



NHS Activity & Performance Summary: December 2019/January 2020

20 February 2020
SFR 11/2020

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 January 2020.

Data relating to referral to treatment times, cancer waiting times, diagnostic and therapy waiting times, and outpatient referrals are provided for the month of December 2019.

Summary

Unscheduled care

Average daily A&E attendances decreased from the previous month. The percentage of patients spending less than 4 hours in A&E increased from the previous month. The number of patients spending more than 12 hours in A&E was the highest on record.

The overall average number of daily calls to the ambulance service and the average daily number of the most serious calls ('red') decreased in January 2020. The percentage of red calls receiving a response within 8 minutes increased and was above the 65 per cent target for the first time since October 2019.

The number of delayed transfers of care decreased in January.

Scheduled care

The number of patients waiting longer than the target time increased for diagnostic tests but decreased for therapy services in December. Average waiting times for both diagnostic tests and therapy services increased.

Referral to treatment performance decreased since last month. The percentage of patients waiting less than 26 weeks decreased (the lowest since December 2015) and the number waiting longer than 36 weeks increased (the highest since January 2016). The average time waiting for treatment increased from last month.

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

Main points	2
Key quality information	7

Over the year to December 2019, the number of patients newly diagnosed with cancer who have started treatment via the urgent suspected cancer route has increased. However, the number starting treatment not via the urgent suspected cancer route has decreased. Although the target was missed for both those treated via the urgent and not via the urgent route, the percentage of patients treated within the target time increased for both routes since the previous month.

[Experimental statistics](#) for the single cancer pathway are also included in this release.

Main points

Demand and activity

Unscheduled care (January 2020)

- In January 2020, there were 39,410 emergency calls to the ambulance service, an average of 1,271 per day, down from 1,440 in December 2019. The proportion of calls classed as the most serious ('red' calls) was 6.4 per cent, down from more than 7 per cent in the two previous months. However, it was the fifth consecutive month where red calls made up 6 per cent or more of the total. There have been changes to call handling practices that have affected red call volumes; for more information, please see the [notes](#).
- 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 January was 82, down from 102 in December 2019. There have been changes to call handling practices that have affected red call volumes; for more information, please see the [notes](#).
- A&E attendances are generally higher in the summer months than the winter. The average number of A&E attendances per day in January was 2,700. This is 1.8 per cent lower than in December 2019 (50 fewer attendances per day on average) and 0.5 per cent lower than in January 2019 (15 fewer attendances per day on average).
- The total number of A&E attendances in the year to January 2020 was up 2.7 per cent since the previous year and the medium term trend shows that it is 8.4 per cent higher than the corresponding 12 month period 5 years ago (year ending January 2015).
- In January, 16,433 patients were admitted to the same or a different hospital following attendance at a major A&E department. This is 1,436 fewer than December 2019 and 1,017 fewer than January 2019. Patients aged 75 and over made up 34.1 per cent of admissions (5,603); this is 0.9 per cent (52 patients) more than January 2019.

Scheduled care (December 2019)

- There was an average of 3,102 outpatient referrals per day in December 2019. This is a decrease of 16.1 per cent compared to November 2019 but an increase of 2.4 per cent compared with December 2018.
- Cwm Taf were unable to provide closed pathway data between August 2018 and March 2019. Cwm Taf Morgannwg are affected by the same issue and have not submitted data for April 2019 onwards; therefore the following numbers and comparisons for closed pathways exclude Cwm Taf and Cwm Taf Morgannwg. The number of patient pathways closed per

working day during December 2019 was 3,722; a decrease of 8.8 per cent from November 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 997,990 closed pathways during the 12 months to December 2019, a decrease of 0.9 per cent (8,836 pathways) compared to the previous 12 months.

- During the 12 months to December 2019, 8,219 patients newly diagnosed with cancer via the urgent suspected cancer route started treatment, an increase of 2.4 per cent (189 patients) over the previous 12 months and an increase of 23.9 per cent (1,588 patients) from the corresponding period 5 years ago.
- During the 12 months to December 2019, 9,173 patients newly diagnosed with cancer not via the urgent suspected cancer route started treatment, a decrease of 1.6 per cent (152 patients) over the previous 12 months and a decrease of 5.7 per cent (558 patients) from the corresponding period 5 years ago.
- Experimental statistics for the single cancer pathway show that in the month of December 2019, 10,754 patients entered the pathway, a decrease of 16.8 per cent (2,164 patients) from November. Patients are counted on both the urgent and not via the urgent pathways, as well as the single cancer pathway. For more information, see the [notes](#) section.
- In December 2019, 1,429 patients newly diagnosed with cancer were treated through the single cancer pathway, an increase of 3.3 per cent (46 patients) from November.

Performance

Unscheduled care (January 2020)

- In January 2020, 66.0 per cent of emergency responses to immediately life threatening calls ('red' calls) arrived within 8 minutes. This was 4.0 per cent higher than in December 2019 and above the target of 65 per cent for the first time since October 2019. However, this is lower than the same month last year (71.8 per cent in January 2019).
- 74.6 per cent of patients (62,406 patients) spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is an increase of 2.4 percentage points from December 2019 but 2.6 percentage points lower than January 2019. The 95 per cent target continues to be missed.
- 6,882 patients spent 12 hours or more in an emergency care facility, from arrival until admission, transfer or discharge; the highest on record. This is an increase of 229 patients (or 3.4 per cent) compared to December 2019 and an increase of 1,590 (or 30.0 per cent) patients compared to January 2019.

Scheduled care (December 2019)

- By the end of December 2019, 462,304 patient pathways were waiting for the start of their treatment; this is the fifth highest on record. Of these, 83.5 per cent (386,126) had been waiting less than 26 weeks – the lowest since December 2015, lower than the target of 95 per cent, and 25,549 (5.5 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 decreased by 1.2 percentage points compared to last month and the number of pathways

waiting over 36 weeks increased by 2,670 (11.7 per cent higher); the highest since January 2016.

- Referral to treatment time performance against both targets was fairly stable since between 2016 and 2018. Performance had improved in 2019, but has deteriorated over the last few months.
- Since January 2014, there has been a general downward trend in the number of people waiting more than 8 weeks for specified diagnostic tests. However, since the previous month, the number has increased by 26.2 per cent (or 1,019 patients) from 3,883 to 4,902 in December 2019.
- The number of people waiting more than 14 weeks for specified therapy services decreased over the month by 35.9 per cent (103 patients), falling from 287 in November 2019 to 184 in December 2019.
- In the month of December 2019, 80.6 per cent of patients (545 out of 676) 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 but a slight increase (0.1 percentage) points from November 2019.
- For the latest 12 months to December 2019, 82.0 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 4.0 percentage points lower than the previous 12 months and 5.5 percentage points lower than the corresponding 12 month period 5 years ago.
- In the month of December 2019, 96.5 per cent of patients (727 out of 753) 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 but 1.9 percentage points higher than in November 2019.
- For the latest 12 months to December 2019, 96.7 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 0.4 percentage points lower than the previous 12 months and 1.1 percentage points lower than the corresponding 12 month period 5 years ago.
- In the month of December 2019, 74.9 per cent of patients (1,071 out of 1,429) newly diagnosed with cancer via the single cancer pathway began treatment within 62 days from the point of suspicion ([with suspensions](#)); this is 2.5 percentage points higher than in November 2019.
- Following issues with the CAMHS data identified in July 2019, interim management information continues to be published. Data for Betsi Cadwaladr University Health Board (BCU) are not available at present. Please see the Key Quality Information for more information. Performance declined for those waiting less than 4 weeks for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS) in December 2019. The percentage of patient pathways waiting less than 4 weeks decreased from 76.7 per cent in November 2019 (454 of 592 patients) to 64.8 per cent in December 2019 (383 of 591 patients).

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, but has increased in recent months. In January 2020, the median time was 2 hours 32 minutes, down from 2 hours 44 minutes in December 2019. The median time spent in A&E varies by age. Children generally spend between 1 hour and 30 minutes and 2 hours in A&E on average, while older patients (aged 85 or greater) generally spend between 3 hours and 4 hours in A&E on average. However, since December 2019, the average wait for patients aged 85 or greater has been over 5 hours.
- The median response time to red calls to the ambulance service was 6 minutes and 3 seconds in January 2020, more than half a minute quicker than both November and December 2019. There have been changes to call handling practices that have affected red call volumes; for more information, please see the [notes](#).
- Just under half (48.4 per cent) of amber calls were responded to within 30 minutes in January 2020, an increase from just over a third (36.0 per cent) of amber calls in December 2019.
- While the actual number of delayed transfers of care fluctuates each month, the long-term trend has been downward since 2004, with the number being fairly consistent over the last few years. The number of patients delayed in January 2020 was 423. This is down from 453 in December 2019. The November-to-January three-month average was 463 compared with the October-to-December three-month average of 483.

Scheduled care

- The median waiting time to start treatment was 10.7 weeks in December 2019, up from 10.1 weeks in November 2019. The median has generally been around 10 weeks since late 2013.
- The median waiting time for diagnostic tests was 3.3 weeks in December 2019, up from 2.7 weeks in November 2019.
- The median for therapy services was 4.2 weeks in December 2019, up from 3.6 weeks in November 2019.
- Generally, median waiting times for those waiting for diagnostic tests have fallen since 2014, whilst median waiting times for those waiting for therapy services increased between 2012 and 2017, but have since fallen.

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. [The health board names were confirmed in a written 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.

All datasets are now published on the new basis (data for unscheduled care was published on the new basis from the May 2019 release and scheduled care data from the current release). The local health board breakdowns available on [StatsWales](#) and the [interactive dashboard](#) reflect this new boundary change. As these are data summaries on performance, we have not backdated the historic data for the new health boards. Publication of data for the previous boundaries will stop.

Ambulance response times

As part of the continual review of the clinical response model, the Welsh Ambulance Service regularly reviews call handling practices and the categorisation of incidents. An update to call handling practices in summer 2019 appears to have resulted in an increased Red incident volume. Further work is being undertaken to understand this change. Therefore, it is not possible to compare red incident volumes in recent months at present. Increases in red incident volumes may also impact on performance due to the additional resources required to attend a red incident.

Referral to treatment

Cwm Taf Morgannwg have been unable to provide closed pathway data since August 2018 (including Cwm Taf prior to April 2019) 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.

At the end of June 2019, Cwm Taf Morgannwg UHB approached the Welsh Government to advise that they thought there was an issue with the reporting of certain RTT waiting lists. They asked the NHS Wales Delivery Unit to carry out a review and this resulted in a total of 1,783 additional patients being added to the RTT waiting list for the publication of July 2019 data in September 2019. In addition, the Delivery Unit also carried out a review of the diagnostic waiting list and found an additional 1,288 patients should have been reported. These patients were also added to the official figures for the end of July 2019 that were reported in September 2019. Whilst the patients were not reported as part of the official statistics they were being reported internally to the health board. Welsh Government has contacted other health boards and has been advised that all waiting lists are being reported as per the Referral to Treatment Guidelines.

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)

Following recent issues with the CAMHS data, we are publishing interim [management information](#); data is now available from April 2018 where possible. This data has not been through the data standards process, but assurances have been given from health boards that the data accurately reflects the numbers of patients waiting for treatment by specialist CAMHS teams. Data for Betsi Cadwaladr University Health Board (BCU) are not available at present. This is because BCU operates with an integrated service model and it is not currently possible to capture the waiting time from when the referral started to when treatment with the specialist CAMHS teams began. Welsh Government and NWIS are working with BCU to see how this information could be captured in the future. Welsh Government are working with NWIS to take the specialist CAMHS data through the data standards process so it can be mandated as a national collection.

Single Cancer Pathway

[The Single Cancer pathway is a new waiting times collection announced in 2018 by Vaughan Gething AM, Cabinet Secretary for Health and Social Services](#). This collection measures waiting times from when their cancer is first suspected rather than from when their referral is received in hospital.

Data includes the number of patients entering the pathway, the number of patients treated, and the number and percentage of patients' treated in the target time of 62 days (with suspensions). It is currently reported alongside the Urgent Suspected Cancer Pathway and not via the Urgent Suspected Pathway, but it is intended that it will eventually replace the other two measures. For more information, see this [Data Set Change Notice](#). Note that the figures for Powys for those entering the pathway will only show patients who were later downgraded as not having cancer.

The current cancer waiting time targets are:

Urgent Suspected Cancer Pathway: 95% of patients should wait no longer than 62 days for treatment. Patients on this pathway have been referred following diagnosis of suspected cancer e.g. through a GP.

Not via the Urgent Suspected Cancer Pathway: 98% of patients should wait no longer than 31 days for treatment. Patients on this pathway have been referred following incidental diagnosis e.g. during another treatment or procedure.

These measure the time between diagnosis and treatment time.

The new pathway is the “Single Cancer Pathway” – it encompasses all patients from the moment there is suspicion of cancer, not through a diagnosis. The target time is 62 days from suspicion to starting treatment.

Cancer Adjustments

A patient may be suspended from the waiting list when, due to either medical or social reasons, if the patient is unable to move on to the next stage of the pathway. The suspension will run for the period of unavailability. It is the role of the health board to stress to the patient the urgency of their treatment and to ensure they understand the consequences of any delays.

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 Frameworks](#) are used to measure delivery.

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.

Rewards: Any rewards 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

Rewrites: 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 all 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 our statistics meet the highest standards of trustworthiness, quality and public value, and it is our responsibility to maintain compliance with these standards.

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.

“NHS Wales Cancer Waiting Times”, “Ambulance Services in Wales”, “Time Spent in NHS Wales Accident and Emergency Departments”, “NHS Referral to Treatment Times”, “NHS Wales Diagnostic & Therapy Services Waiting Times” and “Delayed Transfers of Care in Wales” are National Statistics.

The continued designation of these statistics as National Statistics was confirmed in 2011 following a [compliance check by the Office for Statistics Regulation](#). These statistics last underwent a [full assessment against the Code of Practice](#) in 2011.

Experimental Statistics

Statistics relating to the Single Cancer Pathway are Experimental Statistics. This is to inform users of the data and its reported statistics are still in a developmental phase and may have issues pertaining to data quality. However, the statistics are still of value provided that users view them in the context of the data quality information provided. As the dataset matures the coverage and the quality of the data being reported will improve enabling the data to become fit for a wider variety of beneficial uses.

These are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

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.

[More information on the use of experimental statistics](#).

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

19 March 2020

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.

Open Government Licence

All content is available under the [Open Government Licence v3.0](#), except where otherwise stated.

