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Welsh Government

STATISTICS, DOCUMENT

Trends in NHS planned care activity: as at March 2024

Report summarising data on activity and performance in NHS planned care, including referral to treatment waiting lists, diagnostics and therapies, secondary care activity and cancer services, as at March 2024.

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Introduction

This statistical release provides a summary of NHS referral to treatment waiting lists, inpatient activity, outpatient referrals and activity, diagnostic and therapy waits, NHS beds and cancer waiting times. Historical data are provided as far back as they are available and key changes affecting comparability over time are explained. Annual data are presented by financial years, e.g. April to March of the following year.

Planned care covers the services offered by the NHS for conditions where care is provided in hospital, generally after referral from a primary or community health professional.

Performance targets associated with planned care are monitored in the monthly [NHS activity and performance summary](#) and are not reported here. This publication focuses on longer term trends. A parallel report is available on [trends in NHS urgent and emergency care activity](#), which includes ambulance calls and response times and emergency department activity.

Activity is measured by 'patient pathways'. Pathways are higher than the equivalent number of individual patients would be because some patients have multiple open pathways. More information on this is available in this [Chief Statistician's blog \(Digital and Data blog\)](#).

[Data for each topic area are also available in more detail on our StatsWales website.](#)

Main points

The decade prior to the COVID-19 pandemic saw a gradual increase in

pathways waiting on Referral To Treatment waiting lists. A reduction in planned care activity during the pandemic caused a significant increase in pathways waiting, from around 450,000 to around 769,000 by the end of 2023-24.

Pathways waiting more than one and two years increased significantly during the pandemic, having been close to zero until 2020. By early 2024, pathways waiting longer than two years were on a consistently decreasing trend. Despite one year waits falling through 2022-23 there were signs of an increasing trend in early 2024.

The aging population contributes to larger demands on health services. The number of adults aged 65 and over has increased by 50% (225,000) since 1991. Over 65s made up 21.5% of the population in 2022, up from 15.6% in 1991.

Median referral to treatment waiting times increased during the pandemic to around 29 weeks after a long period of relative stability between 9 and 11 weeks. By early 2024 median waiting times were around 22 weeks.

Pathways waiting for diagnostics were increasing from 2017 and peaked in October 2023, almost three times higher than in 2010. More recently, there have been signs of a decreasing trend.

Therapies pathways were changeable prior to 2020, with no discernible long-term trends. Following the COVID-19 pandemic they reached record levels in 2023-24.

Referrals for new outpatient appointments have increased over the last decade and reached a record level in 2023-24.

There has been a sustained reduction in available NHS beds and beds occupied since 1990, largely reflecting policy changes intended to treat more patients away from hospitals and technology advances resulting in shorter lengths of stay.

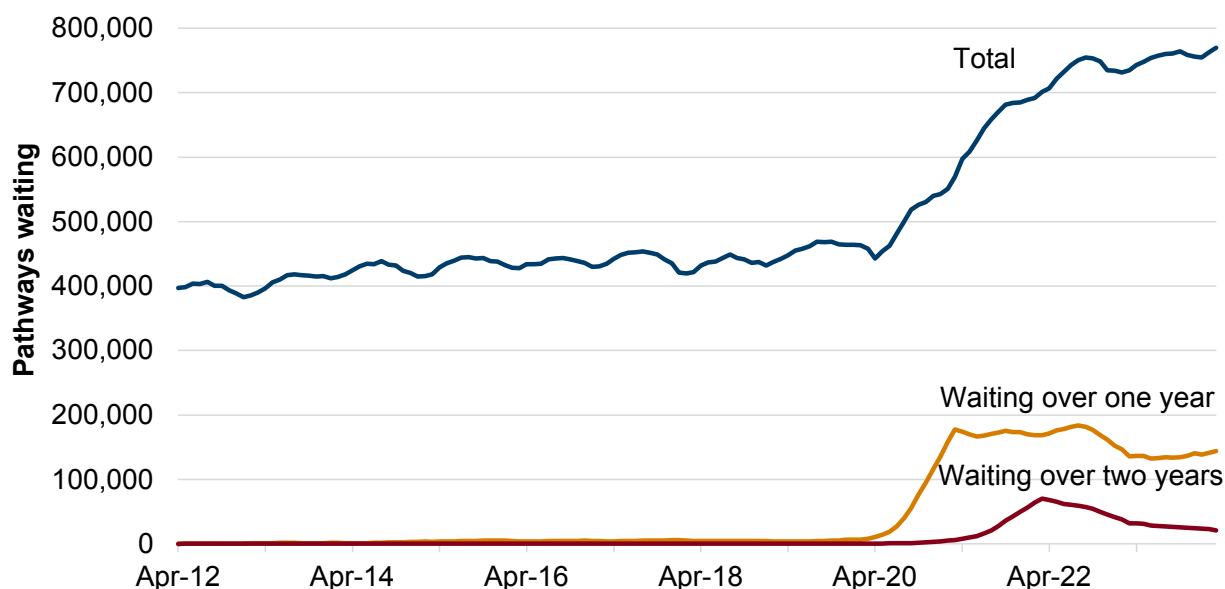
The last decade has seen steady growth in activity on the suspected cancer pathway, with increases in patients informed they did not have cancer and patients starting definitive treatment. Typically, between 50% and 60% of patients starting treatment do so within the target of 62 days from the point of suspicion.

Around 60% more female patients are informed they do not have cancer than males. Despite this, around 10 to 15% more males than females start treatment for cancer. This means a higher proportion of suspected cancers in men are ultimately identified as cancer.

Referral to treatment (waiting lists)

Referral to treatment (RTT) time statistics show monthly data on waiting times for patient 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, and closed pathways are those taken off the waiting list.

Figure 1: Pathways waiting to start treatment, April 2012 to March 2024



Description of Figure 1: A line chart showing a slight increasing trend in pathways waiting prior to 2020. The COVID-19 pandemic led to the number waiting increasing significantly. Pathways waiting longer than two years increased sharply but have consistently decreased in the last two years, while the number waiting over one year decreased in 2022 but has recently turned back upwards.

Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

Referral to treatment waiting times, by weeks waiting, on StatsWales

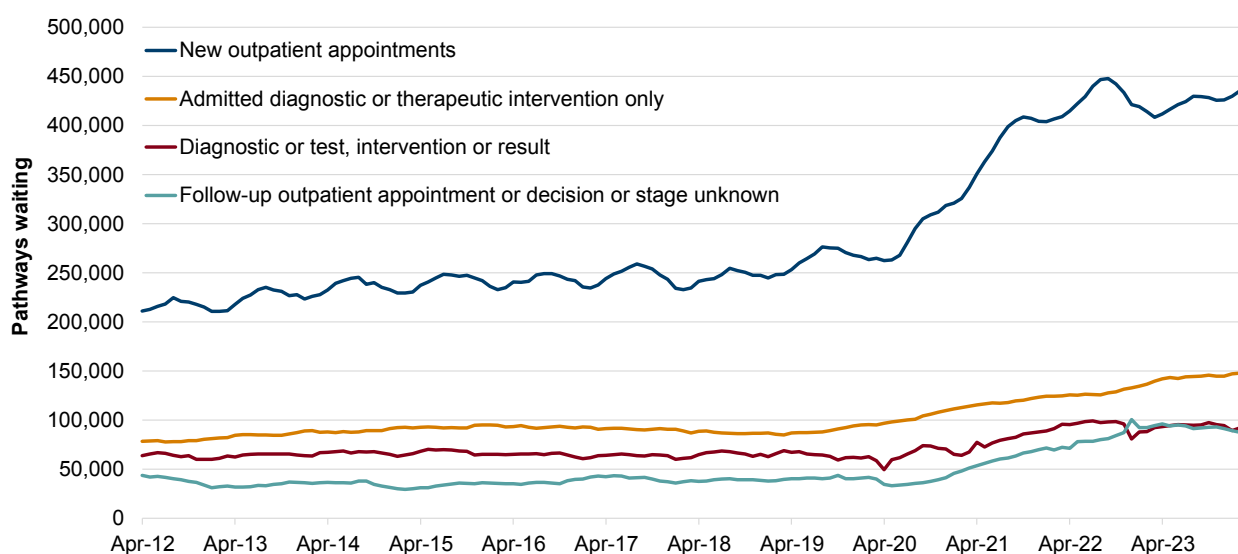
The years between 2012 and 2020 saw a gradual increase, of around 10%, in pathways waiting on RTT waiting lists. A reduction in planned care activity during the pandemic caused a significant increase in pathways waiting, from around 450,000 to around 775,000 by the end of 2023-24, approximately 60%.

The peak in pathways waiting to start treatment in March 2024 (769,000 pathways) was more than double the number of pathways waiting in January 2013 (383,000), the lowest number in the recorded series.

Between 2012 and 2020 the number of pathways waiting more than one year increased from around one thousand to seven thousand, before peaking at over 183,000 in August 2022. There were usually between one and two hundred pathways waiting more than two years until 2020, before rising to over 70,000 by March 2022.

An aging population contributes to larger demands on health services. The number of adults aged 65 and over has increased by 50% (225,000) since 1991. Over 65s made up 21.5% of the population in 2022, up from 15.6% in 1991.

Figure 2: Pathways waiting to start treatment by stage of pathway, April 2012 to March 2024



Description of Figure 2: A line chart showing numbers waiting at the four stages of patient pathway all increased significantly during or following the pandemic. Pathways waiting for a new outpatient appointment saw the sharpest rise

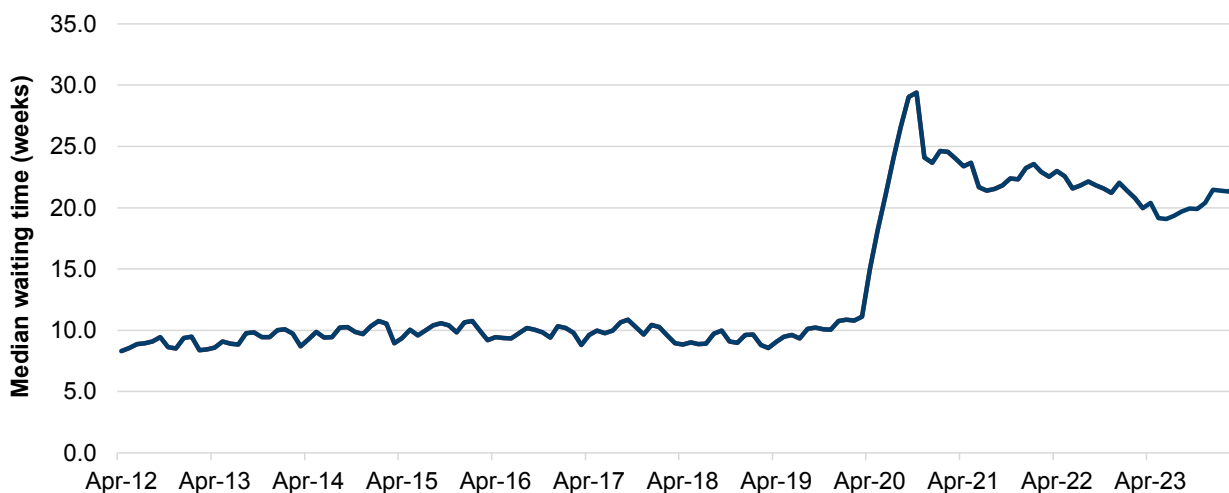
initially, and despite decreasing in late 2022, they have increased steadily recently. Pathways waiting at the admitted diagnostic or treatment stage have continued to rise steadily, while pathways waiting for follow up outpatient appointments or diagnostic tests have been relatively flat recently.

Source: Referral to treatment times (RTT), DHCW

Referral to treatment waiting times by month, grouped weeks and stage of pathway on StatsWales

Before the COVID-19 pandemic, pathways waiting for a new outpatient appointment were on a slight upward trend, while pathways at all other stages were relatively stable. Comparing lowest levels to highest over the period, pathways in the 'waiting for a follow-up outpatient appointment or decision or stage unknown' stage saw the largest increase, with the peak over three times greater than the lowest point.

Figure 3: Median waiting time in weeks, April 2012 to March 2024



Description of Figure 3: A line chart showing a significant increase in median

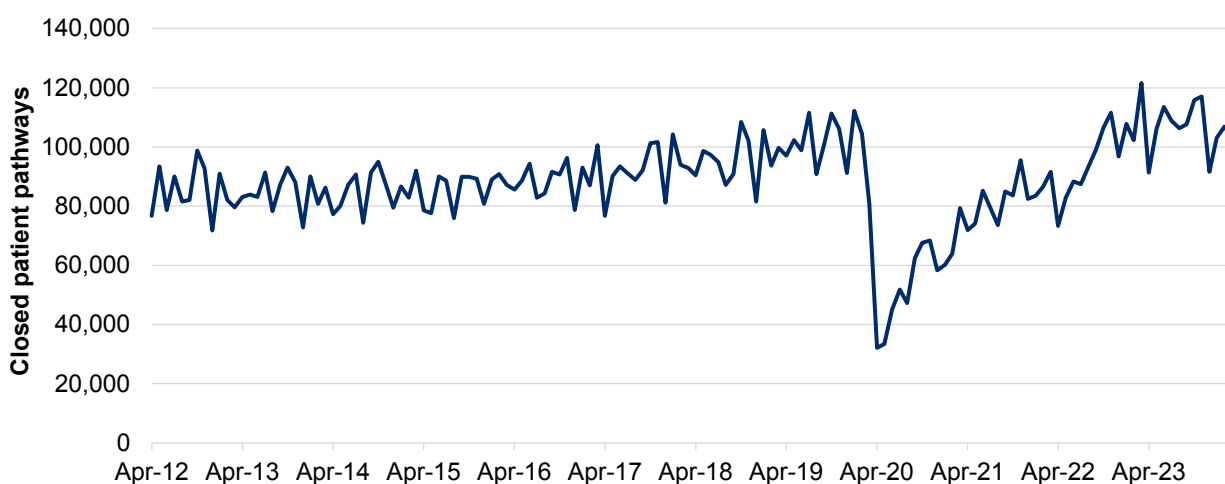
waiting times at the start of the pandemic. Median waiting times have decreased since the peak, but remain well above pre-pandemic levels.

Source: Referral to treatment times (RTT), DHCW

Median waiting time for referral to treatment, by local health board, on StatsWales

In the years prior to 2020 median waiting times for RTT pathways were relatively stable, typically between 9 and 11 weeks. Between March and October 2020 median waits almost tripled to over 29 weeks, before falling . By early 2024 median waits were no longer falling and remained double their pre-pandemic levels.

Figure 4: Closed patient pathways, April 2012 to March 2024



Description of Figure 4: A line chart showing a generally increasing trend in the number of pathways closed, with a significant fall at the start of the COVID-19 pandemic.

Source: Referral to treatment times (RTT), DHCW

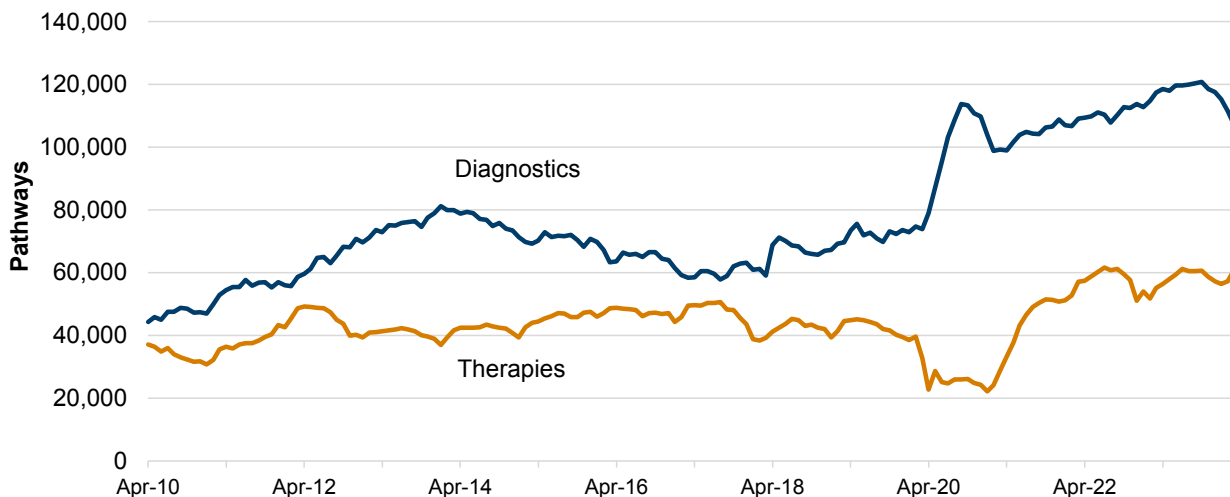
Closed patient pathways by month, local health board and weeks waiting on StatsWales

Patient pathways close when patients are taken off waiting lists, most commonly because they start treatment. As such, to some extent they reflect the volume of activity being undertaken in the NHS in Wales. Closed pathways saw an increasing trend, of around 20% higher, between 2016 and 2020. They fell significantly at the start of the pandemic, reflecting a slow down in non-essential consultations and treatment. Following the record low in April 2020, there was a broadly consistent upward trend, and in 2023-24 they reached the highest levels on record.

Diagnostic and therapies

The diagnostic and therapy service statistics show monthly data on the number of pathways and the time those pathways have been waiting at the end of each month for specific services. Waiting lists include all pathways, irrespective of their area of residence, that are waiting for NHS-funded diagnostic and therapy services within Wales.

Figure 5: Patient pathways waiting for diagnostic and therapy services, April 2010 to March 2024



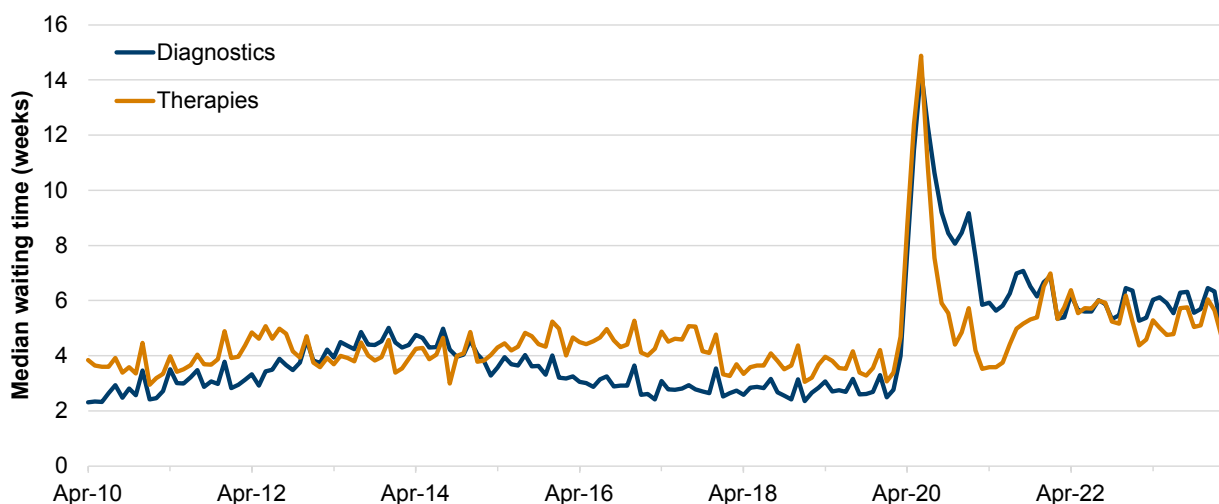
Description of Figure 5: A line chart showing diagnostics pathways have increased since 2010 and therapies have been changeable but with an increase in recent years.

Source: Diagnostics and Therapies (DATS), DHCW

Diagnostic and Therapy waiting times by weeks waiting on StatsWales

Throughout the last twelve years there have always been more pathways waiting for diagnostics than therapies, though at times they have been close. Prior to 2020 numbers waiting for therapies were falling and numbers waiting for diagnostics were increasing. The impact of the pandemic initially was different, with diagnostics increasing sharply and therapies falling to a record low in April 2020 (25,500 pathways). Subsequently, both have generally increased, with numbers waiting for diagnostics reaching a record level in October 2023, almost three times higher than in 2010.

Figure 6: Median waiting times for diagnostic and therapy services, April 2010 to March 2024



Description of Figure 6: A line chart showing median waiting times for diagnostic and therapy services were relatively stable until 2020, when they increased significantly. Recently, waiting times for diagnostics are around double the historical levels and for therapies they are around 50% longer.

Source: Diagnostics and Therapies (DATS), DHCW

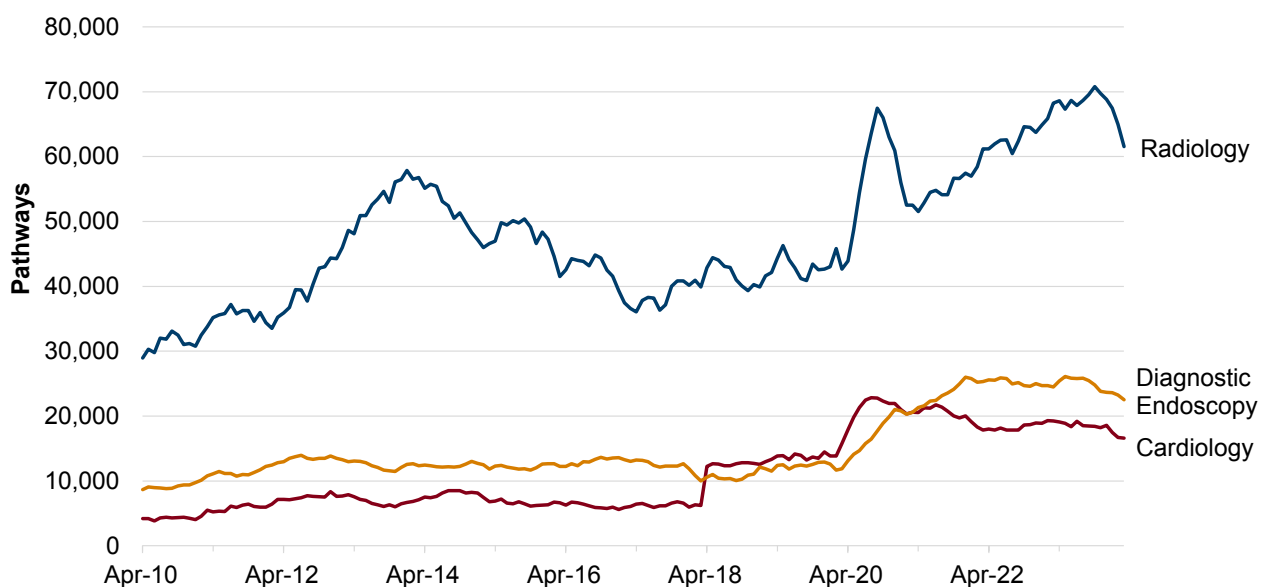
Median waiting times for diagnostics and therapies, by specialty, on StatsWales

Prior to 2020, median waits for both therapies and diagnostics had fallen, with both broadly reflecting trends in the numbers waiting (Figure 5). They increased dramatically in the first few months of the pandemic as non-essential activity paused. Record highs of 14.3 weeks for diagnostics and 14.9 weeks for therapies were reached in June 2020. Therapy median waiting times improved quickly, despite the number of overall pathways increasing, but waits remain around 50% higher than their pre-pandemic levels. For diagnostics there has also been a recovery in waiting times, however it has been slower than for

therapies and median waiting times are still around double their pre-pandemic levels.

Below we look at trends in pathways waiting for the various types of diagnostics and therapy services.

Figure 7: Patient pathways waiting for radiology, diagnostic endoscopy and cardiology diagnostics, April 2010 to March 2024, [Note 1]



Description of Figure 7: A line chart showing the three most common types of diagnostics pathways. Radiology and diagnostic endoscopy exhibited changing trends between 2010 and 2020, but by 2024 stood at more than double their 2010 levels. Cardiology pathways were four times their 2010 levels by 2014.

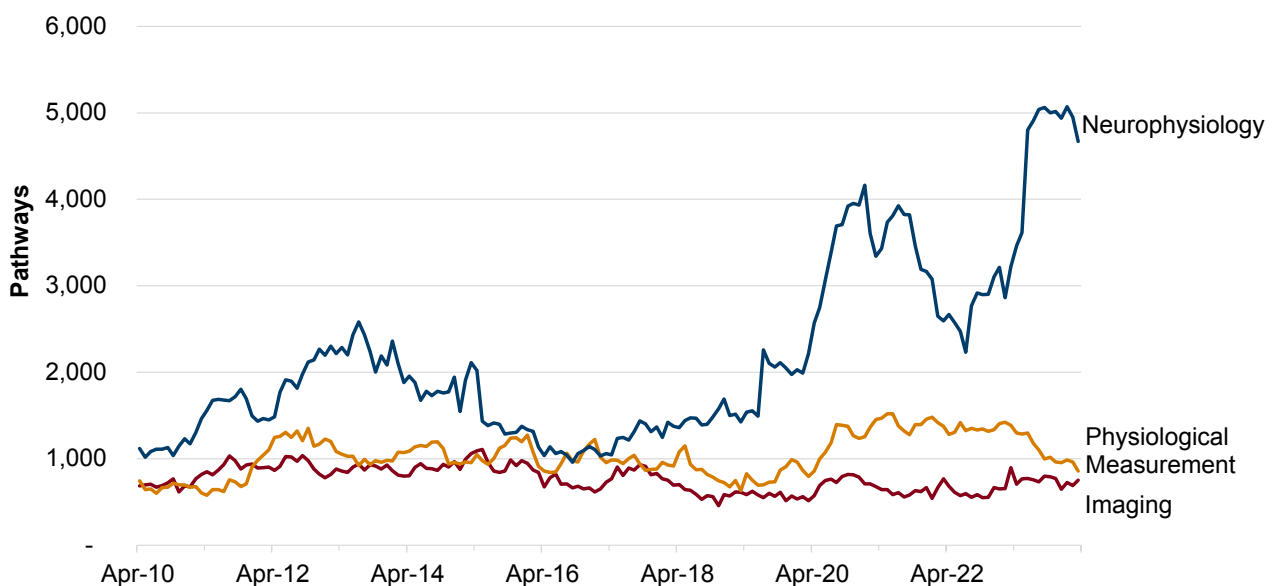
Source: Diagnostics and Therapies (DATS), DHCW

[Note 1]: Additional diagnostics tests were included in the cardiology data from April 2018

Diagnostic and therapy services waiting times, by specialty, on StatsWales

Pathways waiting for radiology, diagnostic endoscopy and cardiology account for around 95% of all diagnostics, with radiology accounting for more pathways than all other types combined. Waiting lists for each of these specialties remain above pre-pandemic levels but show generally decreasing trends in the most recent months.

Figure 8: Patient pathways waiting for neurophysiology, physiological measurement and imaging diagnostics, April 2010 to March 2024



Description of Figure 8: A line chart showing diagnostic patient pathways waiting for neurophysiology, physiological measurement and imaging. Each type of pathway exhibited variable trends in pathways waiting before 2020, with different trends emerging since. Neurophysiology saw substantial relative increases with latest figures well over four times higher than the start of the series. Pathways waiting for physiological measurement and imaging have not exhibited

discernible long term trends during this series.

Source: Diagnostics and Therapies (DATS), DHCW

Diagnostic and therapy services waiting times, by specialty, on StatsWales

Pathways waiting for imaging, neurophysiology and physiological management only account for around 5% of all diagnostics pathways.

Figure 9: Patient pathways waiting for physiotherapy, April 2010 to March 2024



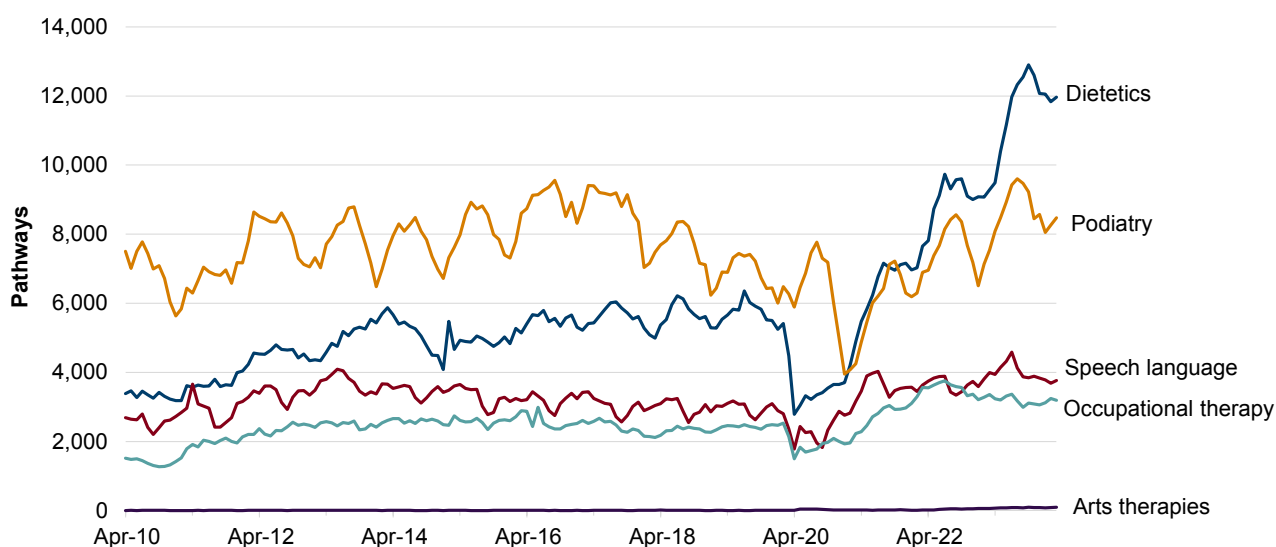
Description of Figure 9: A line chart showing patient pathways waiting for physiotherapy. The series was very changeable between 2010 and 2020, before a significant fall in 2020. Numbers waiting then quickly increased to record levels and remained around 50% higher than the pre-pandemic level by the end of the series in March 2024.

Source: Diagnostics and Therapies (DATS), DHCW

Diagnostic and therapy services waiting times, by specialty, on StatsWales

Physiotherapy accounts for around half of all pathways waiting for therapies.

Figure 10: Patient pathways waiting for therapies by specialty, April 2010 to March 2024



Description of Figure 10: A line chart showing the remaining five therapy specialties (dietetics, podiatry, speech & language, occupational therapy and arts therapies). Trends in pathways waiting over the time series are different for these five therapy specialties, however between 2010 and 2020, most specialties saw a fall in pathways waiting at the onset of the pandemic but after the initial dip, all specialties subsequently saw increases. Of these five specialties, dietetics saw the largest relative increase, which was over three times higher than its 2010 level at the end of the series. Speech & language and occupational therapy were up by around 50% and podiatry had returned to its pre-pandemic level by the end of the series.

Source: Diagnostics and Therapies (DATS), DHCW

[Diagnostic and therapy services waiting times, by specialty, on StatsWales](#)

Outpatients

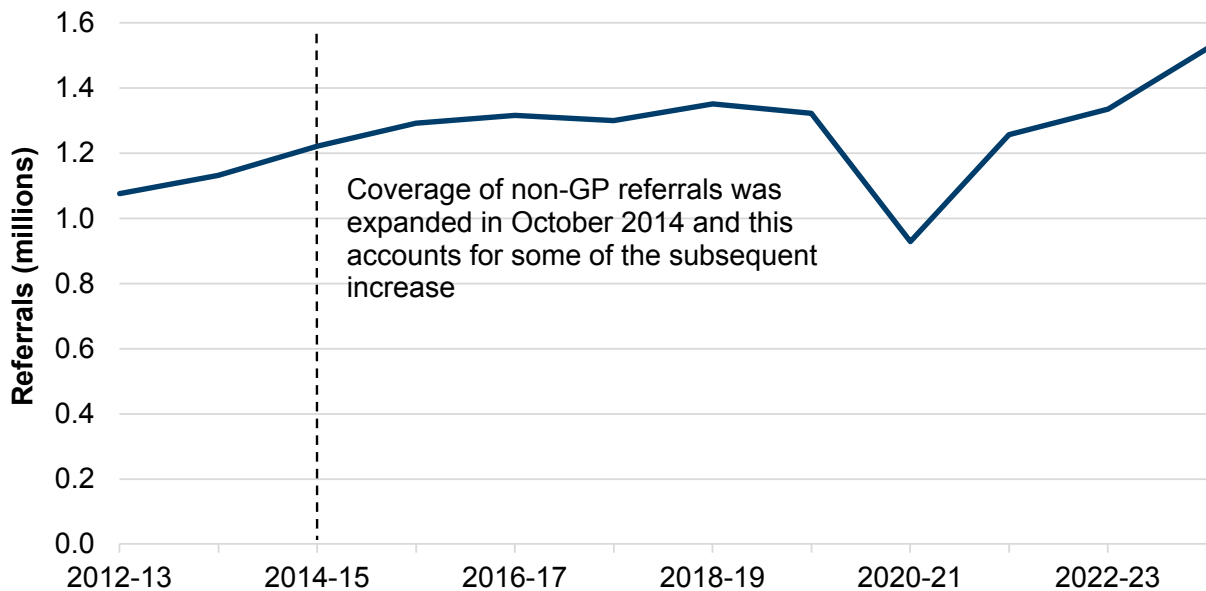
An outpatient appointment is an appointment, often at a hospital or clinic, where the patient does not need to stay at hospital overnight.

Outpatient referrals

Outpatient referrals statistics show monthly data on the number of referral requests for a first outpatient appointment received by local health boards in Wales, regardless of area of residence. These data include referrals made in Wales to hospitals located outside of Wales but not referrals made to hospitals in Wales for people resident outside Wales.

The referral date is the date when the local health board receives the referral and not the date on which the referral was sent.

Figure 11: Referrals for first outpatient appointment, 2012-13 to 2023-24



Description of Figure 11: A line chart showing an upward trend in the number of referrals for first outpatient appointments, with the exception of 2020-21.

Source: Outpatient Referral Dataset, DHCW

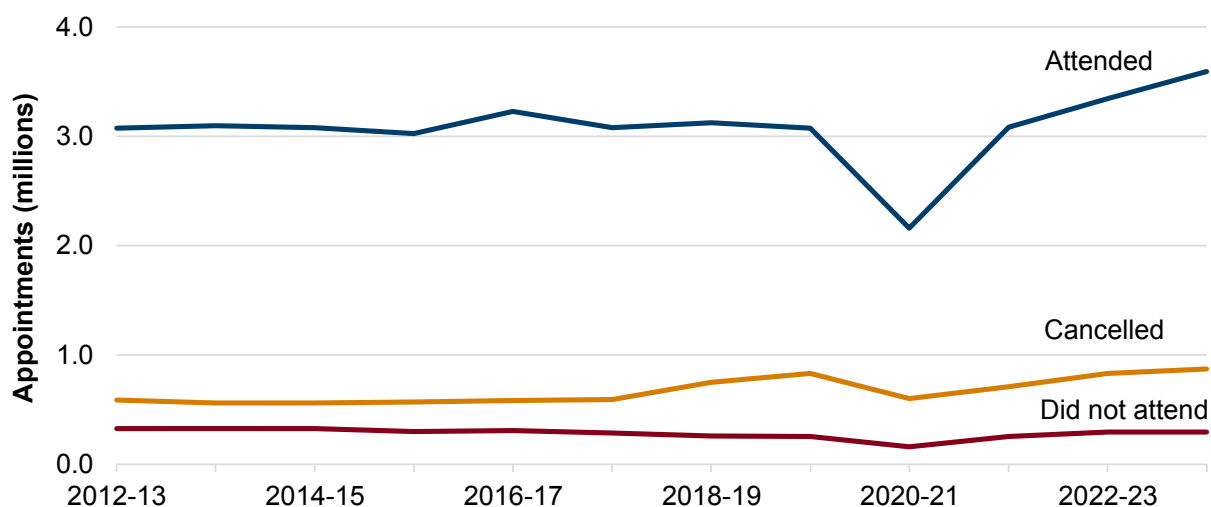
Outpatient referrals, by specialty, on StatsWales

In 2023-24 over 1.5 million referrals for first outpatient appointments were made in Wales, the highest figure on record and 41% higher than in 2012-13 (though a small amount of this increase is attributable to improved data coverage of non-GP referrals). Though individuals can have multiple referrals, this would equate to around 49 referrals for every one hundred people in Wales. The significant reduction in 2020-21 reflects the cessation of non-essential activity during the pandemic, and following an increasing trend, referrals exceeded pre-pandemic levels in 2023-24. Some of the increased post pandemic activity may reflect some referrals for conditions not reported or referred during the pandemic, at

least to some extent.

Outpatient activity

Figure 12: Outpatients appointments by attendance category, April 2012 to March 2024, [Note 1]



Description of Figure 12: A line chart showing outpatient attendances were relatively stable until 2020, while cancelled attendances had been increasing and appointments not attended were falling. Since then, all have increased.

Source: Admitted Patient Care, Outpatients Data Set, DHCW

[Note 1]: Does not include unknown appointment outcomes, though these usually account for less than 1% of all records.

Secondary Care Dashboard, DHCW

From 2012-13 to 2019-20 the number of outpatient appointment attended was stable at slightly over three million per year. Since 2020, attendances have

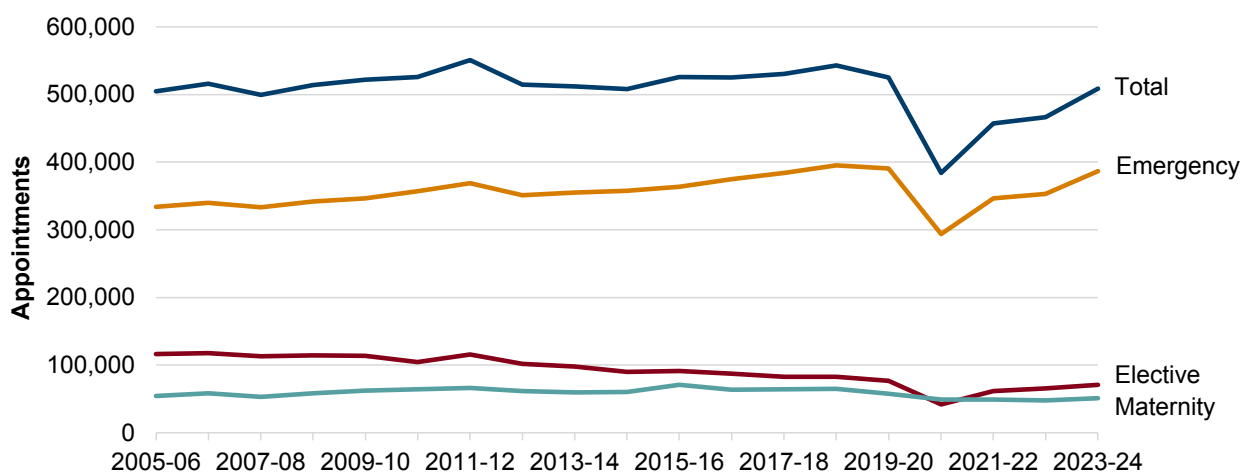
increased and in 2023-24 there were a record number of outpatient appointments attended (3.6 million), after a significant drop off during the pandemic.

Cancelled appointments have generally increased over the long term and reached the highest level on record in 2023-24, with almost 870,000 cancelled outpatient appointments, almost 50% higher than in 2012. Appointments where the patient did not attend were generally falling before the pandemic, from 324,000 in 2012-13, to 254,000 in 2019-20. In the latest year around 293,000 appointments were not attended, which represents a fall of almost 10% since 2012.

Inpatient and day cases

Inpatient appointments are those where the patient stays in hospital overnight and day cases are appointments where patients return home on the same day.

Figure 13: Inpatient appointments by type of admission, April 2005 to March 2024 [Note 1]



Description of Figure 13: A line chart showing emergency inpatient appointments were the most common and generally increasing up to 2020. While elective inpatient appointments were falling and maternity appointments were changeable.

Source: Admitted Patient Care, Outpatients Data Set, DHCW

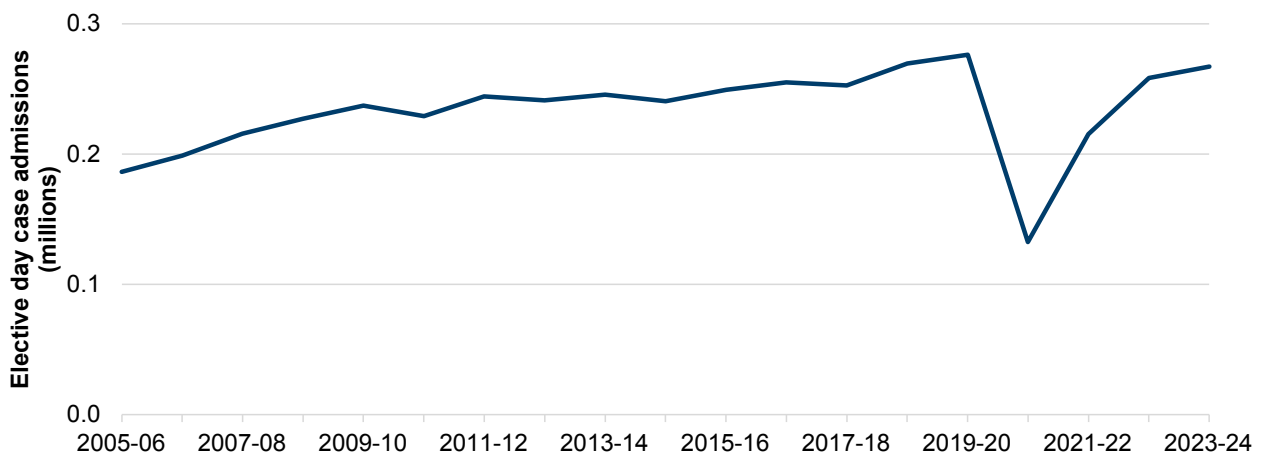
[Note 1]: Does not include unknown appointment outcomes, though these account for a small proportion of records

Secondary care dashboard, DHCW

Total inpatient appointments ranged between 500,000 and 550,000 in the fifteen years before the pandemic and fell to 384,000 in 2020-21. In 2023-24 there were around 509,000 inpatient appointments. Emergency appointments increased by 17% between 2005-06 and 2019-20, and usually account for around 70% of all inpatient activity.

Elective inpatient appointments have been falling for some time and were 39% lower in 2023-24 than in 2005-06. Maternity inpatient activity is changeable but usually between 50,000 and 70,000 appointments per year.

Figure 14: Elective day case admissions, April 2005 to March 2024 [Note1]



Description of Figure 14: A line chart showing elective day case admissions were increasing up to 2019-20 and fell sharply during the pandemic but have almost returned to pre-pandemic levels since.

Source: Admitted Patient Care, Outpatients Data Set, DHCW

Secondary care dashboard, DHCW

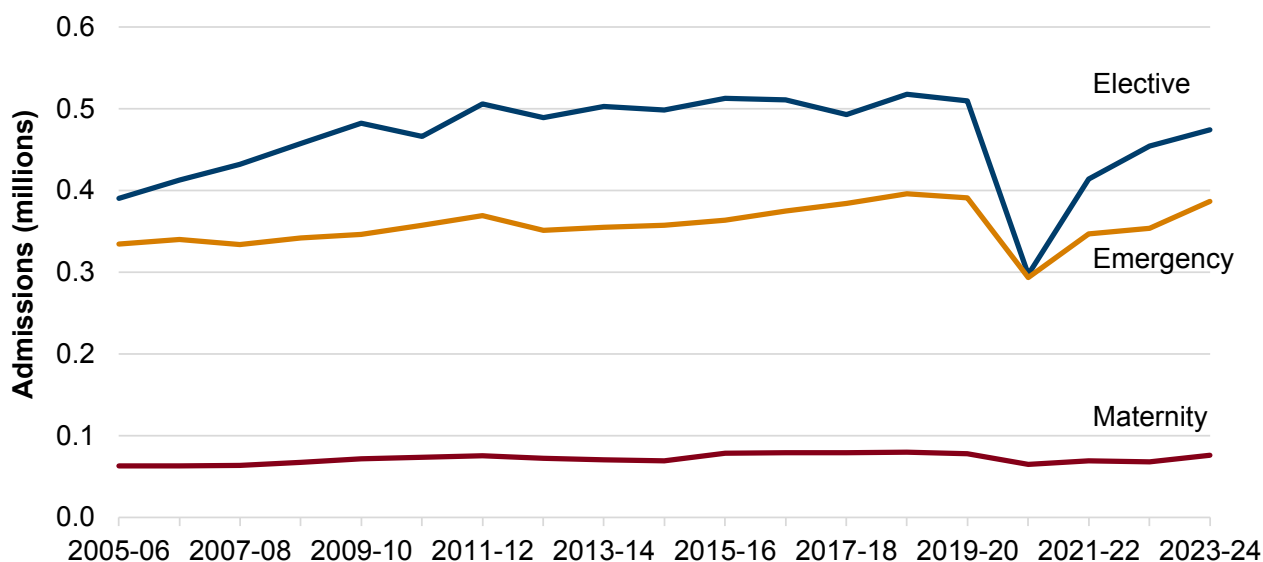
[Note 1]: Does not include unknown or maternity admission categories, though these account for a small proportion of records.

Elective day case admissions increased by 48% between 2005-06 and 2019-20 to reach a peak of 276,000. They fell to 132,000 in 2020-21 and have since climbed close to pre-pandemic levels.

All admissions

Figures for total admissions include the inpatient and day case attendances covered above, but also admissions that are part of a regular planned sequence (e.g. for radiotherapy) and admissions for women using delivery facilities.

Figure 15: Admissions to hospitals, April 2005 to March 2024 [Note 1]



Description of Figure 15: A line chart showing total elective and maternity admissions were relatively stable in the years prior to 2020, while emergency admissions had been generally increasing.

Source: Admitted Patient Care, Outpatients Data Set, DHCW

[Note 1]: Does not include unknown admission categories, though these account for a small proportion of records

Secondary Care Dashboard, DHCW

Total admissions increased from around 788,000 in 2005-06 to a peak of 993,000 in 2018-19. The pandemic caused a significant (33%) reduction in 2020-21, and elective admissions had not yet returned to pre-pandemic levels in 2023-24.

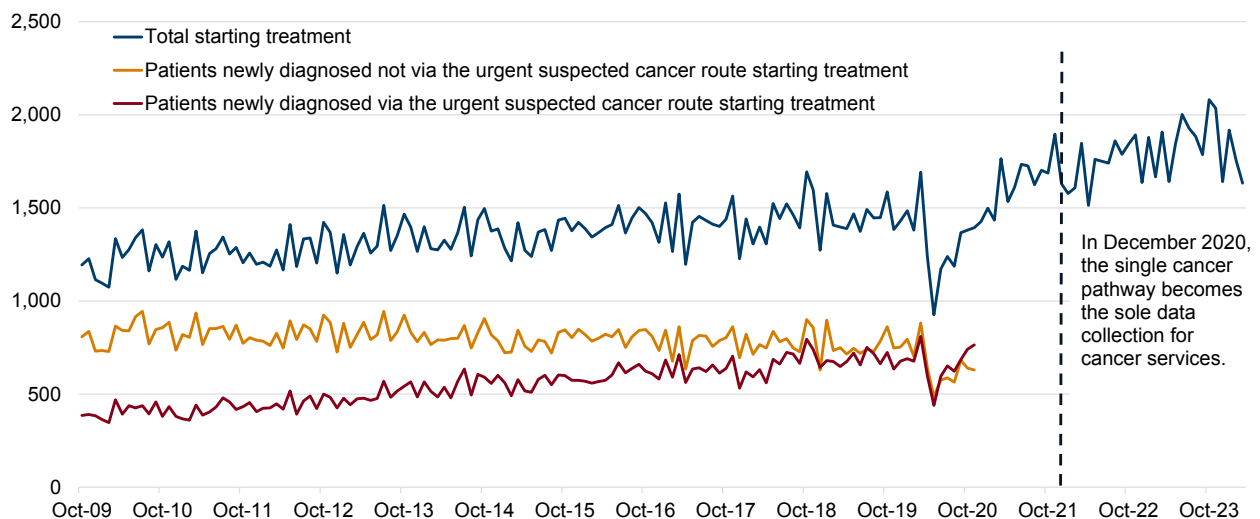
Total admissions are up 19% since 2006-07 but are 4% lower than the pre-pandemic level. Of the larger specialties, general medicine, general surgery, clinical oncology and trauma & orthopaedic all account for a smaller proportion of total activity now than in 2005-06. Paediatrics, gastroenterology, clinical haematology, ophthalmology and midwifery have all increased as a proportion of total activity.

Cancer services

Data is captured by the suspected cancer pathway, which measures the time on the cancer pathway from the point a patient was suspected of having cancer (for example when a GP makes a referral).

A pathway opens from the first point of suspicion. The open pathway data include all new patient pathways entering the suspected cancer pathway regardless of their source of suspicion. Pathways are closed, and the waiting time ends, when patients start their first definitive treatment or are informed they do not have cancer (downgraded). Pathways where patients die or choose not to have treatment are also closed, but are not included in the closed pathways data, because the statistics are intended to capture NHS 'activity'.

Figure 16: Patients starting cancer treatment, October 2009 to March 2024, [Note 1]



Description of Figure 16: A line chart showing an increase in patients starting cancer treatment since 2009.

Sources: October 2009 to November 2020: Cancer waiting times data, Welsh Local Health Boards

December 2020 onwards: Suspected Cancer Pathway, DHCW

[Note 1]: Data for totals starting treatment are comparable for the full series, however in December 2020 the single suspected cancer pathway became the sole data collection, meaning figures for urgent and non-urgent cancers were not available subsequently.

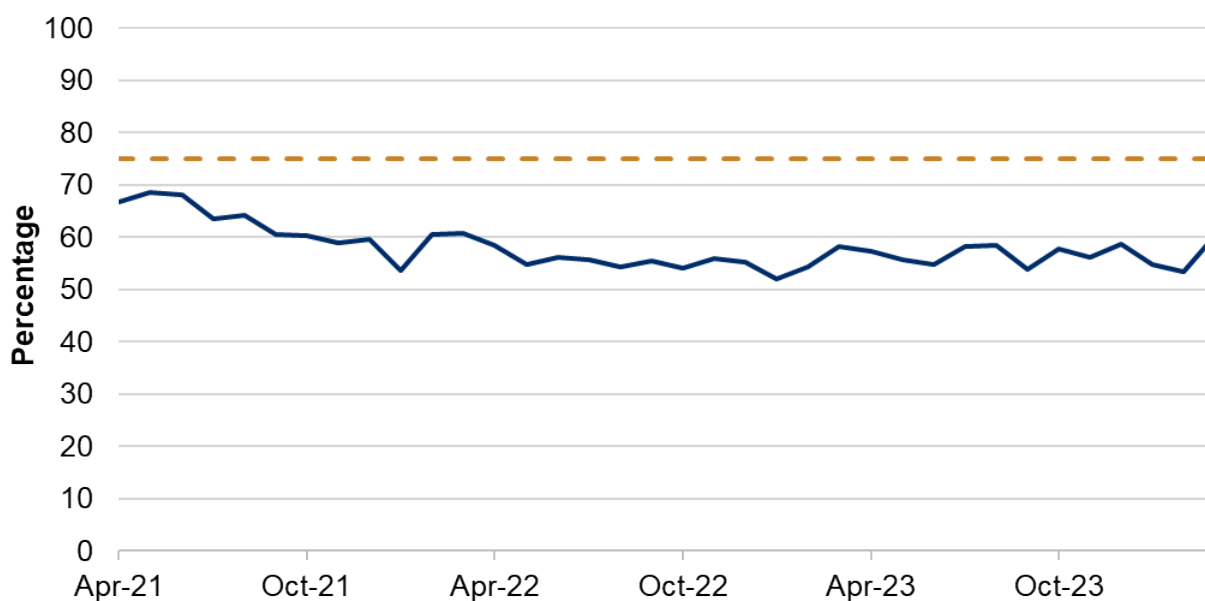
Suspected cancer pathway on StatsWales

The number of patients starting treatment for cancer has increased over the last 13 years. There was a sharp fall in activity at the onset of the pandemic, but

numbers picked up quickly and have reached record levels since. In the 12 months to March 2024 over 22,000 patients started cancer treatment, 50% more than in the first 12 months of this series. This is a far greater increase than the corresponding population change over the same period (3%).

In the decade to November 2020 there had been a 63% increase in the number of patients starting treatment on the urgent suspected cancer route and a 19% fall in patients starting treatment for non-urgent cancers.

Figure 17: Percentage of pathways where the patient started their first definitive treatment within the target time, April 2021 to June 2024 [Note 1]



Description of Figure 17: A line chart showing performance has fluctuated between 50% and 70%.

Sources: December 2020 onwards: Suspected Cancer Pathway, DHCW

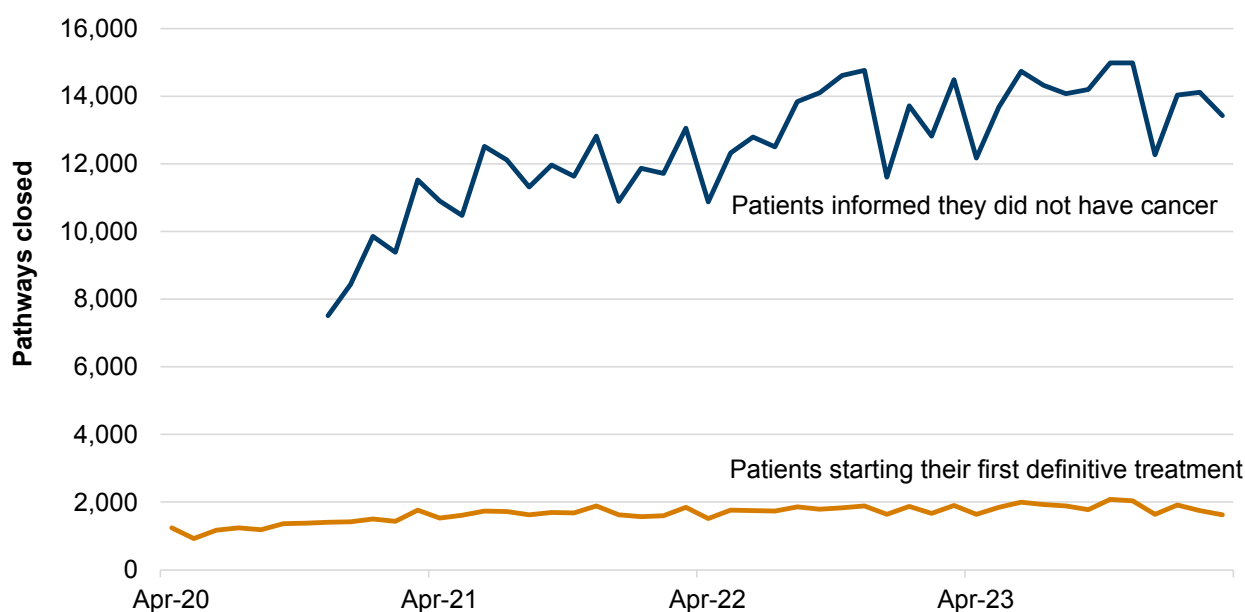
[Note 1]: In December 2020 the single suspected cancer pathway became the

sole data collection and does not include clinical suspensions. For this reason, the data is only comparable with the historical single cancer pathway data collection for the number and percentage of patient pathways starting treatment within 62 days without suspensions.

Suspected cancer pathway on StatsWales

Figure 17 covers only the point from the first financial year where the current performance target was effective (1 December 2020); at least 75% of patients should start their first definitive treatment within 62 days (without suspensions) of first being suspected of cancer.

Figure 18: closed suspected cancer pathways, by reason for closure, April 2020 to March 2024



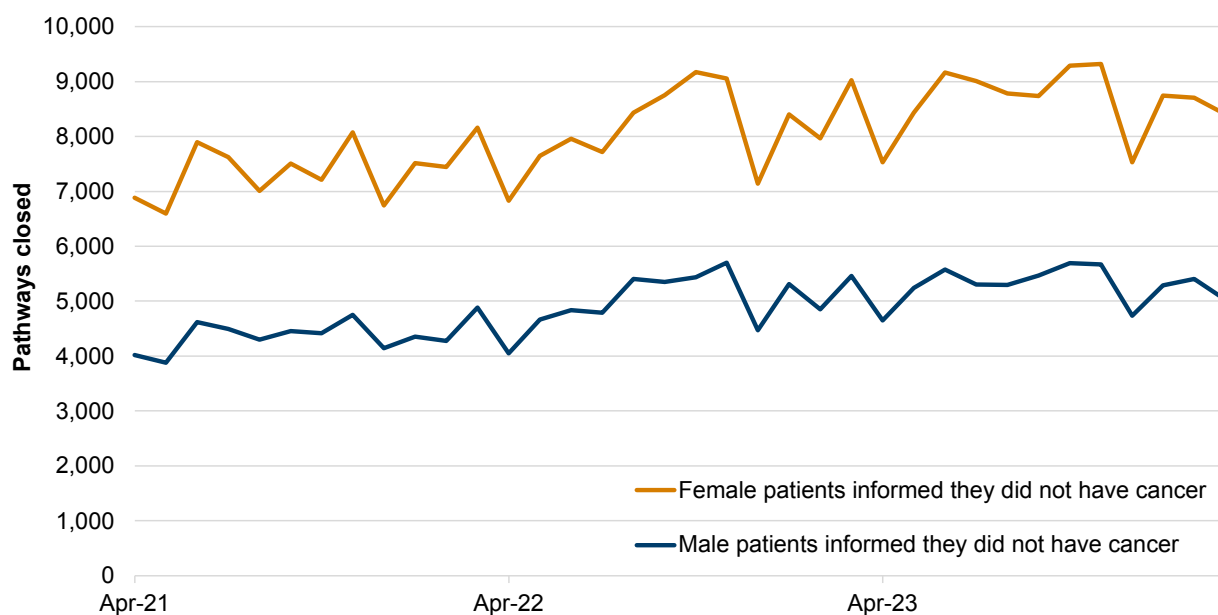
Description of Figure 18: A line chart showing an increasing trend in the number of pathways closed where the patient was informed they did not have cancer, and a stable trend for patients starting treatment.

Source: Suspected Cancer Pathway, DHCW

Suspected cancer pathway on StatsWales

Data for the single suspected cancer pathway are available from 2020 onwards. In 2023-24 22,200 patients started their first definitive treatment for cancer and 167,000 people were informed they did not have cancer. Some of the recent increase in activity may reflect additional demand after a reduction in activity during the pandemic.

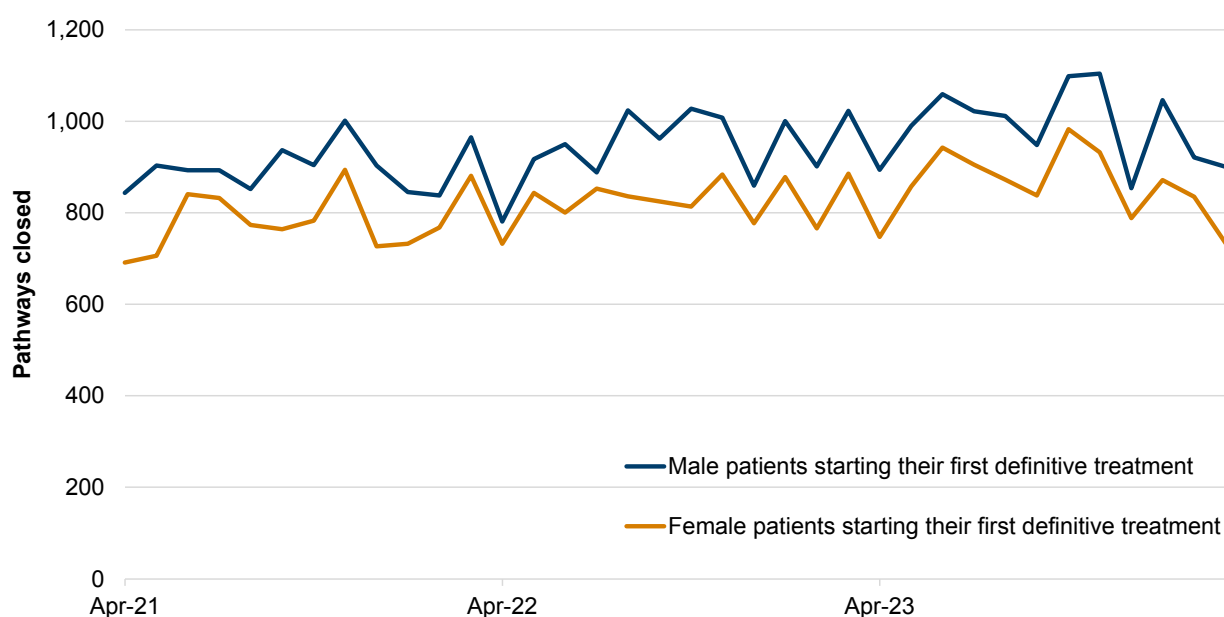
Figure 19: Pathway closures where the patients were informed they did not have cancer by sex, April 2020 to March 2024



Description of Figure 19: A line chart showing significantly more female patients were informed they did not have cancer than males, with similar trends in recent years.

Source: Suspected Cancer Pathway, DHCW

Figure 20: Pathway closures where the patients started their first definitive treatment by sex, April 2020 to March 2024



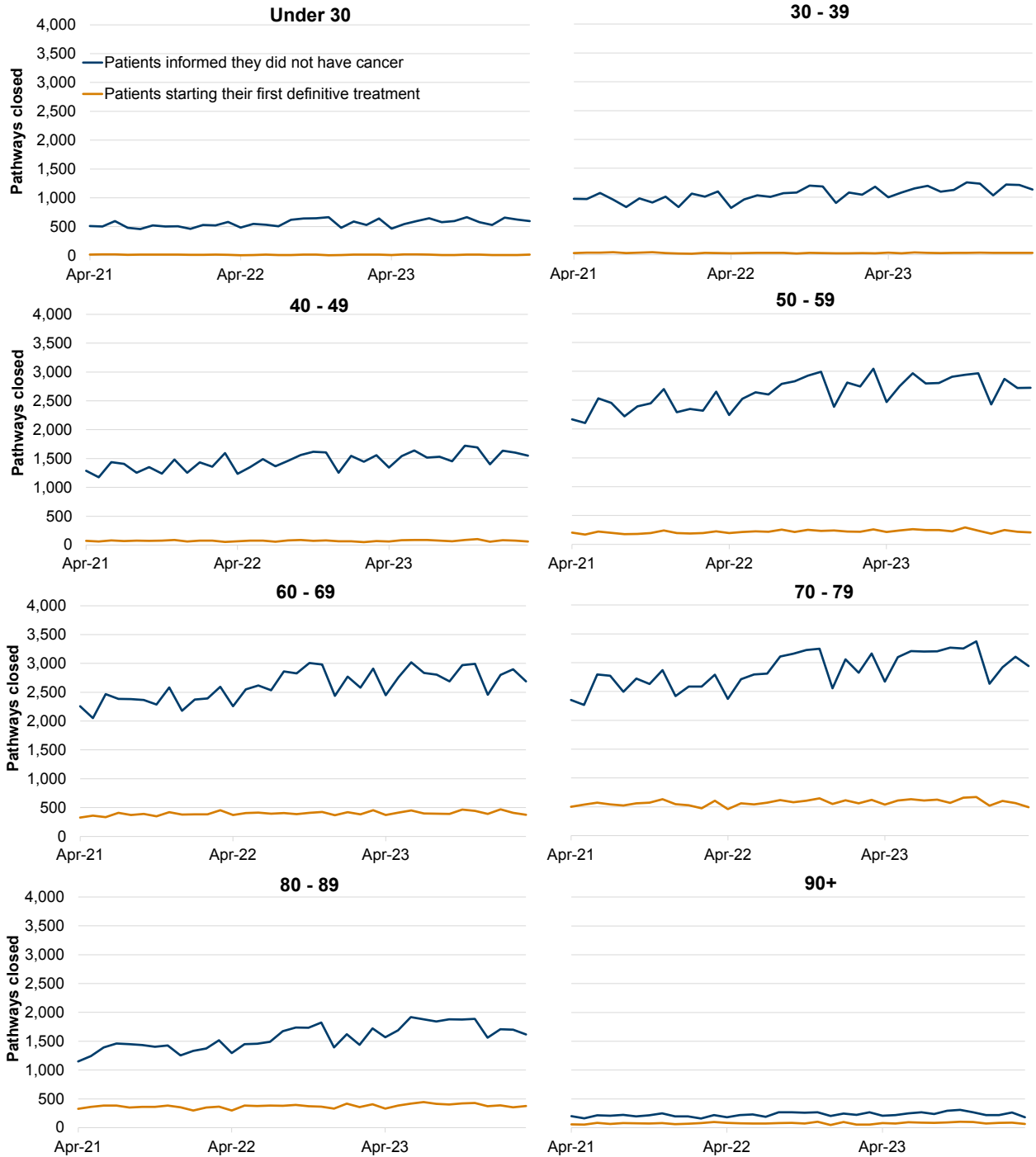
Description of Figure 20: A line chart showing gradual increases in male and female patients starting their first definitive treatment for cancer in recent years.

Source: Suspected Cancer Pathway, DHCW

Despite significantly more females than males being referred on the suspected cancer pathway, around 10 to 15% more males are treated for cancer. This means that a higher proportion of suspected cancers in men are ultimately identified as cancer.

Figure 21: Closed suspected cancer pathways, by reason

for closure and age group, April 2020 to March 2024



Description of Figure 21: Line charts showing activity on the suspected cancer pathway varies greatly by age.

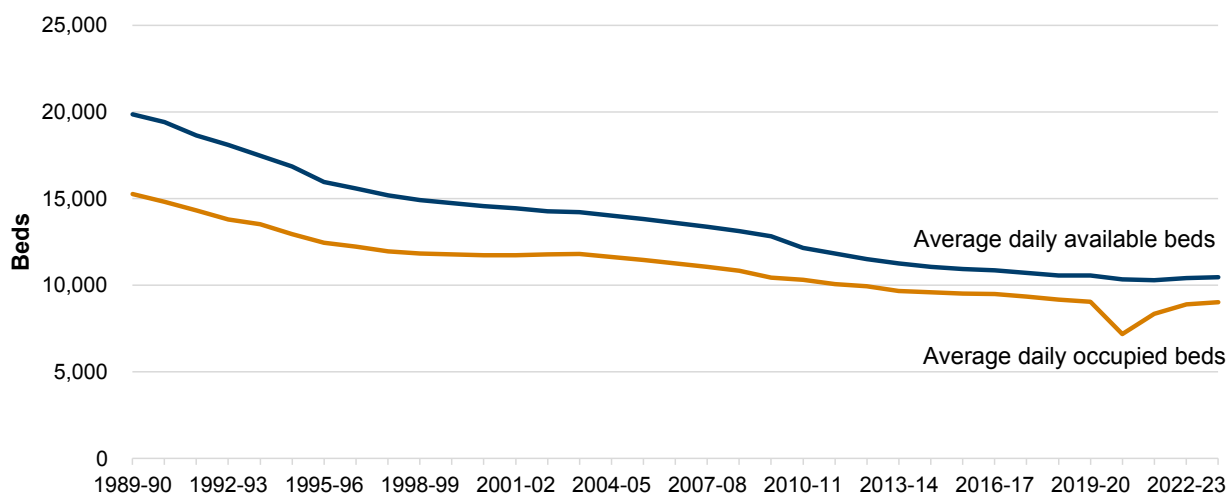
Source: Suspected Cancer Pathway, DHCW

In general, more patients are referred for suspected cancer in the older age groups. The age groups between 50 and 79 see similar numbers of people informed they do not have cancer, but the 70 to 79 group has the highest numbers of patients starting treatment. The volume of activity in the 90+ age group is low, reflecting its smaller population compared with the other groups.

NHS beds

Data on bed capacity and use in NHS hospitals in Wales from 1989-90.

Figure 22: Average beds available and beds occupied, 1989-90 to 2023-24 [Note 1]



Description of Figure 22: A line chart showing sustained long term decreases in

the number of beds available and the number occupied since 1989-90.

Source: DHCW

[Note 1] During the pandemic planned operations and non-urgent admissions were significantly reduced, meaning that, despite large numbers of COVID-19 patients occupying beds at some times, there was an overall fall in occupancy.

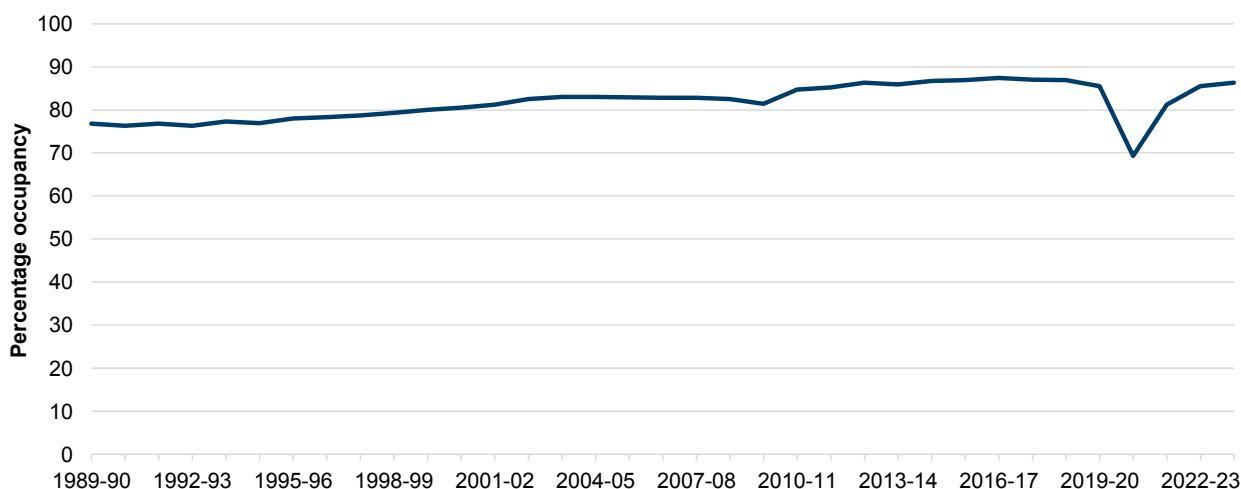
NHS beds, by site and specialty, on StatsWales

The number of available beds has fallen by almost half since 1989-90. Though the number of beds occupied has followed a similar trend, it has been slightly less pronounced (down 41%), meaning that the percentage occupancy increased gradually over a number of years (Figure 23, from around 77% to around 85%).

It is important to note that the long term strategy for healthcare in Wales is to provide care closer to home by increasing community and GP services and reducing the need for hospital stays. More detail on this can be found in '[A healthier Wales: the long term plan for health and social care](#)'. Advances in healthcare technology have also resulted in shorter lengths of stay and more day surgery. [Data on average length of stay is available from PEDW Data online \(Digital Health and Care Wales\)](#).

In recent years the number of beds available has stabilised somewhat and in 2023-24, there was an average of 10,447 beds available, of which an average of 9,020 (86.3%) were occupied.

Figure 23: Average percentage occupancy of NHS beds, 1989-90 to 2023-24



Description of Figure 23: A line chart showing the proportion of NHS beds occupied increased gradually in the 20 years prior to the pandemic, before falling sharply in 2020-21.

Source: DHCW

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](#).

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) are 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 DHCW to enable them to be collated at a national level.

The data collections are overseen by the **Welsh Information Standards Board (WISB) (DHCW)**, 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.

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 (UK Statistics Authority)**.

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.

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 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 Well-being 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 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 provided by email to stats.healthinfo@gov.wales.

Contact details

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