

NHS England Board meeting

Paper title: COO Delivery Report 2024/25

Agenda item: 5.2 (Private session) / 5.1.1 (Public session)

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Links to:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input type="checkbox"/>	Governance	<input type="checkbox"/>
NHS Long Term Workforce Plan	<input type="checkbox"/>		

Working with people and communities:

What approaches have been used to ensure people and communities have informed this programme of work?

- ☐ Recruited Patient and Public Voice (PPV) Partners
- ☐ Consultation / engagement
- ☐ Qualitative data and insight, for example, national surveys; complaints
- ☐ Quantitative data and insight, for example national surveys
- ☐ Partnership working with voluntary, community and social enterprise organisations
- ☐ Other
- ☒ N/A

Action required:

The Board is asked to:

1. Note Performance across 24/25 to date; and
2. Receive assurance that NHS England and the NHS in England are looking ahead to 25/26 to meet their operational objectives.

Executive summary

1. This paper provides a summary of NHS performance and progress during 2024/25 (April 2024 to February 2025) including the likely headlines for year end based on currently unpublished data where that is available and where likely trajectories are clear. Substantial improvements have been delivered despite strikes in the first quarter of the year and rising demand. In several areas, due to these pressures, the targets set for 24/25 will not be met, and challenges to return NHS performance to desired standards remain across the board. In particular, I highlight challenges in community waits, in 12 hour waits in A&E, and in aspects of mental health delivery.

2. To continue the positive improvement trajectory that the NHS has delivered in almost all high priority areas this year will require a range of interventions including those to improve productivity and make the most of ongoing capital investment; to continue the shift to digital approaches and better data insight; to reduce local variation in performance by supporting staff to drive local improvement, ensuring they have the resources and skills needed; by making the policy shifts required to ensure care is delivered in the most appropriate location and at the most efficient scale; by ensuring the financial management system supports the changes required locally; and by maintaining the link between across finance, quality and operational performance delivery in target setting and oversight.
3. The work to align the assessment, assurance, performance management and performance improvement support across NHS England and the broader system has made substantial progress this year, with much more to do. It will be essential in 2025/26 to ensure that the diagnostic work to identify the root causes of underperformance is supported by the right assurance and regulatory intervention regime along with the right level of local ownership, capacity and capability to deliver the desired improvements. The full launch of the work to ensure leaders with the requisite turnaround skills can be placed in those systems that most need support will be critical to delivery.

Delivery in 2024/2025

4. Substantial performance improvements have been delivered by the NHS in England this year. Headlines include:
 - Four-hour A&E performance has improved year on year, despite 10% higher attendance and 1.6% more ambulance activity. Virtual wards and same day emergency care have reduced avoidable admissions. At the same time, 12 hour performance is worse year on year, from 6.8% of patients spending 12+ hours from decision to admit to admission at YTD Jan 24, to 8.0% at YTD January 25. This level of performance includes substantial variation between systems. Despite the challenge, we remain confident of delivering improved performance in comparison to 23/24 across Category 2 response and 4 hours performance.
 - The total waiting list has decreased by 35,094 since January 24, with consistent reductions month on month for the last six months, which is the first time this has happened since 2019. Although the goal to virtually eliminate 65 week waits was not achieved on the original timescale, long waiters overall have decreased with 65 week waits reducing by 84% from 92,213 in January 24 to 14,975 by January 25. Similarly, the total number of 52 week waits has fallen for the 8th consecutive month, dropping from 307,500 in May 2024 to 198,868 in January 2025, a decrease of 35.3% despite this not being a headline target for 24/25. The 52 weeks wait position is now the lowest % of the total waiting list since August 2020.
 - On Cancer, we are on track to meet the faster diagnosis standard (FDS) with 73.4% meeting the standard as of January 25 compared to 70.8% in Jan 24, whilst performance has been better than the 77% standard in 3 of the past 10 months. 62 day performance has seen a 4.6% improvement in comparison to last year (67.3% vs 62.7%). Our performance to date has given us confidence that we will exceed the planning guidance

commitments of 77% for FDS and 70% for 62 day treatment by year end 24/25. Although the early cancer diagnosis target (75% of cancers to be diagnosed at Stage 1 or 2 by 2028) will not be met, we are also diagnosing almost 59% of cancers at Stage 1 or 2, which is 7,350 more per year compared to pre-pandemic levels.

- Diagnostics have seen record activity levels, with 1.83m additional tests delivered by the programme from February 2024 to January 2025 in comparison to the same time series across 23/24. Although we have not been able to achieve the 95% 6 week wait target, largely due to increased urgent activity in acute settings consuming a higher-than-expected share of capacity, performance has at least kept pace with demand. This is seen in the volume of those waiting more than six weeks, which has reduced by 51,277 when comparing to Jan 2023.
- In mental health, community support and crisis care have reached more people, including children and young people, and Access and Waiting Time standards for Early Intervention in Psychosis (EIP), 60% of referral seen within two weeks, and NHS Talking therapies for anxiety and depression, where 95% referrals wait less than 18 weeks, are on track to be met. Although we have not met our aspirations on out of area placements, we have successfully reduced the number of people with learning disabilities and autism who are spending time as inpatients by 25.2%, with 2,176 people as inpatients in January 2025 compared to 2,910 in March 2024.
- In the second year of the Primary Care Access Recovery Plan, we have continued to improve access to general practice. The plan is focussed on empowering patients, implementing modern general practice, increasing capacity and reducing bureaucracy. We are on track to deliver 24/25 commitments for primary care access recovery (PCARP) with 52 of 59 milestones delivered to date and mitigations for those outstanding in place, whilst also having seen patients' satisfaction with ease of access improve on a month by month basis. Our improvements can be further evidenced by our delivery of 358 million appointments (February 2024 to January 2025), which is 5% higher than the previous 12 months. However, despite the work to extend emergency dental appointments, there are still too many areas where it is hard or impossible to register with an NHS dentist, and work is underway to deliver the 700k urgent dental appointments in line with Government commitment for 2025/2026.

5. In all of these areas, particularly where there are published (elective) or soon-to-be published (UEC) plans for the actions needed to improve further, we will continue to support systems to deliver the desired improvements for patients. In almost all these areas, one of the most critical interventions will be to support systems to rapidly codify, share, scale and embed existing improvements, to reduce the variability of performance across the country.

Urgent and Emergency Care (UEC)

6. From April 2024 to February 2025, four-hour A&E performance reached 73.4% in February 2025 (2.4 percentage points above February 2024), and Category 2 ambulance response times improved from 36 minutes 20 seconds to 31 minutes 22 seconds. Although we will not achieve the standards as per the planning guidance, we predict to deliver a 35 minutes and 20 seconds Category 2 response time and four-hour performance of 75% for year end. This is an

improvement on 23/24 by over a minute for Category 2 response and 0.7% for 4 hour performance, which were 36 minutes and 23 seconds and 74.3% respectively. Nonetheless, many trusts still report unacceptably long handovers, and 12-hour breaches remain too high in certain sites. Gains in performance were primarily achieved through additional core bed capacity, more extensive use of urgent treatment centres, and wider adoption of same day emergency care. More robust community-based responses and virtual wards also enabled more patients to be treated at home. Looking forward to 2025/26, efforts will focus on achieving at least 78% four-hour A&E performance, working towards a 30-minute average Category 2 response time, and strengthening discharge processes in collaboration with social care. Reducing significant variation in operational performance between trusts—especially around flow, handovers, and front-door streaming—would have a particularly profound impact on patient experience and outcomes in urgent care.

Elective care, cancer and diagnostics

7. By January 2025, the total elective waiting list had declined to 7.43 million, reducing by 147,605 since January 2024. The number of people waiting over 65 weeks fell to 14,975, and 78+ week waits reached 2,005, reflected by a performance of 58.9% year to date against the 18 week standard. We expect to deliver performance of 59.4% and a total waiting list of 7.41 million to conclude this financial year. Additional capacity in surgical hubs, weekend sessions, and mutual aid have underpinned these gains. Patient-initiated follow-up, remote pre-operative assessment, and data-driven backlog reduction all aided throughput. Over the coming year, the focus will be on increasing 18-week performance to 65% nationally by March 2026, reducing 52-week waits below 1% of the total list, and validating waiting lists every 12 weeks. Making 70% of elective appointments available on the NHS App and further standardising outpatient pathways could help reduce persistent pockets of underperformance among providers, thereby improving equity for patients.
8. The Faster Diagnosis Standard reached 73.4% in January 2025—2.6 points higher than a year earlier, albeit slightly down from December, with a year to date performance of 75.8%. The 62-day standard improved by 4.6 points to 67.3% in January 2025 (68.2% YTD). We remain confident of meeting both planning guidance commitments of 77% and 70% respectively by year end. Early diagnosis stands at 58.7%, above pre-pandemic levels by 2.8%. Collaboration through Cancer Alliances, coupled with teledermatology, straight-to-test, and best-practice timed pathways in lower GI and urology, accounted for much of the progress. Targeted screening initiatives such as lung health checks and wider use of faecal immunochemical testing also supported earlier intervention. In 2025/26, raising 62-day performance to 75% and moving the Faster Diagnosis Standard towards 80% by March 2026 will be core objectives, alongside investing in the diagnostic workforce and addressing variations in performance across different parts of the cancer pathway. A consistent approach to best-practice models, removing local disparities, will be vital to improving outcomes.
9. Throughout 2024/25, Community Diagnostic Centres consistently delivered over 100,000 tests weekly, holding six-week breaches at around 22.3%, albeit short of the 5% ambition laid out in the planning guidance, and we expect to end the year at 20% performance, an improvement on 23/24 (25.3%). The diagnostic waiting

list hovered near 1.6 million, reflecting strong activity levels but also ongoing increased demand. Unscheduled diagnostic requests rose by 6%, at times displacing routine bookings. Advances in performance have been supported by additional imaging and endoscopy capacity, longer operating hours, and pooled reporting networks. Direct GP access and limited AI-based triage helped curb unnecessary referrals. For 2025/26, maintaining progress towards 95% six-week compliance will require further workforce expansion and greater digital integration, particularly in reporting and booking systems. Streamlined, standardised approaches across trusts—covering everything from equipment use to referral pathways—would help further reduce variation and boost efficiency.

Mental health, learning disability, and autism (MHLDA)

10. In the 12 months to January 2025, Talking Therapies served 669,733 people, meeting the 67% reliable improvement standard but falling narrowly short of the 48% reliable recovery target at 47.5%. Children and young people's mental health services reached 817,308, broadly on plan but requiring faster growth to meet the 840,254 ambition by March 2025. Inpatient numbers for learning disability and autism have declined by 29% since 2015, although out of area placements rose to 404 in January 2025. Key gains came from 24/7 crisis lines, school-based teams, and workforce growth, which reached 155,295 full-time equivalents in September 2024. The priority for 2025/26 is to shorten lengths of stay in adult acute mental health beds, curb out of area placements, and expand support within educational settings. Improving dementia diagnosis and ensuring consistent provision of mental health services across geographies remain essential if outcomes are to be raised for all individuals, rather than only those in well-performing regions.

Primary care and community services

11. Access to primary care improved in 2024/25, with over 382.6 million general practice appointments delivered in the 12 months to January 2025. Of these, 88.5% occurred within 14 days, and 44.8% on the same day. Patient-reported ease of access rose from 60.9% to 73.3% (Health Improvement Survey, Wave 8). The NHS App is playing a growing role in empowering patients, with 22.68 million record views and 5.24 million repeat prescriptions in January 2025 alone—both exceeding monthly targets.
12. Digitisation continued at pace, with 99% of the primary care estate now equipped with digital telephony, improving call handling and introducing callback functionality. Over 700 practices benefitted from the General Practice Improvement Programme in 2024/25, supporting adoption of Modern General Practice models.
13. Community pharmacy has seen significant expansion, with Pharmacy First launched in January 2024, increasing access to treatment for common conditions. Targets have been exceeded for oral contraception (40,467 delivered vs 25,800 target) and blood pressure checks (199,182 vs 71,000). In December 2024, 257,048 clinical pathway consultations were completed, below the 320,000/month target but steadily rising.

14. Dental activity remains below ambition, with 78% of banded UDA courses delivered in December 2024 (down from 88% in November), and the New Patient Premium showing limited impact. The scheme will end on 31 March 2025, and efforts will shift to meeting the Government's ambition of 700,000 urgent dental appointments in 2025/26.
15. Community services capacity has grown, with over 10,000 virtual ward beds in operation and 84% of two-hour Urgent Community Response (UCR) referrals met in December 2024. UCR referrals have increased by 17% since April, totalling 63,110 in December. However, pressure on services persists, with 1.05 million people on community waiting lists in January 2025 and long waits for CYP, particularly in community paediatrics, where 88% of >52 week waits are concentrated.
16. Looking ahead to 2025/26, improvements in patient access and experience across primary and community care will remain a priority. This includes addressing variation in general practice, progressing contractual reform, and accelerating the shift to neighbourhood models of care that better meet population health needs.

Conclusion

17. Throughout 2024/25, the NHS has delivered substantial improvements to waiting times, emergency care, cancer pathways, diagnostics, and mental health services, directly benefiting patients across the country. However, there is still a long way to go to meet constitutional standards and ensure patients have the best possible care everywhere. Looking ahead to 2025/26, plans build upon local freedoms but expect systems to reduce cost bases, drive operational performance, and standardise best-practice approaches while improving quality. Reducing variation in operational performance, whether in A&E waiting times, elective RTT performance, cancer diagnostic and treatment timelines, and diagnostic capacity delivery, will be among the most critical levers to achieve consistently better outcomes. By maintaining focus on digital improvement, workforce skills and capacity, and supporting uptake of best practice, the NHS can deliver a more resilient, equitable service that meets the evolving health needs of the population.