% Jul-26	72.8% Jun-26	-0.8 ppt (-1.1%)	70.1% Jul-25	1.9 ppt (2.6%)	Improved
Safe practice	Percentage of children (aged 0–9) prescribed antibiotics in the last 12 months	28.4% Jun-26	28.2% May-26	0.2 ppt (0.7%)	29.5% Jun-25	-1.1 ppt (-3.7%)	Not Applicable
Safe practice	Rate of restrictive intervention use, per 1,000 bed days	32 Jul-26	34 Jun-26	-2 (-5.9%)	35 Jul-25	-3 (-8.6%)	Improved
Safe outcomes	Number of MRSA infections (healthcare-associated)	41 Jul-26	39 Jun-26	2 (5.1%)	59 Jul-25	-18 (-30.5%)	Improved
Safe outcomes	Number of E.coli infections (healthcare-associated)	1,343 Jul-26	1,147 Jun-26	196 (17.1%)	1,362 Jul-25	-19 (-1.4%)	Improved
Safe outcomes	Number of C. difficile infections (healthcare-associated)	954 Jul-26	901 Jun-26	53 (5.9%)	943 Jul-25	11 (1.2%)	Deteriorated
Safe outcomes	Neonatal deaths per 1,000 total births	1.6 2024			1.6 2023	-0.0 (-1.9%)	Improved
Safe outcomes	Stillbirths per 1,000 total births	3.2 2024			3.3 2023	-0.1 (-2.8%)	Improved
Safe outcomes	Rate of inpatient falls that cause harm	2.5% 2025			2.6% 2024	-0.1 ppt (-3.8%)	Sustained

Patient safety - summary of metrics

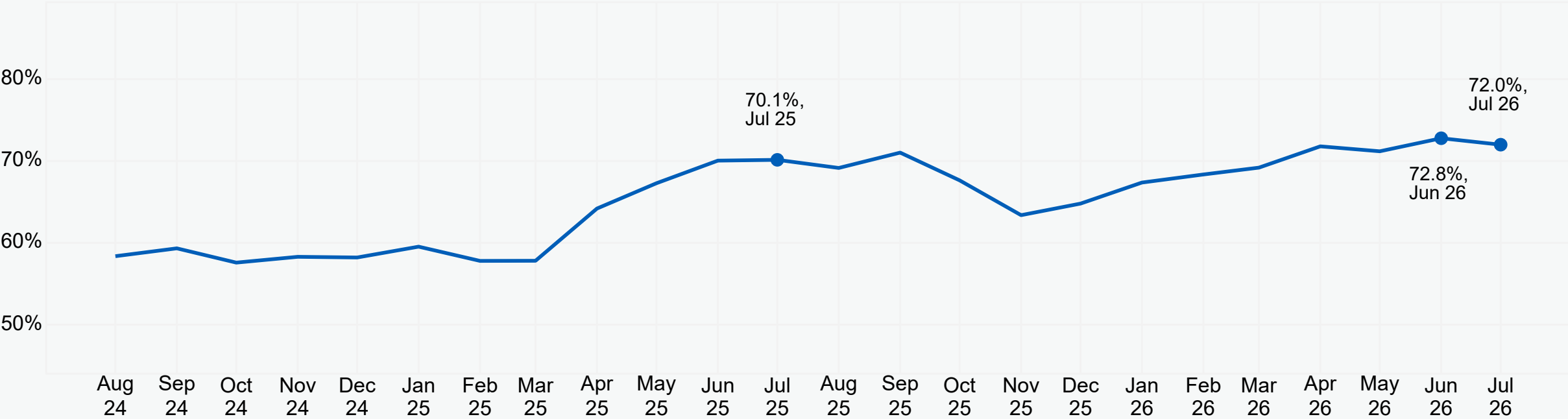
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Safe outcomes	% of safety incidents causing harm	35.8% Jun-26	36.0% Mar-26	-0.2 ppt (-0.7%)	35.9% Jun-25	-0.2 ppt (-0.5%)	Sustained
Safe culture	NHS staff survey - raising concerns sub-score	6.37 2025			6.45 2024	-0.08 (-1.2%)	Not Applicable

The percentage of urgent referrals to crisis care services receiving a face to face contact within 24 hours has improved relative to the past two years

Chart description: Percentage of new urgent referrals to crisis services with first face to face contact within 24 hours of referral

NOF ambition/metric: Percentage of patients in mental health crisis to receive face-to-face contact within 24 hours (urgent crisis response) (mental health trusts)

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



Current position: As at July 2026, the patients in crisis to receive face-to-face contact within 24 hours was 72.0%. Compared to June 2026, there was a decrease of 0.8 percentage points. When compared to July 2025, there was an increase of 1.9 percentage points. Overall, this indicates performance has improved.

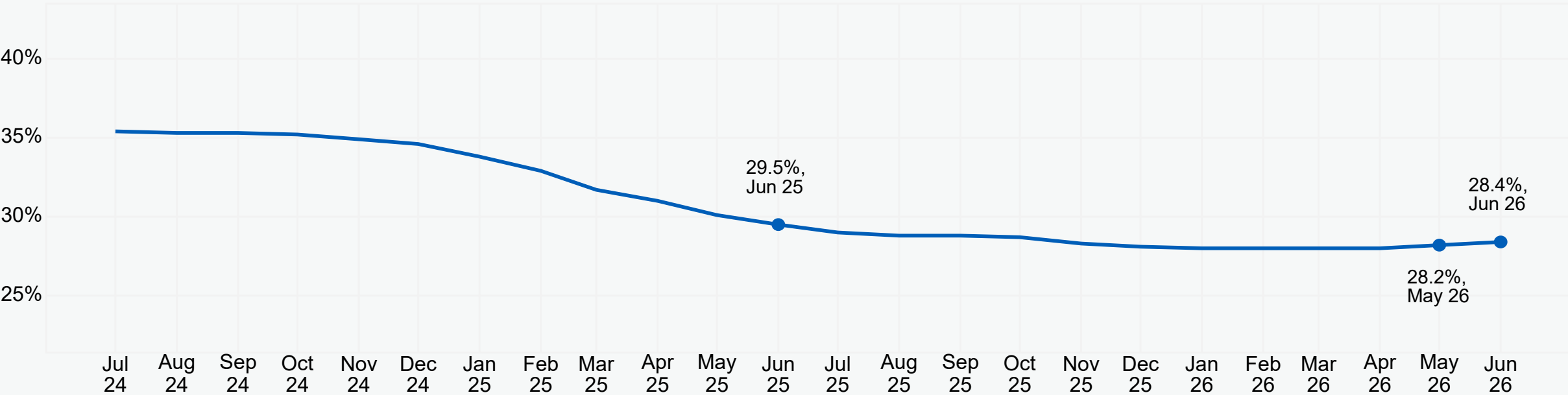
Actions: The new NHS 111 MH dashboard is now live, providing the first national view of mental health-specific call handling performance. The dashboard will support greater transparency, benchmarking and service improvement across local crisis services. Formal national performance standards have not yet been set; the immediate focus is on improving data quality, understanding variation and building the evidence base for expectations.

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

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

NOF ambition/metric: Percentage of children aged 9 and under prescribed antibiotics (ICBs)

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



Current position: The proportion of children under 10 years exposed to antibiotics in the previous 12 months was 28.4% in June 2026. 0.2% higher than May 2026 and 1.1% lower than June 2025. Performance continues on an improving trajectory after reaching a plateau of around 35% exposure during 2024.

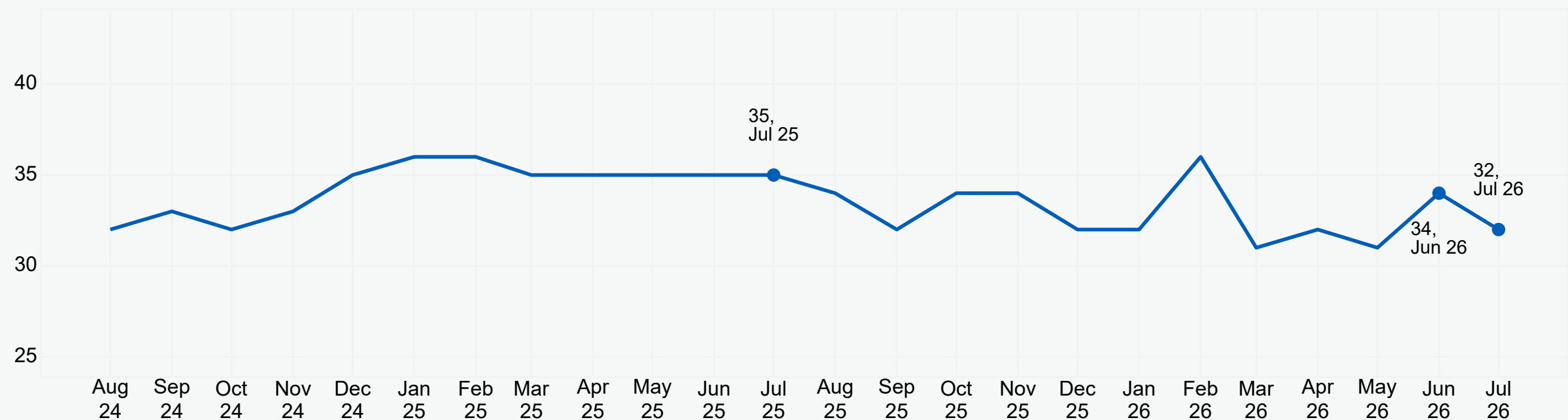
Actions: This year's NHS Oversight Framework includes a more ambitious target of 25% and guidance on achieving NAP (National Ambition Percentage) targets was published on 03 August 2026, including practical strategies for enabling improvement. NHSE has transferred year-2 funding for four specialist paediatric infection networks to drive improvement during 2026/27. Work is underway with UKHSA (UK Health Security Agency) to develop new training materials on management of infection in children and applications have been submitted to NICE (National Institute for Health and Care Excellence) for quality indicators to incentivise management of RTI (Respiratory Tract Infection) in primary care using watchful waiting without antibiotics and use of the STARWAVE prognostic scoring tool for children with RTI.

The rate of restrictive intervention use has decreased in the last month after reducing over 2025

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

NOF ambition/metric: Crude rate of restrictive interventions per 1000 bed days (mental health trusts)

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



Current position: As at July 2026, the rate of restrictive interventions was 32 per 1,000 occupied beds. Compared to June 2026, there was a decrease of 2 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 July 2025, there was a decrease of 3 in the use of a restrictive intervention (35). Overall, this indicates performance has remained stable over the past year.

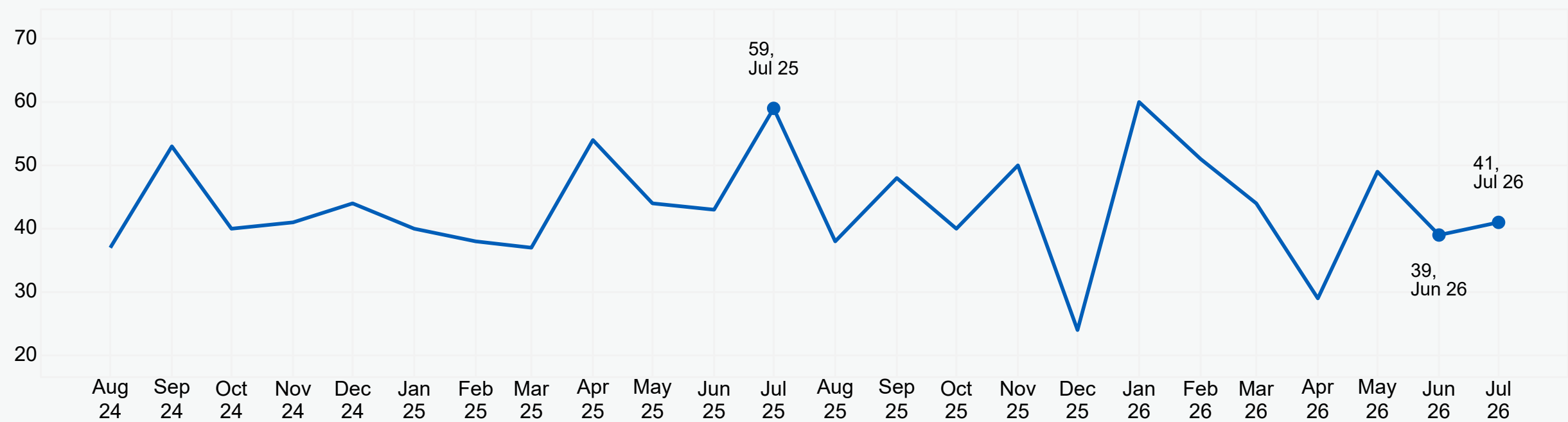
Actions: As part of the prioritisation process, the MHLDC (Mental Health Learning Disabilities and Neurodevelopmental Conditions) Leadership Group has discontinued the national oversight arrangements associated with this programme, including the National Restrictive Practice Oversight Group (RPOG), to enable focus on other priority commitments. While national policy activity has ceased, reducing restrictive practices remains an important area of focus for providers and systems. The metric will therefore remain in the National Oversight Framework (NOF) as a contextual measure, recognising the continued statutory requirement for providers to report restrictive interventions in line with the Use of Force Act and associated guidance.

MRSA infections have shown some fluctuation but are stable relative to the last 2 years

Chart description: Number of healthcare-associated MRSA (Methicillin-Resistant Staphylococcus Aureus) infections

NOF ambition/metric: Number of cases of MRSA in the last 12 months (acute trusts)

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



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

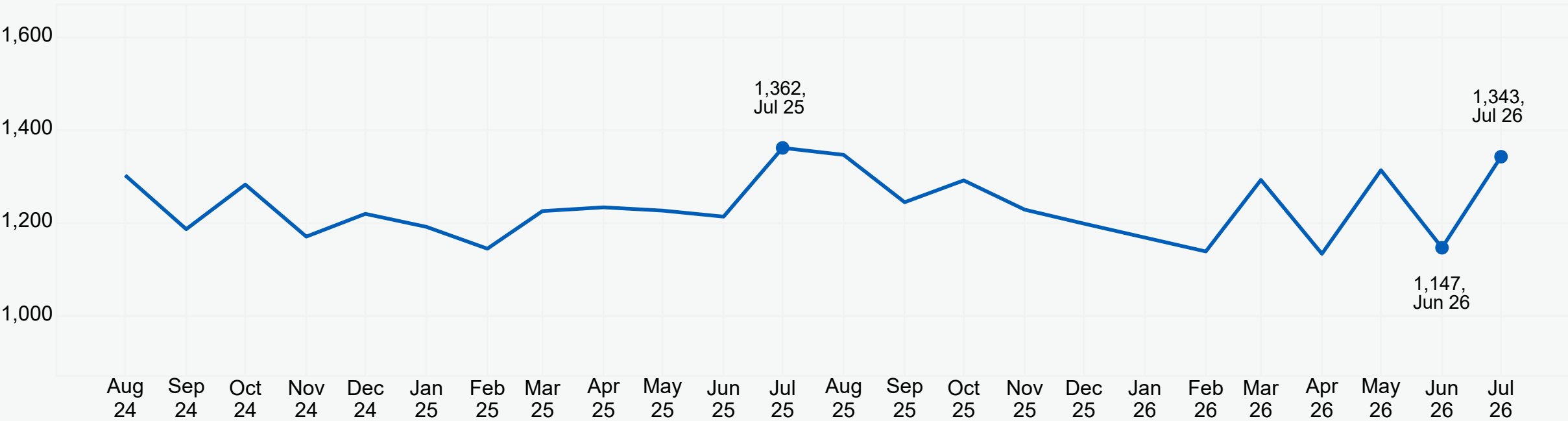
Actions: The relationship between MRSA and MSSA (Methicillin-Susceptible Staphylococcus Aureus) bacteraemia remains important, as both arise through overlapping transmission routes and share important clinical and healthcare-associated risk factors. MSSA bacteraemia can therefore provide a broader indicator of the effectiveness of infection prevention and clinical pathways. Overall, the June 2026 data show consistent MSSA incidence with observed variation and areas for improvement, rather than a clear sustained downward trajectory.

E. coli infections show some fluctuation but have remained stable relative to the last 2 years

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

NOF ambition/metric: Number of cases of e-coli in the last 12 months (acute trusts)

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



Current position: The data shows a slight decrease in the number of E coli infections compared with the same month last year, with a flattening of the trend observed .The recent reduction in HOHA (Hospital-Onset Healthcare-Associated) cases therefore does not yet indicate a sustained downward trend or a return to the levels targeted by the AMR (Antimicrobial Resistance) National Action Plan, which seeks to maintain Gram-negative bloodstream infection rates at 2019/20 levels. As many E. coli infections originate in the community, prevention, and early recognition of UTIs are important components of reducing subsequent hospital admissions and bloodstream infections. The burden of UTIs on the NHS remains substantial and affects people across all ages and sexes, with the risk and consequences particularly significant among older people.

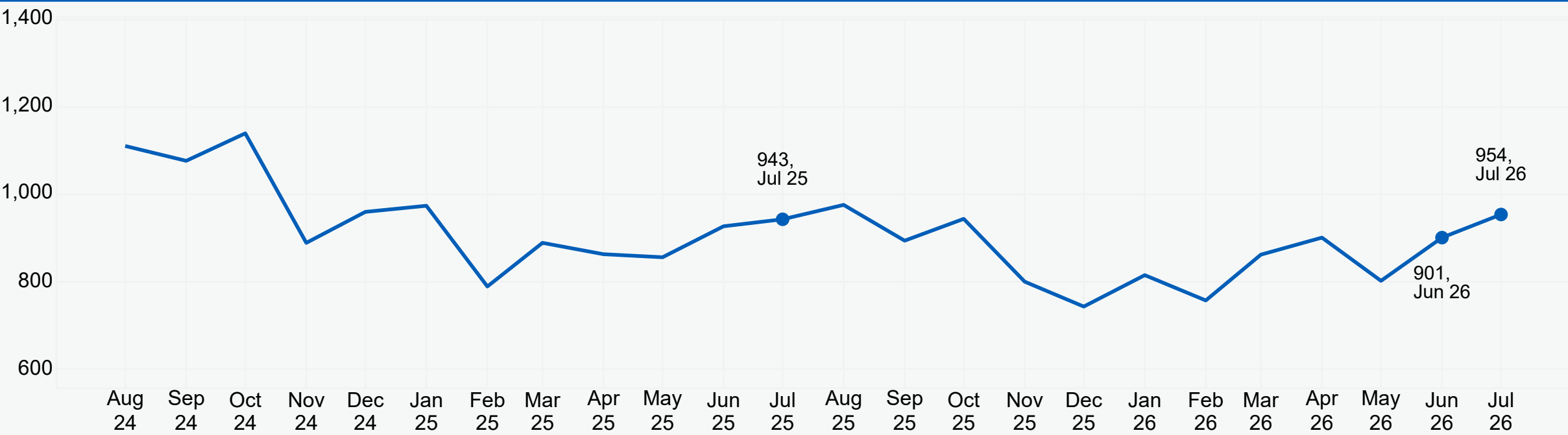
Actions: Progress against trajectory should be closely monitored, with clear accountability and assurance that improvements in hospital care are matched by equivalent progress in community and pre-admission settings to achieve sustained reduction. Urinary tract infections (UTIs) are both a common health concern and a major cause of illness, hospital admission, and NHS demand. To support prevention and earlier identification, NHS England and UKHSA (UK Health Security Agency) have developed a practical [communications toolkit](#) and [resource](#) pack for use across primary care, pharmacies, care homes and community settings.

C. difficile infection levels have reduced over the last two years, despite recent uptick

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

NOF ambition/metric: Number of cases of c-difficile in the last 12 months (acute trusts)

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



Current position: The most recent published UKHSA (UK Health Security Agency) data show a slight increase in C. difficile across England compared with the same month of the previous year, and a recent uptick in July 2026. Overall, CDI cases increased by 2.8% over the same period, suggesting that the recent improvement in HOHA (Hospital-Onset Healthcare-Associated) cases has not yet translated into a sustained reduction in overall CDI. The latest available quarterly data (January–March) also show that hospital-onset CDI incidence remains higher than pre-pandemic levels. Continued surveillance and monitoring are therefore necessary to determine whether the recent decrease is sustained over time.

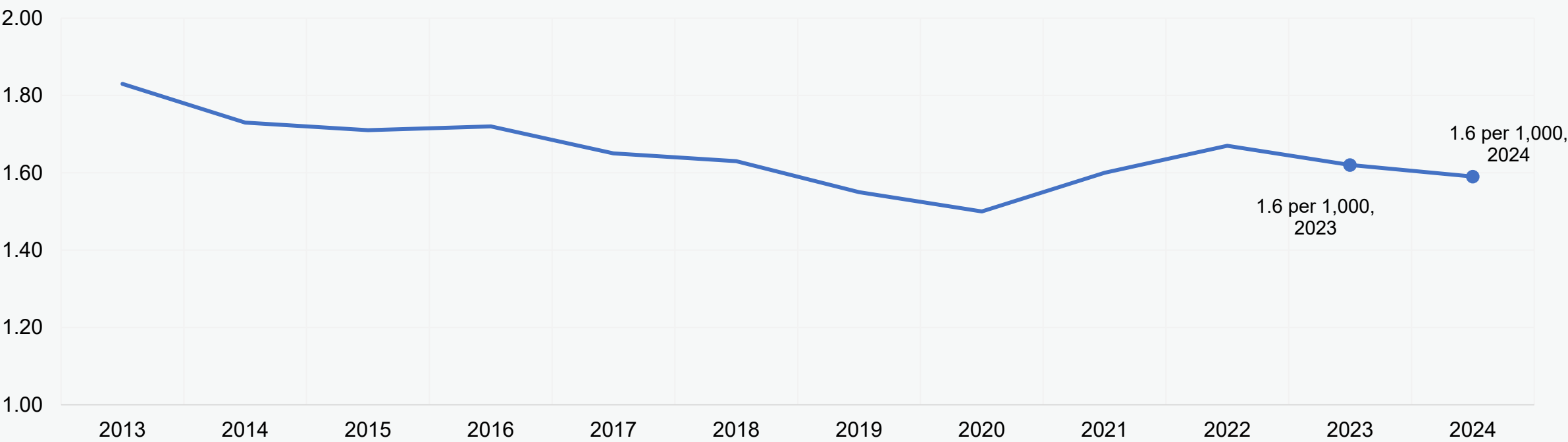
Actions: C. difficile infection remains a key patient safety and quality metric within the NHS Oversight Framework, with performance continuing to demonstrate significant unwarranted variation between organisations. The focus should therefore remain on sustained, evidence-based improvement. Individual providers are expected to understand the drivers of variation and implement targeted action where performance is below expected levels. ICBs also have an important system-level role in assuring improvement and addressing unwarranted variation across their footprint and supporting providers where improvement is required and ensure that reductions in infection rates are sustained over time. NHS England will support UKHSA with dissemination of the results of the CDI survey.

The neonatal mortality rate showed reductions in the most recent available published data (2024)

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

NOF ambition/metric: Number of neonatal deaths and stillbirths per 1,000 total births (ICBs)

Source: MBRRACE-UK [publication link](#) [PUBLISHED]



Current position: The 2024 neonatal mortality rate was 1.6 per 1,000 live births, no change at one decimal place from 2023. For maternal mortality there was no significant difference in the overall UK death rate between 2021-23 and 2022-24 (252 deaths during or up to 6 weeks after, equating to a rate of 12.8 per 100,000 deliveries) but rates remain higher than the last complete triennium of 2019-21 and are 20% higher than in 2009-11.

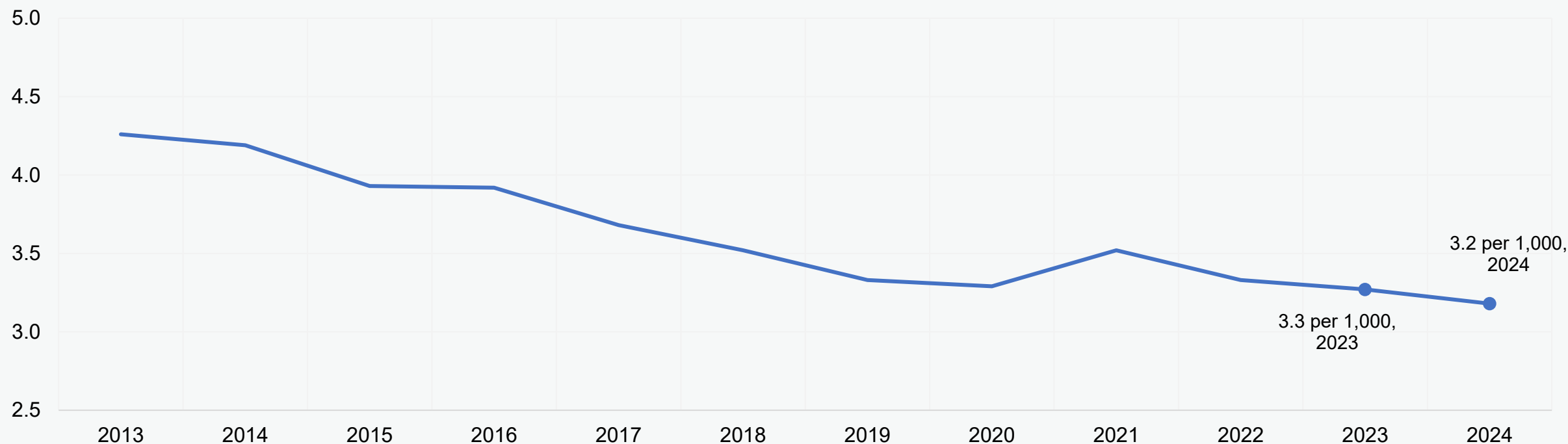
Actions: Following Baroness Amos’ review of maternity and neonatal services published in July 2026, NHS England issued a 10 Point Plan of urgent actions and are supporting trusts with the implementation of these recommendations. The first National Maternity Triage Specification has been published, setting national expectations to improve safety, equity and consistency. Alongside this, a benchmarking audit tool has also been issued, with trusts required to undertake board-level reviews and provide baseline and progress assurance returns. To improve equity in outcomes and experience, rollout of the Perinatal Equity and Anti-Discrimination Programme to all maternity and neonatal services in England is ongoing. Alongside these actions is the continued development of a National Action Plan through the Maternity and Neonatal Taskforce.

The stillbirth rate showed reductions in the most recent available published data (2024)

Chart description: Number of stillbirths per 1,000 total births

NOF ambition/metric: Number of neonatal deaths and stillbirths per 1,000 total births (ICBs)

Source: MBRRACE-UK [publication link](#) [PUBLISHED]



Current position: In 2024, the stillbirth rate was 3.2 per 1,000 total births, down 0.1 from 2023. The 2024 rate is 25.4% lower than in 2013, though the rate has fluctuated over time.

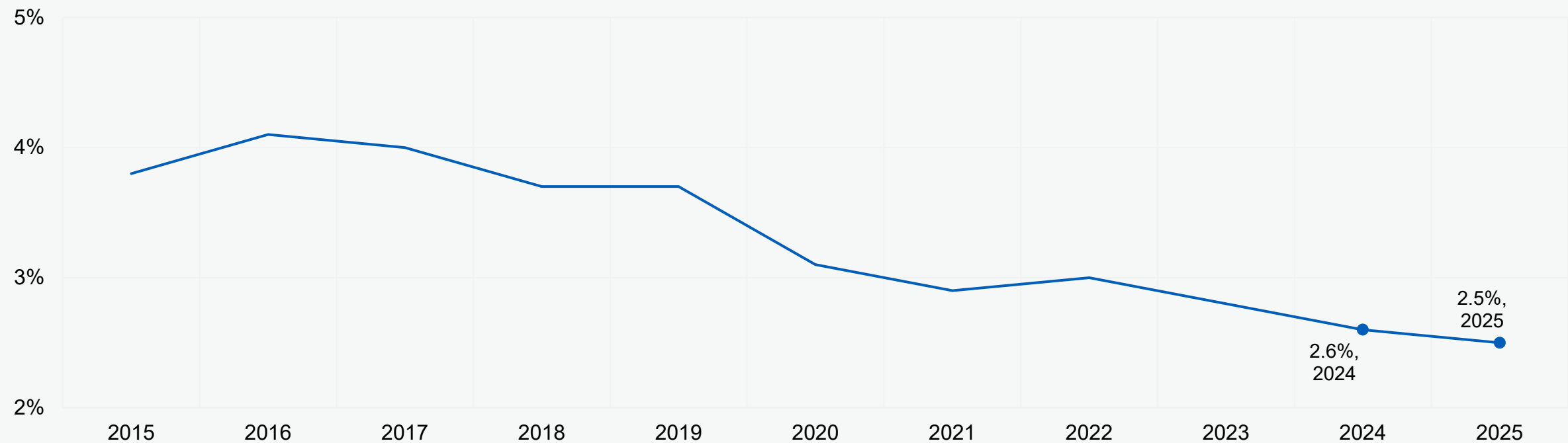
Actions: Responding to Baroness Amos' review of maternity and neonatal services which was published in July 2026, NHS England issued a 10 Point Plan of urgent actions. NHSE are taking action to support trusts with the implementation of these recommendations. The first National Maternity Triage Specification has been published, setting national expectations to improve safety, equity and consistency. Alongside this, a benchmarking audit tool has also been issued, with trusts required to undertake board-level reviews and provide baseline and progress assurance returns. To improve equity in outcomes and experience, rollout of the Perinatal Equity and Anti-Discrimination Programme to all maternity and neonatal services in England is continuing. Alongside these actions is the continued development of the National Action Plan through the Maternity and Neonatal Taskforce.

The rate of hip fractures sustained as inpatients continues to decrease since 2016

Chart description: Percentage of inpatients who suffer a new hip fracture while an inpatient

NOF ambition/metric: Rate of inpatient falls that cause harm (all trusts)

Source: National Hip Fracture Database [publication link](#) [PUBLISHED]



Current position: In 2025, 2.5% of inpatients with a new hip fracture sustained that hip fracture while in hospital, down from 2.6% in 2024 and 4.1% at the 2016 peak. This is the lowest rate in the series, continuing the long-term improvement.

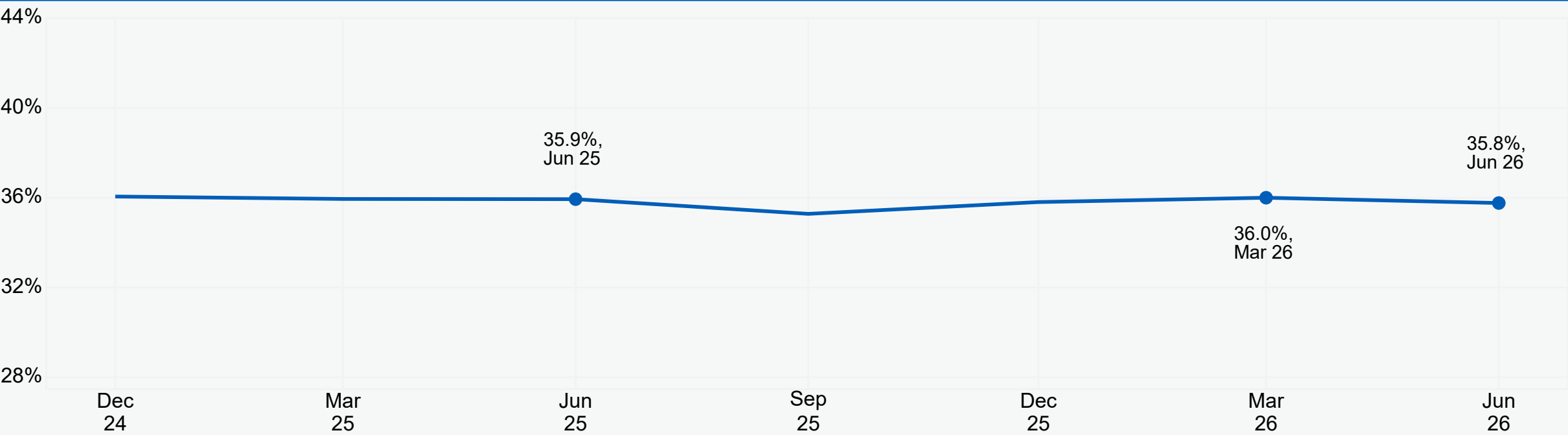
Actions: The chart shows the % of hip fracture inpatients who sustained that hip fracture while an existing inpatient. It is a proxy measure for falls prevention in hospital. The data should be interpreted with caution as the data will not reflect other types of injury from inpatient falls (e.g. traumatic brain injury) and does not provide any information about causation. The National Audit of Inpatient Falls (NAIF) also reports that some inpatient hip fractures recorded in the NHFD could not be linked to an inpatient fall. This proportion fell from 29% in 2019 to 14% in 2024. Trusts are encouraged to use data to benchmark process measures and consider how to improve. NHSE have worked with NAIF, using analysis and learning from LFPSE (Learn from Patient Safety Events) reports of falls with head injury, to support the case for expanding the audit and from 2026, NAIF will include all fall-related fractures, head injuries and spinal injuries.

Patient safety incidents recorded as causing harm remains relatively stable, but elevated

Chart description: Safety Incidents causing harm

NOF ambition/metric: Percentage of safety incidents resulting in harm (all trusts)

Source: Patient Safety Data [publication link](#) [PUBLISHED]



Current position: The proportion of safety incidents resulting in harm remained broadly stable at 35.8% in June 2026, compared with 36% in March 2026 and 35.9% in June 2025. This is a 0.2 percentage points quarterly decrease and a 0.1 percentage point annual decrease, with the overall level remaining high.

Actions: Incident data should be used to support qualitative learning and patient safety improvement. Changes in the proportion of incidents recorded as causing physical harm should not be interpreted as evidence that the NHS is becoming safer or less safe, or used to trigger action in isolation, given the voluntary and subjective nature of reporting. There is no associated target or preferred trajectory; therefore, no specific action is required in response to changes in this measure alone.

Raising concerns sub-score has been steadily weakening in recent years

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

NOF ambition/metric: NHS staff survey raising concerns sub-score (all trusts)

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 points decline from the 2024 score of 6.45. Since 2021, when the score was 6.54, a 0.17 percentage point reduction has emerged, signaling a gradual downward trend in people’s confidence to raise concerns or believe that action would be taken. Within this overall decline, 2023 had the highest score since 2021 with a score of 6.46, before performance began to fall again in 2024 and 2025.

Actions: Following the closure of the National Guardian’s Office on 30th June 2026, NHS England is in the process of reviewing Freedom to Speak Up (FTSU) Guardian networks so that from 1st April 2027 they can maximise opportunities for learning and development across the NHS. Planning regular learning and improvement opportunities for healthcare leaders responsible for FTSU. NHS England are now reviewing a national collection of case numbers and themes received by FTSU Guardians, to implement a new approach for 2027/28 that maximises use of national FTSU data for learning and improvement. Review and development of FTSU requirements for primary care is underway with a plan to update them by 1st April 2027 and make them more proportionate and practical. During 2027/28, NHS England will review overall FTSU policy and guidance to clarify scope and increase local responsibility and accountability for FTSU.



Finance, productivity and innovation



MONTH 4 FINANCIAL POSITION 2026/27

Revenue

1. Table 1 sets out the revenue position to the end of July 2026. The bottom-line position is shown on a non-ringfenced RDEL basis, which is the key measure for financial performance. The overall year-to-date (YTD) position shows an overspend of £194m (0.3% of YTD allocation).
2. The overall adverse variance reported at month 4 is driven by overspends in providers and ICBs of £231m (0.4%). 68% of providers and ICBs have delivered to plan at month 4. At the same point last year providers and ICBs had overspent by £172m. Details of individual organisations with a YTD variance to plan worse than £2m are included in annex 1.
3. The principal drivers of provider and ICB overspends at month 4 are the direct cost impact of six days of industrial action in April and shortfall in efficiency delivery. Whilst agency spend continues to be well controlled, bank spend is starting to emerge as a significant area of overspend. Financial recovery actions are being implemented in the most challenged organisations; mid-year reviews are ongoing.
4. Thirteen organisations have had their Deficit Support Funding (DSF) held back at Quarter 2. Total funding held back at month 4 totals £19m.

Table 1: YTD financial position at month 4

Expenditure Basis	YTD	Year to Date			
	Allocation	Plan	Actual	Under/(over) spend	
	£m	£m	£m	£m	%
Providers					
Income		(50,958)	(51,221)	263	0.5%
Expenditure		51,774	52,290	(515)	(1.0%)
ICBs net expenditure	57,207	57,229	57,228	2	0.0%
Deficit Support Funding	419	376	357	19	4.6%
Total Provider & ICB	57,625	58,422	58,652	(231)	(0.4%)
Specialised Commissioning (non delegated)	3,806	3,806	3,765	41	1.1%
Other Direct Commissioning	803	803	801	2	0.3%
Central Costs	5,467	5,467	5,473	(7)	(0.1%)
Transformation & Reserves	0	0	(0)	0	0.0%
Technical & ringfence adjustments	(1,577)	(1,577)	(1,577)	0	0.0%
Total RDEL	66,125	66,921	67,115	(194)	(0.3%)



Updates to financial plans

5. We started the year with a planning gap across providers and ICBs including unearned Deficit Support Funding (the amount retained by NHS England when an organisation has not achieved its financial plan limit) of £386m. This related to sixteen organisations. Following national and regional intervention this gap has now reduced to c.£160m and means that all but 6 organisations now have Board approved plans to achieve financial balance in 2026/27.

Risks to the financial position

6. Delivery of the financial position remains highly challenging. The most significant risks are:
 - i) Absorbing the remaining c.£160m planning gap and continuing to de-risk provider and ICB plans.
 - ii) Delivery of £8.3bn of provider efficiencies, over half of which are assessed as high risk.
 - iii) The affordability of Agenda for Change and Resident Doctor pay settlements.
 - iv) Potential for further local and national industrial action and associated financial and productivity losses.
 - v) Financial disruption caused by delays to NHS England and DHSC restructuring.

Capital

7. Providers have spent £1,176 million on capital schemes to month 4 (including IFRS 16 expenditure relating to lease assets), representing 12% of their full year budget. The DHSC provider and commissioning capital budget for 2026/27 (including IFRS16) is set at £10,709 million against which we are currently forecasting an underspend of £176m. We expect to contribute underspend of at least this value to the overall planned CDEL overcommitment across DHSC Group.

MONTH 4 FINANCIAL POSITION 2026/27



Annex 1 – Organisations with YTD overspend (excluding DSF) greater than £1m

Organisation	YTD financial position (excluding DSF)			YTD efficiency		
	YTD plan	YTD actual	YTD variance	YTD plan	YTD actual	YTD variance
Nottingham University Hospitals NHS Trust	(29.0)	(46.7)	(17.7)	26.4	19.1	(7.2)
Mid and South Essex NHS Foundation Trust	(26.6)	(43.0)	(16.4)	44.4	22.7	(21.8)
Liverpool University Hospitals NHS Foundation Trust	(15.6)	(31.3)	(15.7)	32.7	19.7	(13.0)
Barts Health NHS Trust	(5.9)	(18.0)	(12.1)	53.4	43.1	(10.2)
Hull University Teaching Hospitals NHS Trust	(18.4)	(29.9)	(11.4)	25.8	10.5	(15.3)
Barking, Havering and Redbridge University Hospitals NHS Trust	(19.3)	(29.9)	(10.6)	13.5	12.7	(0.8)
Great Western Hospitals NHS Foundation Trust	(6.1)	(16.2)	(10.1)	15.0	8.5	(6.4)
University Hospitals Birmingham NHS Foundation Trust	(16.3)	(25.9)	(9.6)	46.6	36.7	(9.9)
University Hospitals of North Midlands NHS Trust	(10.2)	(19.4)	(9.2)	17.3	12.7	(4.6)
Harrogate and District NHS Foundation Trust	(6.8)	(14.8)	(8.1)	12.0	5.9	(6.1)
Sherwood Forest Hospitals NHS Foundation Trust	(6.7)	(13.6)	(7.0)	13.1	8.8	(4.2)
The Leeds Teaching Hospitals NHS Trust	(10.8)	(17.7)	(6.9)	27.5	23.7	(3.8)
Bedfordshire Hospitals NHS Foundation Trust	0.6	(6.3)	(6.9)	17.9	16.6	(1.3)
Nottinghamshire Healthcare NHS Foundation Trust	(18.2)	(25.0)	(6.8)	10.2	15.1	4.9
Guy's and St Thomas' NHS Foundation Trust	(29.8)	(36.3)	(6.5)	30.7	31.9	1.2
Royal United Hospitals Bath NHS Foundation Trust	(4.9)	(10.6)	(5.7)	11.9	7.5	(4.5)
Mid Yorkshire Teaching NHS Trust	(2.1)	(7.7)	(5.6)	20.7	13.6	(7.0)
Blackpool Teaching Hospitals NHS Foundation Trust	(10.2)	(14.9)	(4.6)	9.4	7.8	(1.6)
York and Scarborough Teaching Hospitals NHS Foundation Trust	(7.7)	(12.2)	(4.5)	26.3	19.7	(6.6)
Worcestershire Acute Hospitals NHS Trust	(21.2)	(25.5)	(4.3)	15.1	10.8	(4.4)
Surrey and Sussex Healthcare NHS Trust	(8.1)	(12.2)	(4.0)	14.9	11.9	(2.9)



Annex 1 – Organisations with YTD overspend (excluding DSF) greater than £1m (Continued)

Organisation	YTD financial position (excluding DSF)			YTD efficiency		
	YTD plan	YTD actual	YTD variance	YTD plan	YTD actual	YTD variance
East Suffolk and North Essex NHS Foundation Trust	(1.7)	(5.7)	(4.0)	18.0	10.8	(7.2)
Calderdale and Huddersfield NHS Foundation Trust	(5.2)	(9.2)	(3.9)	15.6	12.4	(3.2)
East Sussex Healthcare NHS Trust	(9.9)	(13.7)	(3.8)	21.6	14.1	(7.5)
University Hospitals Coventry And Warwickshire NHS Trust	(3.9)	(7.4)	(3.5)	27.3	24.4	(2.9)
Medway NHS Foundation Trust	(11.5)	(15.0)	(3.5)	16.5	11.0	(5.4)
University Hospitals of Morecambe Bay NHS Foundation Trust	0.1	(3.0)	(3.1)	11.3	6.4	(4.8)
The Princess Alexandra Hospital NHS Trust	(5.6)	(8.5)	(2.9)	8.5	5.6	(2.9)
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	(10.8)	(13.7)	(2.9)	5.0	3.6	(1.3)
Essex Partnership University NHS Foundation Trust	(5.8)	(8.6)	(2.9)	15.7	9.8	(5.8)
George Eliot Hospital NHS Trust	(2.2)	(4.9)	(2.8)	4.7	4.2	(0.5)
The Shrewsbury And Telford Hospital NHS Trust	(10.9)	(13.5)	(2.6)	15.8	15.0	(0.7)
University College London Hospitals NHS Foundation Trust	0.7	(1.6)	(2.3)	31.4	25.5	(5.9)
Oxford University Hospitals NHS Foundation Trust	(19.0)	(21.3)	(2.2)	37.6	37.9	0.3
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	(4.1)	(6.2)	(2.1)	9.5	7.3	(2.3)
Whittington Health NHS Trust	(2.8)	(4.8)	(2.0)	9.6	8.9	(0.7)
London North West University Healthcare NHS Trust	(5.4)	(7.4)	(2.0)	20.0	17.6	(2.4)
The Rotherham NHS Foundation Trust	(2.7)	(4.5)	(1.9)	6.3	3.4	(2.9)
Northern Lincolnshire and Goole NHS Foundation Trust	(10.1)	(12.0)	(1.9)	15.6	7.9	(7.7)
Gateshead Health NHS Foundation Trust	(1.0)	(2.6)	(1.6)	11.0	3.7	(7.3)
North Cheshire and Mersey NHS Foundation Trust	(14.6)	(16.2)	(1.6)	10.2	10.2	0.0
Birmingham and Solihull Mental Health NHS Foundation Trust	0.0	(1.6)	(1.6)	16.8	15.0	(1.8)

MONTH 4 FINANCIAL POSITION 2026/27

Annex 2 – ICB Forecast net expenditure by programme area £m

ICB	Acute	Acute %	Community Health	Community Health %	Continuing Care	Continuing Care %	Delegated Specialised	Delegated Specialised %
Bath and North East Somerset Swindon and Wiltshire ICB	1,136	48.9%	250	10.7%	117	5.0%	5	0.2%
Birmingham and Solihull ICB	1,916	42.4%	355	7.9%	162	3.6%	569	12.6%
Black Country ICB	1,730	45.7%	317	8.4%	125	3.3%	375	9.9%
Bristol North Somerset and South Gloucestershire ICB	1,280	49.8%	291	11.3%	149	5.8%	6	0.2%
Central East ICB	4,092	46.8%	690	7.9%	432	4.9%	943	10.8%
Cheshire and Merseyside ICB	3,759	44.1%	739	8.7%	472	5.5%	846	9.9%
Cornwall and the Isles of Scilly ICB	735	44.3%	232	14.0%	88	5.3%	-	-
Coventry and Warwickshire ICB	1,289	45.3%	188	6.6%	123	4.3%	291	10.2%
Derby and Derbyshire ICB	1,420	45.0%	276	8.8%	136	4.3%	281	8.9%
Devon ICB	1,643	48.7%	393	11.6%	190	5.6%	-	-
Dorset ICB	1,066	49.3%	208	9.6%	145	6.7%	6	0.3%
Essex ICB	2,528	47.0%	411	7.7%	267	5.0%	542	10.1%
Gloucestershire ICB	748	47.2%	163	10.3%	109	6.9%	5	0.3%
Greater Manchester ICB	4,232	44.7%	795	8.4%	318	3.4%	1,069	11.3%
Hampshire and Isle of Wight ICB	2,492	43.3%	493	8.6%	306	5.3%	625	10.8%
Herefordshire and Worcestershire ICB	1,000	44.2%	224	9.9%	119	5.3%	202	9.0%
Humber and North Yorkshire ICB	2,259	44.9%	412	8.2%	259	5.1%	473	9.4%
Kent and Medway ICB	2,580	46.8%	530	9.6%	263	4.8%	581	10.5%
Lancashire and South Cumbria ICB	2,549	45.0%	404	7.1%	353	6.2%	558	9.9%
Leicester Leicestershire and Rutland ICB	1,316	43.3%	256	8.4%	186	6.1%	334	11.0%
Lincolnshire ICB	1,054	45.7%	192	8.3%	78	3.4%	204	8.9%
Norfolk and Suffolk ICB	2,304	46.3%	423	8.5%	252	5.1%	453	9.1%
North East and North Cumbria ICB	4,280	44.4%	794	8.2%	583	6.0%	880	9.1%
North East London ICB	2,808	44.3%	574	9.1%	218	3.4%	819	12.9%
Northamptonshire ICB	990	45.4%	158	7.3%	123	5.6%	204	9.4%
Nottingham and Nottinghamshire ICB	1,559	44.6%	269	7.7%	171	4.9%	391	11.2%
Shropshire Telford and Wrekin ICB	689	45.3%	144	9.5%	76	5.0%	138	9.1%
Somerset ICB	787	23.9%	177	5.4%	69	2.1%	1,715	52.2%
South East London ICB	2,606	43.4%	580	9.7%	174	2.9%	876	14.6%
South West London ICB	2,039	46.1%	322	7.3%	196	4.4%	540	12.2%
South Yorkshire ICB	1,874	43.1%	322	7.4%	272	6.3%	457	10.5%
Staffordshire and Stoke-On-Trent ICB	1,496	43.8%	373	10.9%	164	4.8%	337	9.8%
Surrey and Sussex ICB	3,866	45.7%	664	7.8%	435	5.1%	848	10.0%
Thames Valley ICB	2,633	44.5%	557	9.4%	299	5.1%	640	10.8%
West and North London ICB	5,541	46.2%	910	7.6%	535	4.5%	1,511	12.6%
West Yorkshire ICB	3,260	44.6%	613	8.4%	342	4.7%	682	9.3%
Grand Total	77,554		14,700		8,304		18,407	
% of Total spend	44.8%		8.5%		4.8%		10.6%	
% of Total spend prior year	46.3%		8.3%		4.8%		9.5%	

MONTH 4 FINANCIAL POSITION 2026/27

Annex 2 – ICB Forecast net expenditure by programme area £m (Continued)

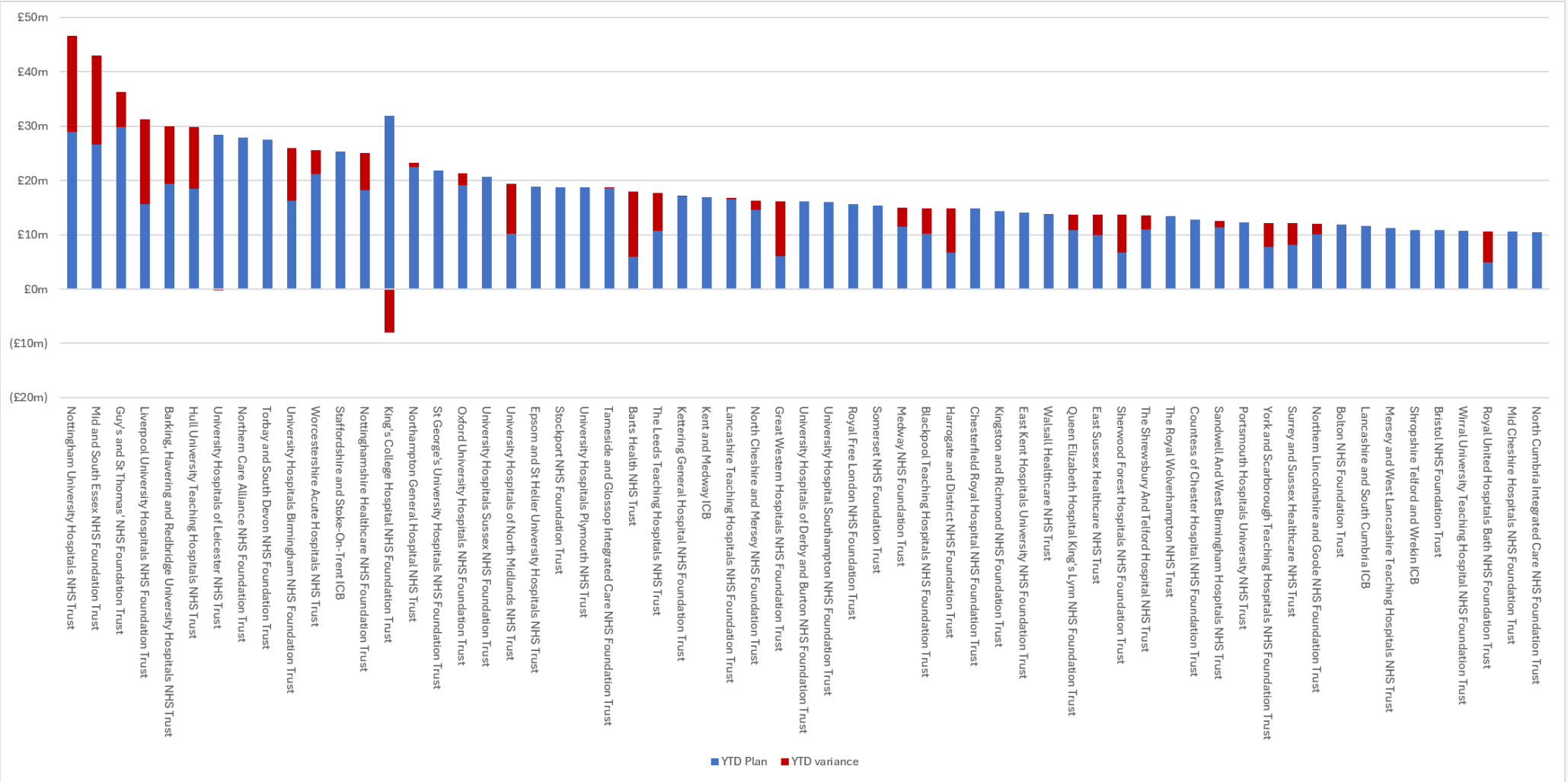
ICB	Mental Health	Mental Health %	Primary Care & Medical Services	Primary Care & Medical Services %	Running Costs	Running Costs %	Other	Other %	Total
Bath and North East Somerset Swindon and Wiltshire ICB	234	10.1%	550	23.7%	10	0.4%	21	0.9%	2,324
Birmingham and Solihull ICB	558	12.3%	852	18.9%	23	0.5%	80	1.8%	4,515
Black Country ICB	375	9.9%	760	20.1%	20	0.5%	82	2.2%	3,784
Bristol North Somerset and South Gloucestershire ICB	278	10.8%	539	21.0%	16	0.6%	11	0.4%	2,571
Central East ICB	773	8.8%	1,709	19.5%	51	0.6%	59	0.7%	8,750
Cheshire and Merseyside ICB	853	10.0%	1,669	19.6%	42	0.5%	144	1.7%	8,523
Cornwall and the Isles of Scilly ICB	202	12.1%	377	22.7%	9	0.5%	17	1.0%	1,659
Coventry and Warwickshire ICB	320	11.3%	585	20.6%	16	0.5%	33	1.2%	2,843
Derby and Derbyshire ICB	354	11.2%	616	19.5%	15	0.5%	53	1.7%	3,151
Devon ICB	374	11.1%	705	20.9%	19	0.6%	52	1.5%	3,377
Dorset ICB	229	10.6%	473	21.9%	13	0.6%	23	1.1%	2,164
Essex ICB	472	8.8%	1,057	19.7%	30	0.6%	67	1.2%	5,374
Gloucestershire ICB	170	10.7%	354	22.3%	10	0.6%	27	1.7%	1,586
Greater Manchester ICB	1,027	10.9%	1,882	19.9%	33	0.4%	107	1.1%	9,464
Hampshire and Isle of Wight ICB	515	8.9%	1,135	19.7%	18	0.3%	177	3.1%	5,760
Herefordshire and Worcestershire ICB	197	8.7%	485	21.4%	13	0.6%	20	0.9%	2,260
Humber and North Yorkshire ICB	463	9.2%	1,049	20.8%	29	0.6%	89	1.8%	5,034
Kent and Medway ICB	446	8.1%	1,082	19.6%	27	0.5%	6	0.1%	5,514
Lancashire and South Cumbria ICB	587	10.4%	1,101	19.4%	23	0.4%	92	1.6%	5,666
Leicester Leicestershire and Rutland ICB	292	9.6%	660	21.7%	18	0.6%	(21)	(0.7%)	3,040
Lincolnshire ICB	257	11.1%	491	21.3%	11	0.5%	17	0.8%	2,305
Norfolk and Suffolk ICB	473	9.5%	1,019	20.5%	27	0.5%	26	0.5%	4,977
North East and North Cumbria ICB	1,041	10.8%	1,973	20.5%	51	0.5%	44	0.5%	9,645
North East London ICB	599	9.5%	1,188	18.8%	35	0.6%	91	1.4%	6,332
Northamptonshire ICB	192	8.8%	446	20.5%	12	0.6%	54	2.5%	2,179
Nottingham and Nottinghamshire ICB	332	9.5%	670	19.2%	17	0.5%	85	2.4%	3,495
Shropshire Telford and Wrekin ICB	141	9.2%	314	20.7%	8	0.5%	11	0.7%	1,521
Somerset ICB	142	4.3%	326	9.9%	9	0.3%	62	1.9%	3,287
South East London ICB	686	11.4%	999	16.6%	32	0.5%	50	0.8%	6,002
South West London ICB	424	9.6%	805	18.2%	26	0.6%	75	1.7%	4,427
South Yorkshire ICB	485	11.2%	872	20.1%	24	0.5%	40	0.9%	4,347
Staffordshire and Stoke-On-Trent ICB	348	10.2%	688	20.1%	19	0.6%	(7)	(0.2%)	3,418
Surrey and Sussex ICB	878	10.4%	1,650	19.5%	48	0.6%	73	0.9%	8,462
Thames Valley ICB	530	9.0%	1,163	19.7%	36	0.6%	60	1.0%	5,918
West and North London ICB	1,255	10.5%	2,144	17.9%	63	0.5%	42	0.4%	12,002
West Yorkshire ICB	797	10.9%	1,528	20.9%	25	0.3%	56	0.8%	7,303
Grand Total	17,298		33,916		878		1,920		172,977
% of Total spend	10.0%		19.6%		0.5%		1.1%		100.0%
% of Total spend prior year	10.0%		19.0%		0.8%		1.2%		100.0%

The data in this table is drawn directly from Month 4 ICB financial reporting submissions and represents a high-level view of commissioning expenditure across programme areas. The programme categories are assigned by ICBs as part of their routine financial reporting and reflect the type of service commissioned rather than the type of provider delivering the service. Caution should be exercised when comparing these figures with other published datasets, as classification approaches may vary. For example, the Mental Health expenditure presented should not be compared to Mental Health Investment Standard (MHIS) published data, as MHIS expenditure will include elements of services that are categorised within this analysis as Community Services, Delegated Specialised Services and Acute Services.

MONTH 4 FINANCIAL POSITION 2026/27

Annex 3 – Organisations with YTD deficit (excluding DSF) of greater than £10m

The columns on the graph below split the YTD deficit at month 4 between plan and variance from plan



Productivity and innovation - summary of metrics



Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
Productivity	Implied productivity level (year-to-date), by Acute Trust	2.6% 2025/26 M12	3.0% 2025/26 M11	-0.4 ppt			Not Applicable
Productivity	Relative cost difference (National Cost Collection Index)	71.5 to 136.3 (range: 64.8) 2024/25	66.6 to 138.6 (range: 72) 2023/24	-7.2 (range difference, -10.0%)	58.0 to 177.0 (range: 135) 2022/23	-70.2 (range difference, -52.0%)	Not Applicable
Innovation	Data Quality Maturity Index	70.6% May-26	69.0% Apr-26	1.6 ppt (2.3%)	69.1% May-25	1.5 ppt (2.2%)	Improved (Non-SPC)

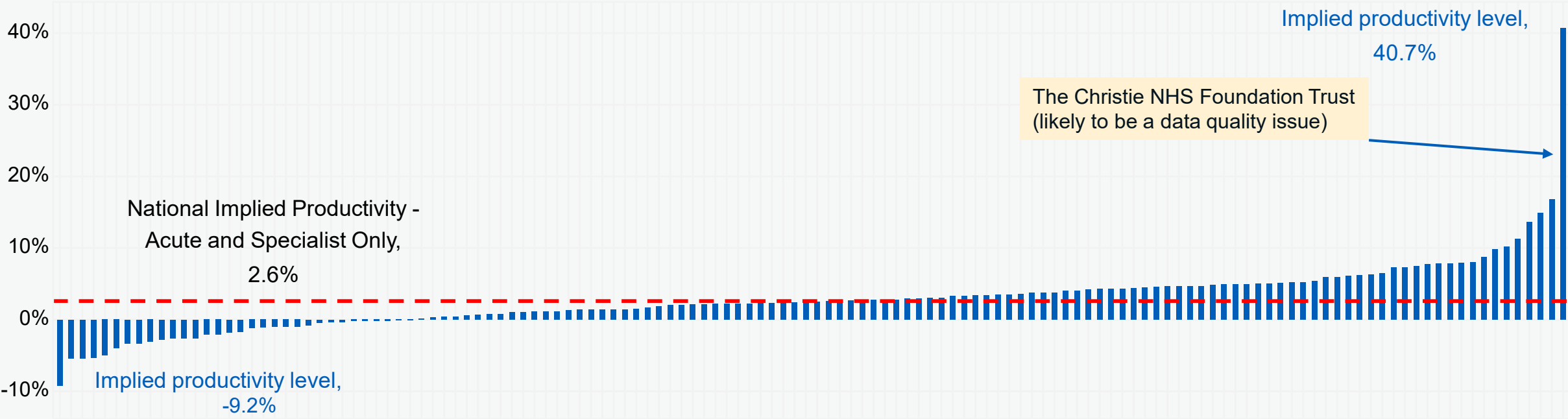
Finance not included

Acute providers continued to deliver above productivity Government target of 2% (M12)

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

NOF ambition/metric: Implied productivity growth (all trusts)

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



Current position: The final revised M12 2025/26 national implied productivity estimate for acute and specialist providers was 2.6%, remaining above the Government's 2% target. Trust-level results ranged from -9.2% to 40.7%; the upper outlier for The Christie is likely to be a data quality issue.

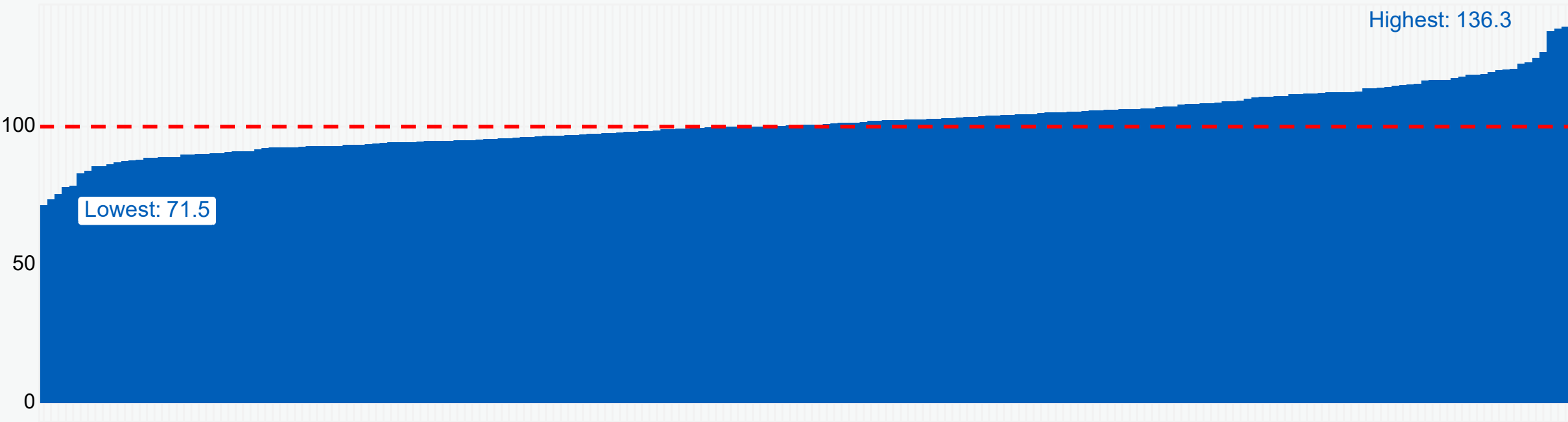
Actions: Targeted engagement has been undertaken with providers demonstrating atypical productivity movements to identify, investigate and resolve potential data quality issues. Where evidence identified material impacts on reported inputs or outputs, data adjustments have been agreed and implemented to improve the accuracy and robustness of productivity reporting. In parallel, work is being finalised on the 2026/27 productivity growth estimation methodology, with ongoing engagement across NHS England and partner organisations to refine the approach, strengthen methodological assurance, and build stakeholder confidence in the resulting estimates.

Relative cost is widely varied across Acute Trusts - England

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

NOF ambition/metric: Relative cost difference (National Cost Collection Index) (all trusts)

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



Current position: In 2024/25, relative costs varied widely across acute trusts. The highest-cost trust was 36.3% above the national average and the lowest-cost trust was 28.5% below it, after adjustment for market-force factors and service mix and complexity. Similar patterns have persisted in recent years.

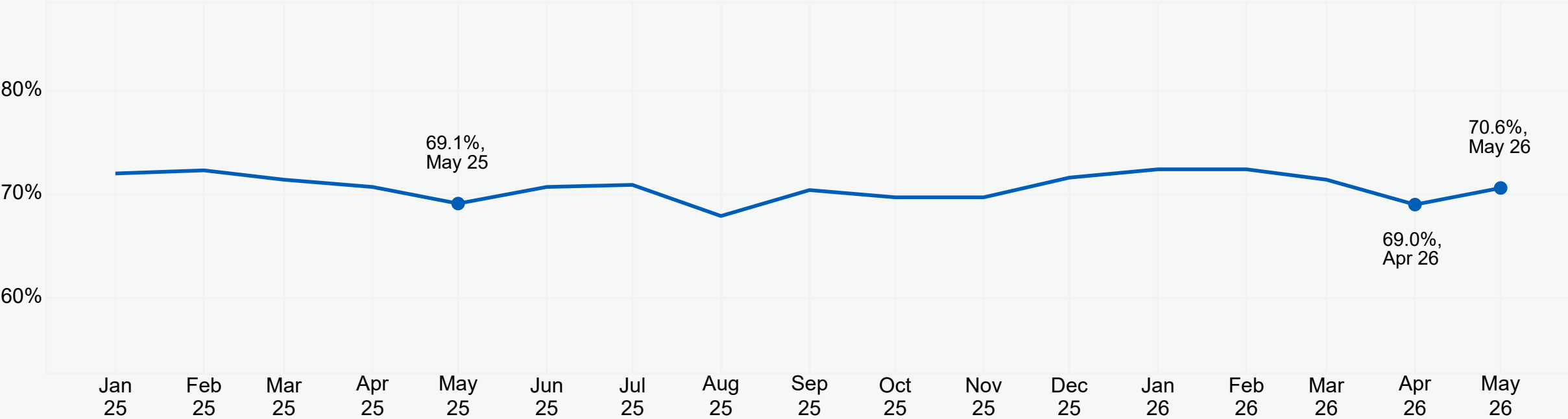
Actions: Work is underway to produce the Annual Productivity Improvement Packs using 2025/26 National Cost Collection Index (NCCI) data, equipping providers with actionable insights to drive cost reduction and productivity improvement. Through detailed benchmarking and analysis, the packs will highlight areas at unwarranted variation, support the identification of local efficiency opportunities, and enable informed decision-making to improve value, optimise resource utilisation, and enhance service productivity.

The data quality maturity index remains stable, with a slight improvement in the most recent month

Chart description: Overall completeness and validity of statutory data submitted by NHS care providers across England

NOF ambition/metric: Data Quality Maturity Index (acute, community and mental health trusts)

Source: Data Quality MI [publication link](#) [PUBLISHED]



Current position: The national Data Quality Maturity Index (DQMI) increased from 69.0% in April to 70.6% in May 2026, remaining broadly in line with performance over the previous year. Month-on-month variation of this scale is not considered significant. Caution is required when comparing April 2026 onwards with earlier months due to changes in the datasets underpinning the index, including the temporary exclusion of Diagnostic Imaging Data Set (DIDS) data.

Actions: DQMI reporting is used by regional teams and providers to identify and address local data quality issues. Its inclusion in the 2026/27 NHS Oversight Framework provides increased visibility and focus on performance. Remedial actions are managed locally and are not currently tracked centrally.



People

People - summary of metrics

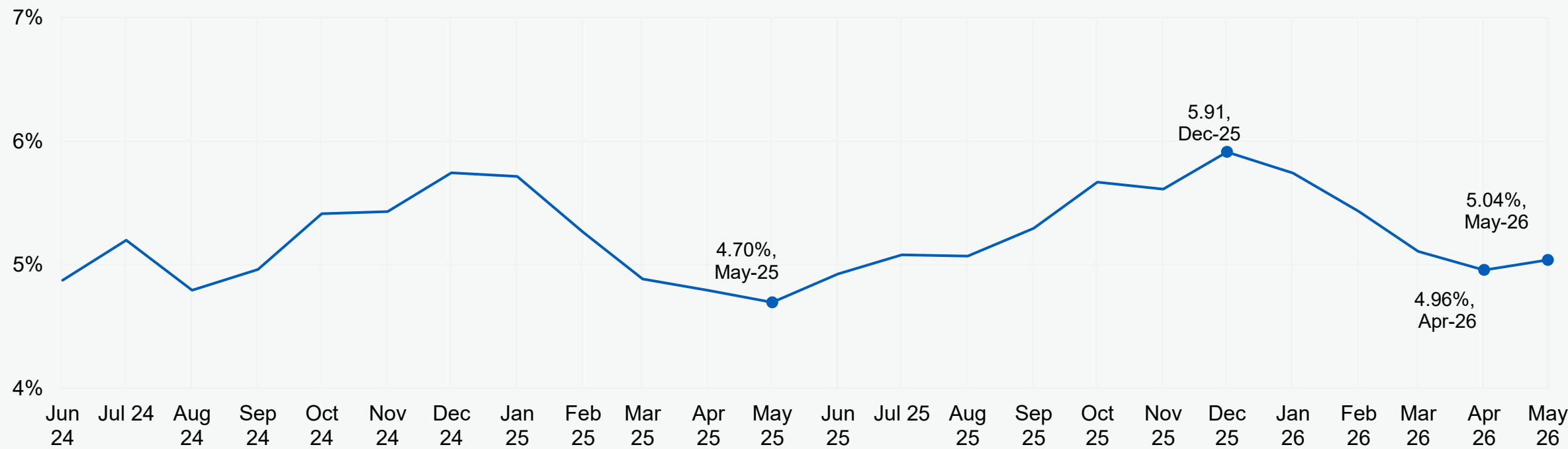
Area	Metric	Latest position	Last position (Month / Quarter)	Change from last position	Last year	Change from last year	Variation
People and culture	Sickness absence rate	5.04% May-26	4.96% Apr-26	0.08 ppt (0.08%)	4.70% May-25	0.34 ppt (0.34%)	Sustained
People and culture	NHS staff survey - engagement theme score	6.75 2025/26			6.85 2024/25	-0.09 (-1.3%)	Not Applicable
People and culture	National Education and Training Survey overall satisfaction score (score out of 100)	77.4 2025			76.2 2024	1.2 (1.6%)	Improved
People and culture	Healthcare Worker Flu Vaccination Rate	47.7% Mar-26			40.4% Mar-25	7.3 ppt (18.1%)	Improved
Workforce	Number of GPs (FTE) per 100,000 GP registered population	45.8 Jul-26	45.7 Jun-26	0.1 (0.3%)	44.3 Jul-25	1.5 (3.4%)	Improved

Sickness absence has reduced from the December 2025 peak but remains above the previous year

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

NOF ambition/metric: Sickness absence rate (ICBs and all trusts)

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



Current position: As at May 2026, the national sickness absence rate was 5.04%. This has fallen since December 2025 (5.91%) however this is higher than the previous months position in April 2026 (4.96%) and higher (0.3%) than previous 12 months position in May 2025 (4.7%).

Actions: The recently launched NHS Staff Standards published 6th July 2026 provide a national framework to support improvements in staff experience, health, and wellbeing. The national improvement offer will continue to be strengthened through a range of initiatives focused on supporting staff health, improving attendance, and promoting wellbeing. As these measures are implemented, progress and impact will be monitored through existing workforce and performance arrangements.

Staff engagement has fallen slightly since 2021

Chart description: NHS Staff Survey (NSS), average score across individual sub-scores covering motivation, involvement and advocacy (each scored on a 0-10 scale)

NOF ambition/metric: NHS staff survey engagement theme score (ICBs and all trusts)

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

Year	Score
2021	6.84
2022	6.79
2023	6.89
2024	6.85
2025	6.75

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 2021 and 2025. Whilst response rates have improved over time, the average staff engagement score has reduced. A 1% increase in the engagement theme score generally equates to a 1-1.5% increase in productivity.

Actions: Trusts have access to their 2025 NSS, and national data was published on 12 March 2026. A national 'How to Improve Employee Engagement' event took place in March 2026. Resources to support improvement across all areas at the People Promise are available on the NHS retention website: NHS England Retention hub: looking after our people. The new NHS Staff Standards support wider improvement in staff experience which in turn supports improvement in the staff engagement theme. Organisations have access to the NHS People Pulse survey which provides quarterly insight for action and improvement.

Overall experience has improved from 2024 to 2025

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 five key questions around overall experience

NOF ambition/metric: National Education and Training Survey overall experience (all trusts)

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

Year	Score (Rate out of 100)
2024	76.2
2025	77.4

Current position: The overall experience score from the latest NETS (2025) is 77.4 out of 100, an increase of 1.2 percentage points compared to 2024. The 2025 survey saw a higher number of respondents at just over 43,600. The 2025 survey results noted an improvement across a number of the NETS questions which contribute to the overall experience score, however a slightly lower proportion of learners were satisfied that they felt people in charge valued education and training, as well as the overall education experience gained from their training/placement.

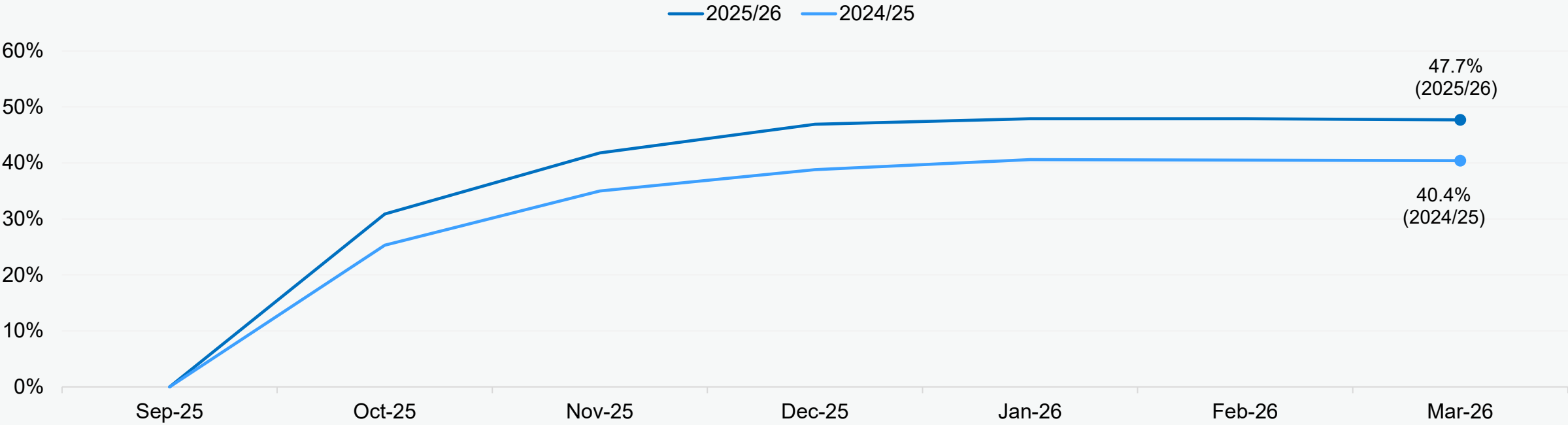
Actions: The NETS will launch again on the 6 October 2026, with results available from March 2027. To further strengthen the voice of the learner a new educator voice survey will run alongside the NETS this year.

Almost half of all front-line healthcare workers had received a flu vaccination at the end of the 2025/26 campaign, higher than the previous year

Chart description: Percentage of frontline healthcare workers having received a flu vaccination

NOF ambition/metric: Healthcare Worker Flu Vaccination Rate (trust)

Source: Vaccinations: Flu [publication link](#) [PUBLISHED]



Current position: Vaccination uptake increased through the campaign, rising from 37.4% at the beginning of November 2025 to 47.9% in February 2026, before remaining broadly stable at 47.7% in March. This represents a 10.3 percentage point increase since November, but final uptake remained below 50%, indicating that progress slowed towards the end of the campaign. This followed a similar pattern to the previous year, where vaccination rates were lower.

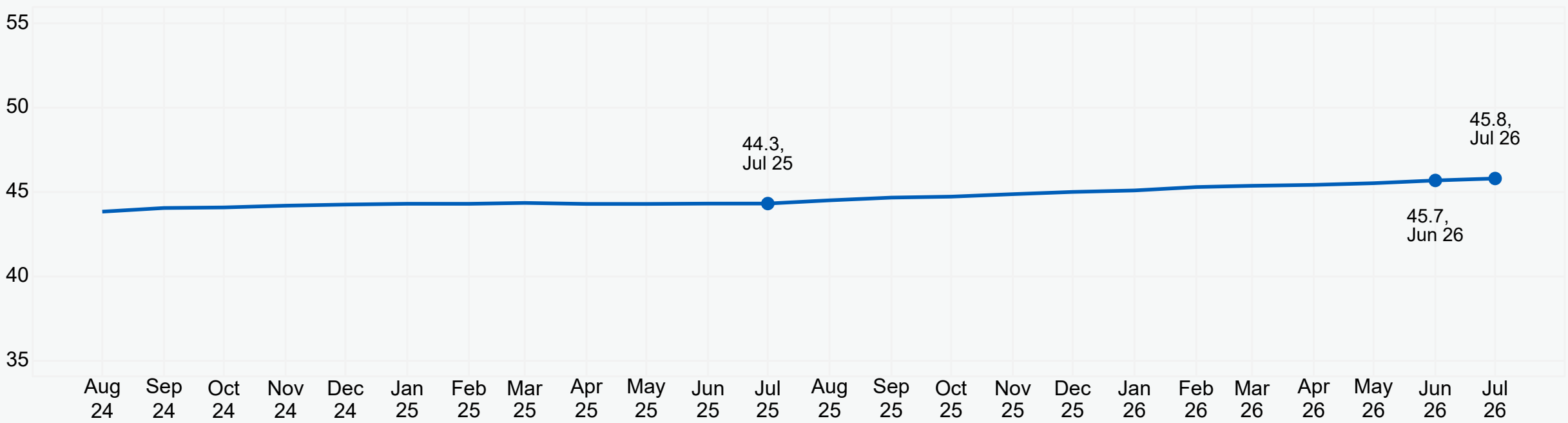
Actions: Work is underway to agree the three-winter ambition (this is the 3rd consecutive year of the flu vaccination rollout) for this cohort in 26/27 Autumn/Winter campaign – currently awaiting sign-off from Executive team. The tripartite national flu programme 2026/27 letter has been published in advance of this campaign. Reporting developments have been created in FDP to help trusts awareness of uptake and to identify areas at concern for regional commissioners.

GP full time equivalent per 100,000 GP registered population remains stable

Chart description: The number of full time equivalent GPs per 100,000 GP registered population

NOF ambition/metric: GP headcount per capita (ICBs)

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



Current position: GP workforce capacity relative to the GP registered population has remained broadly stable over the past year, with a small increase from 44.3 in July 2025 to 45.8 GP FTE per 100,000 GP registered population.

Actions: NHS England is working with ICBs to monitor GP capacity relative to population, understand unwarranted variation and support local interventions where workforce pressure is greatest. Alongside this, the Supporting Retention in General Practice programme is being prepared for launch, with planned support including learning labs, a GP-specific staff experience self-assessment toolkit, and access to leadership and CPD-accredited development. The next phase will focus on launching this support and monitoring the metric alongside wider indicators of access, workforce sustainability and primary care demand.



Annex



2026/27 NOF metrics update

The following 2026/27 NOF metrics not currently included in this report are set out below:

Board metrics still in development

- Breadth and depth of clinical audit outliers – In development (available in November Board)
- Temporary staffing cost as a % of total pay bill – In development (availability TBC)

Data/MI not included in board report (no current plans to publish)

- Data/MI currently reported internally for oversight through a Monthly Performance report
 - Percentage of patients supported by weight management programmes (per 100,000)
 - Percentage of inpatients (acute and mental health) referred to in-house tobacco treatment services who make a supported attempt to quit smoking, in the previous 12 months
 - Percentage of pregnant women identified as smokers at antenatal booking who are identified as non-smokers at 36 weeks gestation, in the previous 12 months
 - Deprivation gap in early cancer diagnosis gap
 - Deprivation gap in pre-term births
 - Ethnicity gap in pre-term births
 - Occupied bed days per 100k head of population
 - Units of dental activity delivered as a % of commissioned
 - Percentage of patients waiting less than 18 weeks for care vs target
 - Percentage of hospital spells with at least one new pressure ulcer diagnosis of grade 3 or 4
- Data/MI (in development for internal reporting):
 - % of clinical trials set up within 90 days (added this one as this is a new metric we are planning to include in our monthly report from September, but not from published data)
 - NHS staff standards score
 - Over 65s bed days per 100k head of population
 - % of complaints open beyond six months