

## Planning guidance objectives 2024/25 vs 2023/24

Area	Objective 2023/24	Objective 2024/25	Status	NHS Confederation commentary
<b>Quality and patient safety</b>		Implement the Patient Safety Incident Response Framework (PSIRF).	New	As published in 2022, the <a href="#">PSIRF</a> sets out the approach to developing and maintaining systems and processes for responding to incidents and has replaced the Serious Incident Response Framework.
<b>Urgent and emergency care</b>	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25.	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025.	Kept Uplift from 76% to 78%	The 76% target has not been met in any month of 2023/24 so far with a monthly average of 72% of patients being seen within 4 hours across this period. The latest monthly performance (February) is 71%, suggesting the uplift from 76% to 78% currently is not likely to be achieved without wider changes.
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25.	Improve category 2 ambulance response times to an average of 30 minutes across 2024/25.	Kept	In 2023/24, this target has been met in just one month (April 2023). The average response times for category 2 calls in the year to date was 36 minutes 46 seconds. This shows little evidence the 30-minute target can be consistently achieved.
	Reduce adult general and acute bed occupancy to 92% or below.	Not included in 2024/25 guidance.	Dropped	Bed occupancy is not mentioned in the guidance and although generally bed numbers have grown, average general and acute bed occupancy was almost 94% over the last winter.
<b>Community health services</b>	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard.	Not included in 2024/25 guidance.	Dropped	The target of responding to 70% of UCR referrals within 2 hours has been met consistently since it started in April 2022.
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals.	Not included in 2024/25 guidance.	Dropped	Primary care supports a 'right practitioner at the right time' approach as well as cross-sector, collaborative approaches to any pathway redesign.

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		Improve community services waiting times, with a focus on reducing long waits.	New	Across 2023/24 the waiting list for community services was at an average of 977,609. For adult services the average was around 750,000, and for children and young people's services around 230,000. In October 2023, backlogs had reached <a href="#">more than one million</a> in community health services, an increase of 10% since October 2022. The backlog is now down to 955,273 as of January 2024 but this is an increase of 11% compared to the same time last year. We have called for action on these long waits.
Primary care	Make it easier for people to contact a GP practice, including supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.	Kept	There is positive progress on this target, with appointments available to patients above pre-pandemic levels. In January 2024, 84% were delivered within 2 weeks of booking and 45% took place on the same day ( <a href="#">GPAD</a> ). However, demand continues to outpace capacity.
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024.	Not included in 2024/25 guidance.	Dropped	<a href="#">Target was met</a> by November 2023.
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024.	Not included in 2024/25 guidance.	Dropped	<a href="#">Target was met</a> by March 2023.
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.	Kept	<a href="#">Data available</a> up to June 2023, shows some increases in activity being achieved already.
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties).	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).	Kept Extended deadline	In 2023/24 on average 99,548 patients a month were waiting over 65 weeks for elective care. There is progress compared to last year, where during the same months (Apr 22–Jan 23) on average 149,620 patients waited over 65 weeks for elective care a month. However, with over 92,000 patients still waiting more than 65 weeks for treatment in January 2024 and progress

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				slowing in recent months, this target appears challenging.
	Deliver the system specific activity target (agreed through the operational planning process).	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%.	Kept	Activity volumes have only recently started to consistently pass pre-pandemic levels and this target, in light of continuing industrial action and financial challenges, appears difficult. Investment could support systems recover activity here.
		Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25.	New	This new ratio-based target should provide a better measure of progress in reducing the least productive types of outpatient follow-ups.
		Improve patients' experience of choice at point of referral.	New	There is currently significant interest in choice. However, its potential to reduce waits is unclear – for instance, use of PIDMAS scheme tested poorly with members and patients.
Cancer	Continue to reduce the number of patients waiting over 62 days.	Improve performance against the headline 62-day standard to 70% by March 2025.	Kept	When set, effective from October 2023, this target was 85%. In 2023/24 on average 64% of people's treatment began within 62 days. Performance against the 62-day standard has not been met during this period with the highest monthly performance just under 66%. Most recently in January 2024, 62% of people treated began treatment within 62 days. We suggest this target is unlikely to be achievable without wider changes.
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.	Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026.	Kept Uplift from 75% to 77%	This target has been in place since September 2021 and the standard has not yet been met. In 2021/22 average performance was 72%, in 2022/23 was 70% and in 2023/24 it was 72%. Most recently in January 2024, performance was 71%. Given the initial target of 75% hasn't been met since September 2021 the uplift to 77% means it is likely to be a challenge to reach this level of performance.

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	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.	Kept	Although early diagnosis is improving, currently only <u>around 54% of cancers</u> with a known stage are diagnosed at stages 1 and 2 – the target does not appear to be on track to be met.
Diagnostics	Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.	Increase the percentage of patients receiving a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.	Kept	So far in 2023/24 on average 26% of people waited over 6 weeks for a diagnostic test. In January 2024, <u>26% of people</u> waited over 6 weeks for a diagnostic test compared to 30% during the same time last year. But waiting times have not recovered since the pandemic and the target appears challenging to meet.
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.	Not included in 2024/25 guidance.	Dropped	Some work appears on track with <u>155 community diagnostic centres</u> open in England against a target of 160 by March 2025 and the guidance states the NHS has delivered record diagnostic activity in 2023. This must be supported by infrastructure investment and a sustainable staffing model.
Maternity, neonatal and women's health	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.	Not included in 2024/25 guidance.	Dropped	These progress measures are included in the three-year delivery plan for maternity and neonatal services below.
	Increase fill rates against funded establishment for maternity staff.	Not included in 2024/25 guidance.	Dropped	
		Continue to implement the three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment.	New	The <u>delivery plan</u> was published in March 2023.
		Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities.	New	This was <u>announced in 2023</u> and further updated <u>priorities</u> and <u>specification</u> have since been set out.
Mental health	Work towards eliminating inappropriate adult acute out-of-area placements.	Improve patient flow and work towards eliminating inappropriate out-of-area placements.	Kept, added flow	Out-of-area placements (OAPs) have risen during 2023/24, although it is a small number of trusts that make up the majority of OAPs. It is likely

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				they can be reduced in 2024/25, but at a measured trajectory.
	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0–25 accessing NHS-funded services (compared to 2019).	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019).	Kept	The targets for adult and 18-25 year olds accessing community mental health services are being met, but for those aged 0 -17 it is below trajectory, and reaching the target will be challenging.
	Achieve a 5% year-on-year increase in the number of adults and older adults supported by community mental health services.			The number of adults accessing transformed models of community care was tracking slightly above trajectory as of Q2 2023/24.
	Improve access to perinatal mental health services.			Progress against perinatal has been slower than hoped. 52,500 women accessed perinatal mental health care in 2022/23 so reaching 66,000 will be a stretch. NHSE reports that underinvestment is the main factor impacting on performance.
	Increase the number of adults and older adults accessing IAPT treatment.	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.	Kept	This access target is likely to be stretching – although there is new money, referrals have been lower than required recently.
		Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.	New	Rates have improved drastically since dipping during the pandemic, however they have reduced again recently with around 90,000 additional physical health checks needed to reach the 75% target. If rates were to return to those seen in 2022/23, this target could be met.
	Recover the dementia diagnosis rate to 66.7%	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025.	Kept	The dementia diagnosis rate was 65% in November 2023. There has been an upward trend since Jan 2023 and if this continues target will be met in 2024.
<b>People with a learning disability and</b>	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024.	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025.	Kept	NHSE reports this measure as remaining on track. As of October 2023, 35% of completed health checks for eligible people was higher than the same point the previous year, and there has

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autistic people				been a reduction in the number of people declining checks. There are, however, still concerns about people from BAME groups accessing learning disability health checks.
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit.	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population.	Kept	Target for learning disabilities has seen <u>30% reduction in number of people</u> with learning disability in inpatient care, against target of 50%. Rates of <u>autistic people in inpatient care</u> have risen drastically by just over 50%.
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024.	Increase the percentage of patients with hypertension treated according to NICE guidance to 80% by March 2025.	Kept Increased to 80%	Up to June 2023, <u>67% of hypertension patients</u> in England are managed appropriately, although short of the 2023/24 goal of 77% and contains variation across the ICBs.
	Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 60%.	Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025.	Kept Uplift from 60% to 65%	In June 2023, <u>60% of people with a high-risk score</u> were being treated with lipid lowering therapy meeting the 2023/24 target.
		Increase vaccination uptake for children and young people year-on-year towards WHO recommended levels.	New	WHO recommends <u>at least 95% of children are immunised against vaccine-preventable diseases</u> . In 2022/23, for the fifth consecutive year of the routine vaccinations, <u>none met this target</u> .
	Continue to address health inequalities and deliver on the Core20PLUS5 approach.	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people.	Kept	Tackling health inequalities is a core duty for systems, which in recent engagement fed back that Core20PLUS5 provides a helpful focus.
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise.	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.	Kept	The NHS staff survey and other data indicated the NHS has made some progress on most People Promise measures and would expect to continue to do so.
	Refresh whole system workforce plans to support national service recovery ambitions and delivery of key LTP and local ambitions.	Not included in 2024/25 guidance.	Dropped	Completed in 2023/24, with the NHS's 15-year <u>Long Term Workforce Plan</u> now the key reference point.

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		Improve the working lives of doctors in training by increasing choice and flexibility in rotas and reducing duplicative inductions and payroll errors.	New	This is achievable and NHS Employers and NHS England are currently working to support this aim.
		Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.	New	Acknowledge the current concern for employers in providing sufficient placements, outside of the expansion numbers in the plan. The proposed education funding agreement and £2.4 billion will help but this additional money will not be available until 2025/26. In the absence of announcements to support additional clinical placements/apprenticeships in 2024/25, if this is prioritised, monies may need to be taken from elsewhere in trusts/systems budgets to fund capacity. The recent <a href="#">National Audit report</a> highlighted that modelling had not taken the capacity required for existing NHS staff to support an expansion of placements into consideration, nor the impact on patient care.
Use of resources	Deliver a balanced net system financial position for 2023/24.	Deliver a balanced net system financial position for 2024/25.	Kept	A significant proportion of systems have reported that they expect to record a deficit in 2023/24. With industrial action ongoing, and no provision made for its impact, systems could start the next financial year in a worse underlying position.
		Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.	New	New, but reducing agency spend has been a constant policy ambition for several years.