



Llywodraeth Cymru  
Welsh Government

PUBLICATION, DOCUMENT

# NHS Activity and Performance Summary: July and August 2024

Report summarising data on activity and performance in the Welsh NHS for July and August 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](#).

We have also published a new quarterly statistical report covering [NHS performance for local health boards](#).

## Main points

In August, just under 75,200 calls were made to the 111 helpline service, a decrease of around 1,250 calls compared to the previous month. Of these, just under 64,000 calls (85.1%) were answered. There were also over 429,800 hits on the [NHS 111 Wales website](#) and just under 12,100 completed [symptom checks \(NHS 111 Wales\)](#).

In August there were 4,804 red (life threatening) calls to the ambulance service,

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14.0% of all calls. An average of 155 immediately life-threatening calls were made each day, 12 fewer than in July.

51.8% of red calls received an emergency response within eight minutes. This was 3.6 percentage points higher than in July. Data for red calls are only comparable from May 2019 onwards.

There was an average of 2,991 daily attendances to emergency departments, a decrease compared to the previous month. Performance against the four hour target stayed the same as the previous month, but performance against the twelve hour target improved. The average (median) time spent in emergency departments decreased in August compared to the previous month to two hours and thirty eight minutes.

The pandemic has caused a large increase in patient pathways waiting to start treatment. In July the number increased from just over 791,500 to just over 796,600, 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. [Chief Statistician's blog](#).

Management information suggests that in July, when there were just over 796,600 open patient pathways, there were about 616,700 individual patients on treatment waiting lists in Wales, the highest figure on record.

The proportion of patient pathways waiting less than 26 weeks increased to 55.4% in July. This has been relatively stable after falling significantly from the levels pre-pandemic. The number of pathways waiting longer than 36 weeks increased in July, to just under 276,000, the highest figure on record.

Just over 23,800 pathways were waiting more than two years, almost two thirds (66.2%) lower than the peak but the fourth 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 July was 0.2

weeks higher than the previous month at 21.9 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 July there were still a further 16 specialties with pathways waiting more than two years accounting for 3,251 pathways, an increase of 107 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 715,700 open pathways on consultant-led pathways in Wales, equivalent to 23 pathways (not patients) for every 100 people. For England, the figure in June was 13 pathways for every 100 people.

Pathways waiting longer than one year for their first outpatient appointment increased to 76,132, 25.8% 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 111,800 in July. The number waiting longer than eight weeks (the target maximum wait) decreased to just under 41,500. For therapies, patient pathways waiting decreased to just over 57,500 therapies waiting in July. The number waiting longer than fourteen weeks (the target maximum wait) decreased to just over 5,900. 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.

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For cancer services, 2,047 people started their first definitive treatment in July, 261 more than the previous month, and the second highest figure on record. The number of pathways closed following the patient being informed they did not have cancer increased to 15,999, the highest figure on record. Performance decreased against the 62 day target in July to 55%, compared to 56.7% the previous month.

## Unscheduled care

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

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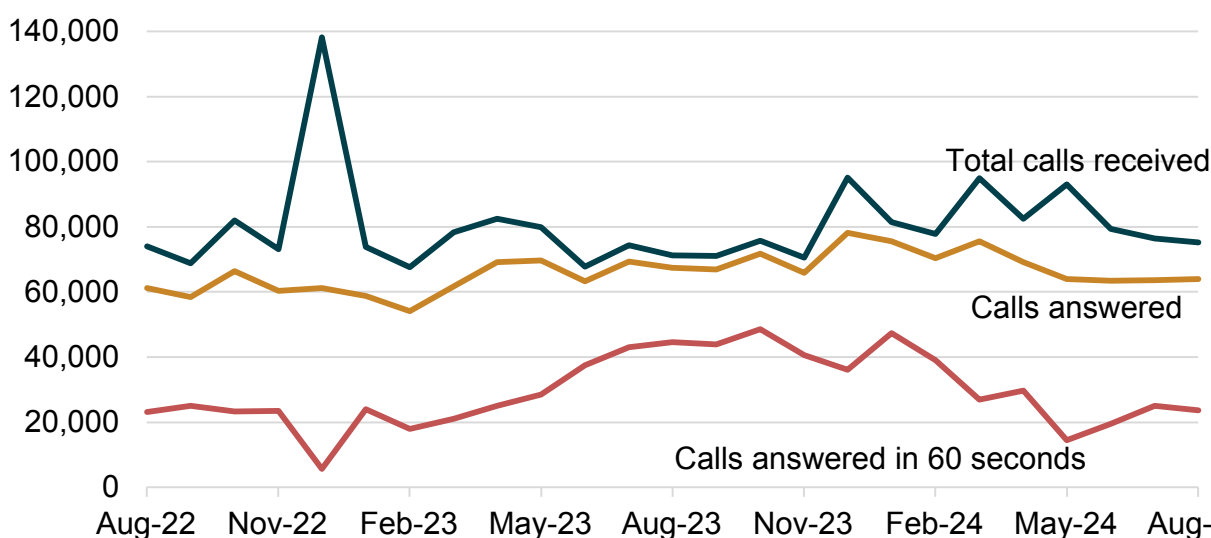
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# Calls to 111 service

## 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 August, a total of 75,178 calls were made to the 111 helpline service, a decrease of around 1,250 calls compared to the previous month. Of these, just under 64,000 (85.1%) calls were answered, an average of just under 2,100 calls

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per day.

An estimated 11,181 (14.9%) calls were ended by the caller before being answered. Of these, 4,466 were ended within 60 seconds of the automated messages, suggesting their needs were likely to have been met.

Just over 6,700 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, 1,400 calls indicated that they wished to conduct the call in Welsh.

There were over 429,800 hits on the [NHS 111 Wales website](#) and just under 12,100 completed [symptom checks \(NHS 111 Wales\)](#) in August.

## 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).

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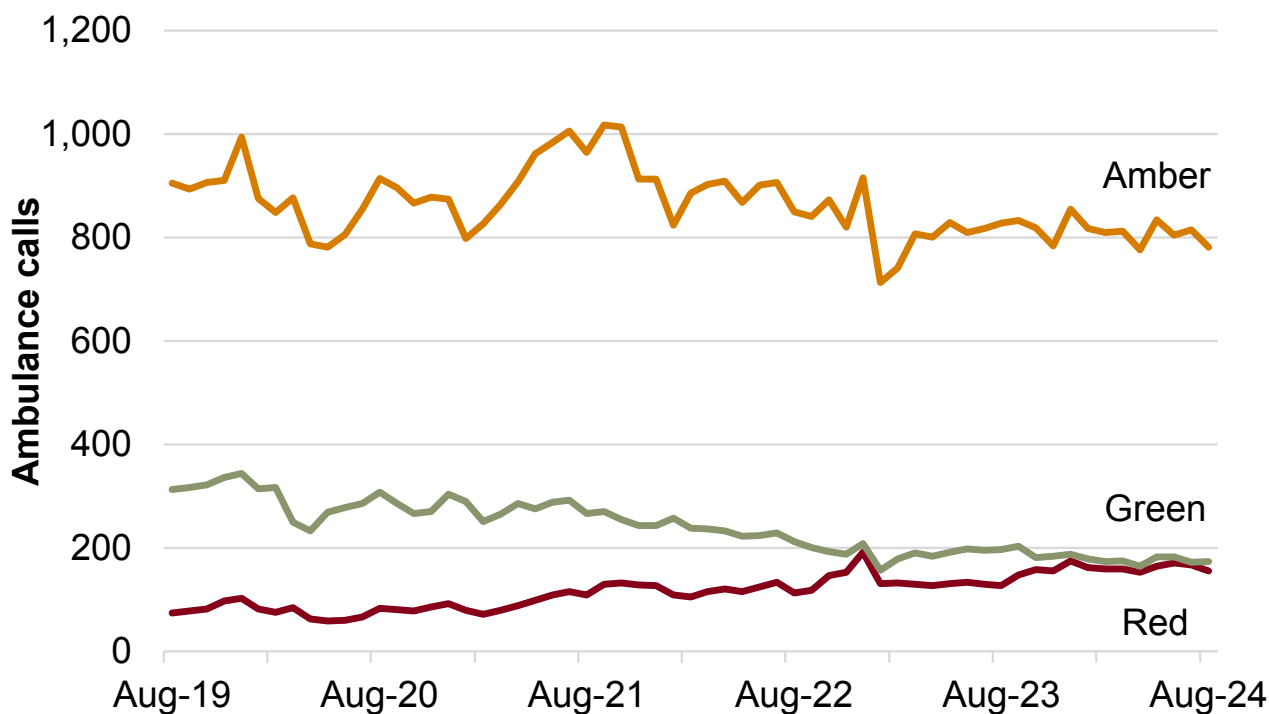
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## Activity

**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 August, just over 34,400 emergency calls were made to the ambulance service. This was an average of 1,110 calls per day, on average 44 fewer calls per day than the previous month, and 40 (3.5%) fewer per day than the same month last year.

An average of 155 red calls were made per day in August, 12 fewer than the previous month.

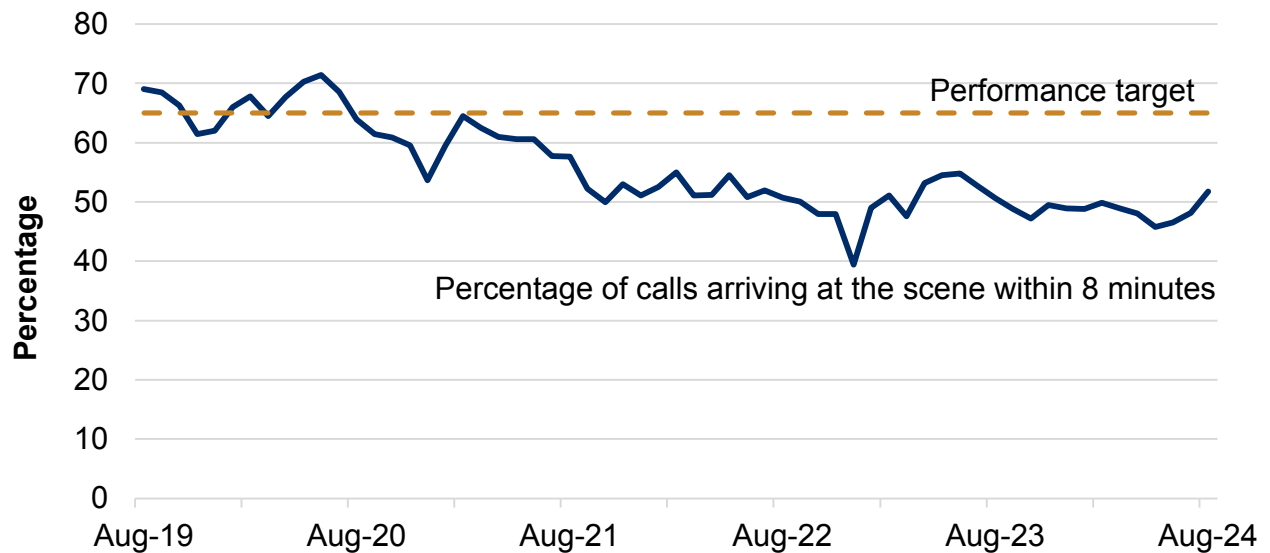
In August, the proportion of all calls that were immediately life-threatening was 14.0%, 0.5 percentage points lower than July.

## 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, August 2019 to August 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](#).

In August, 51.8% of emergency responses to immediately life threatening (red) calls arrived within 8 minutes of patient location and chief complaint being established. This was 3.6 percentage points higher than the previous month.

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 59,000 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 August around 18,000 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 August, the average (median) response time to immediately life-threatening 'red' calls was 7 minutes 45 seconds. This was 33 seconds faster than the previous month, and 10 seconds faster than August 2023.

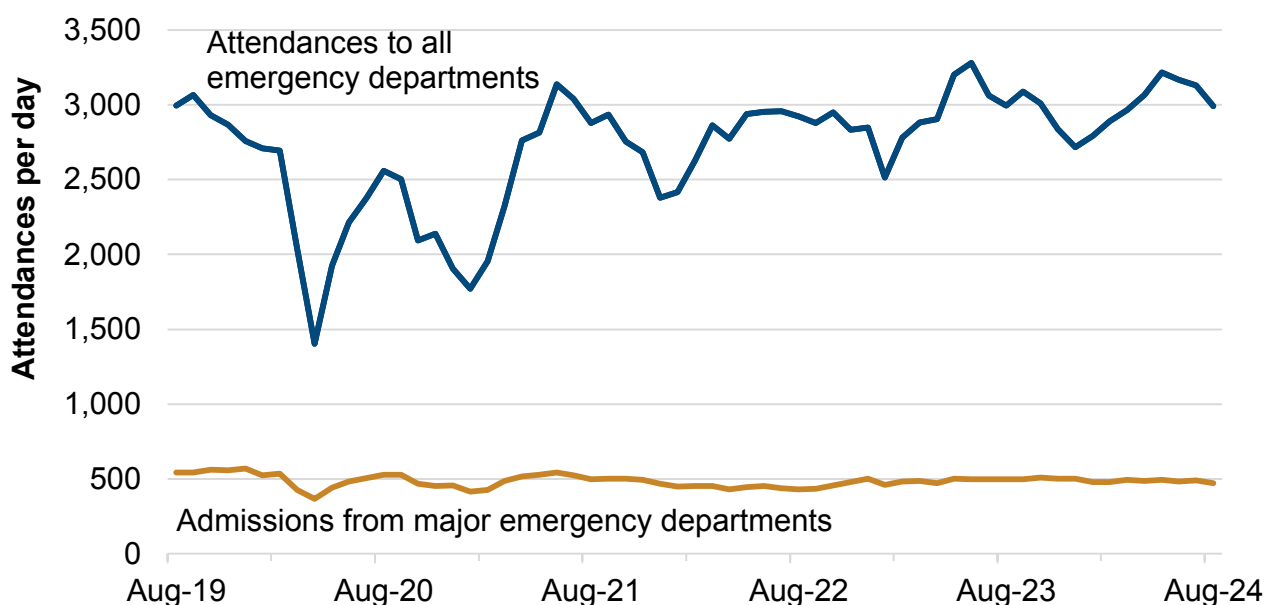
The majority of calls to the ambulance service are categorised as 'amber' calls, for which there is no performance target for call response times. In August, the median response time for amber calls was 1 hour 18 minutes and 9 seconds. This was just over 15 minutes faster than in July and just over 2 minutes faster than in August 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 4: Average attendances in emergency departments, and admissions to hospital resulting from attendances at major emergency departments per day, by month [Note 1]**



Description of Figure 4: 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 August there were just over 92,700 attendances to all emergency departments, an average of 2,991 attendances per day; this was 137 attendances fewer per day on average than in the previous month.

In August, just over 14,600 patients were admitted to the same or a different hospital following attendance at major emergency departments. This was 3.8% lower than the previous month and 5.1% lower than the same month in 2023.

## Performance

### Targets

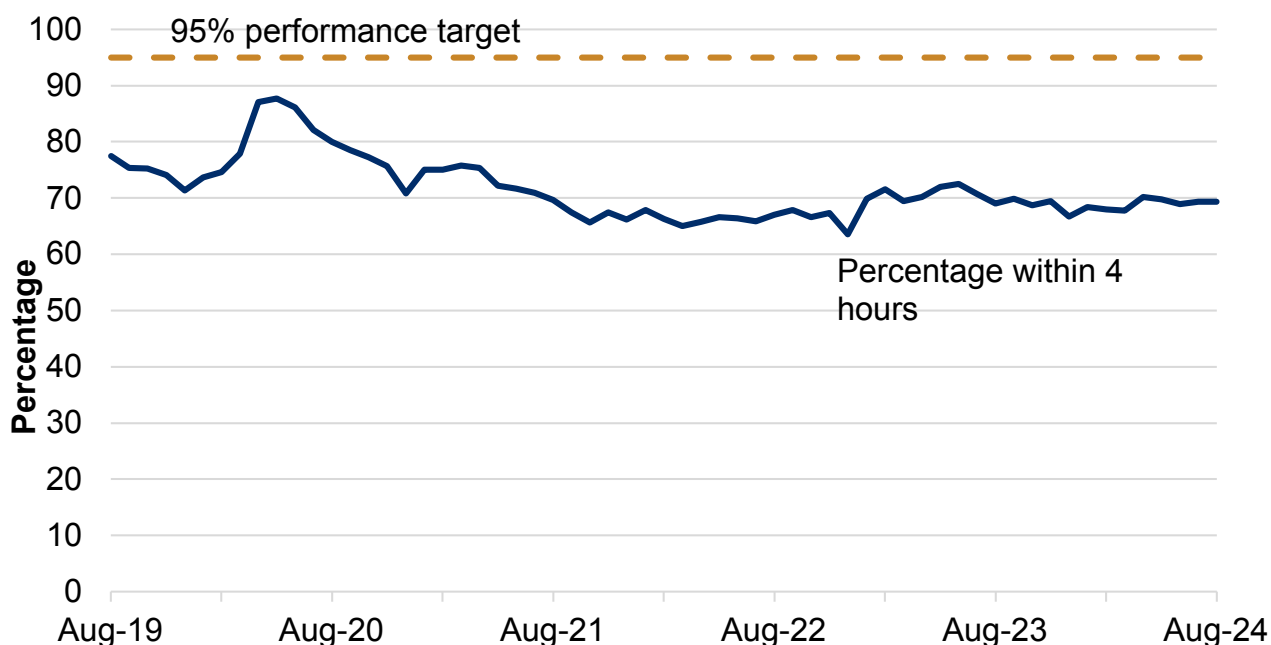
- 95% of new patients should spend less than 4 hours in emergency departments from arrival until admission, transfer or discharge.
- No patient waiting more than 12 hours in emergency departments from arrival until admission, transfer or discharge.

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**Figure 5: Percentage of patients admitted, transferred or discharged within 4 hours at emergency departments, August 2019 to August 2024**



Description of Figure 5: 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

In August, 69.3% of patients in all NHS emergency departments spent less than 4 hours in the department from arrival until admission, transfer or discharge. This was the same as the previous month but remains relatively low in historical context.

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

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hours 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 August, the median waiting time was 2 hours and 38 minutes, 1 minute faster 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 August, children (aged 0 to 4) spent an average of 2 hours in emergency departments. Adults aged 85 and over spent an average of 5 hours and 5 minutes in emergency departments.



**Figure 6: Patients waiting more than 12 hours to be admitted, transferred or discharged at NHS emergency departments, August 2019 to August 2024**



Description of Figure 6: 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

In August, 9,489 patients waited 12 hours or more. This was 674 (6.6%) less than in the previous month.

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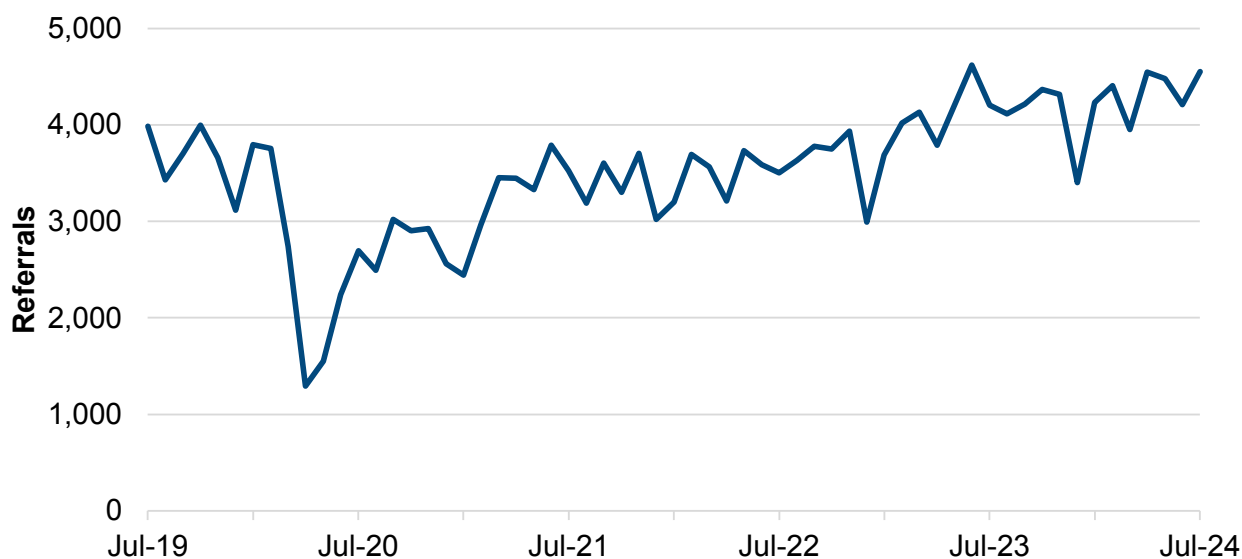
# Scheduled care activity

New data relating to scheduled care are provided for the month of July 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.**

## Outpatient referrals and appointments

### Activity

**Figure 7: Average daily referrals for first outpatient appointment, August 2019 to August 2024**



Description of Figure 7: A line chart showing outpatient referrals, which has been fluctuating with an upwards trend. Following a big drop in referrals in February

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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 4,554 referrals for first outpatient appointments were made per day in July 2024. This is an increase of 8.1% (343 more referrals per day on average) compared to June 2024 and an increase of 8.4% compared to July 2023.

## Performance

### Targets

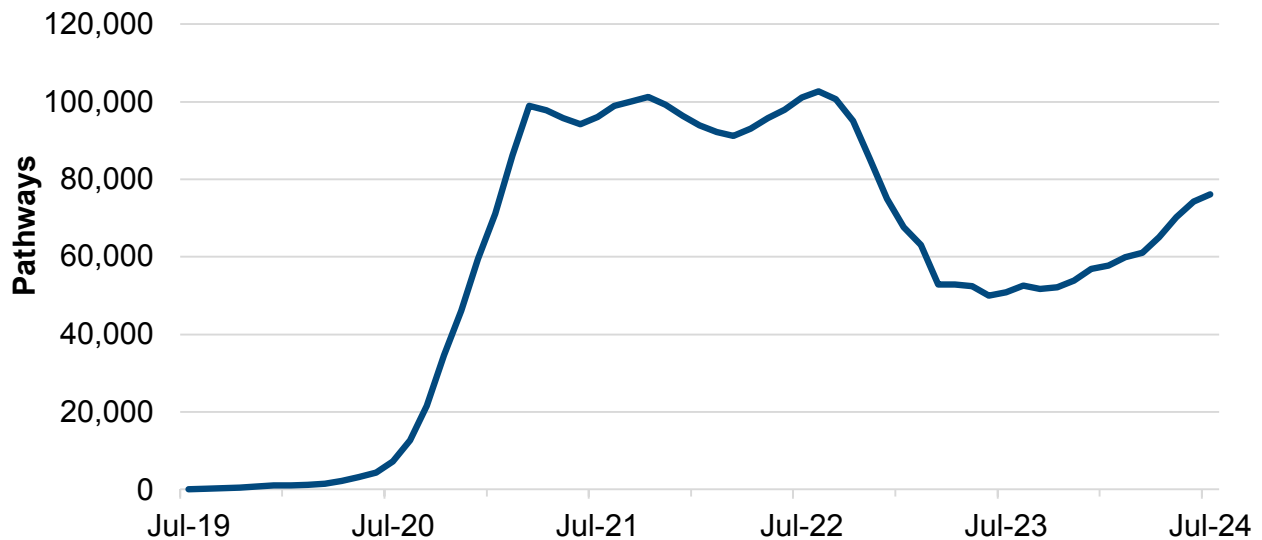
- No one waiting for longer than a year for their first outpatient appointment by the end of 2022 (a target established in the [planned care recovery plan](#)).

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**Figure 8: Pathways waiting more than a year for their first appointment, August 2019 to August 2024**



Description of Figure 8: 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 since mid-2023.

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

### **Patient pathways waiting longer than one or two years, and pathways waiting longer than one year for a first outpatient appointment by local health board, on StatsWales**

In July, the number of pathways waiting longer than one year for their first outpatient appointment increased by 2.6% compared to the previous month to 76,132. The planned care recovery plan target was not met, though there has been a fall of 25.8% since the peak in August 2022.

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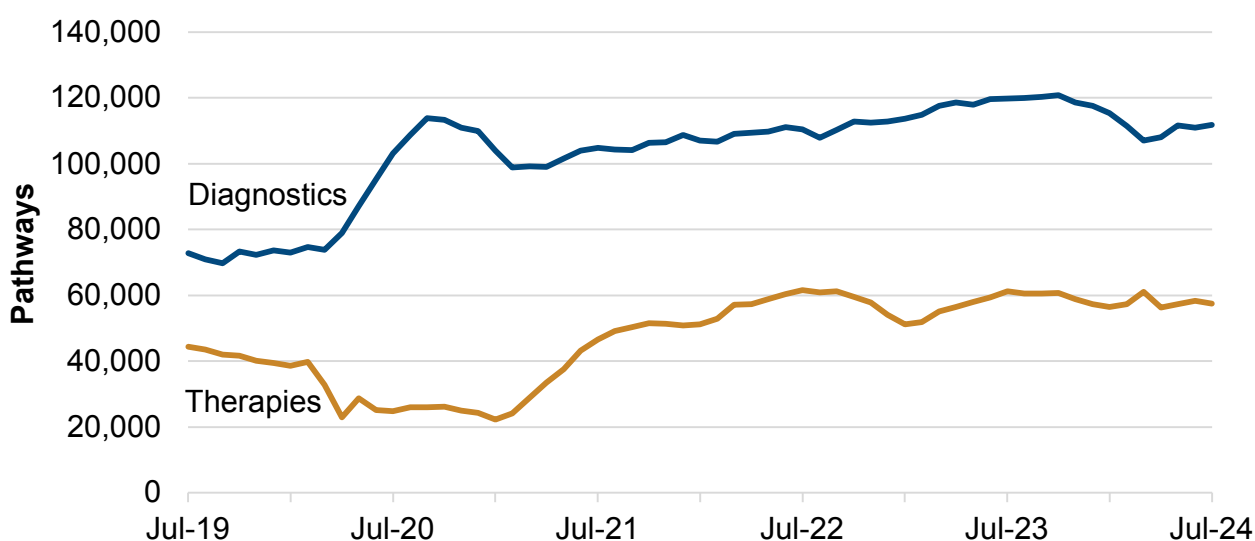
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# Diagnostic and therapy waiting times

## Activity

**Figure 9: Patient pathways waiting for diagnostic and therapy services, July 2019 to July 2024 [Note 1] [Note 2]**



Description of Figure 9: 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](#)

[Note 1]: The low point in April 2020 for therapies is in part due to Betsi

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Cadwaladr not submitting data for this month, please see the [quality information](#) for more information.

[Note 2]: 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 June's release.](#)

In July there were just under 111,800 patient pathways waiting for diagnostics. This was an increase of 0.8% compared with the previous month.

In July there were just over 57,500 patient pathways waiting for therapies. This was a decrease of 1.2% compared with the previous month.

## Performance

### Targets

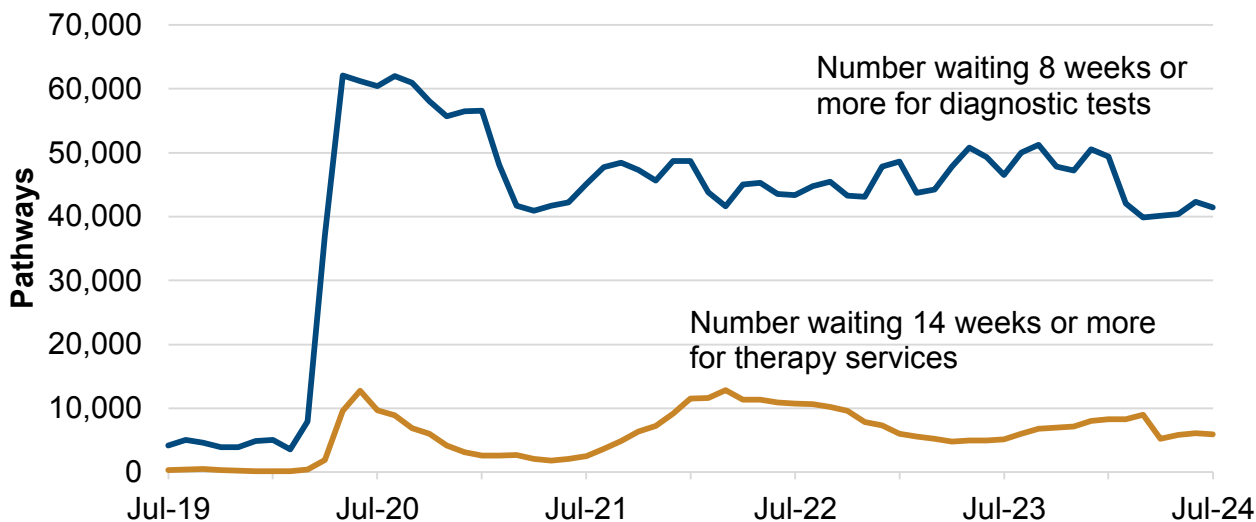
- The maximum wait for access to specified diagnostic tests is 8 weeks.
- The maximum wait for access to specified therapy services is 14 weeks.
- The [planned care recovery plan](#) established a target date of Spring 2024 to reach these targets.

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**Figure 10: Patient pathways waiting over the target time for diagnostic and therapy services, July 2019 to July 2024 [Note 1]**



Description of Figure 10: 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 after falling steadily for a year has been rising since April 2023. 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.

At the end of July, just under 41,500 patient pathways were waiting longer than

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the target time for diagnostics. This was a decrease of 2.1% compared to the previous month. 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 July there were just over 5,900 patient pathways waiting longer than the target time for therapies. This was a decrease of 3.6% 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.

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 July, 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 4.3 weeks, compared to 4.4 weeks 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 management information for the number of individual patients on treatment waiting lists in Wales.

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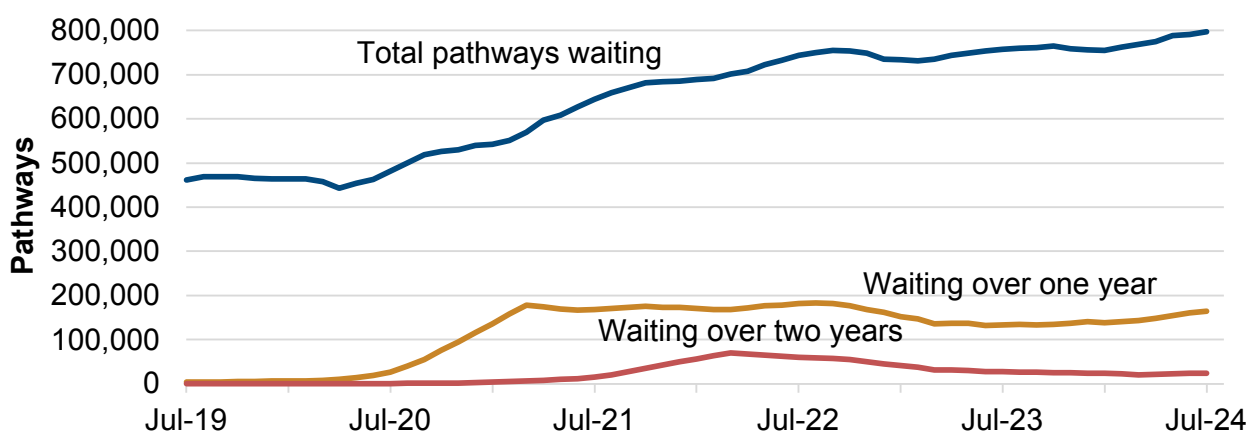


## Performance

### 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 11: Patient pathways waiting to start treatment, July 2019 to July 2024



Description of Figure 11: 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. While numbers have been falling since then, the number of patient pathways waiting longer than one year has started to increase in recent months.

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

In July there were just over 796,600 patient pathways waiting to start treatment. This was an increase of around 5,100 pathways from June, 75.5% higher than May 2020, and the highest figure on record.

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 715,700 open pathways on consultant-led pathways in Wales, equivalent to 23 pathways (not patients) for every 100 people. For England, the figure in June was 13 pathways for every 100 people. These comparisons are explored further in this [Chief Statistician's blog](#).

Of the total 796,600 pathways, about 164,300 were waiting more than one year in July. This number was 2.5% higher than last month. Just over 23,800 were waiting more than two years. This number is 1.8% higher than last month, but 66.2% lower than the peak in March 2022.

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 July there were still a further 16 specialties with pathways waiting more than two years accounting for 3,251 pathways, an increase of 107 compared to last month.

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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 July, when the National Statistics (above) reported there were just over 796,600 open patient pathways, there were estimated to be about 616,700 individual patients on treatment waiting lists in Wales, the highest on record. Estimates for the number of individual patients waiting to start treatment by health board can be found on [Stats Wales: Unique Patient Estimates](#).

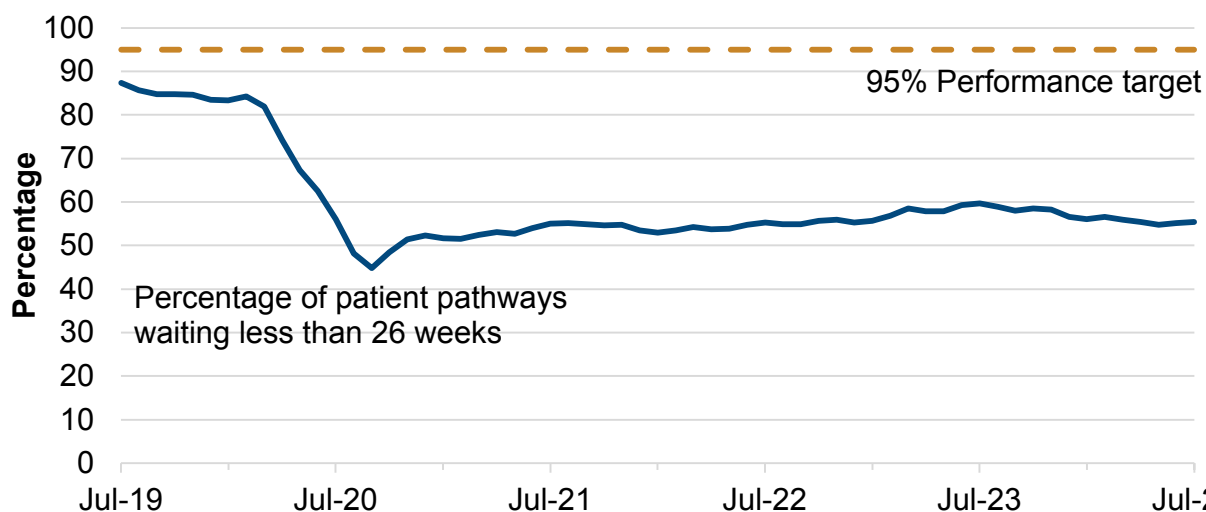
Unlike the National Statistics elsewhere in this release, which have been independently assessed against the Code of Practice for statistics, this estimate is based on management information. Whilst the principles of the Code of Practice have been applied, quality assurance is not to the level of the 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.

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**Figure 12: Percentage of patient pathways waiting less than 26 weeks, July 2019 to July 2024**



Description of Figure 12: 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

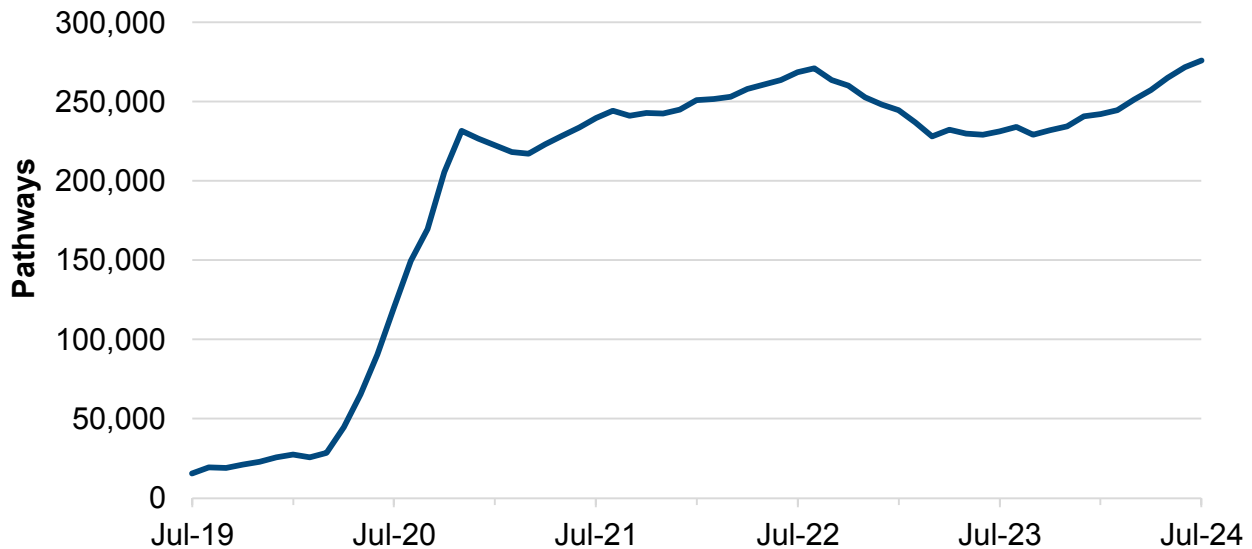
Of the just over 796,600 patient pathways waiting to start treatment, by the end of July, 55.4% had been waiting less than 26 weeks. This was 0.2 percentage points higher than the previous month, but 26.5 percentage points lower than March 2020.

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**Figure 13: Patient pathways waiting more than 36 weeks, by month and weeks waited, July 2024**  
[Note 1]



Description of Figure 13: 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

In July, just under 276,000 patient pathways had been waiting more than 36 weeks. This represented 34.6% of all patient pathways waiting to start treatment. This was 4,081 (1.5%) higher than in the previous month and the highest figure on record.

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 July, the

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median waiting time was 21.9 weeks, 0.2 weeks higher than the previous month.

Figure 14: Closed patient pathways, July 2019 to July 2024 [Note 1]



Description of Figure 14: 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 July was 118,604. This was an

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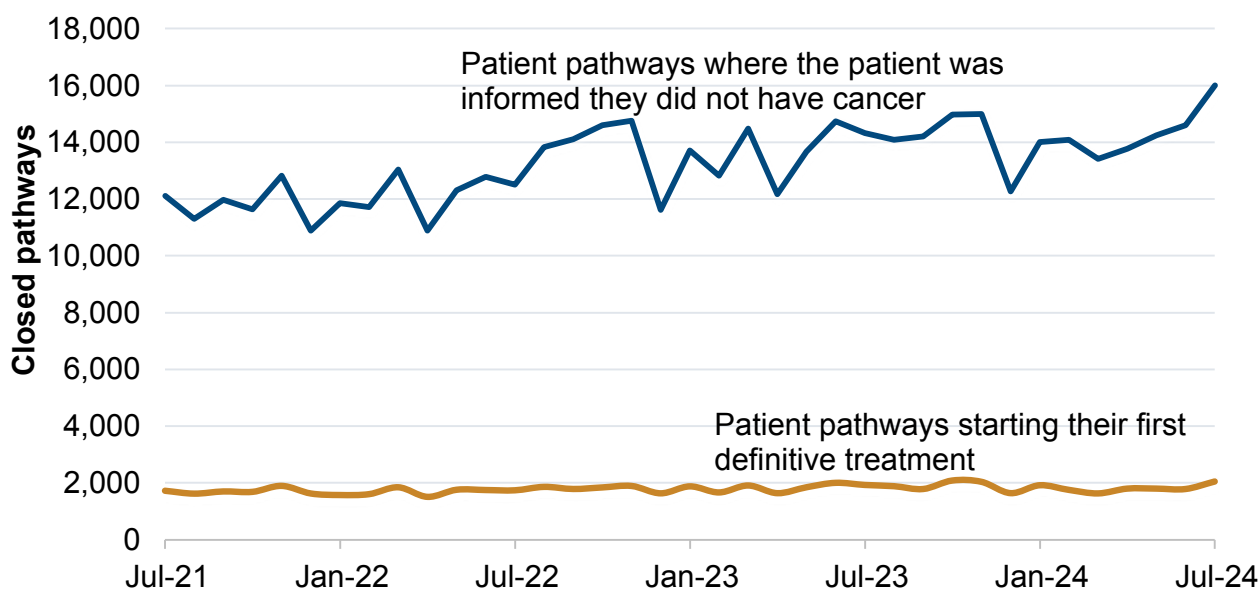
average of 5,157 patient pathways closed per working day. This was a decrease of 178 patient pathways (or 3.3%) closed per working day from the previous month.

## Cancer services

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

### Activity

**Figure 15: Closed suspected cancer pathways in the month, by month and outcome, July 2021 to July 2024 [Note 1]**



Description of Figure 15: Line chart showing the number of patient pathways informed they do not have cancer, which fluctuates but showing an upwards trend, and the number of patient pathways starting their first definitive treatment, which has been relatively stable since recording began.

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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 July, 2,047 pathways where the patient was newly diagnosed with cancer started their first definitive treatment in the month. This was 261 more than the previous month and the second highest figure on record.

15,999 pathways were closed following the patient being informed they did not have cancer, the highest figure on record. This is an increase of 9.6% compared to the previous month.

In July, 17,555 patient pathways were opened in the month following a new suspicion of cancer. This was an increase of 1,520 (9.5%) on the previous month, and an increase of 6.8% compared to July 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.

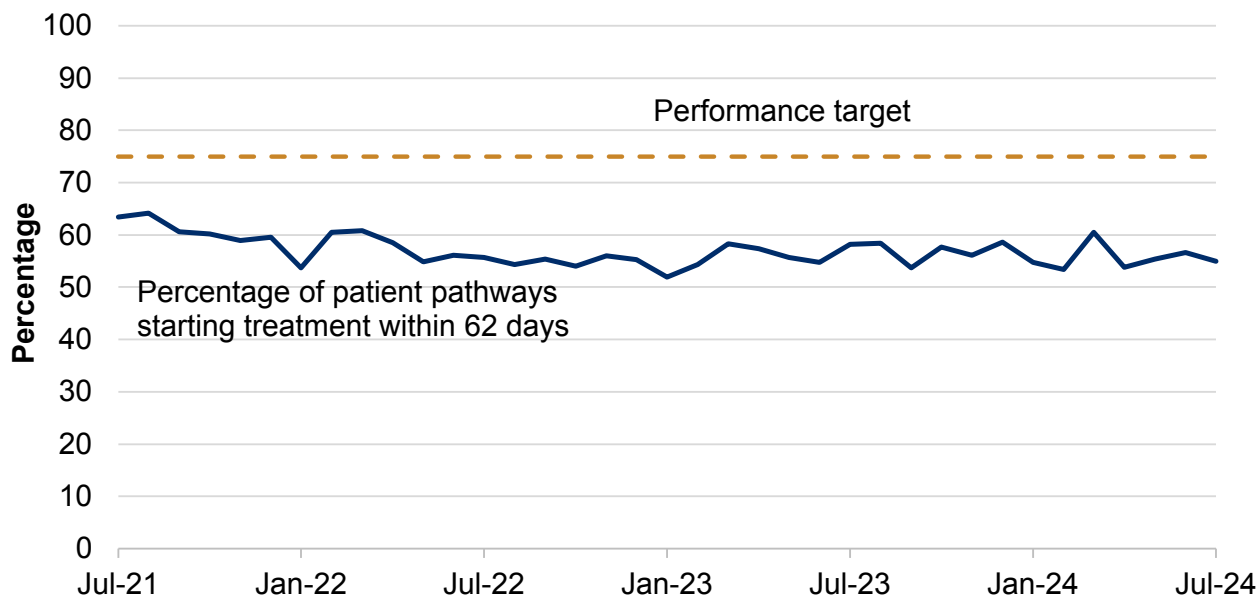
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**Figure 16: Percentage of pathways where the patient started their first definitive treatment within the target time, July 2021 to July 2024 [Note 1]**



Description of Figure 16: 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.

In July, 55% of pathways started their first definitive treatment within 62 days of first being suspected of cancer. This was 1.7 percentage points lower than the previous month, and 3.2 percentage points lower than July 2023.

## 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 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.

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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.

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](#).

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## 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

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

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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](mailto:stats.healthinfo@gov.wales).

## Next update

24 October 2024

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