# Integrated Performance Report

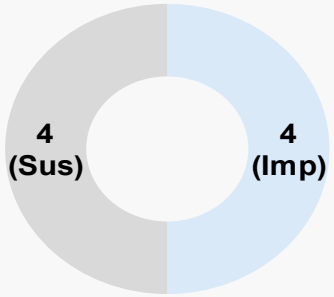
November 2026

# Performance overview by NOF domain

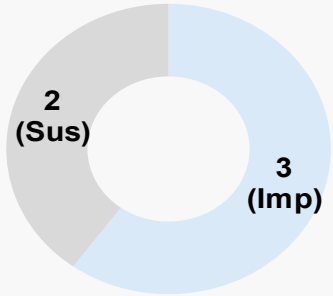
This report provides performance data relating to all the 2026/27 NHS Oversight Framework (NOF) ambitions/metrics, including both scored and contextual (non scored) metrics. The metrics presented in this report also consolidate our current performance reports into a single report covering finance, operations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

| Metrics reported | Improved | Sustained / stable | Deteriorated | Not applicable |
|---|---|---|---|---|
| 75 | 29 | 19 | 5 | 22 |
| | *- Metrics show an improvement by more than 1 percentage point (% metrics) or 1% (activity metrics) compared to same month last year.* | *- Metrics show a within 1 percentage point (% metrics) or 1% (activity metrics) compared to same month last year.* | *- Metrics show a deterioration by more than 1 percentage point (% metrics) or 1% (activity metrics) compared to same month last year.* | *- Metrics which currently have insufficient data to enable comparisons, or are related to planned data.* |

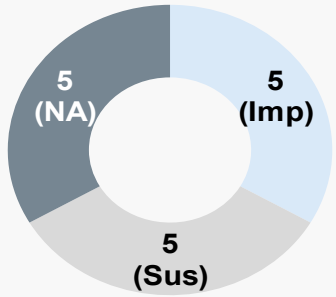
Population health & inequalities



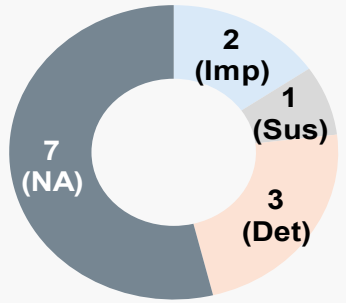

Allocating resources



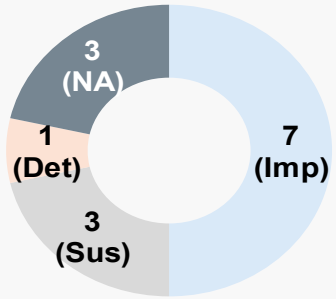

Access to services



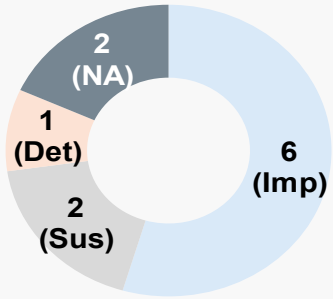

Experience of care




Effectiveness of care



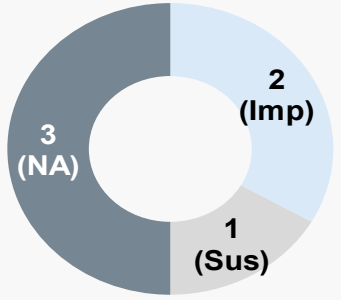

Patient safety




Finance, productivity & innovation




People



# Executive summary - Quality

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

Patient experience is generally stable, with encouraging improvements in most areas:

- Progress continues on reduction of out-of-area placements (bed days), where these have reduced by 1.24 percentage points when compared with previous year (September 2025).
- However, delayed discharge remains a persistent pressure with average delays in September at 0.96 days, an increase on both prior month and previous year.
- Inpatient satisfaction remains stable at 70.9% in 2025, a slight increase on the previous year's figures of 70.3%.

Clinical effectiveness presents a mixed picture:

- 72-hour follow-up after mental health discharge has improved by 5.4 percentage points in September when compared to last year.
- For patients with GP recorded CVD, cholesterol management shows an improving trend, as does treatment to target for hypertension. The latest quarterly figures for June 2026 show a slight decline in performance following the seasonal QOF year end peak in March.
- The proportion of people on the GP severe mental illness (SMI) register who received a full physical health check in the past year was 58.6% in June 2026, a decrease of 1.5 percentage points on previous year.
- Learning disability checks reached 31.2% (cumulative) in September, 0.2 percentage points below the same point in 2025/26.

Patient Safety domain is improving / stable:

- A year-on-year reduction in antibiotic use in children 0-9 years with prescribing rates at 28.5% in the 12 months to August 2026, 0.3 percentage points lower than in August 2025.
- There were fewer hip fractures sustained by inpatients, with the data showing 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 both areas when compared with the same month of the previous year.

# Executive summary – Quality contd.

**Key drivers:**
Several cross-cutting factors influence performance and variation in patient safety, clinical effectiveness and patient experience:

- Increased demand in health services is contributing to greater workloads, which will be leading to more pressure on time for training, supervision and activities to improve quality and safety.
- System capacity faces pressure as demand for services exceeds the available beds, clinics, diagnostics and workforce, making patient flow harder to maintain. High occupancy reduces operational resilience and the flexibility to respond when demand rises.
- Constraints beyond acute healthcare, including in social care, can delay discharge for patients who are medically fit to leave hospital. Their continued stay means beds remain occupied for longer than planned, adding pressure to emergency departments and limiting capacity across elective care pathways.
- Health and regional inequalities affect access to services and experiences of care. Some socioeconomically disadvantaged groups and ethnic minority communities encounter unequal access and different care experiences, which can contribute to a higher frequency of adverse outcomes within these communities.

**Actions:**
The following key documents have now been published:

- Quality Strategy for NHS funded care
- 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 establish a basis for ongoing improvement and stronger quality governance across services. They also support efforts to reduce inequalities and help services deliver care that is safe, effective and person-centred, with a consistent focus on quality.

Review, engagement and publication work continues for the refreshed Patient Safety Strategy and the National Care Delivery Standards (Seven Day Standards). Consultation on the Patient Safety Strategy refresh is expected shortly. The NHS National Patient Experience Director began in post in November 2026, providing further support for the national focus on patient experience and quality improvement throughout the NHS.

Two additional strategies are intended to support improvements in quality. Opportunities to improve care in UEC settings will form part of the Urgent and Emergency Care and Planned Care Strategy. Drawing on experience in England and international best practice, the Mental Health Strategy will define ambitions for transforming mental health services. Its immediate priorities include improving quality and addressing unwarranted variation, alongside more effective use of the workforce, technology, estate and available investment across mental health services.

# Executive 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.

Resource allocation (ICB-specific metrics) have shown improvement in most areas, except for the elective waiting list:

- The waiting list increased to 7.4 million in September 2026, an increase of 5,766 compared to August 2026.
- The proportion of acute mental health admissions with no prior contact fell to 9.5% in September 2026, down 1.5 percentage points from September 2025.
- The proportion of cancers diagnosed at stage 1 or 2 reached 59.3% in July 2026, representing a 1.0 percentage point increase/improvement compared to the previous year.
- Attended community care contacts continue to be relatively stable with some monthly fluctuations with just under 6.5m attended care contacts in August an increase of 2.7% (167,460) on the same month last year.

Access to services presents a mixed picture of performance:

- 75.5% of patients rated contacting their GP practice as easy in October, which is a decrease of 1.4 percentage points from last month.
- Clinically urgent same-day appointment performance stands at 78.5% in September, an increase of 0.5 percentage points from 78% in August 2026.
- Long waits in A&E remain a significant challenge, with 10.7% of type 1 and 2 attendances waiting over 12 hours in October 2026, unchanged from October 2025.
- Performance against the four-hour emergency care standard deteriorated to 74% in October, compared with both the previous month (74.4%) and the previous year (74.2%).
- Elective care performance also showed a slight improvement in September on the previous month with 65.8% of patients waiting less than 18 weeks for treatment.
- Similarly, 22.6% of the 1,874,878 patients waiting for a diagnostic test at the end of September had been waiting over six weeks a 2.1 percentage points reduction on August.
- Performance on cancer waiting times in September, for both Faster Diagnosis Standard (FDS) 76.2% and 62-day combined standard 70.7%, both have deteriorated from the prior month, FDS had 2.4 percentage point reduction and 62 day combined standard had a 1.2 percentage point reduction.
- Over 52 week waits for community stands at 7.0% in September a slight improvement on the previous month, however the long-term trend shows deterioration in performance. This metric masks significant variation in trust performance and between adult and children and young people's (CYP) performance with 27.2% (82,101 pathways) of CYP waiting over 52 weeks.
- Despite a recent decline in performance the percentage of children and young people discharged from community mental health (with at least two contacts and paired outcome score), was 25.2% in September, this remains an improvement of 1.9 percentage points above the previous year.
- There has been an improvement in the proportion of children and young people mental health referrals, with 26.9% waiting over 104 weeks for contact in September 2026 a 1.2 percentage point reduction/improvement on the previous month.

# Executive summary - Operational contd.

**Key drivers:**

The main operational areas continue to face significant demand and service pressures, with substantial recovery still required in some services. Performance in urgent and emergency care and cancer remains challenged. Although there has been some progress, particularly in elective recovery and diagnostics, the position at year end remains finely balanced.

Current patient flow indicators show additional pressure on hospitals as demand for care increases. Hospital services are already experiencing strain, and the continuing rise in patient demand suggests that these pressures are likely to grow further as we head into winter:

- In October 2026, there were an average of 80,677 A&E attendances per day, a 4.2% increase from the average of 77,460 A&E attendances per day in October 2025.
- Provisional data for October 2026 indicates there were 100,039 general and acute (G&A) beds open for all acute trusts, of which 93.7% were occupied, increasing to 95.2% occupancy for adult G&A beds.
- In October 2026, nationally there were on average 2,718 instances per day where a patient received corridor care for more than 45 minutes in the Emergency Department, and a daily average of 840 patients receiving care for more than 45 minutes on a ward outside of a bed space.

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

**Actions:**

UEC 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 plans are now also in place.

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.

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 Getting it Right First Time (GIRFT) workstreams to provide specific and targeted support.

To drive further 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 community diagnostic centres (CDCs) must deliver to their 2026/27 activity plans, with revenue to fully deliver on this already included in ICB allocations.

# Executive summary - Finance

**Performance position**

At the end of September 2026, the revenue position shows a year-to-date (YTD) overspend of £184m, equivalent to 0.2% of YTD allocation. Providers and ICBs account for a combined adverse variance of £284m, compared with £289m at the same point last year. Of 238 frontline organisations, 170, or 71%, are delivering to plan or better.

**Key drivers and risks**

The principal drivers of the provider and ICB overspend are the direct cost of six days of industrial action in April and a shortfall against planned efficiency delivery. Agency expenditure remains well controlled, but bank staffing has emerged as a significant source of pressure. Delivery of the full-year position remains challenging, particularly given that a quarter of the planned £8.3bn provider efficiency requirement is assessed as high risk.

**Management action**

Financial recovery actions are being implemented in the most challenged organisations and mid-year reviews are now complete. Deficit Support Funding has been withheld from 28 organisations where there are material concerns about delivery of the agreed financial plan. The position will continue to be closely monitored through quarter 3, with escalation and further intervention where recovery trajectories are not sufficiently robust.

# Population health, prevention and reducing inequality

# Population health, prevention and reducing inequality - summary of metrics

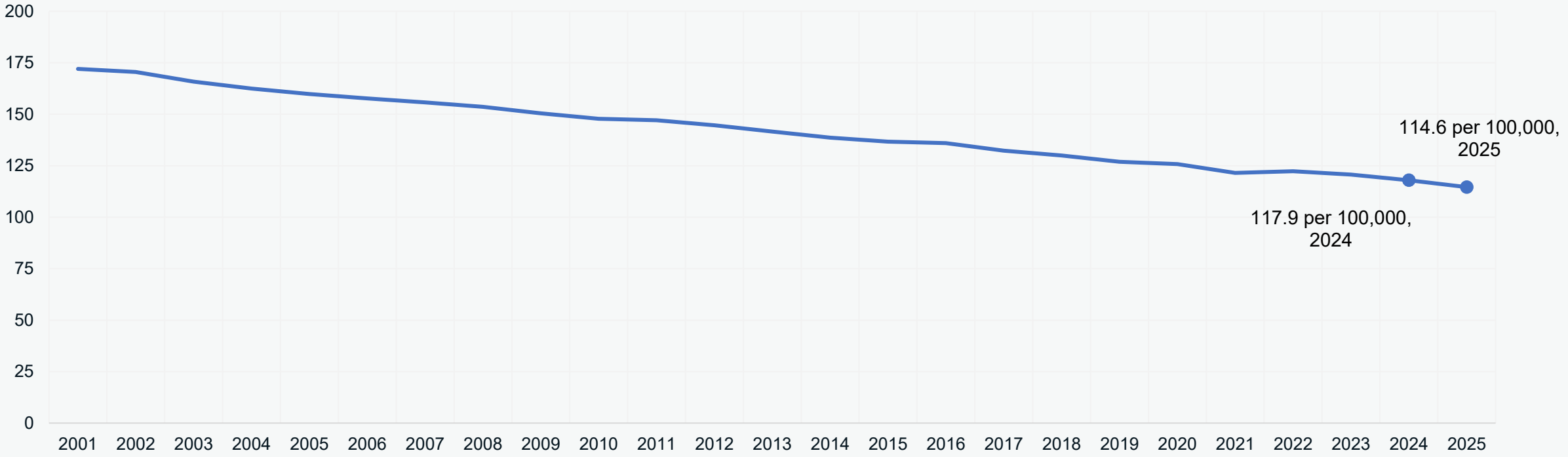
| Area | Metric | Latest position | Last position (Month / Quarter) | Change from last position | Last year | Change from last year | Variation |
|---|---|---|---|---|---|---|---|
| Population health | Under 75s cancer mortality rate (per 100,000 population) | 114.6<br>2025 | | | 117.9<br>2024 | -3.3<br>(-2.8%) | Improved |
| Population health | Under 75s cardiovascular disease mortality rate (per 100,000 population) | 71.5<br>2025 | | | 74.3<br>2024 | -2.8<br>(-3.7%) | Improved |
| Preventing ill health | Cervical cancer screening rate | 69.7%<br>Jun-24 | 69.9%<br>Mar-24 | -0.2 ppt<br>(-0.4%) | 69.7%<br>Jun-23 | -0.0 ppt<br>(-0.0%) | Sustained |
| Preventing ill health | Bowel cancer screening coverage | 72.9%<br>2024/25 | | | 71.8%<br>2023/24 | 1.1 ppt<br>(1.5%) | Improved |
| Preventing ill health | Breast cancer screening coverage | 71.8%<br>2024/25 | | | 70.0%<br>2023/24 | 1.8 ppt<br>(2.6%) | Improved |
| Preventing ill health | MMR (measles, mumps and rubella) vaccine uptake rate | 82.6%<br>Jun-26 | 84.1%<br>Mar-26 | -1.5 ppt<br>(-1.8%) | 83.2%<br>Jun-25 | -0.6 ppt<br>(-0.7%) | Sustained |
| Reducing inequality | Deprivation gap in lipid management (cholesterol) | 3.31<br>Jun-26 | 2.86<br>Mar-26 | 0.45<br>(15.8%) | 2.43<br>Jun-25 | 0.88<br>(36.2%) | Sustained |
| Reducing inequality | Deprivation gap in hypertension management | 4.20<br>Jun-26 | 4.00<br>Mar-26 | 0.20<br>(5.0%) | 3.90<br>Jun-25 | 0.30<br>(7.7%) | Sustained |

# Cancer mortality rates within 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

**NHSOF 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.

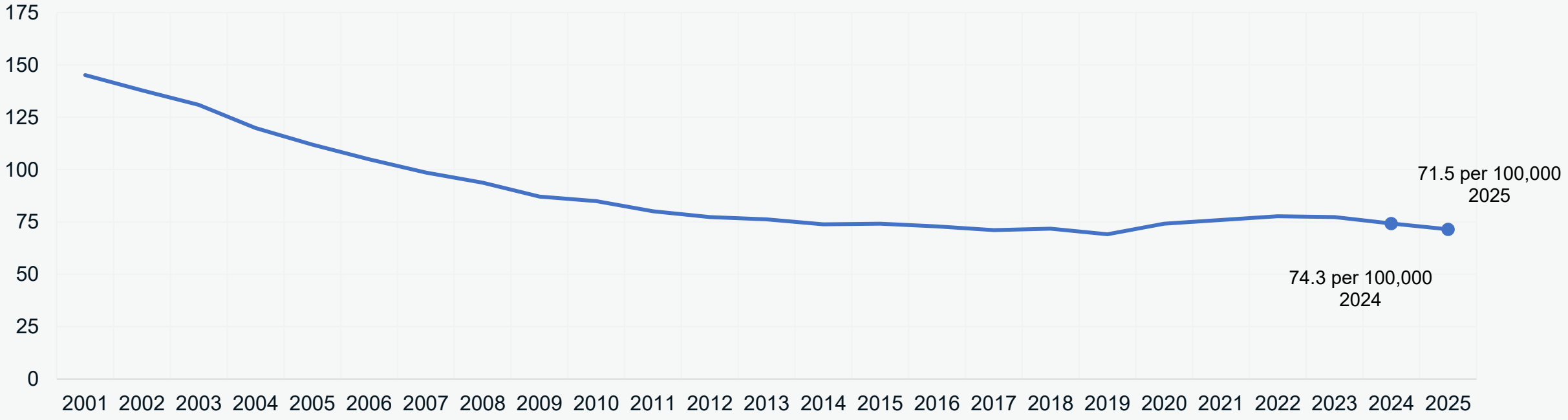
**Actions:** The national cancer plan's primary aim is to improve survival for all. Many of the actions being taken across prevention, early diagnosis and treatment will also support reductions in cancer mortality for under 75s. This includes: expanding HPV vaccination with the ambition of eliminating 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 within 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) (directly standardised rate)

**NHSOF 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.

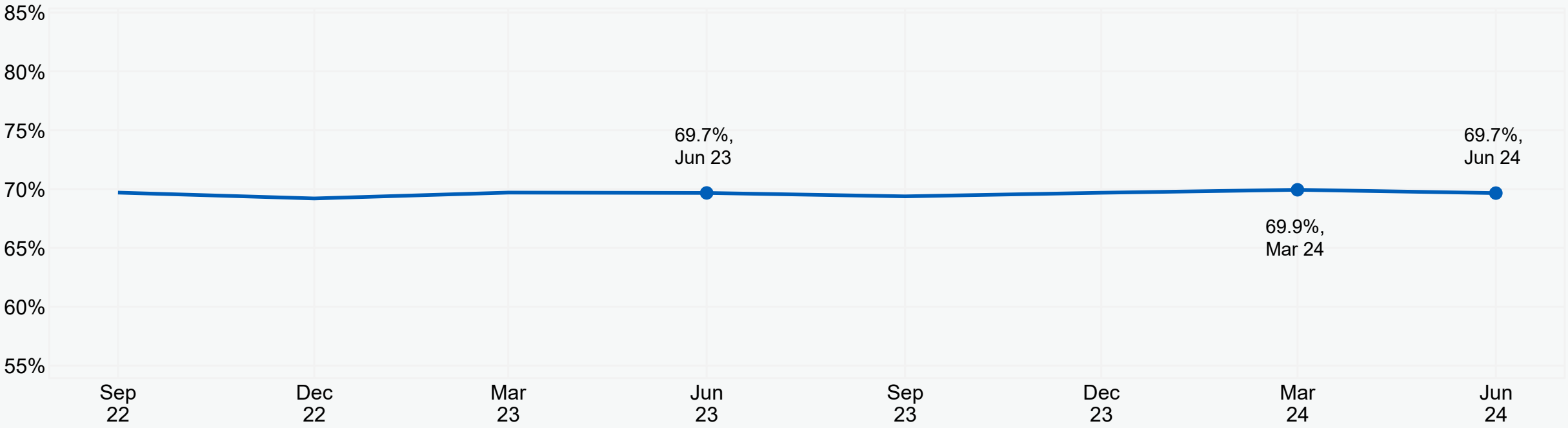
**Actions:** The recently published CVD MSF (Cardiovascular Disease Modern Service Framework) will be translated into a national implementation plan that sets clear priorities and expectations for prevention, earlier detection and evidence-based treatment across the CVD pathway. The NHS Oversight Framework for 2026/27 establishes two CVD prevention indicators. National ambitions have been translated into measurable ICB-level targets, strengthening accountability for delivery and exposing unwarranted variation. ICBs are expected to use CVDPREVENT (Cardiovascular Disease Prevention Audit) and other available data to identify performance gaps, prioritise local improvement and direct targeted action towards communities experiencing the poorest cardiovascular outcomes.

# Cervical cancer screening rate has remained consistent in previous 2 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)

**NHSOF ambition/metric:** Cervical screening rate (ICBs)

Source: Cervical Screening Programme publication link [PUBLISHED]




**Current position:** The latest chart reports cervical screening coverage of 69.7% in June 2024, unchanged from June 2023 and 0.2 percentage points below March 2024 (69.9%). Coverage was broadly stable over the two years shown, with a slight longer-term downward trend. The Cervical Screening Management System (CSMS) launched in June 2024. Omitting the usual two-month lag slightly understates coverage. Subsequent work has prioritised patient-facing benefits over data gathering. Work continues to reinstate routine monthly, quarterly and annual coverage reporting at all geographic levels, with no confirmed timeline.

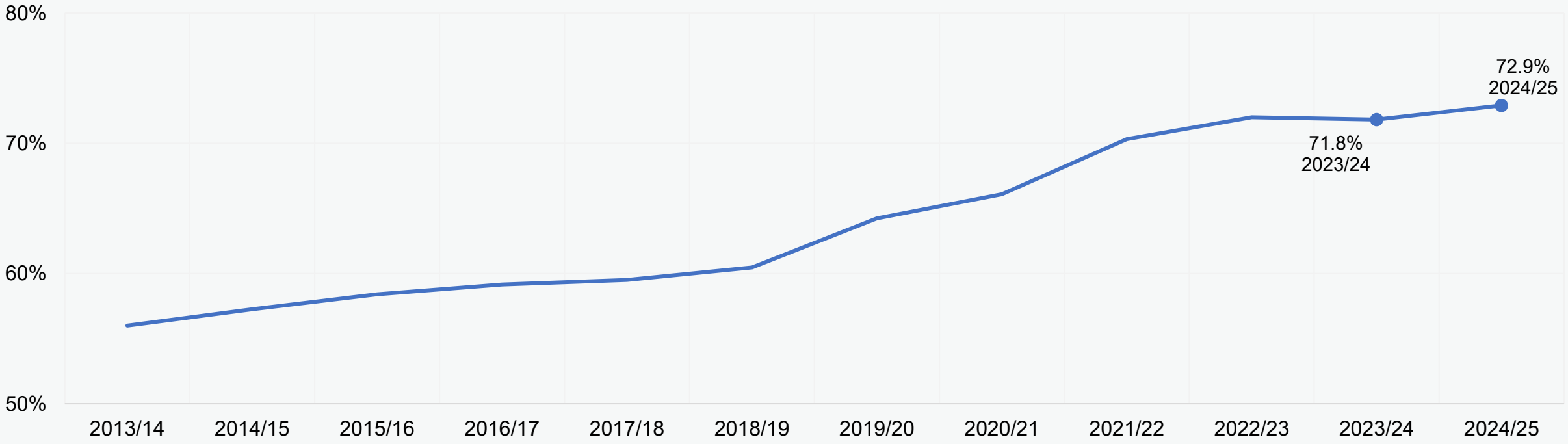
**Actions:** NHS England continues to update historic cytology guidance following review and approval in August, and to finalise the analysis and workforce design toolkit. Both remain in progress. Work with stakeholders continues to improve patient access and experience. National rollout of at-home HPV self-testing kits has commenced for women overdue for cervical screening.

# Bowel cancer screening coverage rates continue to improve

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

**NHSOF ambition/metric:** Bowel screening rate (ICBs)

Source: Bowel Cancer Screening Programme publication link [PUBLISHED]




**Current position:** Bowel cancer screening coverage continues to improve. 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. Figures for people aged 50-59 are not yet included, reflecting the recent extension of eligibility and programme reporting lags.

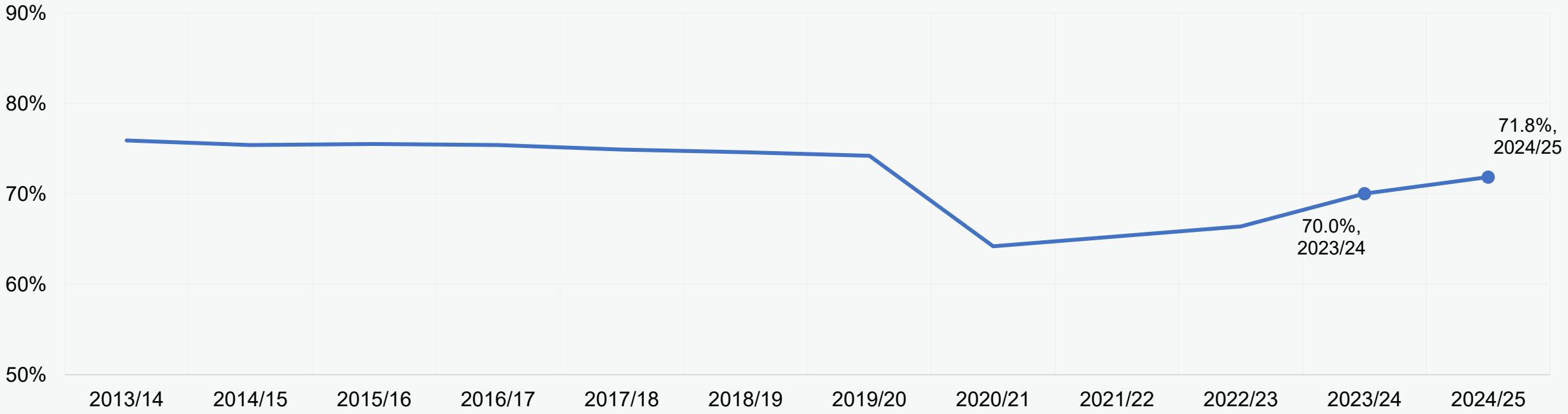
**Actions:** Continue monitoring the FIT@80 performance across the current 18 live sites, including activity, early adopter performance, and supporting regional commissioners towards a 60% rollout by the end of 2026/27 and full implementation by the end of 2027/28. Continue NHS Notify digital pre-invitations and SMS for NHS App users without push notifications. Monitor read rates and avoided letters, with a formal review scheduled for November 2026.

# Breast cancer screening coverage is recovering 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

**NHSOF ambition/metric:** Breast screening rate (ICBs)

Source: Breast Screening Programme publication link [PUBLISHED]




**Current position:** Breast screening coverage reached 71.8% among women aged 53 to 70 in 2024/25, up 1.8 percentage points from 70.0% in 2023/24. This was the fourth consecutive annual increase from the 2020/21 low of 64.2%. Coverage remains 2.4 percentage points below the pre-pandemic level of 74.2% in 2019/20, indicating continued recovery.

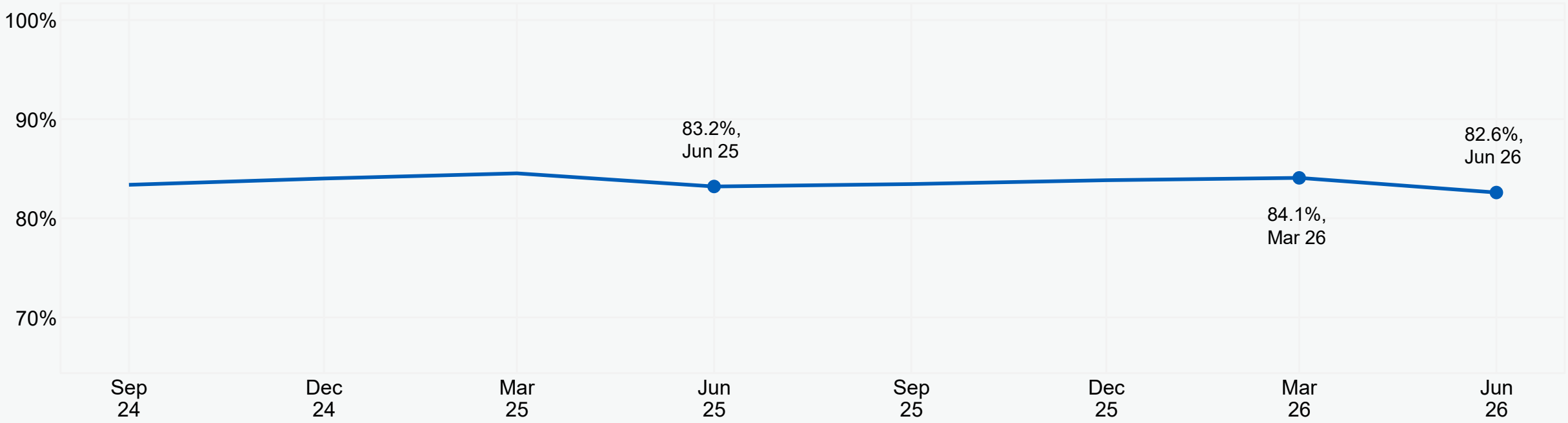
**Actions:** Capital funding has been secured from NHS England Digital Diagnostics for connectivity on mobile breast screening units, this will enable real-time access to patient records, transfer of imaging, faster clinical review and more efficient screening pathways. Scoping continues on moving invitation selection to the next test due date (NTDD) model only, this will help screening services forecast demand, plan workforce and mammography capacity, identify patient overdue and ensure all invites are sent against the next test due date. Work continues on future delivery options for the Breast screening After Radiotherapy Dataset (BARD) ahead of the end of the National Disease Registration Service (NDRS) honorary contract.

# MMR vaccine uptake rate remains stable despite a recent dip and uptake rates remain 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)

**NHSOF ambition/metric:** MMR (measles, mumps and rubella) uptake rate (ICBs)

Source: UKHSA Vaccination Collection publication link [PUBLISHED]




**Current position:** MMR vaccination uptake remains well below WHO-recommended levels (95%). Coverage was 82.6% in June 2026, down 1.5 percentage points from 84.1% in March 2026 and 0.6 percentage points below 83.2% in June 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.

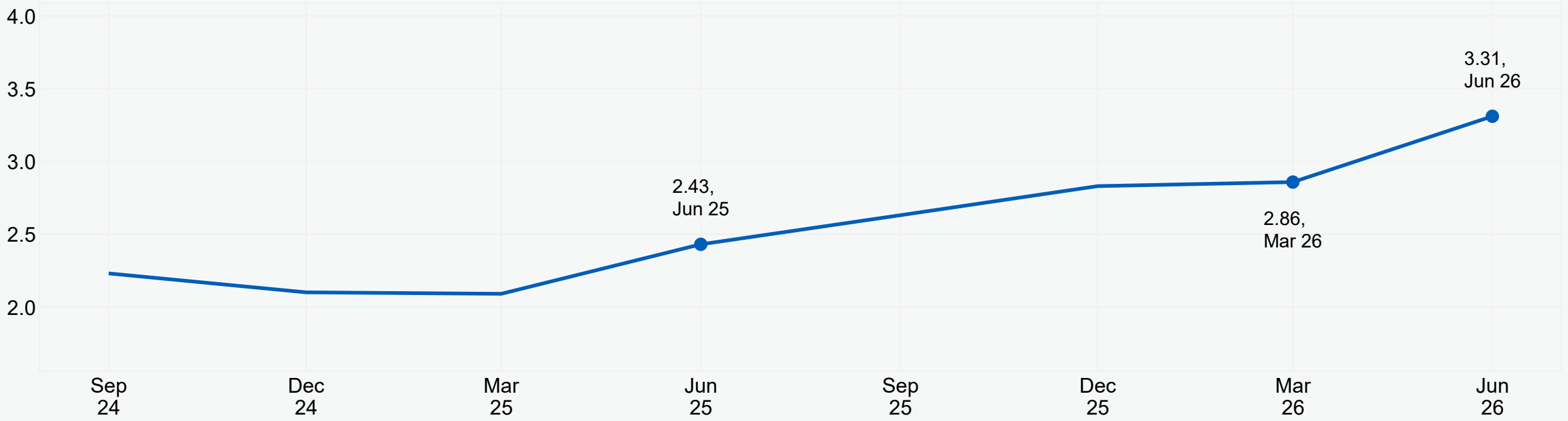
**Actions:** The 2026/27 0-5 improvement plan covers professional and public awareness, equitable access and reducing inequalities, improved data capabilities and robust system oversight. Regions are responsible for developing and delivering their own plans. The national MMR/V invitation campaign launched in July 2026, with invitations sent over a six-week period for children aged 6-11 missing one or two 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 (a positive figure indicates performance within the least deprived quintile was higher than within the most deprived quintile).

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

Source: CVDPREVENT publication link [PUBLISHED]




**Current position:** The deprivation gap continues to increase. As at June 2026, those living in the least deprived areas had a rate that was 3.31 percentage points higher than those living in the most deprived areas (with regards to the management of cholesterol within patients).

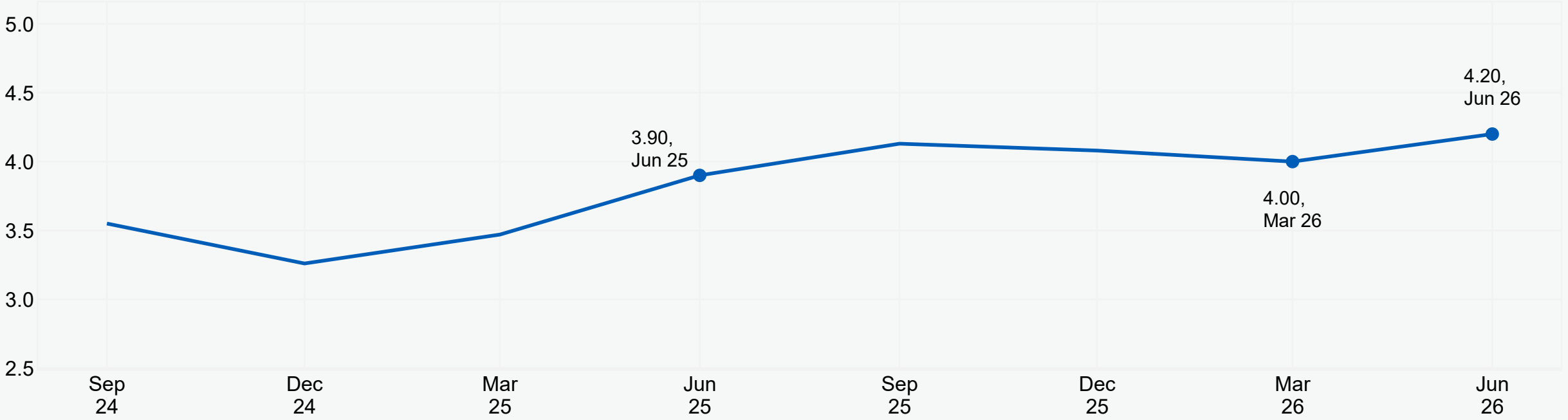
**Actions:** The recently published CVD MSF (Cardiovascular Disease Modern Service Framework) includes case finding and lipid management as one of its 12 priority areas, with equity metrics embedded across each priority intervention to identify and reduce unwarranted variation – work is ongoing to agree the scope of an MSF delivery plan to support local systems deliver the ambitions within the MSF. The NHS Oversight Framework for 2026/27 includes an indicator measuring the number of patients with GP-recorded cardiovascular disease whose cholesterol is managed to NICE-recommended treatment thresholds. The national ambition has been translated into numeric ICB-level targets, giving each ICB a clear and measurable contribution to delivery and supporting action to reduce unwarranted variation.

# The deprivation gap in hypertension management had started to close, but has since increased

**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 (a positive figure indicates performance within the least deprived quintile was higher than within the most deprived quintile).

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

Source: CVDPREVENT publication link [PUBLISHED]




**Current position:** The deprivation gap had levelled off throughout 2025/26, but has since started to increase. As at June 2026, those living in the least deprived areas had a rate that was 4.2 percentage points higher than those living in the most deprived areas (with regards to the management of hypertension within patients).

**Actions:** The recently published CVD MSF (Cardiovascular Modern Service Framework) 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 interventions, The NHS Oversight Framework for 2026/27 includes the indicator “Number of patients with GP-recorded hypertension whose blood pressure is managed to NICE-recommended treatment thresholds”. The national ambition has been translated into ICB-level numeric targets giving each ICB a clear, measurable contribution to the national ambition, enable focused local improvement and reduce hidden variation.

# Allocating resources (ICB specific metrics)

# Allocating resources - summary of metrics

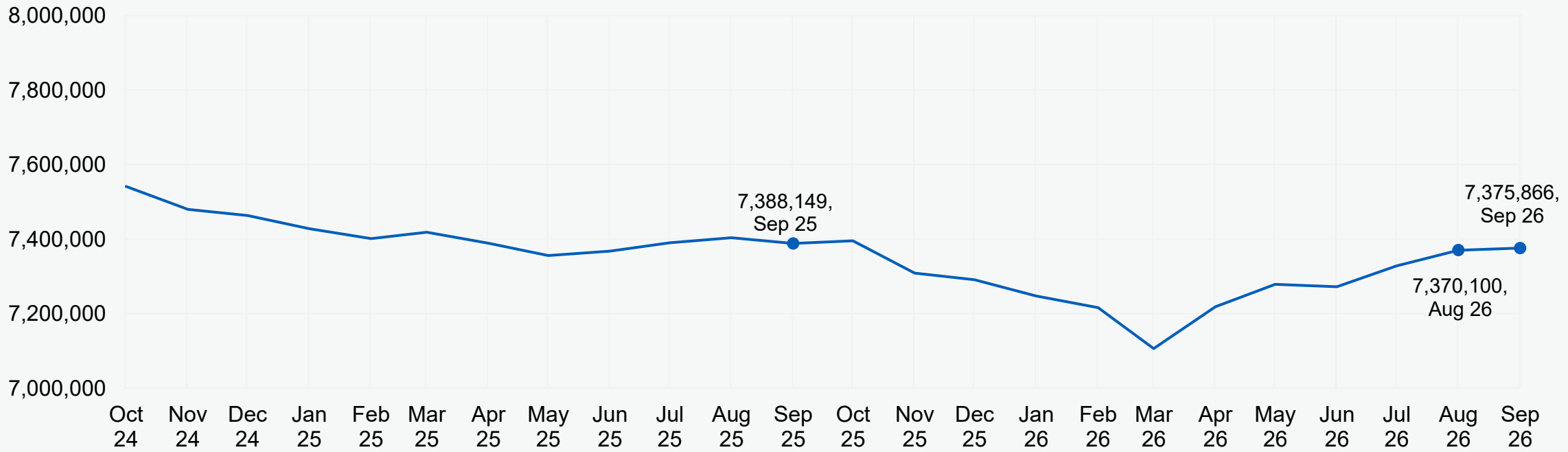
| Area | Metric | Latest position | Last position (Month / Quarter) | Change from last position | Last year | Change from last year | Variation |
|---|---|---|---|---|---|---|---|
| Elective care | RTT elective total waiting list size | 7,375,866<br>Sep-26 | 7,370,100<br>Aug-26 | 5,766<br>(0.1%) | 7,388,149<br>Sep-25 | -12,283<br>(-0.2%) | Sustained |
| Community care | Number of attended community care contacts | 6,457,910<br>Aug-26 | 7,395,420<br>Jul-26 | -937,510<br>(-12.7%) | 6,290,450<br>Aug-25 | 167,460<br>(2.7%) | Improved |
| Cancer care | % of cancers diagnosed at stage 1 or 2 | 59.3%<br>Jul-26 | 59.3%<br>Jun-26 | 0.0 ppt<br>(0.1%) | 58.4%<br>Jul-25 | 1.0 ppt<br>(1.7%) | Sustained |
| Mental health care | % of acute mental health admissions with no contact with community mental health services in the previous year | 9.5%<br>Sep-26 | 9.7%<br>Aug-26 | -0.2 ppt<br>(-2.0%) | 11.1%<br>Sep-25 | -1.5 ppt<br>(-14.0%) | Improved |
| Primary care | % of clinically urgent GP appointments that take place on the same day | 78.5%<br>Sep-26 | 78.0%<br>Aug-26 | 0.5 ppt<br>(0.6%) | 74.6%<br>Sep-25 | 3.9 ppt<br>(5.2%) | Improved |

# The elective waiting list has been increasing since March 2026

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

**NHSOF 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 September 2026, the elective waiting list stands at 7.38 million. This is a 0.1% deterioration/increase from August 2026. When compared to September 2025, there was a 0.2% decrease/ improvement, which is equivalent to 12,283 pathways.

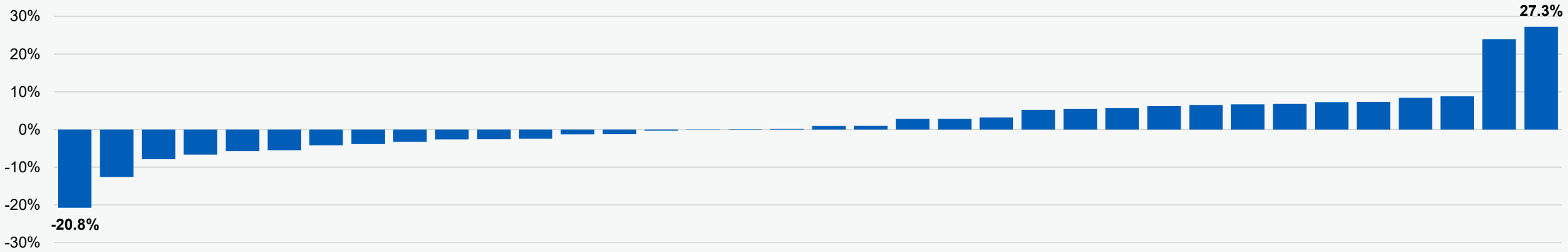
**Actions:** Reducing the elective waiting list remains a key enabler to delivering Referral To Treatment (RTT) ambitions in 2026/27. A refreshed elective recovery plan and set of actions will support systems to improve performance to meet the end of March 2027 trajectory of 70%. This includes managing demand, prioritising timely first outpatient appointments with the launch of a Focus on Firsts initiative for November, 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 September 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.

**NHSOF 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 | -20.8% |
| NHS Norfolk And Suffolk Integrated Care Board | -12.6% |
| NHS Cheshire And Merseyside Integrated Care Board | -7.8% |
| NHS Coventry And Warwickshire Integrated Care Board | -6.7% |
| NHS Lancashire And South Cumbria Integrated Care Board | -5.8% |
| NHS Devon Integrated Care Board | -5.5% |
| NHS North East London Integrated Care Board | -4.2% |
| NHS Greater Manchester Integrated Care Board | -3.9% |
| NHS Essex Integrated Care Board | -3.2% |
| NHS West And North London Integrated Care Board | -2.6% |

| Bottom 10 ICBs | Percentage |
|---|---|
| NHS Cornwall And The Isles Of Scilly Integrated Care Board | 27.3% |
| NHS Thames Valley Integrated Care Board | 24.0% |
| NHS Shropshire, Telford And Wrekin Integrated Care Board | 8.8% |
| NHS Staffordshire And Stoke-On-Trent Integrated Care Board | 8.4% |
| NHS Bath And North East Somerset, Swindon And Wiltshire Integrated Care Board | 7.3% |
| NHS Dorset Integrated Care Board | 7.2% |
| NHS Gloucestershire Integrated Care Board | 6.8% |
| NHS Bristol, North Somerset And South Gloucestershire Integrated Care Board | 6.7% |
| NHS North East And North Cumbria Integrated Care Board | 6.5% |
| NHS Surrey And Sussex Integrated Care Board | 6.3% |

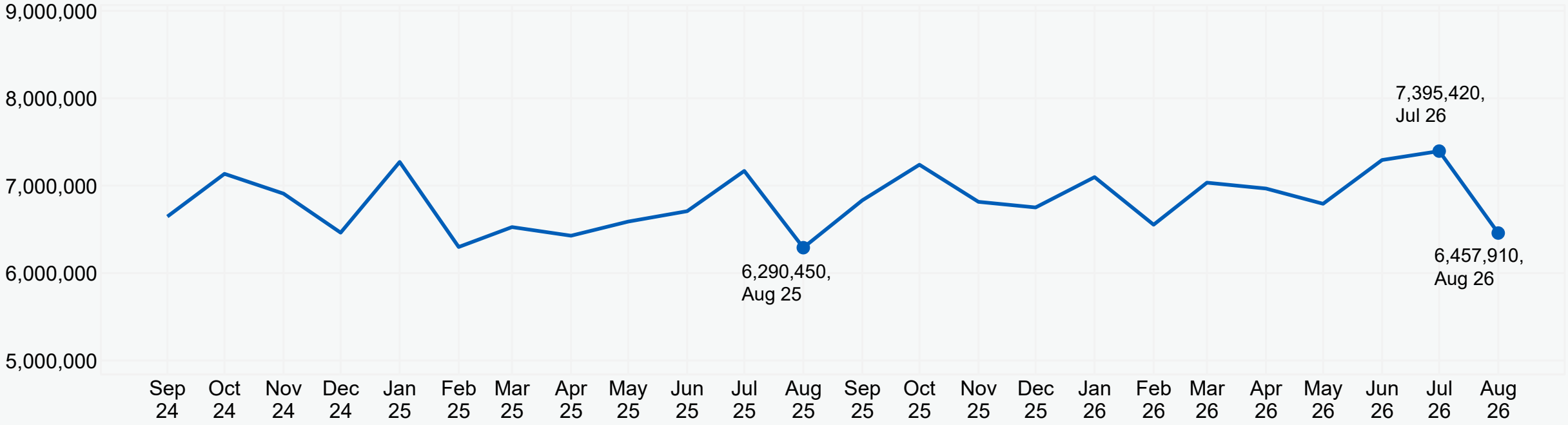
This chart shows the percentage change in the elective waiting list size in September 2026 versus the same month last year (September 2025), split by ICB. Greatest increase (27.3%), through to greatest decrease (-20.8%).

# The number of attended community care contacts in the latest month has grown compared to the same period last year

**Chart description:** Total attended community care contacts

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

Source: Community Services Statistics publication link [PUBLISHED]




**Current position:** As at August 2026, total attended community care contacts were 6,457,910. This was a decrease of 937,510 (12.7%) from July 2026 and an increase from August 2025 of 167,460 (2.7%). Care contacts continue to be relatively stable with some monthly fluctuations.

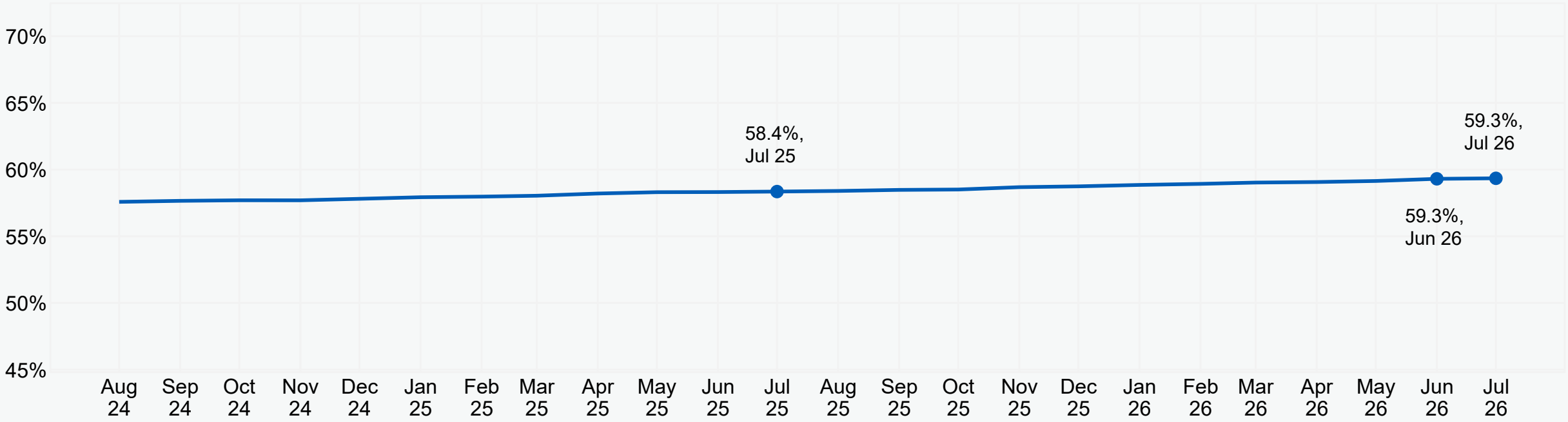
**Actions:** ICBs to strengthen community services by increasing capacity to meet growth in demand, expected to be approximately 3% nationally per year, as outlined in the Medium-Term Planning Framework.

# 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

**NHSOF 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 July 2026, the percentage of all cancers diagnosed at stage 1 or 2 was 59.3% (12-month average), no change from June 2026. This is a 1.0 percentage points over the last 12 months (since July 2025).

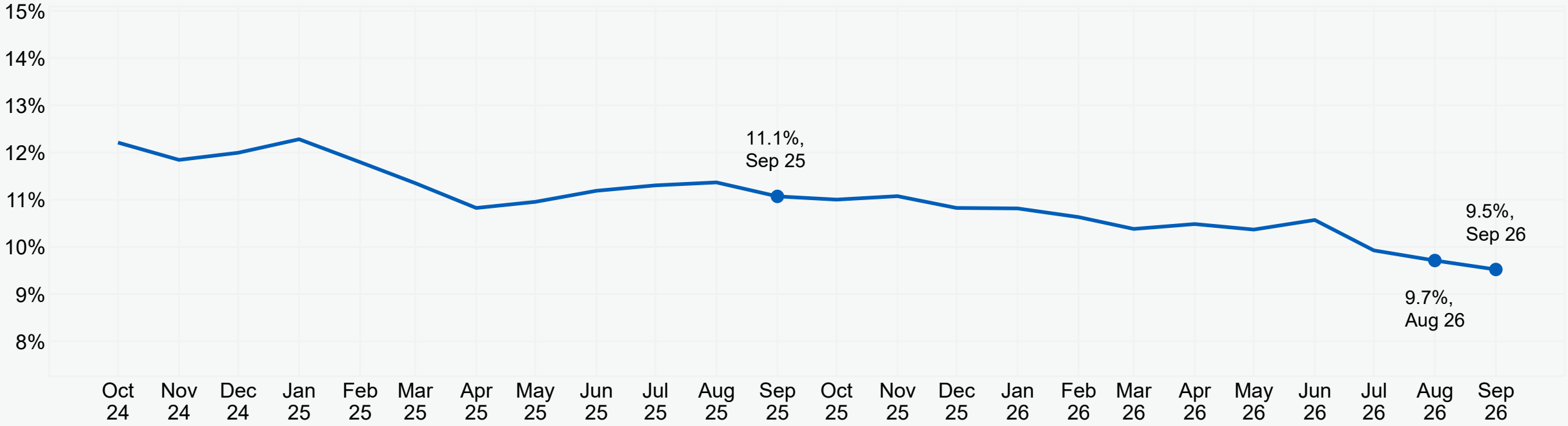
**Actions:** The national cancer plan was published in February, and the NHS and DHSC cancer programme teams, and other delivery partners, are progressing delivery. The lung cancer screening programme has now diagnosed over 13,200 lung cancers as of August 2026, with 79% of staged cancers diagnosed at stage 1 and 2. The Community Liver Health Check programme is on track to meet the 2026/27 cancer plan commitment to identify 4000 patients suitable for surveillance for hepatocellular carcinoma, with over 1,700 identified between April and September 2026. Work is continuing to widen access to direct to patient testing, including work with the appointed Jewish BRCA programme provider ahead of the new service launching in April 2027.

# Acute mental health admissions with no contact in the previous year is in line with previous month, and an overall downward trend in recent years

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

**NHSOF 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 September 2026, 9.5% of adult acute mental health admissions had no contact with mental health services in the previous year. This represents a reduction of 0.2 percentage points from August 2026 (9.7%) and 1.5 percentage points reduction from September 2025 (11.1%).

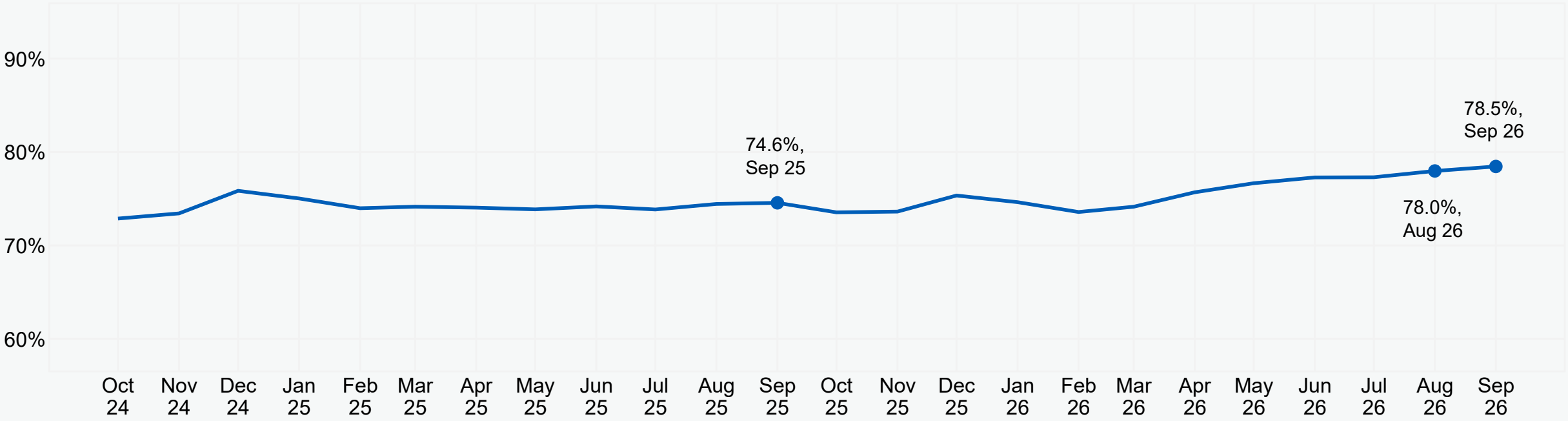
**Actions:** The acute admissions with no contact measure is aimed at measuring the reach of community mental health services, with a lower percentage indicative of people being able to access help in the community. NHS England supports local services to improve community mental health provision, including through the rollout of new models of integrated neighbourhood mental health centres. These centres are 'open access' and designed to ensure people are better able to access the help they need within their communities.

# The percentage of clinically urgent GP appointments that take place on the same day has been improving steadily since February 2026

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

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

Source: Appointments in General Practice publication link [PUBLISHED]




**Current position**: As at September 2026, 78.5% of clinically urgent general practice appointments took place on the same day as the patient's contact. This was an increase of 0.5 percentage points from 78.0% in August 2026.

**Actions:** National actions to support ICBs and practices with practice data, coding guidance, sharing of best practice and tailored communications. NHS England is proposing increasing support for ICBs that are below expected positions.

# 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 (elective care) | 65.8%<br>Sep-26 | 65.2%<br>Aug-26 | 0.6 ppt<br>(1.0%) | 61.8%<br>Sep-25 | 4.0 ppt<br>(6.5%) | Improved |
| Elective care | RTT: 52 weeks or more (elective care) | 1.58%<br>Sep-26 | 1.54%<br>Aug-26 | 0.04 ppt<br>(2.6%) | 2.44%<br>Sep-25 | -0.86 ppt<br>(-35.4%) | Sustained |
| Elective care | RTT: 52 weeks or more (community care) | 7.0%<br>Sep-26 | 7.2%<br>Aug-26 | -0.2 ppt<br>(-2.6%) | 7.4%<br>Sep-25 | -0.4 ppt<br>(-5.8%) | Sustained |
| Elective care | Percentage of patients waiting less than 18 weeks for community care | 76.1%<br>Sep-26 | 75.7%<br>Aug-26 | 0.3 ppt<br>(0.4%) | 75.0%<br>Sep-25 | 1.1 ppt<br>(1.4%) | Improved |
| Diagnostics | Percentage of diagnostic referrals where the patient was waiting over 6 weeks for a procedure or test | 22.6%<br>Sep-26 | 24.7%<br>Aug-26 | -2.1 ppt<br>(-8.6%) | 22.4%<br>Sep-25 | 0.2 ppt<br>(0.7%) | Sustained |
| Cancer care | Faster Diagnostic Standard (28 Days) | 76.2%<br>Sep-26 | 78.6%<br>Aug-26 | -2.4 ppt<br>(-3.0%) | 73.8%<br>Sep-25 | 2.3 ppt<br>(3.2%) | Improved |
| Cancer care | 62-day Combined Standard | 70.7%<br>Sep-26 | 71.9%<br>Aug-26 | -1.2 ppt<br>(-1.7%) | 68.0%<br>Sep-25 | 2.6 ppt<br>(3.9%) | Improved |
| Urgent care | A&E 4 hour performance | 74.0%<br>Oct-26 | 74.4%<br>Sep-26 | -0.4 ppt<br>(-0.5%) | 74.2%<br>Oct-25 | -0.2 ppt<br>(-0.3%) | Sustained |
| Urgent care | Percentage of attendances waiting over 12 hours in ED (type 1 & 2) | 10.7%<br>Oct-26 | 10.1%<br>Sep-26 | 0.6 ppt<br>(6.1%) | 10.7%<br>Oct-25 | -0.0 ppt<br>(-0.0%) | Sustained |

# Access to services - summary of metrics

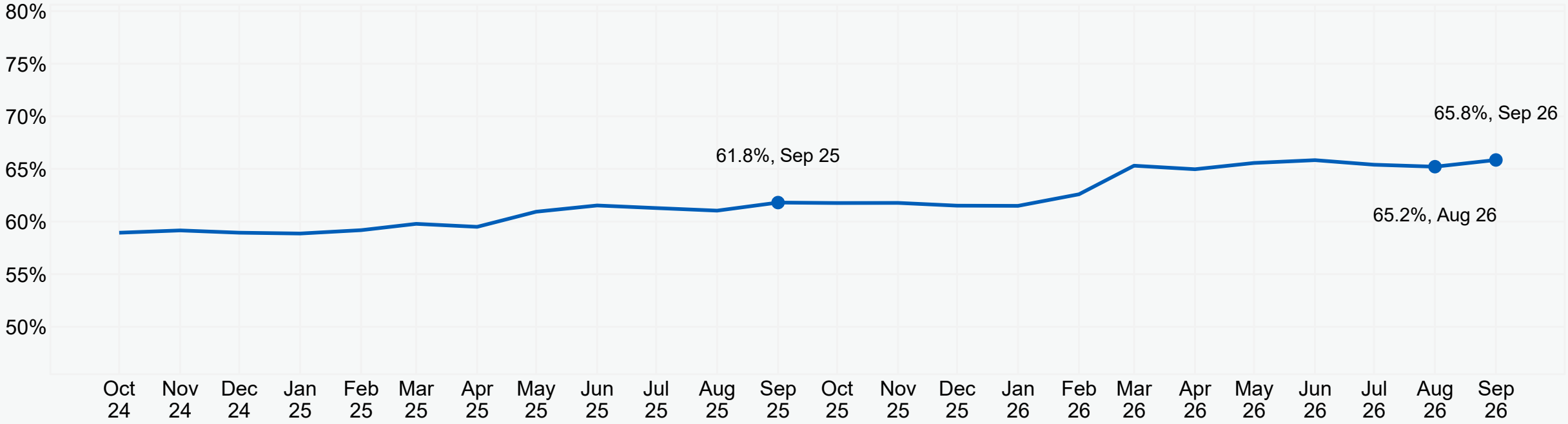
| Area | Metric | Latest position | Last position (Month / Quarter) | Change from last position | Last year | Change from last year | Variation |
|---|---|---|---|---|---|---|---|
| Urgent care | Cat 2 mean response time | 00:32:45<br>Oct-26 | 00:31:18<br>Sep-26 | 00:01:27<br>(4.6%) | 00:32:37<br>Oct-25 | 00:00:08<br>(0.4%) | Not Applicable |
| Urgent care | Mean 999 call response time in seconds | 8<br>Oct-26 | 7<br>Sep-26 | 1<br>(14.3%) | 4<br>Oct-25 | 4<br>(100.0%) | Not Applicable |
| Mental health care | Percentage of total Children's and Young Persons mental health patients waiting over 104 weeks for contact - Pathway D | 26.9%<br>Sep-26 | 28.1%<br>Aug-26 | -1.2 ppt<br>(-4.2%) | | | Not Applicable |
| Mental health care | Percentage of children and young people discharged from mental health services with a paired outcome score | 25.2%<br>Sep-26 | 26.1%<br>Aug-26 | -0.9 ppt<br>(-3.4%) | 23.3%<br>Sep-25 | 1.9 ppt<br>(8.2%) | Improved |
| Mental health care | Percentage of adults discharged from mental health services with a paired outcome score | 15.2%<br>Sep-26 | 14.2%<br>Aug-26 | 0.9 ppt<br>(6.5%) | | | 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 | 44.2%<br>Sep-26 | 44.0%<br>Aug-26 | 0.2 ppt<br>(0.5%) | | | Not Applicable |

# RTT performance has improved over the last two years but has remained broadly static throughout 2026/27

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

**NHSOF 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 September 2026, the percentage of elective patients waiting less than 18 weeks for treatment was 65.8%, a 0.6 percentage point increase/improvement from August 2026. When compared to September 2025, this is a 4.0 percentage point increase/improvement.

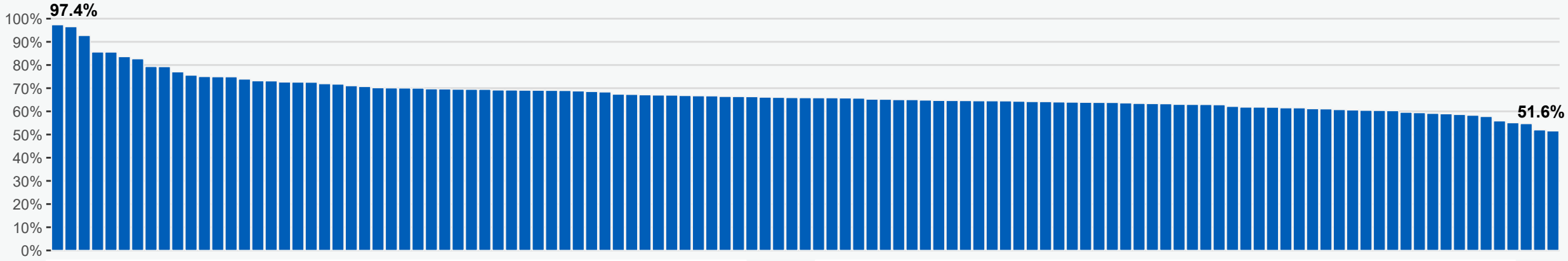
**Actions:** Referral to Treatment (RTT) performance is the main elective priority for 2026/27. NHS England achieved the March 26 ambition of 65%, though there has been flattening performance since. The focus is now on a set of actions, including managing demand, prioritising timely first outpatient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

# RTT performance variation, September 2026

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

**NHSOF 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 Christie NHS Foundation Trust | 97.4% |
| The Clatterbridge Cancer Centre NHS Foundation Trust | 96.5% |
| The Royal Marsden NHS Foundation Trust | 92.7% |
| Moorfields Eye Hospital NHS Foundation Trust | 85.6% |
| Liverpool Heart And Chest Hospital NHS Foundation Trust | 85.6% |
| Northumbria Healthcare NHS Foundation Trust | 83.6% |
| Royal Berkshire NHS Foundation Trust | 82.7% |
| Royal Papworth Hospital NHS Foundation Trust | 79.3% |
| Tameside And Glossop Integrated Care NHS Foundation Trust | 79.3% |
| Royal National Orthopaedic Hospital NHS Trust | 77.0% |

| Bottom 10 Providers | Percentage |
|---|---|
| Mid And South Essex NHS Foundation Trust | 51.6% |
| University Hospitals Sussex NHS Foundation Trust | 52.0% |
| Hull University Teaching Hospitals NHS Trust | 54.7% |
| Northern Care Alliance NHS Foundation Trust | 55.1% |
| East Kent Hospitals University NHS Foundation Trust | 55.9% |
| York And Scarborough Teaching Hospitals NHS Foundation Trust | 57.8% |
| Great Western Hospitals NHS Foundation Trust | 58.3% |
| Northern Lincolnshire And Goole NHS Foundation Trust | 58.7% |
| Medway NHS Foundation Trust | 59.0% |
| Milton Keynes University Hospital NHS Foundation Trust | 59.1% |

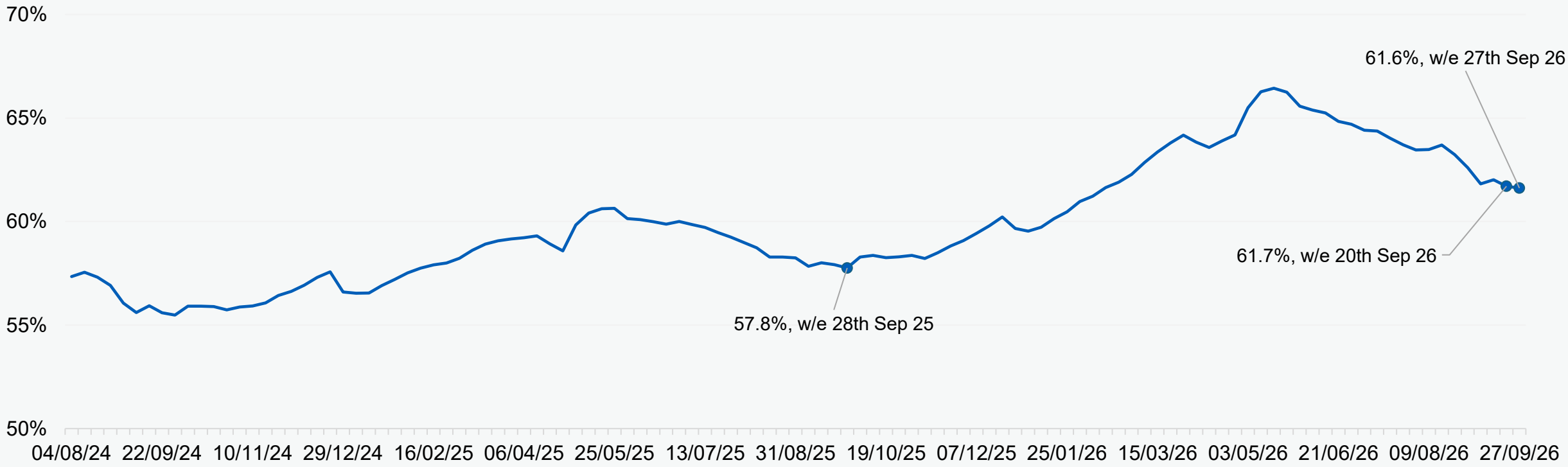
This chart shows the percentage of patients waiting less than 18 weeks for elective treatment in September 2026 split by acute trust (excludes community and independent sector). Highest performing (97.4%) through to lowest performing (51.6%).

# 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]



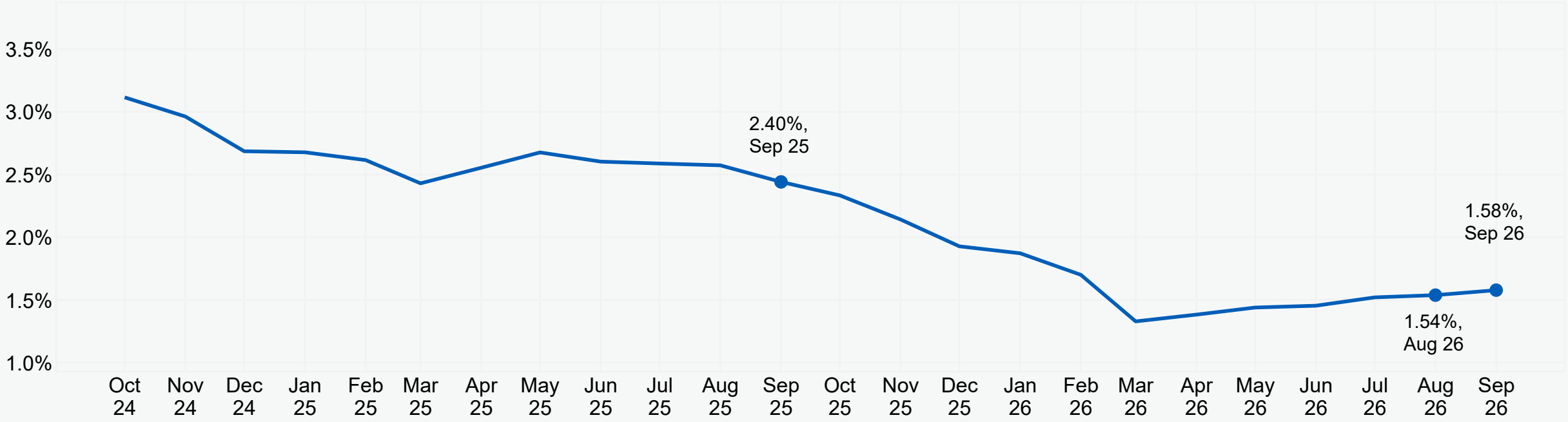

As of w/e 27 September 2026, 61.6% of children and young people had been waiting within 18 weeks to start elective treatment. Whilst this was an improvement on the same week last year (57.8%; w/e 28th September 2025), it has steadily been declining since the end of May 2026.

# Over 52 week waiters has reduced relative to the last two years

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

**NHSOF 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 September 2026, the percentage of elective pathways waiting over 52 weeks for treatment was 1.58% (116,353), up 0.04 percentage points from August 2026. When compared to September 2025 this represents a 0.86 percentage point decrease/improvement.

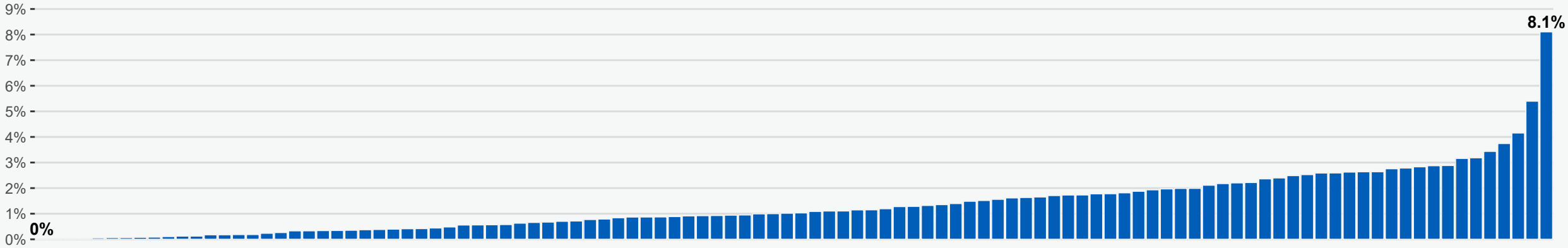
**Actions:** Reduction of the longest waits remains a key priority and is a focus of NHS England's performance oversight with Regional teams. The elective recovery plan sets out the continued commitment to reduce those waiting over 52 weeks. The Getting it Right First Time (GiRFT) team have established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

# Elective 52 week waiters performance variation, September 2026

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

**NHSOF 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]




| Top 10 Providers | Percentage |
|---|---|
| Maidstone And Tunbridge Wells NHS Trust | 0.0% |
| Imperial College Healthcare NHS Trust | 0.0% |
| Gateshead Health NHS Foundation Trust | 0.0% |
| Moorfields Eye Hospital NHS Foundation Trust | 0.0% |
| Royal Berkshire NHS Foundation Trust | 0.1% |
| The Dudley Group NHS Foundation Trust | 0.1% |
| Calderdale And Huddersfield NHS Foundation Trust | 0.1% |
| Gloucestershire Hospitals NHS Foundation Trust | 0.1% |
| Harrogate And District NHS Foundation Trust | 0.1% |
| Buckinghamshire Healthcare NHS Trust | 0.1% |

| Bottom 10 Providers | Percentage |
|---|---|
| Mid And South Essex NHS Foundation Trust | 8.1% |
| University Hospitals Sussex NHS Foundation Trust | 5.4% |
| Hull University Teaching Hospitals NHS Trust | 4.2% |
| Northern Lincolnshire And Goole NHS Foundation Trust | 3.7% |
| Northern Care Alliance NHS Foundation Trust | 3.4% |
| Portsmouth Hospitals University NHS Trust | 3.2% |
| Somerset NHS Foundation Trust | 3.2% |
| Great Ormond Street Hospital For Children NHS Foundation Trust | 2.9% |
| East Kent Hospitals University NHS Foundation Trust | 2.9% |
| University Hospitals Coventry And Warwickshire NHS Trust | 2.8% |

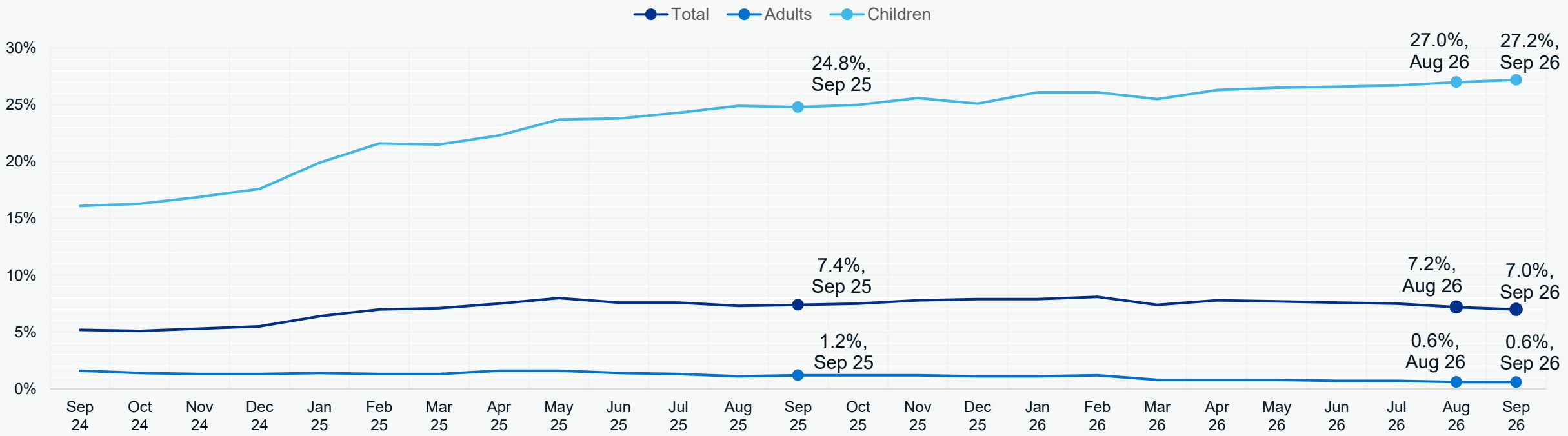
This chart shows the percentage of patients waiting over than 52 weeks for elective treatment in September 2026 split by acute trust. Highest percentage (8.1%) through to lowest (0.0%).

# Over 52 week waiters (community care) has deteriorated relative to the last two years

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

**NHSOF ambition/metric:** Percentage of cases where a patient is waiting more than 52 weeks for community treatment

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




**Current position:** As at September 2026, a total of 7.0% of cases had been waiting over 52 weeks for community treatment. This was a decrease of 0.2 percentage points from 7.2% in August 2026, and 0.4 percentage points lower than in September 2025. As at September 2026, 27.2% of all cases for children & young people had been waiting over 52 weeks for community treatment.

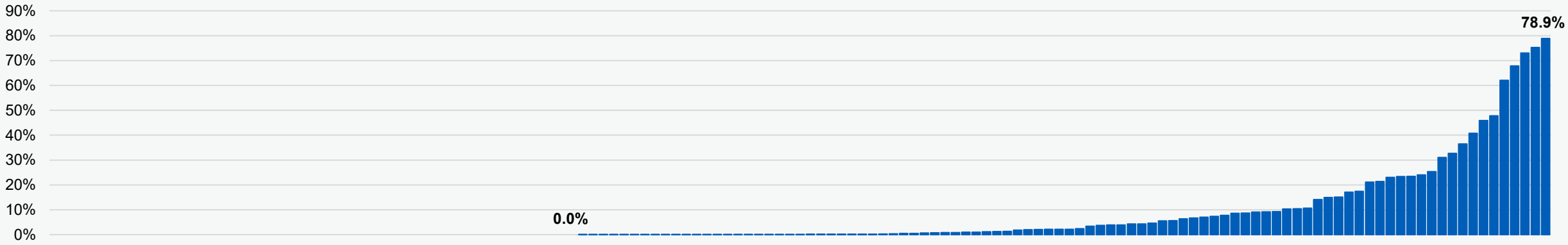
**Actions:** NHS England actions to support attainment of community health services waiting time targets set out in the Medium-Term Planning Framework include; publication of a system-wide action plan with system and provider-level improvement checklists, publication of a national community musculoskeletal (MSK) service specification and the establishment of Getting It Right First Time (GIRFT) workstreams offering targeted support at both an ICB and provider level for outliers for 52-week performance. These actions aim to reduce variation and address the drivers of long waits, with improvements expected in 2026/27 waiting time data.

# Over 52 week waiters (community care) performance variation, September 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 include all providers.

**NHSOF 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]




| Top providers |
|---|
| **See Annex for further details of all 51 providers achieving 0%** |

| Bottom 10 Providers | % |
|---|---|
| James Paget University Hospitals NHS Foundation Trust | 78.9% |
| University Hospitals Dorset NHS Foundation Trust | 75.3% |
| East And North Hertfordshire Teaching NHS Trust | 73.1% |
| Sheffield Children's NHS Foundation Trust | 67.9% |
| Dorset County Hospital NHS Foundation Trust | 62.0% |
| Devon Partnership NHS Trust | 47.8% |
| Medway Community Healthcare | 45.9% |
| Derbyshire Healthcare NHS Foundation Trust | 40.8% |
| Leicestershire Partnership NHS Trust | 36.5% |
| United Lincolnshire Teaching Hospitals NHS Trust | 32.7% |

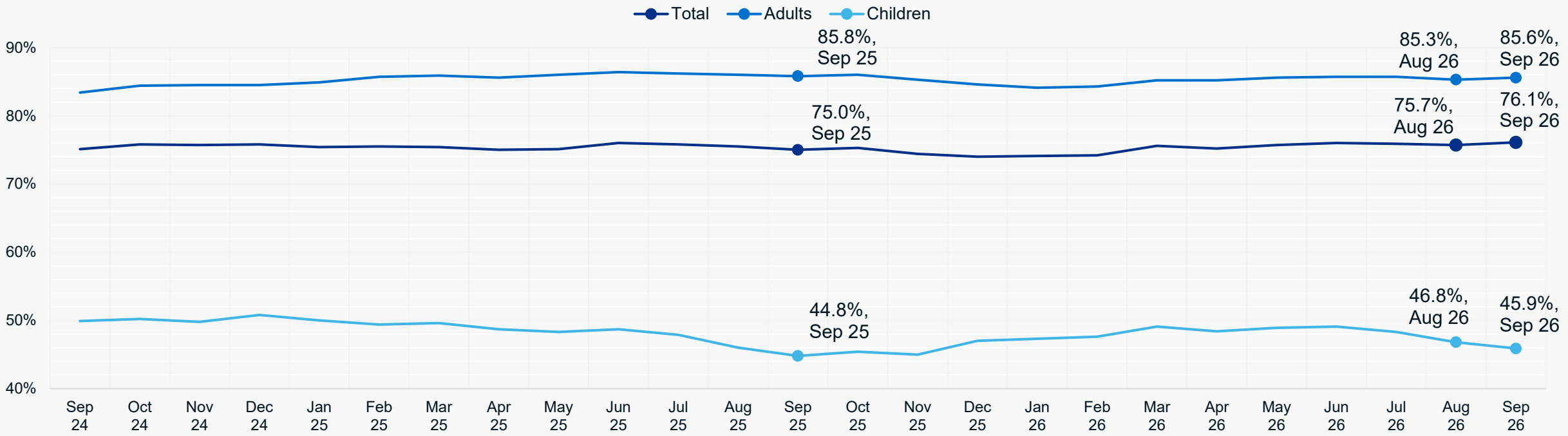
This chart shows the percentage of cases waiting more 52 weeks for community treatment in September 2026 for all NHS trusts and independent sector providers. Highest percentage, worst performing (78.9%) through to lowest percentage, highest performing (0%) which was delivered by 51 organisations.

# 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

**NHSOF ambition/metric:** Percentage of cases waiting less than 18 weeks for community treatment

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




**Current position:** As at September 2026, 76.1% of cases were waiting less than 18 weeks for community treatment. This was an increase of 0.3 percentage points from 75.7% in August 2026, and 1.1 percentage points higher than the 75.0% reported in September 2025. As at September 2026 85.6% of adult cases and 45.9% of cases for children and young people were waiting less than 18 weeks.

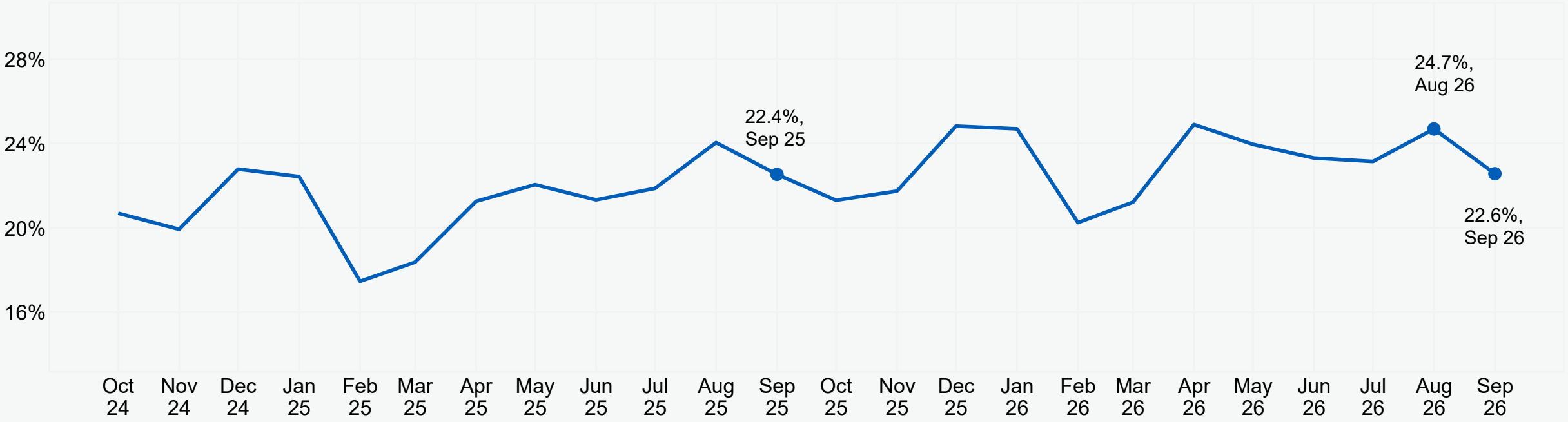
**Actions:** NHS England actions to support attainment of community health services waiting time targets set out in the Medium-Term Planning Framework include; publication of a system-wide action plan with system and provider-level improvement checklists, publication of a national community musculoskeletal (MSK) service specification and the establishment of Getting It Right First Time (GIRFT) workstreams offering targeted support at both an ICB and provider level for outliers for 52-week performance. These actions aim to reduce variation and address the drivers of long waits, with improvements expected in 2026/27 waiting time data.

# Diagnostic 6 week performance is sustained and showing slight improvement in the latest month

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

**NHSOF 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 September 2026 the proportion of patients waiting over 6 weeks for a diagnostic test stood at 22.6%, an improvement of 2.1 percentage points from August 2026.

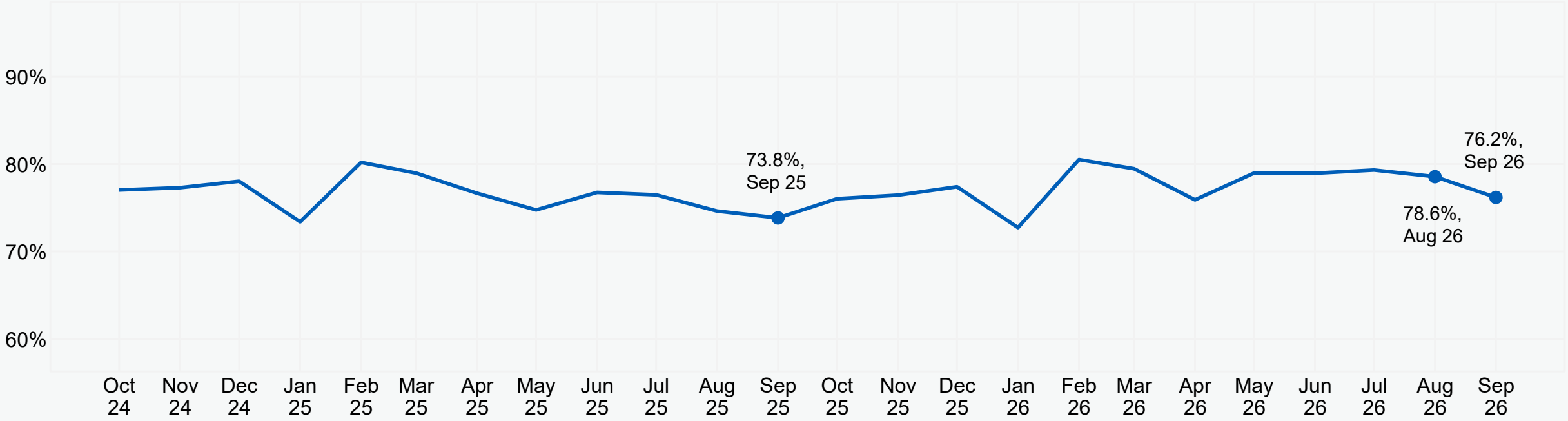
**Actions:** NHS England is focusing on a set of performance improvement actions through ensuring all community diagnostics centre (CDCs) deliver to their 2026/27 activity plans as sufficient revenue to fully deliver these was included in ICB allocations, Trusts with low utilisation levels for CT, MRI, NOUS, Echo and Endoscopy should be performance managed to achieve elimination of all 3-month waits by March 2027 and 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 drive national and regional workforce collaboration on interventions targeted at fragile professions and services as piloted by East of England region; and all new diagnostic capacity approved in 2025/26 should go live on time in 2026/27.

# Cancer Faster Diagnosis Standard (FDS) performance has reduced in the most recent month but remains improved compared to last year

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

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

Source: Cancer Waiting Times publication link [PUBLISHED]




**Current position:** As at September 2026, the percentage of patients receiving a definitive diagnosis within the 28-day faster diagnosis standard was 76.2%. This is a 2.4 percentage point decrease compared to August 2026, but a 2.3 percentage point increase/improvement from September 2025.

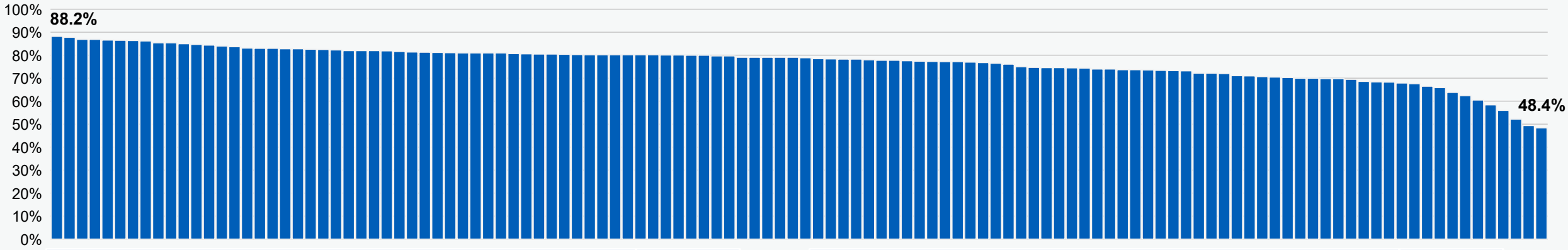
**Actions:** From April 2026 NHS England formally raised the Operational Standard to 80%, with the planning requirement to maintain this level overall across the year. Year-to-date performance is at 78.3% and there are several actions being taken to help achieve 80%. These include:, maximising elective 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, September 2026

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

**NHSOF ambition/metric:** Percentage of cases meeting the 28 day faster diagnosis standard (acute trusts)

Source: Cancer Waiting Times publication link [PUBLISHED]




| Top 10 Providers | Percentage |
|---|---|
| Frimley Health NHS Foundation Trust | 88.2% |
| Epsom And St Helier University Hospitals NHS Trust | 87.8% |
| Airedale NHS Foundation Trust | 86.9% |
| Harrogate And District NHS Foundation Trust | 86.9% |
| West Hertfordshire Teaching Hospitals NHS Trust | 86.6% |
| Guy's And St Thomas' NHS Foundation Trust | 86.5% |
| The Shrewsbury And Telford Hospital NHS Trust | 86.4% |
| Countess Of Chester Hospital NHS Foundation Trust | 86.2% |
| Whittington Health NHS Trust | 85.4% |
| University College London Hospitals NHS Foundation Trust | 85.4% |

| Bottom 10 Providers | Percentage |
|---|---|
| East Kent Hospitals University NHS Foundation Trust | 48.4% |
| Gateshead Health NHS Foundation Trust | 49.4% |
| Mid And South Essex NHS Foundation Trust | 52.2% |
| Torbay And South Devon NHS Foundation Trust | 56.0% |
| East And North Hertfordshire Teaching NHS Trust | 58.4% |
| West Suffolk NHS Foundation Trust | 60.5% |
| Great Western Hospitals NHS Foundation Trust | 62.4% |
| Mersey And West Lancashire Teaching Hospitals NHS Trust | 63.8% |
| East Suffolk And North Essex NHS Foundation Trust | 65.9% |
| James Paget University Hospitals NHS Foundation Trust | 66.5% |

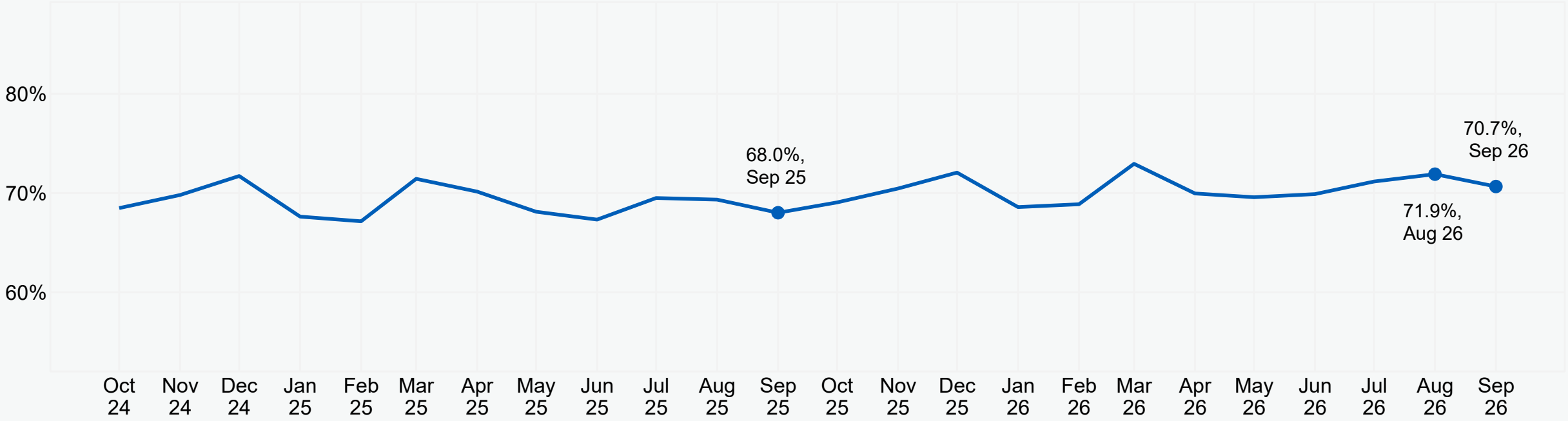
This chart shows the percentage of patients with an urgent cancer referral who received a definitive diagnosis within 28 days in September 2026, split by acute trust. Highest performance in (88.2%) through to lowest (48.4)%.

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

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

**NHSOF ambition/metric:** Percentage of patients 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 September 2026, the percentage of patients treated within the 62-day cancer standard was 70.7%. Compared to August 2026, this was a decrease/deterioration of 1.2 percentage points. When compared to September 2025 this represents a 2.6 percentage point increase/improvement.

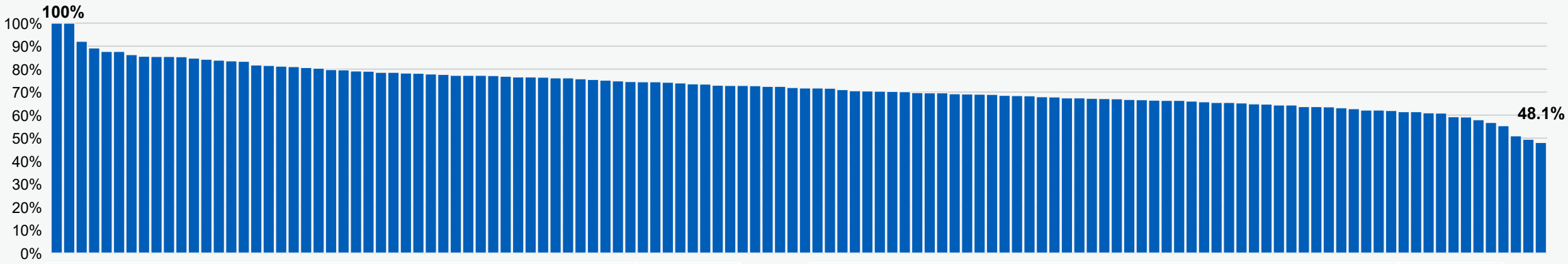
**Actions:** Progress needs to accelerate significantly to meet the year-end target in Operational Planning. Priorities include making full use of elective and diagnostic capacity to meet cancer demand, including histopathology turnaround, and improving breast and skin pathways with Cancer Alliance and GIRFT support. Under the new operating model, Cancer Alliances will use the available investment to drive improvement at provider and pathway level. Enhanced oversight of outliers will maintain a clear focus on delivery and ensure that support leads to measurable improvements.

# Cancer 62 day performance variation, September 2026

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

**NHSOF 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]




| Top 10 Providers | Percentage |
|---|---|
| Gloucestershire Health And Care NHS Foundation Trust | 100.0% |
| East London NHS Foundation Trust | 100.0% |
| Homerton Healthcare NHS Foundation Trust | 92.1% |
| Calderdale And Huddersfield NHS Foundation Trust | 89.2% |
| Ashford And St Peter's Hospitals NHS Foundation Trust | 87.7% |
| Chelsea And Westminster Hospital NHS Foundation Trust | 87.7% |
| Frimley Health NHS Foundation Trust | 86.3% |
| Maidstone And Tunbridge Wells NHS Trust | 85.6% |
| Croydon Health Services NHS Trust | 85.5% |
| Epsom And St Helier University Hospitals NHS Trust | 85.5% |

| Bottom 10 Providers | Percentage |
|---|---|
| Sheffield Teaching Hospitals NHS Foundation Trust | 48.1% |
| Mid And South Essex NHS Foundation Trust | 49.5% |
| University Hospitals Of Leicester NHS Trust | 51.0% |
| Hull University Teaching Hospitals NHS Trust | 55.4% |
| Oxford University Hospitals NHS Foundation Trust | 56.8% |
| Great Western Hospitals NHS Foundation Trust | 58.0% |
| North Tees And Hartlepool NHS Foundation Trust | 59.2% |
| Royal United Hospitals Bath NHS Foundation Trust | 59.3% |
| Worcestershire Acute Hospitals NHS Trust | 60.9% |
| South Warwickshire University NHS Foundation Trust | 61.0% |

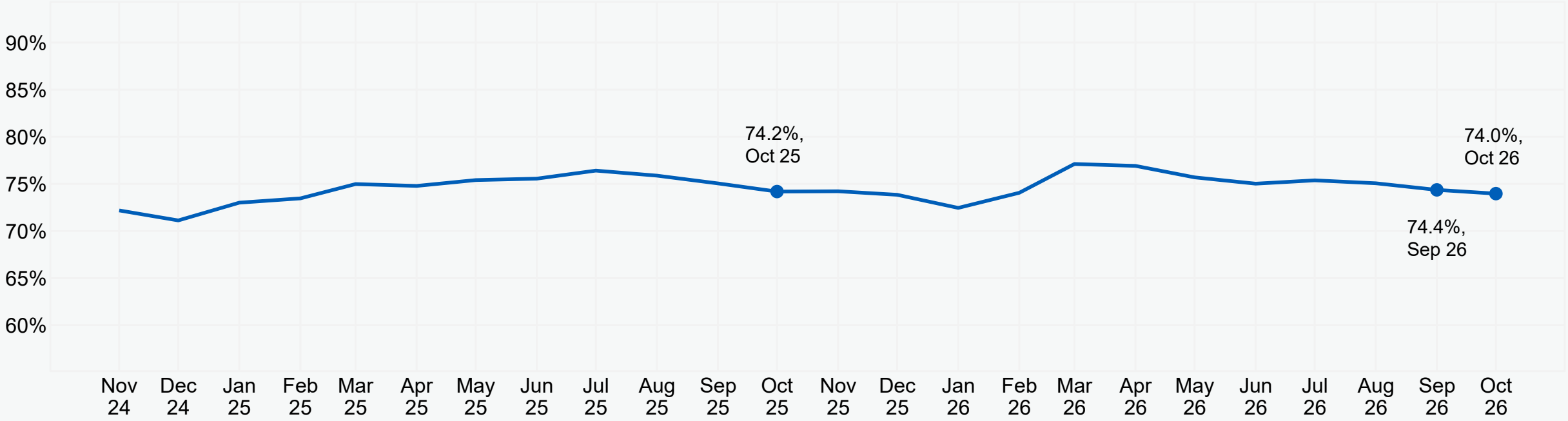
This chart shows the percentage of patients treated for cancer within 62 days in September 2026 split by acute trust. 2 trust(s) achieved the highest performance (100%) through to lowest (48.1%).

# A&E 4 hour performance is sustained when compared to the same time last year

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

**NHSOF 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 October 2026, the percentage of emergency department attendances admitted, transferred or discharged within 4 hours was 74.0%. Compared to September 2026, this was a 0.4 percentage point decrease. When compared to October 2025, it was a 0.2 percentage point decrease.

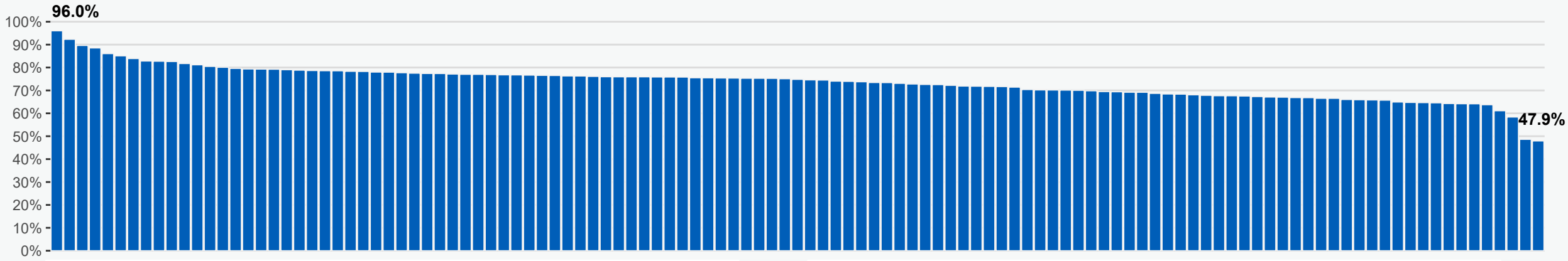
**Actions:** NHS England is driving improved performance through whole-pathway action, combining national standards (Model Acute Pathway, Model ED and Model Discharge), supported by national tiering and targeted improvement support for the most challenged providers and systems, with a focus on front-door pathways, internal flow and discharge.

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

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

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

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




| Top 10 Providers | Percentage |
|---|---|
| Moorfields Eye Hospital NHS Foundation Trust | 96.0% |
| Alder Hey Children's NHS Foundation Trust | 92.3% |
| Northumbria Healthcare NHS Foundation Trust | 89.6% |
| Sheffield Children's NHS Foundation Trust | 88.5% |
| West Hertfordshire Teaching Hospitals NHS Trust | 86.1% |
| Calderdale And Huddersfield NHS Foundation Trust | 85.1% |
| Barking, Havering And Redbridge University Hospitals NHS Trust | 83.9% |
| Bradford Teaching Hospitals NHS Foundation Trust | 82.8% |
| East Kent Hospitals University NHS Foundation Trust | 82.7% |
| Oxford University Hospitals NHS Foundation Trust | 82.6% |

| Bottom 10 Providers | Percentage |
|---|---|
| East Cheshire NHS Trust | 47.9% |
| Airedale NHS Foundation Trust | 48.6% |
| Countess Of Chester Hospital NHS Foundation Trust | 58.4% |
| The Shrewsbury And Telford Hospital NHS Trust | 61.1% |
| Hampshire Hospitals NHS Foundation Trust | 63.8% |
| Cambridge University Hospitals NHS Foundation Trust | 64.2% |
| Mid Cheshire Hospitals NHS Foundation Trust | 64.2% |
| Bolton NHS Foundation Trust | 64.3% |
| University Hospitals Sussex NHS Foundation Trust | 64.6% |
| Wirral University Teaching Hospital NHS Foundation Trust | 64.7% |

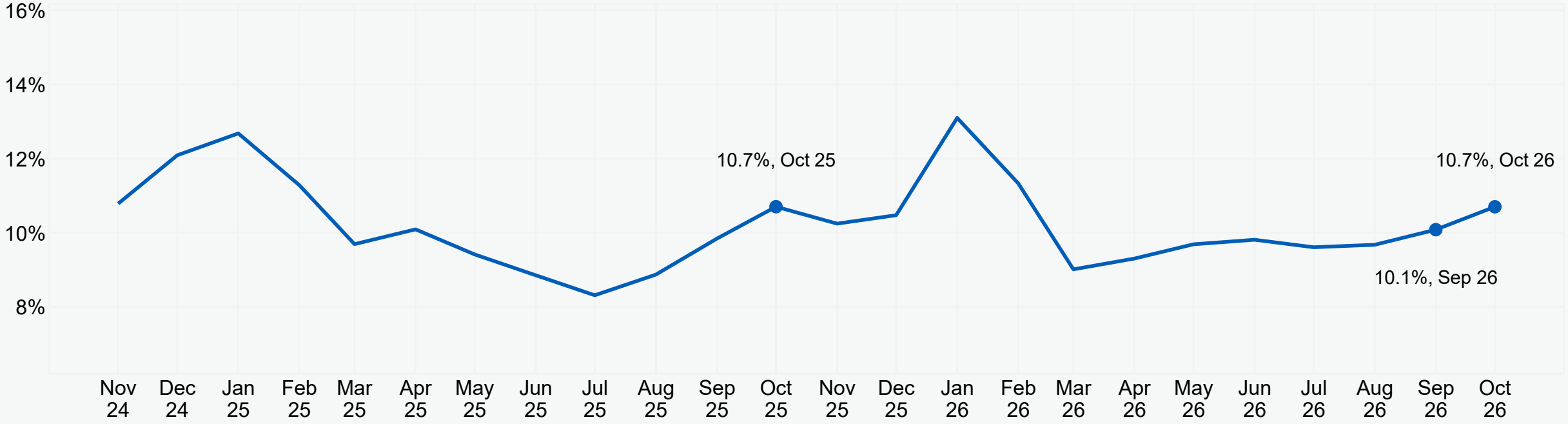
This chart shows the percentage of patients waiting within 4hrs in A&E in October split by acute trust (excludes community and independent sector). Highest performing (96.0%) through to lowest performing (47.9%).

# The proportion of type 1 and 2 A&E attendances exceeding 12 hours is similar to the same time last year

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

**NHSOF ambition/metric:** 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 October 2026, the percentage of ED attendances spending over 12 hours in the department is 10.7%. Compared to September 2026, this was a 0.6 percentage point increase. The October 2026 position is similar to that seen in October 2025.

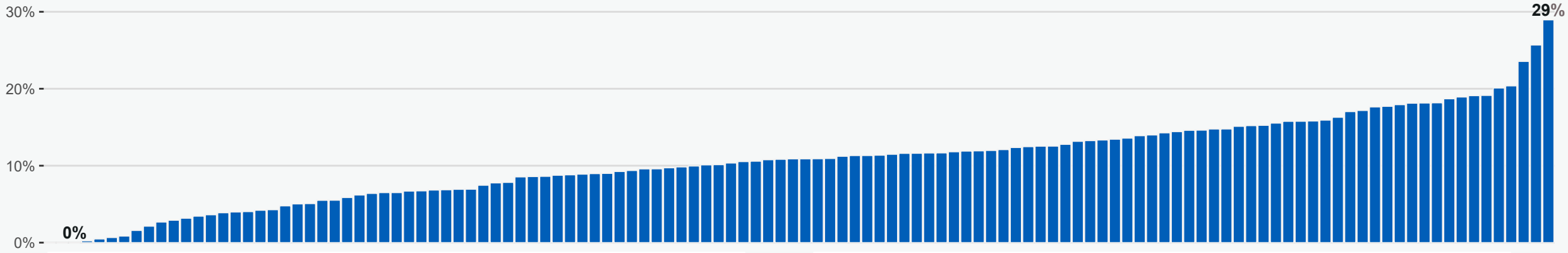
**Actions**: NHS England is driving improvement through whole-pathway action to improve patient flow. This includes targeted action to reduce long stays of 14 days or more, pathway-specific discharge delays and the proportion of patients with no criteria to reside who remain in hospital. Targeted Getting It Right First Time (GIRFT) UEC support and national tiering are focusing improvement and oversight on the most challenged organisations.

# 12-hour performance (type 1 & 2) variation, October 2026

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

**NHSOF ambition/metric:** Percentage of patients spending over 12 hours in emergency department (type 1 & 2) (acute trusts)

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




| Top 10 Providers | Percentage |
|---|---|
| Liverpool Women's NHS Foundation Trust | 0.0% |
| Moorfields Eye Hospital NHS Foundation Trust | 0.0% |
| Sheffield Children's NHS Foundation Trust | 0.0% |
| Alder Hey Children's NHS Foundation Trust | 0.2% |
| Northumbria Healthcare NHS Foundation Trust | 0.5% |
| Birmingham Women's and Children's NHS Foundation Trust | 0.7% |
| Homerton University Hospital NHS Foundation Trust | 0.9% |
| Guy's and St Thomas' NHS Foundation Trust | 1.6% |
| South Tyneside and Sunderland NHS Foundation Trust | 2.1% |
| Salisbury NHS Foundation Trust | 2.7% |

| Bottom 10 Providers | Percentage |
|---|---|
| Blackpool Teaching Hospitals NHS Foundation Trust | 29.0% |
| North Cheshire and Mersey NHS Foundation Trust | 25.7% |
| Countess of Chester Hospital NHS Foundation Trust | 23.6% |
| Wrightington, Wigan and Leigh NHS Foundation Trust | 20.4% |
| Wirral University Teaching Hospital NHS Foundation Trust | 20.1% |
| East Kent Hospitals University NHS Foundation Trust | 19.1% |
| The Shrewsbury and Telford Hospital NHS Trust | 19.1% |
| University Hospitals Plymouth NHS Trust | 18.9% |
| Mersey and West Lancashire Teaching Hospitals NHS Trust | 18.7% |
| East Cheshire NHS Trust | 18.2% |

This chart shows the percentage of patients waiting more than 12hrs in A&E in October 2026 split by acute trust (excludes community and independent sector). Highest performing (0.0%) through to lowest performing (29.0%).

# Mean Category 2 ambulance response times are slower than this time last year

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

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

Source: Ambulance Quality Indicators publication link [PUBLISHED]




**Current position:** October 2026 recorded an average Category 2 ambulance response time of 32 minutes and 45 seconds, against 32 minutes and 37 seconds in October 2025 - representing a longer response time than in the corresponding month last year. For the financial year to 31 October 2026, the average response time stood at 29 minutes and 53 seconds.

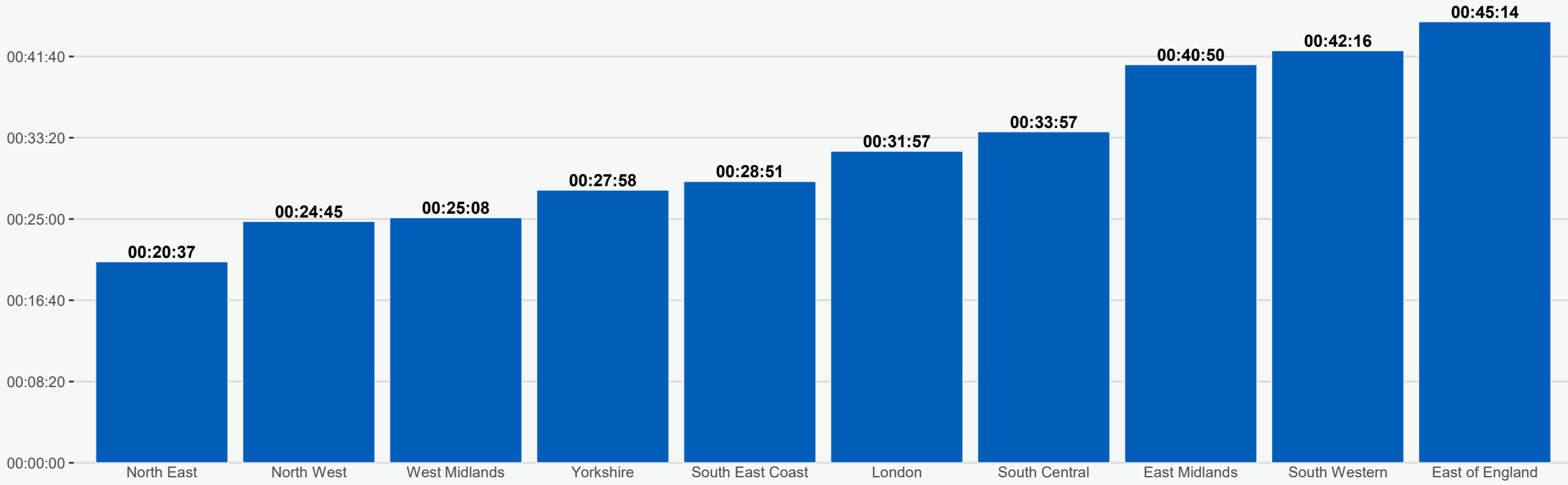
**Actions:** NHS England is holding providers to account for delivery of ambulance productivity plans through monthly oversight meetings, with targeted intervention for trusts that are off track. This is complemented by whole-system action to reduce hospital handover delays and release ambulance capacity.

# Category 2 ambulance response times performance variation, October 2026

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

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

Source: Ambulance Quality Indicators publication link [PUBLISHED]



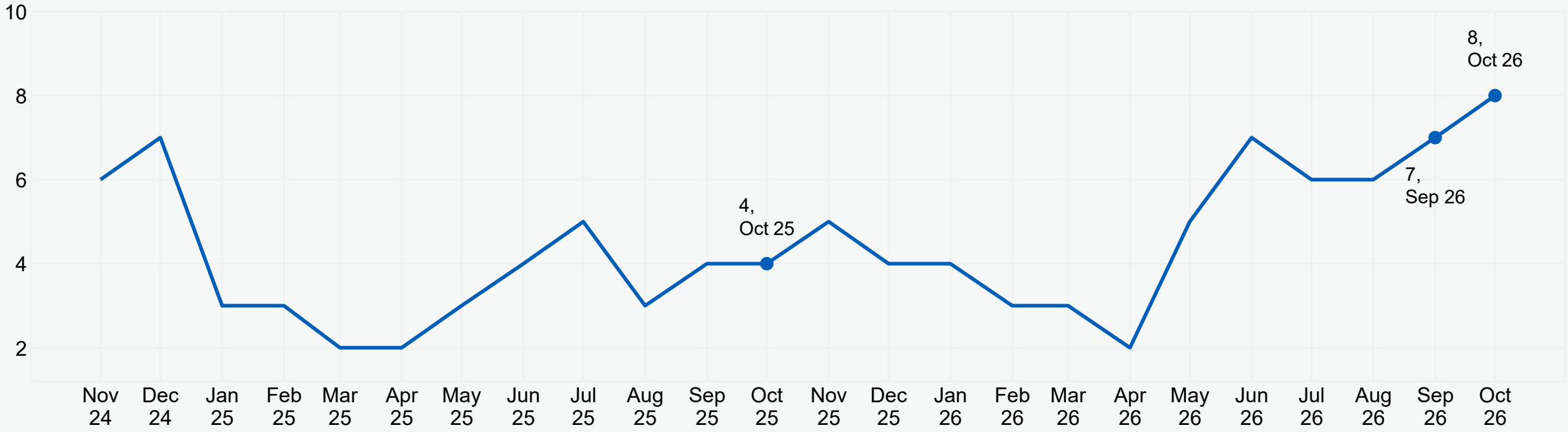

This chart shows performance on Category 2 ambulance response times in October 2026 split by Ambulance trusts. Lowest average response times, best performance (North East 00:20:37) through to highest (East of England 00:45:14).

# The average time taken to answer a 999 call remains challenged, with longer waits than in October 2025

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

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

Source: Ambulance Quality Indicators publication link [PUBLISHED]




**Current position: The** 999 mean call answer time in October 2026 was 8 seconds. This is 1 second longer than the performance in September 2026, and 4 seconds longer than the average time to answer calls in October 2025. For the financial year to 31 October 2026, the average call response time was 6 seconds.

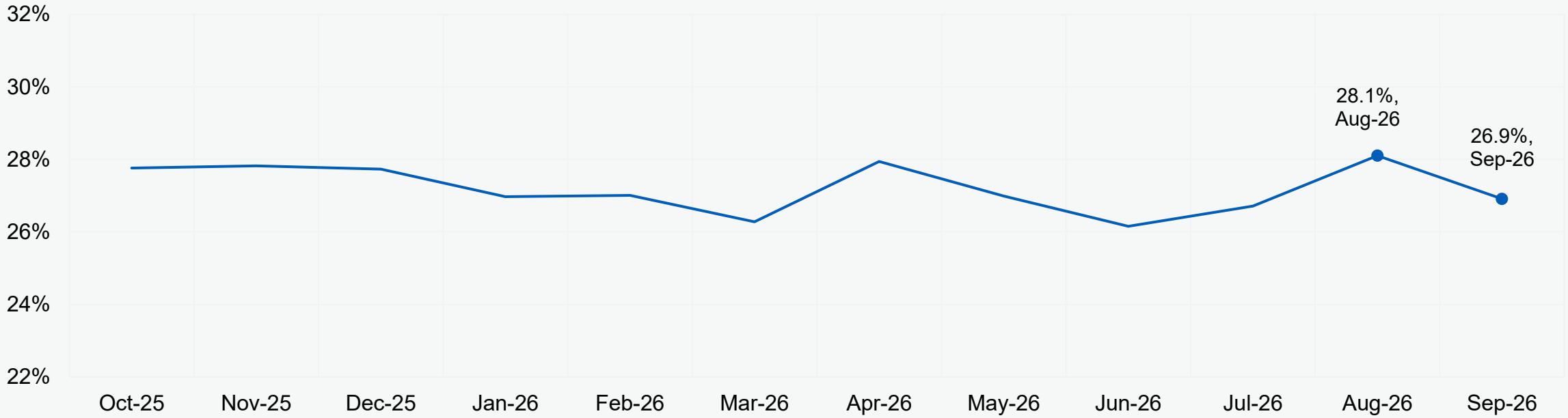
**Actions:** NHS England continues to performance manage ambulance services through a collaborative oversight approach, managing centrally held activity growth funding and providing targeted improvement support where performance is off track, with a focus on improving productivity and operational resilience. Ambulance services dealt with 869,421 incidents in October 2026, around 62,400 more than a year earlier. Despite that higher demand, a smaller proportion of ambulance patients were conveyed to A&E: 45.0% in October 2026 versus 48.6% in October 2025.

# The percentage of children and young people mental health referrals waiting over 104 weeks for contact has reduced in the most recent month

**Chart description:** Percentage of total open children and young people mental health related waits (Pathway D) that are over 104 weeks for contact

**NHSOF ambition/metric:** Percentage of total Children 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 September 2026, the number of CYP waiting over 104 weeks was 26.9%. Compared to August 2026, there was a decrease of 1.2 percentage points, equivalent to 1,127. When compared to October 2025, there was a decrease of 0.9 percentage points (27.8%), equivalent to 30,790.

**Actions:** Analysts have updated the Mental Health Services Data Set (MHSDS) quick guide for Children and Young People Mental Health (CYPMH) referral spells following questions from the system. This includes more examples of how referral spells are constructed and can be closed. NHSE have requested that eliminating all waits over 78 weeks is put into 2027/28 medium term planning and are developing additional comms/resources required if this is accepted. The Midlands region have created a resource to help local systems with eliminating 104 weeks and is being reviewed by national analysts.

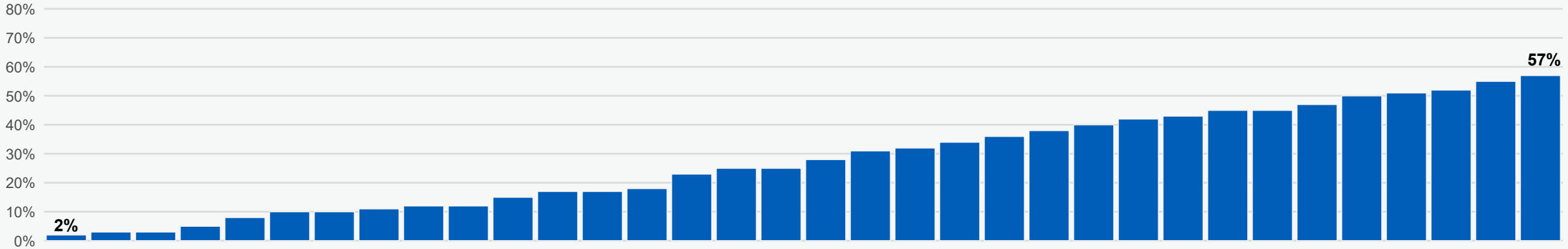
**Pathway D is all other mental health pathways that exclude Gender Identity, Other neurodevelopmental and Autism.**

# The percentage of children and young people mental health referrals waiting over 104 weeks for contact performance variation, September 2026

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

**NHSOF ambition/metric:** Percentage of total Children 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]




| Top 10 Providers | Percentage |
|---|---|
| Lincolnshire Partnership NHS Foundation Trust | 2.0% |
| West London NHS Trust | 3.0% |
| Central And North West London NHS Foundation Trust | 3.0% |
| Nottinghamshire Healthcare NHS Foundation Trust | 5.0% |
| Mersey Care NHS Foundation Trust | 8.0% |
| Avon And Wiltshire Mental Health Partnership NHS Trust | 10.0% |
| Essex Partnership University NHS Foundation Trust | 10.0% |
| Hertfordshire Partnership University NHS Foundation Trust | 11.0% |
| Oxleas NHS Foundation Trust | 12.0% |
| Derbyshire Healthcare NHS Foundation Trust | 12.0% |

| Bottom 10 Providers | Percentage |
|---|---|
| Sussex Partnership NHS Foundation Trust | 57.0% |
| Oxford Health NHS Foundation Trust | 55.0% |
| Hampshire And Isle Of Wight Healthcare NHS Foundation Trust | 52.0% |
| Bradford District Care NHS Foundation Trust | 51.0% |
| Herefordshire And Worcestershire Health And Care NHS Trust | 50.0% |
| Humber Teaching NHS Foundation Trust | 47.0% |
| Cornwall Partnership NHS Foundation Trust | 45.0% |
| Berkshire Healthcare NHS Foundation Trust | 45.0% |
| Northamptonshire Healthcare NHS Foundation Trust | 43.0% |
| North Staffordshire Combined Healthcare NHS Trust | 42.0% |

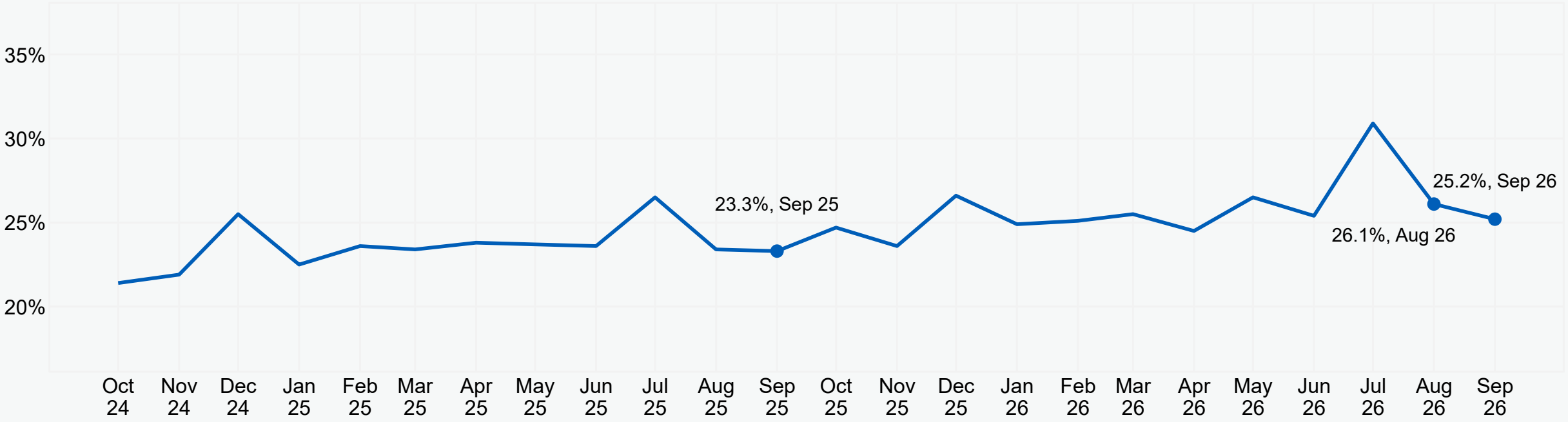
The percentage of children and young people mental health patients, that are waiting over 104 weeks for contact September 2026 split by all mental health trusts. Highest performing 2% through to the lowest performing 57%.

# The percentage of children and young people discharged from community health services continues an upward trend despite a recent decline

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

**NHSOF 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:** Compared to August 2026 there was a decrease of 0.9 percentage points. When compared to September 2025 there was an increase of 1.9 percentage points. Performance trend continues to improve.

**Actions:** Outcome measurement is becoming increasingly embedded within national programme work, including the MH Strategy and Modern Service Frameworks. Delivery is supported through national networks/ communities of practice, and the Community Mental Health CMH PROMs (Community Mental Health Patient Recorded Outcome Measures) dashboard on NHS Futures. New guidance for UEC, adult inpatient, dementia and Individual Placement Support (IPS) services is underway expected in the next 12 months.

# Percentage of adults discharged from mental health services has increased in recent months

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

**NHSOF 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 | Percentage |
|---|---|
| Apr-26 | 13.6% |
| May-26 | 13.1% |
| Jun-26 | 13.2% |
| Jul-26 | 13.1% |
| Aug-26 | 14.2% |
| Sept-26 | 15.2% |

**Current position:** As at September 2026, the number of adults discharged from community health with at least two contacts and paired outcome score was 15.2%. Compared to August 2026, there was an increase of 0.9 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:** Outcome measurement is becoming increasingly embedded within NHSE work, including the MH Strategy and Modern Service Frameworks. Delivery is supported through national networks and communities of practice, and the Community Mental Health (CMH) Patient Related Outcome Measures (PROMs) dashboard on NHS Futures. New guidance for UEC, adult inpatient, dementia and Individual Placement and Support (IPS) services is in development and expected in the next 12 months.

# The percentage of inpatients with a learning disability or autism, and with an excessive length of stay, has increased slightly 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

**NHSOF 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 | Percentage |
|---|---|
| Apr-26 | 45.4% |
| May-26 | 44.8% |
| Jun-26 | 44.2% |
| Jul-26 | 44.7% |
| Aug-26 | 44.0% |
| Sep-26 | 44.2% |

**Current position:** In September 2026, the percentage of inpatients with the longest length of stay increased slightly to 44.2%, a 0.2 percentage point increase from August 2026. It is currently lower than the beginning of the year (45.4% April 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:** The revised Dynamic Support Register (DSR) and Care, Education and Treatment Review (C(E)TR) policy to be published Q3 of 2026/27 will strengthen identification, oversight, escalation and prevention. Delivery of a national C(E)TR panel training programme to improve review quality, consistency, alternatives to admission and timely discharge is being launched in Q4 2026/27.

# 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 | 75.5% Oct-26 | 76.9% Sep-26 | -1.4 ppt (-1.8%) | 75.5% Oct-25 | 0.0 ppt (0%) | Not Applicable |
| Experience | % patients able to see or speak to their preferred healthcare professional | 65.6% Oct-26 | 67.8% Sep-26 | -2.2 ppt (-3.2%) | 67.5% Oct-25 | -1.9 ppt (-2.8%) | Deteriorated |
| Experience | NHS staff survey advocacy rate | 6.64 2025 | | | 6.77 2024 | -0.13 (-1.9%) | Not Applicable |
| Patient Flow | 12 month adult admission rate for people with a learning disability or who are autistic | 37 Sep-26 | 36 Aug-26 | 1 (1.8%) | | | Not Applicable |
| Patient Flow | Number of patients subject to corridor care (ED) | 2,718 Oct-26 | 2,550 Sep-26 | 168 (6.6%) | | | Not Applicable |
| Patient Flow | Number of patients subject to corridor care (inpatient) | 840 Oct-26 | 760 Sep-26 | 80 (10.5%) | | | Not Applicable |
| Patient Flow | Adult acute inappropriate out of area placement bed days as a % of all bed days | 2.06% Sep-26 | 2.27% Aug-26 | -0.21 ppt (-9.3%) | 3.30% Sep-25 | -1.24 ppt (-37.6%) | Improved |
| Patient Flow | Mean length of stay (days) for adult acute mental health and psychiatric intensive care unit patients | 48 Sep-26 | 48 Aug-26 | 0 (0.0%) | | | 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 | 90<br>Sep-26 | 93<br>Aug-26 | -3<br>(-3.2%) | | | Not Applicable |
| Patient Flow | % of intermediate care beds occupied by patients without criteria to reside | 25.8%<br>Oct-26 | 25.5%<br>Sep-26 | 0.3 ppt<br>(1.2%) | 23.6%<br>Oct-25 | 2.2 ppt<br>(9.4%) | Deteriorated |
| Patient Flow | Average discharge delay (days) | 0.96<br>Sep-26 | 0.91<br>Aug-26 | 0.05<br>(4.5%) | 0.86<br>Sep-25 | 0.10<br>(11.7%) | Deteriorated |

# Inpatient satisfaction in 2025 remained similar to the previous two years

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

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

Source: CQC Inpatient Survey publication link [PUBLISHED]

| Year | Percentage |
|---|---|
| **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, compared with 70.3% in 2024, an increase of 0.6 percentage points. Performance remains broadly stable since 2021 and below the 74.5% recorded in 2020.

**Actions:** These include implementing the Quality Strategy and the guide for NHS commissioners and providers for implementing Quality Management Systems. The achieving excellent patient experience document and NHS experience excellence framework have been published, which define what excellent experience looks and feels like across NHS-funded care. Additionally, the National Director for Patient Experience started in post in November 2026.

# Community mental health survey satisfaction rate improved from 2024 to 2025

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

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

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

| Year | Percentage |
|---|---|
| **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 an improvement in the satisfaction rate compared to the previous year (47.7%).

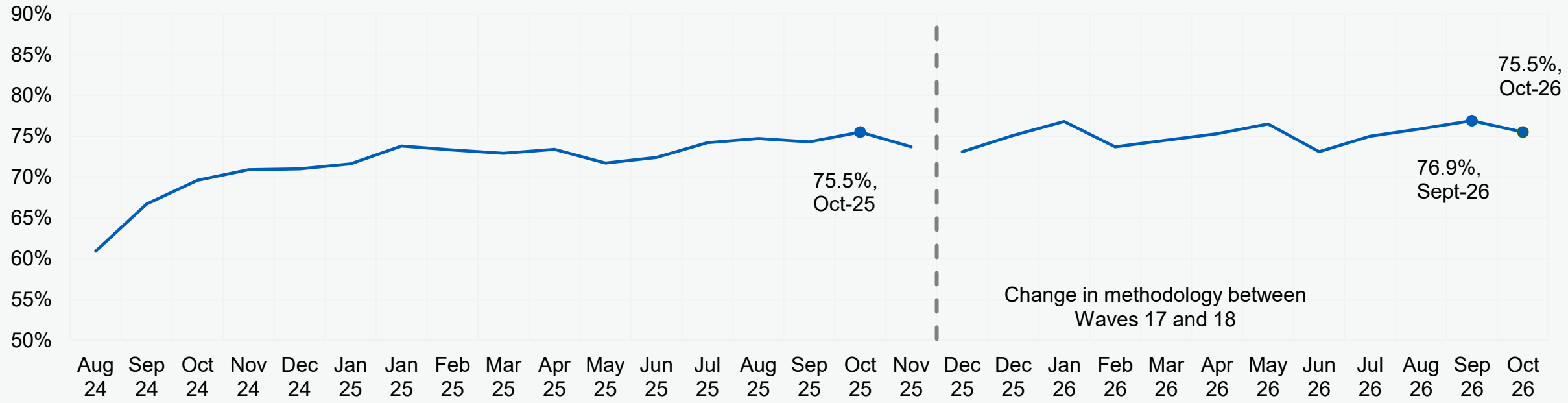
**Actions:** As part of the 10 Year Health Plan the NHS will implement a wide range of measures that ensure a rigorous focus on patient safety and ensuring staff and patients are able to raise safety concerns, including whether it has effective freedom to speak up functions. The NHS complaints process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

# Latest results show a decline 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

**NHSOF 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 October 2026, 75.5% of patients rated contacting their GP practice as easy. This was a 1.40 percentage point decrease on September 2026 (76.9%). Whilst this was in line with October 2025, there was a change in definition which took place from wave 18 onwards.

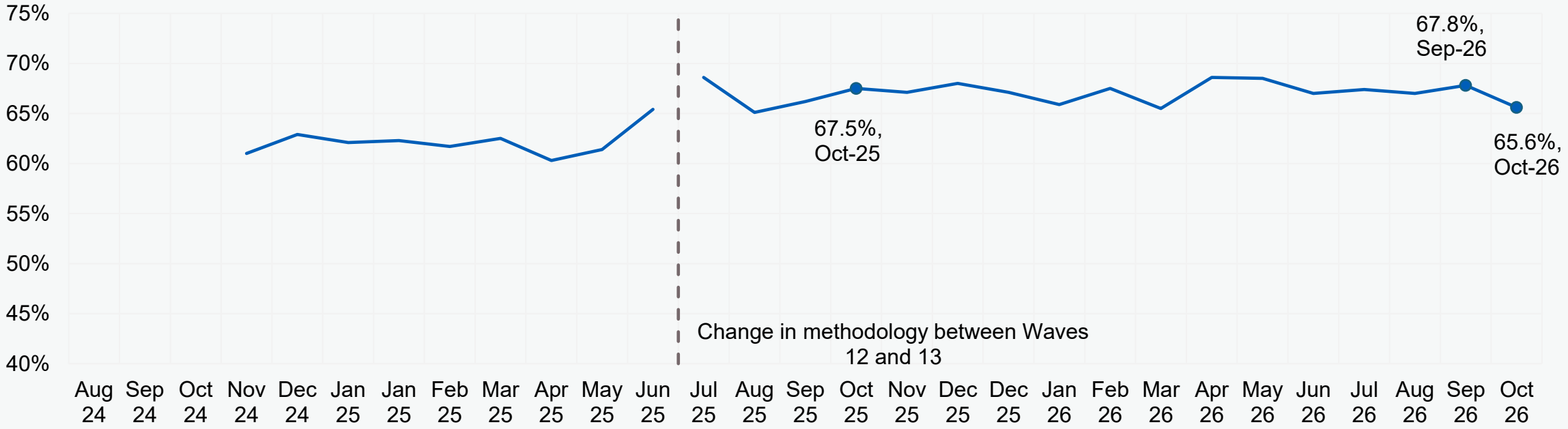
**Actions:** National actions to reduce unwarranted variation in access to general practice include routine sharing of variation data with ICBs through the GP Dashboard and requiring ICB primary care action plans for 2026/27. GP contract changes for 2026/27 aim to improve access, requiring clinically urgent patients to be dealt with the same day. We are seeing positive changes in supporting metrics, including growth in online consultation and continued growth in fully qualified GP Full Time Equivalent (FTEs).

# Proportion of patients stating that they were able to see their preferred healthcare professional has reduced

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

**NHSOF 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 65.6% of patients said they were able to see or speak to their preferred healthcare professional. This was a drop of 2.20 percentage points from 67.8% in September 2026, and a drop of 1.90 percentage points from October 2025.

**Actions:** In 2025/26, practices were incentivised to risk stratify for those who would benefit most from continuity of care. From 2026/27, risk stratification has become a core contractual requirement within the Primary Care Network Directed Enhanced Service. General Medical Services reform will explore future measures. Alongside this, we aim to increase numbers of fully qualified GPs.

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

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

**NHSOF 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 declining performance since 2021, with the exception of 2023. The latest National Quarterly Pulse Survey (NQPS) for Q2 2026-27 saw the biggest decline in the advocacy theme score which declined by 0.11 from Q1 2026-27.

**Actions:** The recently launched NHS Staff Standards published on 6 July 2026 provide a framework for a spotlight on employee experience with the intention of minimising variation. Organisations also 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 reasons for decline are multi-faceted and should be considered in the context of the wider operating environment. Importantly they directly correlate with positive organisational and patient outcomes. The Staff Standards implementation programme, which includes initiatives on line management, health & wellbeing, violence against staff, sexual safety, racism and flexible working continues to support bedding in of the standards throughout the financial year supporting organisations in local improvement.

# The 12-month admission rate for adults with a learning disability or autism has increased from the previous month

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

**NHSOF 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 | Admission Rate |
|---|---|
| Apr-26 | 34 |
| May-26 | 34 |
| Jun-26 | 35 |
| Jul-26 | 36 |
| Aug-26 | 36 |
| Sep-26 | 37 |

**Current position:** In September 26, the 12-month admission rate was 37 per million. This is an increase over August 26 (36 per million). Note, this is a newly published measure and only limited historical data are currently available, so longer-term trends cannot yet be assessed.

**Actions:** A revised 2017 model service specification will be published in Q3 2026/27. Support analysis is being undertaken of who is currently in a MH, or acute hospital for mental health reasons without a co-occurring psychiatric disorder through the introduction of a proxy measure. Synthesis of evidence is taking place, showing the value of investing in approaches that successfully reduce detention and improve outcomes. Allocation of accommodation-based alternatives funding and the learning disability and autism capital programme will be made throughout the rest of 2026/27 and into 2027/28.

# Average number of corridor care cases in ED per day is the highest reported to date

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

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

Source: UEC Daily SitRep publication link [PUBLISHED]

| Month | Number |
|---|---|
| May-26 | 2,242 |
| Jun-26 | 2,439 |
| Jul-26 | 2,300 |
| Aug-26 | 2,297 |
| Sep-26 | 2,550 |
| Oct-26 | 2,718 |

**Current position:** In October 2026, the average number of corridor care cases in ED per day was 2,718, an increase of 6.6% on the September 2026 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. Published data show that around 50 trusts have reduced their use of corridor care, demonstrating that improvement is possible, although progress remains variable across the NHS. As this is a newly-published metric, and as a result, longer-term trends cannot yet be assessed.

**Actions:** NHS England is targeting improvement support at the most challenged organisations through Getting It Right First Time (GIRFT) UEC, addressing the underlying causes of overcrowding and improving patient safety. This is being complemented by development of a whole-system corridor care delivery and assurance framework to strengthen regional assurance, coordinate system action and target intervention, informed by national metrics and qualitative intelligence.

# Average number of corridor care cases for inpatients is the highest reported to date

**Chart description:** The average number of cases per day in the period cared for in corridors or other inappropriate physical spaces (inpatients only). Figures are a snapshot at 8am on the day of reporting.

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

Source: UEC Daily SitRep publication link [PUBLISHED]

| Month | Number |
|---|---|
| May-26 | 658 |
| Jun-26 | 749 |
| Jul-26 | 728 |
| Aug-26 | 678 |
| Sep-26 | 760 |
| Oct-26 | 840 |

**Current position:** In October 2026, the average number of corridor care cases for inpatients per day was 840, an increase of 10.5 % on the September 2026 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. As this is a newly-published metric longer-term trends cannot yet be assessed.

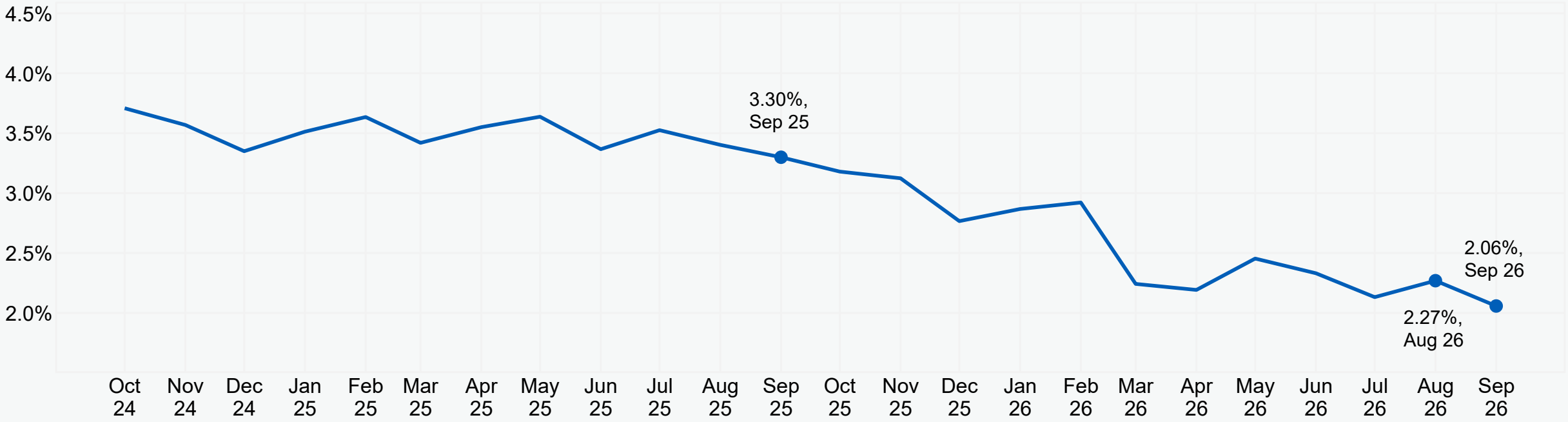
**Actions:** NHS England is targeting improvement support at the most challenged organisations through Getting It Right First Time (GIRFT) UEC, addressing the underlying causes of overcrowding and improving patient safety. This is being complemented by development of a whole-system corridor care delivery and assurance framework to strengthen regional assurance, coordinate system action and target intervention, informed by national metrics and qualitative intelligence.

# Active acute out of area placements have decreased 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

**NHSOF 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 September 2026, the percentage of out of area placements (OAPs) was 2.06% (246 placements). Compared to August 2026, a decrease of 0.21 percentage point (-29 placements). When compared to September 2025, there was a decrease of 1.24 percentage points. Overall, this indicates performance has improved by 104 placements since last September.

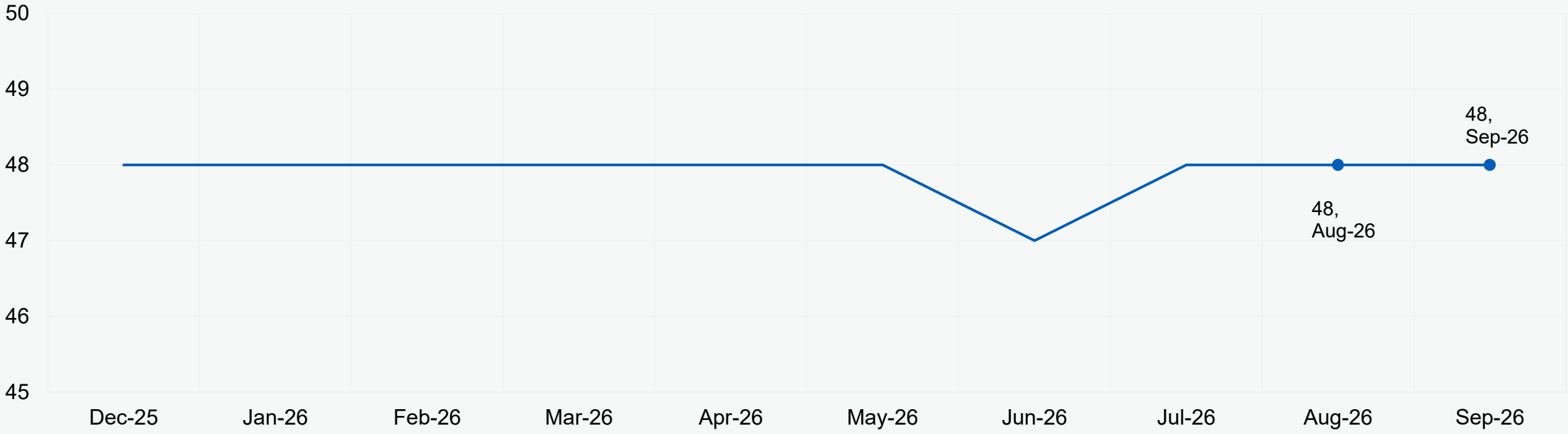
**Actions:** Support includes bespoke housing clinics to address barriers to discharge impacting local bed capacity, and draw-down support tailored to provider needs. A Mental Health Services Dataset (MHSDS) Data Quality Improvement programme is underway, including updated submission guidance; each region has agreed to ask ICBs for regular manual counts of placements. For patients currently Out of Area, NHS England is publishing guidance to strengthen oversight requirements of ICBs imminently.

# Average length of stay (days) for patients discharged from adult acute mental health and Psychiatric Intensive Care Units remains stable, with no change from the previous month

**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)

**NHSOF 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:** In the three months to September 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 August 2026, there was no change.

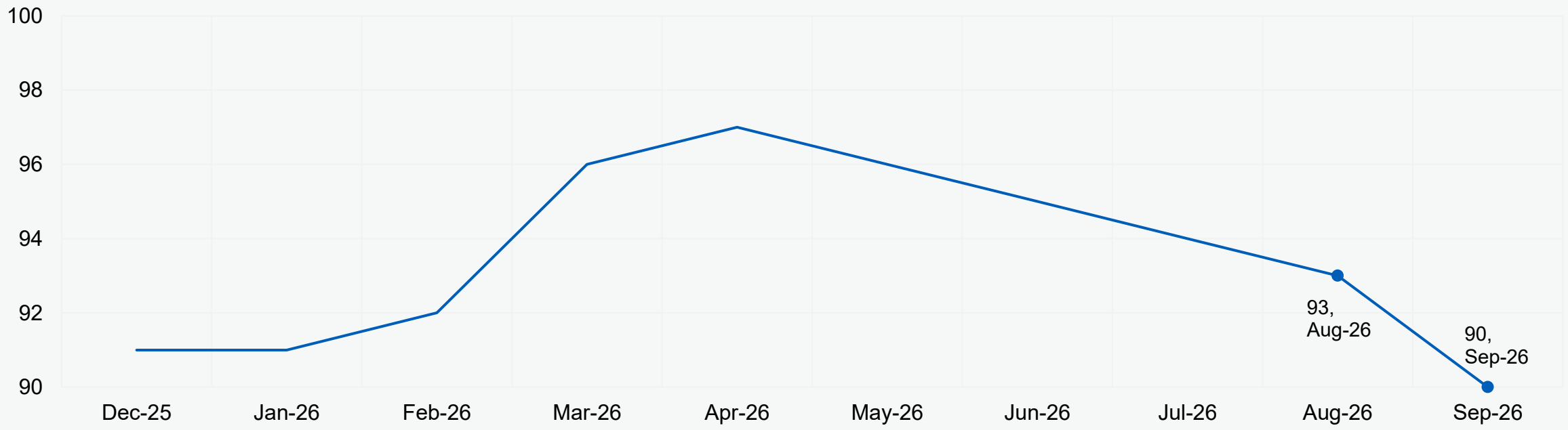
**Actions:** To address housing barriers, NHS England has arranged a series of Housing Clinics. The programme will be available for the rest of the year and all ICBs have been invited to co-create a session. The programme will be evaluated and learnings embedded in future draw down support offers. Mental Health Support Teams (MHSTs) also continues to be rolled out.

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

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

**NHSOF 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:** In the three months to September 2026, the average length of stay (days) for patients discharged from older adult acute mental health patients was 90, showing sustained improvement since April 2026, and a decrease of 3 days on the previous month.

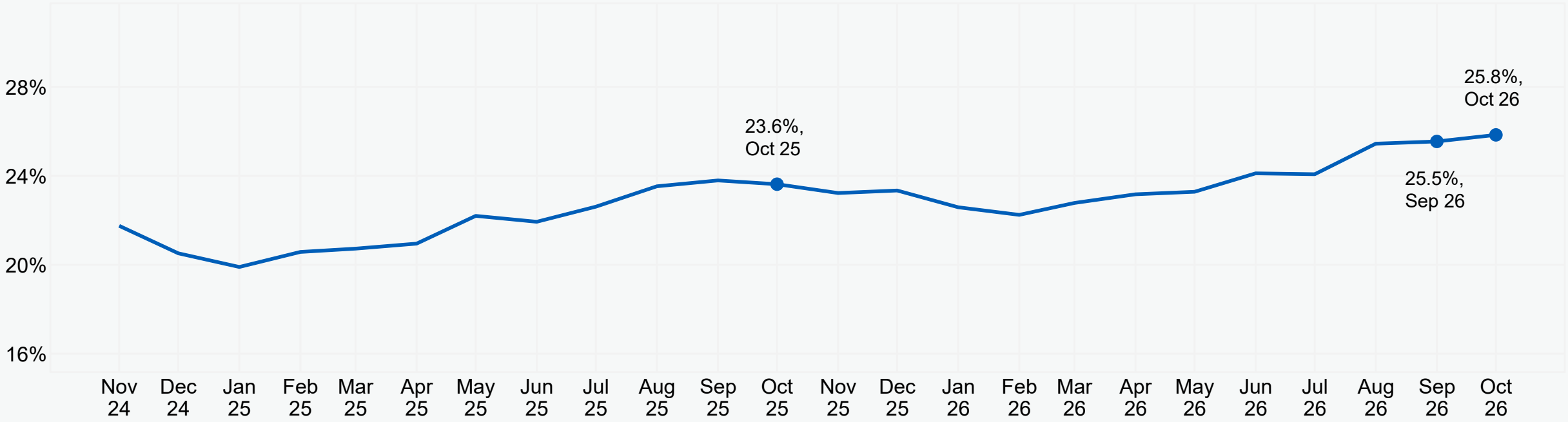
**Actions:** To address housing barriers, NHS England has arranged a series of Housing Clinics. The programme will be available for the rest of the year and all ICBs have been invited to co-create a session. The programme will be evaluated and learnings embedded in future draw down support offers. Mental Health Support Team (MHST) services also continue to be rolled out.

# The proportion of intermediate care beds occupied by patients with no criteria to reside has increased over the past 2 years

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

**NHSOF 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 October 2026, 25.8% of intermediate care beds were occupied by patients with no criteria to reside. This is 0.3 percentage points higher than September 2026, and 2.2 percentage points higher than October 2025.

**Actions:** NHS England is intensifying its focus on No Criteria To Reside through the Discharge Marathon, which has been underway for over two months, alongside a weekly review of acute and community trust performance and interventions with regions, providing greater visibility of where delays exist and supporting action to address local constraints. This includes targeting support at challenged providers and systems, strengthening regional oversight and using improved data to drive action and release capacity ahead of winter.

# Average discharge delay has deteriorated slightly relative to the last year

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

**NHSOF 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 September 2026, the average discharge delay was 0.96 days. Performance has deteriorated and delays have increased by 0.05 days in September 2026 and has remained 0.10 days above September 2025 levels.

**Actions:** NHS England is driving improvements in discharge and patient flow through implementation of Model Discharge and a nationally led flow improvement programme. Through the Discharge Marathon, action is focused on reducing long stays of 14 days or more, pathway-specific discharge delays and patients remaining in hospital despite having no criteria to reside. Alongside this, 18 areas with challenges in P1 and P3 discharge are subject to weekly review through the joint health and social care Discharge and Admissions Group (DAG), strengthening oversight and targeting support where it is most needed.

# 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 | 13 trusts Jun-26 | 14 trusts May-26 | -1 trusts (-7.1%) | 10 trusts Jun-25 | 3 trusts (+30.0%) | Not Applicable |
| Outcomes | Rate of deliveries with a 6h+ delay to planned induction per 1,000 deliveries | 49.8 Sep-26 | 52.8 Jun-26 | -3.0 (-5.7%) | | | Not Applicable |
| Outcomes | Talking therapies: reliable recovery | 47.5% Sep-26 | 47.5% Aug-26 | 0.0 ppt (0.0%) | 47.3% Sep-25 | 0.2 ppt (0.4%) | Sustained |
| Outcomes | % of incidents managed via hear and treat or see and treat | 50.4% Oct-26 | 48.8% Sep-26 | 1.7 ppt (3.4%) | 46.9% Oct-25 | 3.6 ppt (7.6%) | 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 (6.5%) | Sustained |
| Outcomes | % of acute and rehabilitation adult discharges followed up within 72 hours | 78.7% Sep-26 | 77.1% Aug-26 | 1.7 ppt (2.1%) | 73.3% Sep-25 | 5.4 ppt (7.4%) | Improved |
| Effective discharge | 30 day readmission rate band | 52.5% 24/25 | | | 49.4% 23/24 | 3.2ppt (6.3%) | Improved |
| Effective discharge | Mental Health 14 day readmission rate | 5.6% Sep-26 | 5.8% Aug-26 | -0.2 ppt (-3.4%) | | | 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

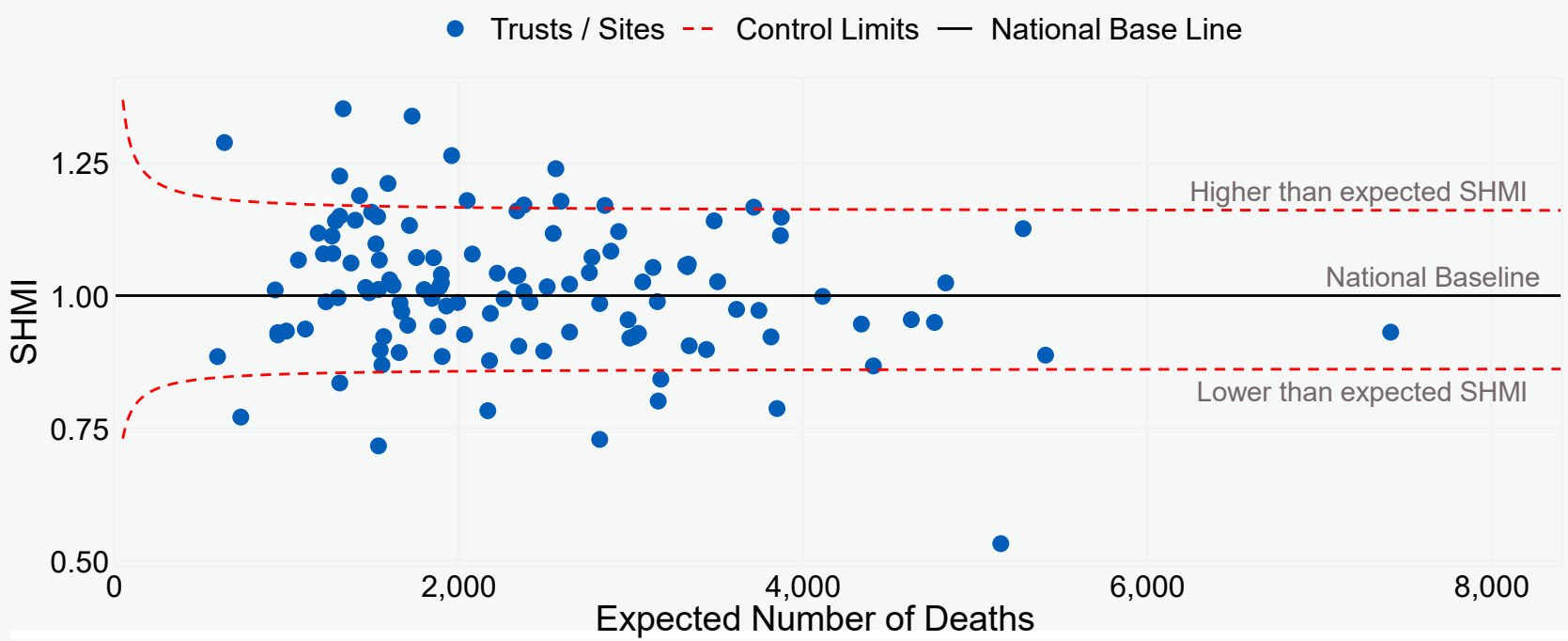
| Area | Metric | Latest position | Last position (Month / Quarter) | Change from last position | Last year | Change from last year | Variation |
|---|---|---|---|---|---|---|---|
| Managing long term conditions | GP recorded CVD patients with cholesterol levels managed to NICE guidance in the preceding 12 months | 51.3%<br>Jun-26 | 53.0%<br>Mar-26 | -1.7 ppt<br>(-3.2%) | 47.6%<br>Jun-25 | 3.7 ppt<br>(7.7%) | Improved |
| Managing long term conditions | Hypertension patients whose blood pressure is managed to NICE guidance | 70.9%<br>Jun-26 | 74.0%<br>Mar-26 | -3.1 ppt<br>(-4.2%) | 68.3%<br>Jun-25 | 2.6 ppt<br>(3.8%) | 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%<br>Jun-26 | 65.2%<br>Mar-26 | -6.6 ppt<br>(-10.2%) | 60.0%<br>Jun-25 | -1.5 ppt<br>(-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 | 31.2%<br>Sep-26 | | | 31.3%<br>Sep-25 | -0.2 ppt<br>(-0.5%) | Sustained |

# There were 13 providers with higher than expected number of deaths from July 2025 – June 2026

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

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

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




**Providers with higher than expected number of deaths**

***Higher than expected in previous year***

- Blackpool Teaching Hospitals NHS FT (possible data quality issues)*
- County Durham and Darlington NHS FT (possible data quality issues)*
- East Cheshire NHS Trust
- East Lancashire Hospitals NHS Trust
- Medway NHS FT
- South Tyneside and Sunderland NHS FT
- University Hospitals Coventry and Warwickshire NHS Trust

***Not higher than expected in previous year***

- Calderdale and Huddersfield NHS FT
- East Suffolk and North Essex NHS FT
- Epsom and St Helier University Hospitals NHS Trust
- James Paget University Hospitals NHS FT
- Norfolk and Norwich University Hospitals NHS FT
- Northampton General Hospital NHS Trust

**Current position:** For July 2025 to June 2026, 13 providers had higher than expected numbers of deaths, down from 14 providers for the previous reporting period and 10 a year earlier. Seven also had higher than expected deaths in the equivalent period last year.

**Actions:** The published Quality Strategy sets out a new structured framework that places quality at the centre of all NHS activity in England over the next decade. To support the Strategy, the NHS will introduce measures to maintain a rigorous focus on care quality. Plans include publishing accessible league tables comparing providers against key quality indicators, including the Summary Hospital Level Mortality Indicator. The 'Insightful Provider Board' approach will focus on Board accountability, alongside regular engagement and oversight between national, regional and trust clinical leaders.

**A SHMI above the expected level should trigger local investigation, but this result alone does not establish poor performance.**

*Published data quality warning: results should be interpreted with caution.

# Rate of pregnant women with planned inductions that are delayed by over 6 hours has decreased on the previous quarter (limited data available)

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

**NHSOF ambition/metric:** Rate of pregnant 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** | 52.8 |
| **Q2 2026/27** | 49.8 |

**Current position:** In Q2 2026/27 the rate of delays to induction of labour was 49.8 per 1,000 deliveries, a decrease of 3.0 compared to Q1 2026/27. *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.*

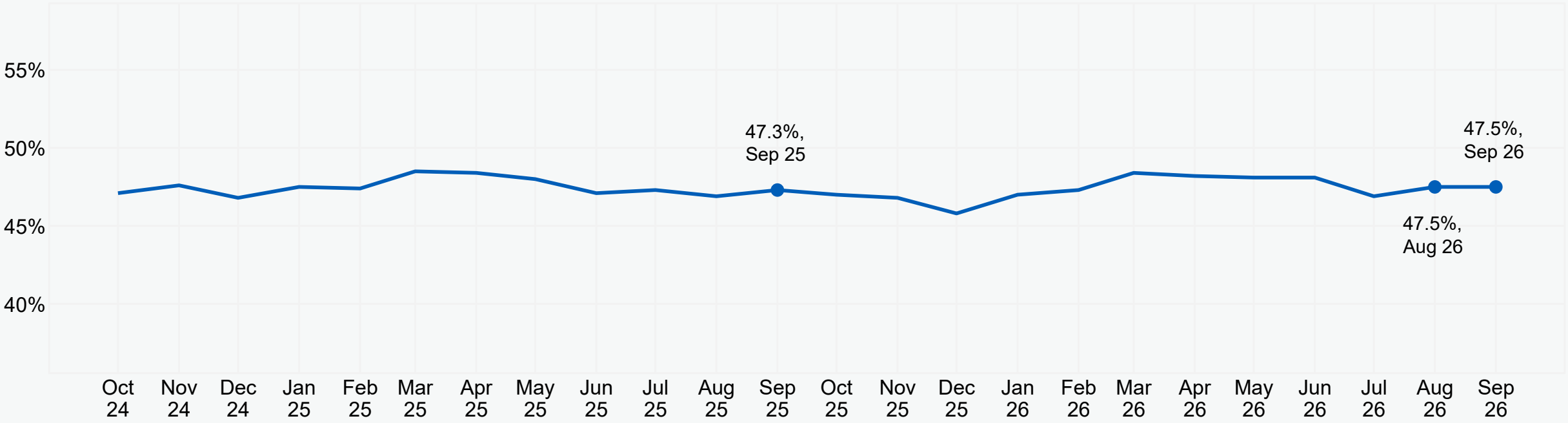
**Actions:** There is significant unwarranted variation in maternity units relating to delays to induction of labour. Delays are a key operational indicator of both service capacity and women's experience of care as well as potentially leading to poorer outcomes. This metric, together with supporting 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 is sustained relative to the last two years

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

**NHSOF 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 September 2026, the reliable recovery rate for Talking Therapies was 47.5%. Compared to August 2026, the figures are the same. When compared to September 2025, there was a 0.2 percentage point increase. Overall, this indicates performance has remained relatively stable.

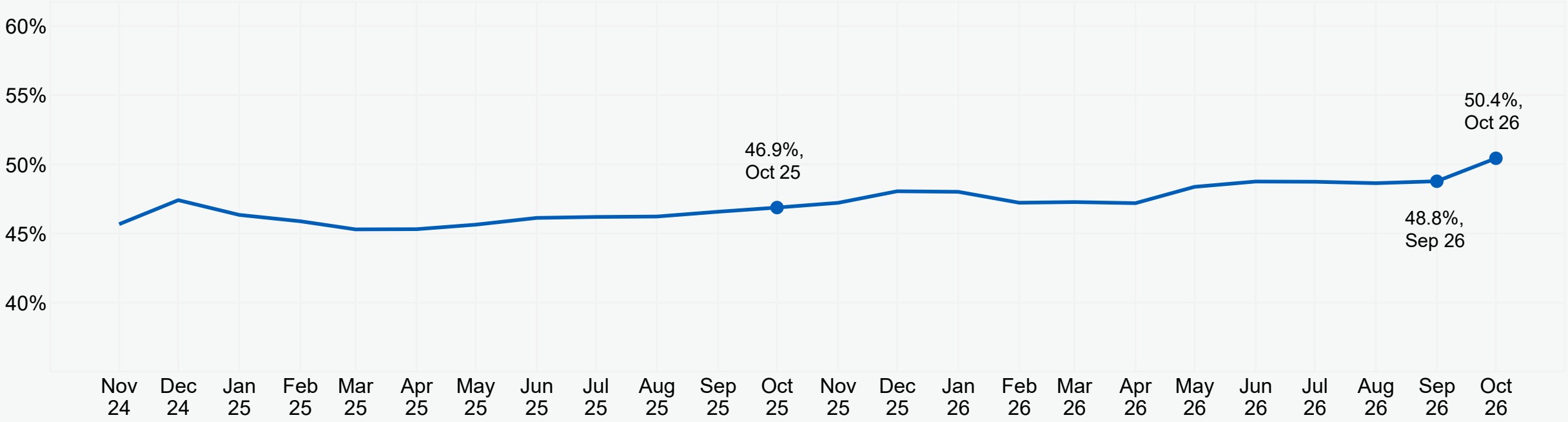
**Actions:** November 2026 will see introduction of ICB recovery-plan and delivery-bridge templates to address performance and delivery, setting out how they will achieve the planned position. Regional support tools will also be introduced and made available. Workforce workshops and webinars will be held through to March 2027, focused on recruitment, trainees, supervision and productivity. NHSE will be strengthening oversight of funding, commissioning, patient flow and performance through a single improvement framework.

# % of incidents managed via Hear and Treat or See and Treat has improved compared to the same time last year

**Chart description:** Percentage of ambulance incidents dealt with via Hear and Treat or See and Treat

**NHSOF 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 50.4% in October 2026. This is a 1.6 percentage point increase on September 2026. When compared to October 2025, this was an increase of 3.5 percentage points.

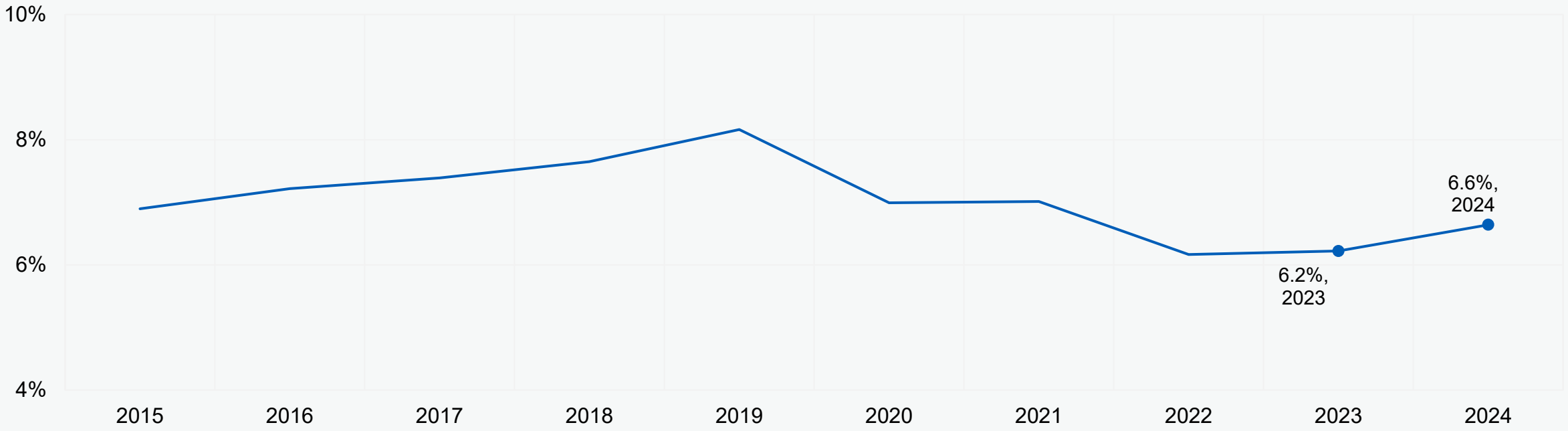
**Actions:** NHS England is overseeing the expansion of clinically-led triage and remote assessment, alongside implementation of new Category 2 and Category 3 pathways. This includes increasing the appropriate use of alternative community services through Hear & Treat, Call Before Convey and direct referral routes, to reduce avoidable conveyance and release ambulance capacity.

# 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.

**NHSOF 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%.

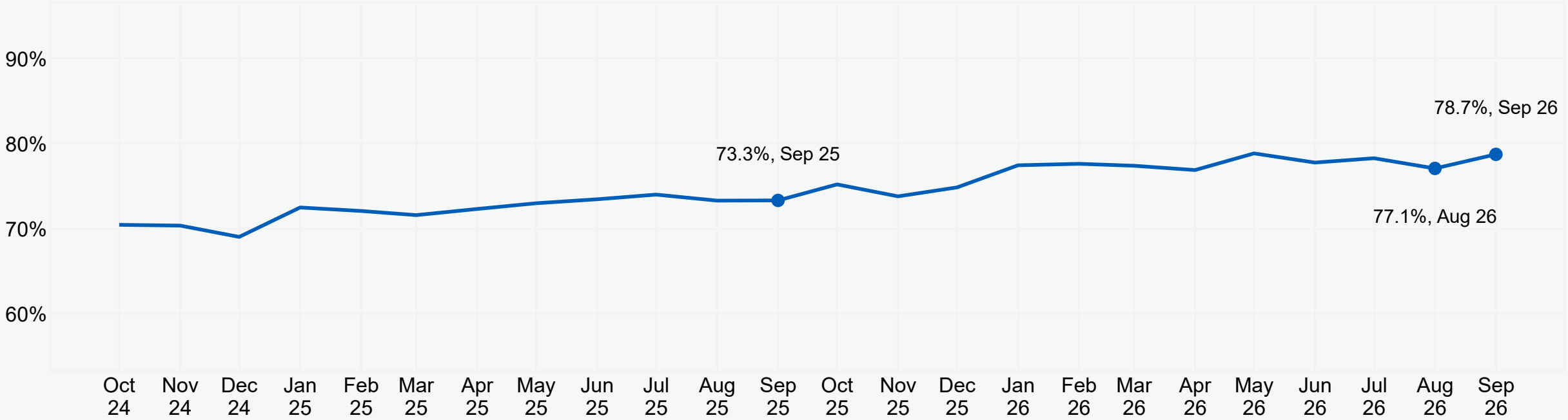
**Actions:** NHS England is reducing unplanned admissions at the end-of-life through better identification and care planning for those with palliative care needs. Those at the end of life form a priority cohort for integrated neighbourhood teams as they are set up. Systems are working towards 95% of people with complex needs having a care plan agreed by 2027.

# Percentage of adult acute and rehabilitation mental health, learning disability and autism discharges followed up within 72 hours has increased and continues a longer term rising trend

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

**NHSOF 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 September 2026, the percentage of acute and rehabilitation adult discharge followed up within 72 hours was 78.7%. Compared to August 2026, there was an increase of 1.7 percentage points. When compared to September 2025, there was a 5.4 percentage point increase. Overall, this indicates performance continues to improve.

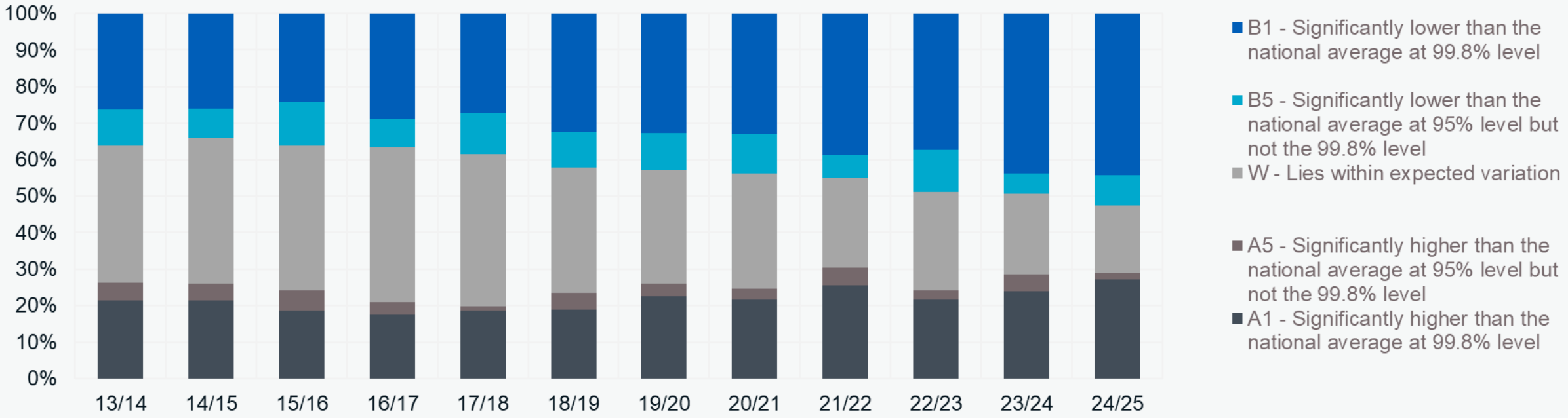
**Actions:** NHS England is supporting delivery through the Mental Health Personalised Care Framework (MHPCF), which promotes effective discharge planning, continuity of care and coordinated transitions from inpatient to community mental health services. Services are expected to now be implementing the framework with ongoing support from NHS England. Current implementation support includes comms and engagement activity to raise awareness of MHPCF and securing MHPCF inclusion in draft NHS Standard Contract. A letter from NHS England to all Trusts is planned for November 2026 setting out importance of delivery with ask to report to public boards by end of January 2027.

# 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

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

Source: Hospital Episode Statistics [UNPUBLISHED]




**Current position:** As at 2024/25 the proportion of trusts with hospital readmission rates for significantly lower than the national average readmission rates (trusts in Band 1 and Band 5) was 52.5% compared to 49.4% in 2023/24 - this equates to a 3.2 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.

# The percentage of mental health readmissions within 14 days of discharge has fallen in recent months

**Chart description:** Percentage of discharges from adult acute mental health beds which were readmitted within 14 days of discharge (three month rolling average)

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

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

| Month | Percentage |
|---|---|
| Apr-26 | 6.5% |
| May-26 | 6.4% |
| Jun-26 | 5.9% |
| Jul-26 | 5.9% |
| Aug-26 | 5.8% |
| Sep-26 | 5.6% |

**Current position:** In the three months to September 2026, the percentage of discharges from adult acute mental health beds which were readmitted within 14 days of discharge was 5.6%. Compared to August 2026, there was a decrease of 0.2 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.

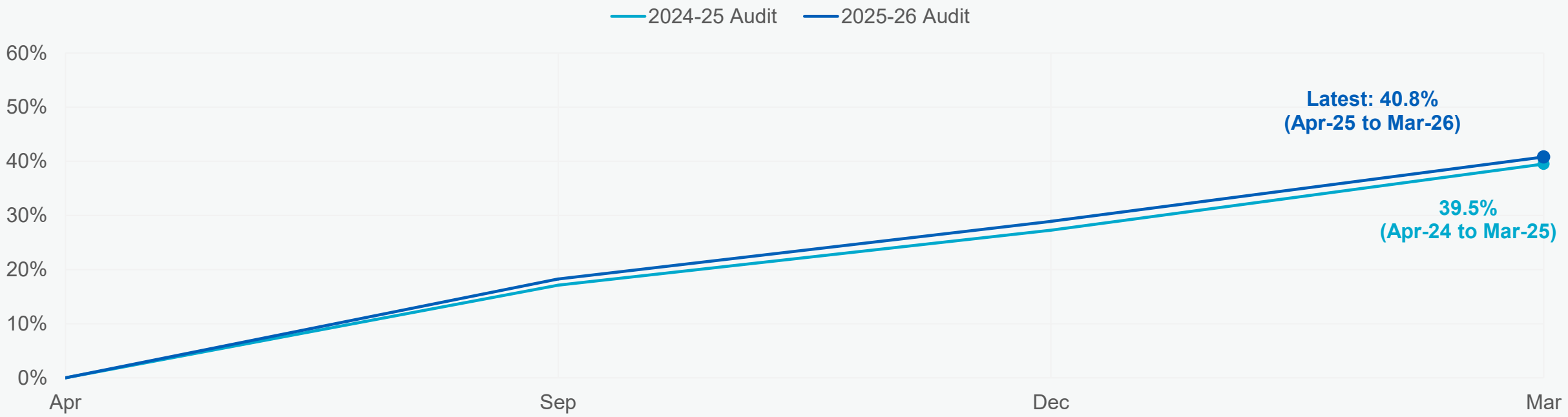
**Actions:** This is a contextual measure to understand the effectiveness of the interface between community and inpatient teams. NHS England supports local services to improve community mental health provision, including through the rollout of new models of integrated neighbourhood mental health centres. These centres are 'open access' and designed to ensure people are better able to access the help they need within their communities.

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

**Chart description:** Percentage of patients with type 1 diabetes who received all 8 NICE (National Institute for Health and Care Excellence) recommended care processes, cumulative year to date (resets every April)

**NHSOF ambition/metric:** Percentage of patients who receive all 8 diabetes care processes (type 1) (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.

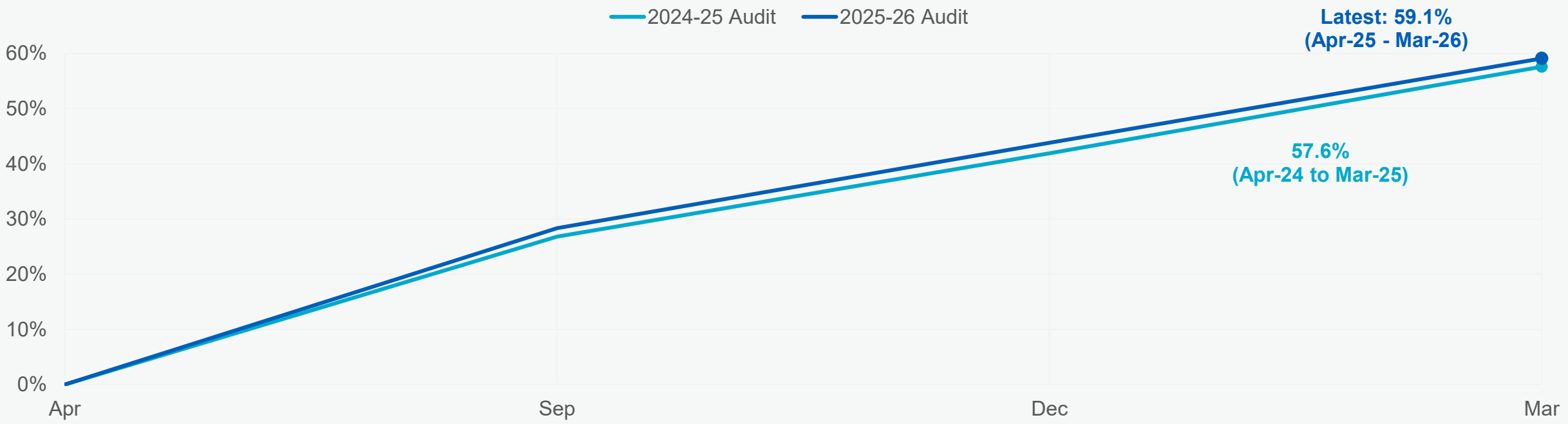
**Actions:** 8 care processes incorporated as High Impact Action in Cardiovascular Modern Service Framework or CVD MSF (which also referenced a 9th – Diabetic Eye Screening), with further targets set in Model Neighbourhood Health Framework. New Quality Outcome Framework (QOF) indicator for all 8 care process completion for 2026/27 is being monitored for impact on variation at system level throughout the year. Diabetes Programme continues to promote and encourage use of new FDP (Federated Data Platform) dashboard to support improvement. Sharing of good practice and innovative approaches continues, including via 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 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)

**NHSOF 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 care processes 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.

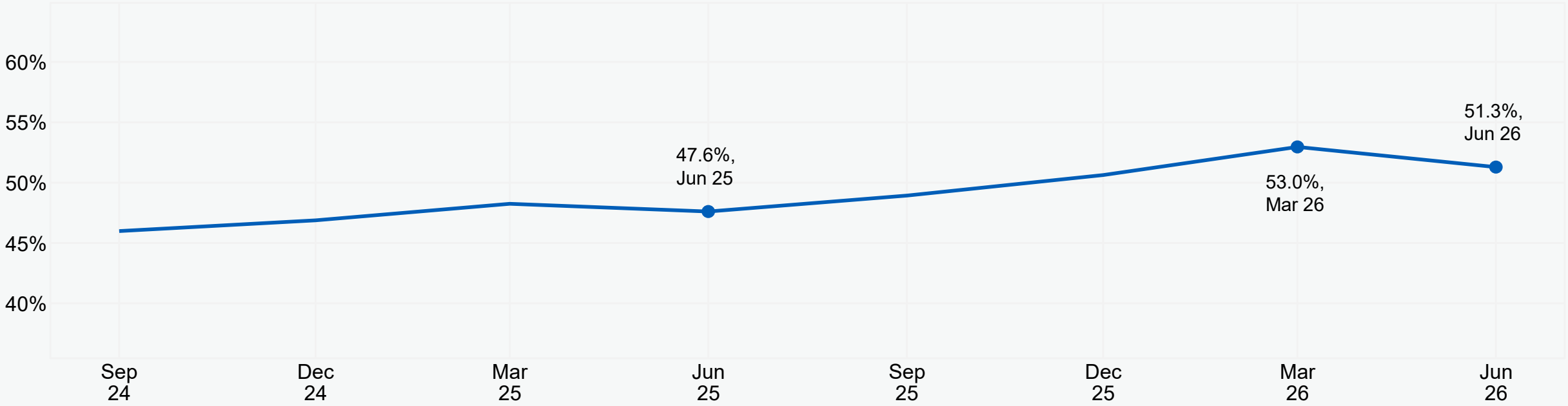
**Actions:** 8 care processes incorporated as High Impact Action in CVD MSF or Cardiovascular Modern Service Framework (which also referenced a 9th – Diabetic Eye Screening), with further targets set in Model Neighbourhood Health Framework. New QOF indicator for all 8 care process completion for 2026/27 is being monitored for impact on variation at system level throughout the year. Diabetes Programme continues to promote and encourage use of new FDP (Federated Data Platform) dashboard to support improvement. Sharing of good practice and innovative approaches continues, including refreshed Type 2 Local data packs to be cascaded in November.

# Percentage of patients with GP recorded cardiovascular disease with cholesterol managed (to required threshold) has dropped slightly, but overall trend is improving

**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

**NHSOF 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 June 2026, the percentage of patients with general practitioner recorded CVD (treated to target with high cholesterol) had dropped slightly to 51.3%. This remains an improvement on last year (a 3.7 percentage point improvement over the twelve-month period since June 2025). This represents a continued increase over the year from 1,367,902 people treated to target in June 2025 to 1,500,037 in June 2026, an increase of 132,135 (9.7%).

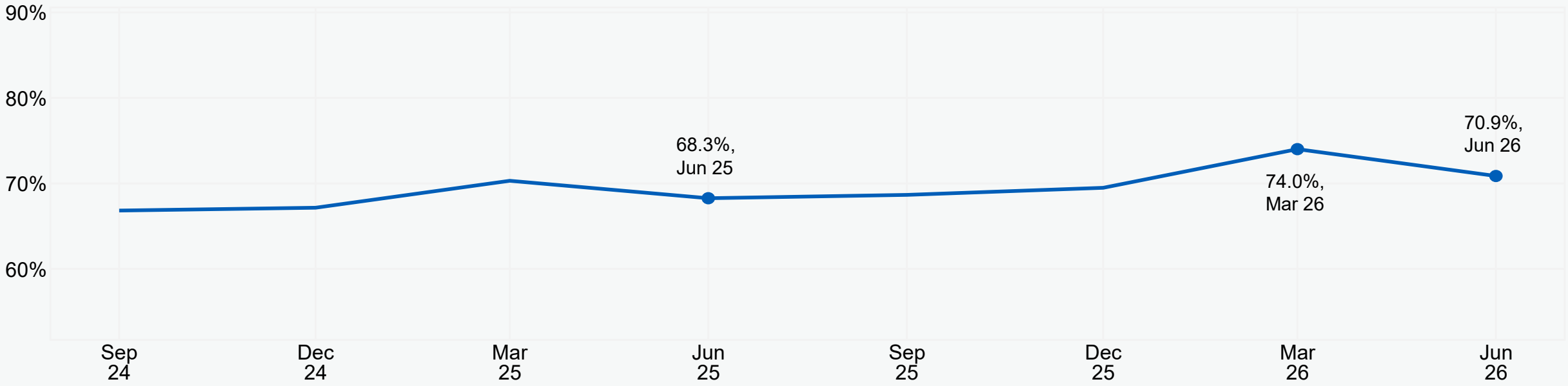
**Actions:** The recently published CVD MSF (Cardiovascular Modern Service Framework) includes case finding and lipid management as one of its 12 key priorities – work is ongoing to agree the scope of a MSF implementation plan to support local systems deliver the ambitions within the MSF. The NHS Oversight Framework for 2026/27 includes the indicator “Number of patients with GP-recorded cardiovascular disease whose cholesterol is managed to NICE-recommended treatment thresholds”. The national ambition has been translated into ICB-level numeric targets giving each ICB a clear, measurable contribution to the national ambition and reduce hidden variation.

# Proportion of hypertension patients treated to target in the last 12 months has dropped slightly in the latest reporting period but overall trend is improving

**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.

**NHSOF ambition/metric:** Percentage of patients with GP recorded hypertension whose blood pressure is managed to NICE guidance (ICBs)

Source: CVDPREVENT publication link [PUBLISHED]




**Current position:** From June 2025 (68.3%) to June 2026 (70.9%), there was a marked improvement in the percentage of patients treated to target for hypertension of 2.6 percentage points. There was a numerical increase over the year from 6,306,729 treated to target in June 2025 to 6,761,470 in June 2026, (454,741, 7.2% 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.

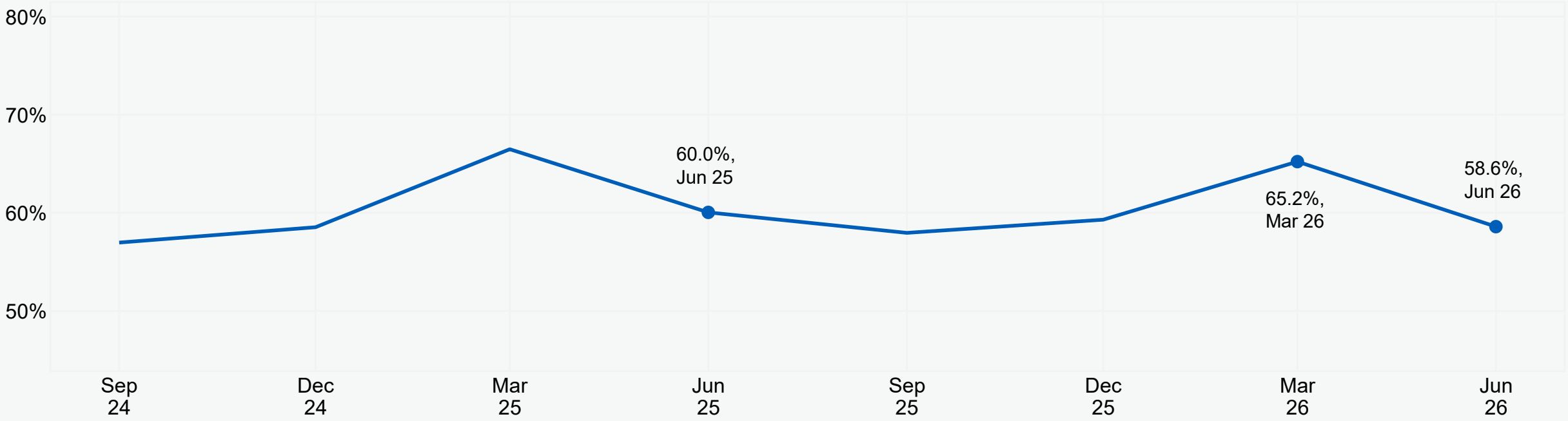
**Actions:** The recently published CVD MSF (Cardiovascular Modern Service Framework) includes treatment to target for people with hypertension as one of its 12 key priorities - work is ongoing to agree the scope of a MSF delivery plan to support local systems deliver the ambitions within the MSF. The NHS Oversight Framework for 2026/27 includes the indicator "Number of patients with GP-recorded hypertension whose blood pressure is managed to NICE-recommended treatment thresholds". 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.

# 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 is lower than 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

**NHSOF 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) register 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 slight deterioration in performance, a decrease of 1.5 percentage points.

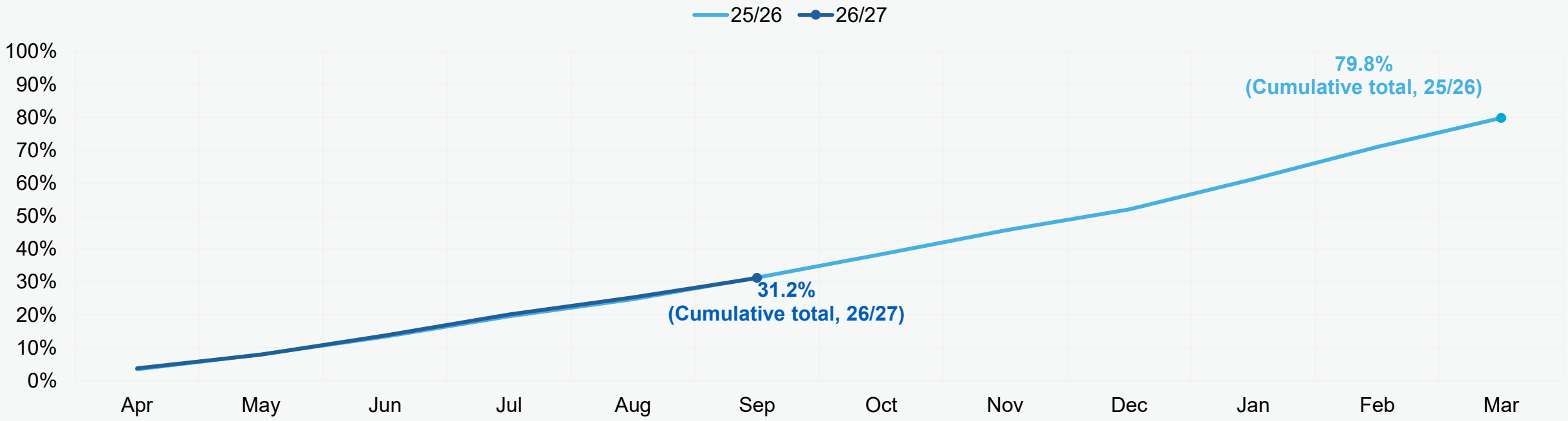
**Actions:** Alongside routinely publishing performance data, NHS England remains committed to improving physical health care alongside mental health care for people with SMI. This includes the identification of this issue as a priority within the forthcoming SMI Modern Service Framework, as well as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

# The percentage of health checks completed throughout 2026/27 to date is slightly below 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

**NHSOF 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:** Between April 2026 and September 2026, 31.2% of registered patients had completed a health check. This is 0.2 percentage points below the same month last year.

**Actions:** Revised guidance for GPs on the identification of people with a learning disability and the quality framework were published on the 1 September. As the new guidance is established the programme will review the impact and plan potential further actions in the next quarter.

# 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 |
|---|---|---|---|---|---|---|---|
| High quality care | Percentage of patients in mental health crisis to receive face-to-face contact within 24 hours | 75.5% Sep-26 | 73.6% Aug-26 | 2.0 ppt (2.7%) | 71.0% Sep-25 | 4.5 ppt (6.4%) | Improved |
| Safe practice | Percentage of children (aged 0–9) prescribed antibiotics in the last 12 months | 28.5% Aug-26 | 28.5% Jul-26 | 0.0 ppt (0.0%) | 28.8% Aug-25 | -0.3 ppt (-1.0%) | Not Applicable |
| Safe practice | Rate of restrictive intervention use, per 1,000 bed days | 29 Sep-26 | 31 Aug-26 | -2 (-6.5%) | 32 Sep-25 | -3 (-9.4%) | Improved |
| Safe outcomes | Number of MRSA infections (healthcare-associated) | 46 Sep-26 | 47 Aug-26 | -1 (-2.1%) | 48 Sep-25 | -2 (-4.2%) | Improved |
| Safe outcomes | Number of E.coli infections (healthcare-associated) | 1,225 Sep-26 | 1,285 Aug-26 | -60 (-4.7%) | 1,245 Sep-25 | -20 (-1.6%) | Improved |
| Safe outcomes | Number of C. difficile infections (healthcare-associated) | 922 Sep-26 | 972 Aug-26 | -50 (-5.1%) | 894 Sep-25 | 28 (3.1%) | 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 |
| Safe outcomes | % of safety incidents causing harm | 35.8% Jun-26 | 36.0% Mar-26 | -0.2 ppt (-0.7%) | 35.9% Jun-25 | -0.1 ppt (-0.5%) | Sustained |

# Patient safety - summary of metrics

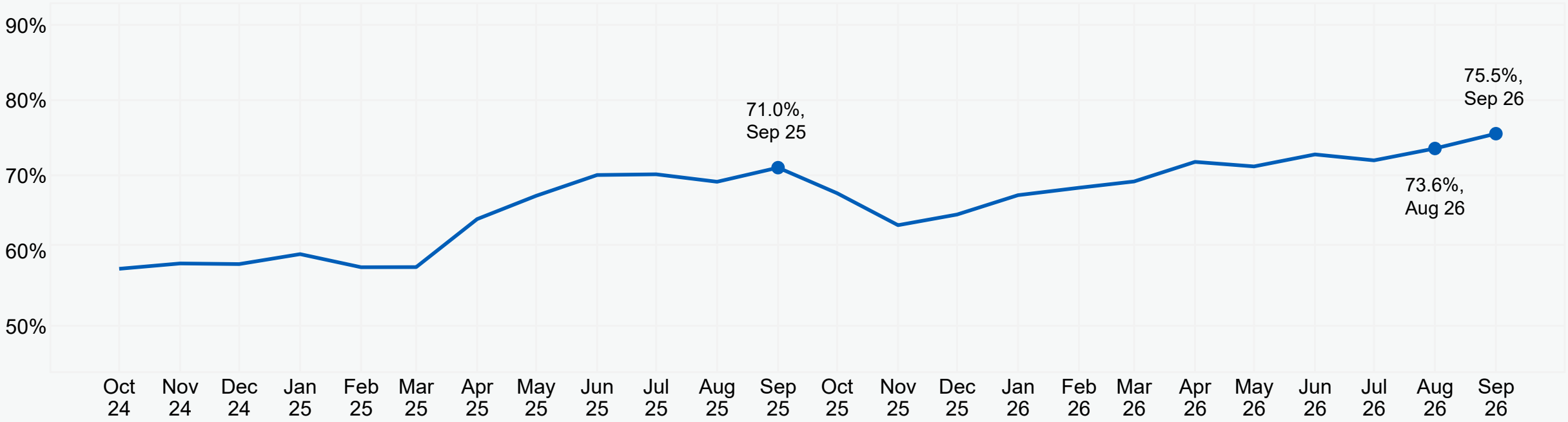
| Area | Metric | Latest position | Last position (Month / Quarter) | Change from last position | Last year | Change from last year | Variation |
|---|---|---|---|---|---|---|---|
| Safe culture | NHS staff survey - raising concerns sub-score | 6.37<br>2025 | | | 6.45<br>2024 | -0.08<br>(-1.2%) | Not 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

**NHSOF 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 September 2026, the patients in crisis to receive face-to-face contact within 24 hours was 75.5%. Compared to August 2026, there was an increase of 2.0 percentage points. When compared to September 2025, there was an increase of 4.5 percentage points. Overall, this indicates performance has improved.

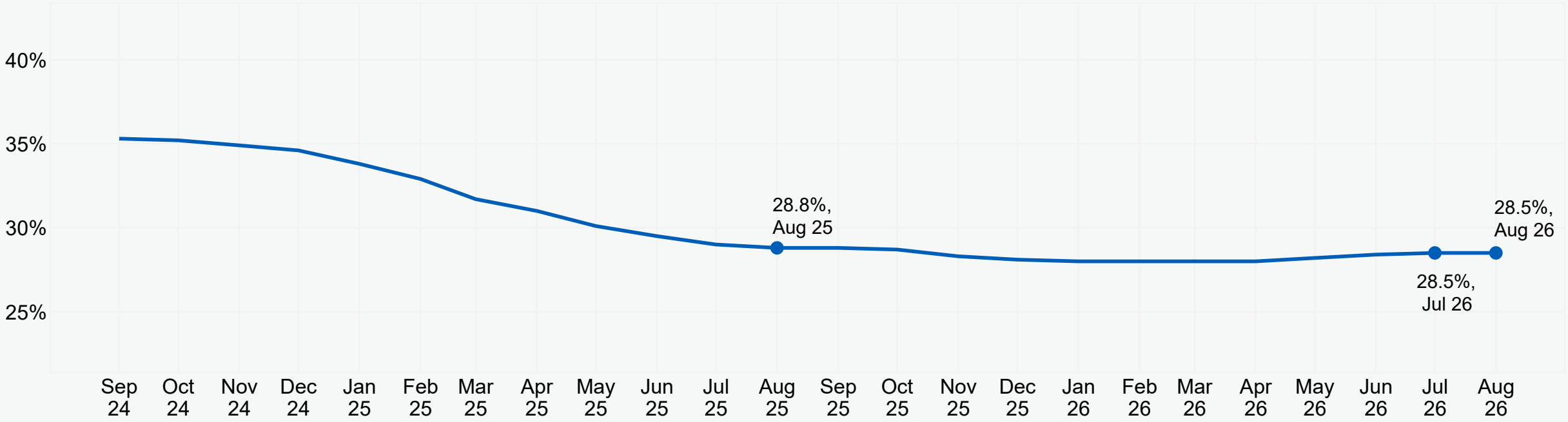
**Actions:** Work is underway locally to strengthen open access crisis response and better integrate different elements of the pathway. This is beginning to translate into improved responsiveness with a growing proportion of urgent crisis referrals receiving a face-to-face response within 24 hours. The focus now is on sustaining this progress while reducing remaining variation between systems.

# The rate of decline in the proportion of children aged 0 - 9 years prescribed antibiotics in the last 12 months has remained stable in the last year

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

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

Source: NHSBSA (Epact2 Antimicrobial Stewardship – Children Dashboard) publication link [PUBLISHED]




**Current position:** The proportion of children under 10 years exposed to antibiotics in the previous 12 months was 28.5% in August 2026, the same as July 2026 and 0.3% lower than August 2025. Performance has stabilised following significant improvement after reaching a plateau of around 35% exposure during 2024.

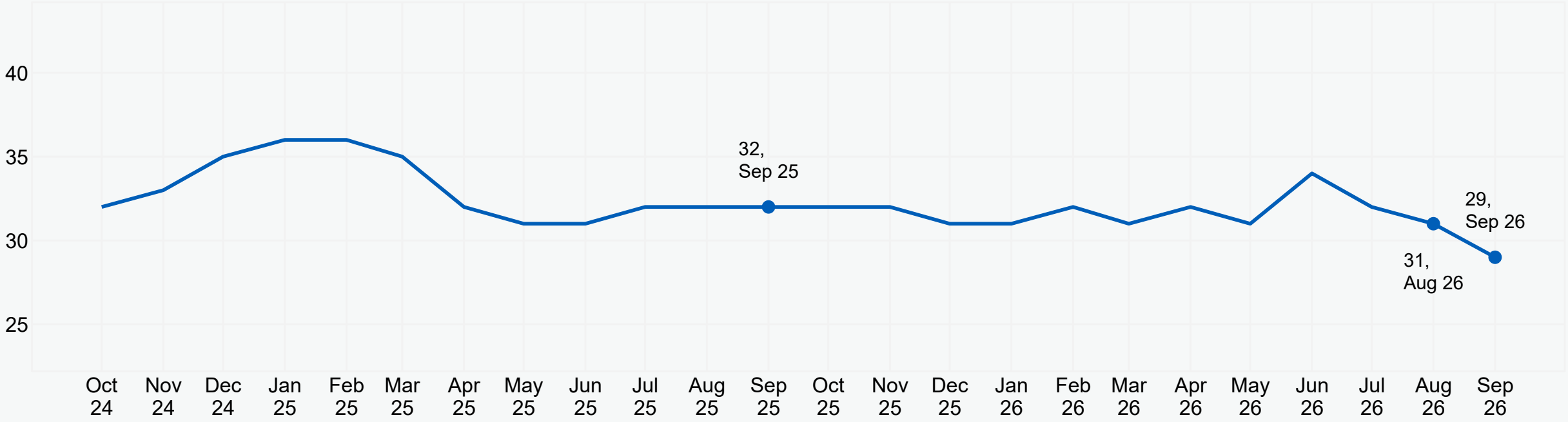
**Actions:** NHS Oversight Framework 2026/27 includes a more ambitious target of 25% and guidance on achieving National Action Plan targets was published on 3 August 2026. NHSE has transferred year-2 funding for four specialist paediatric infection networks to drive improvement during 2026/27. NHSE application accepted by NICE to develop quality indicator for QOF to incentivise management of RTI in primary care using watchful waiting, without antibiotics.

# The rate of restrictive intervention use has reduced in the latest months following the increase seen in June, use continues to remain below 2025 levels

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

**NHSOF 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 September 2026, the rate of restrictive interventions was 29 per 1,000 occupied beds. Compared to August 2026, there was a decrease of 2. When compared to September 2025, there was a decrease of 3 in the use of a restrictive intervention (32). Overall, this indicates performance has remained relatively stable over the past year.

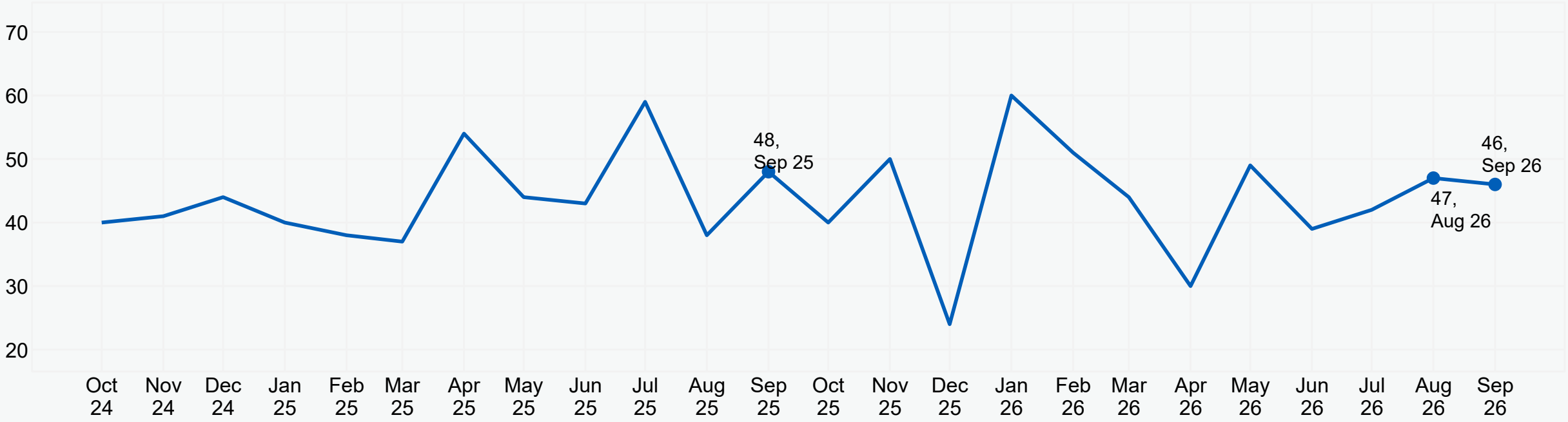
**Actions:** Reducing restrictive practices remains an important area of focus for providers and systems. The metric will therefore remain in the National Oversight Framework (NOF) as a contextual measure, recognising the continued statutory requirement for providers to report restrictive interventions in line with the Use of Force Act and associated guidance.

# MRSA infections continue to fluctuate, with the latest position broadly similar to the same period last year

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

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

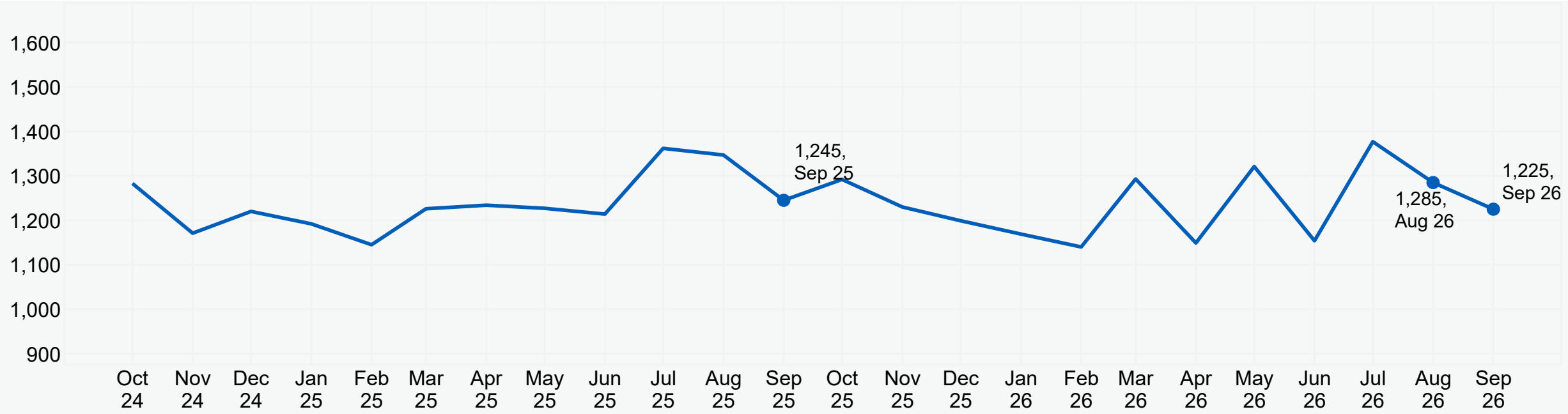
**Actions:** The relationship between MRSA and MSSA bacteraemia remains important, as both arise through overlapping transmission routes and share key clinical and healthcare-associated risk factors. MSSA bacteraemia therefore provides a broader indicator of the effectiveness of infection prevention measures, vascular access management, antimicrobial stewardship, and wider clinical care pathways. Overall, the available 2026 data suggest MSSA incidence remains broadly consistent, with ongoing variation and continued opportunities for improvement, rather than demonstrating a clear and sustained downward trajectory. Targeted action to reduce bloodstream infections should include optimising the blood culture pathway and this new video highlights the importance of an optimised blood culture pathway in hospitals. An optimised blood culture pathway helps ensure that patients receive the right diagnosis and treatment for a suspected bloodstream infection as quickly as possible.

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

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

**NHSOF 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:** E. coli infections fell year-on-year and month-on-month, however, fluctuations have been seen through 2026. Recent Healthcare-Onset Healthcare-Associated (HOHA) reductions do not yet show a sustained decline or a return to the AMR (Antimicrobial Resistance) National Action Plan's 2019/20 levels. UTI (Urinary Tract Infection) prevention and early recognition remain important for reducing hospital admissions and bloodstream infections, particularly among older people.

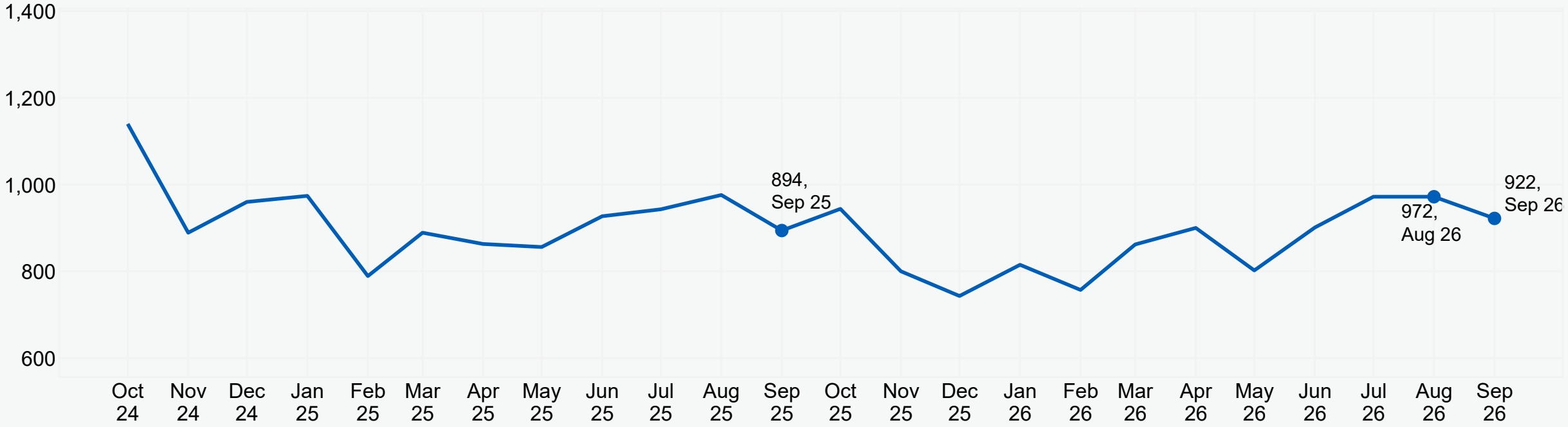
**Actions:** Monitoring infection numbers, with a need to assure improvements in hospital care are matched by equivalent progress in community and pre-admission settings to achieve a sustained reduction. Prevention, timely recognition, and appropriate management of UTIs remain important opportunities to reduce subsequent hospital admissions and bloodstream infections. To support prevention and earlier identification, NHS England and UKHSA have developed a practical communications toolkit and resource pack for use across primary care, pharmacies, care homes and community settings. A whole-system approach should be used alongside surveillance and local improvement activity to identify variation, target action and monitor impact. Work is ongoing to develop a more sophisticated measure of performance for the 2027/28 NHS Oversight Framework.

# C. difficile infection levels have reduced over the last two years

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

**NHSOF 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 data show an increase in C. difficile (CDI) across England compared with the same month of the previous year, but a decrease from August 2026. 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.

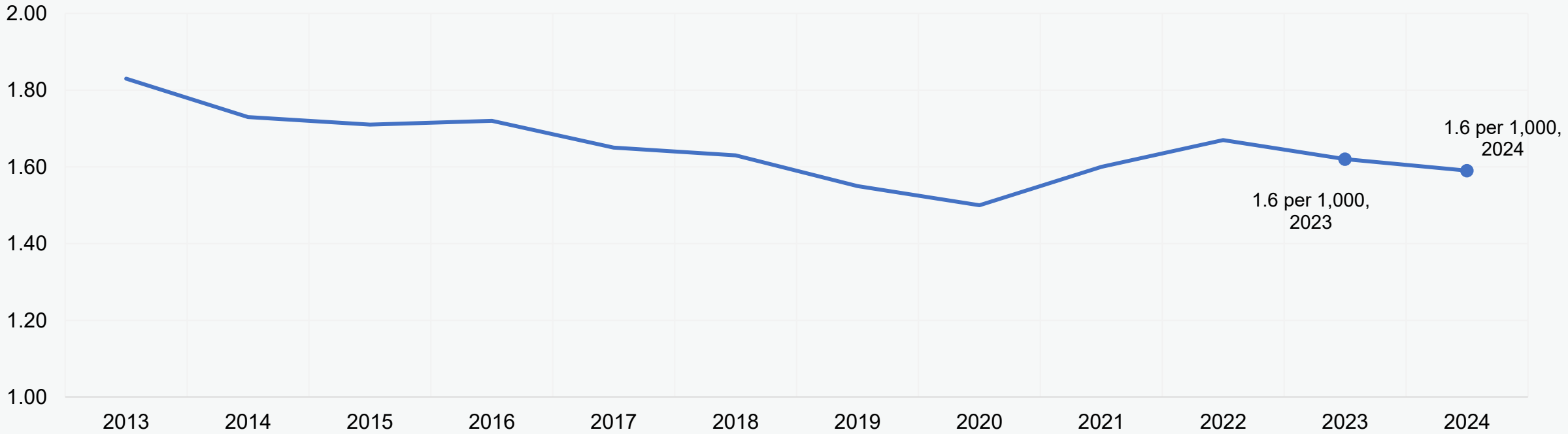
**Actions:** The focus should remain on sustained, evidence-based improvement. Individual providers are expected to understand the drivers of variation and implement targeted action where performance is below expected levels, including improving compliance with national CDI testing guidance and consistency of ascertainment. ICBs have an important system-level role in assuring improvement, addressing unwarranted variation across their footprint and supporting providers where improvement is required, so that reductions in infection rates are sustained over time. Under the NHS Standard Contract 2026/27, trusts are required to minimise healthcare-associated C. difficile infection to NHS England threshold levels, with local improvement trajectories providing an additional mechanism for accountability and assurance.

# 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)

**NHSOF 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 from direct or indirect causes 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.

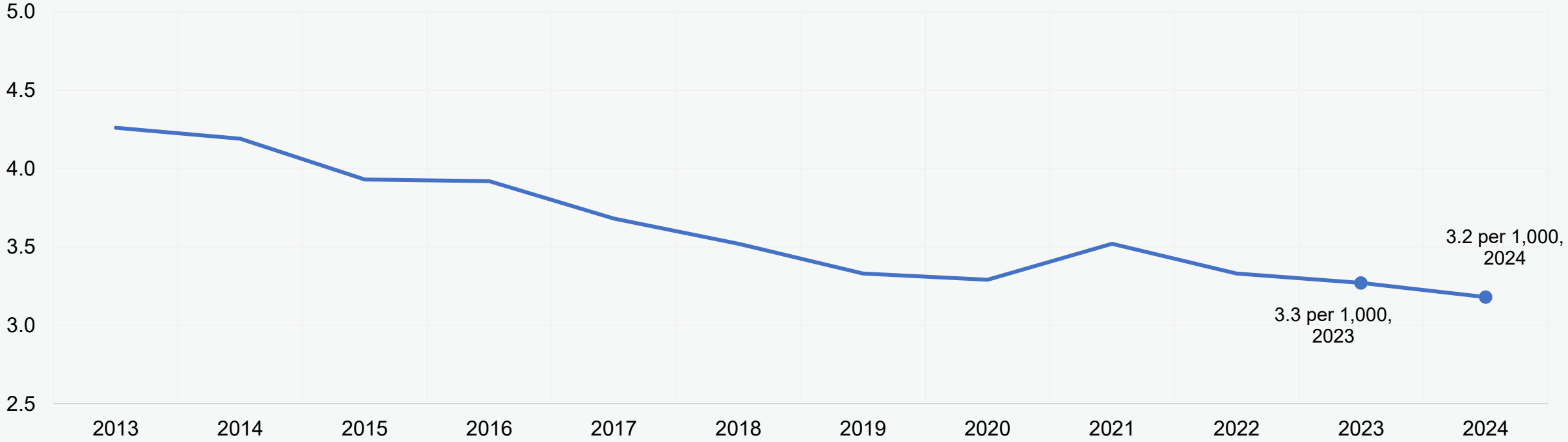
**Actions:** With neonatal mortality broadly unchanged and maternal mortality remaining 20% above 2009-11 levels, NHS England's 10 Point Plan, issued following Baroness Amos' review (July 2026), focuses on the actions most relevant to these outcomes. These include 24/7 safe staffing, with neonatal establishments aligned to BAPM standards, and trust plans to implement the Maternal Care Bundle by March 2027. Baseline assurance returns have now been received from all regions, and the findings will inform the next set of priority actions. Development of the National Action Plan through the Maternity and Neonatal Taskforce continues.

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

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

**NHSOF 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.

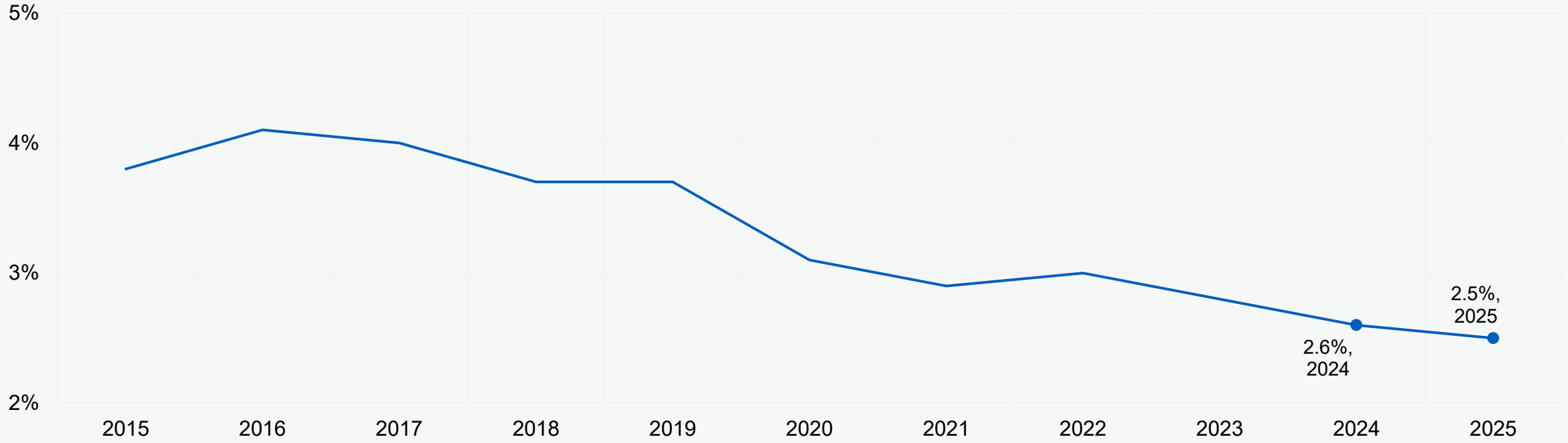
**Actions:** To sustain the long-term reduction in stillbirths, trusts continue to implement the Saving Babies' Lives Care Bundle. The new National Maternity Triage Specification and benchmarking tool support timely assessment of women presenting with concerns such as reduced fetal movements. Rollout of the Perinatal Equity and Anti-Discrimination Programme is targeting the higher stillbirth rates seen among women from Black and Asian backgrounds and those living in the most deprived areas. Regional returns on the 10 Point Plan, now received, will help set the next priorities.

# The rate of hip fractures sustained by inpatients continues to decrease

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

**NHSOF 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 it while already 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.

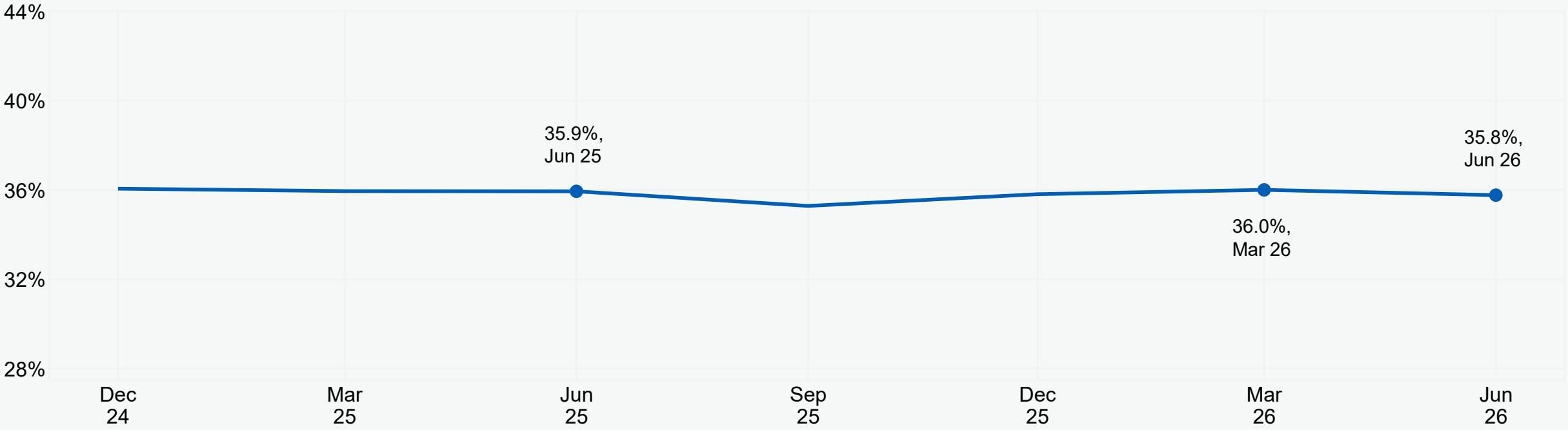
**Actions:** The data should be interpreted with caution as it will not reflect other types of injury from inpatient falls (e.g. traumatic brain injury) and does not provide any information about causation. Trusts are encouraged to use data to benchmark process measures and consider how to improve. NHS England have worked with the National Audit of Inpatient Falls (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 includes all fall-related fractures, head injuries and spinal injuries.

# Patient safety incidents recorded as involving harm remains stable

**Chart description:** Patient safety incidents recorded as involving harm as a percentage of all patient safety incidents recorded

**NHSOF 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 recorded as involving in harm remained broadly stable at 35.8% in June 2026, compared with 36.0% in March 2026 and 35.9% in June 2025. This is a decrease of 0.2 percentage points over the quarter and 0.1 percentage point over the year.

**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 an indicator of quality, or 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.

# Raising concerns sub-score has been steadily declining in recent years

**Chart description:** The average score (out of 10) covering questions relating to unsafe clinical practice, feeling safe to speak up and addressing concerns raised.

**NHSOF 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 was 6.37 out of 10, a 0.08 point decline from the 2024 score of 6.45. Since 2021, when the score was 6.54, a 0.17 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 1 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 1 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 6 FINANCIAL POSITION 2026/27

## Revenue

1. Table 1 sets out the revenue position to the end of September 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 £184m (0.2% of YTD allocation).

2. Providers and ICBs collectively report a year-to-date overspend of £284m against plan (0.3%). Of the 238 providers and ICBs, 170 (71%) are on plan or better, with the financial pressure concentrated in a relatively small number of organisations. Details of individual organisations with a YTD variance to plan worse than £4m are included in annex 1.

3. The principal drivers of provider and ICB overspends at month 6 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 has emerged as a significant area of overspend. Financial recovery actions are being implemented in the most challenged organisations.

**Table 1: YTD financial position at month 6**

| | YTD Allocation | Year to Date | | | |
|---|---|---|---|---|---|
| | | Plan | Actual | Under/(over) spend | |
| | £m | £m | £m | £m | % |
| Providers | | | | | |
| *Income* | | (76,544) | (77,019) | 475 | 0.6% |
| *Expenditure* | | 77,475 | 78,449 | (973) | (1.3%) |
| ICBs net expenditure | 86,391 | 86,423 | 86,255 | 168 | 0.2% |
| Deficit Support Funding | 650 | 600 | 554 | 46 | 7.1% |
| Total Provider & ICB | 87,041 | 87,955 | 88,239 | (284) | (0.3%) |
| Specialised Commissioning (non delegated) | 5,609 | 5,609 | 5,609 | 0 | 0.0% |
| Other Direct Commissioning | 1,198 | 1,199 | 1,196 | 3 | 0.2% |
| Central Costs | 8,115 | 8,115 | 8,018 | 97 | 1.2% |
| Transformation & Reserves | 0 | 0 | (0) | 0 | 0.0% |
| Technical & ringfence adjustments | (2,369) | (2,369) | (2,369) | 0 | 0.0% |
| **Total RDEL** | **99,593** | **100,508** | **100,692** | **(184)** | **(0.2%)** |

# MONTH 6 FINANCIAL POSITION 2026/27

### Risks to the financial position

4. Delivery of the financial position remains highly challenging. The most significant risks are:
    i) Delivery of £8.3bn of provider efficiencies, 24.4% of which are assessed as high risk at month 6.
    ii) The affordability of Agenda for Change and Resident Doctor pay settlements.
    iii) Potential for further local and national industrial action and associated financial and productivity losses.

## Capital

5. Providers have spent £2,025 million on capital schemes to month 6 (including IFRS 16 expenditure relating to lease assets), representing 22.1% of their full year budget. The DHSC provider and commissioning capital budget for 2026/27 (including IFRS 16) is set at £10,700 million against which we are currently forecasting an underspend of £890m. We need some of this underspend to make our contribution to managing the planned Group overcommitment and will use the remainder to fund pressures and new priorities as part of our ongoing review of budgets in the usual way.

# MONTH 6 FINANCIAL POSITION 2026/27

## Annex 1 – Organisations with YTD overspend (excluding DSF) greater than £4m

| | YTD financial position (excluding DSF) | | | YTD efficiency | | |
|---|---|---|---|---|---|---|
| Organisation | YTD plan | YTD actual | YTD variance | YTD plan | YTD actual | YTD variance |
| Mid and South Essex NHS Foundation Trust | (41.2) | (76.9) | (35.8) | 53.2 | 27.1 | (26.1) |
| Liverpool University Hospitals NHS Foundation Trust | (23.0) | (56.3) | (33.2) | 40.9 | 22.7 | (18.2) |
| Nottingham University Hospitals NHS Trust | (34.9) | (66.8) | (31.9) | 34.8 | 24.2 | (10.6) |
| Barts Health NHS Trust | (5.5) | (25.6) | (20.1) | 65.4 | 52.6 | (12.7) |
| Hull University Teaching Hospitals NHS Trust | (24.8) | (43.8) | (19.0) | 31.9 | 13.9 | (18.0) |
| Barking, Havering and Redbridge University Hospitals NHS Trust | (25.4) | (43.6) | (18.2) | 16.7 | 17.7 | 1.0 |
| University Hospitals of North Midlands NHS Trust | (13.1) | (29.5) | (16.4) | 21.6 | 14.7 | (6.9) |
| Great Western Hospitals NHS Foundation Trust | (7.6) | (23.1) | (15.5) | 18.9 | 10.2 | (8.7) |
| University Hospitals Birmingham NHS Foundation Trust | (16.9) | (31.4) | (14.4) | 58.9 | 46.0 | (12.9) |
| Harrogate and District NHS Foundation Trust | (9.3) | (22.2) | (12.9) | 14.7 | 6.6 | (8.0) |
| University Hospital Southampton NHS Foundation Trust | (21.0) | (33.3) | (12.3) | 24.4 | 24.4 | 0.0 |
| Bedfordshire Hospitals NHS Foundation Trust | 0.0 | (12.2) | (12.2) | 21.6 | 20.0 | (1.6) |
| Royal United Hospitals Bath NHS Foundation Trust | (5.1) | (17.1) | (12.0) | 15.0 | 9.0 | (6.0) |
| Mid Yorkshire Teaching NHS Trust | (1.2) | (12.6) | (11.3) | 25.7 | 18.7 | (7.0) |
| East Sussex Healthcare NHS Trust | (10.3) | (20.9) | (10.6) | 27.5 | 17.1 | (10.5) |
| Sherwood Forest Hospitals NHS Foundation Trust | (7.0) | (17.2) | (10.2) | 16.2 | 11.5 | (4.7) |
| The Leeds Teaching Hospitals NHS Trust | (10.7) | (20.5) | (9.8) | 34.7 | 32.0 | (2.7) |
| Medway NHS Foundation Trust | (18.1) | (27.5) | (9.4) | 19.8 | 16.0 | (3.8) |
| York and Scarborough Teaching Hospitals NHS Foundation Trust | (9.2) | (18.4) | (9.2) | 31.8 | 24.7 | (7.0) |
| The Shrewsbury And Telford Hospital NHS Trust | (16.1) | (25.2) | (9.1) | 19.3 | 18.4 | (0.9) |
| Portsmouth Hospitals University NHS Trust | (14.7) | (23.3) | (8.6) | 25.0 | 16.6 | (8.4) |

# MONTH 6 FINANCIAL POSITION 2026/27

## Annex 1 – Organisations with YTD overspend (excluding DSF) greater than £4m (Continued)

| | YTD financial position (excluding DSF) | | | YTD efficiency | | |
|---|---|---|---|---|---|---|
| Organisation | YTD plan | YTD actual | YTD variance | YTD plan | YTD actual | YTD variance |
| United Lincolnshire Teaching Hospitals NHS Trust | (7.1) | (15.0) | (7.9) | 37.7 | 32.4 | (5.3) |
| East Suffolk and North Essex NHS Foundation Trust | (2.0) | (9.5) | (7.5) | 21.8 | 14.3 | (7.5) |
| Worcestershire Acute Hospitals NHS Trust | (30.4) | (37.3) | (6.8) | 19.0 | 14.7 | (4.3) |
| Essex Partnership University NHS Foundation Trust | (6.7) | (13.3) | (6.7) | 20.0 | 11.6 | (8.4) |
| Somerset NHS Foundation Trust | (21.6) | (28.2) | (6.6) | 16.9 | 16.0 | (0.9) |
| The Princess Alexandra Hospital NHS Trust | (6.2) | (12.7) | (6.6) | 11.3 | 7.2 | (4.1) |
| Queen Elizabeth Hospital King's Lynn NHS Foundation Trust | (13.6) | (19.6) | (5.9) | 7.1 | 4.4 | (2.7) |
| Surrey and Sussex Healthcare NHS Trust | (11.4) | (17.2) | (5.8) | 18.7 | 14.9 | (3.7) |
| Calderdale and Huddersfield NHS Foundation Trust | (7.9) | (13.2) | (5.3) | 18.6 | 14.1 | (4.5) |
| Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust | (10.4) | (15.5) | (5.1) | 19.5 | 12.7 | (6.9) |
| Bradford Teaching Hospitals NHS Foundation Trust | (6.7) | (11.7) | (5.0) | 26.3 | 24.7 | (1.6) |
| Blackpool Teaching Hospitals NHS Foundation Trust | (14.1) | (19.1) | (5.0) | 11.8 | 9.7 | (2.1) |
| Nottinghamshire Healthcare NHS Foundation Trust | (27.0) | (31.9) | (4.9) | 12.3 | 19.1 | 6.8 |
| University Hospitals of Morecambe Bay NHS Foundation Trust | 0.2 | (4.6) | (4.7) | 13.9 | 8.2 | (5.6) |
| Lewisham and Greenwich NHS Trust | 0.0 | (4.4) | (4.4) | 29.3 | 16.0 | (13.3) |
| University Hospitals Coventry And Warwickshire NHS Trust | (6.7) | (11.1) | (4.4) | 33.5 | 31.0 | (2.5) |
| Oxford University Hospitals NHS Foundation Trust | (20.4) | (24.8) | (4.3) | 48.6 | 47.0 | (1.6) |
| Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust | (3.0) | (7.3) | (4.3) | 12.7 | 9.9 | (2.8) |
| Lancashire Teaching Hospitals NHS Foundation Trust | (18.9) | (23.1) | (4.3) | 16.3 | 13.5 | (2.8) |
| Ashford and St Peter's Hospitals NHS Foundation Trust | (1.5) | (5.6) | (4.1) | 16.9 | 11.2 | (5.8) |

# MONTH 6 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 | 1,122 | 48.5% | 252 | 10.9% | 129 | 5.6% | 5 | 0.2% |
| Birmingham and Solihull ICB | 1,918 | 42.5% | 357 | 7.9% | 165 | 3.6% | 566 | 12.5% |
| Black Country ICB | 1,731 | 45.7% | 316 | 8.3% | 126 | 3.3% | 374 | 9.9% |
| Bristol North Somerset and South Gloucestershire ICB | 1,286 | 50.5% | 292 | 11.5% | 149 | 5.9% | 6 | 0.2% |
| Central East ICB | 4,145 | 47.4% | 687 | 7.9% | 475 | 5.4% | 944 | 10.8% |
| Cheshire and Merseyside ICB | 3,708 | 43.6% | 820 | 9.7% | 471 | 5.5% | 846 | 10.0% |
| Cornwall and the Isles of Scilly ICB | 744 | 45.1% | 232 | 14.0% | 89 | 5.4% | - | - |
| Coventry and Warwickshire ICB | 1,305 | 46.0% | 189 | 6.7% | 122 | 4.3% | 289 | 10.2% |
| Derby and Derbyshire ICB | 1,432 | 45.9% | 279 | 8.9% | 136 | 4.3% | 281 | 9.0% |
| Devon ICB | 1,647 | 48.3% | 395 | 11.6% | 198 | 5.8% | 7 | 0.2% |
| Dorset ICB | 1,072 | 50.0% | 208 | 9.7% | 141 | 6.6% | (0) | (0.0%) |
| Essex ICB | 2,540 | 47.3% | 439 | 8.2% | 277 | 5.2% | 542 | 10.1% |
| Gloucestershire ICB | 749 | 47.2% | 166 | 10.5% | 104 | 6.6% | 5 | 0.3% |
| Greater Manchester ICB | 4,247 | 45.2% | 789 | 8.4% | 319 | 3.4% | 1,070 | 11.4% |
| Hampshire and Isle of Wight ICB | 2,525 | 44.0% | 504 | 8.8% | 310 | 5.4% | 625 | 10.9% |
| Herefordshire and Worcestershire ICB | 1,014 | 44.6% | 227 | 10.0% | 121 | 5.3% | 202 | 8.9% |
| Humber and North Yorkshire ICB | 2,290 | 45.4% | 416 | 8.3% | 259 | 5.1% | 474 | 9.4% |
| Kent and Medway ICB | 2,586 | 46.9% | 536 | 9.7% | 270 | 4.9% | 581 | 10.5% |
| Lancashire and South Cumbria ICB | 2,586 | 45.5% | 403 | 7.1% | 357 | 6.3% | 559 | 9.8% |
| Leicester Leicestershire and Rutland ICB | 1,321 | 43.3% | 257 | 8.4% | 183 | 6.0% | 337 | 11.1% |
| Lincolnshire ICB | 1,083 | 47.6% | 181 | 8.0% | 83 | 3.7% | 204 | 9.0% |
| Norfolk and Suffolk ICB | 2,340 | 47.0% | 432 | 8.7% | 253 | 5.1% | 454 | 9.1% |
| North East and North Cumbria ICB | 4,276 | 44.4% | 796 | 8.3% | 590 | 6.1% | 881 | 9.2% |
| North East London ICB | 2,789 | 44.3% | 560 | 8.9% | 219 | 3.5% | 819 | 13.0% |
| Northamptonshire ICB | 1,002 | 46.0% | 160 | 7.4% | 118 | 5.4% | 204 | 9.4% |
| Nottingham and Nottinghamshire ICB | 1,581 | 45.5% | 271 | 7.8% | 176 | 5.1% | 391 | 11.3% |
| Shropshire Telford and Wrekin ICB | 700 | 46.3% | 144 | 9.5% | 76 | 5.0% | 136 | 9.0% |
| Somerset ICB | 791 | 24.2% | 178 | 5.4% | 74 | 2.2% | 1,716 | 52.4% |
| South East London ICB | 2,582 | 43.1% | 577 | 9.6% | 175 | 2.9% | 876 | 14.6% |
| South West London ICB | 2,051 | 46.4% | 319 | 7.2% | 195 | 4.4% | 540 | 12.2% |
| South Yorkshire ICB | 1,895 | 43.7% | 325 | 7.5% | 276 | 6.4% | 455 | 10.5% |
| Staffordshire and Stoke-On-Trent ICB | 1,493 | 43.7% | 364 | 10.7% | 165 | 4.8% | 337 | 9.9% |
| Surrey and Sussex ICB | 3,912 | 46.2% | 664 | 7.8% | 436 | 5.1% | 848 | 10.0% |
| Thames Valley ICB | 2,658 | 45.0% | 565 | 9.6% | 307 | 5.2% | 640 | 10.8% |
| West and North London ICB | 5,536 | 45.9% | 912 | 7.6% | 551 | 4.6% | 1,511 | 12.5% |
| West Yorkshire ICB | 3,271 | 44.9% | 611 | 8.4% | 348 | 4.8% | 685 | 9.4% |
| **Grand Total** | **77,927** | | **14,823** | | **8,443** | | **18,410** | |
| **% of Total spend** | **45.1%** | | **8.6%** | | **4.9%** | | **10.7%** | |
| **% of Total spend prior year** | **46.3%** | | **8.3%** | | **4.8%** | | **9.5%** | |

# MONTH 6 FINANCIAL POSITION 2026/27

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

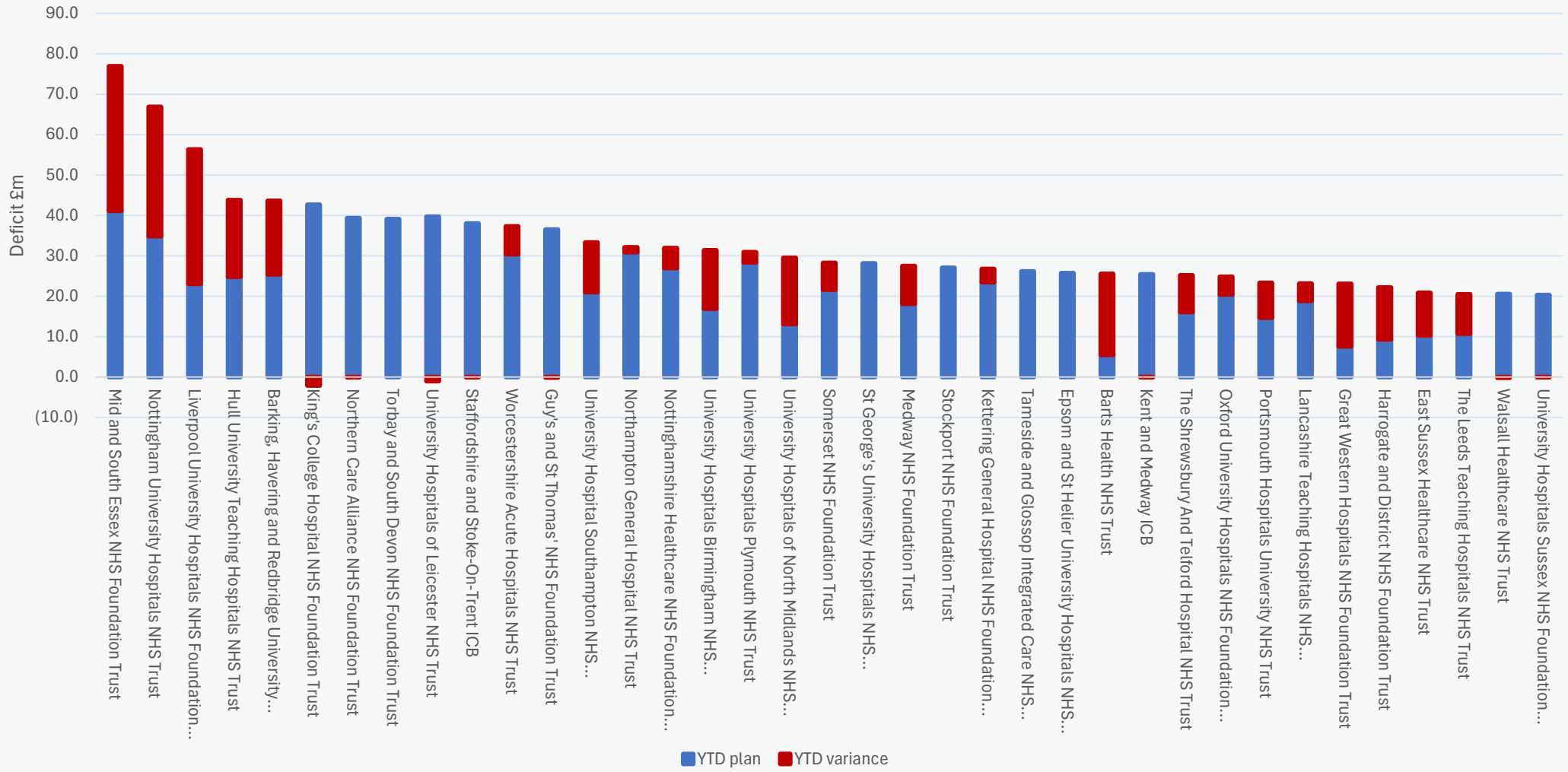
| ICB | Mental Health | Mental Health % | Primary Care & Medical Services | Primary Care & Medical Services % | Running Costs | Running Costs % | Other | Other % | Total |
|---|---|---|---|---|---|---|---|---|---|
| Bath and North East Somerset Swindon and Wiltshire ICB | 243 | 10.5% | 550 | 23.8% | 10 | 0.4% | 2 | 0.1% | 2,313 |
| Birmingham and Solihull ICB | 562 | 12.5% | 852 | 18.9% | 23 | 0.5% | 70 | 1.6% | 4,514 |
| Black Country ICB | 377 | 10.0% | 770 | 20.3% | 20 | 0.5% | 74 | 2.0% | 3,788 |
| Bristol North Somerset and South Gloucestershire ICB | 280 | 11.0% | 542 | 21.3% | 16 | 0.6% | (26) | (1.0%) | 2,544 |
| Central East ICB | 785 | 9.0% | 1,709 | 19.6% | 51 | 0.6% | (58) | (0.7%) | 8,737 |
| Cheshire and Merseyside ICB | 861 | 10.1% | 1,665 | 19.6% | 42 | 0.5% | 87 | 1.0% | 8,502 |
| Cornwall and the Isles of Scilly ICB | 203 | 12.3% | 378 | 22.9% | 9 | 0.5% | (3) | (0.2%) | 1,652 |
| Coventry and Warwickshire ICB | 322 | 11.3% | 586 | 20.6% | 16 | 0.5% | 11 | 0.4% | 2,840 |
| Derby and Derbyshire ICB | 370 | 11.8% | 607 | 19.4% | 15 | 0.5% | 3 | 0.1% | 3,123 |
| Devon ICB | 381 | 11.2% | 727 | 21.3% | 16 | 0.5% | 36 | 1.1% | 3,408 |
| Dorset ICB | 229 | 10.7% | 476 | 22.2% | 13 | 0.6% | 5 | 0.2% | 2,144 |
| Essex ICB | 485 | 9.0% | 1,058 | 19.7% | 31 | 0.6% | (0) | (0.0%) | 5,370 |
| Gloucestershire ICB | 172 | 10.9% | 364 | 23.0% | 10 | 0.6% | 15 | 0.9% | 1,587 |
| Greater Manchester ICB | 1,023 | 10.9% | 1,902 | 20.2% | 32 | 0.3% | 23 | 0.2% | 9,405 |
| Hampshire and Isle of Wight ICB | 522 | 9.1% | 1,142 | 19.9% | 18 | 0.3% | 88 | 1.5% | 5,735 |
| Herefordshire and Worcestershire ICB | 202 | 8.9% | 485 | 21.4% | 13 | 0.6% | 8 | 0.4% | 2,271 |
| Humber and North Yorkshire ICB | 469 | 9.3% | 1,048 | 20.8% | 29 | 0.6% | 54 | 1.1% | 5,039 |
| Kent and Medway ICB | 452 | 8.2% | 1,092 | 19.8% | 27 | 0.5% | (32) | (0.6%) | 5,512 |
| Lancashire and South Cumbria ICB | 599 | 10.5% | 1,088 | 19.2% | 22 | 0.4% | 64 | 1.1% | 5,678 |
| Leicester Leicestershire and Rutland ICB | 294 | 9.7% | 660 | 21.7% | 19 | 0.6% | (24) | (0.8%) | 3,048 |
| Lincolnshire ICB | 255 | 11.2% | 490 | 21.6% | 11 | 0.5% | (33) | (1.4%) | 2,275 |
| Norfolk and Suffolk ICB | 472 | 9.5% | 1,034 | 20.8% | 26 | 0.5% | (36) | (0.7%) | 4,975 |
| North East and North Cumbria ICB | 1,054 | 11.0% | 1,962 | 20.4% | 46 | 0.5% | 18 | 0.2% | 9,624 |
| North East London ICB | 602 | 9.6% | 1,197 | 19.0% | 35 | 0.6% | 76 | 1.2% | 6,295 |
| Northamptonshire ICB | 195 | 8.9% | 446 | 20.5% | 12 | 0.6% | 41 | 1.9% | 2,179 |
| Nottingham and Nottinghamshire ICB | 339 | 9.8% | 665 | 19.2% | 17 | 0.5% | 32 | 0.9% | 3,472 |
| Shropshire Telford and Wrekin ICB | 150 | 10.0% | 316 | 20.9% | 8 | 0.5% | (20) | (1.3%) | 1,511 |
| Somerset ICB | 142 | 4.3% | 334 | 10.2% | 9 | 0.3% | 33 | 1.0% | 3,276 |
| South East London ICB | 693 | 11.6% | 1,005 | 16.8% | 32 | 0.5% | 44 | 0.7% | 5,985 |
| South West London ICB | 431 | 9.7% | 808 | 18.3% | 25 | 0.6% | 52 | 1.2% | 4,421 |
| South Yorkshire ICB | 485 | 11.2% | 883 | 20.4% | 19 | 0.4% | (5) | (0.1%) | 4,335 |
| Staffordshire and Stoke-On-Trent ICB | 352 | 10.3% | 687 | 20.1% | 19 | 0.6% | (4) | (0.1%) | 3,413 |
| Surrey and Sussex ICB | 894 | 10.6% | 1,656 | 19.5% | 48 | 0.6% | 16 | 0.2% | 8,474 |
| Thames Valley ICB | 540 | 9.2% | 1,163 | 19.7% | 36 | 0.6% | (9) | (0.2%) | 5,899 |
| West and North London ICB | 1,243 | 10.3% | 2,147 | 17.8% | 45 | 0.4% | 110 | 0.9% | 12,054 |
| West Yorkshire ICB | 800 | 11.0% | 1,531 | 21.0% | 25 | 0.3% | 20 | 0.3% | 7,291 |
| **Grand Total** | **17,478** | | **34,027** | | **844** | | **735** | | **172,686** |
| **% of Total spend** | **10.1%** | | **19.7%** | | **0.5%** | | **0.4%** | | **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 6 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 6 FINANCIAL POSITION 2026/27

## Annex 3 – Organisations with YTD deficit (excluding DSF) of greater than £20m

**The columns on the graph below split the YTD deficit at month 6 between plan and variance from plan**



# Finance, 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 | Relative cost difference (National Cost Collection Index) | 73.8 to 144.0 (range: 70.2) 2025/26 | | | 71.5 to 136.3 (range: 64.8) 2024/5 | 5.4 (range difference, 8.4%) | Not Applicable |
| Productivity | Implied productivity growth (year-to-date), by Acute Trust | 1.1% 2026/27 M4 | 1.3% 2026/27 M3 | -0.2 ppt | | | Not Applicable |
| Innovation | Data Quality Maturity Index | 71.4% Jul-26 | 68.8% Jun-26 | 2.6 ppt (3.8%) | 70.9% Jul-25 | 0.5 ppt (0.7%) | Sustained |

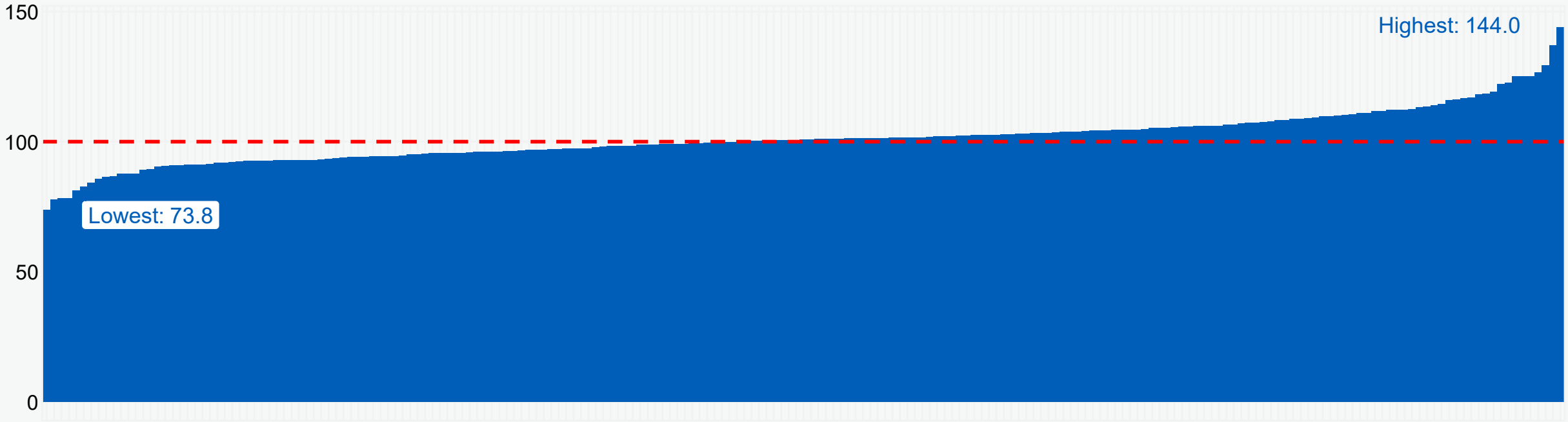
*Finance not included*

# Relative cost is widely varied across Trusts - England

**Chart description:** Relative cost difference adjusted for market force factors, National Cost Collection Index for 2025/26, by acute trust

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

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




**Current position:** In 2025/26, the National Cost Collection Index ranged from 73.8 to 144.0 across all trusts. The highest-cost trust was 44.0% above the national average, and the lowest-cost trust was 26.2% below it, after adjustment for market-force factors and service mix and complexity. The range widened from 64.8% in 2024/25 to 70.2% in 2025/26, an increase of 5.4 index points (8.4%).

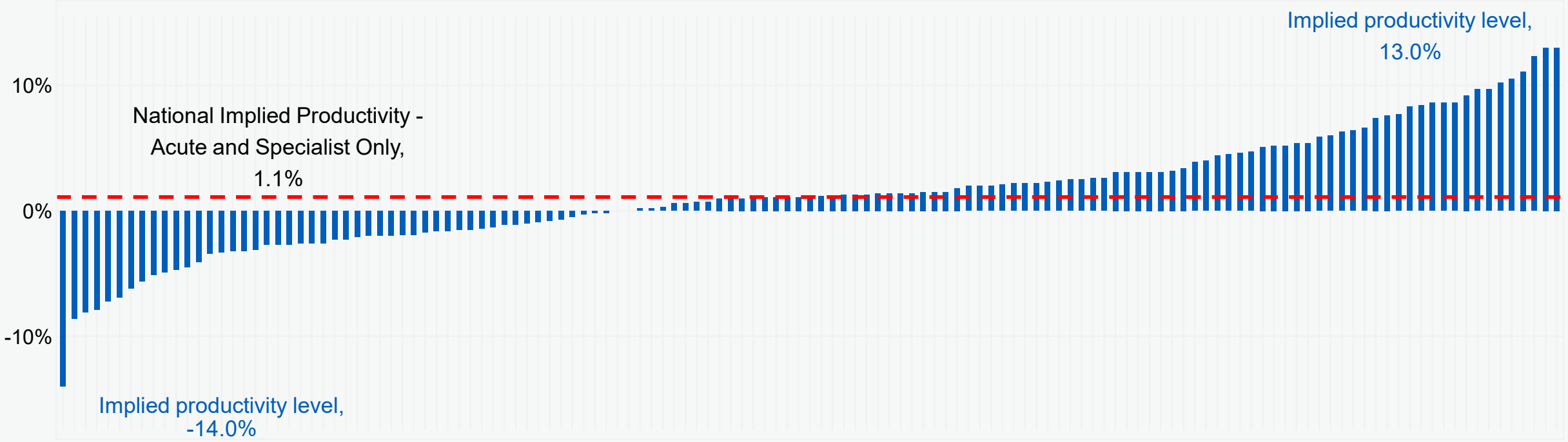
**Actions:** Work has commenced on the development of the 2027/28 Productivity Improvement Packs, which will identify opportunities for providers to improve productivity and deliver greater efficiency. The packs will use National Cost Collection Index (NCCI) data to benchmark providers and highlight areas where costs could be reduced or productivity improved. The packs are currently planned for release in November 2026, although this remains subject to the wider 2027/28 planning timetable.

# Provisional data indicates acute providers were delivering below the productivity target of 2% set in the 10 Year Health Plan, as of M4 2026/27 YTD

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

**NHSOF ambition/metric:** Implied productivity growth (all trusts)

Source: NHS Productivity Growth Estimates publication link [PUBLISHED]




**Current position:** The provisional M4 2026/27 year-to-date national implied productivity estimate for acute and specialist providers was 1.1%, down 0.2 percentage points from 1.3% at M3 and 0.9 percentage points below the 2% target. Trust-level results ranged from -14.0% to 13.0%.

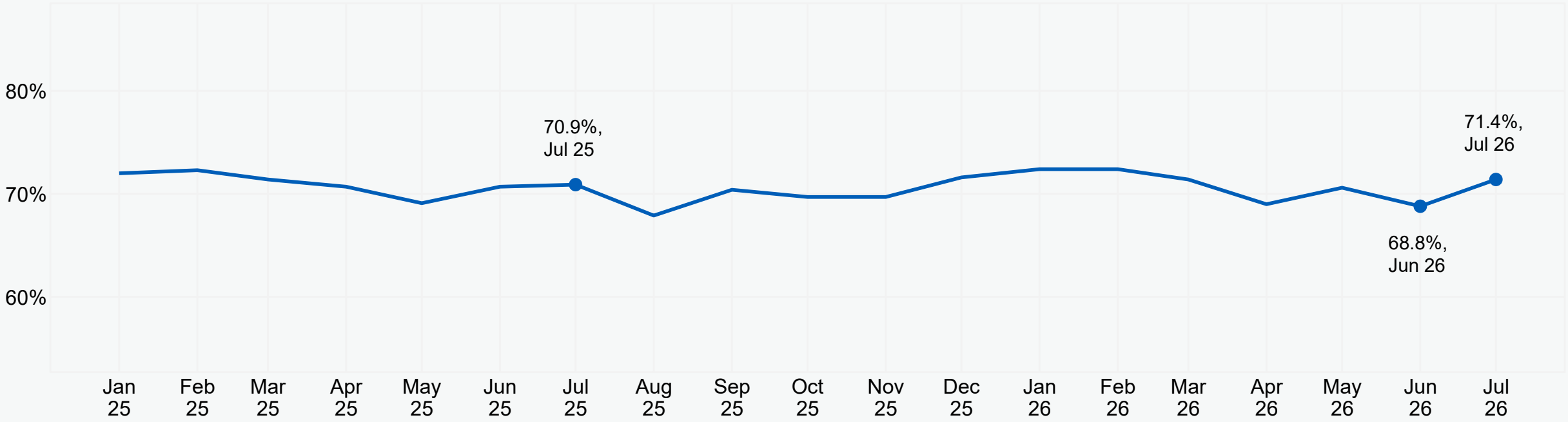
**Actions:** A number of methodological changes have been introduced for the 2026/27 productivity estimates. Outputs are now measured on a spells rather than episodes basis, reducing the impact that changes in episode recording can have on measured productivity. 2024/25 cost weights are applied to activity. Adjustments to input data have also been introduced where trusts need to correct for known Provider Finance Returns (PFR) issues, including the timing of accruals that could otherwise distort productivity estimates. In addition, the deflators have been updated, with non-pay inflation more closely aligned to Consumer Prices Index including Owner Occupiers Housing Costs (CPIH).

# The data quality maturity index remains broadly stable

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

**NHSOF 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 68.8% in June 2026 to 71.4% in July 2026. 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 | 5.5%<br>Jul-26 | 5.3%<br>Jun-26 | 0.2 ppt<br>(4.0%) | 5.1%<br>Jul-25 | 0.4 ppt<br>(7.5%) | Sustained |
| People and culture | NHS staff survey - engagement theme score | 6.75<br>2025 | | | 6.85<br>2024 | -0.09<br>(-1.3%) | Not Applicable |
| People and culture | National Education and Training Survey overall satisfaction score | 77.4<br>2025 | | | 76.2<br>2024 | 1.2 ppt<br>(1.5%) | Not Applicable |
| People and culture | NHS staff standards sub-score | 7.5 (Acutes)<br>6.9 (Ambulance)<br>7.8 (Community/MH)<br>2025 | | | | | Not Applicable |
| People and culture | Healthcare Worker Flu Vaccination Rate | 35.0%<br>Oct-26 * | | | 30.9%<br>Oct-25 * | 4.1 ppt<br>(13.4%) | Improved |
| Workforce | GP FTE per 100,000 GP registered population | 46.6<br>Sep-26 | 46.2<br>Aug-26 | 0.4<br>(0.8%) | 44.7<br>Sep-25 | 1.9<br>(4.3%) | Improved |

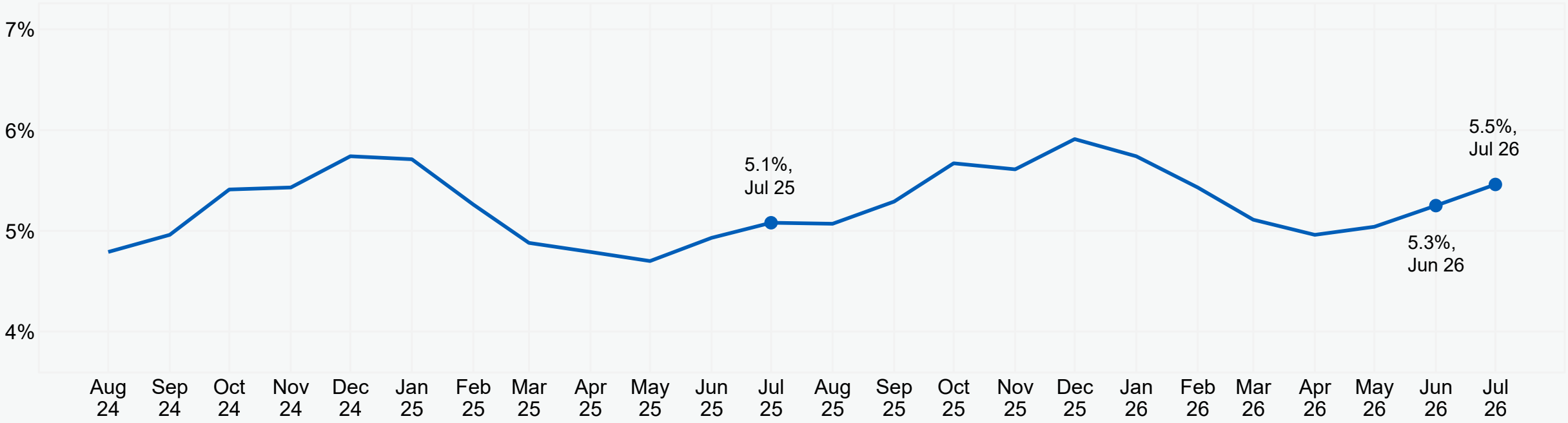
*Vaccination of frontline healthcare workers based on aggregated weekly data, so month end snapshots won't align in both 2026 and 2025. 2026 data for the period 1 September to 1 November 2026, and 2025 data for the period 1 September to 2 November 2025.

# Sickness absence rates have increased and remain above rates in previous years

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

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

Source: NHS Sickness Absence Rates publication link [PUBLISHED]




**Current position:** National sickness absence increased to 5.5% in July 2026, up from 5.3% in June and 0.4 percentage points higher than July 2025 (5.1%). The latest position remains above the equivalent period last year and the 10-Year Health Plan ambition of approximately 4.1%.

**Actions:** A targeted national improvement approach is being developed, using performance and workforce intelligence to identify organisations with the greatest attendance challenges and understand the underlying drivers of absence. Support will focus on prevention and early intervention, manager capability, occupational health and wellbeing, and effective return-to-work arrangements, using existing regional and organisational oversight routes.

# 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 and reported as a mean score)

**NHSOF 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 0.09 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:** 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. The latest National Quarterly Pulse Survey (NQPS) for Q2 2026/27 showed further decline to 6.39 from 6.47 in Q1 2026/27. Staff Standards implementation learning labs are planned to the end of the financial year.

# Overall trainee 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

**NHSOF ambition/metric:** National Education and Training Survey satisfaction rate (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 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 and the new Educator Voice Survey (EVS) are open until 1 December 2026. A coordinated communications campaign is underway to promote the NETS, EVS and NHS Staff Survey directly to learners, educators, system partners and employers. We anticipate that results will be published in March 2027, providing a rounded view of quality and experience from the perspectives of learners, educators and employees.

# In 2025, the NHS staff standards score (out of 10) across England (provider median) was 7.5 for acute trusts, 6.9 for ambulance trusts and 7.8 for community and mental health trusts

**Chart description:** A composite sub score made up of NHS staff survey measures associated with the NHS Staff Standards (to improve staff experience of working within the NHS)

**NHSOF ambition/metric:** NHS staff standards sub-score

New NOF metric

Source: NHS Staff Survey (via NHS Oversight Framework) publication link [PUBLISHED]

| Year | Acute Trusts | Ambulance Trusts | Community and Mental Health Trusts |
|---|---|---|---|
| **2025** | 7.5 | 6.9 | 7.8 |

**Current position:** Working alongside the NHS People Promise and local initiatives, the NHS Staff Standards set a nationally required minimum standard, providing a clear framework for accountability. The new Staff Standards score from the NHS England Annual Staff Survey results for 2025 (provider median) was 7.5 for acute trusts, 6.9 for ambulance trusts and 7.8 for community and mental health trusts. The score is based on individual scores covering 6 standards relating to line management, health & wellbeing, violence against staff, sexual safety, racism and flexible working.

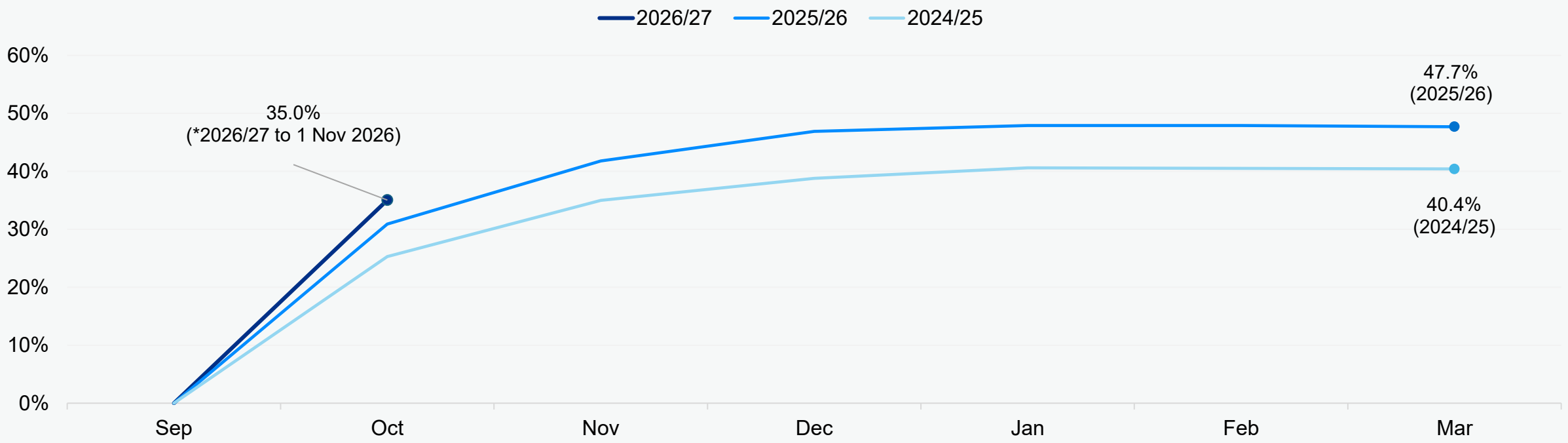
**Actions:** Phase 2 of the staff standards includes an implementation plan supporting organisations with learning labs and resources against each of the standards and a strengthening of assurance and monitoring metrics.

# Frontline staff flu vaccination uptake for the 2026/27 campaign (1 September to 1 November) is above last year's uptake level

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

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

Source: Vaccinations: Flu publication link [PUBLISHED]




**Current position:** Frontline staff flu vaccination uptake is 35.0% for the 2026/27 campaign (1 September to 1 November), an improvement on October 2025/26 (30.9%) and 9.7 percentage points above October 2024/25. Early uptake therefore shows improvement on last year's trajectory, which finished at 47.7%. A further 25 percentage points are needed to reach the 60% minimum ambition.

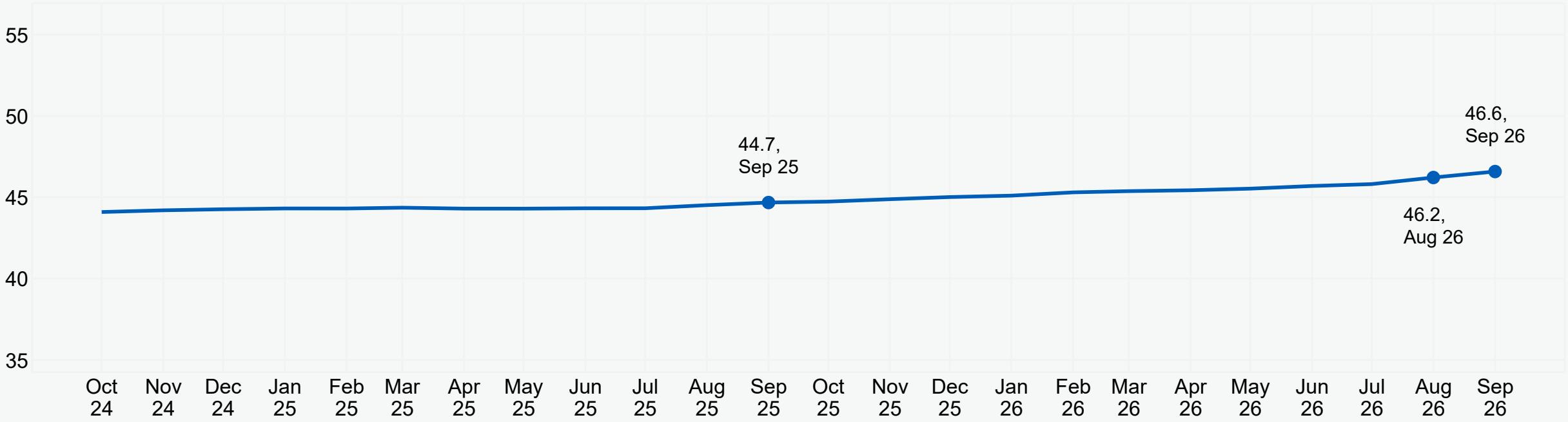
**Actions:** A target has been set for all trusts to aim for a minimum of 60% uptake among eligible frontline staff, with those sites already achieving 60% aiming to beat last year's results. The tripartite national flu programme 2026/27 letter has been published. FDP reporting tools have been developed to help trusts monitor uptake and regional commissioners identify areas of concern.

# GP full time equivalent per 100,000 GP registered population continues to increase

**Chart description:** The number of full time equivalent (FTE) GPs per 100,000 GP registered population (figures exclude GPs in training)

**NHSOF 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 an increase of 1.9 additional GP FTE per 100,000 GP registered population. The number of GP FTE grew from 44.7 in September 2025 to 46.6 in September 2026. An increase of 0.4 GP FTE per 100,000 GP registered population has occurred since August 2026.

**Actions:** NHS England has introduced greater flexibility through the Practice Level Reimbursement Scheme, designed to increase GP capacity. Changes made from 1 October 2026 provide additional flexibility in how funding can be claimed. Additionally, the General Practice Staff Experience and Retention programme will support practices to improve workplace factors affecting the experience and retention of GPs and the wider practice workforce. It will complement GP recruitment and capacity by strengthening workforce stability and continuity with impact on GP retention and GP to Patient ratio evaluated as delivery progresses.

# Annex

# Over 52 week waiters (community care) performance variation, September 2026

## Providers achieving 0% in September 2026:

| | | |
|---|---|---|
| Accelerate Cic | Gloucestershire Hospitals NHS Foundation Trust | Sherwood Forest Hospitals NHS Foundation Trust |
| Airedale NHS Foundation Trust | H S Physiotherapy Ltd | Shropshire Community Health NHS Trust |
| Allied Health Professionals Suffolk Cic | Humber Teaching NHS Foundation Trust | Somerset NHS Foundation Trust |
| Ashford And St Peter'S Hospitals NHS Foundation Trust | Imperial College Healthcare NHS Trust | South Tyneside And Sunderland NHS Foundation Trust |
| Berkshire Healthcare NHS Foundation Trust | Lancashire & South Cumbria NHS Foundation Trust | South West Yorkshire Partnership Teaching NHS Foundation Trust |
| Bradford District Care NHS Foundation Trust | Lincolnshire Community Health Services NHS Trust | St George'S University Hospitals NHS Foundation Trust |
| Bradford Teaching Hospitals NHS Foundation Trust | Liverpool Heart And Chest Hospital NHS Foundation Trust | Stockport NHS Foundation Trust |
| Care Plus Group | London North West University Healthcare NHS Trust | Suffolk Gp Federation |
| Central And North West London NHS Foundation Trust | Mersey Care NHS Foundation Trust | Tameside And Glossop Integrated Care NHS Foundation Trust |
| Central London Community Healthcare NHS Trust | Midlands Partnership University NHS Foundation Trust | The Hillingdon Hospitals NHS Foundation Trust |
| Chesterfield Royal Hospital NHS Foundation Trust | Mildmay Uk | University Hospitals Birmingham NHS Foundation Trust |
| Cora Health Ltd (Formerly Healthshare Limited) | Northumbria Healthcare NHS Foundation Trust | University Hospitals Coventry And Warwickshire NHS Trust |
| Cora Health Msk (Formerly Connect Health Ltd) | Nottingham Citycare Partnership | University Hospitals Of Leicester NHS Trust |
| Derbyshire Community Health Services NHS Foundation Trust | Novus Health Ltd | University Hospitals Of Morecambe Bay NHS Foundation Trust |
| Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust | Rotherham Doncaster And South Humber NHS Foundation Trust | University Hospitals Of North Midlands NHS Trust |
| Dorset Healthcare University NHS Foundation Trust | Royal Surrey NHS Foundation Trust | University Hospitals Plymouth NHS Trust |
| First Community Health And Care Cic | Sheffield Health Partnership University NHS Foundation Trust | Wirral Community Health And Care NHS Foundation Trust |

# 2026/27 NOF metrics update

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

**Board metrics under development**

| Metric | Data availability and report update |
|---|---|
| Breadth and depth of clinical audit outliers | No published data currently available. We will add this metric to the report if data becomes available. |
| Temporary staffing costs as a percentage of the total pay bill | No published data currently available. We will add this metric to the report if data becomes available. |
| Percentage of complaints open for more than six months | No published data currently available. We will add this metric to the report if data becomes available. |