



Llywodraeth Cymru  
Welsh Government

STATISTICS, DOCUMENT

# NHS activity and performance summary: August and September 2023

Report summarising data on activity and performance in the Welsh NHS for August and September 2023.

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# Chief Statistician's Statement

Recent media coverage has suggested that official statistics on emergency department waiting times for Wales have been under-reported since 2011, when a category called “clinical exceptions” was introduced. Clinical exceptions (or breach exemptions) refer to when emergency department clinicians have deemed that patients require an additional, extended period of observation or treatment. Nationally agreed guidance states that clinical exceptions should be included in the data reported by health boards to Digital Health and Care Wales, with an agreed process for how waiting times for these patients are calculated and considered in performance monitoring.

Official statistics must demonstrate trustworthiness, quality and value. They are produced independently and free from political influence. Following the concerns raised, Local Health Boards have provided assurance this week that the data they submit to Digital Health and Care Wales is in line with the guidance on reporting clinical exceptions.

Welsh Government statisticians do not exclude clinical exceptions from the data we receive from DHCW. Patients subject to clinical exceptions are therefore included in the emergency department attendances in this report and previous reports.

In line with the Code of Practice for Statistics we will continue to monitor this data to ensure quality and transparency for users of these statistics.

## Introduction

In light of the impact COVID-19 has had on NHS activity and performance levels, the Welsh Government has published its [programme for transforming](#)

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**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.

## Main points

In September, more than 71000 calls were made to the 111 helpline service, a decrease of around 160 calls compared to the previous month. Of these, just under 67,000 calls were answered (94%). There were also over 423,800 hits on the [NHS 111 Wales website](#) and over 10,800 completed [symptom checks \(NHS 111 Wales\)](#).

In September there were 4,432 red (life threatening) calls to the ambulance service, 12.5% of all calls. An average of 148 immediately life-threatening calls were made each day, 21 more than in August.

48.7% of red calls received an emergency response within eight minutes. This was 1.7 percentage points lower than in August, and the lowest since March 2023. Data for red calls are only comparable from May 2019 onwards.

There was an average of 3,088 daily attendances to emergency departments, an increase compared to the previous month. Performance increased slightly against the four hour target and the twelve hour target. The average (median) time spent in emergency departments was similar in September as the previous month at two hours and forty four minutes.

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The pandemic has caused a large increase in patient pathways waiting to start treatment. In August the number increased from around 757,400 to just under 760,300, the sixth consecutive increase and 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 August, when there were just under 760,300 open patient pathways, there were about 593,000 individual patients on treatment waiting lists in Wales. This was slightly lower than the figure for July and is the second highest figure on record.

The proportion of patient pathways waiting less than 26 weeks decreased to 58.9% in August. This has been relatively stable after falling significantly from the levels pre-pandemic. The number of pathways waiting longer than 36 weeks increased in August, to just over 234,000, remaining high in historical context.

About 27,000 pathways were waiting more than two years, 61.6% lower than the peak and continuing to fall month on month. The average (median) time patient pathways had been waiting for treatment at the end of August was 0.4 percentage points higher than the previous month at 19.7 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 and in August there were still a further 14 specialties with pathways waiting more than two years accounting for 3,400 pathways.

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

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Wales by removing some known non-consultant led pathways which are not counted in England. On that basis, there are around 673,900 open pathways on consultant-led pathways in Wales, equivalent to 22 pathways (not patients) for every 100 people. For England, the figure in August was 14 pathways for every 100 people.

Pathways waiting longer than one year for their first outpatient appointment increased to around 52,600, 48.7% 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 around 119,900 in August the highest on record. The number waiting longer than eight weeks (the target maximum wait) increased to around 50,000. For therapies, patient pathways waiting decreased to just under 69,900 in August. The number waiting longer than fourteen weeks (the target maximum wait) increased to just under 9,700.

For cancer services, fewer people started their first definitive treatment in August (1,765) than the previous month. The number of pathways closed following the patient being informed they did not have cancer decreased from the previous month to 13,821. Performance increased against the 62 day target in August to 57.3%, compared to 56.6% the previous month, the best performance since March 2023.

## Unscheduled care

New data relating to unscheduled care are provided for the month of September 2023.

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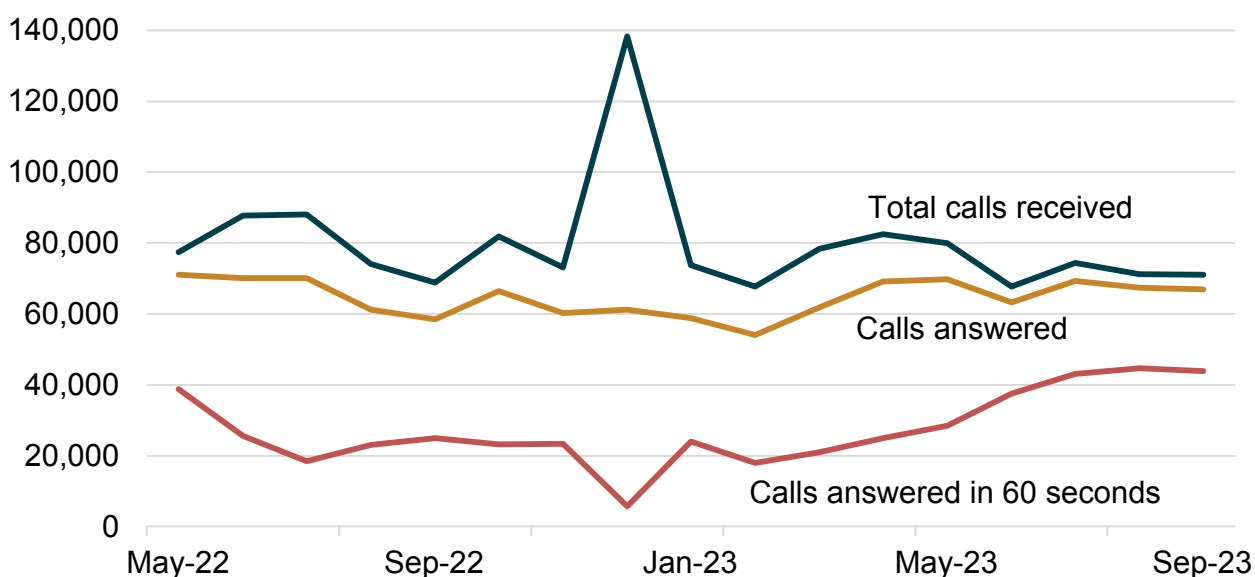
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## Calls to 111 service

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

### 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 has been relatively stable recently, with gradual increases in the number of calls answered and calls answered within 60 seconds during 2023.

Source: Welsh Ambulance Services NHS Trust

[111 service activity in Wales, by date and measure, on StatsWales](#)

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In September, a total of 71,067 calls were made to the 111 helpline service, a decrease of over 160 calls compared to the previous month. Of these, over 67,000 (94%) calls were answered by the 111 service, an average of just over 2,200 calls per day.

An estimated 4,088 (6%) calls were ended by the caller before being answered. Of these, 1,712 were ended within 60 seconds of the automated messages, suggesting their needs were likely to have been met.

Over 2,300 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, 1,139 calls indicated that they wished to conduct the call in Welsh.

There were over 423,800 hits on the [NHS 111 Wales website](#) and over 10,800 completed [symptom checks \(NHS 111 Wales\)](#) in September.

## Emergency calls to the ambulance service

A wider range of ambulance quality indicators are published on the [Emergency Ambulance Services Committee \(EASC\) website](#) and on [StatsWales](#).

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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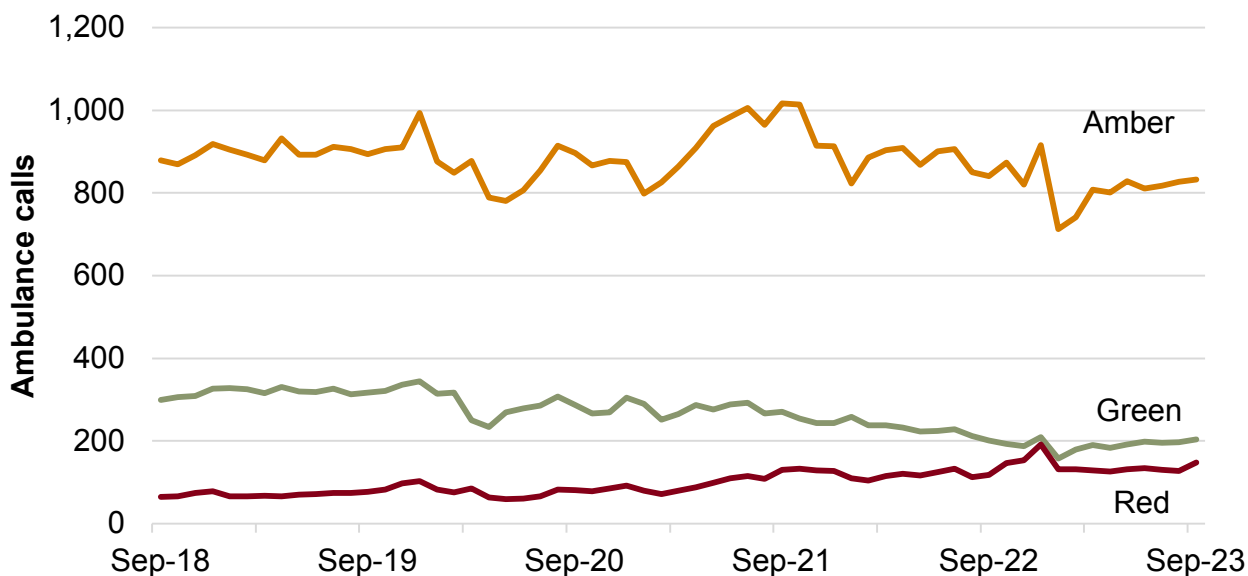
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## Activity

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

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In September, just over 35,500 emergency calls were made to the ambulance service. This was an average of 1,183 calls per day, on average 33 calls per day more than the previous month, and 23 (2.0%) more per day than the same month last year.

An average of 148 red calls were made per day in August, 21 more compared with the previous month and the third highest on record.

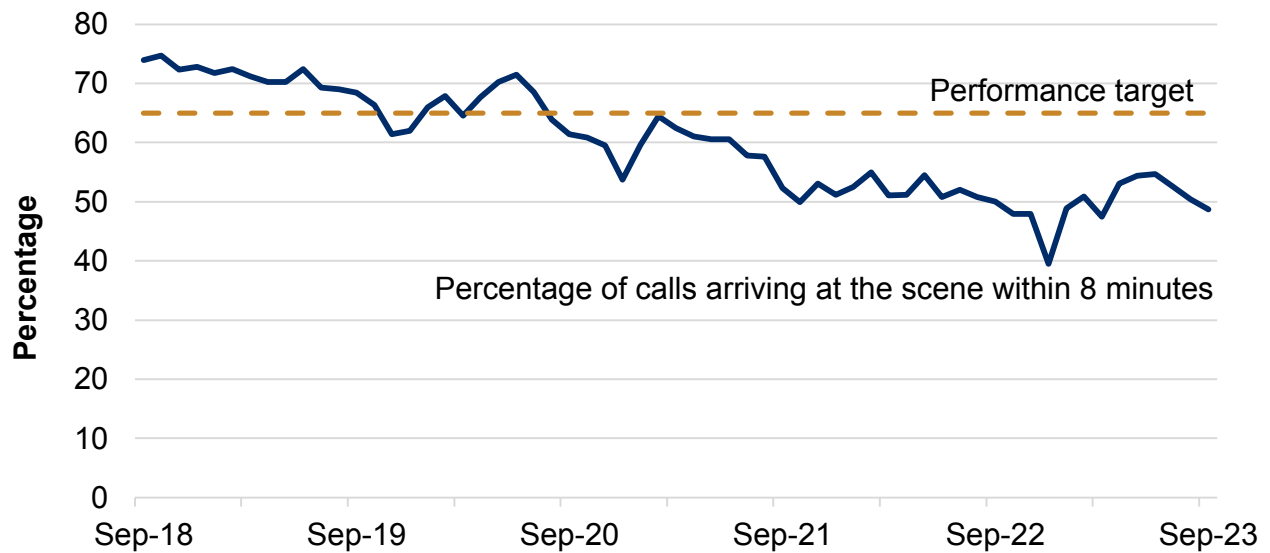
In September, the proportion of all calls that were immediately life-threatening was 12.5%, up from 11.0% in August and the fifth highest on record.

## 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, September 2018 to September 2023 [Note 1]**



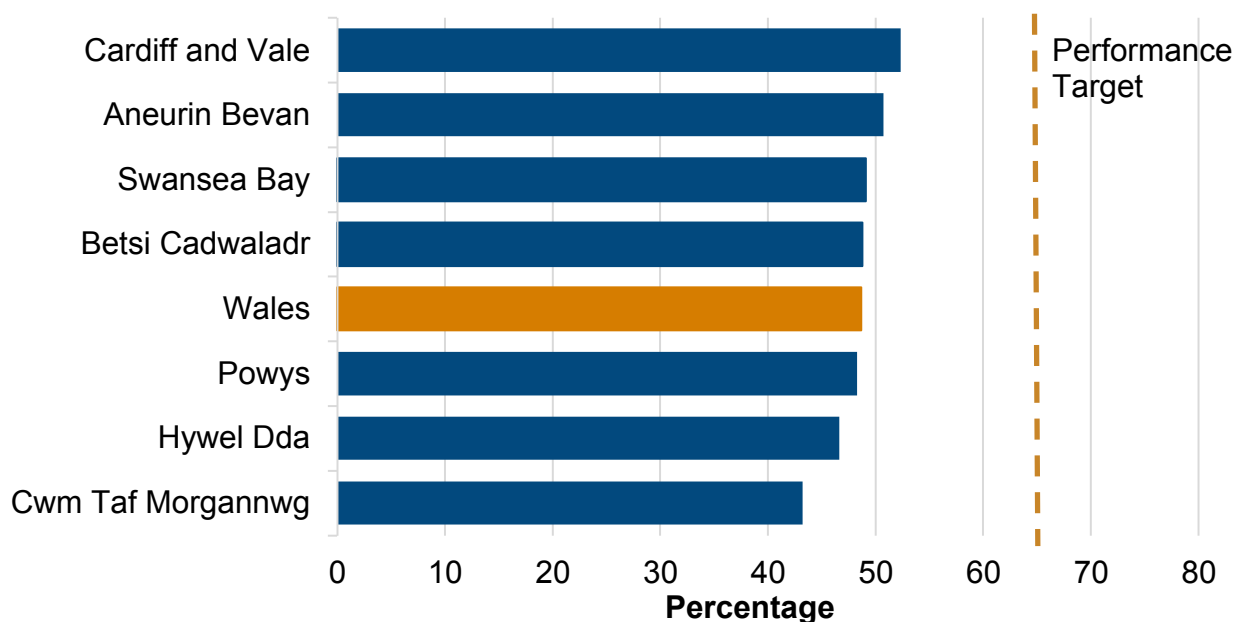
Description of Figure 3: A line chart showing that performance for emergency response calls trended downwards over the long-term. In recent months the performance has increased but remains below the target of 65%.

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, September 2023**



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 September, 48.7% of emergency responses to immediately life threatening (red) calls arrived within 8 minutes of patient location and chief complaint being established. This was 1.7 percentage points lower than the previous month and the lowest since March 2023.

At a Local Health Board level, the highest proportion of red calls responded to within 8 minutes was seen in Cardiff and Vale (52.3%), and the lowest in Cwm

Taf Morgannwg (43.2%).

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 50,000 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 the latest winter.

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 nearly five times as many hours lost in the latest twelve months compared with 2017. In September around 20,000 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 September, the average (median) response time to immediately life-threatening 'red' calls was 8 minutes 11 seconds. This was 14 seconds slower than previous month, and 11 seconds slower than September 2022.

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 September, the median response time for amber calls was 1 hour 23 minutes and 55 seconds. This was just over 3 minutes slower than in August but just under 12 minutes quicker than in September 2022.

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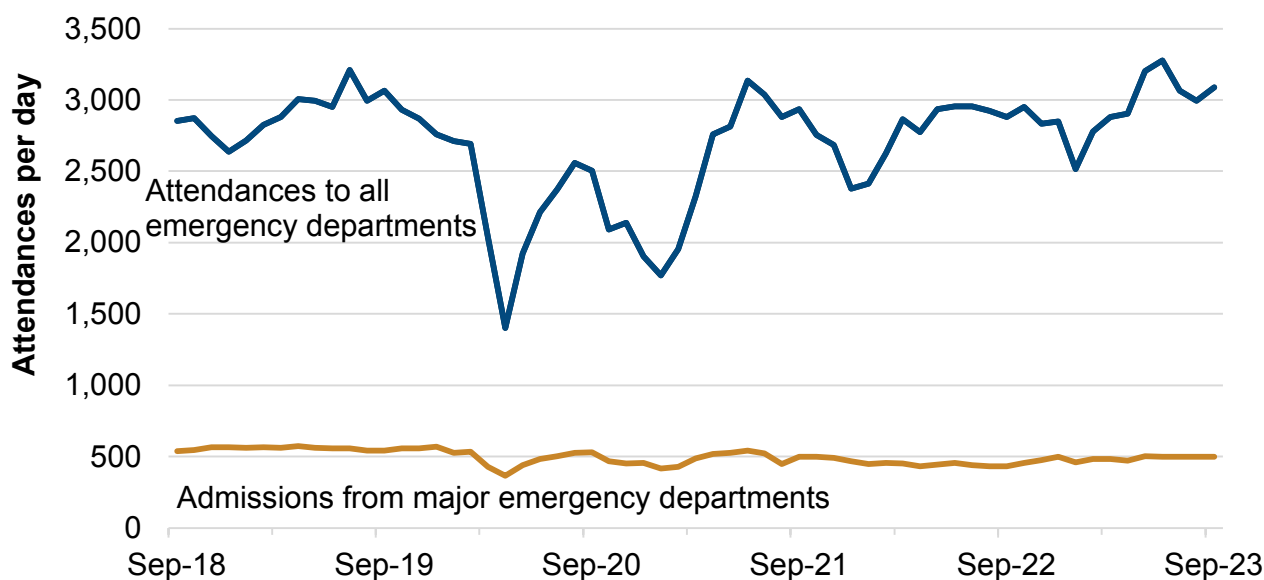
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## Emergency department attendances and admissions to hospital

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, September 2018 to September 2023 [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

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during the COVID-19 pandemic.

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 September there were just over 92,600 attendances to all emergency departments, an average of 3,088 attendances per day; this was 94 attendances more per day on average than in the previous month.

In September, just over 15,000 patients were admitted to the same or a different hospital following attendance at major emergency departments. This was 2.5% lower than the previous month, but 15.3% higher than the same month in 2022.

## **Performance**

### **Targets**

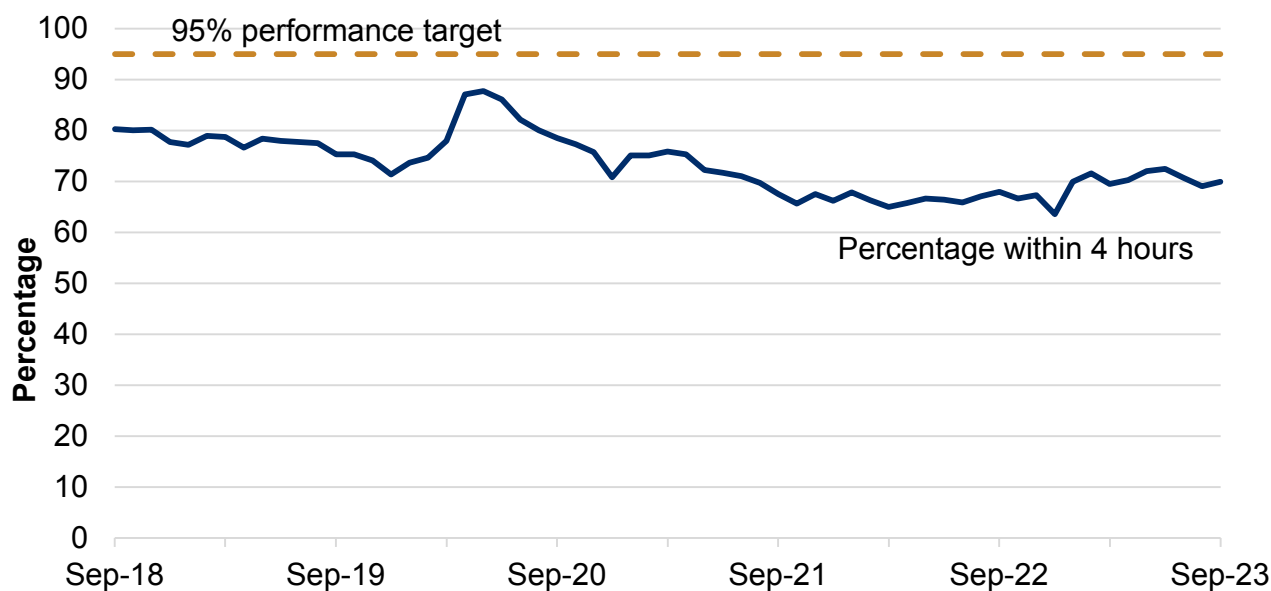
- 95% of new patients should spend less than 4 hours in emergency departments from arrival until admission, transfer or discharge.
- No patient waiting more than 12 hours in emergency departments from arrival until admission, transfer or discharge.

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**Figure 6: Percentage of patients admitted, transferred or discharged within 4 hours at emergency departments, September 2018 to September 2023**



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 but has gradually increased recently.

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

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

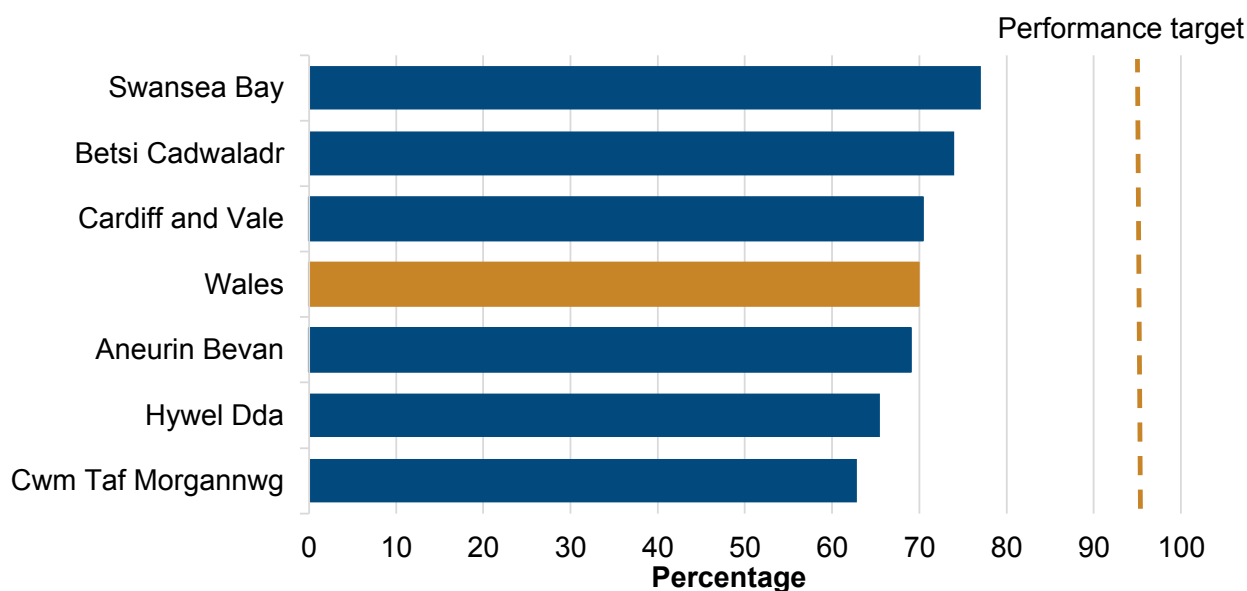
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**Figure 7: Percentage of patients admitted, transferred or discharged within 4 hours at emergency departments, by Local Health Board, September 2023**  
**[Note 1]**



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 previous StatsWales link.

In September, 69.9% of patients in all NHS emergency departments spent less than 4 hours in the department from arrival until admission, transfer or discharge. This was 0.9 percentage points higher than the previous month, but

remains relatively low in historical context.

Swansea Bay health board saw the highest proportion spending less than 4 hours in emergency departments (77.0%), and Cwm Taf Morgannwg saw the lowest (62.8%).

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 September, the median waiting time was 2 hours and 44 minutes, just over 1 minute slower than the previous month, and broadly back to pre-pandemic levels.

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 September, children (aged 0 to 4) spent an average of 2 hours and 3 minutes in emergency departments. Adults aged 85 and over spent an average of 5 hours and 33 minutes in emergency departments.

**Figure 8: Patients waiting more than 12 hours to be admitted, transferred or discharged at NHS emergency departments, September 2018 to September 2023**



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 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

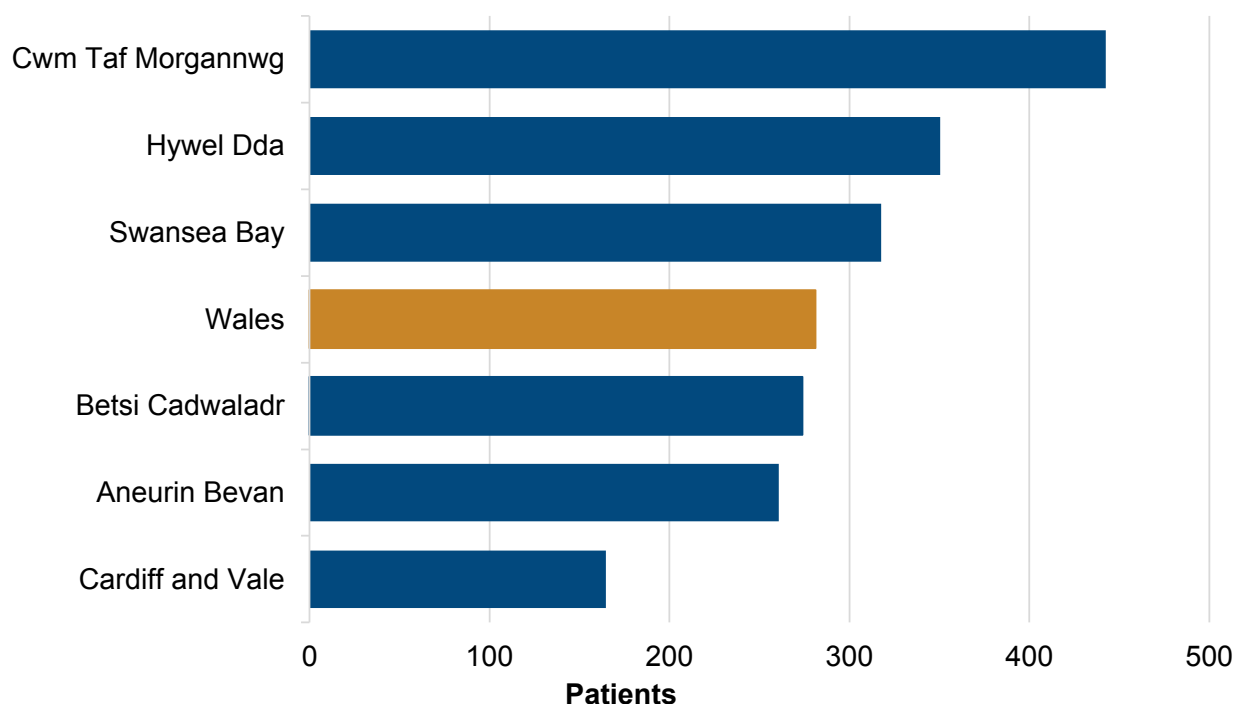
**Figure 9: Patients waiting more than 12 hours to be admitted, transferred or**

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## discharged at NHS emergency departments, per 100,000 population, by Local Health Board, September 2023 [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 previous StatsWales link.

In September 9,656 patients waited 12 hours or more. This was 431 (4.3%) less

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than in the previous month. Adjusted by population, more patients waited longer than 12 hours in Cwm Taf Morgannwg (443) than in any other Local Health Board. The lowest figure was in Cardiff and Vale (165).

## Scheduled care activity

New data relating to unscheduled care are provided for the month of August 2023. **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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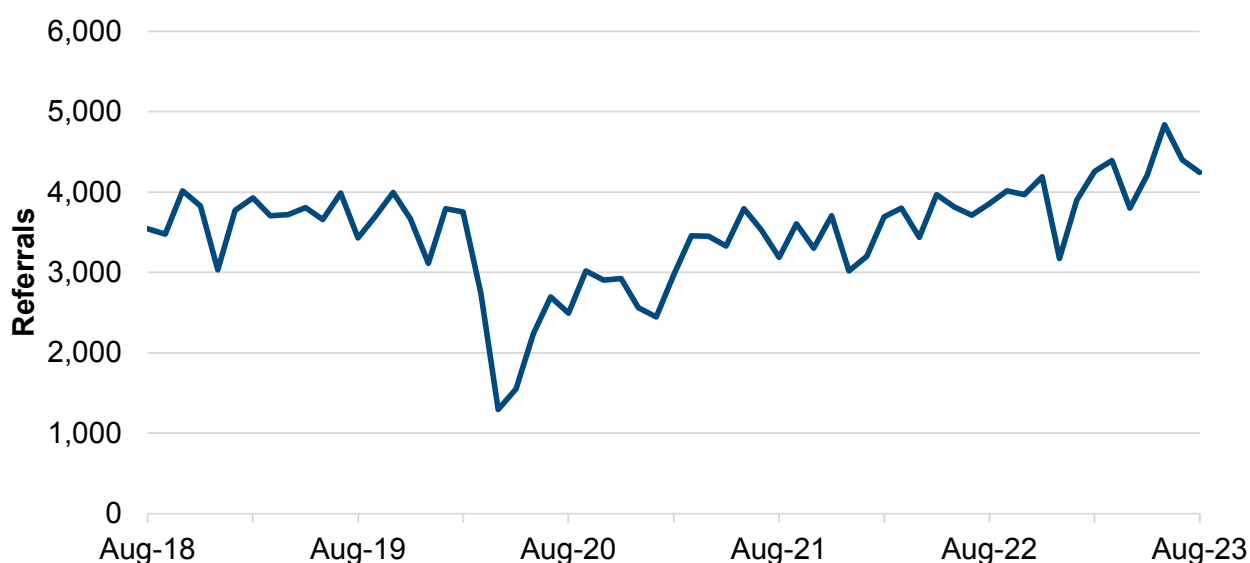
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# Outpatient referrals and appointments

## Activity

**Figure 10: Average daily referrals for first outpatient appointment, August 2018 to August 2023**



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 back to pre-pandemic levels.

Source: Outpatient Referral Dataset, Digital Health and Care Wales

[Referrals by local health board and month, on StatsWales](#)

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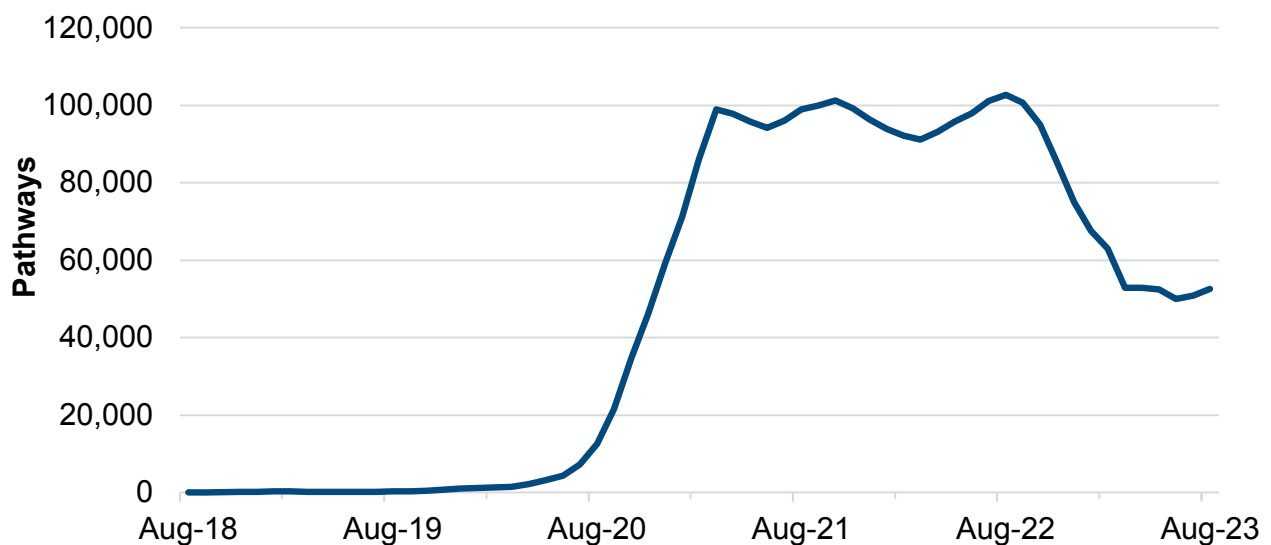
An average of 4,247 referrals for first outpatient appointments were made per day in August 2023. This is a decrease of 3.5% (155 less referrals per day on average) compared to July 2023 and an increase of 10.2% compared to August 2022.

## 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, August 2018 to August 2023**



Description of Figure 11: A line chart showing the number of patient pathways

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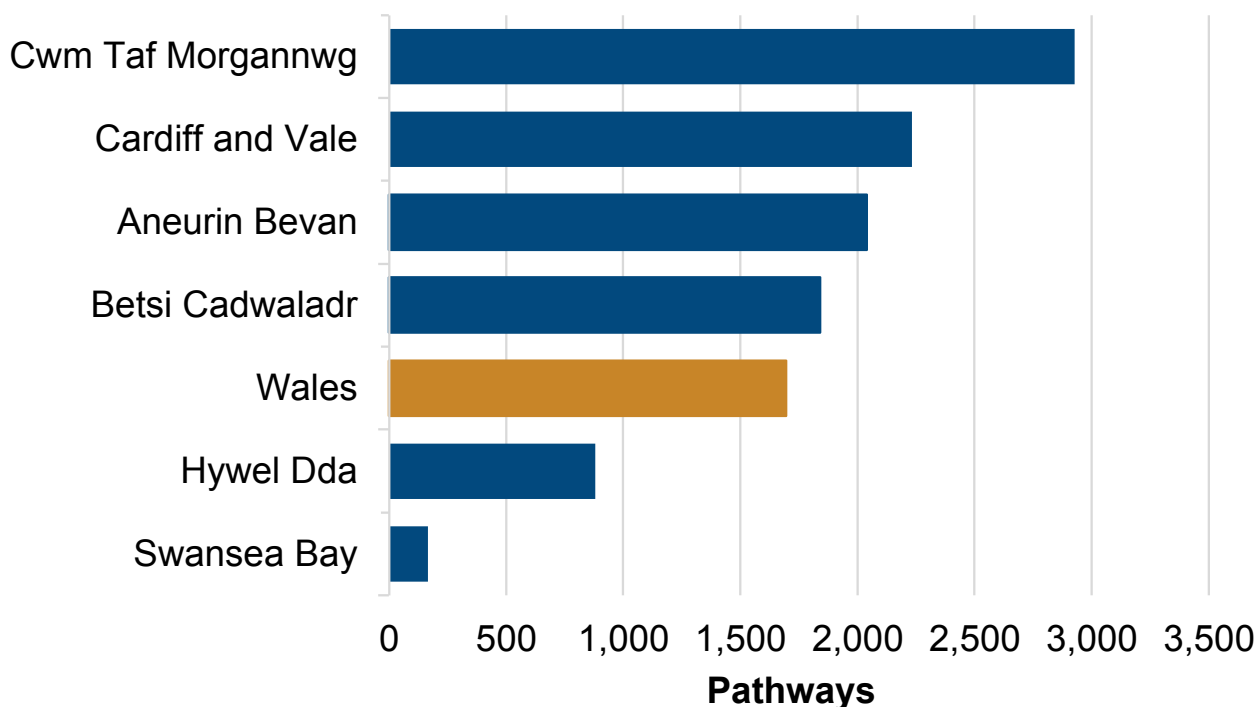
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waiting longer than a year, which rapidly increased during the coronavirus pandemic but has been coming down in recent months.

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, August 2023 [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 and was highest in Cwm Taf Morgannwg and lowest in Swansea Bay.

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

## **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 previous StatsWales link.

In August, the number of pathways waiting longer than one year for their first outpatient appointment increased by 3.4% compared to the previous month to around 52,600, the second increase after ten consecutive monthly falls. The planned care recovery plan target was not met, though there has been a fall of 48.7% 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 (2,929) and the lowest in Swansea Bay (165).

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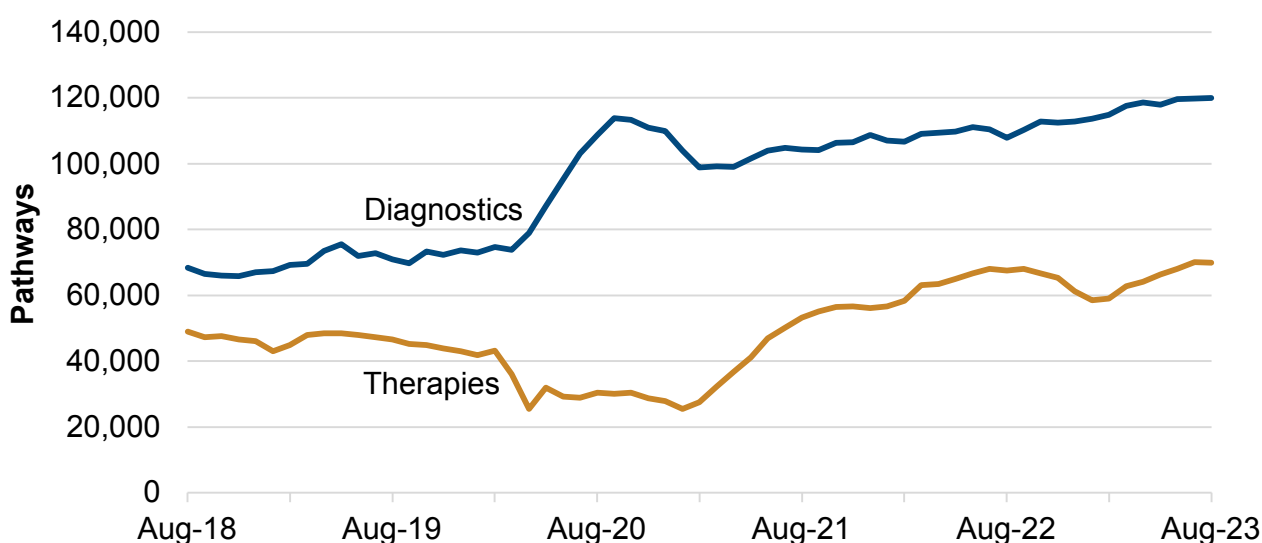
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# Diagnostic and therapy waiting times

## Activity

**Figure 13: Patient pathways waiting for diagnostic and therapy services, August 2018 to August 2023 [Note 1]**



Description of Figure 13: A line chart showing a long term upward trend in patients 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.

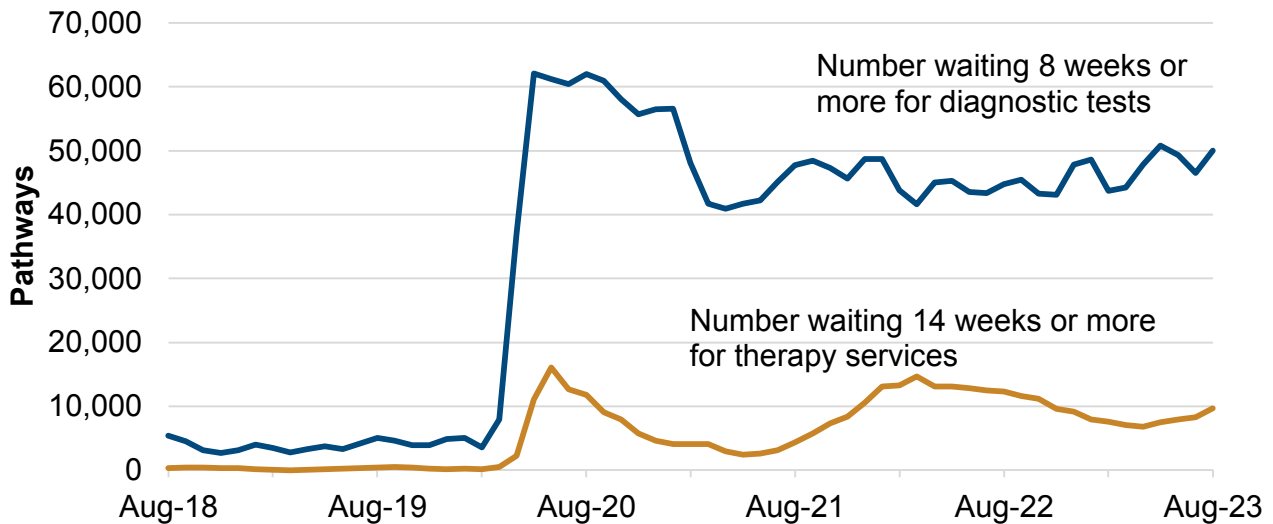
In August there were around 119,900 patient pathways waiting for diagnostics. This was an increase of 0.2% compared with the previous month and the highest figure on record. There were around 69,900 patient pathways waiting for therapies, a decrease of 0.4% compared to the previous month.

## 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.

**Figure 14: Patient pathways waiting over the target time for diagnostic and therapy services, August 2018 to August 2023 [Note 1]**



Description of Figure 14: Line chart showing a big increase in patients 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 peaking in June 2020 and March 2022, but has fallen 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]: Betsi Cadwaladr did not submit data for April 2020, so are not included in the Wales figures for this month.

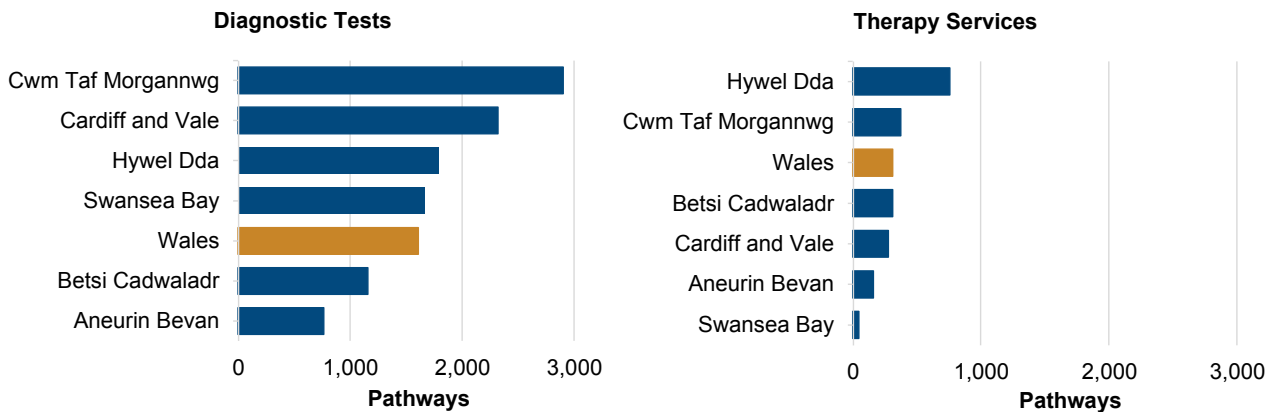
**Figure 15: Patient pathways (per 100k of the population) waiting over the target time for diagnostic**

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**tests and therapy services by Local Health Board, August 2023 [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 previous StatsWales link.

At the end of August, around 50,000 patient pathways were waiting longer than the target time for diagnostics. This was an increase of 7.5% compared to the previous month.

At the end of August there were just under 9,700 patient pathways waiting longer than the target time for therapies. This was an increase of 16.6% compared to the previous month.

The highest number of diagnostic pathways waiting more than the target time per 100,000 population was in Cwm Taf Morgannwg (2,905) and the highest number of therapies was in Hywel Dda (757). The lowest number of diagnostic pathways waiting more than the target time per 100,000 population was in Aneurin Bevan (764) and the lowest number of therapies was in Swansea Bay (48).

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 August, the median waiting time for diagnostic tests was 6.3 weeks, compared to 5.5 weeks in the previous month. The median waiting time for therapy services was 5.7 weeks, compared to 4.8 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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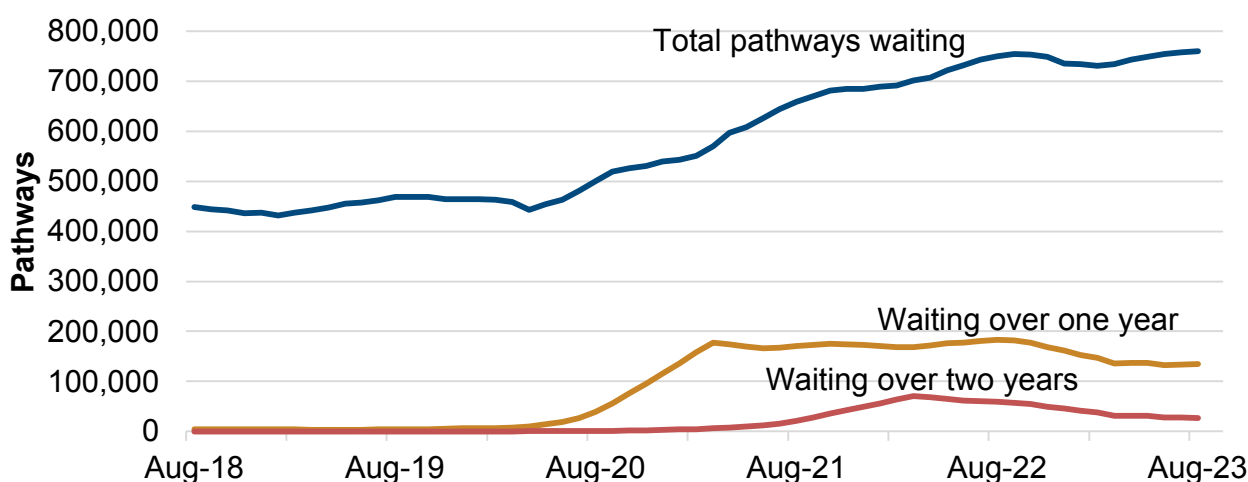
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## Performance

### 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, August 2018 to August 2023



Description of Figure 16: Line chart showing that since the coronavirus pandemic the number waiting has increased significantly. The number of patients 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

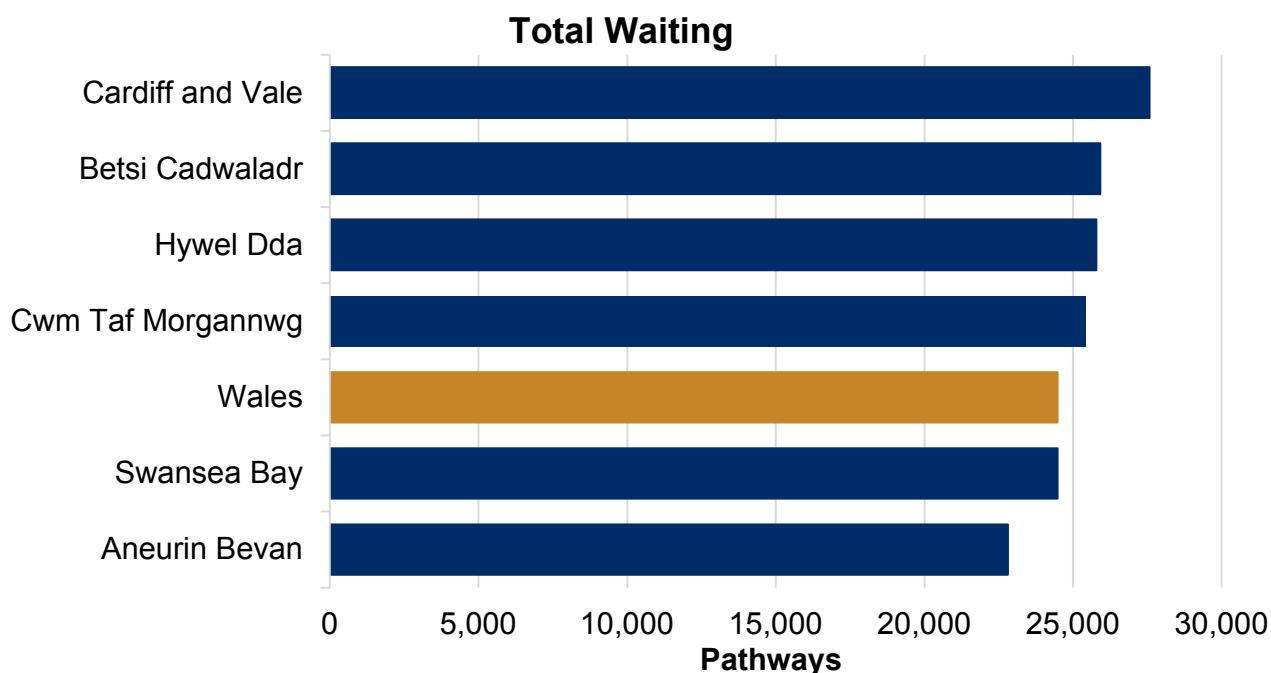
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## Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway, on StatsWales

Figure 17: Patient pathways waiting to start treatment, per 100,000 population, by Local Health Board, August 2023 (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

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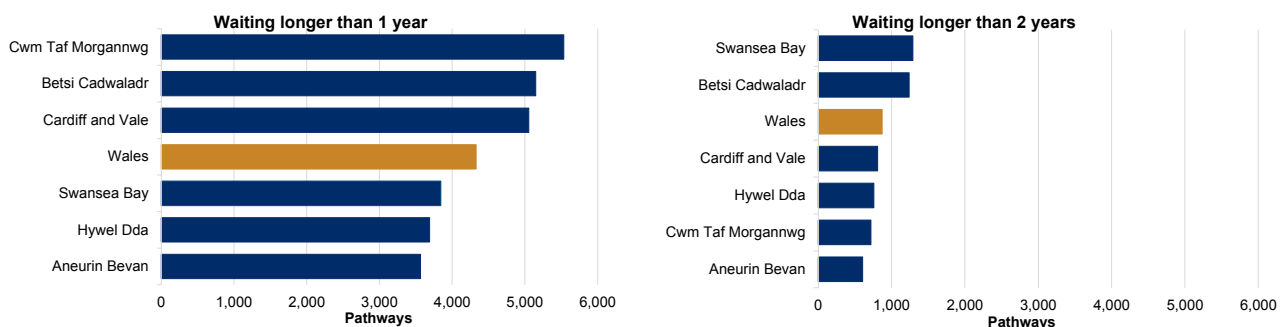
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Powys compared with other Local Health Boards. Data for Powys is made available in previous StatsWales link.

**Figure 18: Patient pathways waiting to start treatment, per 100,000 population, by Local Health Board, August 2023 [Note 1]**



Description of Figure 18: Bar charts showing that, adjusted by population, Aneurin Bevan has the fewest pathways waiting more than one or two years. Cwm Taf Morgannwg has the most pathways waiting longer than one year and Swansea Bay has the most pathways waiting longer than two years.

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 previous StatsWales link.

In August there were just under 760,300 patient pathways waiting to start treatment. This was an increase of over 2,900 pathways from July, the highest figure on record and 67.5% higher than May 2020.

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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 673,900 open pathways on consultant-led pathways in Wales, equivalent to 22 pathways (not patients) for every 100 people. For England, the figure in August was 14 pathways for every 100 people. These comparisons are explored further in this [Chief Statistician's blog](#).

Of the total 760,300 pathways about 134,400 were waiting more than one year in August. This number was 0.9% higher than last month. Just over 27,000 were waiting more than two years. This number continues to decrease each month and is 61.6% lower than the peak in March 2022.

Adjusted by population, Cardiff and Vale had highest number of pathways waiting (27,576 per 100,000). The most waiting more than one year was in Cwm Taf Morgannwg (5,535) and the most waiting more than two years was in Swansea Bay (1,292). Aneurin Bevan had the lowest numbers waiting overall (22,806), more than one year (3,566) and more than two years (605).

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, and in August there were still a further 14 specialties with pathways waiting more than two years accounting for 3,400 pathways, a decrease of 146 compared to last month.

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 August, when the National Statistics (above) reported there were just under 760,300 open patient pathways, there were estimated to be about 593,000 individual patients on treatment waiting lists in Wales. This was slightly lower than figure for July and is the second highest figure on record.

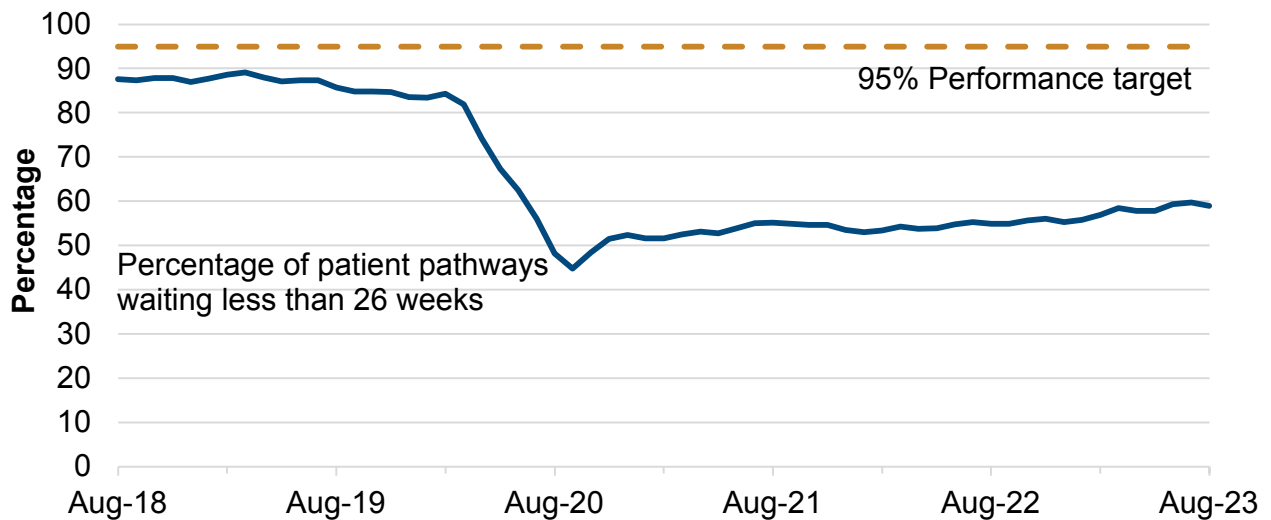
Unlike the National Statistics elsewhere in this release, which have been independently assessed against the Code of Practice for statistics, this estimate is based on management information. Whilst the principles of the Code of Practice have been applied, quality assurance is not to the level of the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

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Figure 19: Percentage of patient pathways waiting less than 26 weeks, August 2018 to August 2023



Description of Figure 19: Line chart showing that during the coronavirus pandemic the percentage of patients waiting less than 26 weeks decreased sharply, and performance has since stabilized between 50 to 60%.

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

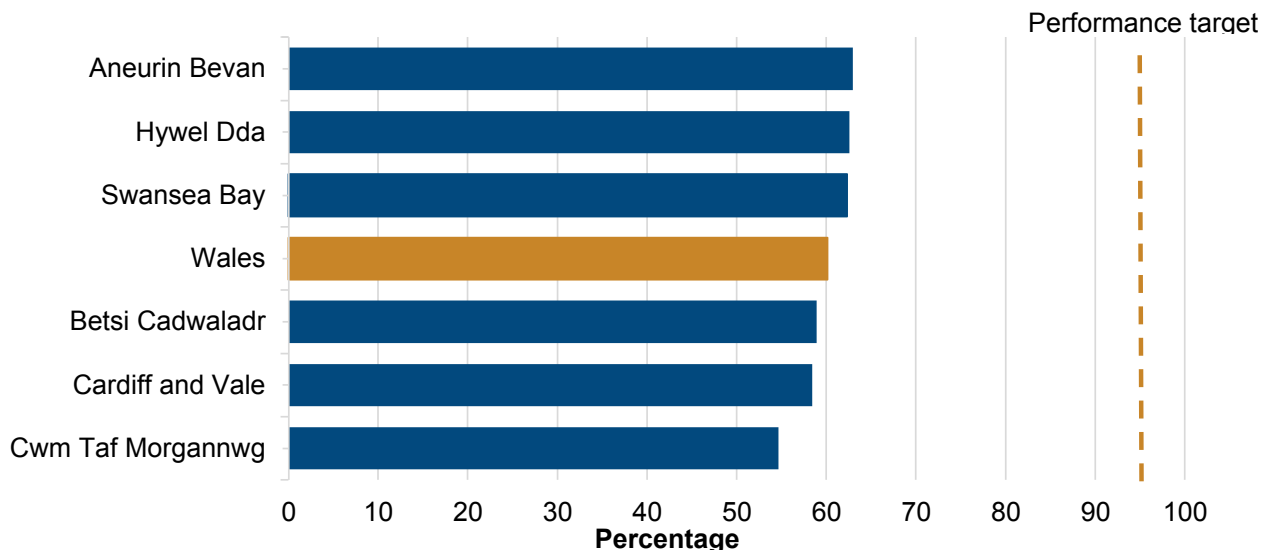
### Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks, on StatsWales

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**Figure 20: Percentage of patient pathways waiting less than 26 weeks, per 100,000 population, by Local Health Board, August 2023 [Note 1]**



Description of Figure 20: 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 previous StatsWales link.

Of the just under 760,300 patient pathways waiting to start treatment, by the end of August, 58.9% had been waiting less than 26 weeks. This was 0.8 percentage points lower than the previous month and 23 percentage points lower than March 2020. The highest proportion waiting less than 26 weeks was in Aneurin

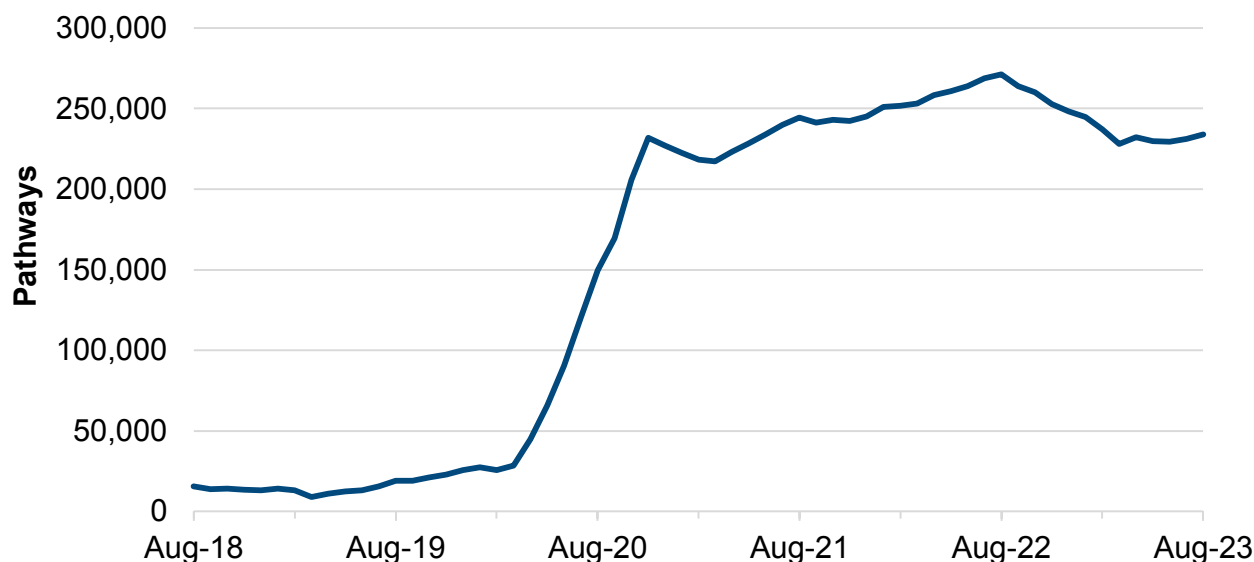
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Bevan health board (63%) and the lowest was in Cwm Taf Morgannwg (54.6%).

**Figure 21: Patient pathways waiting more than 36 weeks, by month and weeks waited, August 2018 to August 2023**



Description of Figure 21: Line chart showing the number of patient pathways waiting more than 36 weeks, which increased rapidly during the coronavirus pandemic. Throughout 2022 the number increased, though at a slower rate, but it has since fallen.

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

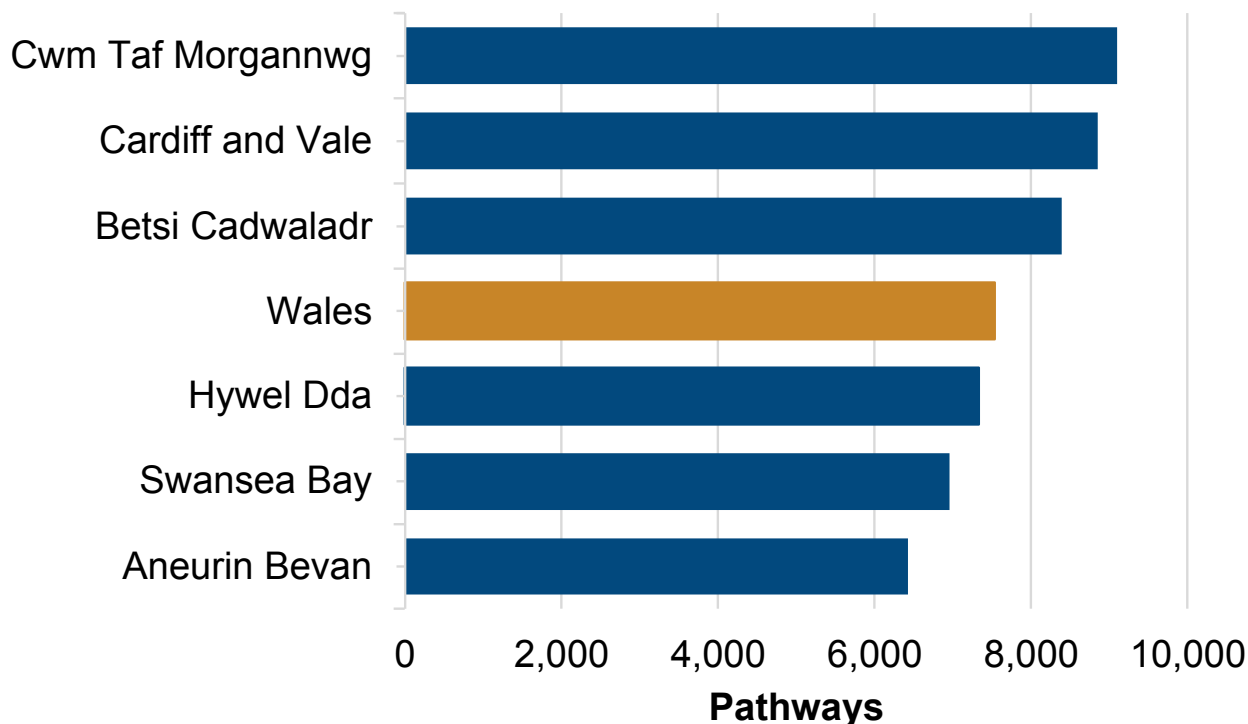
### Percentage of patient pathways waiting to start treatment within target time by month and grouped weeks, on StatsWales

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**Figure 22: Patient pathways waiting more than 36 weeks, per 100,000 population, by Local Health Board, August 2023 [Note 1]**



Description of Figure 22: Bar chart showing the number of patient pathways waiting more than 36 weeks, adjusted by population size, was highest in Cwm Taf Morgannwg and lowest in Aneurin Bevan.

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 previous StatsWales link.

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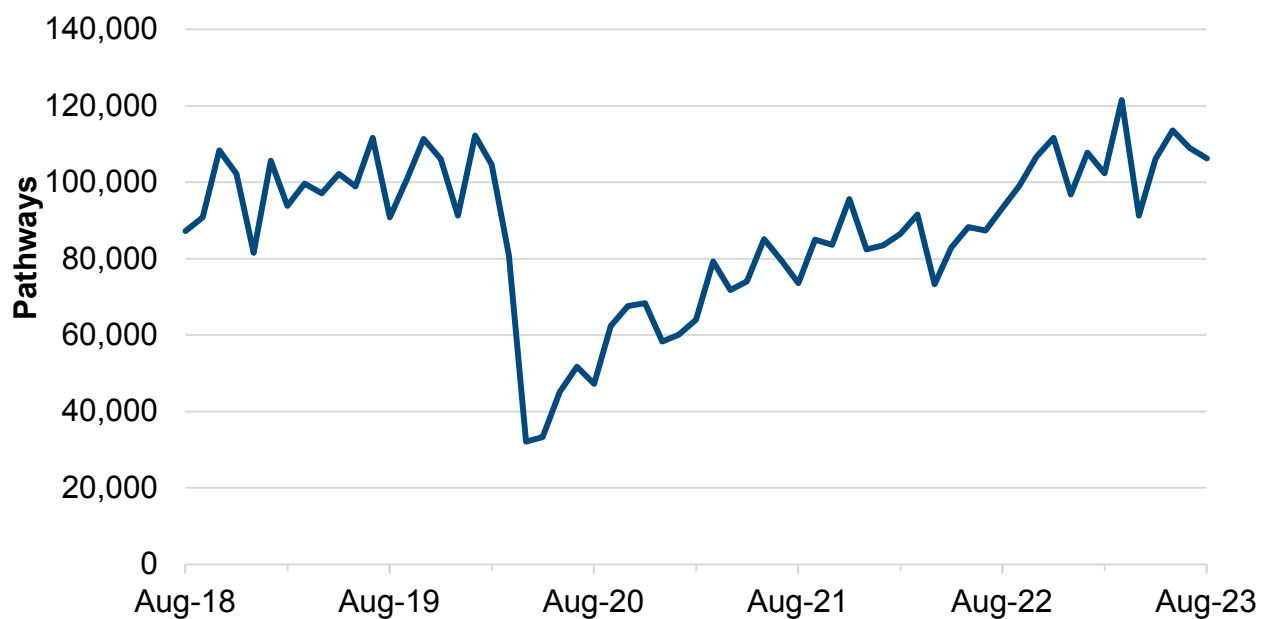
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In August, just over 234,000 patient pathways had been waiting more than 36 weeks. This represented 30.8% of all patient pathways waiting to start treatment. This was 2,841 (or 1.2%) more than in the previous month and still high in historical context. The highest number of pathways waiting more than 36 weeks per 100,000 population was in Cwm Taf Morgannwg (9,098), and the lowest was in Aneurin Bevan (6,430).

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 August, the median waiting time was 19.7 weeks, which was 0.4 weeks longer than the previous month.

**Figure 23: Closed patient pathways, August 2018 to August 2023 [Note 1]**



Description of Figure 23: 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 August was 106,300. This was an average of 4,831 patient pathways closed per working day. This was a decrease of 355 patient pathways (or 6.8%) 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 are published alongside this statistical release.

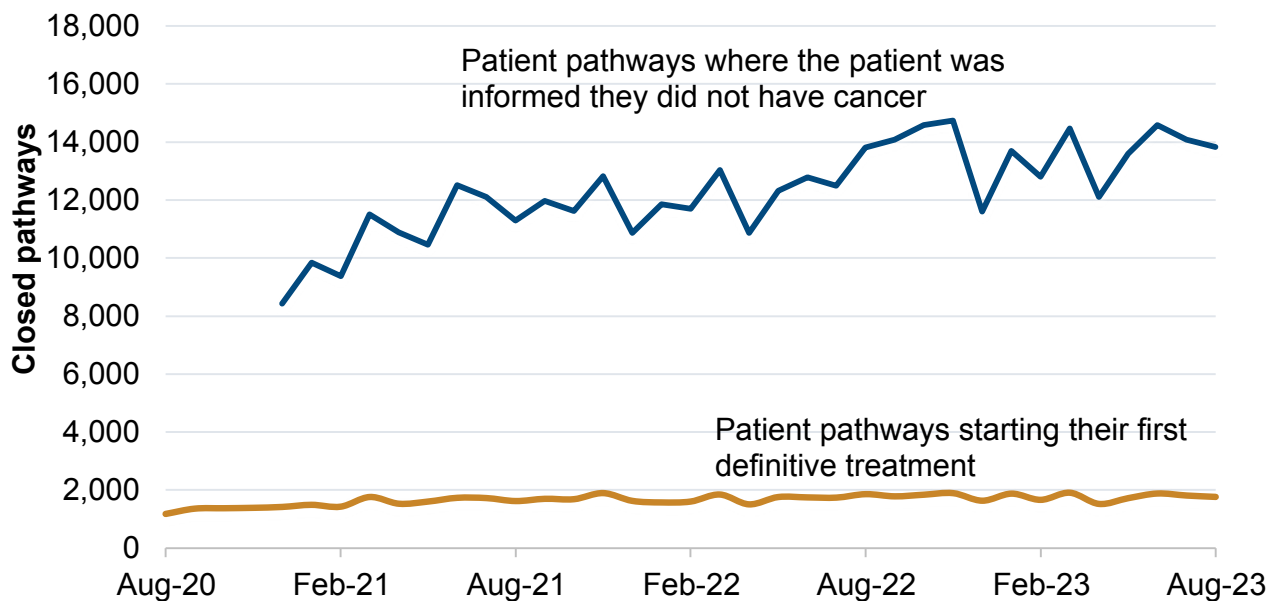
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## Activity

**Figure 24: Closed suspected cancer pathways in the month, by month and outcome, August 2020 to August 2023 [Note 1]**



Description of Figure 24: Line chart showing the number of patients informed they do not have cancer, which fluctuates but generally showing an upwards trend, and the number of patients 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 August 1,765 pathways where the patient was newly diagnosed with cancer

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started their first definitive treatment in the month. This was a decrease of 2.6% compared to the previous month.

13,821 pathways were closed following the patient being informed they did not have cancer. This is a decrease of 1.8% compared to the previous month.

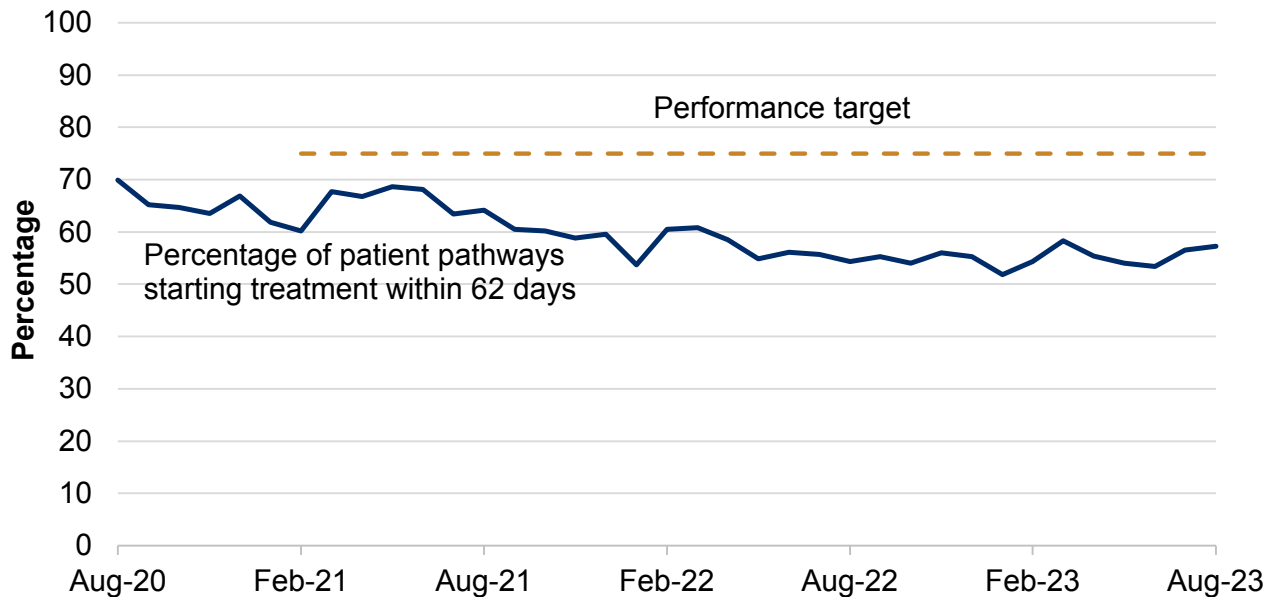
In August, 16,437 patient pathways were opened in the month following a new suspicion of cancer. This was an increase of 189 (1.2%) on the previous month but a decrease of 0.4% compared to August 2022.

## 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 25: Percentage of pathways where the patient started their first definitive treatment within the target time, August 2020 to August 2023 [Note 1]**



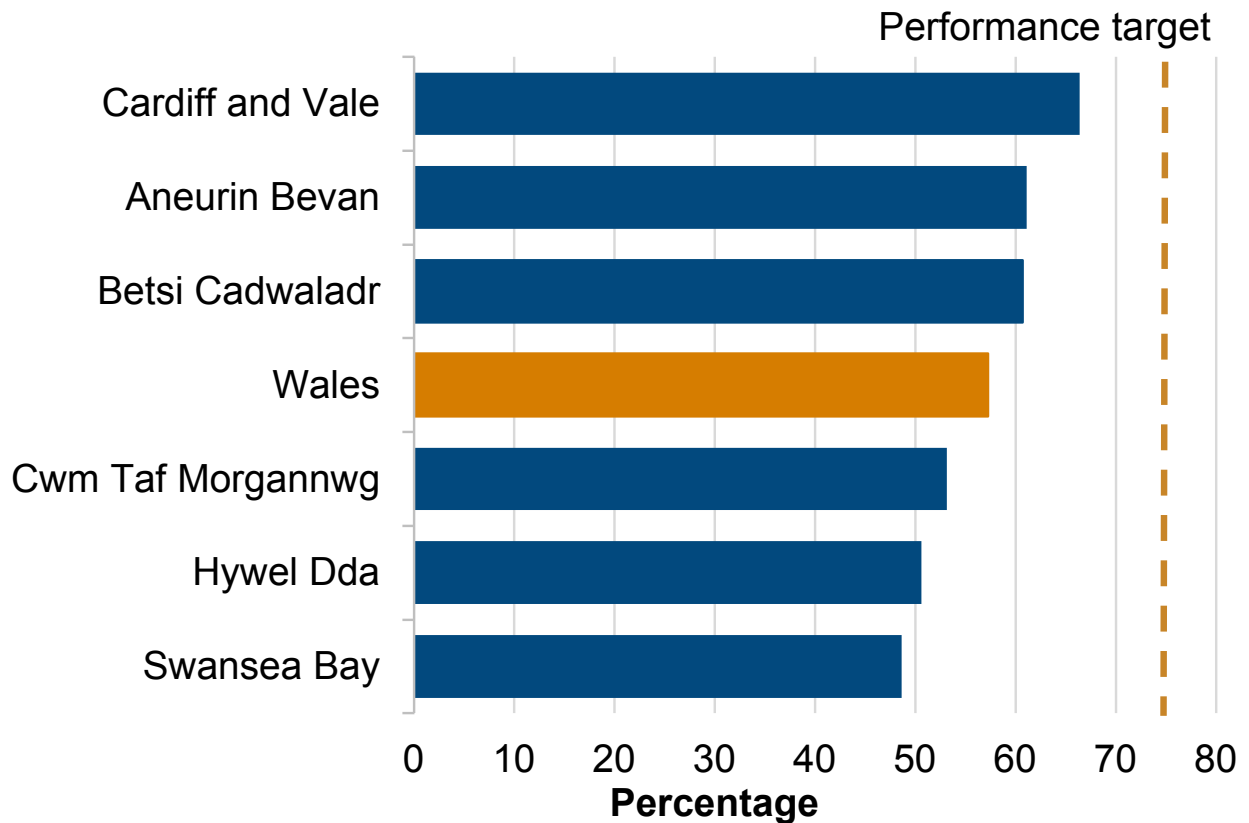
Description of Figure 25: Line chart showing the percentage of patients that started their first definitive treatment within 62 days of first being suspected of cancer and the 75% performance target. Performance fluctuates, but there is a general downwards trend in recent years.

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 26: Percentage of pathways where the patient started their first definitive treatment within the target time, by Local Health Board, August 2023 [Note 1]**



Description of Figure 26: 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 August, 57.3% (1,011 out of 1,765) of pathways started their first definitive treatment within 62 days of first being suspected of cancer. This was 0.7 percentage points higher than the previous month, 2.9 percentage points higher than August 2022 and the highest since March 2023.

The highest proportion of pathways starting their first definitive treatment within 62 days was in Cardiff and Vale (66.4%) and the lowest was in Swansea Bay (48.6%).

## 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](#)

## 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.

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

## Next update

23 November 2023

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