ystadegau ar gyfer cymru statistics for wales

Statistical First Release

Llywodraeth Cymru Welsh Government

NHS Activity & Performance Summary: February/March 2019

18 April 2019
SFR 27/2019

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 2019.

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 2019.

Summary

Average daily A&E attendances increased in March. The percentage of patients spending less than 4 hours in A&E decreased and the number of patients spending more than 12 hours in A&E increased, although performance has improved overall since the record low in March 2018.

The average number of daily calls to the ambulance service decreased in March 2019. The percentage of red calls receiving an emergency response within 8 minutes met the target but was lower than in February 2019.

The number of patients waiting longer than the target time for diagnostic tests and therapy services decreased in February, while therapy waits over 14 weeks are the lowest they have been since November 2010. Referral to treatment performance improved with an increase in the percentage of patients waiting less than 26 weeks from referral to the start of treatment and a decrease in the number of patients waiting longer than 36 weeks. Child and Adolescent Mental Health Services (CAMHS) performance also improved.

The percentage of patients starting treatment within target time for cancer decreased for patients on both the urgent suspected cancer pathway and those not on the urgent suspected pathway.

The number of delayed transfers of care increased and the remaining targets for scheduled and unscheduled care were missed.

Average A&E waiting times increased in March and average emergency call responses for ambulances were the same as the previous month. The latest average waiting times for referral to treatment decreased but average waiting times for diagnostic tests and therapy services increased slightly in February.

About this release

This release presents summary information relating to data published in the following areas: Ambulances, A&E, Delayed Transfers of Care (DTOC), Referral to Treatment (RTT), Diagnostic and Therapy waiting times (DATS), Cancer waiting times and Outpatient referrals.

Data in each area is available in an online tool, which provides users with the ability to interact with and explore the data, and in detailed StatsWales tables. Publishing our monthly NHS activity releases on one day provides users with a more rounded and integrated picture of activity and performance and gives a more coherent view of the NHS in Wales.

In this release

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Key points

Demand and activity

Unscheduled care (Mar 19)

- In March 2019, there were 39,106 emergency calls to the ambulance service, an average of 1,261 per day, down from 1,284 in February 2019. The proportion of red calls increased by 0.2 percentage points to 5.3 per cent.
- The number of emergency calls received by the Welsh Ambulance Services NHS Trust (WAST) has been rising steadily over the long term. Since monthly data collections started in April 2006, average daily calls have risen from under 1,000 a day to between 1,200 and 1,450 a day. The average daily number of red calls in March 2019 was 67, one more than in February 2019.
- A&E attendances are generally higher in the summer months than the winter. The average number of A&E attendances per day in March was 2,880. This is 1.9 per cent higher than in February 2019 (54 more attendances per day on average) and 6.9 per cent higher than in March 2018 (185 more attendances per day on average). The average daily A&E attendances this month are the highest for any March on record, since data has been collected (which started in June 2006).
- The total number of A&E attendances in the year to March 2019 was up 1.9 per cent since the previous year and the medium term trend shows that it is up 7.6 per cent since the same 12 month period, 5 years ago (year ending March 2014).
- In March 2019, 17,402 patients were admitted to the same or a different hospital following attendance at a major A&E department. This is 1,592 more than February 2019 and 744 more than March 2018. Patients aged 75 and over made up 31.8 per cent of admissions (5,533).

Scheduled care (Feb 19)

- There was an average of 3,864 outpatient referrals per day in February 2019. This is an increase of 2.6 per cent compared to January 2019 and an increase of 3.6 per cent compared with February 2018.
- Cwm Taf have been unable to provide closed pathway data since August 2018, therefore the following numbers and comparisons for closed pathways exclude Cwm Taf. The number of patient pathways closed per working day during February 2019 was 4,129, a decrease of 2.3 per cent from January 2019. The number of closed pathways per working day varies throughout the year, with numbers tending to be lower in August and December. There were 1,008,915 closed pathways during the 12 months to February 2019, an increase of 2.7 per cent (26,630 pathways) compared to the previous 12 months.
- During the 12 months to February 2019, 8,171 patients newly diagnosed with cancer via the urgent suspected cancer route started treatment, an increase of 8.6 per cent (646

patients) over the previous 12 months and an increase of 33.2 per cent (2,035 patients) from the corresponding period 5 years ago.

- During the 12 months to February 2019, 9,420 patients newly diagnosed with cancer not via the urgent suspected cancer route started treatment, an increase of 0.8 per cent (71 patients) over the previous 12 months but a decrease of 5.9 per cent (595 patients) from the corresponding period 5 years ago.

Performance

Unscheduled care (Mar 19)

- In March 2019, 71.2 per cent of emergency responses to immediately life threatening calls ('red' calls) arrived within 8 minutes, above the target of 65 per cent, but down from 72.4 per cent in February 2019.
- 78.7 per cent of patients (70,274 patients) spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is a decrease of 0.3 percentage points from February 2019 and 3.0 percentage points higher than March 2018 (which was the lowest on record). The 95 per cent target continues to be missed.
- 4,472 patients spent 12 hours or more in an emergency care facility, from arrival until admission, transfer or discharge. This is an increase of 466 patients (or 11.6 per cent) compared to February 2019 and a decrease of 971 (or 17.8 per cent) patients compared to March 2018 (which was the highest on record).

Scheduled care (Feb 19)

- By the end of February 2019, 437,282 patient pathways were waiting for the start of their treatment. Of these, 88.6 per cent had been waiting less than 26 weeks, lower than the target of 95 per cent, and 13,272 (3.0 per cent) had been waiting more than 36 weeks from the date the referral letter was received in the hospital. The percentage waiting less than 26 weeks increased by 0.9 percentage points from last month (8,699 more people), and the number of pathways waiting over 36 weeks decreased by 868 (6.1 per cent lower).
- Referral to treatment time performance against both targets has been fairly stable since early 2016, with the percentage starting treatment within 26 weeks generally fluctuating between 85 and 89 per cent.
- Since January 2014, there has been a general downward trend in the number of people waiting more than 8 weeks for specified diagnostic services. The number decreased from 3,992 in January 2019 to 3,458 in February 2019.
- The number of people waiting more than 14 weeks for specified therapy services decreased over the month from 205 in January 2019 to 77 in February 2019; the lowest it has been since November 2010. The medium trend was fairly stable between November 2012 and April 2017, with an average of 2,272 people waiting longer than 14 weeks each

month. Since then the number increased to over 4,700 in August 2017 before falling to a low of 245 in March 2018 and has remained at a similar level since then.

- In the month of February 2019, 85.2 per cent of patients (574 out of 674) newly diagnosed with cancer via the Urgent Suspected Cancer route started definitive treatment within the target time of 62 days. This is below the target of 95 per cent and down 0.3 percentage points from January 2019.
- For the latest 12 months to February 2019, 85.9 per cent of patients newly diagnosed with cancer via the urgent suspected cancer route started definitive treatment within the target time of 62 days. This is 1.3 percentage points lower than the previous 12 months and 1.7 percentage points lower than the corresponding 12 month period 5 years ago.
- In the month of February 2019, 97.5 per cent of patients (715 out of 733) newly diagnosed with cancer not via the Urgent route started definitive treatment within the target time of 31 days. This is below the target of 98 per cent and 0.3 percentage points lower than in January 2019. The trend has been broadly stable over the last two years.
- For the latest 12 months to February 2019, 97.3 per cent of patients newly diagnosed with cancer not via the urgent route started definitive treatment within the target time of 31 days. This is 0.1 percentage points lower than the previous 12 months, and 0.6 percentage points lower than the corresponding 12 month period 5 years ago.
- Performance improved for those waiting less than 4 weeks for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS) in February 2019. The percentage of patient pathways waiting less than 4 weeks increased from 62.5 per cent (with 496 of 794 patients waiting less than 4 weeks) in January 2019 to 67.8 per cent (with 542 of 799 patients waiting less than 4 weeks) in February 2019.

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 between 2 hours and 2 hours 30 minutes; in March 2019, the median time was 2 hours 28 minutes, up from 2 hours 22 minutes in February 2019. The median time spent in A&E varies by age, with children spending between 1 hour and 30 minutes and 2 hours in A&E on average, whilst older patients (aged 85 plus) spend between 3 hours and 30 minutes and 4 hours in A&E on average.
- The median response time to red calls to the ambulance service was 5 minutes and 18 seconds in March 2019, the same as in February. Just over 40 per cent (40.2%) of amber calls were responded to within 20 minutes.
- While the actual number of delayed transfers of care fluctuates each month, the trend has been downward since 2004. The number of patients delayed in March 2019 was 455, up slightly from 450 in February 2019. The January to March three-month average was 440 compared with the December to February three-month average of 438.

Scheduled care

- Although referral to treatment targets have been missed, the median waiting time to start treatment was 8.8 weeks in February 2019, down from 9.7 weeks in January 2019. The median has generally been around 10 weeks since late 2013.
- The median waiting time for diagnostic services was 2.7 weeks in February 2019, up from 2.4 weeks in January 2019. The median for therapy services was 3.2 weeks, marginally up from 3.1 weeks in January 2019. Median waiting times for those waiting for diagnostic services have generally fallen since 2014. Median waiting times for those waiting for therapy services generally increased from the end of 2012 to the end of 2017. Since then waiting times have generally been falling.

Key quality information

Notes for this month's publication

Bridgend local authority moving health board: Health service provision for residents of Bridgend local authority has moved from Abertawe Bro Morgannwg to Cwm Taf on April 1st 2019. This joint statement provides further detail. The health board names were confirmed in this statement with Cwm Taf University Health Board becoming Cwm Taf Morgannwg University Health Board and Abertawe Bro Morgannwg University Health Board becoming Swansea Bay University Health Board.

Accident and emergency, ambulance and delayed transfer of care data for April will be published in the May release on the new basis. The local health board breakdowns available on StatsWales and the interactive dashboard will reflect this new boundary change. As these are data summaries on performance, we will not be backdating the historic data for the new health boards. Data for the new boards will start from April 2019. Publication of data for the previous boundaries will stop.

The April health board data for referrals, referral to treatment, diagnostics and therapies, child and adolescent psychiatry and cancer waiting times will be published in June and follow the same basis as A&E and Ambulance data.

Cancer: Cardiff and Vale health board resubmitted Urgent Suspected Cancer data for January 19, as some data should have been recorded as starting treatment in target rather than not in target. This is now correct.

Referral to treatment: Cwm Taf have been unable to provide closed pathway data since August 2018 because of IT problems following a software update. Therefore, all numbers and comparisons for closed pathways from the October 2018 release onwards exclude Cwm Taf. The health board is working on fixing the problem. The data for Cwm Taf for previous months are available on StatsWales.

Referrals: In the March 2019 release, Abertawe Bro Morgannwg health board resubmitted data back to April 2014 to include data for the Source of Referral: Other source of referral (not initiated). This data was previously not included when it should have been.

Referrals and referral to treatment: To increase consistency across health board data, all new treatment codes have been rolled back to their pre-April 2016 equivalents. This has now been actioned for all historic RTT and referrals data. This will be implemented until all health boards are able to report using the new codes consistently. For more information, see this Data Set Change Notice (2014/08).

Child and Adolescent Mental Health Services (CAMHS): Prior to March 2017 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.

A&E: Singleton Minor Injuries Unit has recently closed for refurbishment (see press release) and there have been no A&E attendances since September 2018. In previous months', data had been erroneously submitted for October onwards, which has now been removed from our published 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 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 – e.g. A&E attendances, ambulance calls, referrals
- Performance – e.g. performance against A&E targets, RTT etc.
- Context – e.g., 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.

Percentage point changes are calculated using unrounded figures.

Performance measures

The NHS Wales Delivery Framework 2018-19 is used to measure delivery throughout 2018-19.

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.

The categorisation of a call is determined by the information given by the caller in response to a set of scripted questions, which is then triaged by the automated Medical Priority Dispatch system

(MPDS). Call handlers are allowed up to two minutes to accurately identify both the severity and nature of a patient's condition (for those calls that are not immediately life threatening). An ambulance or other appropriate resource is dispatched as soon as the severity and condition are identified. In high acuity calls, this may be whilst the caller is still on the line. There are two occasions where the priority of a call could be changed; when new information from the caller is assessed via the MPDS system, or where a nurse or paramedic has gathered further information about the patient's condition over the phone.

Revisions: Any revisions to the data are 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 is needed to establish whether the definitional differences have a significant impact on the comparability of the data.

Ambulance services: StatsWales

Ambulance services: Quality report

Ambulance services: Annual release

Time spent in A&E departments

Notes: NHS Wales Informatics Service provide the data 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: Some figures are likely to be revised in future months – this will be done on StatsWales.

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

Time spent in A&E: Annual release

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 are 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

Referral to treatment: Annual release

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
- The maximum wait for access to specified therapy services is 14 weeks.

Revisions: Any revisions to the data are 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

Diagnostic and Therapy waiting times: Annual release

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 are 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

Cancer waiting times: Annual release

Delayed Transfers of Care (DTOC)

Revisions: Any revisions to the data are 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

Delayed transfers of care: Annual release

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 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 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 the indicators, along with narratives for each of the well-being goals and associated technical information is available in the Well-being of Wales report.

Further information on the Well-being of Future Generations (Wales) Act 2015.

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

Further details

The document is available at:
https://gov.wales/nhs-activity-and-performance-summary

Next update

23 May 2019

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.

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