

NHS Wales Waiting times – termly monitoring report

Y Pwyllgor Iechyd a Gofal Cymdeithasol | 20 Mawrth 2025
Health and Social Care Committee | 20 March 2025

Introduction

This is the Committee's **seventh monitoring report** of NHS Wales planned care recovery targets, which were set in April 2022. The recovery targets to reduce waiting times for people in Wales include:

- No one waiting longer than a year for their first outpatient appointment **by the end of 2022**.
- Eliminate the number of people waiting longer than two years in most specialities **by March 2023**.
- Eliminate the number of people waiting longer than one year in most specialities **by Spring 2025**.
- Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions **by Spring 2024**.
- Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people **by 2026** (with an interim recovery target to meet the single cancer pathway within 62 days for 70% of people **by March 2023**).

The statistics used in this briefing are taken from the Welsh Government's NHS activity and performance summary: November and December 2024 and StatsWales.



Further information:

- Waiting times data are published monthly on the [StatsWales website](#) with a two-month lag.
- Previous monitoring reports are available on the [Committee's website](#).
- A link to [Ministerial summit reports](#) relating to orthopaedics, ophthalmology, ENT and cancer are published on [the Welsh Government website](#).
- Digital Health and Care Wales (DHCW) now publishes a [secondary care dashboard](#) which provides data on outpatients appointments, inpatient admissions and day case activity undertaken in Wales.

N.B. 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.

The [Welsh Government's statistical update](#) reports that in December 2024, when there were just under 800,400 open patient pathways, there were about 616,500 individual patients on treatment waiting lists in Wales.

Overview

Despite the Welsh Government setting five recovery targets, NHS waiting times in Wales remain significantly high, though the latest statistics show a very small decrease.

In December 2024, the number of patient pathways **decreased** from just under 802,300 to just under **800,400**, with **around 1 in 5** people in Wales waiting for NHS treatment. The Welsh Government has failed to meet any of the targets it has set so far:

- **No one waiting longer than a year for their first outpatient appointment by the end of 2022:** In December 2024, the number of patient pathways waiting longer than one year for their first outpatient appointment has risen and is now **82,110**.
- **Eliminate the number of people waiting longer than two years in most specialities by March 2023:** In December 2024, just over **23,600** patient pathways were waiting more than **two years** for treatment
- **Eliminate the number of people waiting longer than one year in most specialities by Spring 2025:** In December 2024, about **174,500** patient pathways were waiting more than **one year** for treatment.
- **Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024:** In December 2024, the number waiting longer than 8 weeks (the target for maximum wait) increased to just over **43,300**. The number waiting longer than 14 weeks for therapies (the target maximum wait) was just over **5,000**.
- **Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026 (with an interim recovery target to meet the single cancer pathway within 62 days for 70% of people by March 2023):** In December 2024, performance against the 62 day **single cancer pathway target** increased to **61.9%**, compared to 60.2% the previous month.

The median time waiting to start treatment had generally been around 10 weeks pre pandemic. This increased during the Covid-19 pandemic and peaked at a record high of 29 weeks in October 2020. In December 2024, the median waiting time was **23.6 weeks**.

Recovery target 1: First outpatient appointments

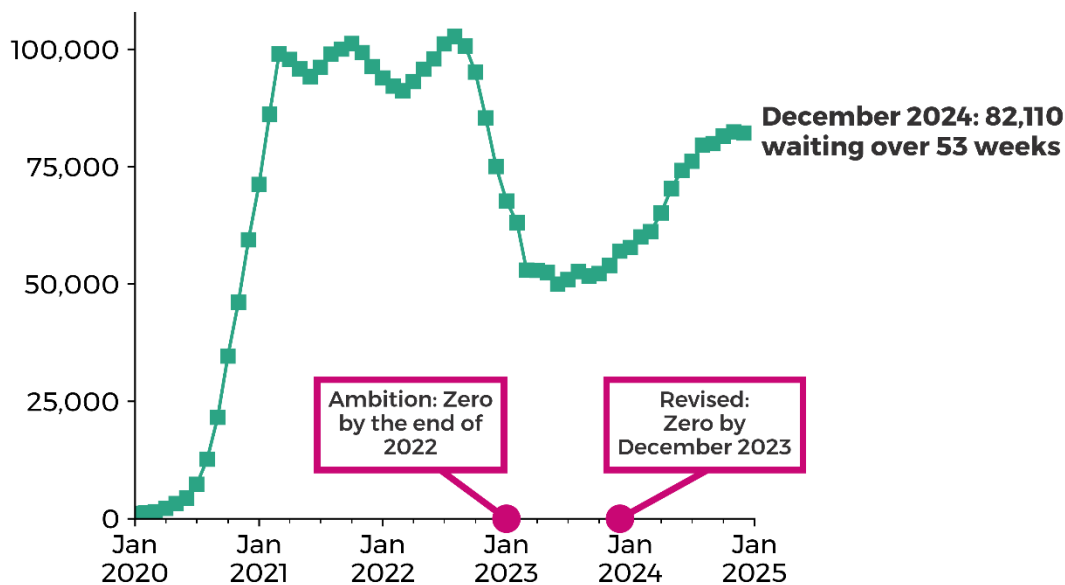
Recovery plan target 1: No patients to be waiting longer than a year for their first outpatient appointment by the end of 2022

In April 2022, the Welsh Government set a target to ensure that no patient would wait longer than a year for their first outpatient appointment **by the end of 2022**. Despite efforts to reduce waiting times, this target was missed, and a revised target for the end of 2023 also went unmet.

By December 2024 (two years after the target date) 82,110 patient pathways were still waiting over 53 weeks for their first outpatient appointment.

As shown in Figure 1 below, the number of patient pathways waiting over a year fluctuated throughout 2023 and into 2024. For example, in April 2024, there were 65,111 such pathways - a 36.6% decrease from the peak in August 2022. However, by September 2024, the number had risen again to 79,855, and by November 2024, it had reached 82,335. In December 2024, there was a small decrease to 81,110.

Figure 1: Number of patient pathways waiting over 53 weeks for their first outpatient appointment



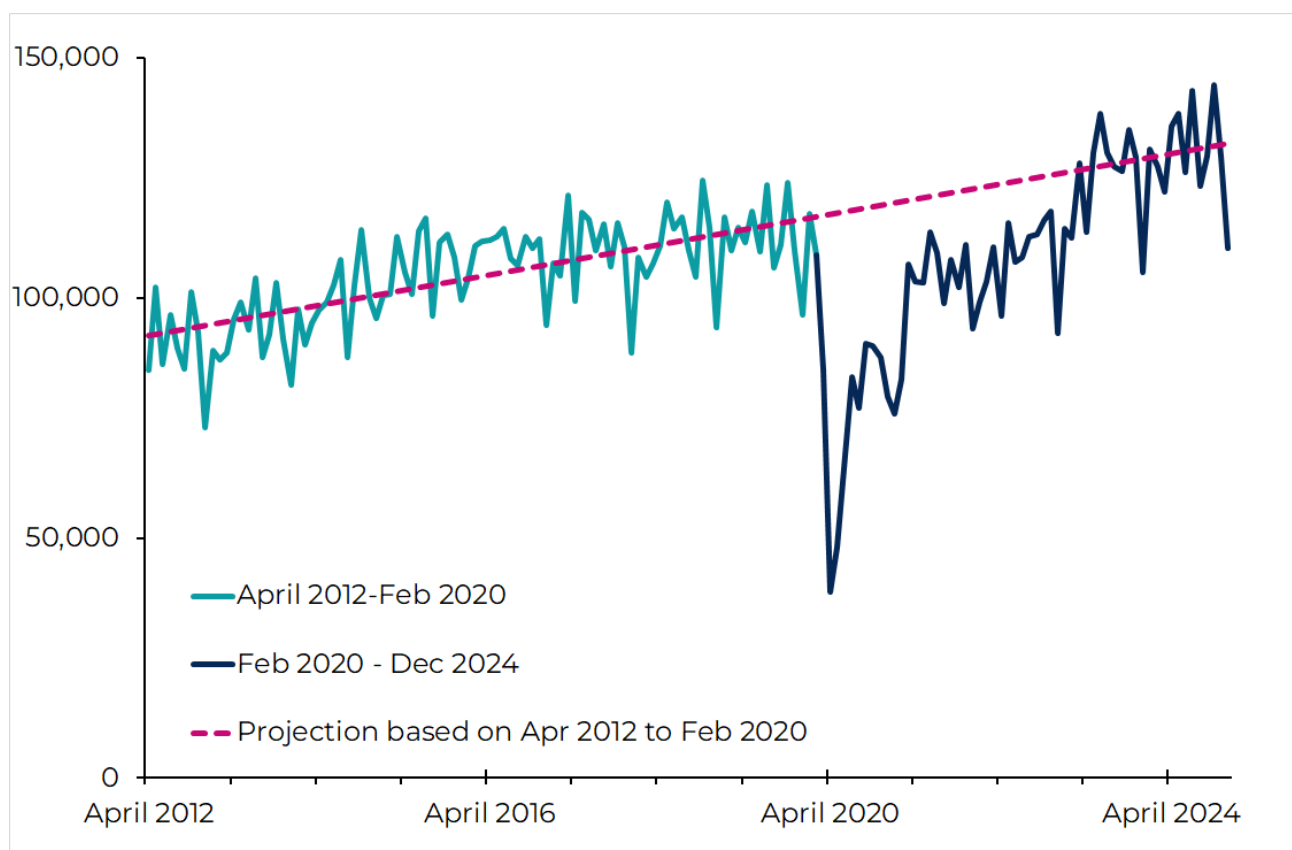
Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

The data highlights that the Welsh Government is still grappling with the challenge of meeting this waiting time target, and efforts to tackle the backlog and improve access to outpatient services continues.

The former Health Secretary, Eluned Morgan MS, informed this Committee that the rise in patient wait times was due to an increase in referrals for first outpatient appointments, following the Covid-19 pandemic. However, while referrals have risen, data from StatsWales indicates the increase is part of a long-term trend, not solely attributable to the pandemic (see Figure 2 below).

Projections suggest that this trend will continue, indicating that the demand for outpatient appointments is not likely to diminish.

Figure 2: Referrals



Source: StatsWales, Referrals by treatment function and month

In December 2024, an average of **3,557 referrals** for first outpatient appointments were made each day. This represents a 17.7% decrease (763 less referrals per day, on average) compared to November 2024, but an increase of 4.7% compared to December 2023.

Alongside this growing demand, the NHS continues to struggle with clearing the backlog of patients who have been waiting for longer periods. As a result, waiting times for both new patients and those already in the system continue to rise.

In simple terms, the increase in referrals, combined with the backlog in treatment, is making it difficult for the NHS to meet the Welsh Government's target.

One potential solution is to increase the NHS's capacity to diagnose and treat more people quickly – this could include hiring more staff, providing additional resources, or expanding facilities to better handle the rise in referrals. However, other factors like staff shortages, complex cases, or even inefficiencies within the system could also be contributing to the growing waiting times.

Key questions include:

- **Staff and resources:** Are there sufficient healthcare professionals and diagnostic equipment to handle the rising demand? (i.e. without additional staff or resources, waiting times will naturally go up).
- **Staff burnout and turnover:** Could staff burnout and turnover be contributing to the increase in waiting times, by reducing the number of available healthcare professionals to see patients? (i.e. this would slow down progress in reducing waiting times).
- **Increased complexity of cases:** As the population ages, more people may need complex treatments or diagnostic tests. Is there evidence that the complexity of treatments required has increased, and is this contributing to longer wait times for appointments?
- **System inefficiencies or bottlenecks:** Could inefficiencies or bottlenecks in how the NHS system is organised, such as in appointment scheduling or patient flow, be slowing down progress and increasing waiting times?

Local Health Board Performance

Among the Local Health Boards, the highest number of patient pathways waiting more than one year per 100,000 of the population, adjusted by population size, was in **Betsi Cadwaladr UHB** and the lowest was in **Swansea Bay UHB**, where there are now no pathways waiting more than a year for their first outpatient appointment.

Swansea Bay UHB is the only health board in Wales to have **achieved the first recovery target**.

(It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards).

Welsh Government action

In June 2024, **Judith Paget, NHS Wales Chief Executive, told this Committee** that in 2023-24 an additional 6,128 healthcare professionals (those who are required to be registered with a healthcare regulator) were appointed into roles across the Welsh NHS. This increase in staffing - depending on the specific roles being filled, should help improve the capacity of the NHS to handle more appointments and provide timely care to patients.

While the recruitment of additional healthcare professionals is a positive step, it's important to ensure that this translates into more appointments and reduced waiting times.

Further, the total number of new appointments in 2023-24, **was lower than the previous year** (in 2022-23 it was 6,609). There could be several reasons for the decrease in new staffing appointments, such as training and integration, resource allocation and/or operational challenges that impacted the number of appointments.

Recovery target 2: Two-year waiting targets

Recovery plan target 2: Eliminate the number of people waiting longer than two years to start treatment in most specialties by March 2023

The planned care recovery plan established a target to eliminate **two-year waits in most specialties by March 2023**. The target was not met by March 2023 and has still not been achieved.

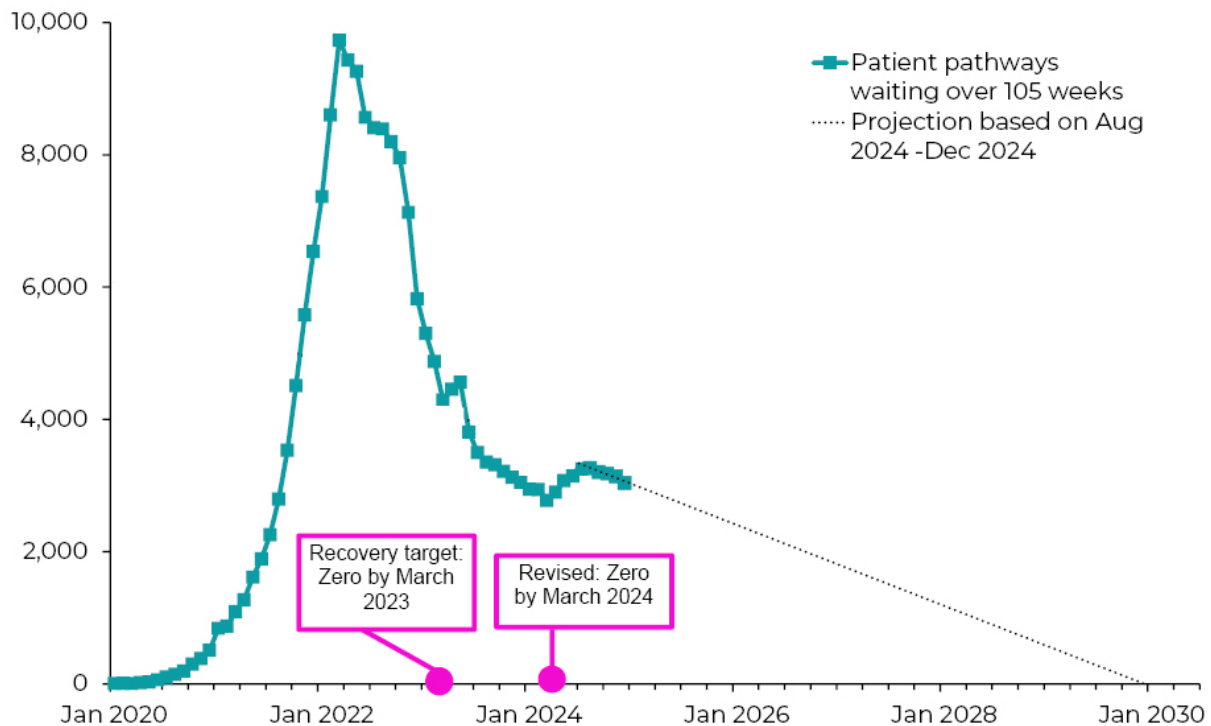
In December 2024, there were just under **800,400** patient pathways waiting to start treatment, a decrease of around 1,900 pathways from November. However, the number waiting is still 76.3% higher than May 2020, and the fourth highest figure on record. Of the total 800,400 patient pathways, just over **23,600** were waiting more than two years to start treatment.

A **projection** using data from August 2024 to December 2024 shows that at the current rate of progress (i.e. if the rate of progress since August 2024 is sustained), the recovery target to eliminate two year waits in 'most' specialties **will not be fulfilled until around January 2030**.

The projection methodology accounts for a two-month lag in data, ensuring that recent government investments and policy changes are reflected in the analysis. By using data from August 2024 to December 2024, the projection accurately represents the current rate of progress and anticipates future trends based on sustained performance.

However, it is important to note that only the four most recent months show a decrease in numbers. Projections are more reliable when based on a larger set of data points that consistently reflect a particular trend, so these estimates may be subject to change as more data becomes available.

Figure 3: Number of patient pathways waiting over 105 weeks to start treatment in most specialities (excluding the seven recognised as exceptionally challenging) and projection based on August to December 2024.



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Local Health Board Performance

Adjusted by population, the most patient pathways waiting more than two years for treatment was in **Betsi Cadwaladr UHB** and the fewest waiting more than two years was in **Swansea Bay UHB**. *(It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards).*

Performance by speciality

The planned care recovery plan aimed to eliminate two-year waits in all but seven “exceptionally challenging” specialities by March 2023. These are Dermatology, General Surgery, Ophthalmology, Urology, Gynaecology, Orthopaedics and Ear, Nose and Throat (ENT). The target was not met in March 2023, and in December 2024 there were still a further 16 specialities with pathways waiting more than two years.

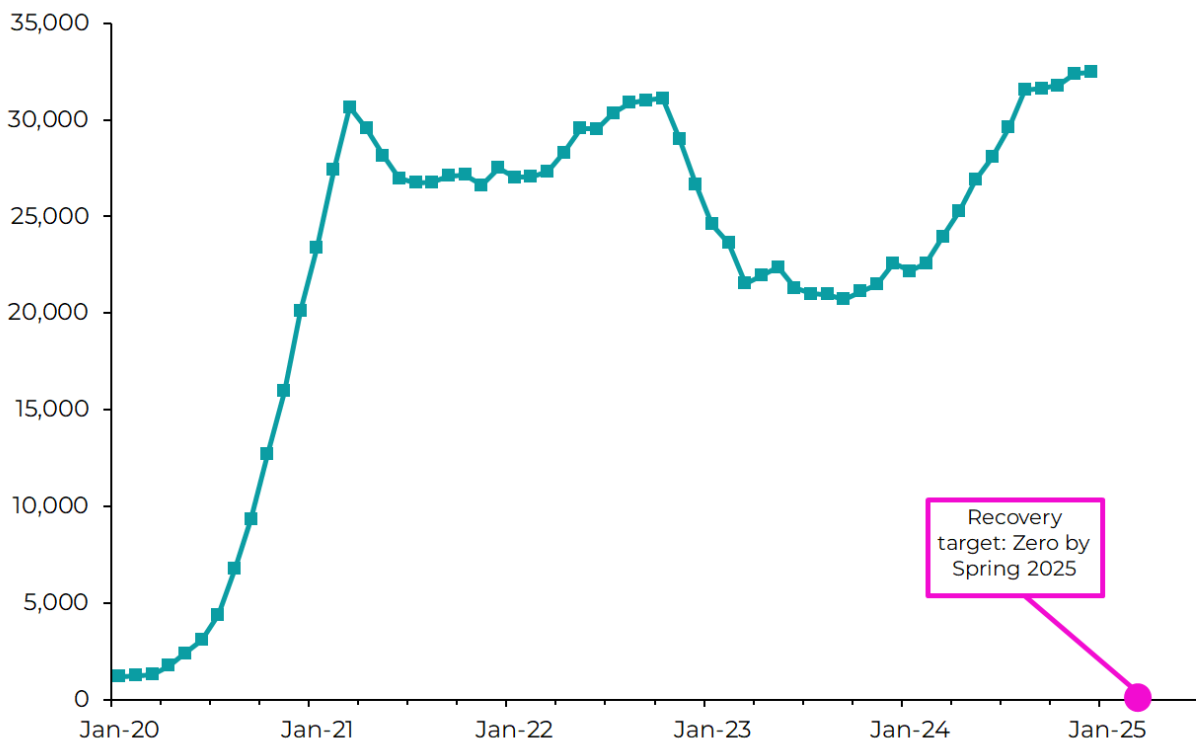
Recovery Target 3: One-year waiting targets

Recovery target 3: Eliminate the number of people waiting longer than one year to start treatment in most specialties by Spring 2025

The recovery plan for planned care set a target to eliminate the backlog of patients waiting more than **one year** to start treatment in ‘most’ specialties by **spring 2025**. However, with **174,500** patient pathways still waiting over a year as of December 2024, the trend is moving in the wrong direction – numbers are increasing rather than decreasing.

In recent months, the number of patient pathways waiting longer than one year has **begun to rise again**. Given the increase in waiting times, it is not possible to project when the target might realistically be achieved. The aim is for all health boards to meet this revised target by **spring 2025**.

Figure 4: Number of patient pathways waiting over 53 weeks to start treatment in most specialties (excluding the seven recognised as exceptionally challenging)



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

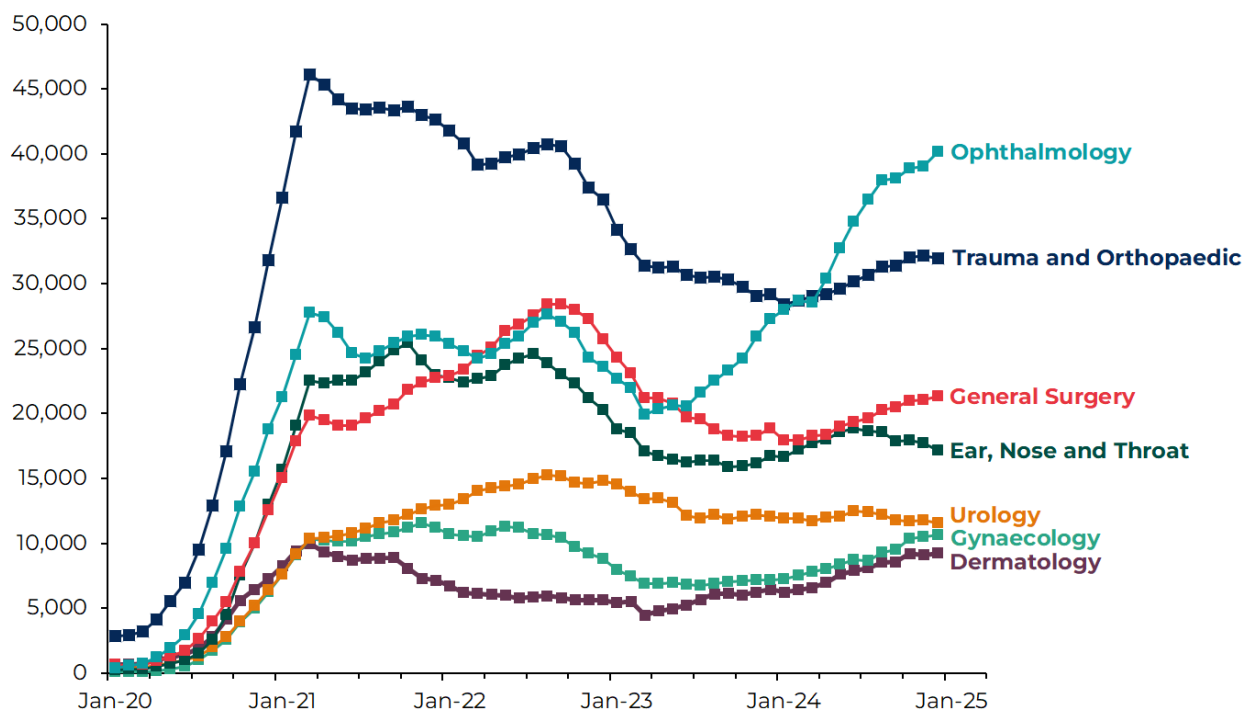
Local Health Board Performance

When adjusted for population, **Betsi Cadwaladr UHB** had the highest number of patient pathways waiting over a year, while **Swansea Bay UHB** had the fewest. *(It is important to note that Powys Teaching Health Board is excluded from this because of differences in the way services are provided in Powys compared with other Health Boards).*

Performance by speciality

As noted, there are **seven specialties** recognised as “exceptionally challenging” by the Welsh Government. In December 2024, 40,176 patient pathways were waiting over one year (53 weeks) for ophthalmology treatment and 31,983 for trauma and orthopaedic treatment. Ophthalmology treatment has more patient pathways waiting over one year (40,176) than the 32,467 pathways included in recovery target three that are not in the seven specialties recognised as exceptionally challenging.

Figure 5: Number of patient pathways waiting over 53 weeks to start treatment in the seven specialties recognised as exceptionally challenging



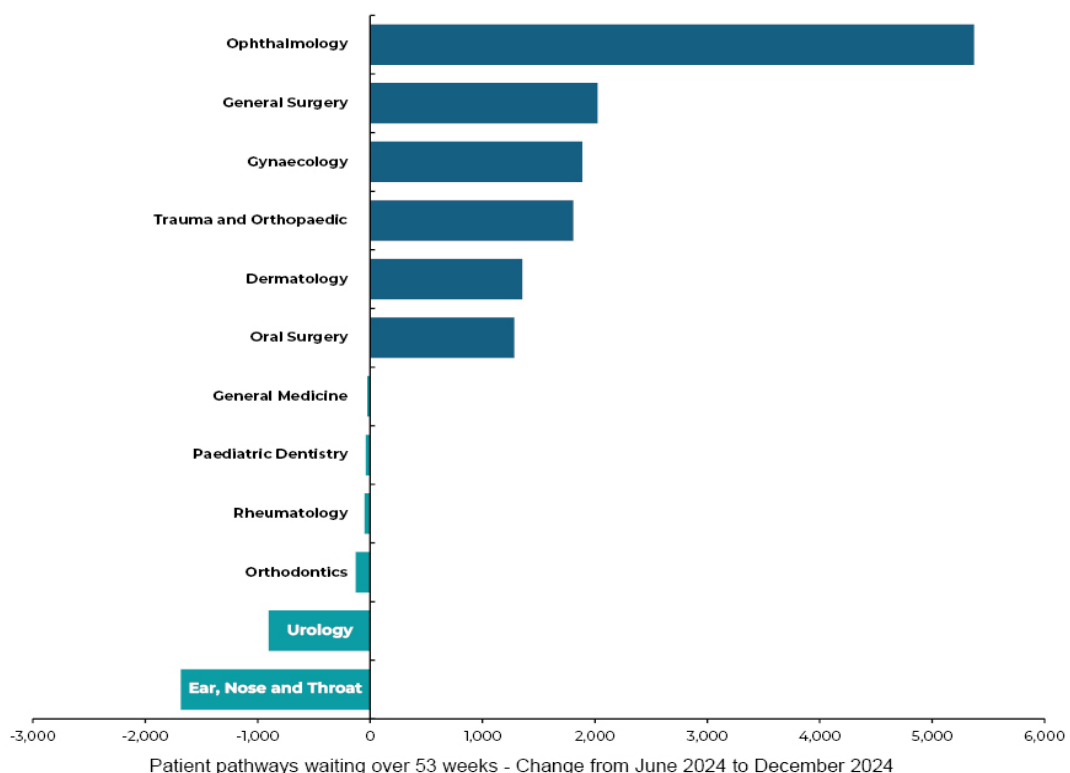
Source: StatsWales, Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway

The specific reasons for the challenges in Dermatology, General Surgery, Ophthalmology, Urology, Gynaecology, Orthopaedics and Ear, Nose and Throat (ENT) are not explicitly mentioned in the Welsh Government’s planned care recovery plan, but it is noted that these specialties had large numbers waiting prior to the Covid-19 pandemic.

Other specialities - excluding the seven “exceptionally challenging” referred to above, also had a higher than average percentage of their pathways waiting over a year to begin treatment in December 2024. These included clinical immunology and allergy (57% of its 2,596 pathways), orthodontics (30% of its 3,757 pathways), and oral surgery (23% of its 28,531 pathways).

Figure 6 below shows the six specialties with the biggest increases in the number of patient pathways over the last 6 months and the six with the biggest decreases. This covers most of the ‘exceptionally challenging’ specialties.

Figure 6: Six largest increases and six largest decreases in the number of patient pathways waiting over 53 weeks to start treatment, by specialty; six months from June 2024 to December 2024



Source: StatsWales, [Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway](#)

Ophthalmology

The Committee's previous monitoring report highlighted that ophthalmology, had the highest number of patient pathways. RNIB Cymru warned that delays could lead to permanent sight loss, stressing the urgency of action. In response, **the Committee will conduct a short inquiry this spring** to assess the Welsh Government's efforts, evaluate patient outcomes, and identify ongoing challenges in reducing waiting times.

Recovery target 4: Diagnostic testing and therapy interventions

Ambition 4: Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring (March) 2024

There is a **long term upward trend** in patient pathways waiting for diagnostic and therapy services. **All health boards** have patient pathways waiting more than the target time for diagnostics (8 weeks) and therapy services (14 weeks).

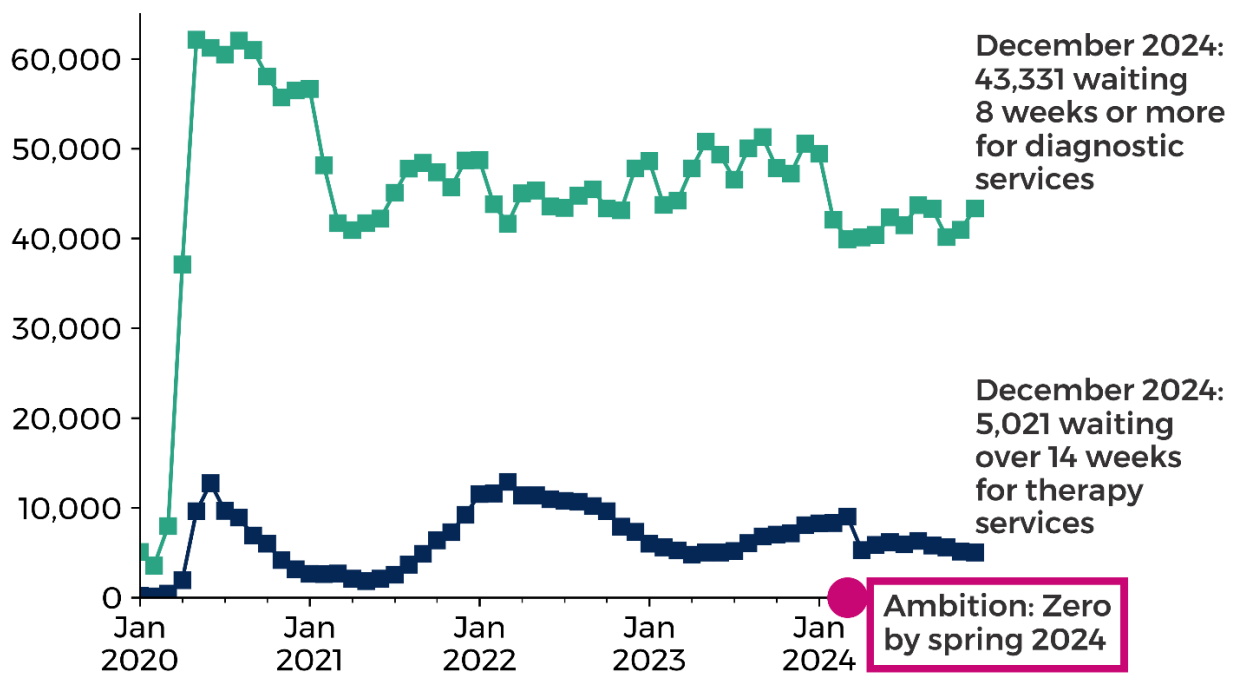
In December 2024, there was an increase in the number of patient pathways waiting for **diagnostics** to just under **113,400**. Diagnostic tests include blood tests, imaging studies, endoscopy, biopsy, and electrocardiogram etc. The number of patient pathways waiting longer than **8 weeks** (the target maximum wait) increased to just over **43,300**. This means the planned care recovery target to eliminate waits of more than 8 weeks by March 2024 was not met.

Cardiff and Vale UHB had the highest proportion of diagnostic waits longer than the target time of 8 weeks per 100,000 population at **60.9%** of patient pathways and Powys had the lowest at **13.4%**.

The number of patient pathways waiting for **therapies** was just over **53,200**. Therapy interventions include psychotherapy, radiation therapy, surgery and occupational therapy etc. The number waiting longer than **14 weeks** (the target maximum wait) was just over **5,000**. This means the planned care recovery target to eliminate waits of more than 14 weeks by March 2024 was not met.

For therapies, Hywel Dda UHB had the highest proportion waiting longer than the target of 14 weeks at **23.0%** of patient pathways, and Powys THB had the lowest with **only one pathway** waiting over 14 weeks.

Figure 7: Number of patient pathways waiting 8 weeks or more for diagnostic services and over 14 weeks for therapy services



Source: StatsWales, [Diagnostic and therapy services waiting times by month](#)

Changes to data reporting

Weight management pathways

In November 2024, the Welsh Government made changes to how data for weight management pathways and audiology is collected. The Committee wrote to the Cabinet Secretary for Health to ask about the steps being taken to address inconsistencies in how weight management pathways are recorded by health boards and when these inconsistencies will be resolved.

The Cabinet Secretary said that Public Health Wales (PHW) is working to improve consistency and equity, which includes a review of the pathway. PHW is also collaborating with weight management teams across Wales to develop a standardised assessment tool and a minimum dataset for consistent data collection. These changes suggest that progress is being made. However, the response didn't provide a precise timeline for when inconsistencies will be fully addressed. It did not clarify how these changes will directly benefit patients.

A spotlight on Audiology

The Welsh Government also said it was removing audiology from the waiting times data. Audiology deals with diagnosing and managing hearing and balance disorders, which are often interconnected with ENT conditions. Effective audiology services can identify hearing issues early, preventing them from worsening and reducing the need for more complex ENT interventions.

The **Committee asked the Cabinet Secretary** why audiology was removed from the dataset. **He explained** that before June 2024, audiology waiting times were reported together with therapy waiting times, making it hard to distinguish audiology-specific data. He said separating audiology data will improve transparency and allow for more targeted improvements. The Cabinet Secretary explained that by separating audiology data from the general therapy dataset and implementing **new standards**, the Welsh Government aims to:

- **Increase Transparency:** Provide a clearer picture of audiology service performance, making it easier to identify and address issues.
- **Improve Access:** Ensure that all audiology pathways are reported, giving a more accurate view of service demand and capacity.
- **Enhance Service Quality:** Focus on specific audiology standards to improve patient care and outcomes.
- **Reduce ENT Referrals:** Offer alternative treatments through audiology, reducing the need for ENT referrals and surgeries.

Like many other specialities, ENT services have experienced significant delays, with many patients waiting longer than the target times for treatment. The median waiting time for ENT services is 30.8 weeks, the second highest of all treatment functions after Clinical Immunology and Allergy with a median waiting time of 41.2 weeks .

The new dataset will be **reported from April 2025**. It has been supported by health boards who argue that the shift in focus should help to equalise wait times across adult services. Cwm Taf Morgannwg UHB has said that prioritising the 14-week target for new adult hearing aid users led to unequal wait times for other services. From April 2025, **all adult and paediatric wait times will be reported on**.

The Committee gathered information from the health boards to provide a picture of audiology services across Wales. The summarised responses are provided in Annex A.

Recovery target 5: Cancer waiting times

Ambition 5: Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026

Cancer waiting times in Wales remain a significant concern, with persistent challenges in meeting national targets for timely diagnosis and treatment.

In 2019, Wales became the first UK nation to implement the Single Cancer Pathway (SCP), which aims for all patients to begin treatment within 62 days from the first suspicion of cancer. The SCP requires that patients with suspected cancer be assessed by a specialist or undergo diagnostic tests within **two weeks**. If diagnosed, treatment should begin as soon as possible, ensuring the **62-day target** is met.

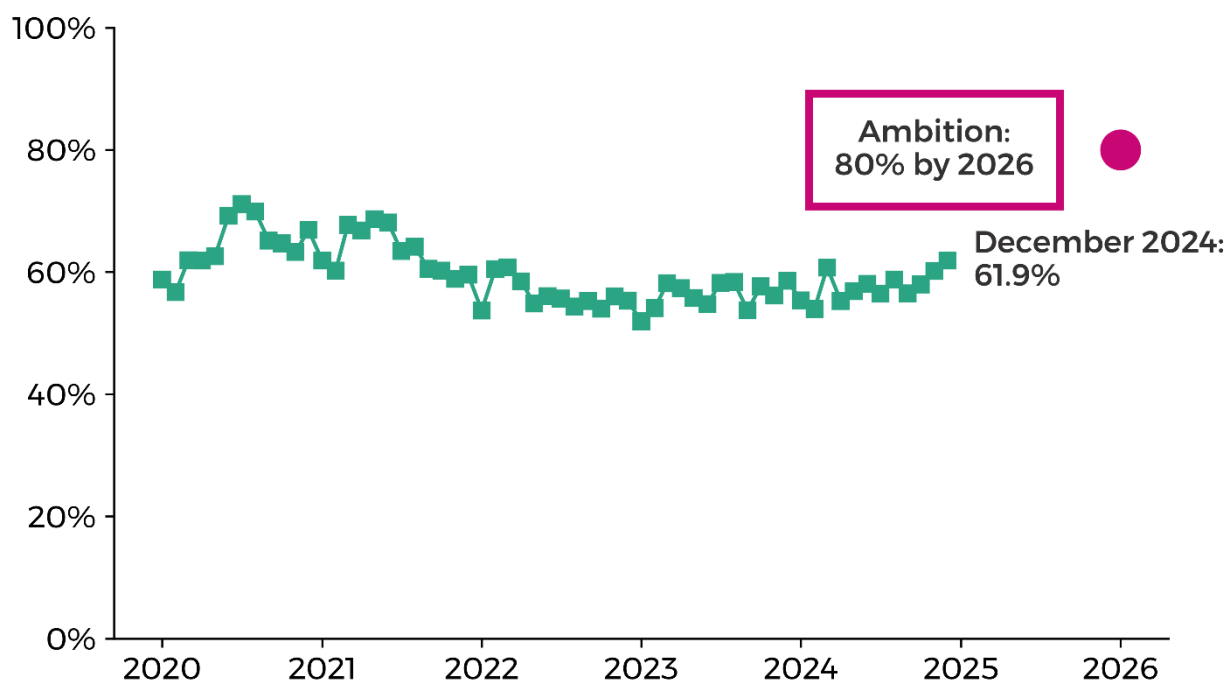
The Audit Wales report on Cancer Services in Wales (January 2025), highlights that no health board in Wales has met the national target that 75% of cancer patients should start their first definitive treatment within 62 days of first suspicion of cancer since August 2020. It says that demand for cancer diagnosis and treatment is growing faster than the NHS's ability to meet it, leading to longer waiting lists for diagnosis and treatment.

The report also points to long waits for some cancer types. Waiting times for certain cancer types, such as gynaecological, lower gastrointestinal, and urological cancers, are particularly long, with some patients waiting over 100 days for treatment.

It also warns that a significant minority of patients are being diagnosed at a late stage, which negatively impacts their likelihood of survival. In 2021, 24% of cancer patients were diagnosed at stage 4.

In December 2024, compliance stood at **61.9%**, well below the current 75% target and 80% goal set for 2026. As shown in Figure 8 below, performance against the SCP target has fluctuated between 50 and 60% in recent years.

Figure 8: Percentage of people who received a cancer diagnosis and started their first definitive treatment within 62 days from the first point cancer was suspected



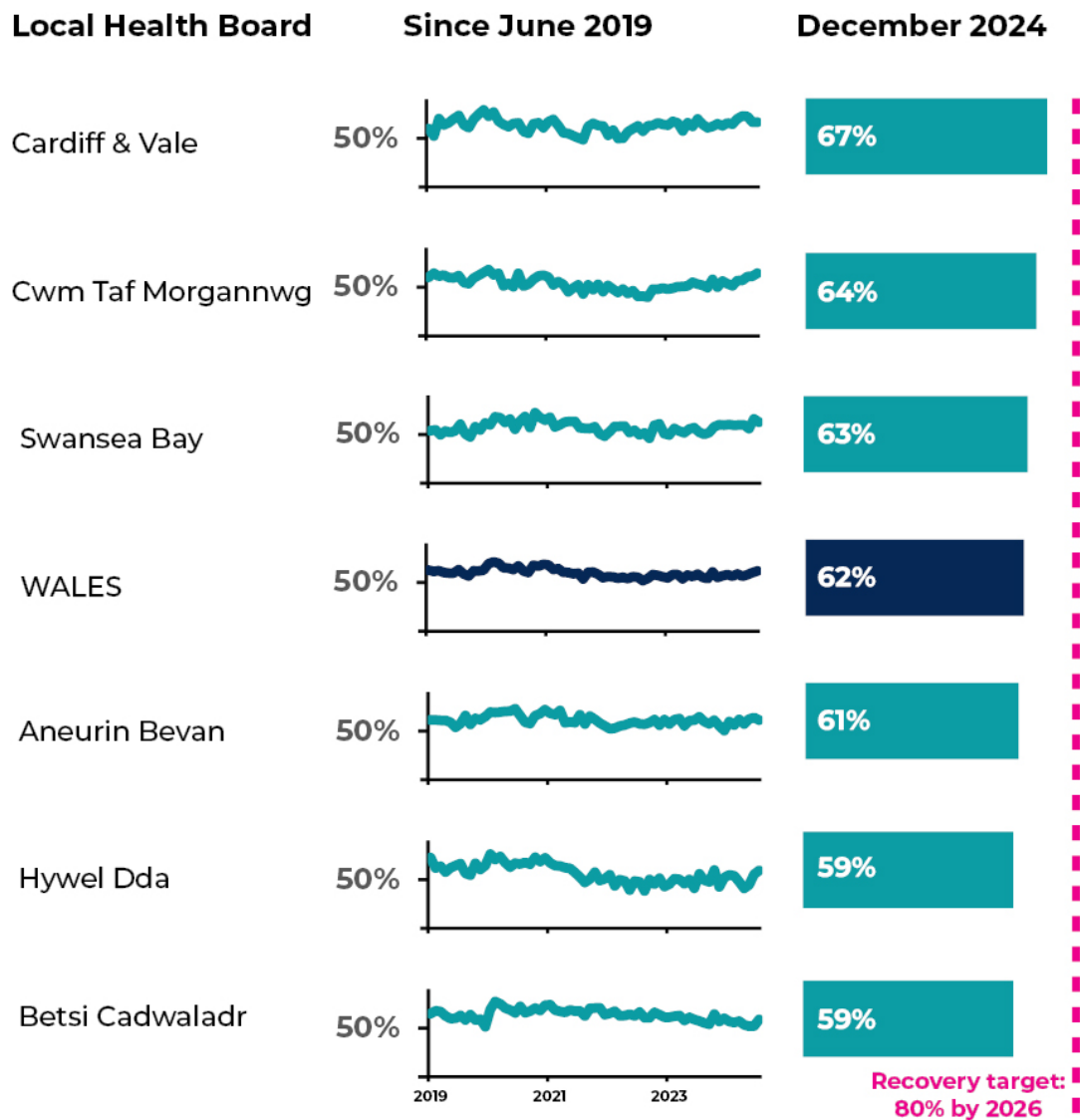
Source: StatsWales, Suspected cancer pathway (closed pathways): The number of pathways where the patient started their first definitive treatment and those informed they do not have cancer by local health board, tumour site, age group, sex, measure and month

Local Health Board Performance

Performance against the SCP target varies significantly by health board. Adjusted by population, the highest proportion of patient pathways starting treatment within 62 days from the point of suspicion was in **Cardiff and Vale UHB** (66.7%) and the lowest was in **Betsi Cadwaladr UHB** (58.9%). (Powys Teaching Health Board is excluded due to differences in service provision.)

Figure 9 below, shows the same data broken by health board. Of the six local health boards that provide cancer treatment, none have made substantial progress towards the 80% target in the last two years.

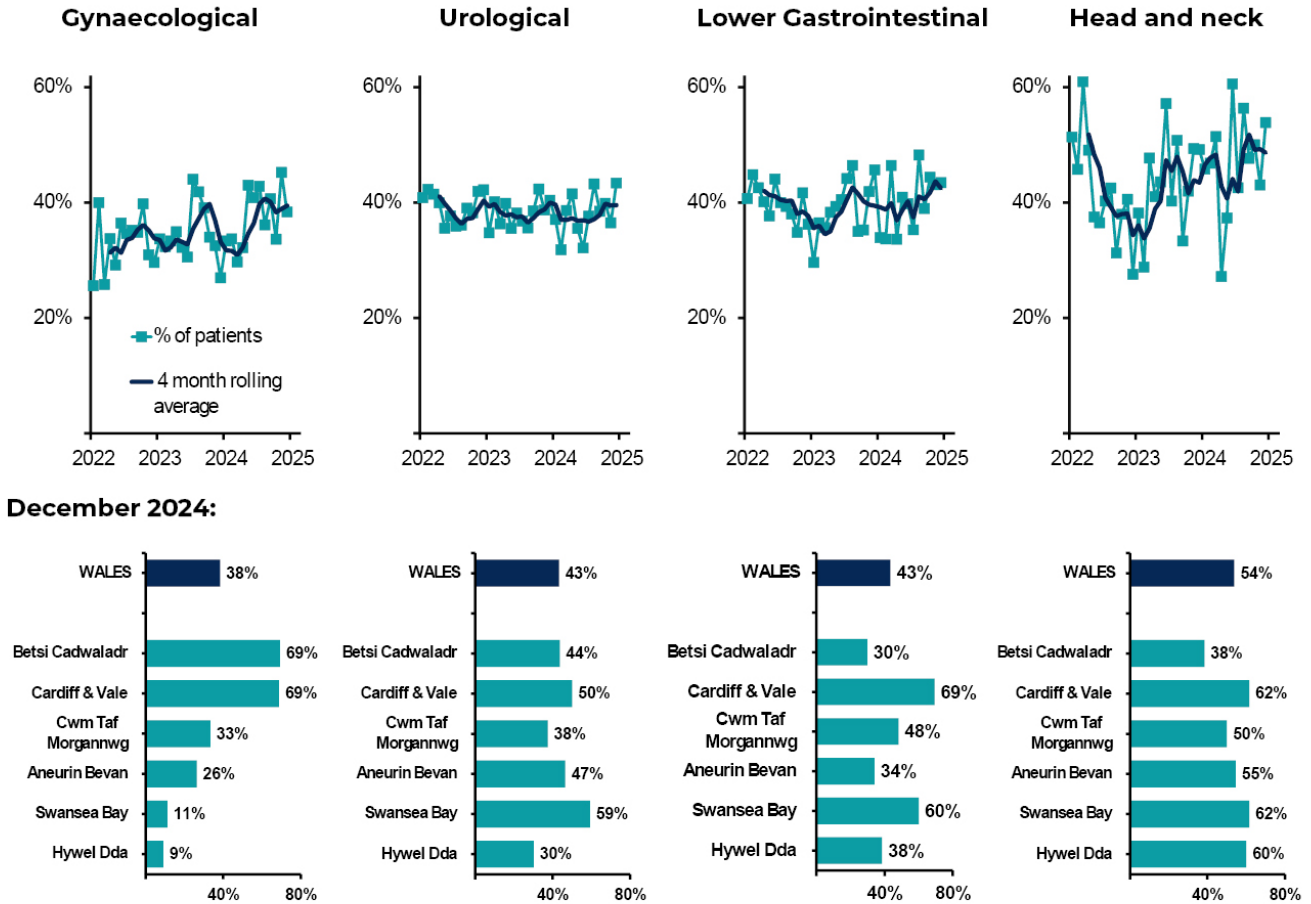
Figure 9: Percentage of people who received a cancer diagnosis and started their first definitive treatment within 62 days from the first point cancer was suspected, by Local Health Board



Source: StatsWales, Suspected cancer pathway (closed pathways): The number of pathways where the patient started their first definitive treatment and those informed they do not have cancer by local health board, tumour site, age group, sex, measure and month

Cancer waiting times also vary by certain cancer types. In December 2024, lowest compliance was for gynaecological cancers (38%); urological (43%) and lower gastrointestinal cancers (43%). Better performance can be found in children’s cancer, brain/ central nervous system cancer, skin cancer, haematological cancer, breast cancer and acute leukaemia.

Figure 10: Percentage of people who started their first definitive treatment within 62 days from the point cancer was first suspected, by Local Health Board for selected tumour sites



The Audit Wales report criticises the failure to meet the 75% SCP target, despite increased investment. It notes:

- the need for **stronger national oversight** and leadership;
- **clearer strategic direction** on the role of the NHS Wales Cancer Improvement Plan; and
- **greater investment in prevention strategies** to reduce cancer incidence over the long term.

The Senedd’s Public Accounts and Administration Committee will be holding an evidence session with the Wales Cancer Alliance to discuss the findings of the Audit Wales report on 26 March 2025.

A spotlight on Gynaecological cancer

On 10 December 2024, the Cabinet Secretary Jeremy Miles MS **issued a written statement** on improving gynaecological cancer services. The Committee **published its report** into gynaecological cancer in December 2023. The report made 26 recommendations reflecting significant concerns identified in gynaecological cancer care, and highlighting the urgent need for improvements.

The current performance by health boards against the 62-day target for gynaecological cancers is 38%, well below the standard of care set out by the Welsh Government in its **Quality Statement for Cancer** and the 75% cancer target.

Figure 10 (above) shows that Betsi Cadwaladr has achieved 69.2% compliance with the pathway target in the most recent performance figures and Cardiff and Vale UHB achieved 68.8%– but as the Cabinet Secretary has **acknowledged**, “there is still a very long way to go to [ensure] all women, all over Wales, can be assured of a similar standard of service”.

Despite efforts to reduce waiting times for gynaecological cancer treatments, such as introducing national optimal pathways and a cancer waiting time recovery programme, performance remains poor and is still among the lowest for all cancer types.

Tenovus Cancer Care and Claire’s Campaign have urged the Committee **to review the implementation of the Committee’s report recommendations** before the current Senedd term ends in 2026, noting that the implementation has been “sporadic.”

Annex A Audiology waiting lists

Audiology services in Wales encompass a range of healthcare services focused on diagnosing, managing, and treating hearing and balance disorders. Audiology services typically include hearing tests to determine the type and degree of hearing loss, screening programmes such as routine checks for newborns, hearing aid services, and vestibular testing to diagnose balance disorders and dizziness. Audiology services can also include support services for tinnitus management, and cochlear implants, as well as paediatric audiology.

Health Board response

The Committee wrote to Health Boards to better understand the current state of audiology services across Wales. The summary below highlights the specific challenges and progress of each health board.

In September 2024, common issues included waiting times and integration challenges with ENT services. Some health boards had reduced backlogs and were meeting targets, while others still faced significant delays and required additional funding and support.

- **Aneurin Bevan University Health Board (ABUHB)** explained that the Covid-19 pandemic significantly impacted audiology waiting lists, which have yet to recover. This situation worsened due to pathway redesigns that redirected patients from ENT to audiology, specifically the transfer of unilateral tinnitus and vestibular patients from ENT to audiology, resulting in a 3-year backlog.
- **Cardiff and Vale University Health Board (C&VUHB)** said it had reduced the Covid-related backlog in access time for the adult hearing loss pathway. C&VUHB reported they were meeting the 14-week target for hearing assessments and fittings, but other pathways were delayed. Service integration with ENT was lacking.
- **Betsi Cadwaladr University Health Board (BCUHB)** said it had greatly reduced the Covid-related backlog in access times, specifically for adult hearing aid fittings. BCUHB reported that their access times were now approaching pre-Covid levels and anticipated complying with the 14-week target soon. The health board said it needed more support for paediatric audiology waits.

- **Swansea Bay University Health Board (SBUHB)** said there were no audiology patients waiting beyond the maximum target. They said this had been achieved through collaboration with ENT and Primary Care Audiology services. They were working on managing other audiology pathway waits.
- **Powys Teaching Health Board (PTHB)** said they offered an efficient integrated model but had faced recruitment challenges. The health board reported that the adult hearing loss pathway and paediatric service were on target, but there were long wait times for other audiology pathways.
- **Hywel Dda University Health Board (H DUHB)** said the backlog of patients was affecting the health board's compliance with All-Wales Audiology Quality Standards.
- **Cwm Taf Morgannwg University Health Board (CTMUHB)** emphasised the range of audiology services it provided, stating that it had taken on activity that was previously delivered by ENT (e.g., management of glue ear in children). CTMUHB stated that this additional work from ENT was unfunded. They also noted that they are seeing significant numbers of out of area patients without extra funding. The health board raised specific concerns about paediatric audiology, and highlighted they have struggled to see hearing-impaired children in a timely manner. The health board identified demand on audiology-led wax removal services a bottleneck, leading to delays in audiology care.

In summary, the key issues in audiology services across health boards include:

- the need for **better integration into Primary Care** in order to reduce ENT referrals and offer faster treatment for ear-related problems;
- **improved infrastructure**, addressing estate and accessibility challenges; and
- the need for **funding for staff and digital solutions and equipment** to meet demand.

Annex B Paediatric waiting times

The Royal College of Paediatrics and Child Health (RCPCH) published its report "Worried and Waiting: A Review of Paediatric Waiting Times in Wales" in February 2024. The report looked at data from 2016-2023 and found that the overall number of paediatric pathways waiting for NHS treatment increased in Wales by **62.3%** from 7,096 pathways to 11,514 (from November 2016 to November 2023). This rise was greater than in trauma and orthopaedics (52.6%), ENT (57.4%), and rheumatology (6.7%).

The latest figures show that paediatric waiting times have deteriorated further since the publication of the RCPCH's report, with over 56,000 babies, children and young people waiting for treatment, of these 8,635 have been waiting for more than 53 weeks for treatment and 1,181 waiting more than two years. The Cabinet Secretary has suggested that significant waits are largely focused in specialities such as orthodontics and dermatology. The Welsh Government has also highlighted that the number of children waiting more than two years for treatment has fallen. The data shows:

- The number of babies, children and young people waiting one year for treatment rose by 22%.
- The number of babies, children and young people waiting over a year for their first outpatient appointment rose by 32%.
- There was a 4% decrease in the number of babies, children and young people waiting over two years for treatment.
- The babies, children and young people of children presenting to A&E in January 2025 was 19,231 (aged 0-17).

In September 2024, the Cabinet Secretary provided the Committee with an update on paediatric waiting times. He told the Committee that the NHS Executive has established the **National Strategic Clinical Network for Child Health**, which he expects to be fully established **by April 2025**. The National Clinical lead and the Network manager have both been appointed. The network will be working with Welsh Government to develop a **Quality Statement for Children's Health**, which will incorporate findings and recommendations from the RCPCH report. However, no timescale for the publication of this was provided.

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