



Llywodraeth Cymru
Welsh Government

STATISTICS, DOCUMENT

NHS activity and performance summary: May and June 2024

Report summarising data on activity and performance in the Welsh NHS for May and June 2024.

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Introduction

This statistical release provides a monthly summary of NHS Wales activity and performance data. Longer term trends are explored in our annual reports, [Trends in NHS urgent and emergency care activity](#) and [Trends in NHS planned care activity](#)

In light of the impact COVID-19 has had on NHS activity and performance levels, the Welsh Government has published its [programme for transforming and modernising planned care and reducing waiting lists in Wales](#). This plan sets out a number of key ambitions to reduce waiting times for people in Wales. We have incorporated performance measures against these ambitions into this statistical release and on StatsWales.

Data provided in this statistical report has been provided by Digital Health and Care Wales (DHCW) unless stated otherwise. Data for each topic area are also available in more detail on our [StatsWales](#) website.

Please note the April statistics for Referral to Treatment (RTT) waiting lists and Therapy services have been affected by some changes to the way the data are collected. Information about these changes and the impact on the statistics is provided in the relevant sections.

Main points

In June, just under 79,300 calls were made to the 111 helpline service, a decrease of around 13,700 calls compared to the previous month. Of these, just under 63,400 calls (80.0%) were answered. There were also just under 411,700 hits on the [NHS 111 Wales website](#) and just over 12,700 completed [symptom checks \(NHS 111 Wales\)](#).

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In June there were 5,127 red (life threatening) calls to the ambulance service, 14.7% of all calls. An average of 171 immediately life-threatening calls were made each day, 6 more than in May and the second highest on record.

46.5% of red calls received an emergency response within eight minutes. This was 0.7 percentage points higher than in May. Data for red calls are only comparable from May 2019 onwards.

There was an average of 3,166 daily attendances to emergency departments, a decrease compared to the previous month. Performance decreased against the four hour target decreased, but performance against the twelve hour target improved. The average (median) time spent in emergency departments increased in June compared to the previous month to two hours and forty five minutes.

The pandemic has caused a large increase in patient pathways waiting to start treatment. In May the number increased from just over 775,000 to just over 787,900, the highest figure on record. The number of patient pathways is not the same as the number of individual patients, because some people have multiple open pathways. More information is available in the Welsh Government's [Chief Statistician's blog](#).

Management information suggests that in May, when there were just over 787,900 open patient pathways, there were about 611,500 individual patients on treatment waiting lists in Wales, the highest figure on record.

The proportion of patient pathways waiting less than 26 weeks decreased to 54.8% in May. This has been relatively stable after falling significantly from the levels pre-pandemic. The number of pathways waiting longer than 36 weeks increased in May, to just over 265,200, the third highest figure on record.

Just under 22,500 pathways were waiting more than two years, two thirds (68.1%) lower than the peak but the second increase from the previous month

after falling for twenty-four consecutive months. The average (median) time patient pathways had been waiting for treatment at the end of April was 0.5 weeks lower than the previous month at 21.5 weeks.

The **planned care recovery plan** established a target to eliminate two year waits in most specialties by March 2023, with 'most' referring to all specialties **excluding seven recognised as exceptionally challenging** even prior to the pandemic. The target was not met in March 2023 and in May there were still a further 17 specialties with pathways waiting more than two years accounting for 3,072 pathways, an increase of 174 compared to last month.

Headline measures for open pathways across the UK are not comparable. There are large differences between Wales, Scotland and Northern Ireland statistics, meaning they should not be compared at all. With England, current understanding suggests a broadly comparable number can be produced for Wales by removing some known non-consultant led pathways which are not counted in England. On that basis, there are around 707,300 open pathways on consultant-led pathways in Wales, equivalent to 22 pathways (not patients) for every 100 people. For England, the figure in May was 13 pathways for every 100 people.

Pathways waiting longer than one year for their first outpatient appointment increased to 70,300, 31.5% less than the peak in August 2022. The planned care recovery target to eliminate these by the end of 2022 was not met.

For diagnostic services, patient pathways waiting increased to just under 111,700 in May. The number waiting longer than eight weeks (the target maximum wait) increased to just under 40,400. This was the third lowest since April 2020. For therapies, patient pathways waiting increased to just under 57,300 therapies waiting in May. The number waiting longer than fourteen weeks (the target maximum wait) increased to just over 5,800. The planned care recovery targets, to eliminate waits of more than 8 weeks for diagnostics tests and 14 weeks for

therapies by Spring (March) 2024, were not met.

For cancer services, 1,800 people started their first definitive treatment in May, the same amount as the previous month. The number of pathways closed following the patient being informed they did not have cancer increased to 14,251. Performance increased against the 62 day target in May to 55.4%, compared to 53.8% the previous month.

Unscheduled care

New data relating to unscheduled care are provided for the month of June 2024.

Calls to 111 service

As of 16 March 2022, the non-emergency 111 helpline service has been rolled out across the whole of Wales.

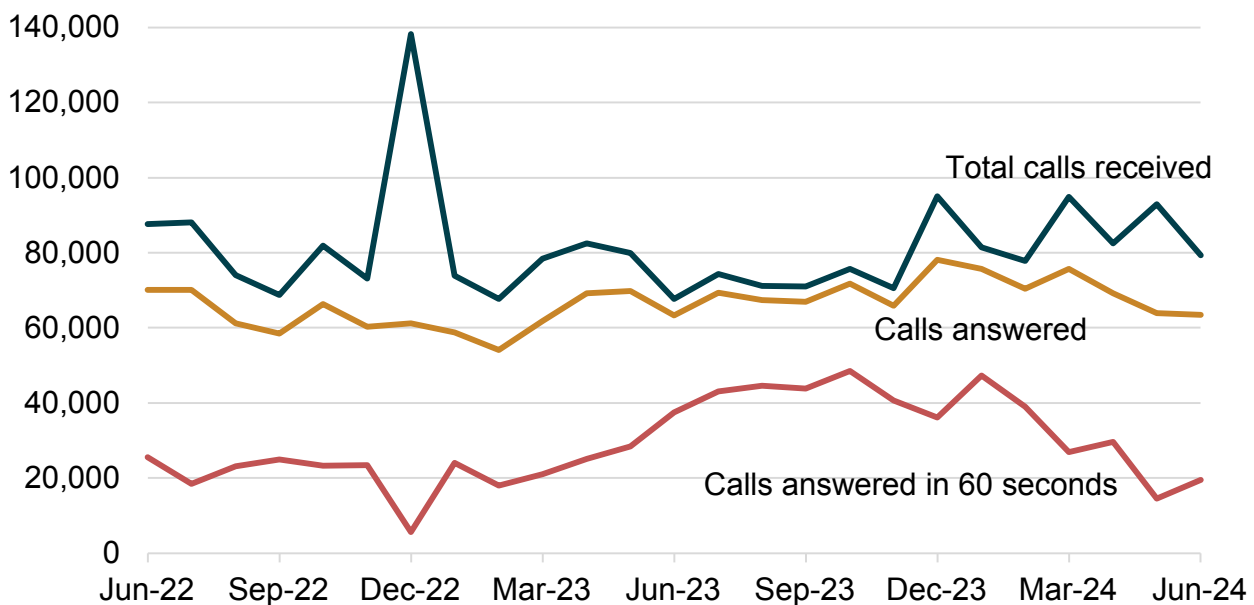
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Activity

Figure 1: Calls received and calls answered by the NHS 111 service



Description of Figure 1: A line chart showing the number of calls received by the 111 service had been relatively stable during 2023 but has started to increase in 2024. There has been a decrease in calls answered within 60 seconds in recent months.

Source: Welsh Ambulance Services NHS Trust

111 service activity in Wales, by date and measure, on StatsWales

In June, a total of 79,282 calls were made to the 111 helpline service, a decrease of around 13,700 calls compared to the previous month. Of these, just under 63,400 (80.0%) calls were answered, an average of just over 2,100 calls per day.

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An estimated 15,889 (20.0%) calls were ended by the caller before being answered. Of these, 6,422 were ended within 60 seconds of the automated messages, suggesting their needs were likely to have been met.

Just under 9,500 calls were abandoned after 60 seconds and these are regarded as callers who were more likely to have still required the service after the messages but were unable to get through or decided not to wait.

Of the calls answered, 1,616 calls indicated that they wished to conduct the call in Welsh.

There were just under 411,700 hits on the [NHS 111 Wales website](#) and just over 12,700 completed [symptom checks \(NHS 111 Wales\)](#) in June.

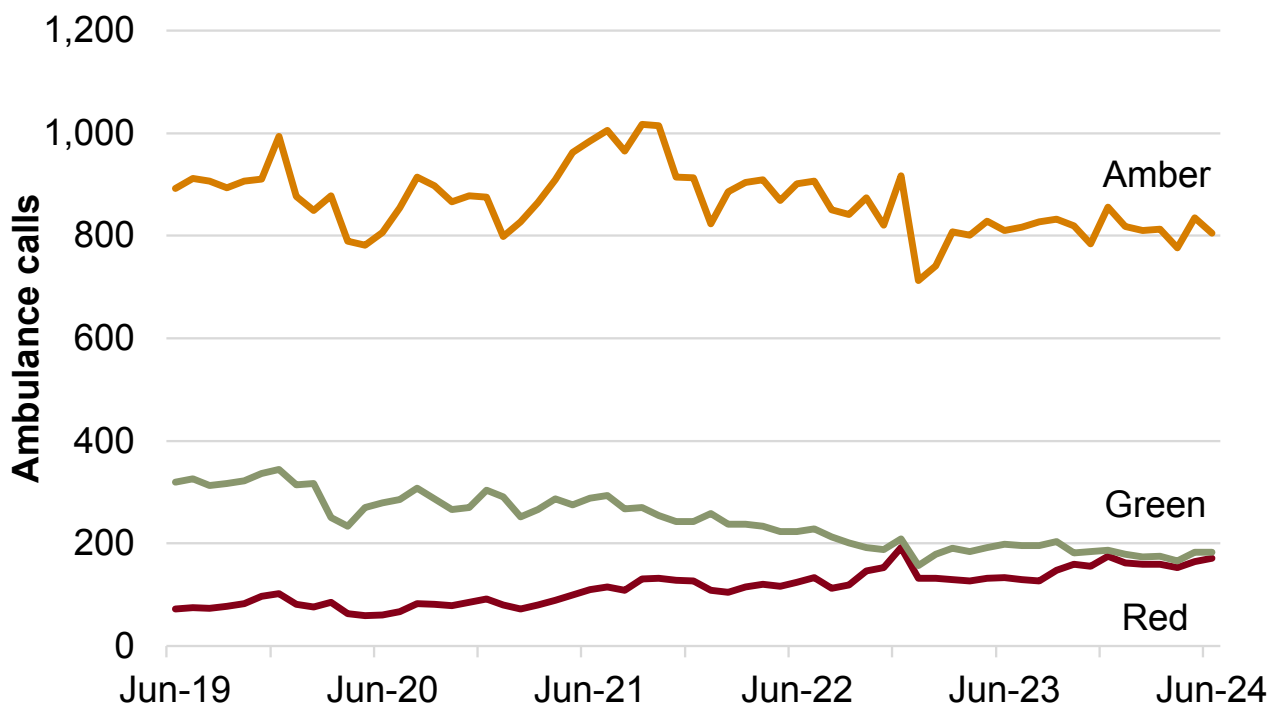
Emergency calls to the ambulance service

A wider range of ambulance quality indicators are published on [StatsWales](#) and on the [NHS Wales Joint Commissioning Committee website](#).

Calls to the ambulance service are categorised as red (immediately life-threatening), amber (serious but not life-threatening) or green (non-urgent).

Activity

Figure 2: Average daily emergency ambulance calls, by call type and month
[Note 1]



Description of Figure 2: A line chart showing the number of emergency calls received by the Welsh Ambulance Services NHS Trust. An Amber call is the most common call and the number of red calls is showing an upward trend over the years.

Source: Welsh Ambulance Services NHS Trust

Emergency ambulance calls and responses to red calls, by local health board and month, on StatsWales

[Note 1] An update to call handling in May 2019 resulted in a change to red

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incident volume. It is not possible to directly compare before and after this date. Further details are available in the [quality information](#).

In June, just under 34,800 emergency calls were made to the ambulance service. This was an average of 1,159 calls per day, on average 23 fewer calls per day than the previous month, but 17 (1.5%) more per day than the same month last year.

An average of 171 red calls were made per day in June, 6 more than the previous month and the second highest on record.

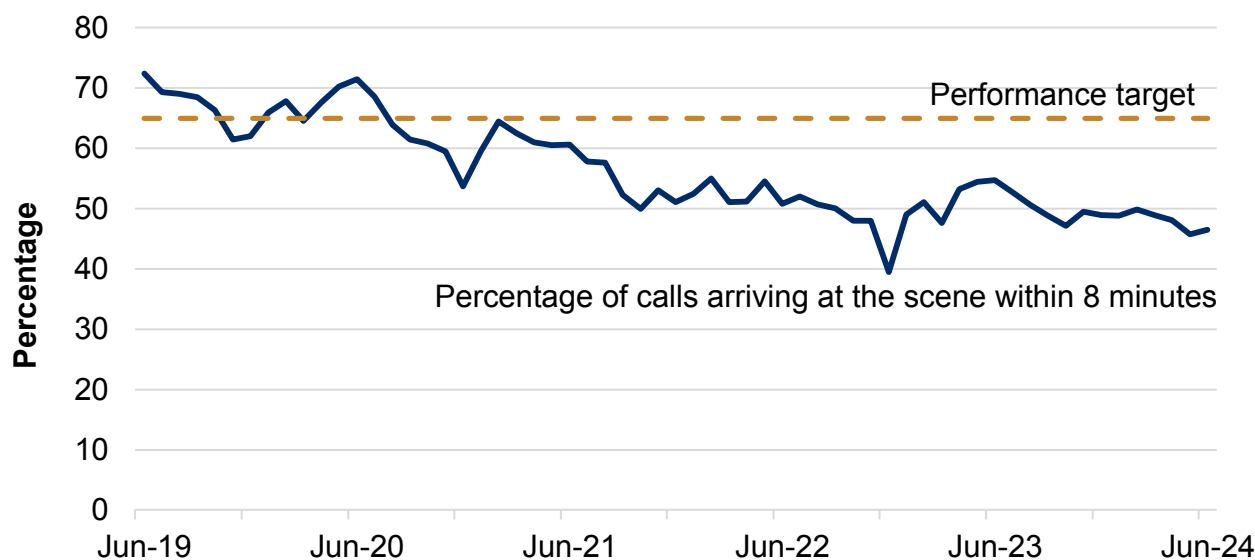
In June, the proportion of all calls that were immediately life-threatening was 14.7%, 0.8 percentage points higher than May, and the highest on record.

Performance

Target

- 65% of red calls (immediately life-threatening, someone is in imminent danger of death, such as a cardiac arrest) to have a response within 8 minutes.

Figure 3: Percentage of red calls which received an emergency response at the scene within 8 minutes, June 2019 to June 2024 [Note 1]



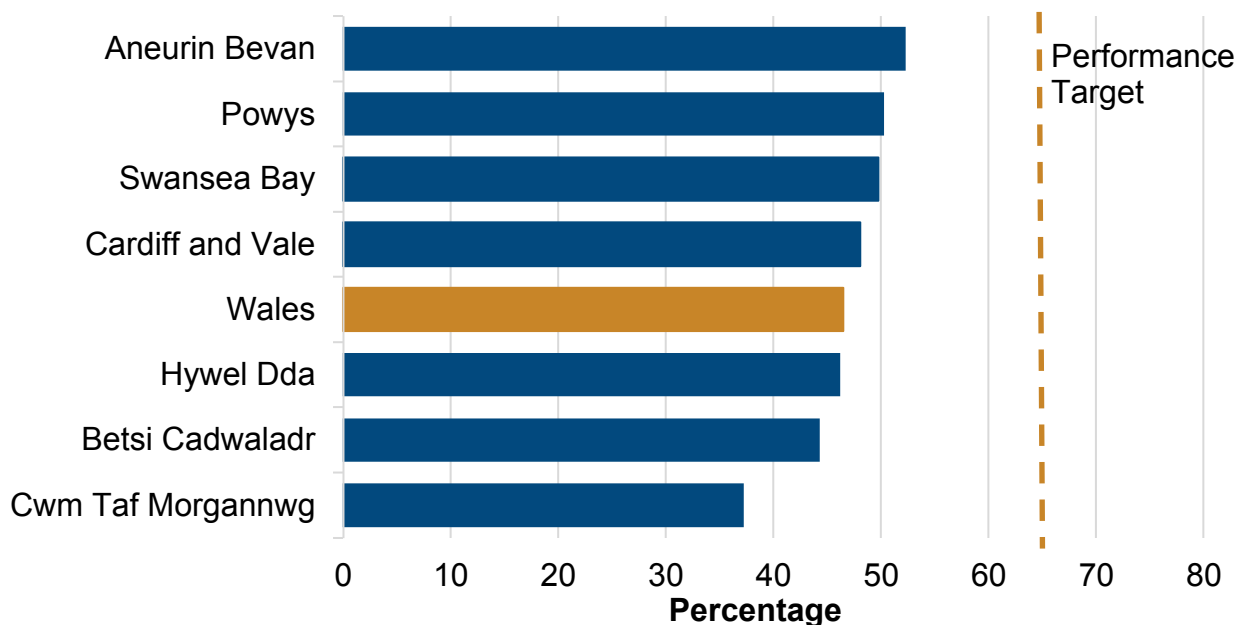
Description of Figure 3: A line chart showing that performance for emergency response calls has trended downwards over the long-term. Performance remains below the target of 65%.

Source: Welsh Ambulance Services NHS Trust

Emergency responses: minute-by-minute performance for red calls by local health board and month, on StatsWales

[Note 1]: 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](#).

Figure 4: Percentage of red calls which received an emergency response at the scene within 8 minutes, by Local Health Board, June 2024



Description of Figure 4: A bar chart showing that performance was below the target level for emergency response calls in all Local Health Boards.

Source: Welsh Ambulance Services NHS Trust

Emergency responses: minute-by-minute performance for red calls by local health board and month, on StatsWales

In June, 46.5% of emergency responses to immediately life threatening (red) calls arrived within 8 minutes of patient location and chief complaint being established. This was 0.7 percentage points higher than the previous month, but the third lowest on record.

At a Local Health Board level, the highest proportion of red calls responded to within 8 minutes was seen in Aneurin Bevan (52.3%), and the lowest in Cwm Taf Morgannwg (37.3%).

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The proportion of red calls responded to within 8 minutes has fallen in recent years from a peak of 80% in 2017, but over the same period there has been a significant increase in the number of red calls received. For example, in the latest twelve months there were around 56,000 red calls, more than twice as many as in 2017 (22,000). The overall increase in demand largely reflects two things; changes in how some calls are handled, as some calls that used to be categorised as amber are now categorised as red; and a large increase in respiratory conditions in recent winters.

Other than demand, handover delays at hospitals can also affect performance, when ambulance crews are unable to respond to new calls while waiting to handover patients to emergency departments. There has been a significant increase in handover delays in recent years, with more than four times as many hours lost in the latest twelve months compared with 2017. In May around 22,000 hours were lost due to handover delays. Further data on handover delays can be found on the [Emergency Ambulance Services Committee's \(EASC\) Ambulance Service Indicators dashboard](#).

The median response time in the four years prior to the pandemic ranged between 4 minutes 30 seconds and 6 minutes for red calls. In June, the average (median) response time to immediately life-threatening 'red' calls was 8 minutes 33 seconds. This was 4 seconds faster than the previous month, but one minute 18 seconds slower than June 2023.

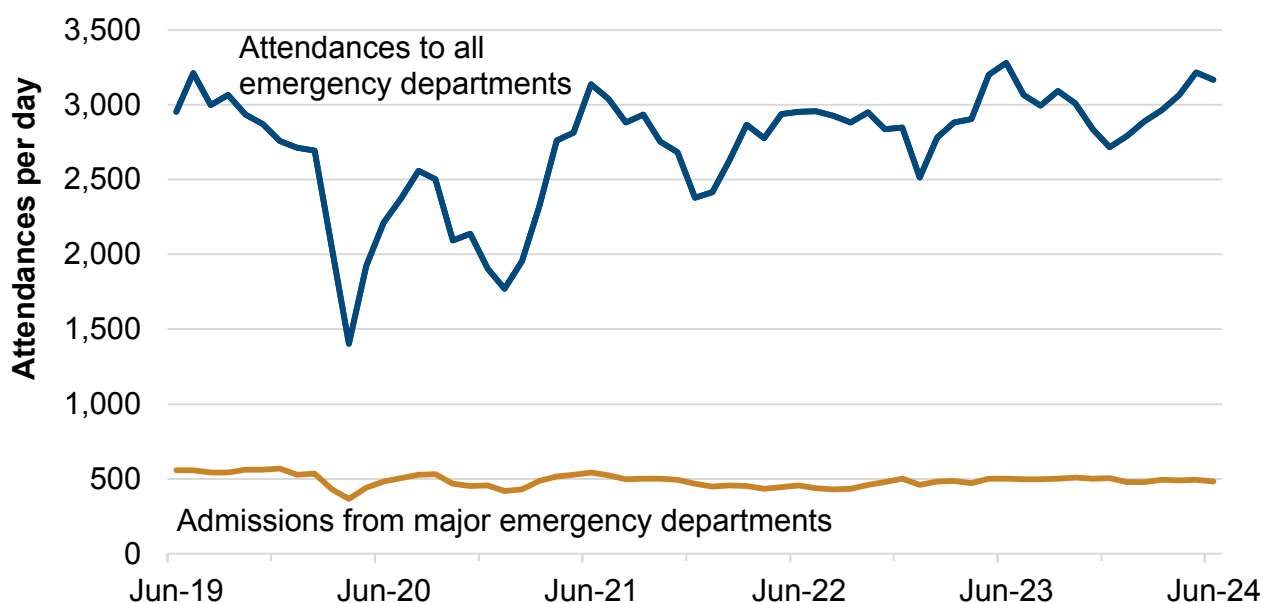
The majority of calls to the ambulance service are categorised as 'amber' calls, for which there is no performance target for call response times. In June, the median response time for amber calls was 1 hour 37 minutes and 12 seconds. This was just under 1 minute faster than in May but just over 36 minutes slower than in June 2023.

Emergency department attendances and admissions to hospital

A wider range of emergency department performance statistics are published on the [National Collaborative Commissioning Unit \(NCCU\) website](#), as management information.

Activity

Figure 5: Average attendances in emergency departments, and admissions to hospital resulting from attendances at major emergency departments per day, June 2019 to June 2024 [Note 1]



Description of Figure 5: A line chart showing attendances to emergency department, which are generally higher in the summer months than the winter, but otherwise remain relatively stable. There was a decrease in attendances during the COVID-19 pandemic.

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Source: Emergency department data set, Digital Health and Care Wales

Number of attendances in NHS Wales emergency departments by age band, sex and site, on StatsWales

[Note 1]: Chart shows number of attendances at both major emergency departments and minor injuries units, and the number of admissions resulting from attending major emergency departments only.

In June there were just under 95,000 attendances to all emergency departments, an average of 3,166 attendances per day; this was 50 attendances less per day on average than in the previous month.

In June, just under 14,500 patients were admitted to the same or a different hospital following attendance at major emergency departments. This was 5.6% lower than the previous month and 3.7% lower than the same month in 2023.

Performance

Targets

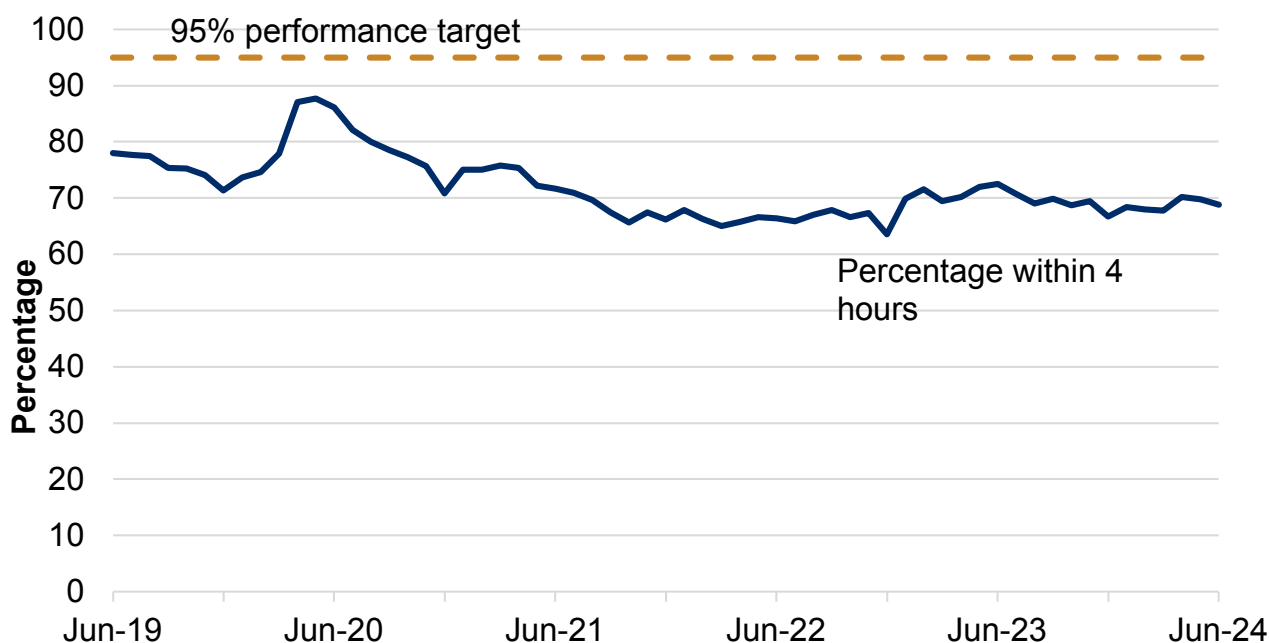
- 95% of new patients should spend less than 4 hours in emergency departments from arrival until admission, transfer or discharge.
- No patient waiting more than 12 hours in emergency departments from arrival until admission, transfer or discharge.

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Figure 6: Percentage of patients admitted, transferred or discharged within 4 hours at emergency departments, June 2019 to June 2024

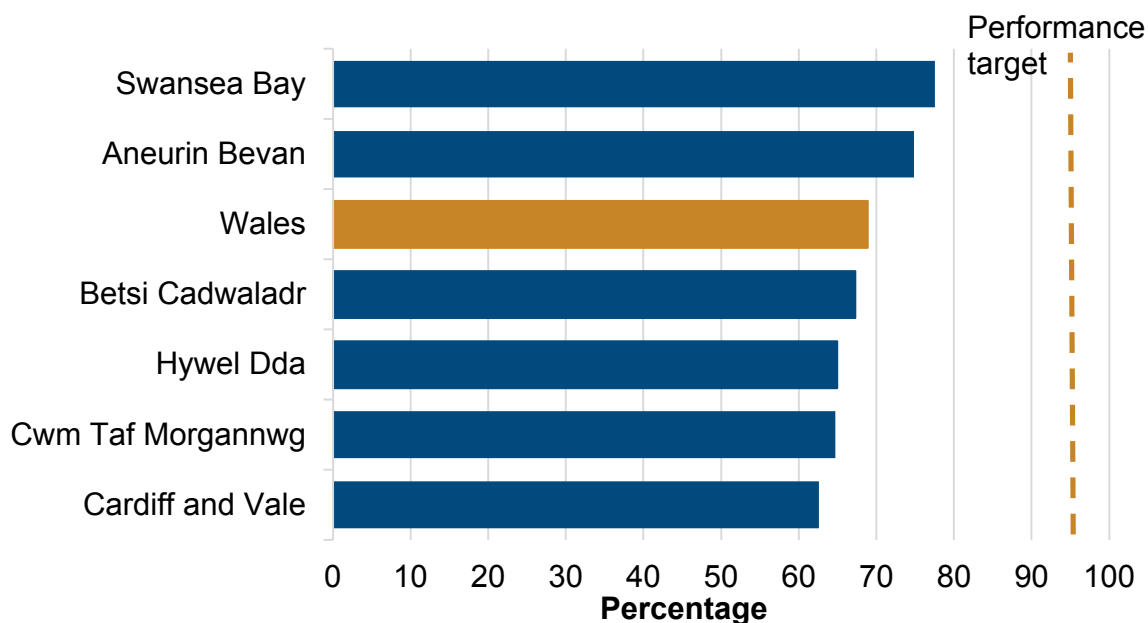


Description of Figure 6: A line chart showing the percentage of patients admitted, transferred or discharged within 4 hours at emergency departments fell during the coronavirus pandemic and has largely plateaued since late 2021.

Source: Emergency department data set, Digital Health and Care Wales

[Performance against 4 hour target by hospital, on StatsWales](#)

Figure 7: Percentage of patients admitted, transferred or discharged within 4 hours at emergency departments, by Local Health Board, June 2024 [Note 1]



Description of Figure 7: Bar chart showing performance was below the 4 hour performance target for emergency departments in all Local Health Boards.

Source: Emergency department data set, Digital Health and Care Wales

Performance against 4 hour target by hospital, on StatsWales

[Note 1]: Powys Teaching health board is excluded from this figure because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys is made available in the previous StatsWales link.

In June, 68.9% of patients in all NHS emergency departments spent less than 4 hours in the department from arrival until admission, transfer or discharge. This was 0.8 percentage points lower than the previous month and remains relatively low in historical context.

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Swansea Bay health board saw the highest proportion spending less than 4 hours in emergency departments (77.5%), and Cardiff and Vale saw the lowest (62.6%).

In 2019, the median time patients spent in emergency departments was around 2 hours and 30 minutes. During the early part of the pandemic, as attendances decreased the median time spent in the department decreased, to a low of 1 hour 47 minutes in April 2020. Since then, median times increased and reached a record high of 3 hours and 8 minutes in March 2022. In the latest data for June, the median waiting time was 2 hours and 45 minutes, 4 minutes slower than the previous month.

The median time spent in emergency department varies by age. Prior to the pandemic, children (aged 0 to 4) spent between 1 hour and 30 minutes and 2 hours in emergency departments, while older patients (aged 85 or greater) spent between 3 hours and 30 minutes and 5 hours.

In June, children (aged 0 to 4) spent an average of 2 hours and 8 minutes in emergency departments. Adults aged 85 and over spent an average of 5 hours and 23 minutes in emergency departments.

Figure 8: Patients waiting more than 12 hours to be admitted, transferred or discharged at NHS emergency departments, June 2019 to June 2024



Description of Figure 8: A line chart showing the number of patients waiting longer than 12 hours to be admitted, transferred or discharged at emergency departments, which fell sharply during the initial coronavirus period. Recently there has been a slight fall after a long term upward trend.

Source: Emergency department data set, Digital Health and Care Wales

Performance against the 12 hour target by hospital, on StatsWales

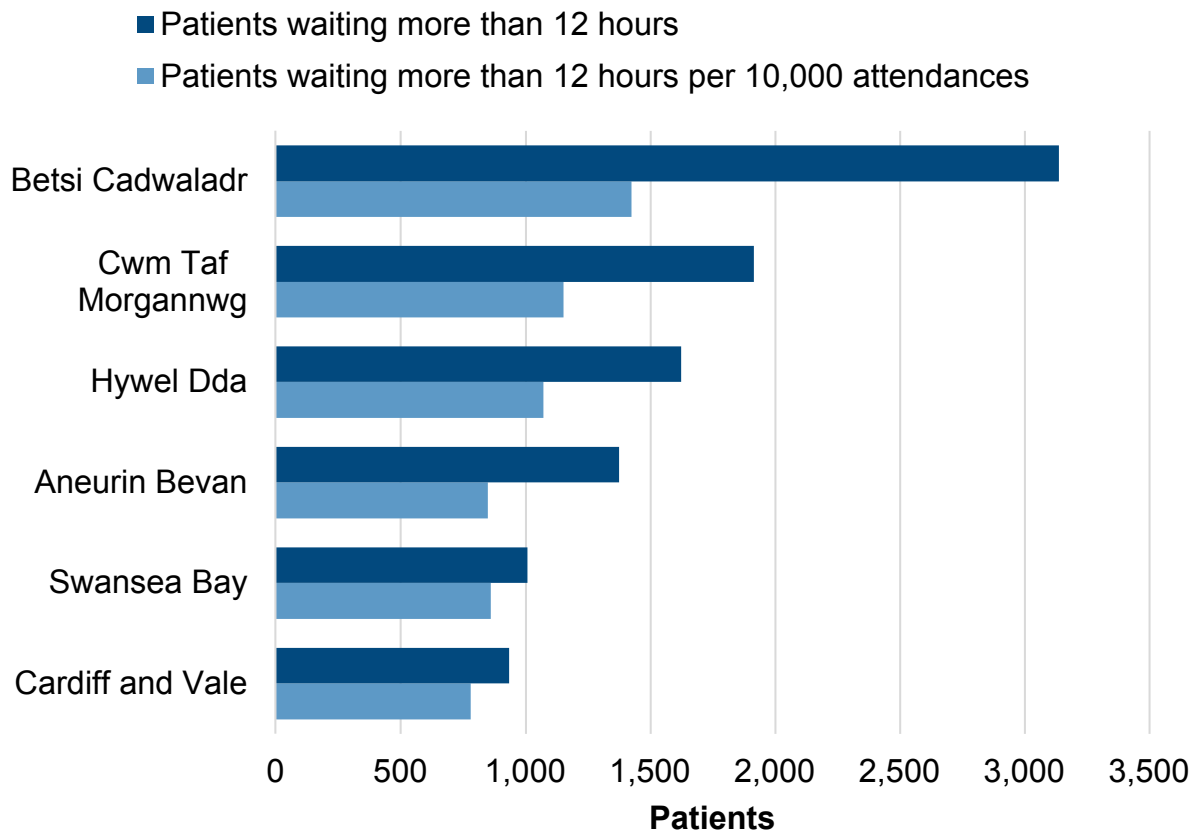
Figure 9: Patients waiting more than 12 hours to be admitted, transferred or discharged at NHS emergency departments, by Local Health Board, June

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2024 [Note 1]



Description of Figure 9: Bar chart showing in all Local Health Boards there were patients who waited longer than 12 hours.

Source: Emergency department data set, Digital Health and Care Wales

Performance against the 12 hour target by hospital, on StatsWales

[Note 1]: Powys Teaching health board is excluded from this figure because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys is made available in the previous StatsWales link.

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In June, 9,989 patients waited 12 hours or more. This was 525 (5.0%) less than in the previous month. Adjusted by attendances, more patients waited longer than 12 hours in Betsi Cadwaladr (1,424) than in any other Local Health Board. The lowest figure was in Cardiff and Vale (780). Without adjusting by attendances, the highest and lowest number of patients waiting longer than 12 hours were also in Betsi Cadwaladr (3,136) and Cardiff and Vale (933).

Scheduled care activity

New data relating to scheduled care are provided for the month of May 2024. **Digital Health and Care Wales (DHCW) now publishes a secondary care dashboard which provides data on outpatients appointments, inpatient admissions and daycase activity undertaken in Wales.**

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Outpatient referrals and appointments

Activity

Figure 10: Average daily referrals for first outpatient appointment, May 2019 to May 2024



Description of Figure 10: A line chart showing outpatient referrals, which has been fluctuating with an upwards trend. Following a big drop in referrals in February 2020 due to the coronavirus pandemic, outpatient referrals have steadily risen beyond pre-pandemic levels.

Source: Outpatient Referral Dataset, Digital Health and Care Wales

Referrals by local health board and month, on StatsWales

An average of 4,399 referrals for first outpatient appointments were made per

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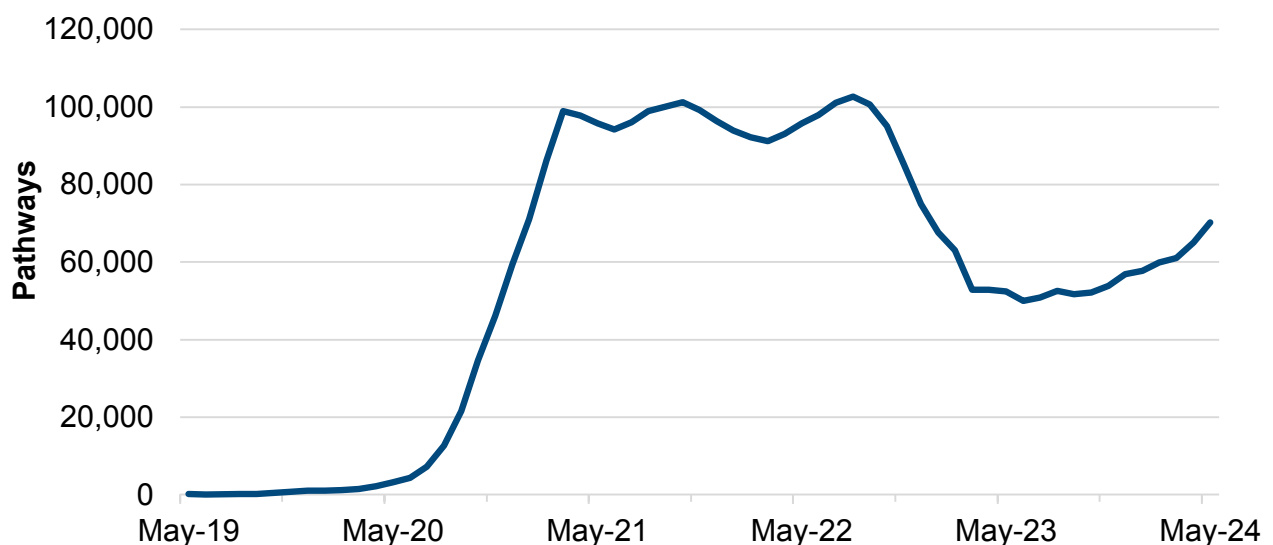
day in May 2024. This is a decrease of 3.1% (139 fewer referrals per day on average) compared to April 2024 but an increase of 4.6% compared to May 2023.

Performance

Targets

- No one waiting for longer than a year for their first outpatient appointment by the end of 2022 (a target established in the [planned care recovery plan](#)).

Figure 11: Pathways waiting more than a year for their first appointment, May 2019 to May 2024



Description of Figure 11: A line chart showing the number of patient pathways waiting longer than a year, which rapidly increased during the coronavirus pandemic before halving to around 50,000. The figure has increased in recent

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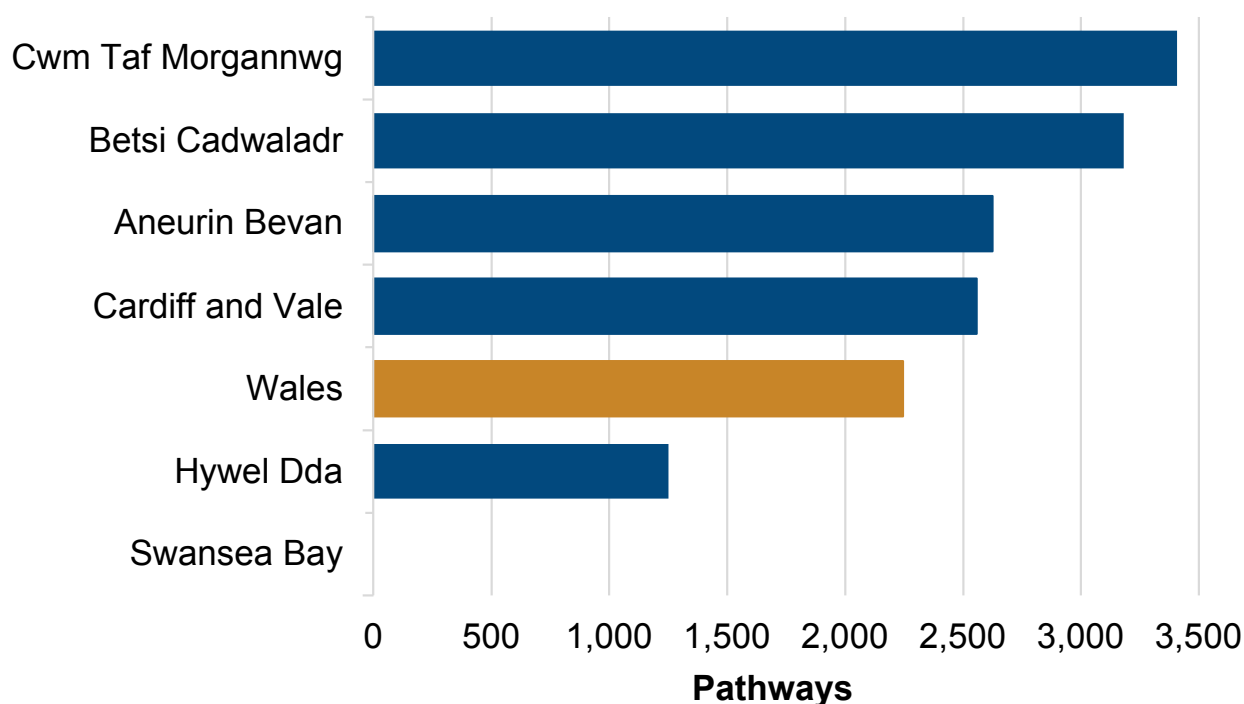
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months.

Source: Referral to treatment times, Digital Health and Care Wales

COVID-19 recovery plan, ambitions for referral to treatment waiting times, on StatsWales

Figure 12: Pathways waiting more than a year for their first appointment per 100,000 population, by Local Health Board, May 2024 [Note 1]



Description of Figure 12: A bar chart showing the number of patient pathways waiting longer than a year for a first outpatient appointment, adjusted by population size. This was highest in Cwm Taf Morgannwg and lowest in Swansea Bay, where there are now no pathways waiting more than a year for their first appointment.

Source: Referral to treatment times, Digital Health and Care Wales

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COVID-19 recovery plan, ambitions for referral to treatment waiting times, on StatsWales

[Note 1]: Powys Teaching health board is excluded from this figure because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys is made available in the previous StatsWales link.

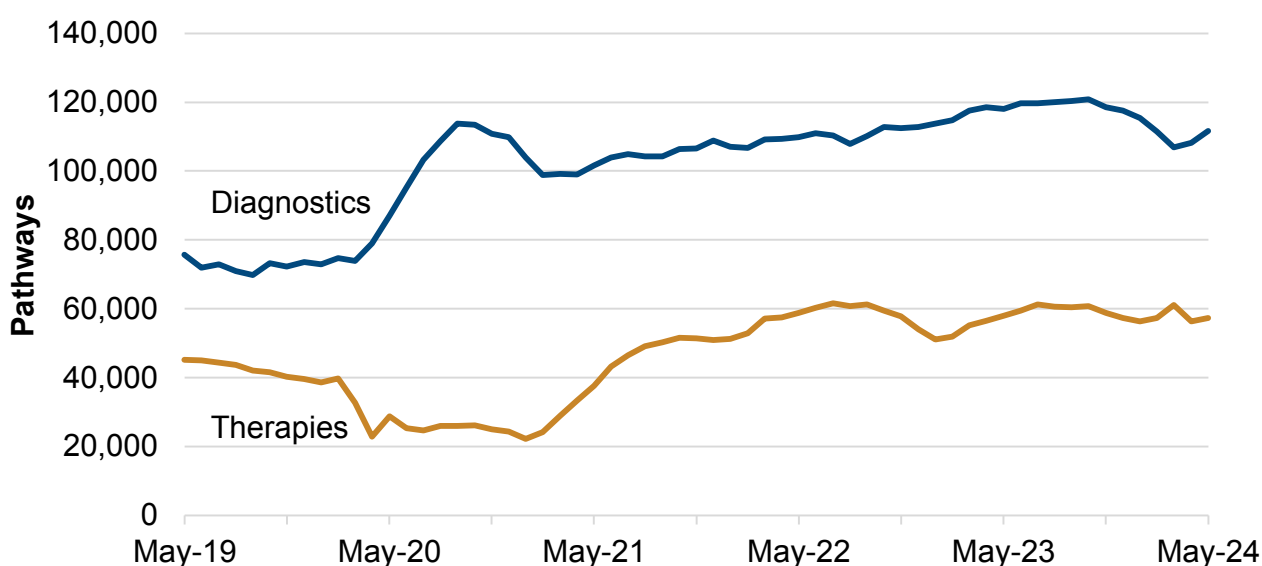
In May, the number of pathways waiting longer than one year for their first outpatient appointment increased by 8.0% compared to the previous month to 70,300. The planned care recovery plan target was not met, though there has been a fall of 31.5% since the peak in August 2022.

Among the Local Health Boards, the highest number of pathways waiting more than one year per 100,000 of the population was in Cwm Taf Morgannwg (3,510) and the lowest in Swansea Bay, where there are now no pathways waiting more than a year for their first appointment.

Diagnostic and therapy waiting times

Activity

Figure 13: Patient pathways waiting for diagnostic and therapy services, May 2019 to May 2024 [Note 1]



Description of Figure 13: A line chart showing a long term upward trend in patient pathways waiting for diagnostic services, including a sharp increase in the start of the coronavirus pandemic, and the number of patient pathways waiting for therapy services which has also seen a long term upward trend.

Source: Diagnostic and therapy services waiting times, Digital Health and Care Wales

[Diagnostic and Therapy Services Waiting Times by week, on StatsWales](#)

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[Note 1]: The low point in April 2020 for therapies is in part due to Betsi Cadwaladr not submitting data for this month, please see the **quality information** for more information.

Please note the April 2024 figures for therapies pathways were affected by changes to the way the data are collected. Specifically, **audiology (which is now reported separately on StatsWales)** and weight management pathways are no longer reported in the therapies data. **Further detail on this was provided in last month's release.**

In May there were just under 57,300 patient pathways waiting for therapies. This was an increase of 1.7% compared with the previous month.

In May there were just under 111,700 patient pathways waiting for diagnostics. This was an increase of 3.3% compared with the previous month.

Performance

Targets

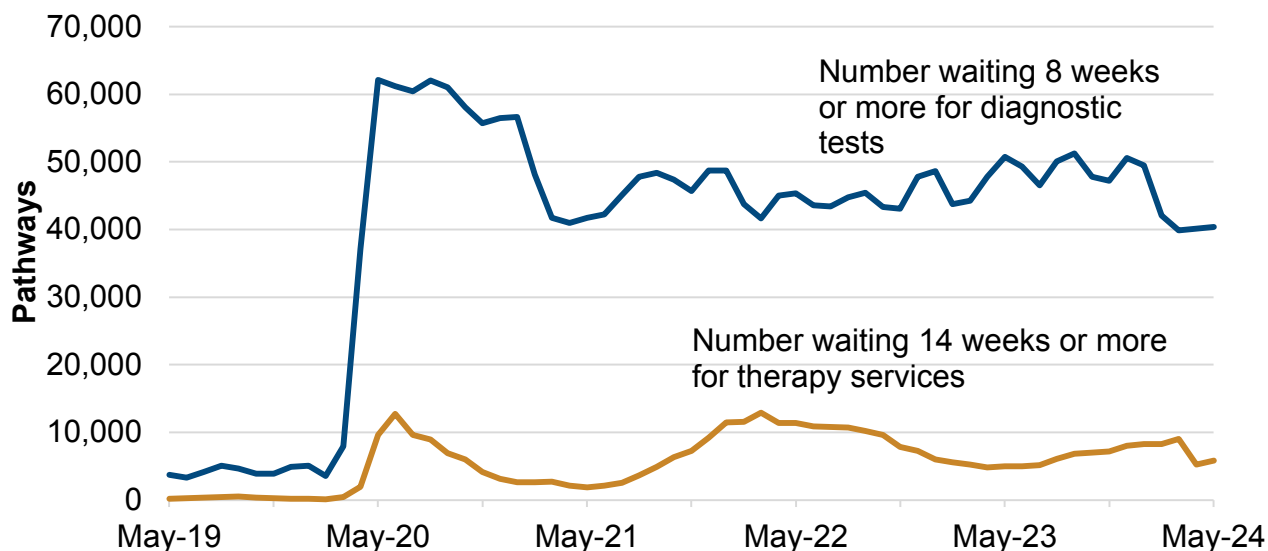
- The maximum wait for access to specified diagnostic tests is 8 weeks.
- The maximum wait for access to specified therapy services is 14 weeks.
- The **planned care recovery plan** established a target date of Spring 2024 to reach these targets.

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Figure 14: Patient pathways waiting over the target time for diagnostic and therapy services, May 2019 to May 2024 [Note 1]



Description of Figure 14: Line chart showing a big increase in patient pathways waiting longer than 8 weeks for diagnostic services at the start of the pandemic, before falling throughout 2020 and fluctuating since. The number of patient pathways waiting longer than 14 weeks for therapy services peaked in June 2020 and March 2022 and fluctuating since. Neither diagnostics or therapies are close to pre-pandemic levels.

Source: Diagnostic and therapy services waiting times, Digital Health and Care Wales

Diagnostic and Therapy Services Waiting Times by week, on StatsWales

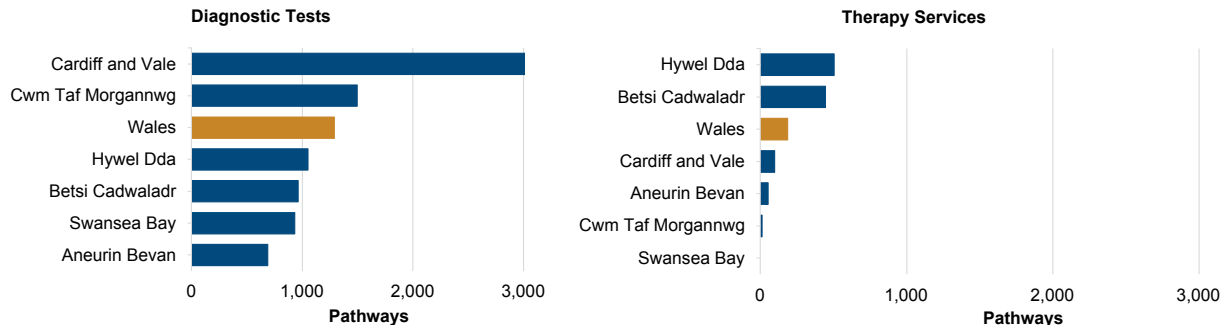
[Note 1]: From April 2024 audiology and weight management pathways were no longer reported in the therapies data, meaning they are not directly comparable with data up to March 2024.

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Figure 15: Patient pathways (per 100k of the population) waiting over the target time for diagnostic tests and therapy services by Local Health Board, May 2024 [Note 1]



Description of Figure 15: Bar charts showing all Local Health Boards have pathways waiting more than the target time for diagnostics and therapies.

Source: Diagnostic and therapy services waiting times, Digital Health and Care Wales

Diagnostic and Therapy Services Waiting Times by week, on StatsWales

[Note 1]: Powys Teaching health board is excluded from this figure because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys is made available in the previous StatsWales link.

At the end of May, just under 40,400 patient pathways were waiting longer than the target time for diagnostics. This was an increase of 0.7% compared to the previous month and the third lowest since April 2020. The planned care recovery target, to eliminate waits of more than 8 weeks for diagnostics tests by Spring (March) 2024, was not met.

At the end of May there were just over 5,800 patient pathways waiting longer than the target time for therapies. This was an increase of 11.0% compared to the previous month. The planned care recovery target, to eliminate waits of more than 14 weeks by Spring (March) 2024, was not met.

The highest number of diagnostic pathways waiting more than the target time per 100,000 population was in Cardiff and Vale (3,015) and the highest number of therapies was in Hywel Dda (504). The lowest number of diagnostic pathways waiting more than the target time per 100,000 population was in Aneurin Bevan (689) and the lowest number of therapies was in Swansea Bay (0).

Median waiting times had been relatively stable for diagnostic tests since 2017 (2.8 weeks on average) and for therapy services since 2018 (3.6 weeks on average). Median waiting times for both services peaked in 2020 (14.3 weeks for diagnostics and 14.9 weeks for therapies).

In May, the median waiting time for diagnostic tests was 5.0 weeks, compared to 5.3 weeks the previous month. The median waiting time for therapy services was 4.4 weeks, compared to 3.9 weeks in the previous month.

Referral to treatment time

Referral to treatment time statistics show monthly data on waiting times for both open and closed pathways following a referral by a GP or other medical practitioner to hospital for treatment in the NHS. Open pathways are those that remain on the waiting list for treatment, whereas closed pathways are those taken off the waiting list.

Activity is measured by patient pathways, which differs to the number of patients. More information on this difference is available in the [Welsh Government's Chief Statisticians blog](#).

Also published is newly collected management information for the number of individual patients on treatment waiting lists in Wales.

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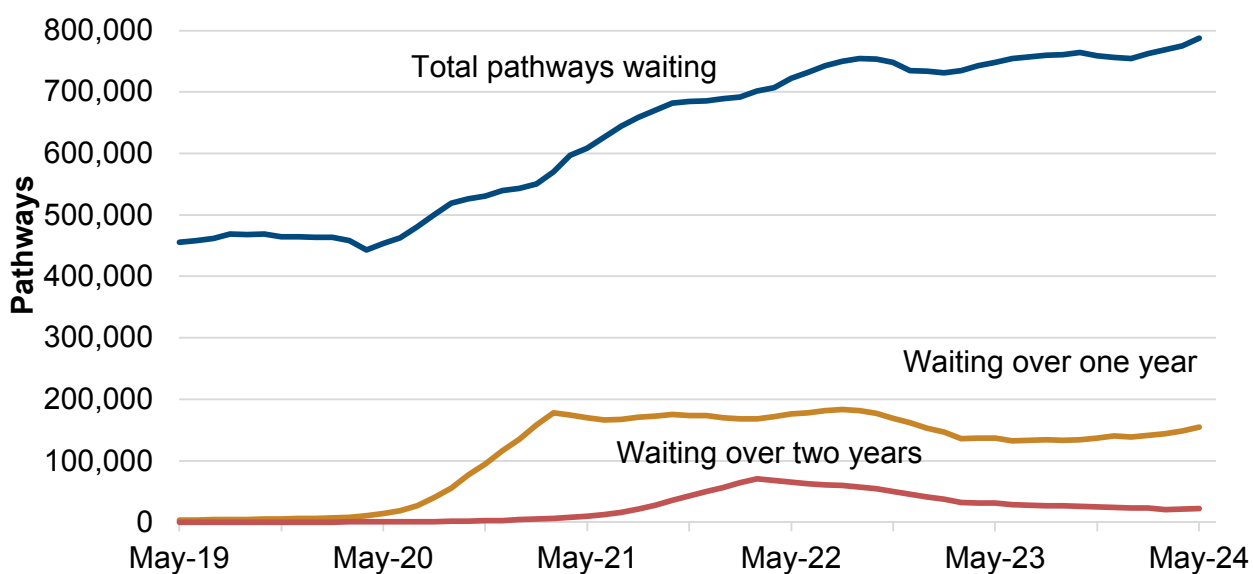
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Performance

Targets

- No patients waiting longer than two years in most specialities by March 2023, and no patients waiting longer than one year in most specialities by Spring 2025 (new targets established in the [planned care recovery plan](#)).
- 95% of patients waiting less than 26 weeks from referral.
- No patients waiting more than 36 weeks for treatment from referral.

Figure 16: Patient pathways waiting to start treatment, May 2019 to May 2024



Description of Figure 16: Line chart showing that since the coronavirus pandemic the number waiting has increased significantly. The number of patient pathways waiting longer than one year and two years both saw a rise due to the coronavirus pandemic, but numbers are now falling.

Source: Referral to treatment times, Digital Health and Care Wales

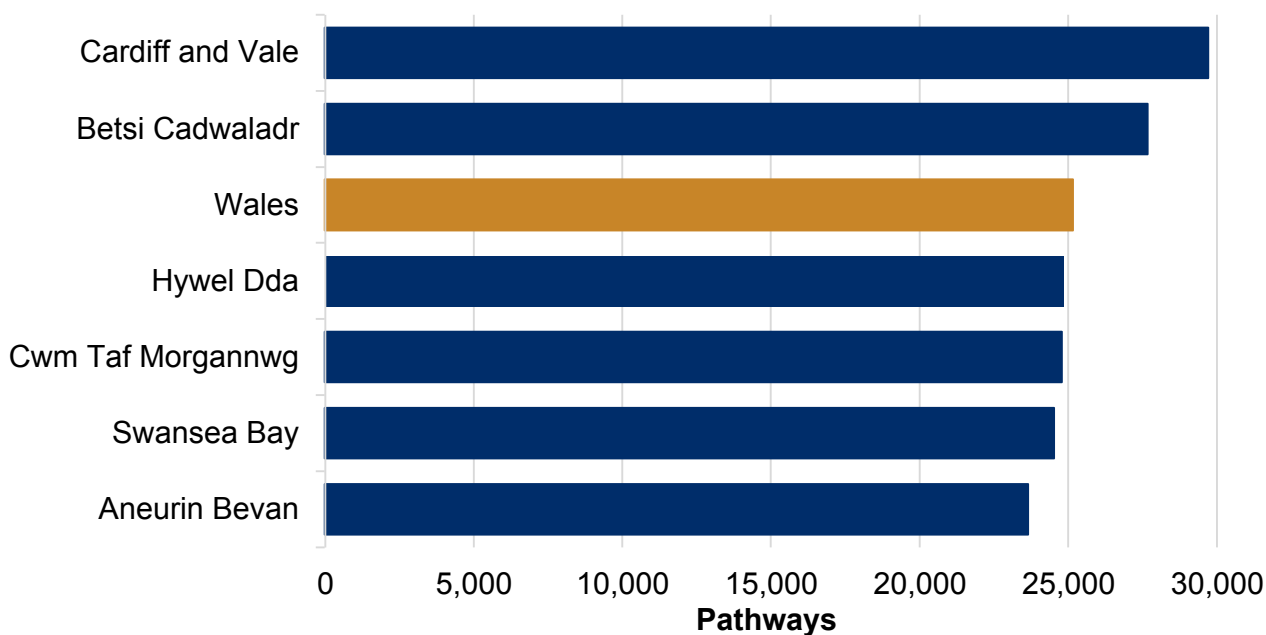
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Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway, on StatsWales

Figure 17: Patient pathways waiting to start treatment, per 100,000 population, by Local Health Board, May 2024 (total waiting) [Note 1]



Description of Figure 17: Bar chart showing that, adjusted by population, Aneurin Bevan has the fewest pathways waiting to start treatment and Cardiff and Vale has the most.

Source: Referral to treatment times, Digital Health and Care Wales

Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway, on StatsWales

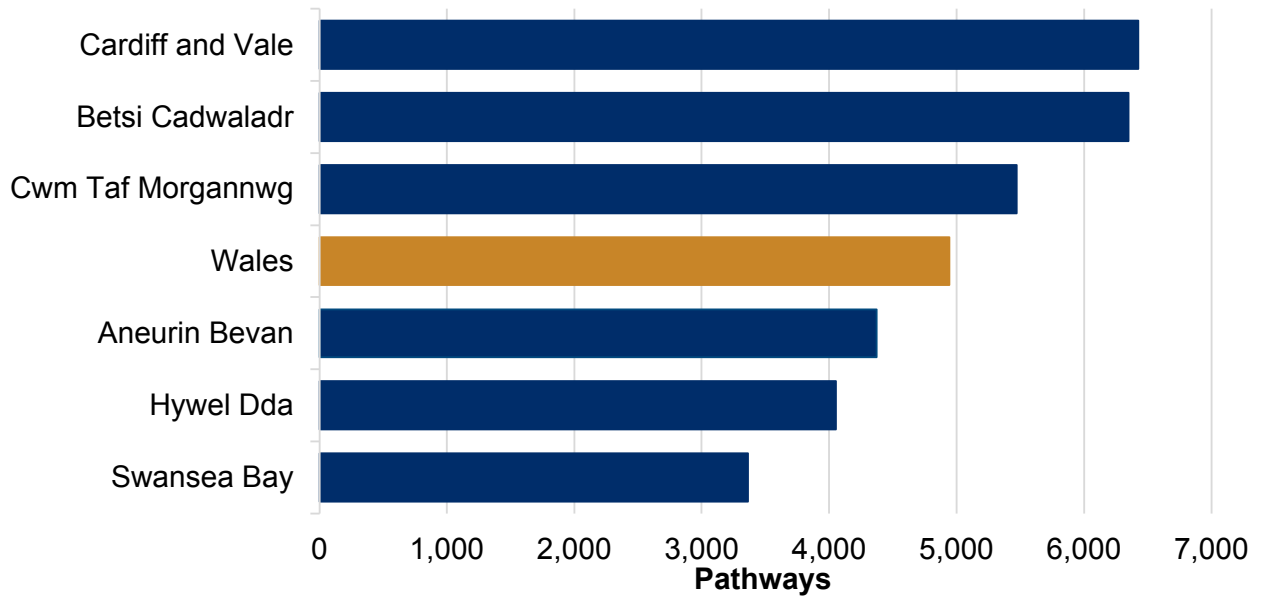
[Note 1]: Powys Teaching health board is excluded from this figure because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys is made available in the previous StatsWales link.

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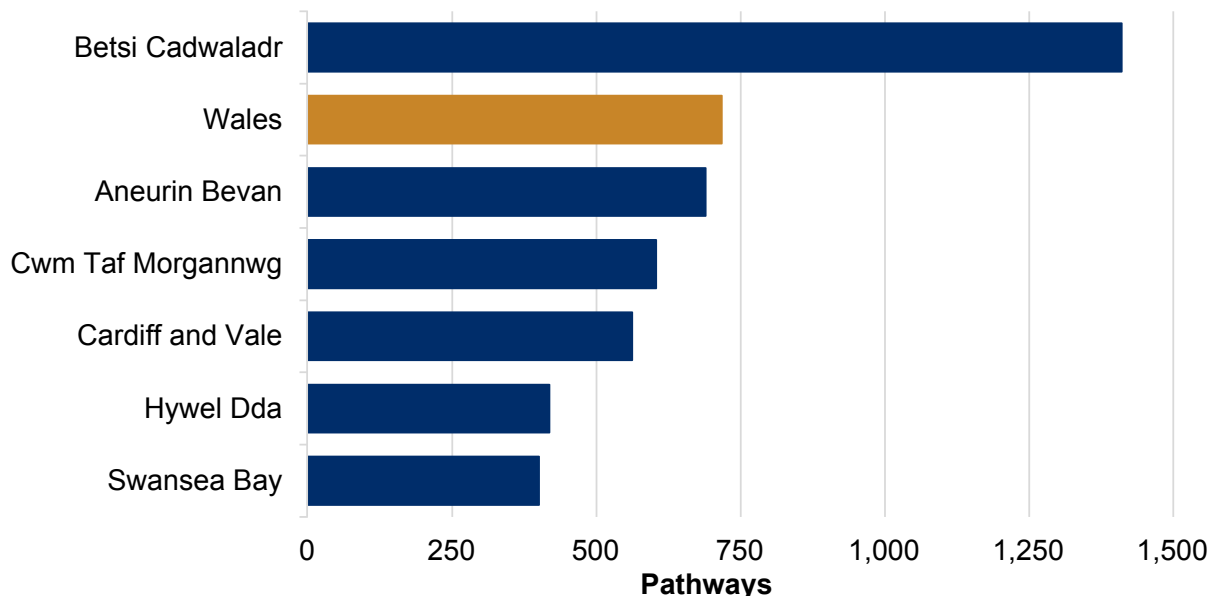
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Figure 18: Patient pathways waiting longer than a year to start treatment, per 100,000 population, by Local Health Board, May 2024 [Note 1]



Description of Figure 18: Bar chart showing that, adjusted by population, Swansea Bay has the fewest pathways waiting more than one year and Cardiff and Vale has the most.

Figure 19: Patient pathways waiting longer than 2 years to start treatment, per 100,000 population, by Local Health Board, May 2024 [Note 1]



Description of Figure 19: Swansea Bay has the fewest pathways waiting more than two years and Betsi Cadwaladr has the most.

Source: Referral to treatment times, Digital Health and Care Wales

Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway, on StatsWales

[Note 1]: Powys Teaching health board is excluded from these figures because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys is made available in the previous StatsWales link.

In May there were just over 787,900 patient pathways waiting to start treatment. This was an increase of around 12,900 pathways from April, 73.6% higher than May 2020, and the highest figure on record.

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Headline measures for open pathways across the UK are not comparable. There are large differences in coverage between Wales, Scotland and Northern Ireland statistics, meaning they should not be compared at all. With England, current understanding suggests a broadly comparable number can be produced for Wales by removing some known non-consultant led pathways which are not counted in England. On that basis, there are around 707,300 open pathways on consultant-led pathways in Wales, equivalent to 22 pathways (not patients) for every 100 people. For England, the figure in May was 13 pathways for every 100 people. These comparisons are explored further in this [Chief Statistician's blog](#).

Of the total 787,900 pathways, about 154,900 were waiting more than one year in May. This number was 4.5% higher than last month. Just under 22,500 were waiting more than two years. This number is 5.5% higher than last month, but 68.1% lower than the peak in March 2022.

Adjusted by population, Cardiff and Vale had highest number of pathways waiting (29,706 per 100,000). The most waiting more than one year was in Cardiff and Vale (6,426 per 100,000) and the most waiting more than two years was in Betsi Cadwaladr (1,411 per 100,000). Aneurin Bevan had the lowest numbers waiting overall (23,653 per 100,000). Swansea Bay had the fewest waiting more than one year (3,364 per 100,000) and the fewest waiting more than two years was in Swansea Bay (400 per 100,000).

The planned care recovery plan established a target to eliminate two year waits in most specialties by March 2023. This is assessed on the basis that 'most' refers to all specialties excluding seven recognised as exceptionally challenging, with large numbers waiting even prior to the COVID-19 pandemic. These are Dermatology, General Surgery, Ophthalmology, Urology, Gynaecology, Orthopaedics and Ear, Nose and Throat. The target was not met in March 2023, and in May there were still a further 17 specialties with pathways waiting more than two years accounting for 3,072 pathways, an increase of 174 compared to last month.

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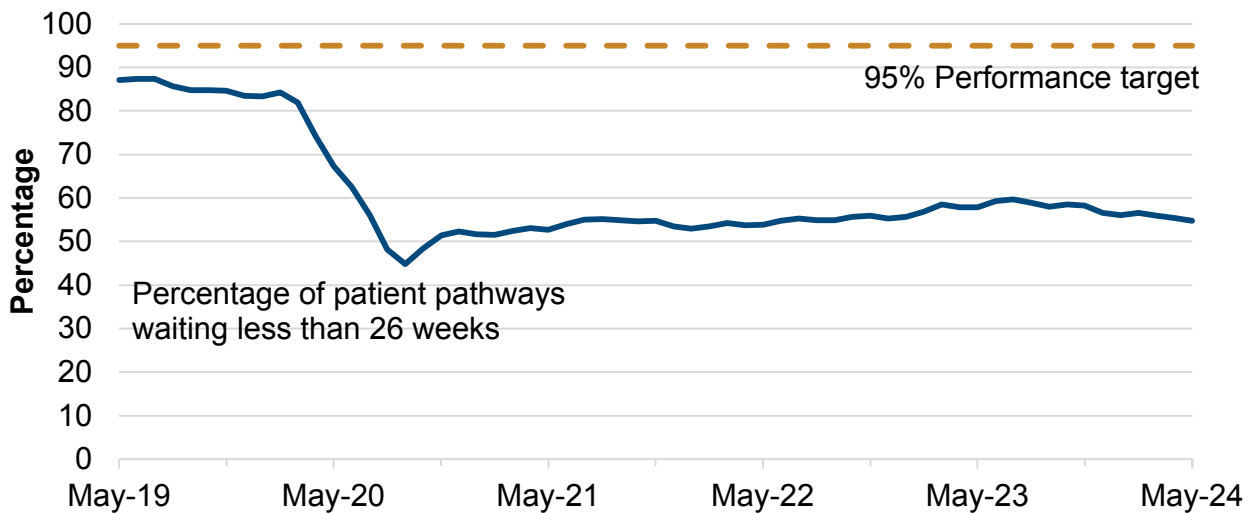
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The number of patient pathways is not the same as the number of individual patients, because some people have multiple open pathways.

We do not have official statistics on the number of individual patients waiting to start treatment. However, management information suggests that in May, when the National Statistics (above) reported there were just over 787,900 open patient pathways, there were estimated to be about 611,500 individual patients on treatment waiting lists in Wales, the highest on record.

Unlike the National Statistics elsewhere in this release, which have been independently assessed against the Code of Practice for statistics, this estimate is based on management information. Whilst the principles of the Code of Practice have been applied, quality assurance is not to the level of the National Statistics. Work is ongoing to further understand the strengths and limitations of this data and this will be communicated as we learn more. For these reasons there is greater uncertainty around this estimate than with the other figures in this release. However, the level of public interest in understanding the number of patients in addition to the number of patient pathways adds sufficient value to warrant making this available.

Figure 20: Percentage of patient pathways waiting less than 26 weeks, May 2019 to May 2024



Description of Figure 20: Line chart showing that during the coronavirus pandemic the percentage of patient pathways waiting less than 26 weeks decreased sharply, and performance has since stabilized rising slowly between around 50 to 60%.

Source: Referral to treatment times, Digital Health and Care Wales

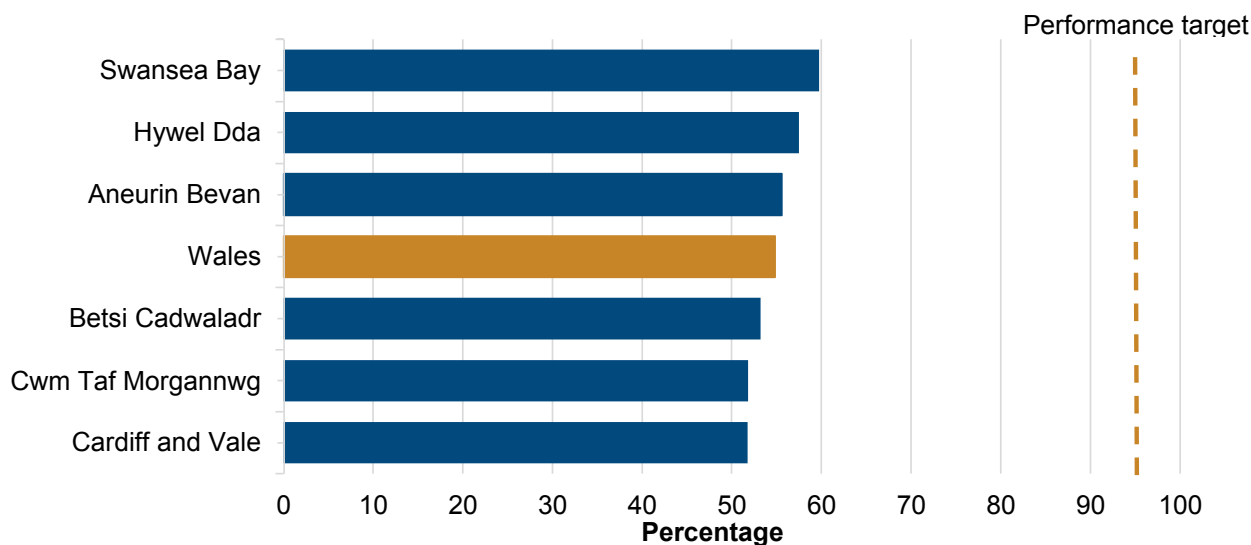
Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks, on StatsWales

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Figure 21: Percentage of patient pathways waiting less than 26 weeks, per 100,000 population, by Local Health Board, May 2024 [Note 1]



Description of Figure 21: Bar chart showing performance in all Local Health Boards is lower than the target of 95%.

Source: Referral to treatment times, Digital Health and Care Wales

Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks, on StatsWales

[Note 1]: Powys Teaching health board is excluded from this figure because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys is made available in the previous StatsWales link.

Of the just over 787,900 patient pathways waiting to start treatment, by the end of May, 54.8% had been waiting less than 26 weeks. This was 0.6 percentage points lower than the previous month and 27.1 percentage points lower than March 2020. The highest proportion waiting less than 26 weeks was in Swansea Bay health board (59.7%) and the lowest was in Cardiff and Vale and Cwm Taf

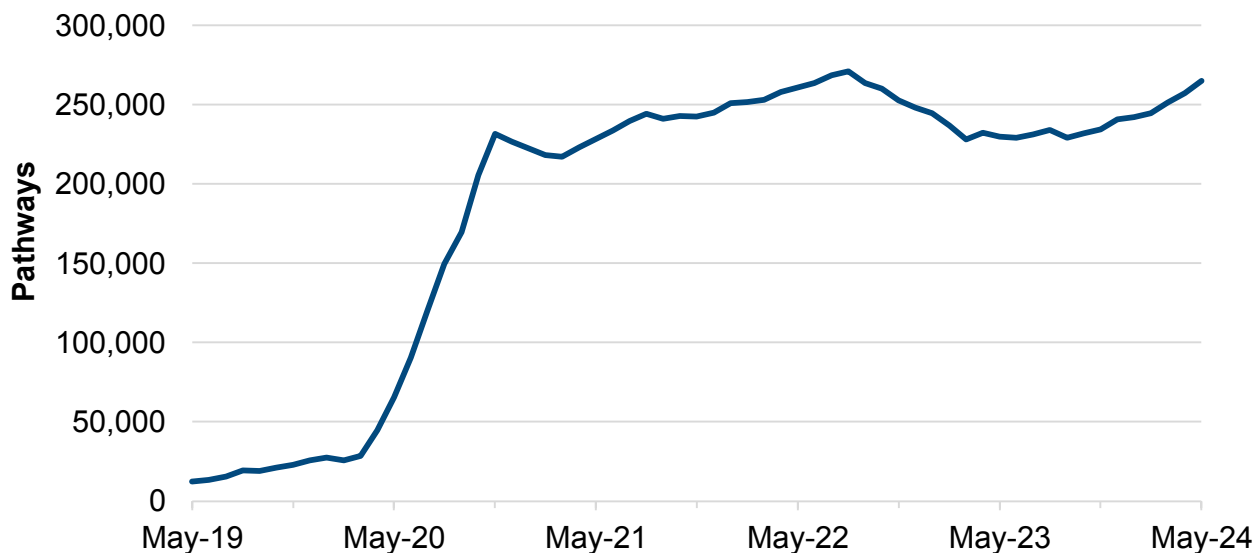
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Morgannwg (51.8%).

Figure 22: Patient pathways waiting more than 36 weeks, by month and weeks waited, May 2019 to May 2024



Description of Figure 22: Line chart showing the number of patient pathways waiting more than 36 weeks, which increased rapidly during the coronavirus pandemic and remains close to record levels.

Source: Referral to treatment times, Digital Health and Care Wales

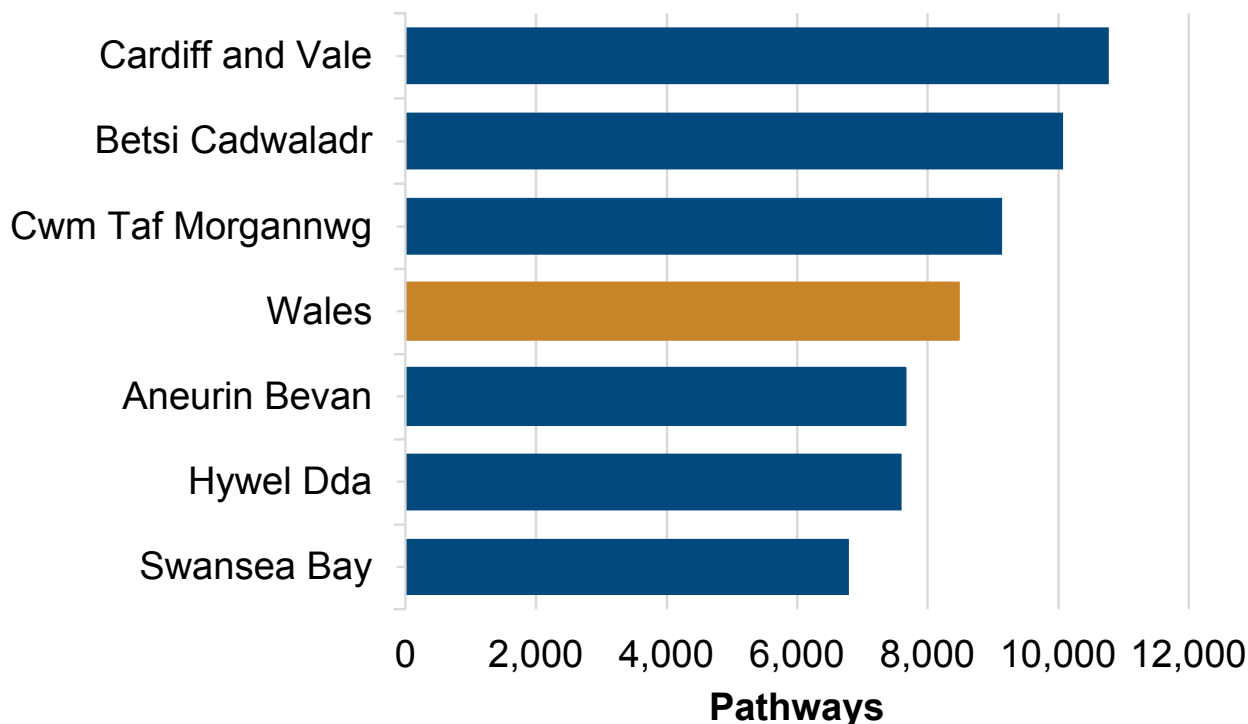
Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks, on StatsWales

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Figure 23: Patient pathways waiting more than 36 weeks, per 100,000 population, by Local Health Board, May 2024 [Note 1]



Description of Figure 23: Bar chart showing the number of patient pathways waiting more than 36 weeks, adjusted by population size, was highest in Cardiff and Vale and lowest in Swansea Bay.

Source: Referral to treatment times, Digital Health and Care Wales

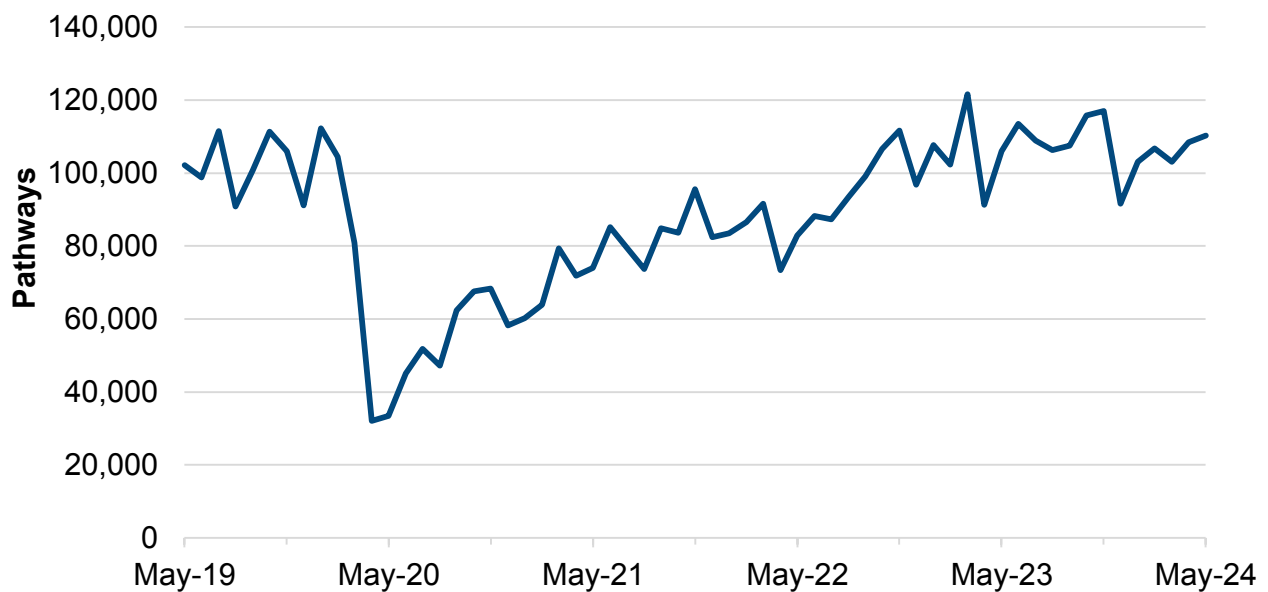
Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks, on StatsWales

[Note 1]: Powys Teaching health board is excluded from this figure because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys is made available in the previous StatsWales link.

In May, just over 265,200 patient pathways had been waiting more than 36 weeks. This represented 33.7% of all patient pathways waiting to start treatment. This was 7,882(3.1%) higher than in the previous month and the third highest figure on record. The highest number of pathways waiting more than 36 weeks per 100,000 population was in Cardiff and Vale (10,771), and the lowest was in Swansea Bay (6,791).

The median time waiting to start treatment had generally been around 10 weeks pre pandemic between late 2013 and February 2020. This increased during the pandemic and peaked at a record high of 29 weeks in October 2020. In May, the median waiting time was 21.5 weeks, 0.5 weeks lower than the previous month.

Figure 24: Closed patient pathways, May 2019 to May 2024 [Note 1]



Description of Figure 24: Line chart showing the number of patient pathways closed, which generally fluctuates. After a big decrease in March 2020 due to the coronavirus pandemic, the number of closed pathways has steadily risen to pre-pandemic levels.

Source: Referral to treatment times, Digital Health and Care Wales

Closed patient pathways by month, local health board and weeks waiting, on StatsWales

[Note 1]: Data revised to now include Cwm Taf Morgannwg health board closed pathways. Up to the July 2022 statistical release, the data series was not available for Cwm Tag Morgannwg. More details are available in the [quality information](#).

The number of patient pathways closed in May was 110,230. This was an average of 5,249 patient pathways closed per working day. This was an increase of 84 patient pathways (or 1.6%) closed per working day from the previous month.

Cancer services

A number of wider measures from the suspected cancer pathway are produced by Digital Health and Care Wales.

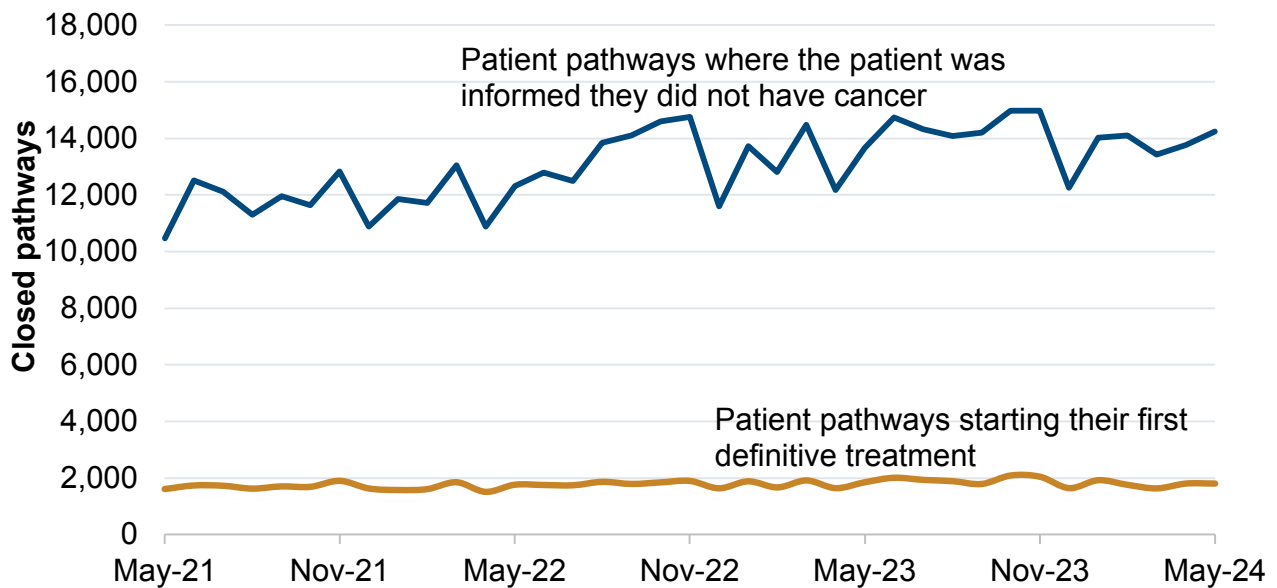
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Activity

Figure 25: Closed suspected cancer pathways in the month, by month and outcome, May 2021 to May 2024 [Note 1]



Description of Figure 25: Line chart showing the number of patient pathways informed they do not have cancer, which fluctuates but generally showing an upwards trend, and the number of patient pathways starting their first definitive treatment, which has been relatively stable since recording began.

Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

[Suspected cancer pathway \(closed pathways\), on StatsWales](#)

[Note 1]: New suspected cancer pathway data collection was introduced in December 2020.

In May, 1,800 pathways where the patient was newly diagnosed with cancer started their first definitive treatment in the month. This was the same as the

previous month.

14,251 pathways were closed following the patient being informed they did not have cancer. This is an increase of 3.5% compared to the previous month.

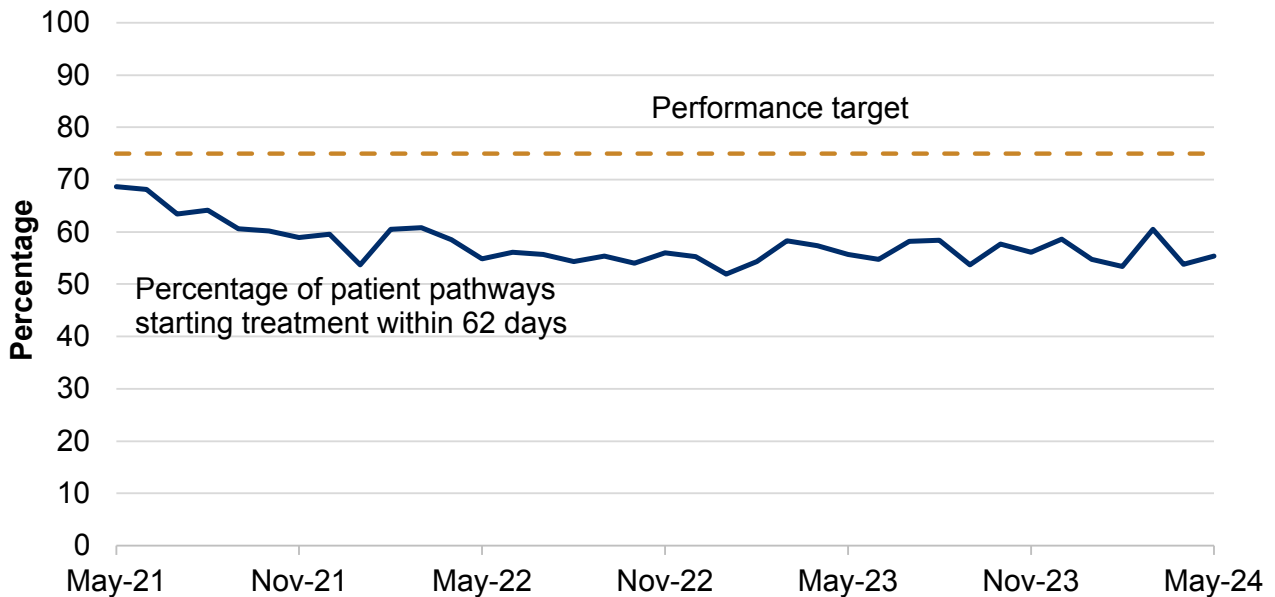
In May, 17,584 patient pathways were opened in the month following a new suspicion of cancer. This was an increase of 446 (2.6%) on the previous month, and an increase of 7.1% compared to May 2023. In recent years the number of new pathways opened has fluctuated, but has stabilised in recent months.

Performance

Target

- At least 75% of patients should start treatment within 62 days (without suspensions) of first being suspected of cancer. Data published for time periods before December 2020 are not subject to the target.
- The **planned care recovery plan** established a new target of 80%, to be reached by 2026.

Figure 26: Percentage of pathways where the patient started their first definitive treatment within the target time, May 2021 to May 2024 [Note 1]



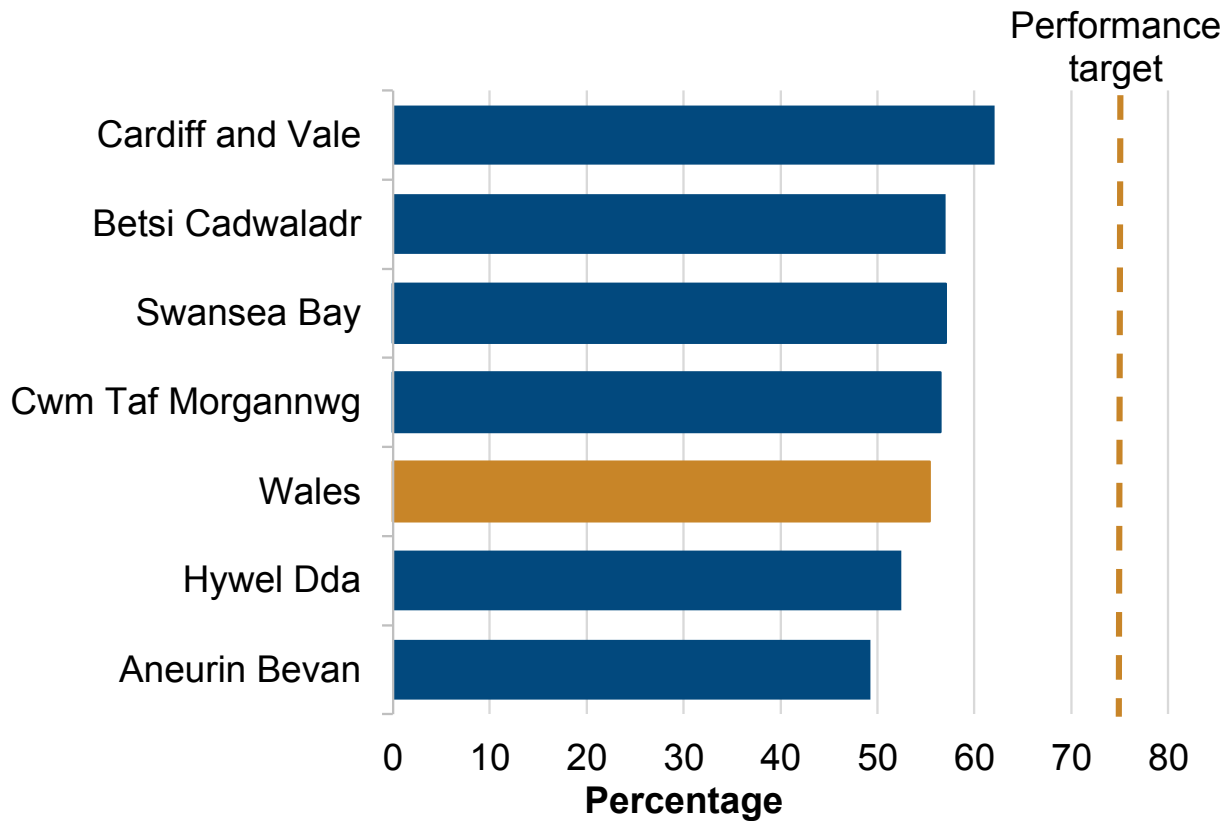
Description of Figure 26: Line chart showing the percentage of patient pathways that started their first definitive treatment within 62 days of first being suspected of cancer and the 75% performance target. Performance fluctuates, but there is a general downwards trend in recent years.

Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

Suspected cancer pathway (closed pathways), on StatsWales

[Note 1]: New suspected cancer pathway data collection was introduced in December 2020, with a performance target of 75%. The planned care recovery plan established a new target of 80%, to be reached by 2026.

Figure 27: Percentage of pathways where the patient started their first definitive treatment within the target time, by Local Health Board, May 2024 [Note 1]



Description of Figure 27: Bar chart showing performance in all Local Health Boards was below the target level of 75%.

Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

Suspected cancer pathway (closed pathways), on StatsWales

[Note 1]: Powys Teaching health board is excluded from this analysis because there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards. Data for Powys are available on StatsWales.

In May, 55.4% of pathways started their first definitive treatment within 62 days of first being suspected of cancer. This was 1.6 percentage points higher than the previous month, but 0.3 percentage points lower than May 2023.

The highest proportion of pathways starting their first definitive treatment within 62 days was in Cardiff and Vale (62.1%) and the lowest was in Aneurin Bevan (49.2%).

Quality and methodology information

All quality and methodology information in relation to this statistical release can be found in the [NHS activity and performance summary: quality report](#)

Official statistics status

All official statistics should show the standards of the [Code of Practice for Statistics \(UK Statistics Authority\)](#).

These are accredited official statistics. They were independently reviewed by the Office for Statistics Regulation 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 \(Office for Statistics Regulation\) \(OSR\)](#) are

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called National Statistics in the Statistics and Registration Service Act 2007.

Statement of compliance with the Code of Practice for Statistics

Our statistical practice is regulated by the Office for Statistics Regulation (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**.

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 Digital Health and Care Wales (DHCW) to enable them to be collated at a national level.

The data collections are overseen by the **Welsh Information Standards Board (WISB)**, which is the custodian of the Information Standards Assurance Process. WISB mandates data collections through the NHS and Local Health Boards, appraises information standards and provides assurance on matters related to confidentiality and consent.

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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](#). 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](#).

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 statistical release is signed off by senior statisticians before publication.

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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](#).

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 or via the [OSR website](#).

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

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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 wellbeing goals and associated technical information is available in the [Wellbeing of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

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 wellbeing assessments and local wellbeing plans.

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales.

Next update

22 August 2024

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