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Welsh Government

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NHS performance for Welsh Local Health Boards, December 2024

Report providing a summary of NHS performance for the Welsh Local Health Boards, covering emergency department and planned care waiting times, and ambulance response.

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Introduction

This quarterly statistical release provides a summary of NHS performance data for the individual Welsh local health boards. Monthly analysis for Wales as a whole is published in the accompanying **NHS Activity and Performance summary** (<https://www.gov.wales/nhs-activity-and-performance-summary>). **Detailed monthly data for local health boards are also available on StatsWales** (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Cancer-Waiting-Times/Monthly>).

Analyses are presented here for each health board based on established Welsh Government performance targets for ambulance response, emergency departments, outpatient appointments, diagnostics and therapies, referral to treatment (RTT) and cancer services. You can navigate to specific health boards using the section hyperlinks in the top left of this report.

Data in this statistical report have been provided by Digital Health and Care Wales (DHCW) and the Welsh Ambulances Services University NHS Trust (WAST). For some measures, Powys is not comparable with the other health boards in Wales. This is because there are significant differences in the number and type of services provided in Powys compared with the other health boards.

Main points

Of the measures covered in this report, currently the only health board meeting any of the performance targets is Swansea Bay, which has no first outpatient appointments over one year. Powys has only one therapies pathway waiting over the target time, and this is also in single figures in Swansea Bay.

For emergency ambulance or 'red' calls, in November Aneurin Bevan had the

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highest proportion of responses within 8 minutes at 52.0%. Cardiff and Vale had the lowest at 43.2%.

In emergency departments, Aneurin Bevan had the highest proportion of patients admitted, transferred or discharged within the 4 hour target at 76.1%, while Cardiff and Vale had the lowest at 58.8%.

Aneurin Bevan currently had the lowest percentage waiting longer than 12 hours in emergency departments at 8.0%, while Betsi Cadwaladr had the highest at 16.2%.

Swansea Bay had the lowest proportion of RTT pathways waiting longer than one year in October at 14.8% of pathways, while Betsi Cadwaladr had the highest at 26.9% of pathways. Swansea Bay also had the lowest proportion waiting longer than two years at 1.3% and Betsi Cadwaladr had the highest at 5.2%.

For first outpatient appointments, the lowest proportion waiting longer than one year was in Swansea Bay where there are no pathways. Betsi Cadwaladr had the highest waiting longer than one year at 27.0% of pathways.

Powys currently has the lowest proportion of diagnostic waits longer than the target time of 8 weeks at 16.9%. Cardiff and Vale has the highest at 61.3% of pathways.

For therapies, Powys currently has the lowest proportion waiting longer than the target of 14 weeks at less than 1%. Hywel Dda has the highest at 23.1% of pathways.

For cancer services, the highest proportion of patients starting treatment within 62 days from the point of suspicion is currently in Cardiff and Vale at 72.5%, and the lowest is in Hywel Dda at 44.7%.

Aneurin Bevan

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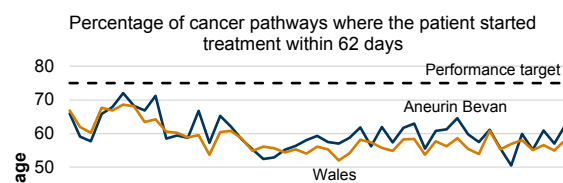
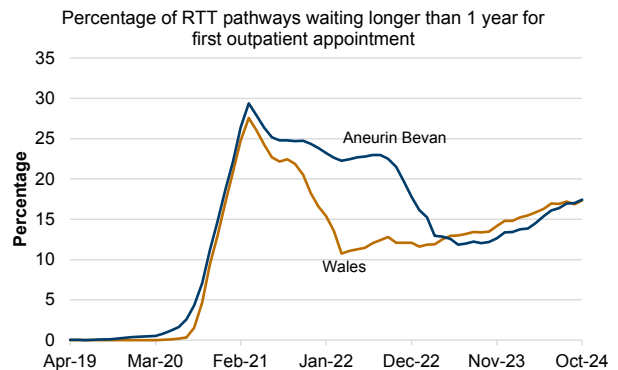
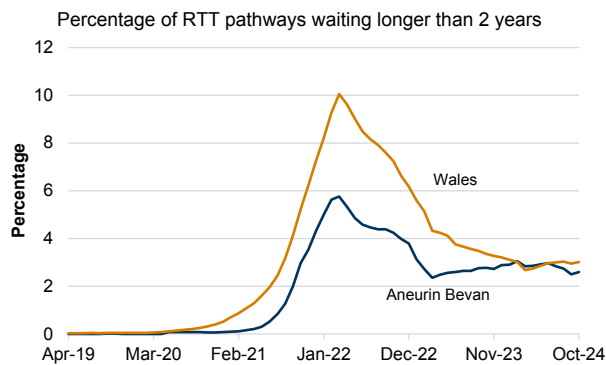
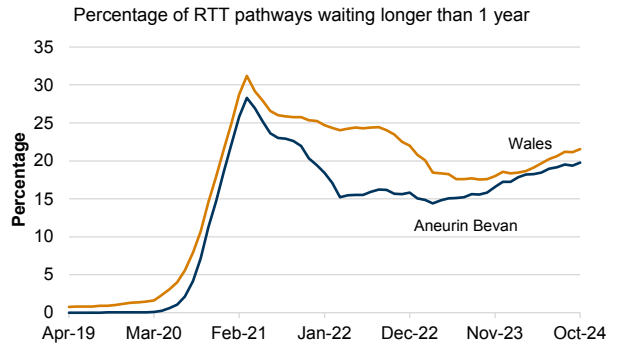
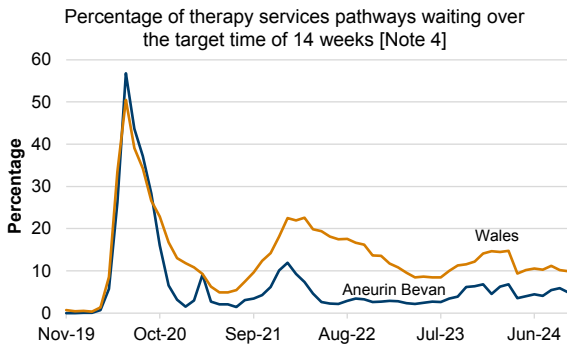
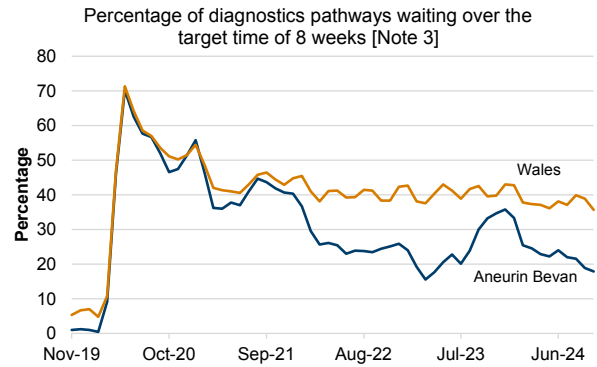
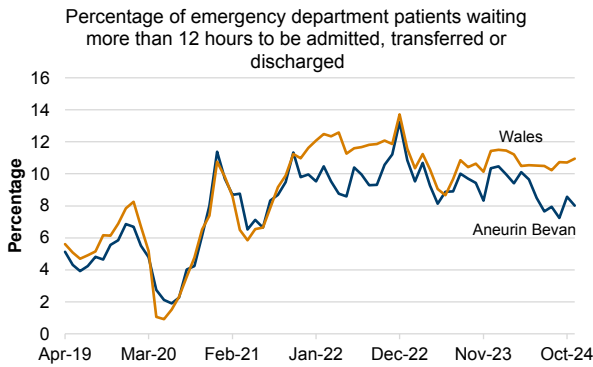
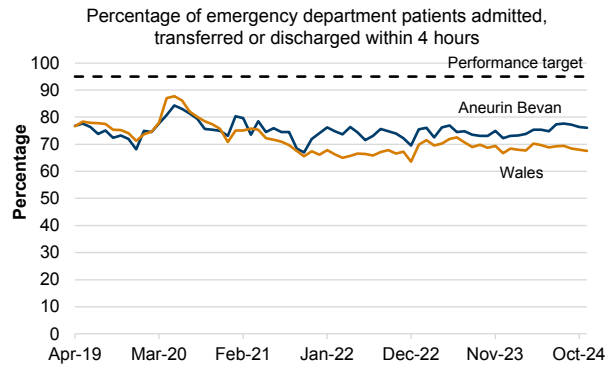
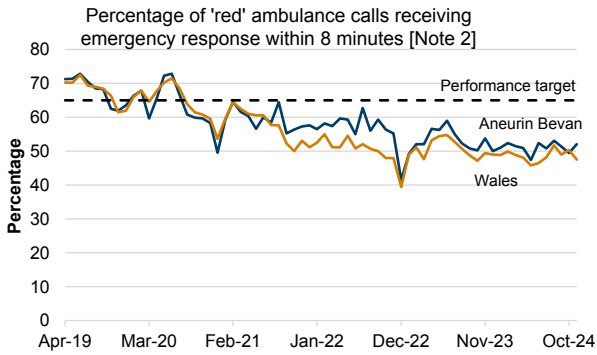
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Figure 1: Aneurin Bevan performance summary to October 2024 for scheduled care and November 2024 for unscheduled care [Note 1] [Note 2] [Note 3] [Note 4]

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Dec-20 Jul-21 Feb-22 Sep-22 Apr-23 Nov-23 Jun-24

Description of Figure 1: A series of charts showing comparative performance for Aneurin Bevan local health board and Wales for selected measures in urgent and emergency care and planned care. The key points are summarised in the narrative section below.

Source: Welsh Ambulance Services NHS Trust, Emergency department data set (DHCW), Diagnostic and therapy services waiting times (DHCW), Referral to treatment times (DHCW), Suspected Cancer Pathway (DHCW)

Health and Social Care statistics, on StatsWales (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care>)

[Note 1]: The percentage axes of these charts are on different scales and this should be taken into account comparing between these measures.

[Note 2]: An update to call handling in May 2019 resulted in a change to red incident volume. It is not possible to directly compare before and after this date. Further details are available in the **quality information** (<https://www.gov.wales/nhs-activity-and-performance-summary-quality-report>).

[Note 3]: Neurophysiology data for Aneurin Bevan became available in June 2023, adding around 1,000 pathways that had not been reported previously.

Neurophysiology diagnostics services were provided by Aneurin Bevan before June 2023, however those data are not available. This affects the comparability of diagnostic data for Aneurin Bevan and Wales over time.

[Note 4]: From April 2024 audiology and weight management pathways were no longer reported in the therapies data, meaning they are not directly comparable with data up to March 2024.

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Unscheduled care in November 2024

52.0% of 'red' ambulance calls received a response within 8 minutes. Performance has generally deteriorated in recent years.

76.1% of emergency department patients were admitted, transferred or discharged within 4 hours. There is no discernible long-term trend in performance.

8.0% of patients waited more than 12 hours to be admitted, transferred or discharged. This has been changeable in recent years.

Scheduled care in October 2024

17.9% of pathways were waiting over the target time for diagnostics tests. This has fallen since the start of the COVID-19 pandemic but is still higher than pre-pandemic levels.

4.9% of pathways were waiting over the target time for therapy services. The percentage has fallen since the start of the COVID-19 pandemic and has settled between 0 and 10%.

19.8% of RTT pathways were waiting longer than 1 year. Despite falling in early 2021, numbers have risen in the past year.

2.6% of RTT pathways were waiting longer than 2 years. Numbers started to fall in early 2022 and have plateaued since early 2023.

17.3% of pathways were waiting longer than 1 year for their first outpatient appointment. Despite starting to fall in early 2021, numbers started to rise again in mid-2023.

62.4% of cancer pathways started their first definitive treatment within the target time. Performance has fluctuated over time.

Summary

In October Aneurin Bevan performed better than the overall Wales average for 'red' ambulance calls and the percentage of emergency department patients admitted, transferred or discharged within 4 and 12 hours.

Performance is currently better than the overall Wales figures for diagnostic tests, therapies and cancer treatment waiting times. For RTT waiting lists and first outpatient appointment waits performance is similar to the Wales average.

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Betsi Cadwaladr

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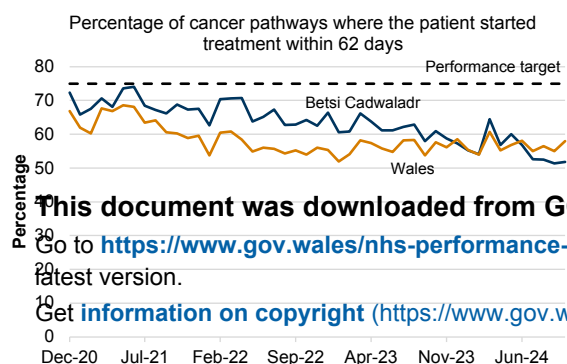
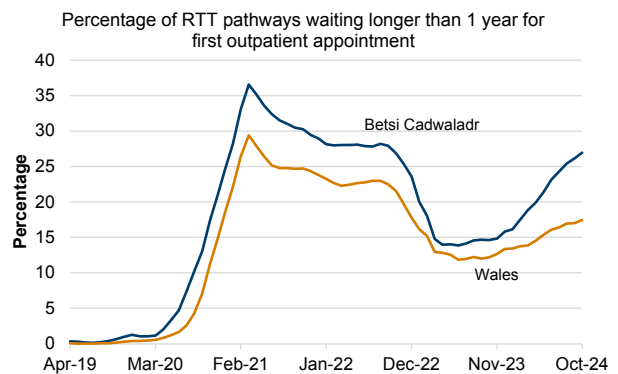
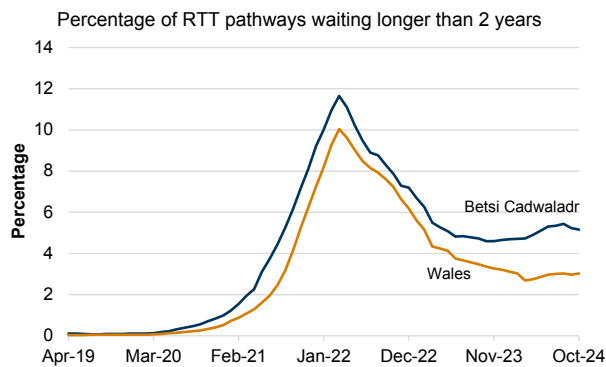
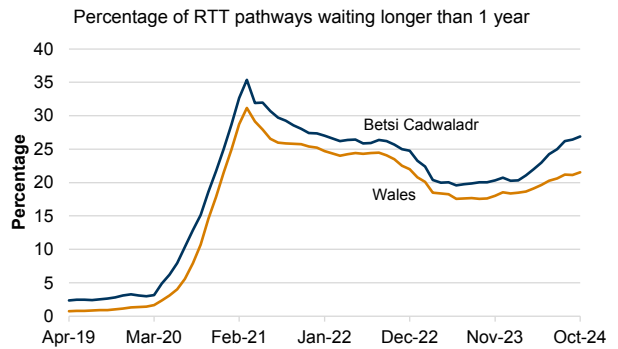
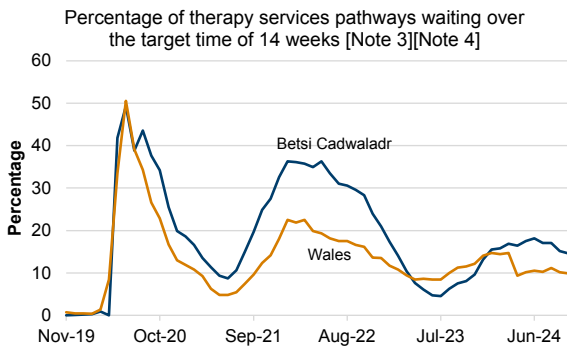
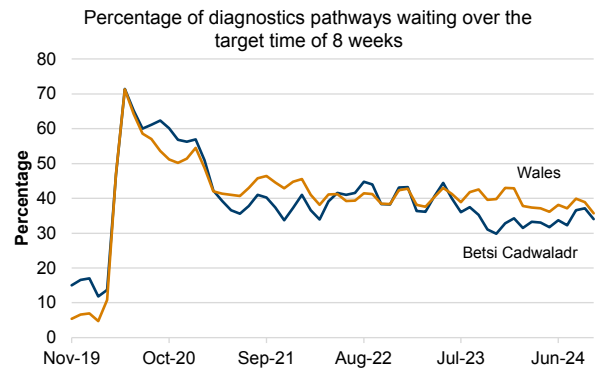
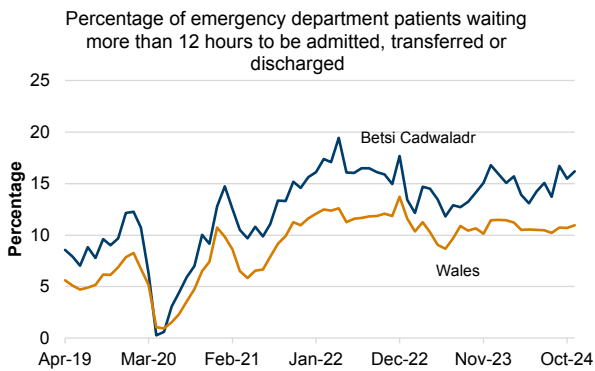
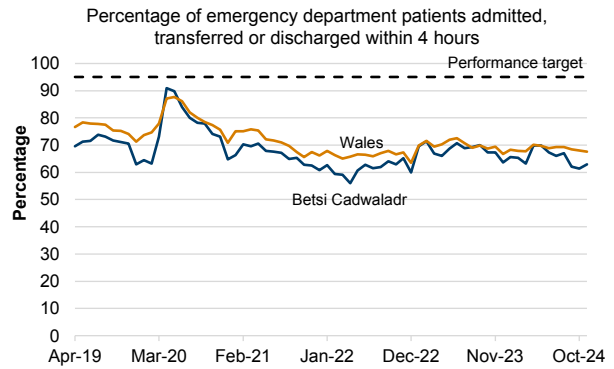
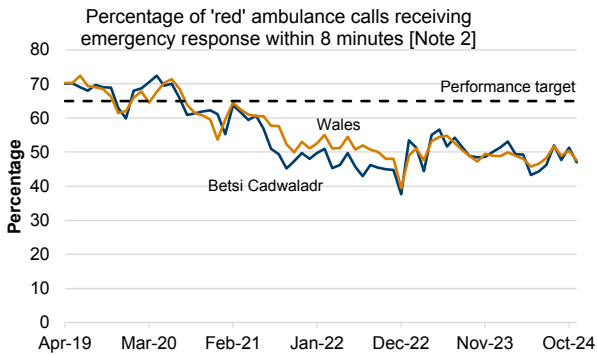
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Figure 2: Betsi Cadwaladr performance summary to October 2024 for scheduled care and November 2024 for unscheduled care [Note 1] [Note 2] [Note 3] [Note 4]

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Description of Figure 2: A series of charts showing comparative performance for Betsi Cadwaladr local health board and Wales for selected measures in urgent and emergency care and planned care. The key points are summarised in the narrative section below.

Source: Welsh Ambulance Services NHS Trust, Emergency department data set, DHCW, Diagnostic and therapy services waiting times, DHCW, Referral to treatment times, DHCW, Suspected Cancer Pathway, DHCW

Health and Social Care statistics, on StatsWales (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care>)

[Note 1]: The percentage axes of these charts are on different scales and this should be taken into account comparing between these measures.

[Note 2]: An update to call handling in May 2019 resulted in a change to red incident volume. It is not possible to directly compare before and after this date. Further details are available in the **quality information** (<https://www.gov.wales/nhs-activity-and-performance-summary-quality-report>).

[Note 3]: In April 2020 Betsi Cadwaladr did not submit any data for therapies, please see the quality information for more information.

[Note 4]: From April 2024 audiology and weight management pathways were no longer reported in the therapies data, meaning they are not directly comparable with data up to March 2024.

Unscheduled care in November 2024

47.0% of 'red' ambulance calls received a response within 8 minutes. Performance has generally deteriorated in recent years.

62.9% of emergency department patients were admitted, transferred or

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discharged within 4 hours. There is no discernible long-term trend in performance.

16.2% of patients waited more than 12 hours to be admitted, transferred or discharged. This has generally increased in recent years.

Scheduled care in October 2024

34.1% of pathways were waiting over the target time for diagnostics tests. This has fallen since the start of the COVID-19 pandemic but is still higher than pre-pandemic levels.

14.6% of pathways were waiting over the target time for therapy services. This has been changeable since the onset of the pandemic.

26.9% of RTT pathways were waiting longer than 1 year. Despite falling in early 2021, numbers have risen in the past year.

5.2% of RTT pathways were waiting longer than 2 years. Despite falling in early 2022, numbers have plateaued since mid-2023.

27.0% of pathways were waiting longer than 1 year for their first outpatient appointment. Despite falling from early 2021, numbers have been rising in the last year.

51.8% of cancer pathways started their first definitive treatment within the target time. The long term trend is generally downwards.

Summary

For ambulance response times, Betsi Cadwaladr is currently similar to the Wales average. The percentage of emergency department patients admitted,

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transferred or discharged within 4 and 12 hours is currently worse than the Wales average.

Performance is currently similar to the overall Wales figures for diagnostic tests, worse for therapies and worse than the overall Wales figures for RTT waiting lists. Performance is also worse than the Wales average for cancer treatment waiting times and first outpatient appointment waits.

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Cardiff and Vale

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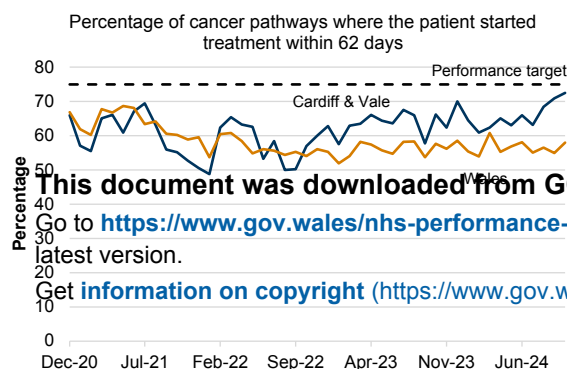
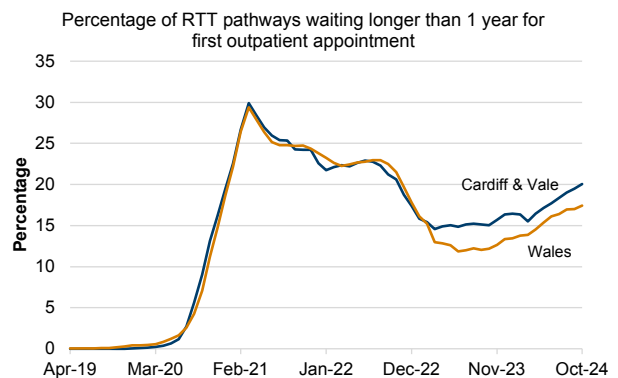
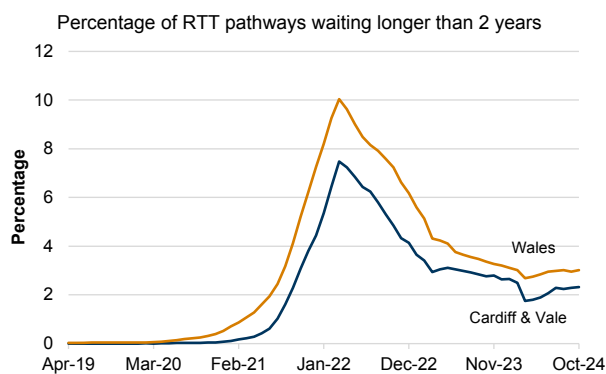
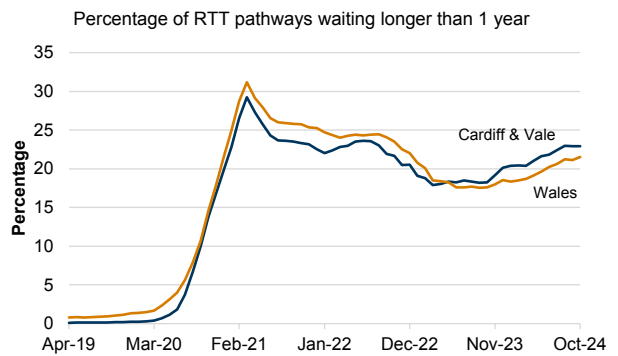
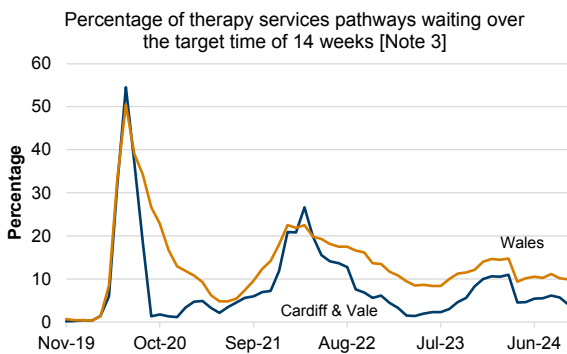
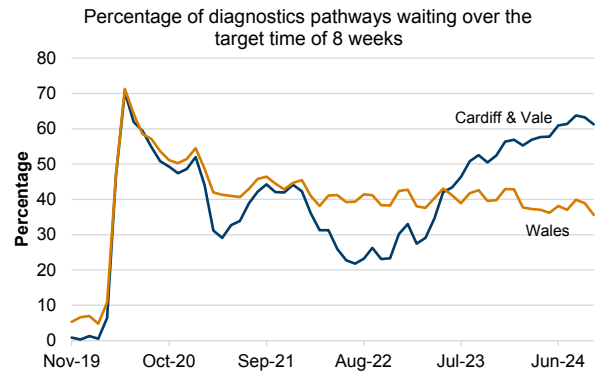
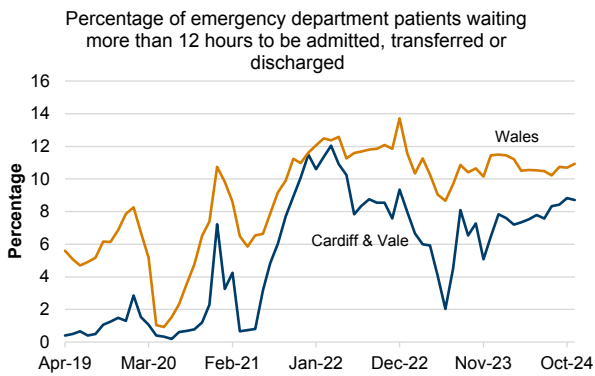
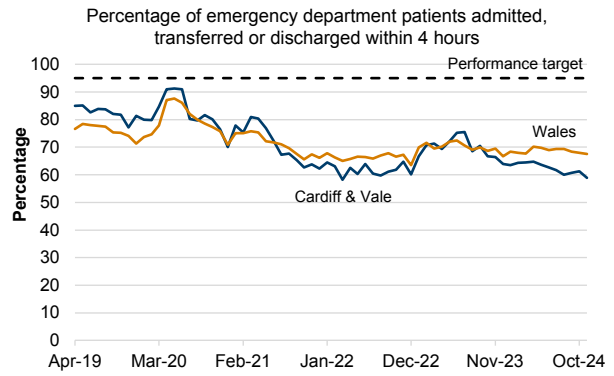
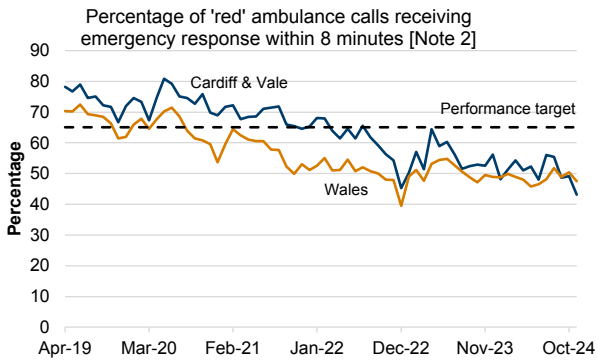
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Figure 3: Cardiff and Vale performance summary to October 2024 for scheduled care and November 2024 for unscheduled care [Note 1] [Note 2] [Note 3]

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Description of Figure 3: A series of charts showing comparative performance for Cardiff and Vale local health board and Wales for selected measures in urgent and emergency care and planned care. The key points are summarised in the narrative section below.

Source: Welsh Ambulance Services NHS Trust, Emergency department data set, DHCW, Diagnostic and therapy services waiting times, DHCW, Referral to treatment times, DHCW, Suspected Cancer Pathway, DHCW

Health and Social Care statistics, on StatsWales (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care>)

[Note 1]: The percentage axes of these charts are on different scales and this should be taken into account comparing between these measures.

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[Note 3]: From April 2024 audiology and weight management pathways were no longer reported in the therapies data, meaning they are not directly comparable with data up to March 2024.

Unscheduled care in November 2024

43.2% of 'red' calls received a response within 8 minutes. Performance has generally deteriorated in recent years.

58.8% of emergency department patients were admitted, transferred or discharged within 4 hours.. Performance has generally deteriorated in recent years.

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8.7% of patients waited more than 12 hours to be admitted, transferred or discharged. There has been a downward trend in performance since mid-2023.

Scheduled care in October 2024

61.3% of pathways were waiting over the target time for diagnostics tests. Numbers have risen significantly in recent years.

4.1% of pathways were waiting over the target time for therapy services. Numbers have fallen since the start of the COVID-19 pandemic but are still higher than pre-pandemic levels.

22.9% of RTT pathways were waiting longer than 1 year. Despite falling in early 2021, numbers have risen in the past year.

2.3% of RTT pathways were waiting longer than 2 years and this has been relatively stable recently.

20.1% of pathways were waiting longer than 1 year for their first outpatient appointment.. Despite starting to fall in early 2021, numbers have been rising in the past year.

72.5% of cancer pathways started their first definitive treatment within the target time.

Summary

For ambulance response times, Cardiff and Vale is currently worse than the Wales average. The percentage of emergency department patients admitted, transferred or discharged within 4 hours is currently worse than the Wales average, and the percentage waiting more than 12 hours is better than the Wales average.

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In Cardiff and Vale, performance is currently worse than the overall Wales figures for diagnostic tests, better for therapies and similar to the overall Wales figures for RTT waiting lists. Performance is better than the Wales average for cancer treatment waiting times, and worse than the Wales average for first outpatient appointment waits.

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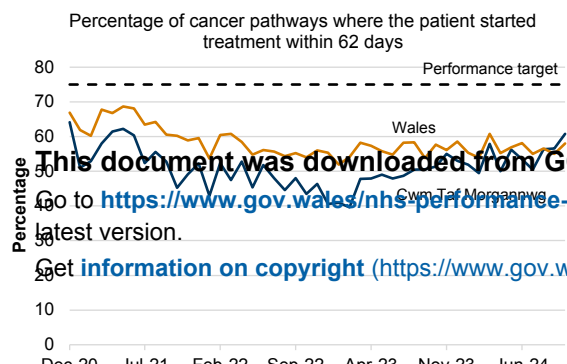
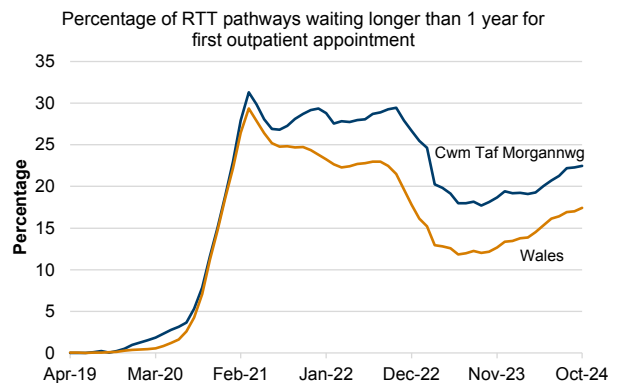
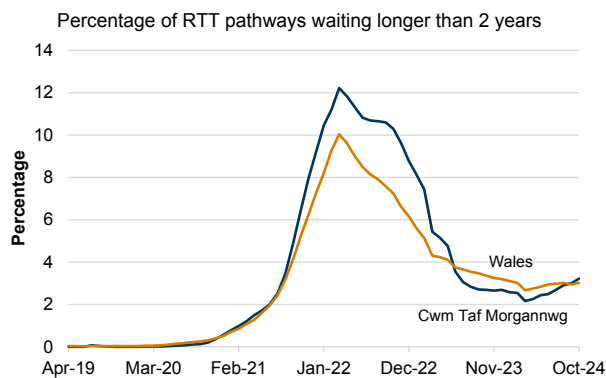
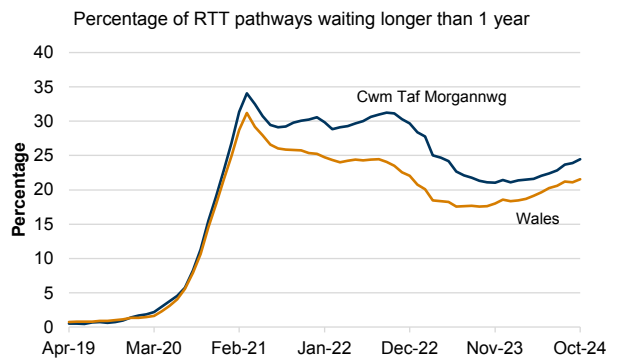
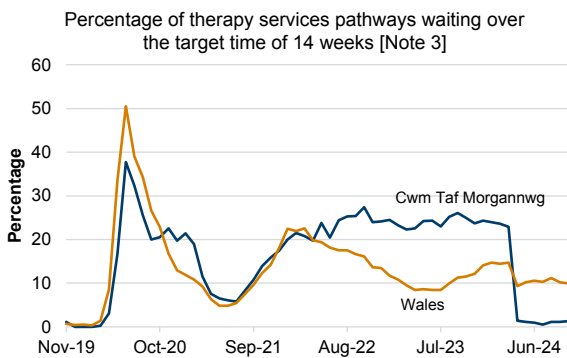
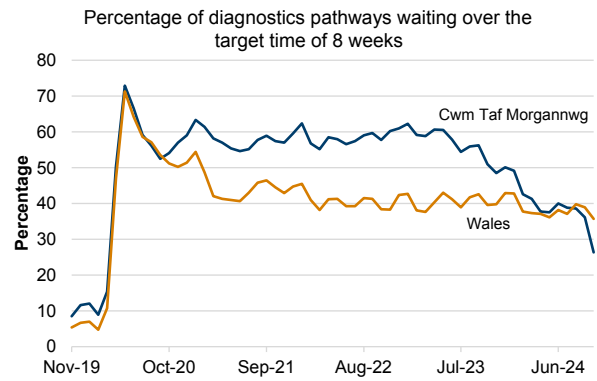
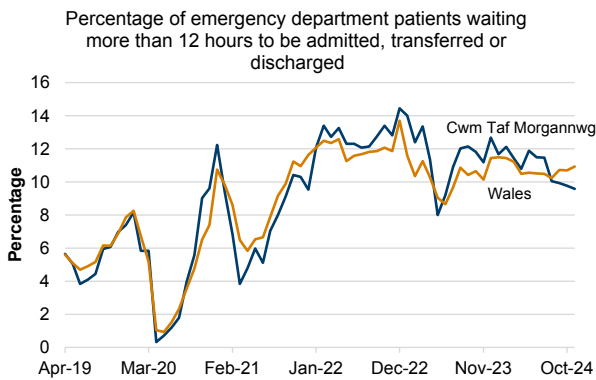
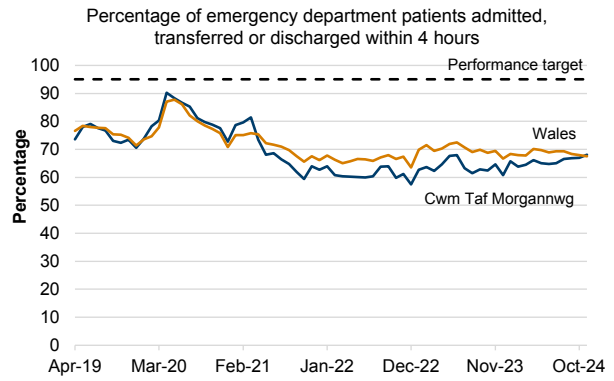
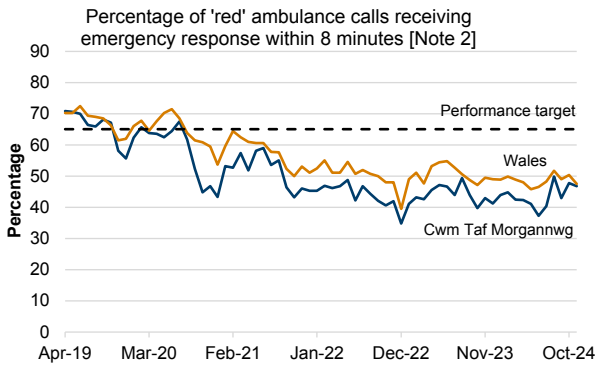
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Figure 4: Cwm Taf Morgannwg performance summary to October 2024 for scheduled care and November 2024 for unscheduled care [Note 1] [Note 2] [Note 3]

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Description of Figure 4: A series of charts showing comparative performance for Cwm Taf Morgannwg local health board and Wales for selected measures in urgent and emergency care and planned care. The key points are summarised in the narrative section below.

Source: Welsh Ambulance Services NHS Trust, Emergency department data set, DHCW, Diagnostic and therapy services waiting times, DHCW, Referral to treatment times, DHCW, Suspected Cancer Pathway, DHCW

Health and Social Care statistics, on StatsWales (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care>)

[Note 1]: The percentage axes of these charts are on different scales and this should be taken into account comparing between these measures.

[Note 2]: An update to call handling in May 2019 resulted in a change to red incident volume. It is not possible to directly compare before and after this date. Further details are available in the **quality information** (<https://www.gov.wales/nhs-activity-and-performance-summary-quality-report>).

[Note 3]: From April 2024 audiology and weight management pathways were no longer reported in the therapies data, meaning they are not directly comparable with data up to March 2024.

Unscheduled care in November 2024

46.8% of 'red' calls received a response within 8 minutes. Performance has generally deteriorated in recent years.

68.1% of emergency department patients were admitted, transferred or discharged within 4 hours. The trend has been relatively stable in recent years.

9.6% of patients waited more than 12 hours to be admitted, transferred or

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discharged. This has generally fallen recently.

Scheduled care in October 2024

26.3% of pathways were waiting over the target time for diagnostics tests. Numbers have fallen since the start of the COVID-19 pandemic but are still higher than pre-pandemic levels.

1.3% of pathways were waiting over the target time for therapy services. Numbers have fallen since the start of the COVID-19 pandemic and are back to pre-pandemic levels.

24.5% of RTT pathways were waiting longer than 1 year. Numbers have fallen since early 2021 but have risen recently.

3.2% of RTT pathways were waiting longer than 2 years. Numbers have fallen significantly since early 2022.

22.5% of pathways were waiting longer than 1 year for their first outpatient appointment. Despite starting to fall in early 2021, numbers have been rising in the past year.

60.8% of cancer pathways started their first definitive treatment within the target time and performance has increased in recent years.

Summary

For ambulance response times, Cwm Taf Morgannwg is currently similar to the Wales average. The percentage of emergency department patients admitted, transferred or discharged within 4 hours is currently similar to the Wales average, while the percentage waiting more than 12 hours is slightly better than the Wales average.

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In Cwm Taf Morgannwg, performance is currently better than the overall Wales figures for diagnostic tests, better for therapies and similar to the overall Wales figures for RTT waiting lists. Performance is slightly better than the Wales average for cancer treatment waiting times, and worse than the Wales average for first outpatient appointment waits.

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Hywel Dda

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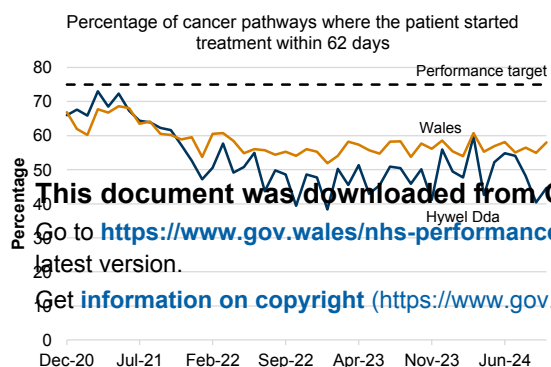
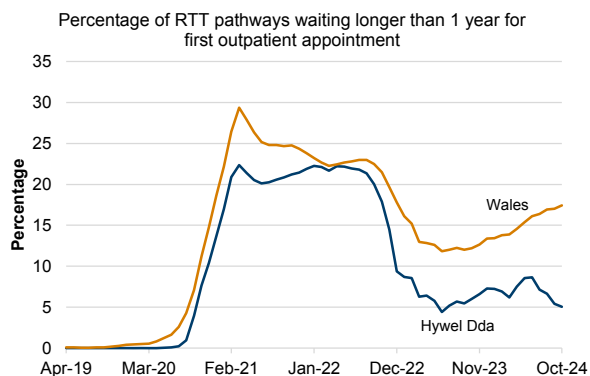
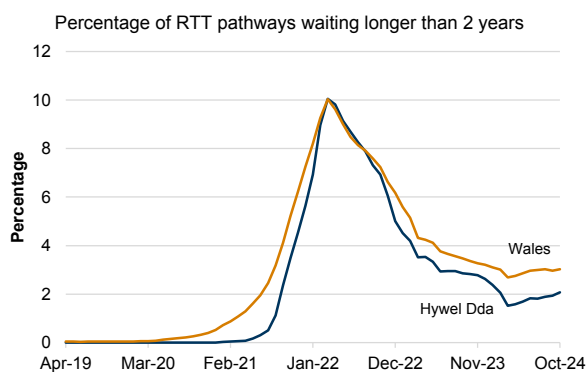
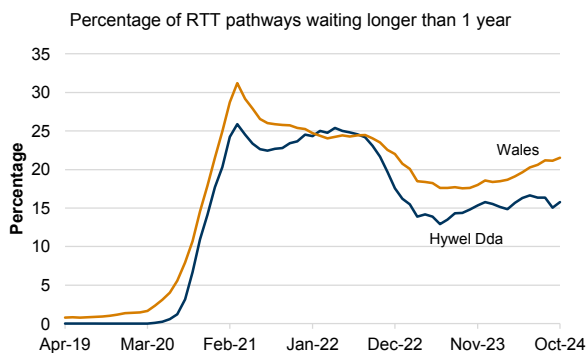
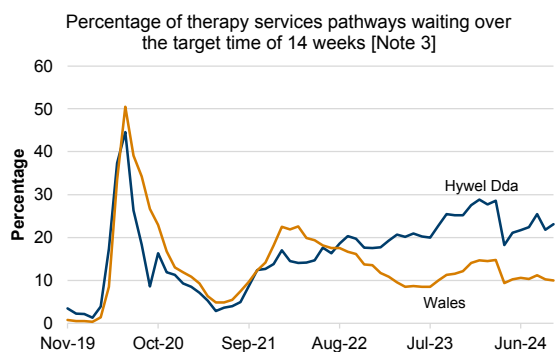
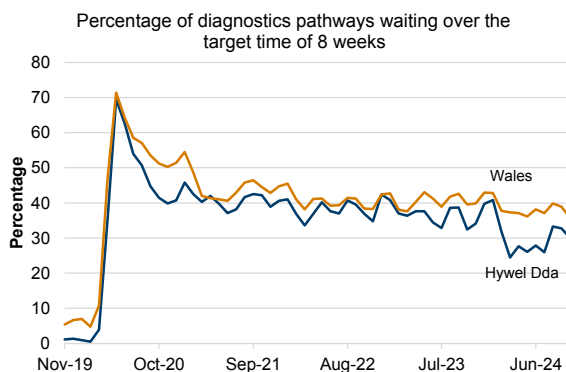
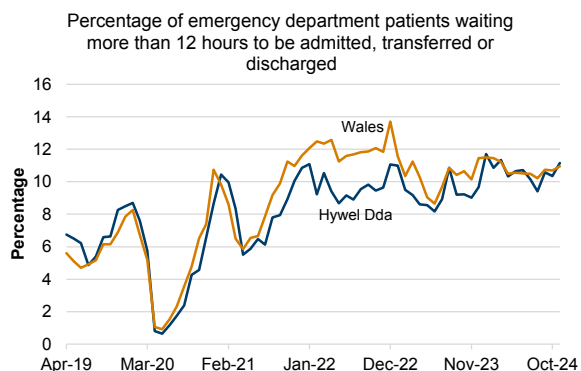
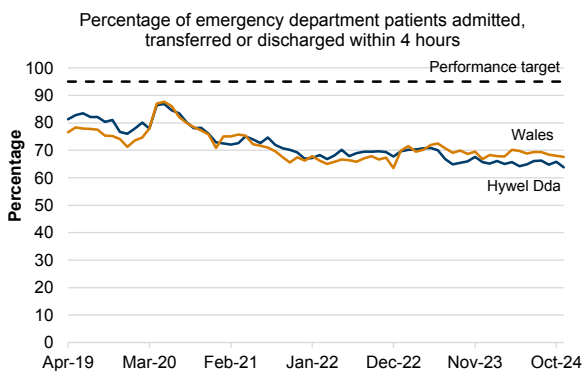
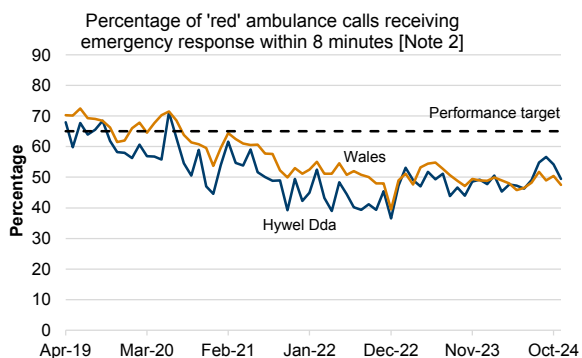
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Figure 5: Hywel Dda performance summary to October 2024 for scheduled care and November 2024 for unscheduled care [Note 1] [Note 2] [Note 3]

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Description of Figure 5: A series of charts showing comparative performance for Hywel Dda local health board and Wales for selected measures in urgent and emergency care and planned care. The key points are summarised in the narrative section below.

Source: Welsh Ambulance Services NHS Trust, Emergency department data set, DHCW, Diagnostic and therapy services waiting times, DHCW, Referral to treatment times, DHCW, Suspected Cancer Pathway, DHCW

Health and Social Care statistics, on StatsWales (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care>)

[Note 1]: The percentage axes of these charts are on different scales and this should be taken into account comparing between these measures.

[Note 2]: An update to call handling in May 2019 resulted in a change to red incident volume. It is not possible to directly compare before and after this date. Further details are available in the **quality information** (<https://www.gov.wales/nhs-activity-and-performance-summary-quality-report>).

[Note 3]: From April 2024 audiology and weight management pathways were no longer reported in the therapies data, meaning they are not directly comparable with data up to March 2024.

Unscheduled care in November 2024

49.5% of 'red' calls received a response within 8 minutes. Performance has been changeable in recent years.

63.8% of emergency department patients were admitted, transferred or discharged within 4 hours. There has been a slight downward trend in recent years.

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11.2% of patients waited more than 12 hours to be admitted, transferred or discharged. This has generally increased in recent years.

Scheduled care in October 2024

30.0% of pathways were waiting over the target time for diagnostics tests. This has fallen since the peak in 2020 but is still higher than pre-pandemic levels.

23.1% of pathways were waiting over the target time for therapy services. This is lower than the peak in 2020 but it has been generally rising since mid-2021.

15.8% of RTT pathways were waiting longer than 1 year. Despite falling into 2023, numbers have plateaued since.

2.1% of RTT pathways were waiting longer than 2 years. Numbers have been falling since early 2022.

5.0% of pathways were waiting longer than 1 year for their first outpatient appointment. Despite starting to fall in mid-2022, numbers have broadly settled in the past year.

44.7% of cancer pathways started their first definitive treatment within the target time. This has been changeable in recent years with no discernible trend.

Summary

For 'red' ambulance response times, Hywel Dda is currently similar to the Wales average. The percentage of emergency department patients admitted, transferred or discharged within 4 hours is slightly lower than the Wales average, and the percentage waiting more than 12 hours is similar to the Wales average.

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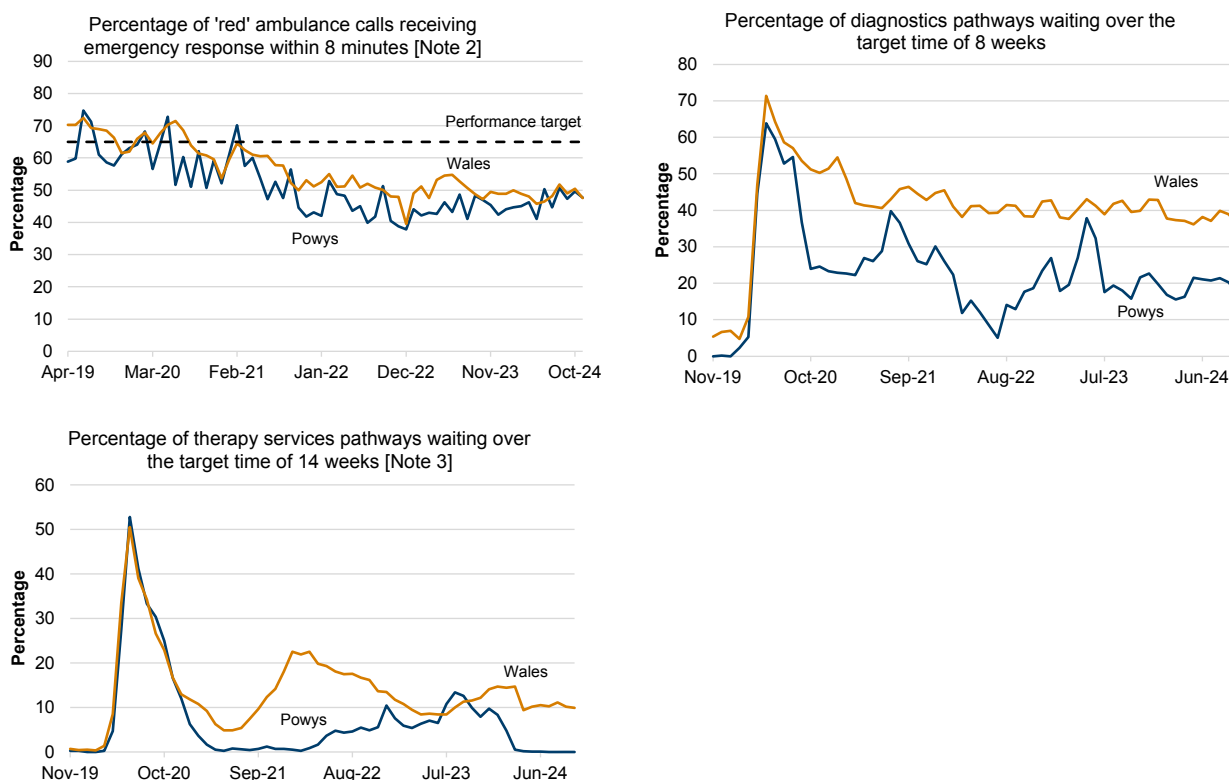
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Performance is currently better than the overall Wales figures for diagnostic tests, worse for therapies and better than the overall Wales figures for RTT waiting lists. Performance is worse than the Wales average for cancer treatment waiting times, and better than the Wales average for first outpatient appointment waits.

Powys

Figure 6: performance summary to October 2024 for scheduled care and November 2024 for unscheduled care 2024 [Note 1] [Note 2] [Note 3]



Description of Figure 6: A series of charts showing comparative performance for

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Powys local health board and Wales for selected measures in urgent and emergency care and planned care. The key points are summarised in the narrative section below.

Source: Welsh Ambulance Services NHS Trust, Diagnostic and therapy services waiting times, DHCW

Health and Social Care statistics, on StatsWales (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care>)

[Note 1]: The percentage axes of these charts are on different scales and care should be taken when comparing between these measures.

[Note 2]: An update to call handling in May 2019 resulted in a change to red incident volume. It is not possible to directly compare before and after this date. Further details are available in the **quality information** (<https://www.gov.wales/nhs-activity-and-performance-summary-quality-report>).

[Note 3]: From April 2024 audiology and weight management pathways were no longer reported in the therapies data, meaning they are not directly comparable with data up to March 2024.

Unscheduled care in November 2024

47.6% of 'red' calls received a response within 8 minutes. Performance has been relatively stable recently.

Scheduled care in October 2024

16.9% of pathways were waiting over the target time for diagnostics tests. Numbers have fallen since the start of the COVID-19 pandemic but are still higher than pre-pandemic levels.

Only 1 pathway was waiting over the target time for therapy services. Numbers have been at pre-pandemic levels for some time.

Summary

For some measures, Powys is not comparable with the other health boards in Wales. This is because there are significant differences in the number and type of services provided in Powys compared with the other health boards. Figures are, however, broadly comparable with other health boards for ambulance response and diagnostics and therapy pathways. For 'red' ambulance response times, Powys is currently similar to the Wales average. Performance is currently better than the overall Wales figures for diagnostic tests and for therapies.

Swansea Bay

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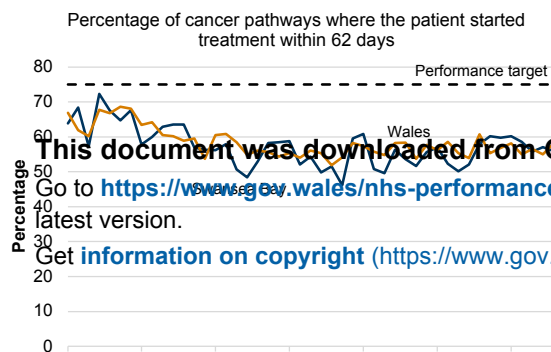
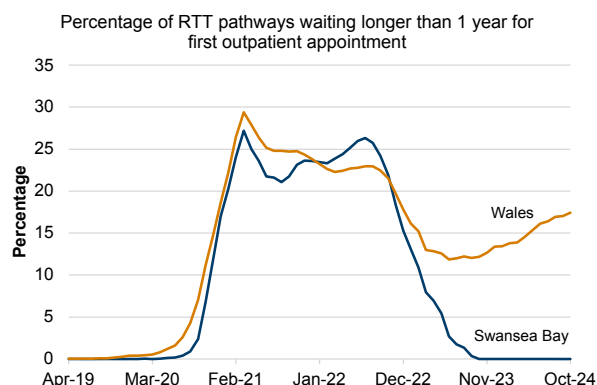
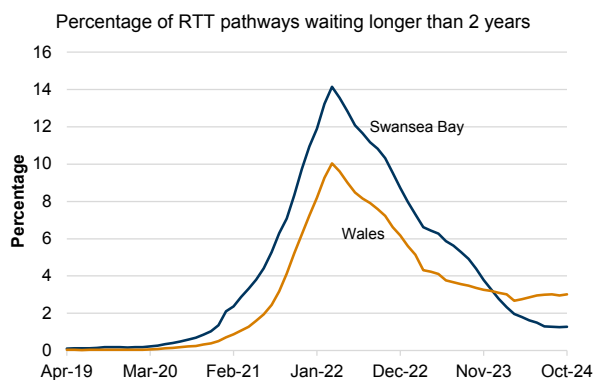
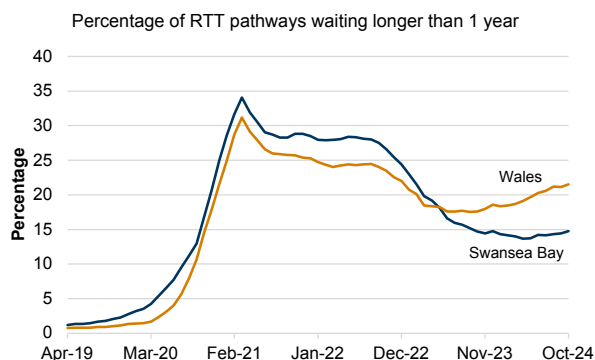
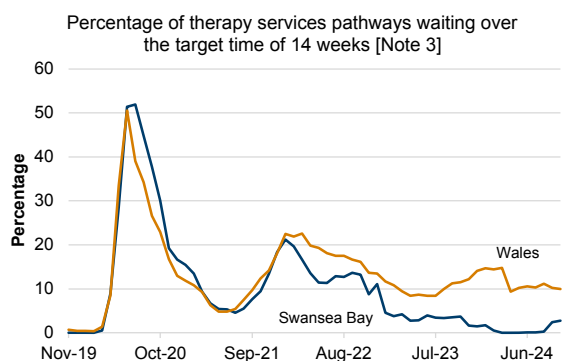
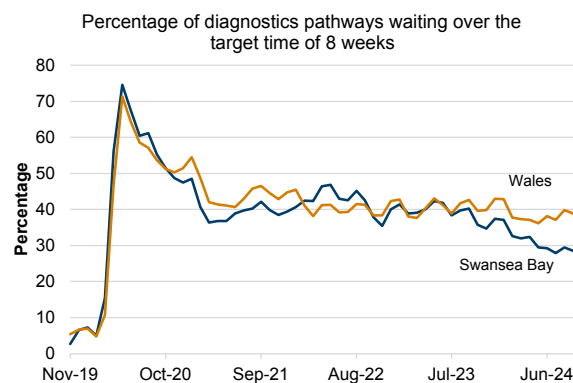
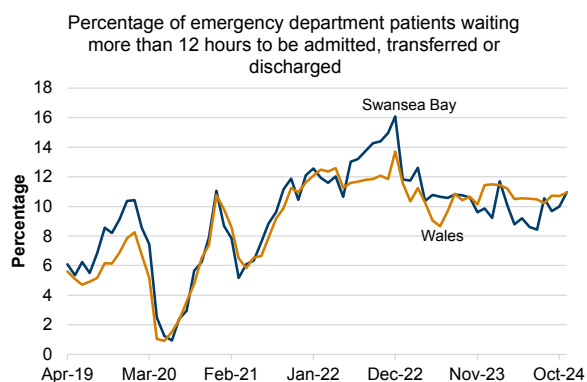
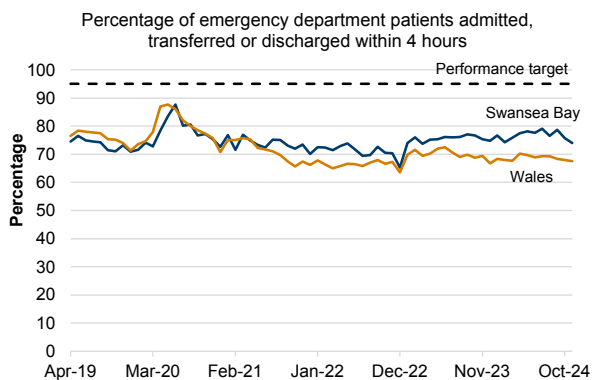
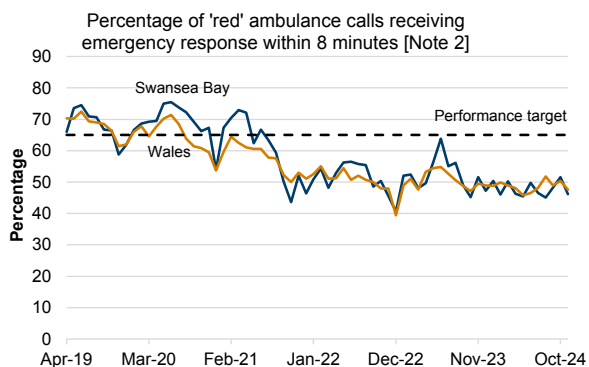
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Figure 7: Swansea Bay performance summary to October 2024 for scheduled care and November 2024 for unscheduled care [Note 1] [Note 2] [Note 3]

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Description of Figure 7: A series of charts showing comparative performance for Swansea Bay local health board and Wales for selected measures in urgent and emergency care and planned care. The key points are summarised in the narrative section below.

Source: Welsh Ambulance Services NHS Trust, Emergency department data set, DHCW, Diagnostic and therapy services waiting times, DHCW, Referral to treatment times, DHCW, Suspected Cancer Pathway, DHCW

Health and Social Care statistics, on StatsWales (<https://statswales.gov.wales/Catalogue/Health-and-Social-Care>)

[Note 1]: The percentage axes of these charts are on different scales and this should be taken into account comparing between these measures.

[Note 2]: An update to call handling in May 2019 resulted in a change to red incident volume. It is not possible to directly compare before and after this date. Further details are available in the **quality information** (<https://www.gov.wales/nhs-activity-and-performance-summary-quality-report>).

[Note 3]: From April 2024 audiology and weight management pathways were no longer reported in the therapies data, meaning they are not directly comparable with data up to March 2024.

Unscheduled care in November 2024

46.1% of 'red' calls received a response within 8 minutes. Performance has been relatively stable recently.

74.0% of emergency department patients were admitted, transferred or discharged within 4 hours. There is no discernible long-term trend in performance.

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11.0% of patients waited more than 12 hours to be admitted, transferred or discharged. This has fallen recently since the peak in December 2022.

Scheduled care in October 2024

26.2% of pathways were waiting over the target time for diagnostics tests. This has been on a downward trajectory since May 2020 but is still higher than pre-pandemic levels.

2.8% of pathways were waiting over the target time for therapy services. This is close to the pre-pandemic level and has been below 10% for the past 2 years.

14.8% of RTT pathways were waiting longer than 1 year. This has been relatively stable recently.

1.3% of RTT pathways were waiting longer than 2 years. Numbers have been falling since early 2022.

There are currently no patients waiting longer than 1 year for a first outpatient appointment. This has been the case in 12 out of the past 13 months.

56.0% of cancer pathways started their first definitive treatment within the target time, with no discernible long term trend.

Summary

For ambulance response times, Swansea Bay is currently similar to the Wales average. The percentage of emergency department patients admitted, transferred or discharged within 4 hours is currently better than the Wales average, and the percentage waiting more than 12 hours is similar to the Wales average.

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In Swansea Bay, performance is currently better than the overall Wales figures for diagnostic tests and therapies, RTT waiting lists and first outpatient appointment waits. Performance is similar to the Wales average for cancer treatment waiting times.

Quality and methodology information

Further quality and methodology information relevant to this statistical release can be found in the [NHS activity and performance summary quality report](https://www.gov.wales/nhs-activity-and-performance-summary-quality-report) (<https://www.gov.wales/nhs-activity-and-performance-summary-quality-report>).

Official statistics status

All official statistics should show the standards of the [Code of Practice for Statistics \(UK Statistics Authority\)](https://code.statisticsauthority.gov.uk/) (<https://code.statisticsauthority.gov.uk/>).

These are accredited official statistics. They were independently reviewed by the Office for Statistics Regulation (OSR) in July 2012. They comply with the standards of trustworthiness, quality, and value in the Code of Practice for Statistics.

It is Welsh Government's responsibility to maintain compliance with the standards expected of accreditation. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with OSR promptly. Accreditation can be cancelled or suspended at any point when the highest standards are not maintained, and reinstated when standards are restored.

[Accredited official statistics \(OSR\)](https://osr.statisticsauthority.gov.uk/accredited-official-statistics/) (<https://osr.statisticsauthority.gov.uk/accredited-official-statistics/>) are called National Statistics in the Statistics and Registration

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Service Act 2007.

Statement of compliance with the Code of Practice for Statistics

Our statistical practice is regulated by the OSR. OSR sets the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to.

All of our statistics are produced and published in accordance with a number of statements and protocols to enhance trustworthiness, quality and value. These are set out in the Welsh Government's **Statement of Compliance** (<https://www.gov.wales/about-statistics-and-research#Statementofcompliance>).

These accredited official statistics demonstrate the standards expected around trustworthiness, quality and public value in the following ways.

Trustworthiness

These statistics are compiled from a range of sources derived from administrative data systems in use across the NHS in Wales. Data on the 111 service, 999 ambulance calls and ambulance response times are provided by the Wales Ambulance Services NHS Trust (WAST), and all other data sources are collected by the Welsh Local Health Boards and provided to DHCW to enable them to be collated at a national level.

The data collections are overseen by the **Welsh Information Standards Board (WISB) (DHCW)** (<https://dhw.nhs.wales/information-services/information-standards/data-standards/information-standards-assurance/welsh-information-standards-board/>), which is the custodian of the Information Standards Assurance Process. WISB mandates data collections through the NHS and Local Health Boards, appraises

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information standards and provides assurance on matters related to confidentiality and consent.

The published figures are compiled by professional analysts using the latest available data and applying methods using their professional judgement and analytical skillset.

These statistics are pre-announced on the **Statistics and Research area of the Welsh Government website** (<https://www.gov.wales/statistics-and-research/upcoming>). Access to the data during processing is restricted to those involved in the production of the statistics, quality assurance and for operational purposes. Pre-release access is restricted to eligible recipients in line with the **Code of Practice (UK Statistics Authority)** (<https://code.statisticsauthority.gov.uk/the-code/trustworthiness/t3-orderly-release/>).

Quality

Statistics published by Welsh Government adhere to the Statistical Quality Management Strategy which supplements the Quality pillar of the Code of Practice for Statistics and the European Statistical System principles of quality for statistical outputs.

Data standards and definitions are established by the Welsh Information Standards Board (WISB). Guidance is issued to the data providing organisations and training provided to staff responsible for collecting the data at source. DHCW collates and validates health board level data and queries anomalous and missing data directly with the health boards. Before validated datasets are provided by DHCW to Welsh Government, all data are signed off by health boards. DHCW provides validated datasets to Welsh Government, where analysts process the data to produce the aggregate statistics in the format required for publication. Welsh Government undertakes final validation checks which can be queried with DHCW and the health boards before publication. The

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statistical release is signed off by senior statisticians before publication.

Value

The purposes of this statistical release and the accompanying data published on StatsWales are: to provide evidence for policy development; to inform the media and wider public about activity and performance in the Welsh NHS; to enable service providers such as Local Health Boards and WAST to monitor their own performance.

Reliable statistics on the volume of activity undertaken in the NHS, the size of waiting lists, ambulance response times and emergency department and cancer waiting times are vital to inform users about the state of NHS services and the performance of the Welsh government and the Local Health Boards. These services have a significant impact on citizens' lives and these topics feature prominently in media coverage and political discourse.

The information published here also supports the Welsh Government's long term plan for health and social care: **A Healthier Wales** (<https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care>).

The timeliness of the data provides the most recent update using reliable data.

You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing **regulation@statistics.gov.uk** (<https://www.gov.walesmailto:regulation@statistics.gov.uk>) or via the **OSR website** (<https://osr.statisticsauthority.gov.uk/raise-a-concern/>).

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Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Wellbeing of Wales report](https://www.gov.wales/wellbeing-wales) (<https://www.gov.wales/wellbeing-wales>).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](https://www.gov.wales/well-being-future-generations-wales-act-2015-guidance) (<https://www.gov.wales/well-being-future-generations-wales-act-2015-guidance>).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

We want your feedback

We welcome any feedback on any aspect of these statistics which can be

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provided by email to stats.healthinfo@gov.wales
(<https://www.gov.walesmailto:stats.healthinfo@gov.wales>).

Contact details

Statistician: Ryan Pike

Email: stats.healthinfo@gov.wales

(<https://www.gov.walesmailto:stats.healthinfo@gov.wales>)

Media: 0300 025 8099

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