This is the first in a series of monthly reports summarising data on activity and performance in the Welsh NHS. It includes the latest available monthly information plus a summary of long term trends. The background to this new publication can be found in the Chief Statistician’s update for March 2017.

Data relating to ambulance response times, time spent in accident and emergency units (A&E) and delayed transfers of care are provided for the month of March 2017.

Data relating to referral to treatment times, cancer waiting times, diagnostic and therapy waiting times and outpatient referrals are provided for the month of February 2017.

Summary

The number of emergency ambulance calls has been rising steadily for many years with clear peaks in the winter months. December 2016 saw the highest number of calls received. A&E attendances, in contrast, are generally higher in the summer months, with a slowly increasing trend over the last few years.

The number of referrals for a first outpatient appointment has increased slightly in recent years. In terms of scheduled care, the number of patient pathways closed per month varies throughout the year with the numbers tending to be lower in December whilst there are increasing numbers of referrals confirmed as urgent suspected cancer.

Referral to treatment times (RTT), diagnostic waiting times, urgent cancer waits and waiting times for Children and Adolescent Mental Health Services (CAMHS) have all showed improvement over the shorter term. The number of people waiting over 8 weeks for a diagnostic test was its lowest since June 2011. However, the targets for scheduled and unscheduled care continue to be missed.

The ambulance target was met for March 2017 and has been since its introduction under the new clinical model in October 2015.

Median waiting times were broadly unchanged from the previous month across all services. The number of delayed transfers of care remains close to record lows, although it is up a little over the month.
Key points

Demand and activity

Unscheduled care (Mar 17)

- In March 2017 there were 38,358 emergency calls to the ambulance service, an average of 1,237 per day, 1.4 per cent down on the daily average for February 2017.

- The number of emergency calls received by the Welsh Ambulance Services NHS Trust (WAST) has been rising steadily for many years. Since we started collecting monthly data in April 2006, average daily calls have risen from under 1,000 a day to between 1,200 and 1,300 a day.

- The average number of A&E attendances per day was 2,785. This is 7.2 per cent higher than February 2017 (187 more attendances per day on average), but 1.3 per cent lower than March 2016 (37 fewer attendances per day on average).

- The number of A&E attendances in 2016-17 was similar to the previous year, but was up 2.7 per cent from 2012-13.

Scheduled care (Feb 17)

- There was an average of 4,017 outpatient referrals per working day. This is a decrease of 2.0 per cent compared with February 2016 but an increase of 0.5 per cent compared to last month. Note that there continue to be data quality issues with Betsi Cadwaladr University Health Board, so their data remains excluded.

- The number of patient pathways closed per working day during February 2017 was 4,349, a decrease of 1.9 per cent from January 2017. The number of closed pathways per working day varies throughout the year, with numbers tending to be lower in August and December. There were 1,060,184 closed pathways over the last 12 months, an increase of 2.7 per cent (27,614 pathways) compared the previous 12 months.

- Over the last 12 months, 7,409 patients newly diagnosed with cancer via the urgent suspected cancer route started treatment, an increase of 43.6 per cent (2,249 patients) from the corresponding period 5 years ago and an increase of 8.8 per cent over the previous year.

- Over the last 12 months, 9,584 patients newly diagnosed with cancer not via the urgent suspected cancer route started treatment, a decrease of 2.6 per cent (259 patients) from the corresponding period 5 years ago and similar to the previous year.
Performance

Unscheduled care (Mar 17)

- In March 2017, 77.9 per cent of emergency responses to immediately life threatening calls ('red' calls which are around 5 per cent of all emergency calls) arrived within 8 minutes, above the target of 65 per cent, and up from 74.6 per cent in February 2017.
- 80.9 per cent of patients spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is same as February 2017 and higher than March 2016, but still continues to be lower than the target of 95 per cent.
- 3,206 patients spent 12 hours or more in an emergency care facility, from arrival until admission, transfer or discharge. This is an increase of 234 patients compared to February 2017 but a decrease of 1,187 patients compared to March 2016.

Scheduled care (Feb 17)

- By the end of February, a total of 430,641 patient pathways were waiting for the start of their treatment. Of these, 87.0 per cent had been waiting less than 26 weeks, lower than the target of 95 per cent, and 19,395 (4.5 per cent) had been waiting more than 36 weeks from the date the referral letter was received in the hospital. The number waiting over 36 weeks fell by around 2,000 over the month, with the percentage waiting less than 26 week improving by 1.3 percentage points.
- RTT performance against both targets has been fairly stable since early 2016, with the percentage starting treatment within 26 weeks fluctuating between 85 and 87 per cent.
- The number of people waiting more than 8 weeks for specified diagnostic services fell over the month from 9,414 in January 2017, to 6,625 in February 2017. The long term trend has been a decrease since January 2014, with February having the lowest number of people waiting more than 8 weeks since June 2011.
- The number of people waiting more than 14 weeks for specified therapy services fell over the month from 2,537 in January 2017 to 2,445 in February 2017. The long term trend has been fairly static since the end of 2012, fluctuating between around 2,000 and 3,000 a month.
- 86.8 per cent of patients (512 out of 590) newly diagnosed with cancer via the Urgent Suspected Cancer route started definitive treatment within the target time of 62 days in the month of February 2017. This is below the target of 95 per cent and down 0.2 percentage points from January 2017. The trend has been improving over the last six months, and stable over the last two years.
- 97.0 per cent of patients (656 out of 676) who were newly diagnosed with cancer not via the Urgent route started definitive treatment within the target time of 31 days in the month of February 2017. This is lower than the target of 98 per cent but up 0.2 percentage points from January 2017. The trend has been broadly stable over the last two years.
- The number of patient pathways waiting over 4 weeks for a first outpatient appointment for Child and Adolescent Mental Health Services has been fairly stable in recent months following a decline between August 2015 and November 2016. It should be noted that whilst
the data suggests that there were around 1,600 pathways waiting over 4 weeks at the end of February, these figures are known to be incorrect and overstated. Figures for Cwm Taf (which include ABMU and Cardiff and Vale) currently include referrals from non CAMHS pathways that should not be included and overstate the numbers waiting, for example, Cwm Taf accounts for almost 90 per cent of those waiting over 4 weeks.

Contextual information

Charts presented in the online tool provide additional activity information to complement the NHS performance information shown above. Some examples are provided below.

Some charts include median and mean times. For example, in relation to ambulance response times:

The **median** response time is the middle time when all emergency responses are ordered from fastest to slowest, so half of all emergency responses arrive within this time. It is commonly used in preference to the mean as it is less susceptible to extreme values than the mean.

The **mean** response time is the total time taken for all emergency responses divided by the number of emergency responses. The mean is more likely to be affected by those ambulances which take longer to arrive at the scene.

**Unscheduled care**

- Although the 4 hour A&E target has been missed since the target was introduced, the median time which patients spend in A&E has remained fairly steady in recent years at just over 2 hours. The median time spent in A&E does vary by age. Previously published statistics show that children spend on average just over an hour and a half and a half in A&E whilst older patients (85 plus) spent on average around three and a half hours in A&E. For more information please see the [statistical release].

- The median response time to red calls to the ambulance service has been less than 5 minutes since August 2016. Around 50 per cent of amber calls were responded to in around 14 minutes.

- While the actual number of delayed transfers of care fluctuates each month, the numbers have come down since 2004 and again since the end of 2016. The number of patients delayed in March 2017 was 396, up from 391 in February 2017 and has been fairly static in 2017 with numbers remaining around the lowest recorded.

**Scheduled care**

- Although referral-to-treatment targets have been missed, the median wait for those waiting to start treatment was less than 10 weeks in February 2017, slightly lower than in previous months and has been around 10 weeks since late 2013.

- Median waiting time for those waiting for diagnostic services have generally fallen since 2014 whereas median waiting times for those waiting for therapy services has generally increased.
Key quality information

Notes for this month’s publication

Outpatient referrals: Betsi Cadwaladr Health Board have been unable to submit data for part of the health board, due to moving to the national Welsh Patient Administration System (WPAS). Therefore, data for Betsi Cadwaladr has not been published since October 2016, and has been excluded from the following comparisons. NHS Wales Informatics Service (NWIS) are working with the health board to resolve the issue. Powys Teaching have resubmitted data for Child and Adolescent Psychiatry for the latest financial year, as these referrals have been incorrectly excluded in the past. The health board will resubmit the data prior to April 2016 to include these referrals with the next update.

RTT: Prior to February 2017, rheumatology data for Betsi Cadwaladr has been over reported due to the fact that they erroneously included DEXA scans in the data they submitted. From February 2017 onwards the data submitted by the health board is correct. The health board is currently investigating whether it will be possible to resubmit their historic data excluding DEXA scans, as these are not reportable under RTT.

Betsi Cadwaladr have resubmitted data for paediatric surgery in November 2016, December 2016 and January 2017. Powys Teaching have resubmitted cardiology data for January 2017

DATS: October, November and December 2010 and January 2011 figures for Radiology (Consultant referral) and Radiology (GP referral) at Betsi Cadwaladr Health Board have been resubmitted since the last update.

Figures for January 2017 for Audiology (Adult Hearing Aids) at Hywel Dda Health Board have been resubmitted since the last update.

CAMHS: The numbers waiting for CAMHS at Cwm Taf which are provider based (and include ABMU and Cardiff and Vale figures) include non-CAMHS pathways which should not be included, therefore the current figures overstate the numbers waiting. We are working with the health board to correct this data.

Sources

Ambulance response data is provided by the Welsh Ambulance Service NHS Trust (WAST). Cancer waiting times data is provided from local health boards directly to the Welsh Government. All other data summarised here is collected from Local Health Boards by the NHS Wales NHS informatics Service (NWIS). Full details are provided in the Quality Reports for each service area (see links below).

Timeliness

Not all datasets have the same processing timelines. To make the data available as soon as we can, we publish the unscheduled care data for, say, February alongside the planned care data for January.
Data
Online tool - an interactive online tool has been developed with three sections:

- Demand/Activity – eg. A&E attendances, ambulance calls, referrals
- Performance – eg. performance against A&E targets, RTT etc
- Context – eg, median time in A&E, median ambulance response times, median RTT waits

Further detailed datasets can be found, downloaded or accessed through our open data API from StatsWales.

Performance measures
The NHS Outcomes Framework 2016-17, released in WHC (2016) 23, is used to measure delivery throughout 2016-17.

Ambulance response times
Notes: As announced in a statement by the Deputy Minister for Health, a new clinical response model was implemented in Wales from 1 October 2015. The trial, initially scheduled for 12 months, was extended for a further 6 months, but, following receipt of the independent evaluation report commissioned by the Emergency Ambulance Services Committee (EASC), the clinical response model was implemented (February 2017). See the Quality report for more details.

Call categories and targets:

Red: Immediately life-threatening (someone is in imminent danger of death, such as a cardiac arrest). There is an all-Wales target for 65% of these calls to have a response within 8 minutes.

Amber: Serious, but not immediately life-threatening (patients who will often need treatment to be delivered on the scene, and may then need to be taken to hospital). There is no time-based target for amber calls.

Green: Non urgent (can often be managed by other health services and clinical telephone assessment). There is no official time based target for these calls.

Revisions: Any revisions to the data will be noted in the ‘Notes for this month’s publication’ and in the information accompanying the StatsWales cubes each month.

Comparability and coherence: Other UK countries also measure ambulance response times. However the outputs differ in different countries because they are designed to help monitor policies that have been developed separately by each government. Further investigation would be needed to establish whether the definitional differences have a significant impact on the comparability of the data.

Ambulance services: StatsWales
Ambulance services: Quality report
Time spent in A&E departments

Notes: This data has been provided by NHS Wales Informatics Service from the Emergency Department Data Set (EDDS). This is a rich source of patient level data on attendances at emergency care facilities in Wales that tends mainly to be used for the performance targets.

Targets: Time spent in A&E departments:

- 95 per cent of new patients should spend less than 4 hours in A&E departments from arrival until admission, transfer or discharge
- Eradication of 12 hour or more waits within A&E departments

Revisions: The data in this release uses the same data set as the monthly data published by NHS Wales Informatics Service (NWIS). Some figures are likely to be revised in future months – this will be done on StatsWales and by NWIS via their monthly update (NWIS monthly A&E publication).

Comparability and coherence: Figures produced for Wales, Scotland and Northern Ireland are National Statistics. All four UK countries publish information on the time spent in Accident and Emergency (A&E), though this can be labelled under Emergency Department (as in Scotland) or Emergency Care (as in Northern Ireland). The published statistics are not exactly comparable because: they were designed to monitor targets which have developed separately within each country; the provision and classification of unscheduled care services varies across the UK; the systems which collect the data are different. See the Quality report for more details.

Time spent in A&E: StatsWales

Time spent in A&E: Quality report

Referral to treatment times

Notes: A referral to treatment pathway covers the time waited from referral to hospital for treatment and includes time spent waiting for any hospital appointments, tests, scans or other procedures that may be needed before being treated. Definitions of terms used and quality information are in the Quality report.

Targets: Referral to treatment times:

- 95 per cent of patients waiting less than 26 weeks from referral to treatment
- No patients waiting more than 36 weeks for treatment

Revisions: Any revisions to the data will be noted in the ‘Notes for this month’s publication’ and in the information accompanying the StatsWales cubes each month.

Comparability and coherence: England, Scotland and Wales publish referral to treatment waiting times – which measures the complete patient pathway from initial referral e.g. by a GP, to agreed treatment or discharge - in addition to certain stages of treatment waiting times. Northern Ireland publish waiting times statistics for the inpatient, outpatient and diagnostics stages of treatment – which measures waiting times for the different stages of the patient pathway, typically specific waits for outpatient, diagnostic or inpatient treatment, or for specific services such as audiology.
In relation to referral to treatment waiting times, whilst there are similar concepts in England, Wales and Scotland in terms of measuring waiting times from the receipt of referral by the hospital to the start of treatment, and, the types of patient pathways included, there are distinct differences in the individual rules around measuring waiting times. This is particularly important regarding ‘when the clock stops or pauses’, exemptions, and the specialities covered.

Referral to treatment: StatsWales

Referral to treatment: Quality report

Diagnostic and Therapy waiting times (DATS)

Targets: Waiting times for access to diagnostic and therapy services (operational standards for maximum waiting times):

The maximum wait for access to specified diagnostic tests is 8 weeks for specified therapy services is 14 weeks.

Revisions: Any revisions to the data will be noted in the ‘Notes for this month’s publication’ and in the information accompanying the StatsWales cubes each month.

Comparability and coherence: See Referral to Treatment

Diagnostic and Therapy waiting times: StatsWales

Diagnostic and Therapy waiting times: Quality report

Cancer waiting times

Notes: Patients with cancer are split into two distinct groups (in line with cancer standards):

Those referred via the urgent suspected cancer route

- This group includes patients referred from primary care (e.g. by a GP) to a hospital as urgent with suspected cancer, which is then confirmed as urgent by the consultant or a designated member of the Multi Disciplinary Team.

Those not referred via the urgent suspected cancer route

- This group includes patients with cancer (regardless of their referral route), not already included as an urgent suspected cancer referral.

Targets: Cancer waiting times:

- At least 95 per cent of patients diagnosed with cancer, via the urgent suspected cancer route will start definitive treatment within 62 days of receipt of referral.

- At least 98 per cent of patients newly diagnosed with cancer, not via the urgent route will start definitive treatment within 31 days of the decision to treat (regardless of the referral route).

Revisions: Any revisions to the data will be noted in the ‘Notes for this month’s publication’ and in the information accompanying the StatsWales datasets each month.
Comparability and coherence: Other UK countries also measure cancer waiting times. However, the outputs differ in different countries because they are designed to help monitor policies that have been developed separately by each government. Further investigation would be needed to establish whether the definitional differences have a significant impact on the comparability of the data.

Cancer waiting times: StatsWales
Cancer waiting times: Quality report

Delayed Transfers of Care (DTOC)

Revisions: Any revisions to the data will be noted in the 'Notes for this month’s publication' and in the information accompanying the StatsWales cubes each month.

Comparability and coherence: Similar statistics are collected in England and Scotland, but the details may differ and the detailed guidance available from each country’s website should be consulted before using these statistics as comparative measures.

Delayed transfers of care: StatsWales
Delayed transfers of care: Quality report

Outpatient referrals

Targets: none

Revisions: From December 2015 our revisions policy is to revise back every 12 months on a monthly basis, and perform a full revision of referral figures back to April 2012 at the end of every financial year (when data for March in any given year is the latest available data to us).

Comparability and coherence: There is similar information available from other parts of the UK but the data is not exactly comparable due to local definitions and standards in each area. Agreed standards and definitions within Wales provide assurance that the data is consistent across as Local Health Boards.

Outpatient referrals: StatsWales
Outpatient referrals: Quality report

Comparability

All four UK countries publish information on a range of NHS performance and activity statistics. The published statistics are not exactly comparable because: they were designed to monitor targets which have developed separately within each country; the provision and classification of unscheduled care services varies across the UK. Statisticians in all four home nations have collaborated as part of the ‘UK Comparative Waiting Times Group’. The aim of the group was to look across published health statistics, in particular waiting times, and compile a comparison of (i) what is measured in each country, (ii) how the statistics are similar and (iii) where they have key differences. That information is available on the Government Statistical Service website. Information on ambulances can be found at:
Ambulance services in England
Ambulance services in Scotland
Ambulance services in Northern Ireland

National Statistics status
The United Kingdom Statistics Authority has designated six of the seven sets of statistics presented here as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. NHS Referrals for first Outpatient Appointments is not currently badged as National Statistics.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)
The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being 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 Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on indicators and associated technical information - How do you measure a nation’s progress? - National Indicators


The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.
Further details
The document is available at:

Next update
18 May 2017

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

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