Llywodraeth Cymru
Welsh Government

STATISTICS

NHS activity and performance summary: September and October 2020

Report summarising data on activity and performance in the Welsh NHS for September and October 2020.

First published: 19 November 2020

Last updated: 19 November 2020

Contents

This statistical release provides a summary of NHS Wales activity and performance data, including the latest available monthly information on emergency calls to the ambulance service, emergency department attendances and admissions to hospital from major emergency departments, referrals for first outpatient appointments, diagnostic and therapy waiting times (DATS), referral to treatment time (RTT) and patients starting cancer treatment.

Note that data included in this statistical release covers a time period during the coronavirus (COVID-19) pandemic, which has affected both how some NHS services have been offered and people's choices regarding health services. This is addressed in each section and will affect the statistics presented within this release.

This is the first publication to include NHS performance data since the announcement on Friday 13 March regarding the cancellation of certain medical procedures and the relaxation of performance targets.

Written Statement: Coronavirus (COVID-19)

New data for activity relating to calls to the ambulance service, emergency department attendances and admissions to hospital from major emergency departments are provided for the month of October 2020. New performance data for these unscheduled care services are provided for all months between and including March and October 2020.

New data relating to referrals for first outpatient appointments, diagnostic and therapy waiting times (DATS), referral to treatment times (including both closed patient pathways and patient pathways waiting to start treatment) and patients starting cancer treatment are provided for the month of September 2020. New performance data for these scheduled care services are provided for all months between and including February and September 2020.

Data for each topic area is also available in more detail on our **StatsWales** website and on our **interactive dashboard**.

Future publication plans

During the COVID-19 pandemic, the assurance and accountability requirements for local health boards changed to reflect the immediate needs of safety. The data published in this release will continue to be used for management information and to provide assurance against the delivery of local health board quarterly plans.

Additional information on the planned **changes to performance statistics** are included in this release.

1. Main points

- There were fewer calls to the ambulance service during the early months of the COVID-19 pandemic and performance against the 8 minute target initially improved on the months preceding the pandemic. The target was met for each month between April and July 2020; however, performance has since deteriorated and has generally been lower than the corresponding month last year.

- The average daily number of total calls to the ambulance service and the average daily number of the most serious calls (red calls) decreased in October 2020 compared to the previous month and the same month last year. The percentage of red calls receiving a response within 8 minutes also decreased in October 2020 and was the lowest since the current system was introduced in October 2015.
- There were fewer attendances to all NHS Wales emergency departments during the early months of the COVID-19 pandemic, with April 2020 seeing the lowest number of attendances at emergency departments since current data collection began in 2012. This resulted in fewer admissions to hospital resulting from attendances at major emergency departments; a greater percentage of patients admitted, transferred or discharged within 4 hours of arrival at an emergency department; and fewer patients waiting longer than 12 hours to be admitted, transferred or discharged after arriving at an emergency department.
- Considering the COVID-19 period only, the number of attendances to all NHS Wales emergency departments peaked in August 2020. In each month since then attendances have decreased; admissions to hospital resulting from attendances at major emergency departments have decreased; percentage of patients admitted, transferred or discharged within 4 hours of arrival at an emergency department has decreased; and the number of patients waiting longer than 12 hours to be admitted, transferred or discharged after arriving at an emergency department has increased.
- COVID-19 has had a clear impact on the number of patient pathways waiting for diagnostic and therapy services. The number of patient pathways waiting for diagnostic services have increased markedly since the beginning of the pandemic, with a record high number waiting in September 2020. In contrast, the number of patient pathways waiting for therapy services are markedly lower than before the pandemic.
- The increased number of pathways waiting for diagnostics is directly linked to the impact of COVID-19 with **all non-urgent outpatient appointments suspended in March** and additional infection prevention measures being implemented in recent months. While there are a high percentage of patients waiting longer than the target time, performance has improved this month.
- The lower level of patient pathways waiting for therapies is linked to some services being carried out virtually and a reduction in the rate of new

referrals for therapy. While there are a relatively high percentage of patients waiting longer than the target time, performance has improved this month.

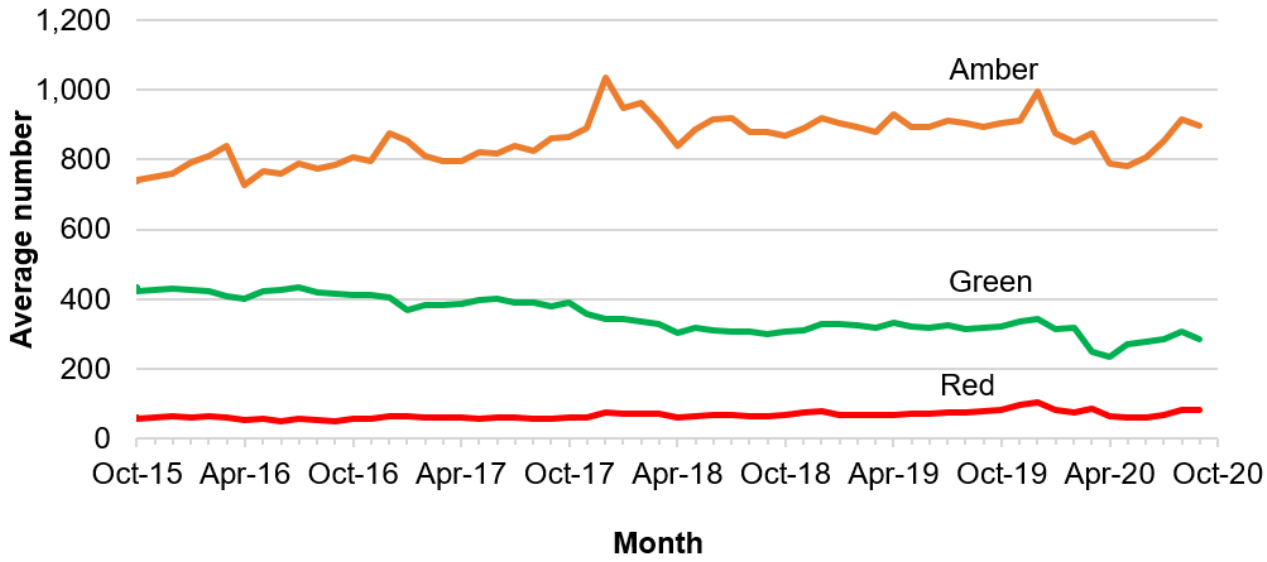
- The total number of patient pathways who had been referred for treatment but were waiting to start has risen consistently each month since May 2020. COVID-19 has had a clear effect on performance against both referral to treatment targets, with nearly six times as many patient pathways waiting over 36 weeks in September 2020 compared to February 2020, and 40.4% fewer patient pathways waiting less than 26 weeks in September 2020 compared to March 2020.
- Experimental statistics show that the number of patients entering the single cancer pathway who are newly suspected of having cancer halved in April 2020, at the start of the pandemic. Since then, the number of patients referred with suspected cancer has increased in most months and is at a similar level to the pre-COVID-19 period.
- With relatively fewer referrals in the early stages of the pandemic, the percentage of patients being treated within 62 days of being suspected of having cancer through single cancer pathway (with suspensions) increased, reaching a peak of 77.9% in July 2020. Since then the percentage being treated within 62 days has fallen and is comparable to the months just before the pandemic.

2. Unscheduled care

2.1 Emergency calls to the ambulance service

Activity

Chart 1: Average daily number of emergency ambulance calls, by call type and month, 1 October 2015 to 1 October 2020



Source: Welsh Ambulance Services NHS Trust (WAST)

Emergency ambulance calls and responses to red calls, by local health board and month on StatsWales

Note: An update to call handling practices in May 2019 appears to have resulted in a change to red incident volume. Therefore, it is not possible to compare red incident volumes prior to this time.

The total number of emergency calls received by the Welsh Ambulance Services NHS Trust (WAST) had been rising steadily over the longer 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.

In the early months of the COVID-19 pandemic, there was a decrease in the number of calls made to the ambulance service, for all call types, with April 2020 having the fewest daily average number of calls since May 2011. However, activity has since returned to a similar level as the pre-COVID-19 period.

In October 2020, 37,562 emergency calls were made to the ambulance service. This is an average of 1,212 calls per day, 53 (or 4.2%) fewer than the previous month, and 98 (or 7.5%) fewer than the same month last year.

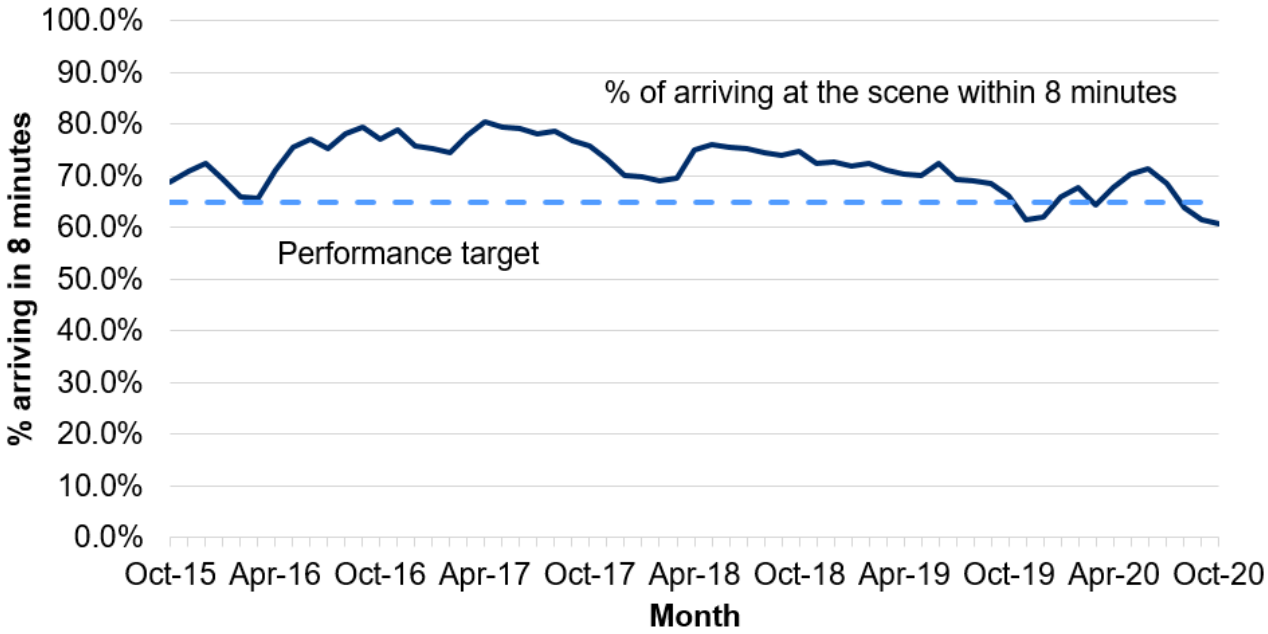
Calls to the ambulance service are categorised as red, amber or green depending on the urgency of the call. The proportion of all calls that were immediately life-threatening (red calls) was 6.5%, up from 6.4% in October 2020.

Performance

Target

- 65% of red calls (immediately life-threatening; someone is in imminent danger of death, such as a cardiac arrest) to have a response within 8 minutes.

Chart 2: Percentage of emergency responses arriving at the scene within 8 minutes of red call being answered, October 2015 to October 2020



Source: Welsh Ambulance Services NHS Trust (WAST)

Emergency responses: minute-by-minute performance for red calls by local health board and month on StatsWales

Note: An update to call handling practices in May 2019 appears to have resulted in a change to red incident volume. Therefore it is not possible to fairly compare performance against the target after this date, with performance prior to this date.

During the COVID-19 pandemic emergency response teams have to complete additional procedures including wearing extra personal protective equipment which is likely to have an impact on the speed at which they can respond to a call.

There were fewer calls during the early months of the COVID-19 pandemic and performance against the 8 minute target improved on the months preceding the pandemic. The target was met for each month between April and July 2020; however, performance has since deteriorated and has generally been lower than the corresponding month last year.

In October 2020, 60.8% of emergency responses to immediately life threatening (red) calls arrived within 8 minutes. This is the third consecutive month that the 65% target has not been reached, and the sixth time since the clinical model was introduced in October 2015. This is down from 61.4% in September 2020, and down from 66.3% in October 2019.

Analysing average response times provides wider context to performance data. The median waiting time varies from month-to-month but over the past 5 years has tended to range between 4 minutes 30 seconds and 6 minutes. In October 2020, the median response time to red calls was 6 minutes and 35 seconds, the same time as September 2020 and 33 seconds slower than in October 2019.

The majority of calls to the ambulance service are categorised as amber calls. There is no target associated with response times for amber calls. Contextual information shows that in October 2020, the median waiting time for amber calls was 40 minutes and 36 seconds; this was 2 minutes and 41 seconds quicker than September 2020 but 9 minutes and 46 seconds slower than October 2019.

2.2 Emergency department attendances and admissions to hospital

Within this statistical release, ‘emergency department’ refers to the count of attendances and admissions at both major accident and emergency departments (A&E), other A&E departments and minor injuries units (MIUs), unless otherwise stated.

Since 5 August 2020 a new model (the CAV24/7 service) has been in operation in Cardiff and Vale University Health Board, which affects how services are delivered in its emergency departments. The new ‘Phone First’ model encourages patients who think they have an urgent need to attend an emergency department but do not have an immediately life threatening condition to call ahead to be pre-triaged. Depending on the severity of the condition, they may be encouraged to self-care; signposted to a more appropriate service in their local community; or directly booked in to a timeslot in an emergency department if they need further assessment and treatment.

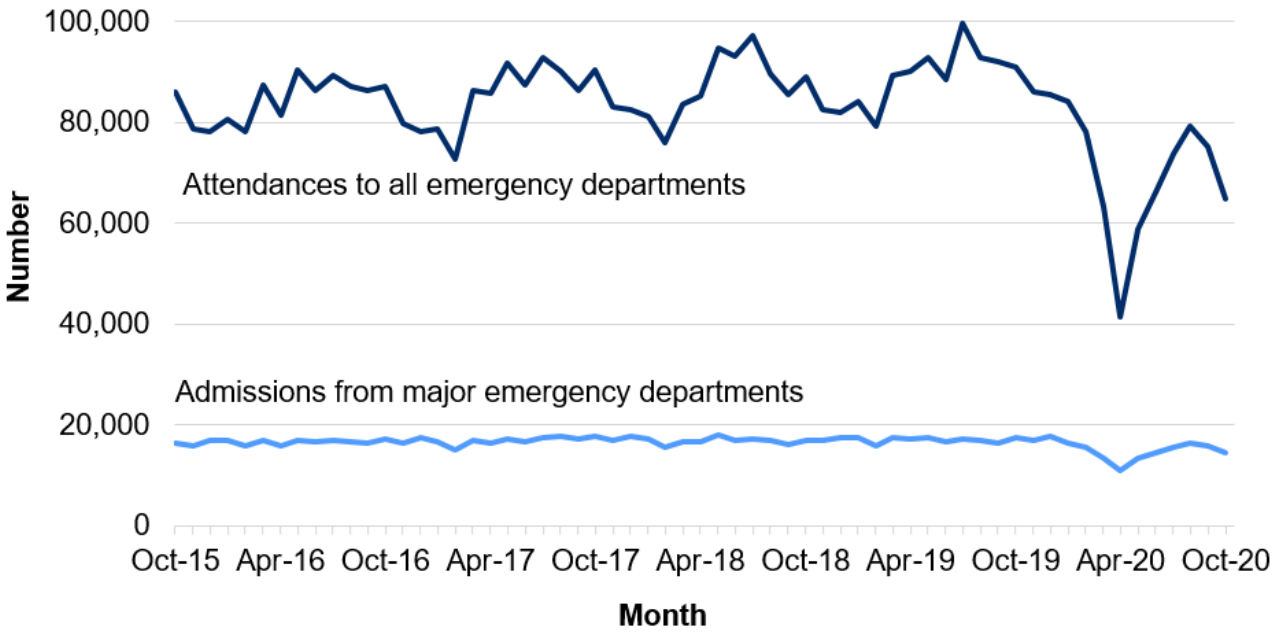
Other health boards are working towards introducing similar services but none are yet in operation.

In terms of measuring the time a patient spends waiting, the clock start time remains unchanged: the time starts when the patient physically arrives at the emergency department. While the service is in its infancy extra validations will be performed on Cardiff and Vale's data to assess the impact of the changes. To date, neither the level of activity or performance against the two emergency department targets has changed markedly since the service was introduced.

In future months there are **planned changes** to widen the scope of emergency department performance statistics. From on the 19 November, new measures on the time from patient arrival to triage, the time from patient arrival to contact with a clinical decision maker, and analysis of the patient's discharge destination when they leave the emergency department will be published on the **National Collaborative Commissioning Unit** website, as management information.

Activity

Chart 3: Number of attendances in NHS Wales accident and emergency departments, and admissions to hospital resulting from attendances at major emergency departments, October 2015 to October 2020



Source: NHS Wales Informatics Service (NWIS)

Number of attendances in NHS Wales accident and emergency departments by age band, sex and site on StatsWales

Note: Chart 3 shows the number of attendances occurring at both major emergency departments and minor injuries units, and the number of admissions resulting from attending major emergency departments only. Admissions from minor injuries units are not recorded on a consistent basis throughout Wales and are therefore not counted in this chart.

While attendances to emergency departments fluctuate from month-to-month, attendances are generally higher in the summer months than the winter.

There were fewer attendances to all NHS Wales emergency departments in the early months of the COVID-19 pandemic, with April 2020 seeing the lowest number of attendances at emergency departments since current reporting began

in 2012. Over the summer months attendances increased and approached pre-COVID-19 levels in August, before falling in September and falling further October.

The latest month's data shows that there were 64,842 attendances to all NHS Wales emergency departments in October. This was 13.7% lower than the previous month (10,258 fewer attendances) and 28.7% lower than in the same month last year (26,053 fewer attendances).

The average number of emergency department attendances per day in October was 2,092. This is 412 fewer attendances per day on average than in September 2020 and 840 fewer attendances per day on average than in October 2019.

The total number of emergency department attendances in the year to October 2020 was 856,085. This is 19.5% lower than the previous year (year ending October 2019) and 12.6% lower than the corresponding 12 month period 5 years ago (year ending October 2015). Annual comparisons are also affected by the impact of the COVID-19 pandemic.

There trend for admissions to hospital resulting from attendances at major emergency departments, is similar to the trend for attendances to all emergency departments since the pandemic. The number of admission decreased during the early months of the pandemic, reaching a low point in April 2020. Over the summer months admissions increased, with admissions in August and September 2020 only slightly below their level in 2019, before decreasing in October.

Prior to the COVID-19 pandemic, around 24% of all attendances to major emergency departments resulted in the patient being admitted to hospital. During the early stages of the pandemic, this percentage increased, rising to a peak of 30.8% in April 2020. Over the summer months the trend was downward but it has since increased to 26.9% in October 2020.

In October, 14,880 patients were admitted to the same or a different hospital following attendance at a major emergency department. This is 8.9% lower (1,411 fewer admissions) than the previous month and is 16.7% lower (2,897

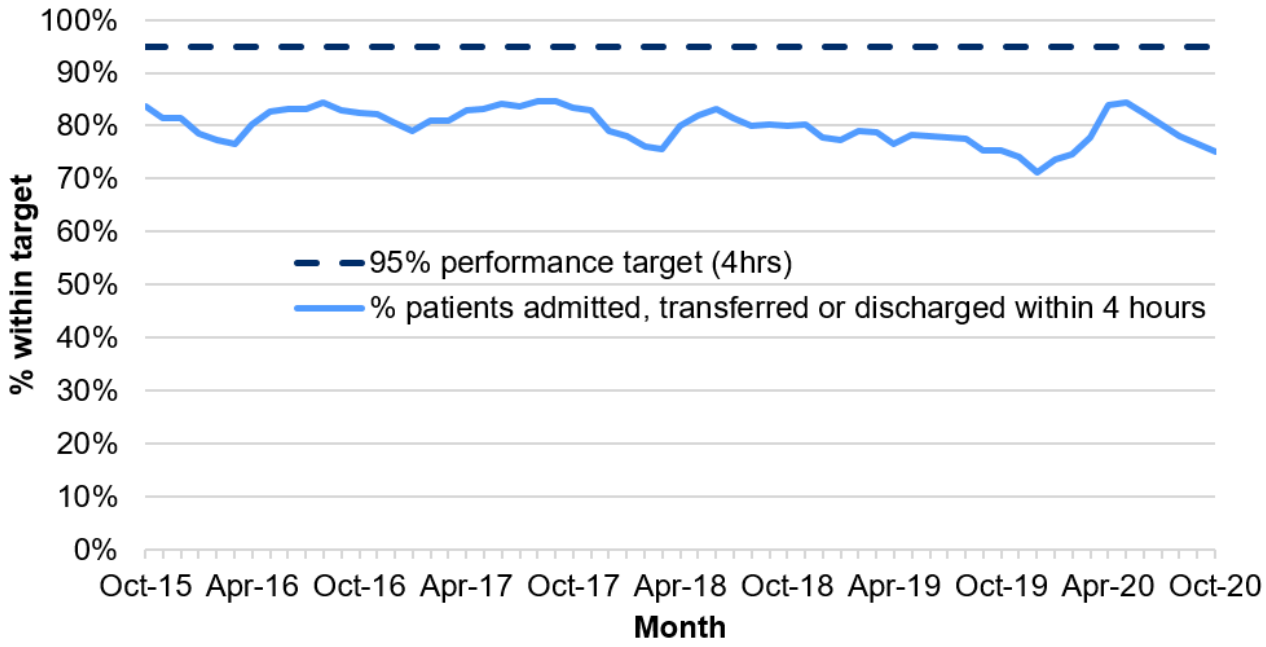
fewer admissions) than the corresponding month a year ago.

Performance

Targets

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

Chart 4: Percentage of patients admitted, transferred or discharged within 4 hours at NHS Accident & Emergency departments, October 2015 to October 2020



Source: Accident and Emergency (A&E), NHS Wales Information Services (NWIS)

Performance against 4 hour waiting times target by hospital on StatsWales

Over the past 5 years, the percentage of patients admitted, transferred or discharged within 4 hours of attending an emergency department has fluctuated from month-to-month but has tended to be close to 80%. From mid-2019 this percentage decreased most months, reaching a low point in December 2019,

before increasing in earlier 2020, prior to the COVID-19 pandemic.

During the early months of the pandemic, a higher percentage of patients were admitted, transferred or discharged within the 4 hour target time. This peaked in May 2020 where 84.4% of patients spent less than the target time in emergency departments, the highest percentage since September 2017.

The latest month's data shows that 75.1% of patients (48,705 patients) spent less than 4 hours in all emergency care departments from arrival until admission, transfer or discharge. This is a decrease of 1.4 percentage points from September 2020 and a small decrease of 0.1 percentage from October 2019. The 95% target continues to be missed.

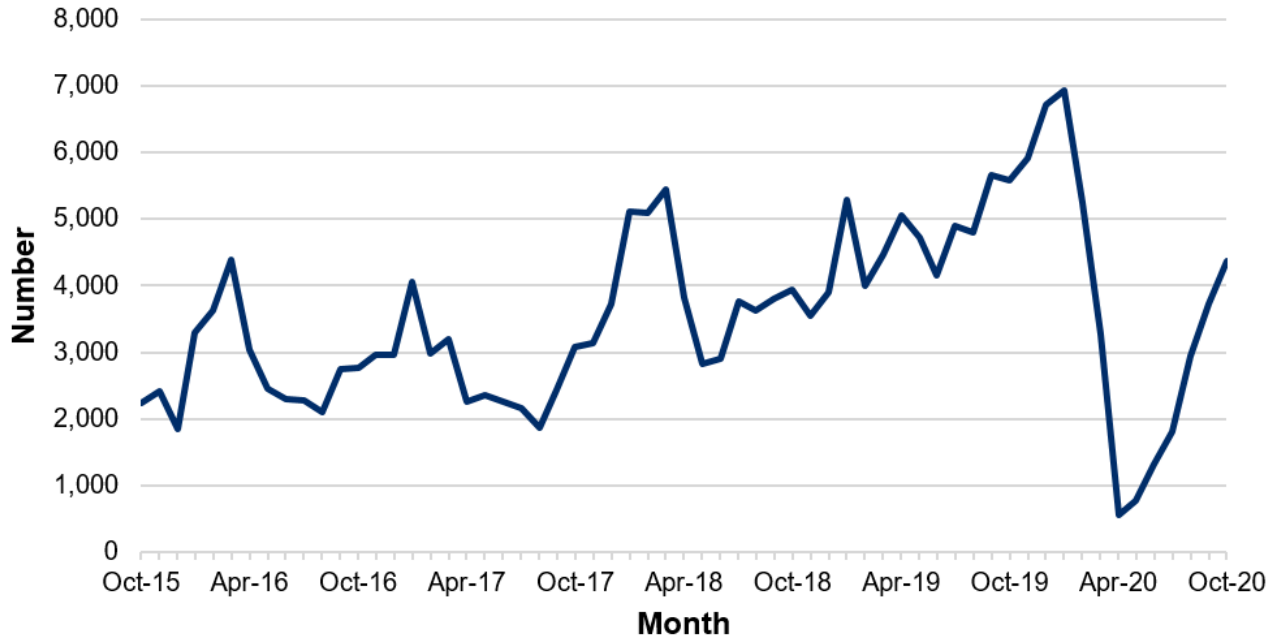
Although the 4 hour performance target has been missed since the target was introduced, contextual information shows that the median time which patients spend in emergency departments has remained fairly steady in recent years and was close to 2 hours and 30 minutes throughout 2019.

During the early part of the pandemic the median waiting time decreased, to a low point of 2 hours in April 2020, but the median has since returned to a similar level as before the pandemic.

In October 2020, the median time was 2 hours 23 minutes, down slightly from 2 hours 24 minutes in September 2020 and down from 2 hours and 34 minutes on October 2019.

The median time spent in emergency department varies by age. Children generally spend between 1 hour and 30 minutes and 2 hours in emergency department on average, while older patients (aged 85 or greater) generally spend between 3 hours and 30 minutes and 5 hours in emergency department on average. During the early parts of the COVID-19 pandemic the median waiting times for all age groups fell but have since returned to pre-pandemic levels.

Chart 5: Number of patients waiting more than 12 hours at NHS emergency departments, October 2015 to October 2020



Source: Accident and Emergency (A&E), NHS Wales Information Services (NWIS)

Performance against 12 hour waiting times target by hospital on StatsWales

The number of patients waiting more than 12 hours to be admitted, transferred or discharged after arriving at an NHS emergency department varies from month-to-month but has been on an overall upward trend in recent years. Just before the pandemic in January 2020, a little under 7,000 patients waited longer than 12 hours, the highest since current reporting began in 2012.

In the early months of the pandemic, the number waiting more than 12 hours fell markedly, with 547 patients waiting more than 12 hours in April 2020, the lowest number since 2013. Since that low point, the number waiting longer than 12 hours has risen every month but has been lower than the corresponding months in 2019.

In the latest month, 4,360 patients spent 12 hours or more in an emergency care department, from arrival until admission, transfer or discharge. This is an increase of 640 patients (17.2%) compared to September 2020 but a decrease

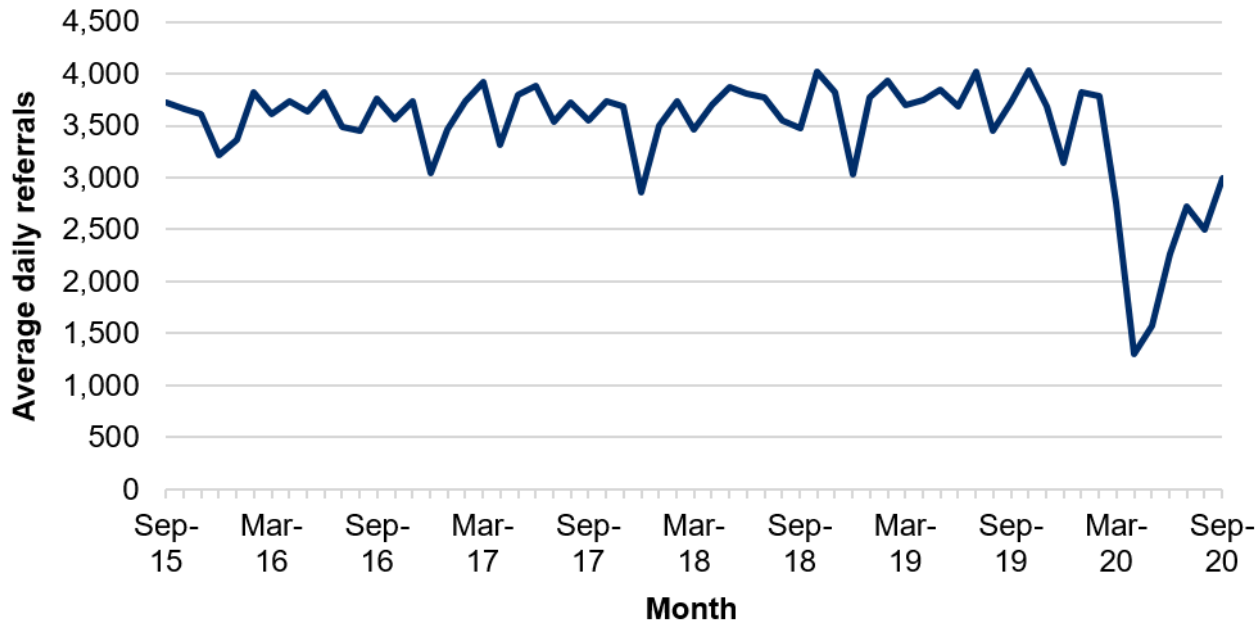
of 1,220 (21.9%) patients compared to October 2019.

3. Scheduled care activity

3.1 Outpatient referrals

Activity

Chart 6: Average daily number of referrals for first outpatient appointments, September 2015 to September 2020



Source: Welsh Government

Outpatient referrals on StatsWales

There was a large reduction in the number of referrals for first outpatient appointments in March 2020, during the early weeks of the COVID-19 pandemic. Activity has increased in the months since, but as of September 2020, referrals for first appointments remain lower than pre-COVID-19 pandemic level.

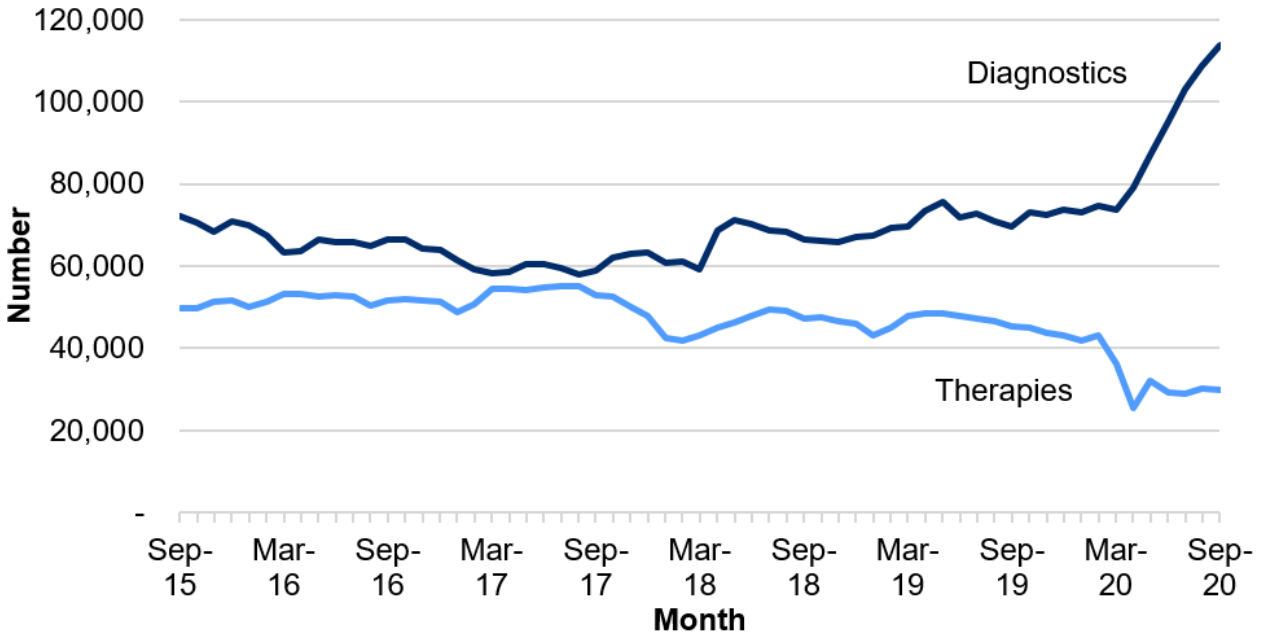
There were an average of 2,997 referrals for first outpatient appointments per day in September 2020. This is an increase of 19.9% (497 more referrals per day on average) compared to August 2020 and a decrease of 19.6% (731 fewer referrals per day on average) compared with September 2019.

Note that, Hywel Dda health board did not submit any data for mental health treatment codes in August and September 2020 due to the Mental Health Migration project. To provide the scale of this impact, in the months since the start of pandemic, Hywel Dda recorded between 93 and 180 mental health treatment referrals per month, but an average of 250 mental health treatment referrals a month were made in the twelve months before the pandemic.

3.2 Diagnostic and therapy waiting times (DATS)

Activity

Chart 7: Total number of patient pathways waiting for diagnostic and therapy services, September 2015 to September 2020



Source: Diagnostic and Therapy Services (DATS), NHS Wales Information Services (NWIS)

Diagnostic and Therapy Services Waiting Times by week on StatsWales

Note: The low point in April 2020 for therapies is in part due to Betsi Cadwaladr not submitting data for this month. For Betsi Cadwaladr, in March 7,519 were waiting for therapies and in May 9,840 were waiting.

The number of patient pathways waiting for both diagnostic and therapy services varies from month-to-month and is often lower in the first few months of the year. In recent years the number waiting for diagnostics has been on an upward trend, while the number waiting for therapies has been on a downward trend.

The COVID-19 period has had a clear impact on the number of patient pathways waiting for both diagnostic and therapy services.

The number of patient pathways waiting for diagnostic services have increased markedly since the beginning of the pandemic, with a record high number recorded in September 2020.

In contrast, the number of patient pathways waiting for therapy services is markedly lower than before the pandemic. Note that Betsi Cadwaladr health board did not submit data for April 2020, therefore, the Wales total will be lower than the actual number of pathways that were waiting in that month.

The increased number of pathways waiting for diagnostics is directly linked to the impact of COVID-19 with **all non-urgent outpatient appointments suspended in March** in order to prioritise urgent appointments. In addition, while more services have restarted additional infection, prevention and control measures have been implemented that has affected the amount of diagnostic testing activity that can be carried out.

Conversely, the lower level of patient pathways waiting for therapies is in part due to carrying out many of these services virtually. As a result, a higher volume of patients received an appointment than if they were all conducted in-person at a hospital setting. The lower level is also affected by a lower rate of new referrals for some therapy services.

The latest data for September 2020 shows that there were 113,734 patient pathways waiting for diagnostics. This is an increase of 4.7% (5,071 more patient pathways waiting) compared to August 2020 and an increase of 63.0%

(43,968 more patient pathways waiting) compared with September 2019.

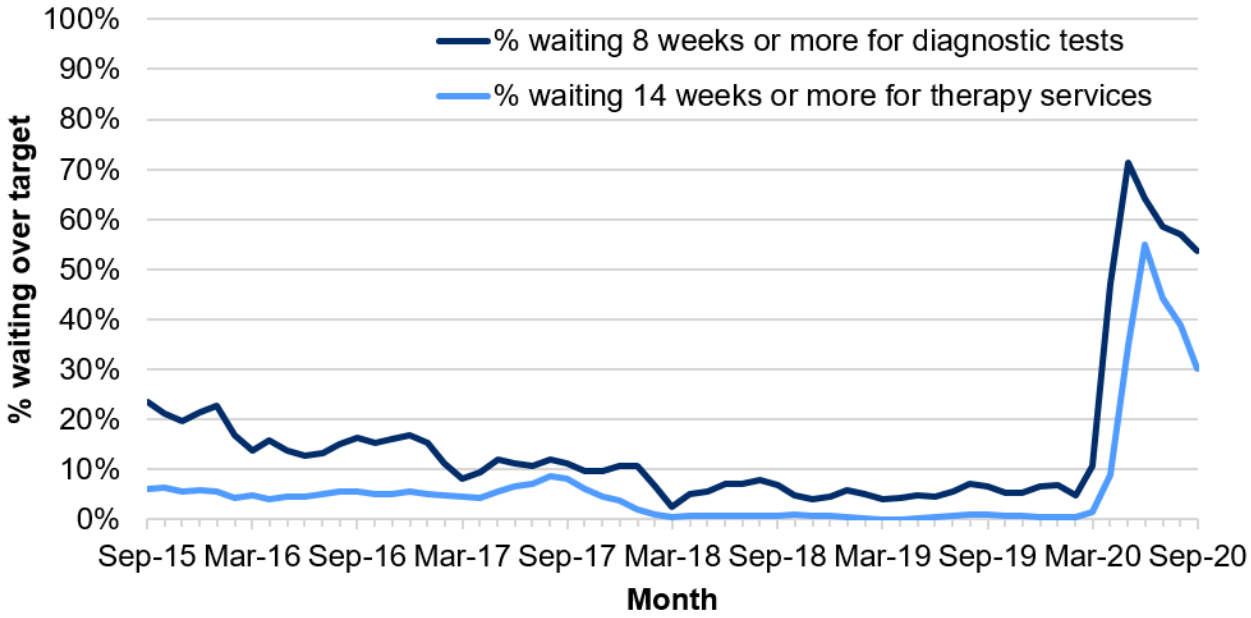
The latest data for September 2020 shows that there were 30,031 patient pathways waiting for therapies. This is a decrease of 1.1% (336 fewer patient pathways waiting) compared to August 2020 and a decrease of 33.7% (15,262 fewer patient pathways waiting) compared with September 2019.

Performance

Targets

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

Chart 8: Percentage of patients waiting over the target time for diagnostic and therapy services by service target, September 2015 to September 2020



Source: Diagnostic and Therapy Services (DATS), NHS Wales Information Services (NWIS)

Diagnostic and Therapy Services Waiting Times by week on StatsWales

Note: Betsi Cadwaladr did not submit data for April 2020, so are not included in the Wales figures for this month.

As noted in the **activity section**, COVID-19 has had a clear impact on the number of patient pathways waiting for diagnostic and therapy services. This has also impacted on performance against both targets.

Prior to the COVID-19 pandemic, there had been a general downward trend in the number of patient pathways waiting more than 8 weeks for specified diagnostic tests since January 2014 and only a small percentage of patient pathways waited over 14 weeks for therapy services.

However, the COVID-19 pandemic has had and continues to have an impact on the number of patient pathways waiting for diagnostic and therapy services and the length of waits to receive these services. The largest percentage of pathways waiting longer than the target time for diagnostics was in May 2020, and June 2020 for therapy services. Since then the percentage of pathways waiting longer than the target time has fallen every month for both services.

The number of patient pathways waiting longer than 8 weeks for diagnostic tests was 60,967 at the end of September 2020. This is a decrease of 1.7% (1,057 fewer patient pathways waiting) compared to August 2020 but there were twelve times as many (56,334) patient pathways waiting compared with September 2019.

The number of patient pathways waiting more than 14 weeks for therapy services was 9,072 at the end of September 2020. This is a decrease of 23.0% (2,714 fewer patient pathways waiting) compared to August 2020, but there were almost seventeen times many (8,564) more patient pathways waiting compared with September 2019.

Contextual information shows that until the COVID-19 pandemic, median waiting times for pathways waiting for diagnostic tests have been stable in the short term but have fallen since 2014. Median waiting times for pathways waiting for therapy services have also been stable in the short term but have fallen since 2016.

Both services saw peaks in median waiting times during the height of the pandemic, in June 2020; the median waiting time for diagnostics was 14.3 weeks and for therapies was 14.9 weeks. Since then median waiting times have

fallen.

In September 2020 the median waiting time for diagnostic tests was 9.2 weeks, a decrease from 10.6 weeks in August 2020 but an increase from 2.6 weeks in September 2019.

In September 2020 the median for therapy services was 5.9 weeks in September 2020, a decrease from 7.6 weeks in August 2020 but an increase from 3.4 weeks in September 2019.

3.3 Referral to treatment time

The referral to treatment times statistics show monthly data on the waiting times and total time waited from referral by a GP or other medical practitioner to hospital for treatment in the NHS in Wales. Data on Welsh residents treated or waiting for treatment outside of Wales is not included in the release.

A patient is defined to have been treated, or their pathway closed if either, following consultation with a hospital specialist, no hospital treatment is necessary or if treatment begins. This could include:

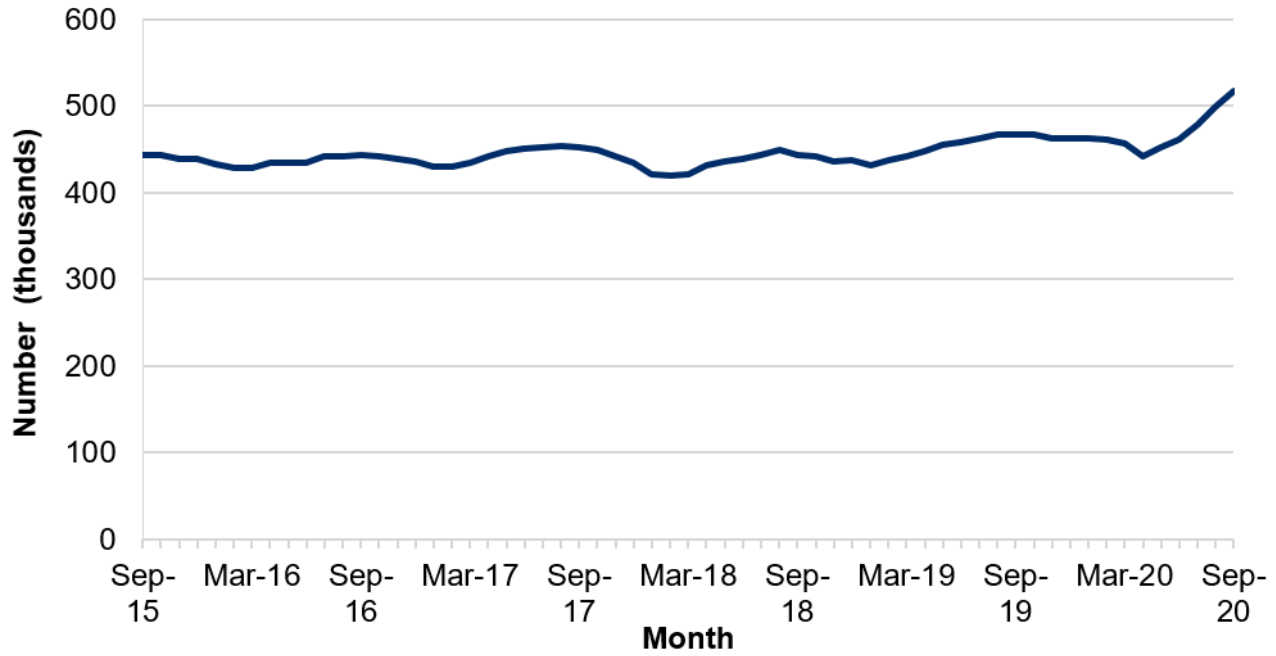
- being admitted to hospital for an operation or treatment
- starting treatment that does not require a stay in hospital (for example, medication or physiotherapy)
- beginning the fitting of a medical device such as leg braces
- starting an agreed period of time to monitor the patient's condition to see if further treatment is needed

Since the COVID-19 pandemic, more treatments have been conducted virtually and these are counted the same as in-person activity. The patient will also be reported as treated or has having their pathway closed, if they are transferred to another provider for the continuation of their care. They will then start a new referral to treatment pathway with their next provider. However, if they are transferred for cardiac treatment, they will not be recorded as having been treated or their pathway closed, and the accumulated waiting time will continue with the subsequent provider.

For the purpose of the release, the day of referral is defined as the day that the referral letter is received by the hospital.

Activity

Chart 9: Number of patient pathways waiting to start treatment, September 2015 to September 2020



Source: Referral to treatment times (RTT), NHS Wales Information Services (NWIS)

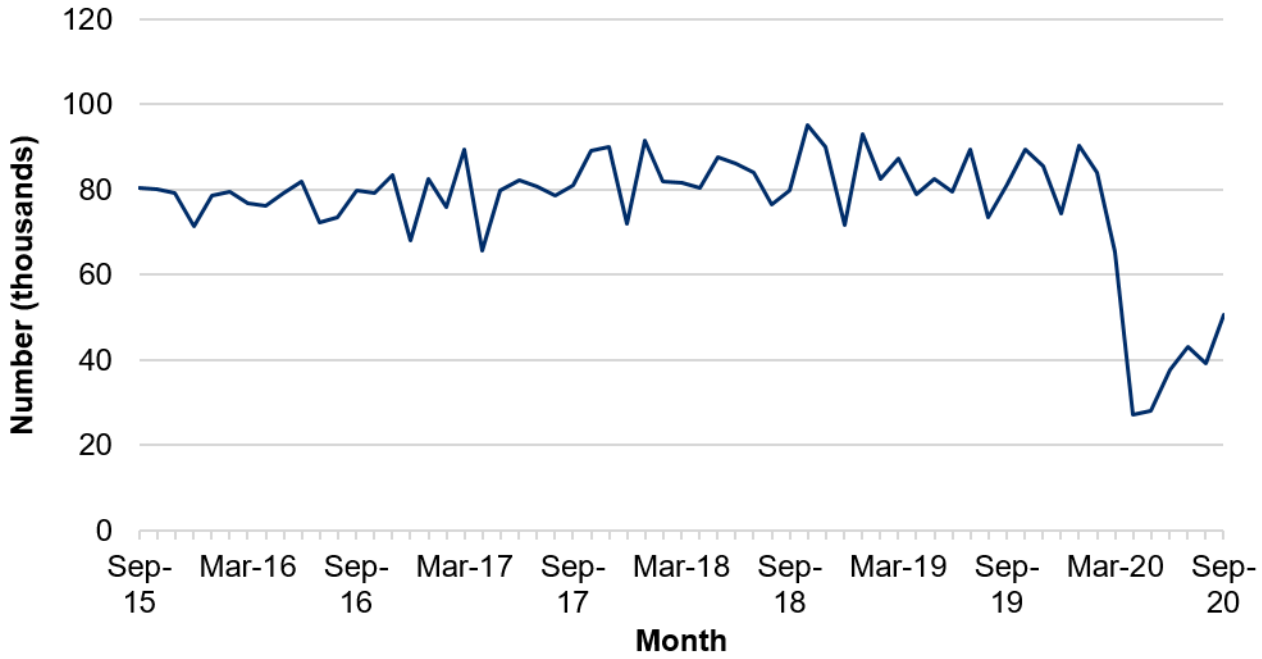
Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway on StatsWales

The number of patient pathways waiting to start treatment typically varies from month-to-month throughout the year, with numbers tending to be lower in September and December.

In the initial months of the COVID-19 pandemic there was no clear change to the total number of patient pathways waiting to start treatment. However, from May 2020 onwards the number of patient pathways waiting to start treatment increased steadily each month, to the highest level on record in September 2020.

The number of patient pathways waiting to start treatment by the end of September 2020 was 517,878, an increase of 3.8% (18,775 more patient pathways waiting) from August 2020 and an increase of 10.9% (50,707) compared with September 2019.

Chart 10: Number of closed patient pathways, September 2015 to September 2020



Source: Referral to treatment times (RTT), NHS Wales Information Services (NWIS)

Closed patient pathways by month, local health board and weeks waiting on StatsWales

Note that between September 2018 and March 2019, **Cwm Taf health board were unable to provide closed pathway data**. Since the **change in health board boundaries** in April 2019, Cwm Taf Morgannwg have also not submitted data. Therefore to allow for trend analysis at a national level data for Cwm Taf and Cwm Taf Morgannwg are excluded for closed pathways.

The number of closed patient pathways varies considerably from month-to-month and tends to be lower in August and December, but has remained at a broad level of 80,000 per month for the last 3 years, prior to the COVID-19 pandemic.

At the start of the pandemic, the number of closed pathways fell sharply, with the fewest closed on record in April 2020. Since then the number of patient pathways closed each month has increased but has not returned to their pre-COVID-19 level.

The number of patient pathways closed during September 2020 was 50,810, an increase of 11,502 (29.3%) from August 2020 but a decrease of 30,437 (37.5%) compared with September 2019.

There were 715,189 closed pathways during the 12 months to September 2020, a decrease of 28.9% (290,290 fewer pathways) compared to the previous 12 months.

The number of patient pathways closed per working day during September 2020 was 2,310, an increase of 344 (17.5%) from August 2020 but a decrease of 1,560 (40.3%) compared with September 2019.

Data for specialist treatment functions not included in the referral to treatment data collection have also been published on **StatsWales**. Note that this data will not be updated in future months as the collection is likely to cease.

Data for Specialist Child and Adolescent Mental Health Services (sCAMHS) is currently collected as management information from local health boards and will continue to be published on **StatsWales**. A new data collection for sCAMHS is in the early stages of development and once established, data for sCAMHS will be published alongside other mental health data.

Performance

Targets

- 95% of patients waiting less than 26 weeks from referral.
- No patients waiting more than 36 weeks for treatment from referral.

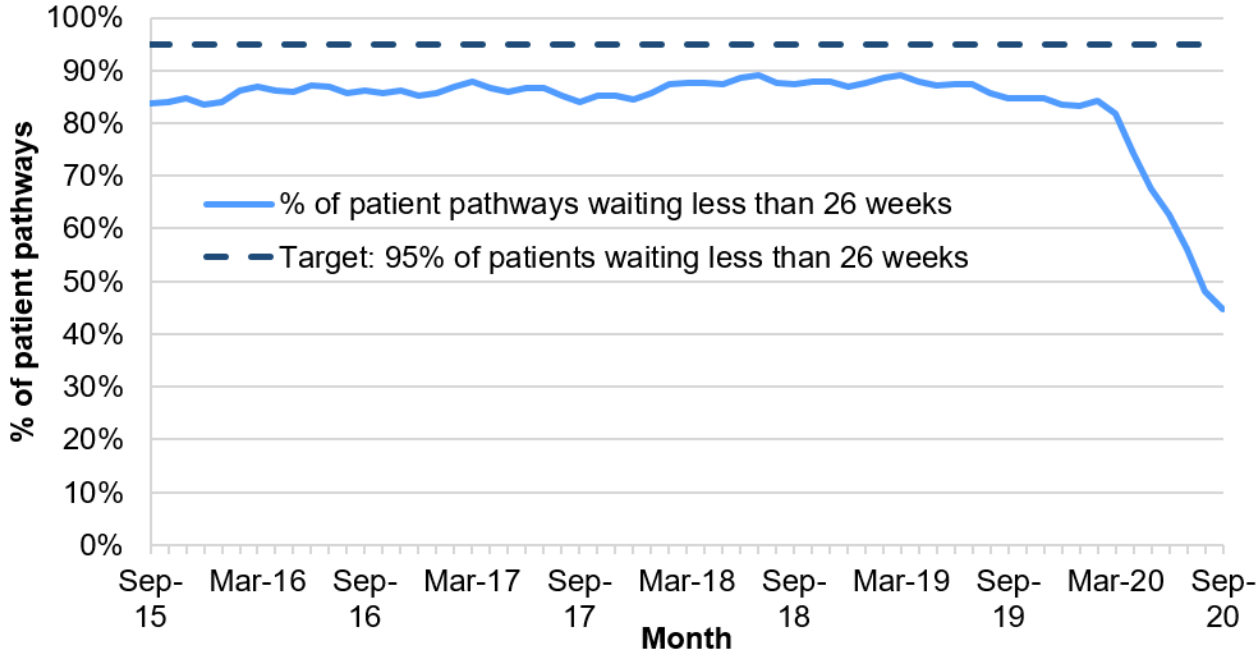
As **all non-urgent outpatient appointments were suspended in March** in order to prioritise urgent appointments, the length of waiting times for patients

referred for treatment has increased markedly. In addition, while more services have restarted, additional infection, prevention and control measures have been implemented that has affected the amount of treatment activity that can be carried out.

Clinicians are reviewing all the patients on the waiting lists at various stages to identify clinical priorities. While referral to treatment waiting lists remain active, the amount of validation performed by local health boards on waiting list data has been reduced as resources are also focused on supporting the new ways of working. Caution should be taken when comparing performance statistics from March 2020 onwards with previous months due to these changes.

Welsh Government and the NHS Wales are exploring how best to collect data for new ways of delivering services. Virtual reviews at the outpatient stage are now being included as activity, for both new and follow-up care.

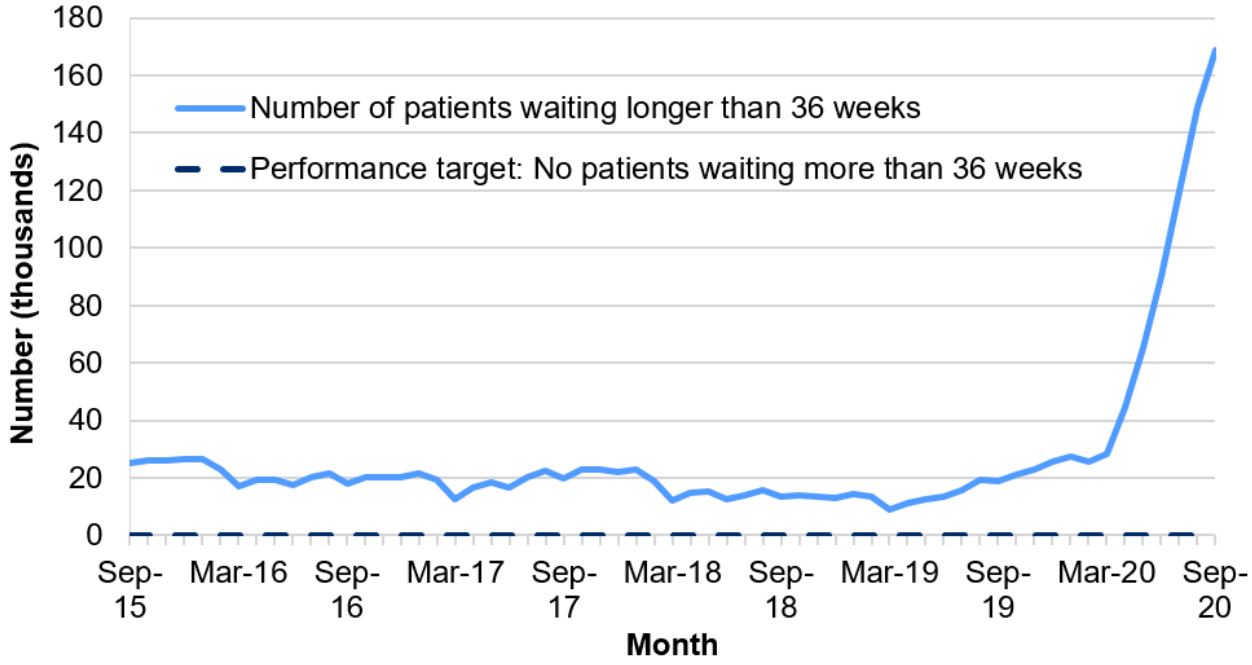
Chart 11: Percentage of patient pathways waiting less than 26 weeks by weeks waited, September 2015 to September 2020



Source: Referral to treatment times (RTT), NHS Wales Information Services (NWIS)

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

Chart 12: Number of patient pathways waiting more than 36 weeks by weeks waited, September 2015 to September 2020



Source: Referral to treatment times (RTT), NHS Wales Information Services (NWIS)

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

Prior to the COVID-19 pandemic, referral to treatment time performance against both targets was fairly stable between 2016 and early 2019, but had been deteriorating since mid-2019.

The number of patient pathways waiting more than 36 weeks has increased since March 2020 at the start of the COVID-19 pandemic, with nearly six times as many patient pathways waiting over 36 weeks in September 2020 compared to February 2020.

The number of patient pathways waiting less than 26 weeks has decreased since March 2020 at the start of the COVID-19 pandemic, with 40.4% fewer patient pathways waiting less than 26 weeks in September 2020 compared to February 2020.

Of the 517,878 patient pathways waiting for the start of their treatment by the

end of September 2020, 44.8% (232,127 patient pathways) had been waiting less than 26 weeks. This is the lowest since current data collection began in October 2011.

168,944 patients (32.6% of all patient pathways waiting to start treatment) had been waiting more than 36 weeks from the date the referral letter was received by the hospital. This is the highest since current data collection began in October 2011.

The percentage of patient pathways waiting less than 26 weeks decreased by 3.5% compared to last month and decreased by 41.4% compared to the same month a year ago.

The number of patient pathways waiting more than 36 weeks increased by 13.5% compared to last month and was almost eight times higher compared to the same month a year ago.

Contextual information shows that the median waiting time for a patient pathway to start treatment had generally been around 10 weeks between late 2013 and February 2020, but this has increased since the pandemic started. The median waiting time was 29.0 weeks in September 2020, up from 26.6 weeks in August 2020 and up from 10.2 weeks in September 2019.

3.4 Cancer services

Cancer services have remained open throughout the pandemic and cancer patients are treated by clinical urgency rather than length of wait. Health boards have needed to adapt how they provide these services, including implementing additional infection, prevention and control measures to ensure they are delivering safe services while reducing the risk of patients contracting COVID-19. This has meant services have been operating at reduced capacity.

The number of patients being treated within the target time is also likely to have been affected by the period when some patients were shielding and by patient choices.

As noted in previous statistical releases, there has been a long-time aim to replace the current cancer performance measures (the urgent and non-urgent cancer pathways) with a single cancer pathway measurement. The single cancer pathway provides a more transparent and meaningful method for measuring performance of cancer services by measuring the time on the cancer pathway from the point a patient was suspected of having cancer, rather than the point at which the decision to treat is made.

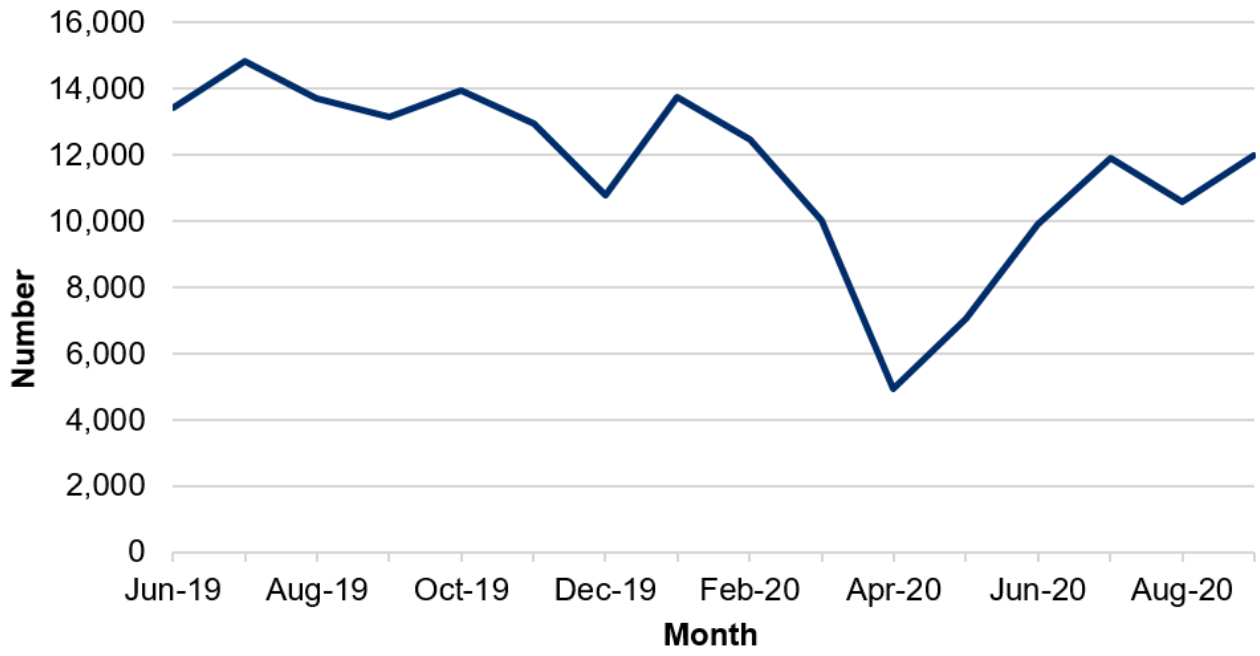
The data published this month on the single cancer pathway includes data for both with and without suspensions. Currently, a suspension can be applied to the waiting time for a number of reasons, such as the patient declining an appointment, or is not well enough to attend an appointment. A new data collection process is currently being established and the first data published from it, in early 2021 will not include any of these suspensions, and may not be directly comparable to the data published this month or to any other previously published data. The first publication of these statistics will also be classed as experimental and more details on the specific definition will be published prior to its first publication.

For more information on these changes and other changes to data collections please see the **changes to NHS performance data** section. We welcome feedback on these proposed changes.

Activity

Single cancer pathway (experimental statistics)

Chart 13: Number of patients entering the single cancer pathway who are newly suspected of having cancer, June 2019 to September 2020



Source: Welsh Government

Number of patients entering the single cancer pathway by local health board, numbers starting treatment and performance accounting for suspensions, June 2019 onwards on StatsWales

Patients entering the single cancer pathway are counted from the moment there is a suspicion of cancer, rather than from when their referral is received in hospital and a diagnosis has been made.

Experimental statistics show that the number of patients entering the single cancer pathway who are newly suspected of having cancer halved in April 2020 at the start of the pandemic. Since then, the number of patients referred with suspected cancer has increased in most months and is at a similar level to the pre-COVID-19 period.

In the month of September 2020, 11,981 patients entered the pathway. This is an increase of 13.5% (1,426 more patients) from August 2020 but a decrease of 8.7% (1,145 fewer patients) from September 2019.

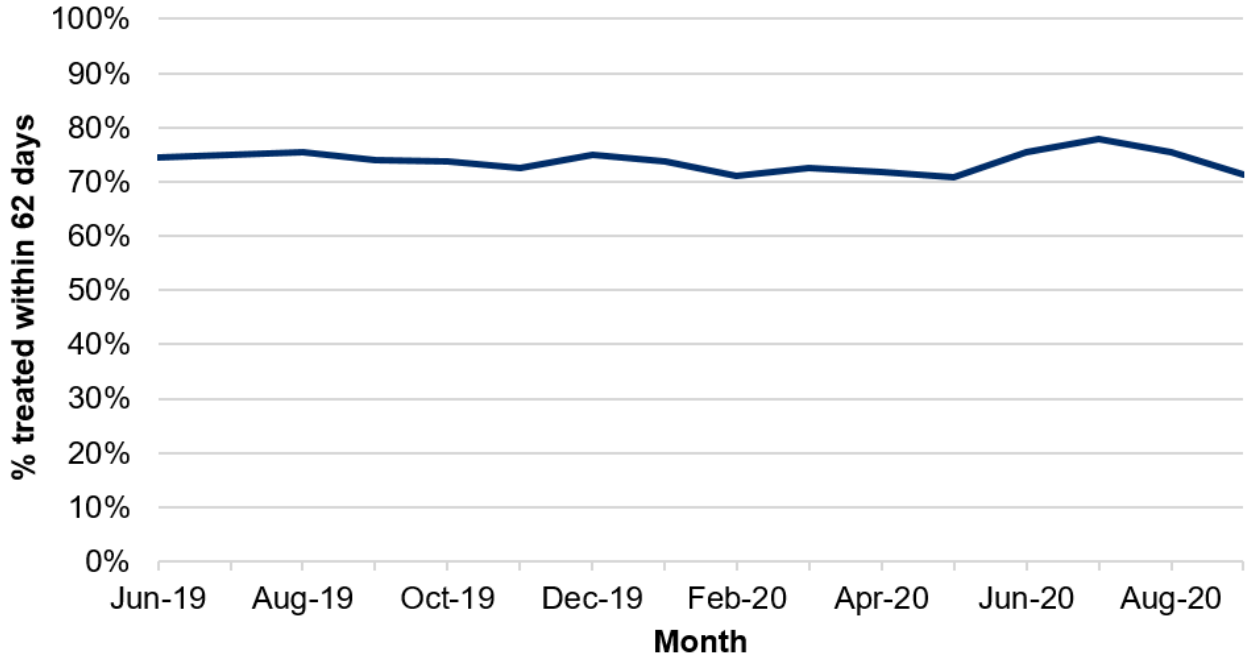
In September 2020, 1,366 patients newly diagnosed with cancer were treated through the single cancer pathway. This is an increase of 15.2% (180 more patients) from August 2020 but a decrease of 5.6% (81 fewer patients) from September 2019.

Performance

Target

- As announced on 18 November 2020, the new single cancer pathway target is: 75% of patients starting treatment within 62 days (without suspensions) of first being suspected of cancer. This target will be reported on in next month's statistical release. This target will remain until March 2022, when the target percentage is expected increase.

Chart 14: Percentage of patients treated within 62 days (with suspensions) on the single cancer pathway, June 2019 to September 2020



Source: Welsh Government

Number of patients entering the single cancer pathway by local health board, numbers starting treatment and performance accounting for suspensions on StatsWales

Performance against the 62 day target has remained relatively stable since data was first collected in June 2019. In the early stages of the COVID-19 pandemic, performance against the target improved, reaching a peak of 77.9% in July 2020. Since then the percentage being treated within 62 days has fallen and is comparable to the months just before the pandemic.

The latest data show that in the month of September 2020, 71.3% of patients (974 out of 1,366) newly diagnosed with cancer via the single cancer pathway began treatment within 62 days from the point of suspicion (with suspensions). This is 4.1 percentage points lower than in August 2020 and 2.6 percentage points lower than September 2019.

3.5 Patients starting cancer treatment referred via

both the urgent and not via the urgent suspected cancer pathway

There are plans to **change the way cancer data is collected in future months**. Until the new data collection processes are established, cancer patients in Wales will continue to be counted by both the urgent and not via the urgent pathways, as well as the single cancer pathway (experimental statistics).

Activity

COVID-19 had an impact on the number of newly diagnosed patients starting their first definitive treatment with cancer via the urgent suspected cancer pathway, in the early months of the pandemic. The number of patients starting treatment in April and May 2020 was lower than in a typical month before the pandemic, but since then this has increased and returned to a similar level as before the pandemic by July 2020.

The number of newly diagnosed patients starting their first definitive treatment not via the urgent pathway also decreased in the early part of the pandemic. In more recent months this has increased but is below the level it was before the pandemic.

Analysing the number of patients entering the pathway over the previous twelve months reduces the impact of natural month-to-month variation in datasets which are known to have large monthly variations.

During the 12 months to September 2020, 7,806 patients newly diagnosed with cancer via the urgent suspected cancer pathway started treatment. This is a decrease of 6.6% (553 patients) compared with the previous 12 months (year ending September 2019) but an increase of 15.9% (1,072 patients) from the corresponding period 5 years ago (year ending September 2015).

During the 12 months to September 2020, 8,277 patients newly diagnosed with cancer not via the urgent suspected cancer pathway started treatment. This is a decrease of 10.0% (921 patients) compared the previous 12 months (year

ending September 2019) and a decrease of 12.1% (1,136 fewer patients) from the corresponding period 5 years ago (year ending September 2015).

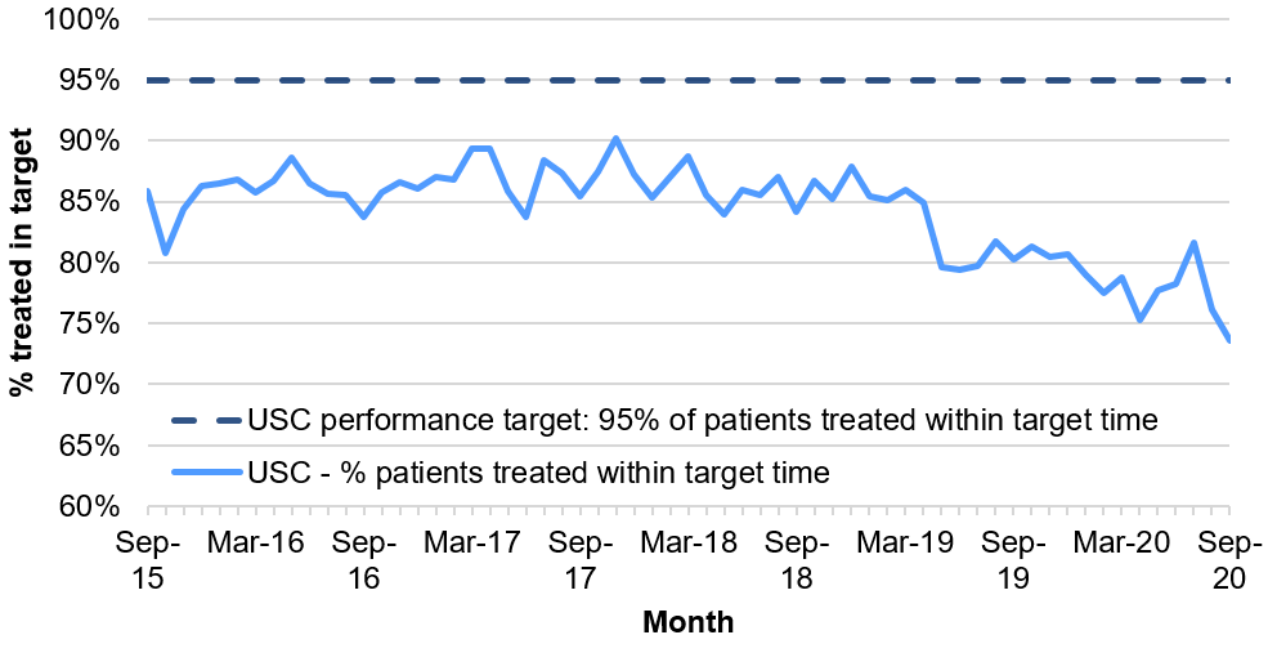
As these figures are based on a 12 month rolling average the full impact of the COVID-19 pandemic may not be noticeable until later in the year.

Performance

Targets

- Urgent suspected cancer (USC): At least 95% of patients diagnosed with cancer will start definitive treatment within 62 days of receipt of referral.
- Not via the urgent pathway (NUSC): At least 98% of patients newly diagnosed with cancer will start definitive treatment within 31 days of the decision to treat (regardless of the referral pathway).

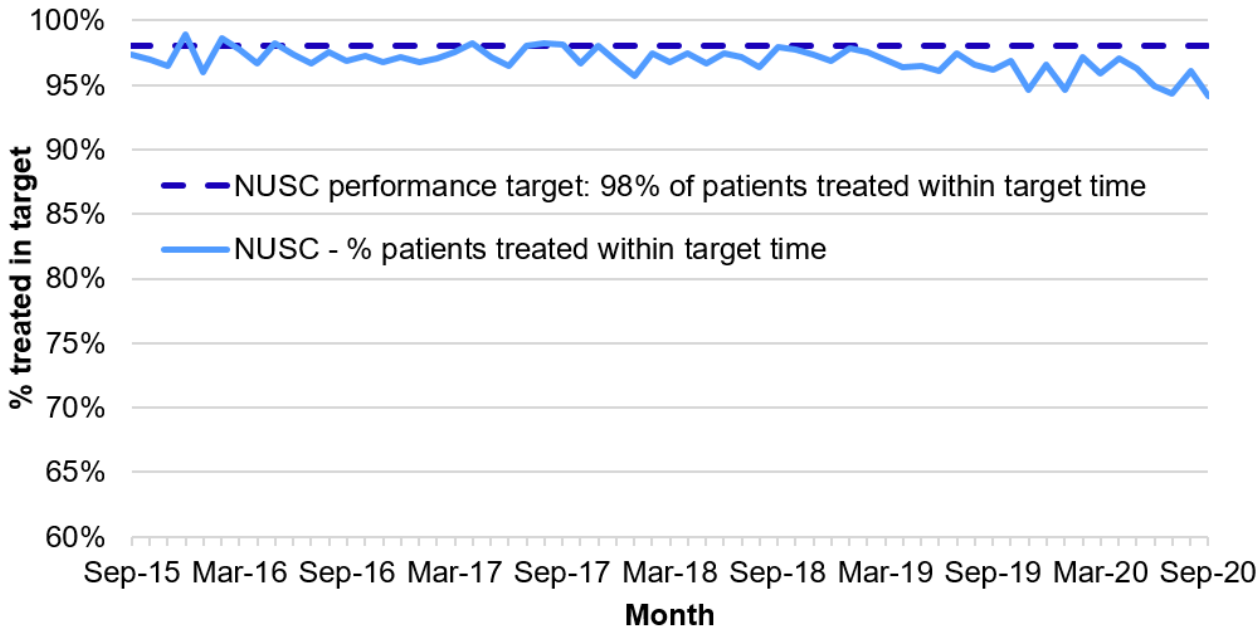
Chart 15: Percentage of patients starting treatment by pathway, September 2015 to September 2020



Source: Welsh Government

Patients newly diagnosed via the urgent suspected cancer route starting treatment by local health board, tumour site and month on StatsWales

Chart 16: Percentage of patients starting treatment by pathway, September 2015 to September 2020



Source: Welsh Government

Patients newly diagnosed not via the urgent suspected cancer route starting treatment by local health board, tumour site and month on StatsWales

While there is month-to-month volatility in performance against both targets, performance had remained broadly stable between early 2016 and mid-2019. Since then performance for both targets has been broadly on a downward trend and more noticeably for the urgent pathway.

The percentage of patients being treated within the target time via the urgent suspected pathway has fluctuated over the pandemic period. Performance improved in June and July 2020, but deteriorated in the most recent months.

Also during the pandemic, while the number of patients entering not via the urgent pathway has decreased, the percentage of patients treated within the target time has remained broadly consistent with the six months before the pandemic.

Note that the factors affecting performance against the single cancer pathway

target, also affect performance against the urgent and not via the urgent pathway targets.

In the month of September 2020, 73.6% of patients (504 out of 685) newly diagnosed with cancer via the urgent suspected cancer pathway started definitive treatment within the target time of 62 days. This is below the target of 95% and a decrease of 2.5 percentage points from August 2020.

For the latest 12 months to September 2020, 78.4% of patients newly diagnosed with cancer via the urgent suspected cancer pathway started definitive treatment within the target time of 62 days. This is 5.1 percentage points lower than the previous 12 months and 7.1 percentage points lower than the corresponding 12 month period 5 years ago.

In the month of September 2020, 94.1% of patients (641 out of 681) newly diagnosed with cancer not via the urgent pathway started definitive treatment within the target time of 31 days. This is below the target of 98% and 2.0 percentage points lower than August 2020.

For the latest 12 months to September 2020, 95.7% of patients newly diagnosed with cancer not via the urgent pathway started definitive treatment within the target time of 31 days. This is 1.3 percentage points lower than the previous 12 months and 1.2 percentage points lower than the corresponding 12 month period 5 years ago.

4. Changes to NHS performance data in future months

In the coming months there are several changes planned for how performance is measured in NHS services which will affect the statistics published in this release. As plans become more developed, additional details will be included in the monthly NHS activity and performance statistical release. We welcome feedback on these plans. Currently, the planned changes are as follows:

Emergency departments

Alongside the official statistics three new measures have been developed as part of the Emergency Department Quality Delivery Framework (EDQDF) programme. This programme has developed a broader range of measures, to provide more context about delivery of care in emergency departments. These will include measures on the time from patient arrival to triage, the time from patient arrival to contact with a clinical decision maker, and analysis of the patient's discharge destination when they leave the emergency department.

As the datasets and data collection processes for these new measures are developed, they will be published as management information on the **National Collaborative Commissioning Unit** website on the 19th November 2020. Dependent on data being robust and meeting the requirements of the Code of Practice for Statistics, Welsh Government intend to publish these alongside our official statistics in early 2021, with an experimental statistics status in the first instance.

Delayed transfers of care (DToC)

At the start of the pandemic, the Welsh Government suspended delayed transfers of care reporting requirements, along with many other datasets. In the interim, Welsh Government introduced the **COVID-19 Discharge Requirements**, which included a new discharge process with increased focus on rehabilitation and reablement.

The Welsh Government emergency care policy and performance team and the NHS Delivery Unit have been collecting interim weekly delayed discharge data to manage the new arrangements. This data does not measure delayed transfers of care in the same way as the previous data collection, and has not been assessed against the standards of the Code of Practice for Statistics. Options for future collection and publication of data and performance measures will be developed over the coming months.

Specialty treatments not covered by referral to treatment

times data (also referred to as non-RTT data)

These data are collected from the long-standing PP01W data collection form and includes specialist treatments relating to mental health, dentistry and palliative medicine.

It has been identified that the definitions and methods for data collection used in PP01W are outdated and no longer fit for purpose. It is therefore planned that no data will be published from this data collection following the September 2020 reporting period, in the November 2020 statistical release. The data collection itself may cease subject to an impact assessment.

Specialist children's and adolescent mental health services (sCAMHS) data has been collected using management information since April 2018 following issues identified with the PP01W data collection. Data for sCAMHS will continue to be collected and published on this basis over the short term, before a new data collection is developed. It is planned sCAMHS data will then be published alongside other mental health data once the new process is established, with a target time of spring 2021.

Cancer services

As noted in previous statistical releases, there has been a long-time aim to replace the current cancer performance measures (the urgent and not via the urgent cancer pathways) with a single cancer pathway measurement. The single cancer pathway provides a more transparent and meaningful method for measuring performance of cancer services. It does this by measuring the time on the cancer pathway from the point they were suspected of having cancer rather than the point at which the decision to treat is made. At present over half of cancer patients are on the not via the urgent pathway and their cancer wait only commences part the way through the pathway rather than at the start.

Experimental data for the single cancer pathway (with and without suspensions) has been collected directly via health boards and published by the Welsh Government since June 2019. A new central data collection process is being established by NHS Wales Informatics Service (NWIS) and single cancer

pathway data collected through this process will replace the data collected directly from health boards.

Providing that data is robust enough to meet the standards laid out in the Code of Practice for Statistics, from the December 2020 reporting period (statistical release published in February 2021) all cancer performance data published in this release will only refer to the single cancer pathway. Publication of data on the urgent and non-urgent pathways will cease at this point.

Note that the current experimental data published on the single cancer pathway includes data both with and without suspensions. This means that the waiting time can be adjusted for various reasons, such as the patient declines an appointment, or is not well enough to attend an appointment. The data to be published from the December 2020 reporting period will be based on a new definition which does not include any of these suspensions, and may not be directly comparable with all single cancer pathway data previously published. The first publication of these statistics will also be classed as experimental and more details on the specific definition will be published prior to its first publication.

Alongside the move to solely reporting on the single cancer pathway, a range of wider contextual performance measures are in development. These are being brought together by using the National Data Resource at NWIS and are planned to be published as experimental statistics, on a quarterly basis, around the same time as the move to the single cancer pathway.

5. Quality and methodology information

Data quality during the COVID-19 pandemic

During the COVID-19 pandemic resources across all NHS organizations have been stretched, including those responsible for recording, processing and validating data. This means that some of the data included in this statistical release may not have been subject to the same rigorous validation checks that would normally have occurred prior to the pandemic. While data submitted

during the pandemic broadly appears of good quality, there are some data specific data quality issues.

- Betsi Cadwaladr health board did not submit data for the number of pathways waiting for therapy services in April 2020. This affects diagnostic and therapy services activity and performance data in that month only.
- Certain hospital settings were unable to submit consultant, gastroscopy, blood pressure monitoring, echo cardiogram and heart rhythm sub-specialty data for August and September 2020. These were in Bridgend and Neath/ Port Talbot which affects diagnostic and therapy services activity and performance data in Cwm Taf Morgannwg, Swansea Bay and at a Wales level in those months.
- While referral to treatment waiting lists remain active, clinicians have had to review all patients on the waiting lists at various stages to identify clinical priorities. The amount of validation performed by local health boards on waiting list data has been reduced as the same resources are also focused on supporting the new ways of working. This affects the referral to treatment activity and performance data.
- Hywel Dda health board did not submit any outpatient referrals data for mental health treatment codes in August and September 2020 due to the Mental Health Migration project. This has a minor impact on the overall numbers of patients referred in those months, at the Wales level.
- While not COVID-19 specific, Cwm Taf Morgannwg has not submitted closed pathways data since September 2018 (Cwm Taf health board between September 2018 and March 2019). Therefore closed pathways data only refers to the six other health boards to allow for trend analysis at a national level.

Bridgend local authority moving health board

Health service provision for residents of **Bridgend local authority 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 boundary change. As these are data summaries on performance, we have not backdated the historic data for the new health boards. Publication of new data for the previous boundaries has stopped.

Ambulance response times

During the COVID-19 pandemic emergency response staff have been required to wear additional personal protective equipment which will impact how quickly they can respond to a call. In addition, after an ambulance has been dispatched to the scene, it must then go through additional cleaning processes to prevent the spread of the virus. This results in the vehicle being taken off the road for a time which may also affect response times during this period.

As part of the continual review of the clinical response model, the Welsh Ambulance Service Trust regularly reviews call handling practices and the categorisation of incidents. An update to call handling practices in May 2019 appears to have resulted in a change to red incident volume. Therefore, it is not possible to compare red incident volumes prior to this time. Increases in red incident volumes may also impact on performance due to the additional resources required to attend a red incident.

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.

There are three overarching call categories:

1. Red: Immediately life-threatening (someone is in imminent danger of death,

such as a cardiac arrest)
2. 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)
3. Green: Non urgent (can often be managed by other health services and clinical telephone assessment)

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.

Ambulance services: StatsWales

Ambulance services: Quality report

Ambulance services: Annual release

Emergency departments

Note that in previous statistical releases, emergency department data was referred to as 'A&E'. In this release and future releases, the term 'emergency department' will be used to make it clear that attendances at both major accident and emergency (A&E) departments, other A&E departments and minor injury units (MIUs) are included.

Note that the number of admissions to hospital are based off attendances at only major emergency departments in Wales. This is because admissions to hospital from attendances at minor injuries units are not recorded consistently across Wales.

Major emergency departments are defined as a consultant led service with resuscitation facilities and accommodation for the reception of emergency department patients. Major emergency departments must provide the resuscitation, assessment and treatment of acute illness and injury in patients of all ages, and services must be available continuously 24 hours a day. Other A&E/MIUs are defined as all other A&E/casualty/minor injury units, which have accommodation to receive emergency patients and can be accessed without appointment.

During the COVID-19 pandemic, several minor injury units (MIUs) temporarily closed, but some have since reopened. These are Barry hospital (closed in March 2020; reopened in September 2020); Bryn Beryl (closed in May 2020; reopened in September 2020); Dolgellau and Barmouth District Hospital (closed in April 2020; remains closed); Tywyn & District War Memorial Hospital (closed in June 2020; remains closed); and Llandovery (closed in April 2020; remains closed).

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 emergency departments:

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

Revisions: Some figures are likely to be revised in future months. Each submission from health boards contains data for up to the last 12 months. This may contain minor revisions to previously published periods. The revised data

will be published on StatsWales with the latest month. Any substantial revisions will be footnoted and mentioned in the stats release.

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 emergency departments/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.

Time spent in emergency departments: StatsWales

Time spent in emergency departments: Quality report

Time spent in emergency departments: Annual release

Outpatient referrals

Revisions: From December 2015 our revisions policy is to revise back every 12 months on a monthly basis.

Comparability and coherence: Similar information is available from other parts of the UK but the data is not exactly comparable due to local definitions and standards in each area. Data standards and definitions have been agreed across health boards ensuring that data is collected on a consistent basis across Wales.

Outpatient referrals: StatsWales

Outpatient referrals: Quality report

Diagnostic and therapy waiting times (DATS)

Note that Betsi Cadwaladr health board did not submit therapies data for April 2020. This affects the number of total patient pathways waiting in the month and data for this month should not be compared with other months, at the Wales level. To estimate the scale of the impact, there were 25,501 pathways waiting in the other six health boards in April 2020, while in the two months either side, there were 7,519 patient pathways waiting in March 2020 and 9,840 in May 2020, in Betsi Cadwaladr.

This will also affect the number and percentage of pathways waiting longer than the target time. Performance data for April 2020 is only representative of the six health boards which provided data for that month. No data has been estimated for the missing data in this release or on StatsWales.

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 notes for Referral to Treatment.

Diagnostic and Therapy waiting times: StatsWales

Diagnostic and Therapy waiting times: Quality report

Diagnostic and Therapy waiting times: Annual release

Referral to treatment times

A referral to treatment pathway (RTT) 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% of patients waiting less than 26 weeks from referral to treatment
- no patients waiting more than 36 weeks for treatment

Cwm Taf Morgannwg have been unable to provide closed pathway data since September 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. Prior to this date, the 12 month average of the number of closed patient pathways submitted by Cwm Taf between July 2017 and July 2018, the date when data was last submitted, was 11,031. The data for Cwm Taf for previous months are available on StatsWales.

At the end of June 2019, Cwm Taf Morgannwg advised the Welsh Government 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 October 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 October 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.

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 that 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 that 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.

To increase consistency across health board data, all new treatment codes have been ammended 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)**.

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

Cancer services

At present statistics are reported on three cancer pathways: the single cancer pathway, the urgent suspected pathway and not via the urgent suspected pathway.

From February 2021, data will only be published for the single cancer pathway, this will refer to the December 2020 reporting period.

Statistics for all pathways include all patients with cancer, regardless of area of

residence, who have started treatment in the reporting period. They do not include Welsh patients with cancer receiving treatment at private hospitals or NHS hospitals outside Wales.

Patients with a recurrence of the original primary cancer are not included.

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.

Additional information on cancer waiting times is available in the **quality report.**

A detailed analysis of cancer waiting times is also published in an **annual statistical release.**

Single cancer pathway

The **single cancer pathway was announced in 2018** by Vaughan Gething AM, Cabinet Secretary for Health and Social Services and provides a more transparent and meaningful method for measuring performance of cancer services than the other two pathways. It does this by measuring the time on the cancer pathway from the point they were suspected of having cancer rather than the point at which the decision to treat is made. At present over half of cancer patients are on the not via the urgent pathway and their cancer wait only commences part the way through the pathway rather than at the start.

As noted in previous statistical releases, there has been a long-time aim to replace the urgent and not via the urgent pathways with the single cancer pathway. For more information on the pathway, see this **Data Set Change Notice** with these **key documents**.

Note that the current experimental data published on the single cancer pathway includes data both with and without suspensions. This means that the waiting time can be adjusted for various reasons, such as the patient declines an appointment, or is not well enough to attend an appointment. A new data collection process is currently being established and the first data published from it, in early 2021 will not include any of these suspensions, and may not be directly comparable to the data published this month or to any other previously published data. The first publication of these statistics will also be classed as experimental and more details on the specific definition will be published prior to its first publication.

Data for Powys for those entering the pathway will only show patients who were later downgraded as not having cancer.

An official target will be announced in the future; at present health boards are working to ensure that patients commence treatment within 62 days of being suspected as having cancer.

More information on the future changes to cancer data is available in **Section 4**.

Data for the single cancer pathway is published on **StatsWales.**

Urgent and not via the urgent cancer pathways

Before the single cancer pathway was introduces, patients receiving cancer services were categorised into two groups:

1. Those referred via the urgent suspected cancer pathway
   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.
2. Those not referred via the urgent suspected cancer pathway
   This group includes patients with cancer (regardless of their referral route), not already included as an urgent suspected cancer referral.

Waiting times for both of these pathways include suspensions.

Powys currently do not submit data on patients with cancer referred via the urgent or not via the urgent suspected cancer route since Powys does not provide acute services. Residents from Powys are included in the data submitted from other local health boards.

Data relating to the number of newly diagnosed patients starting treatment and the number of referrals made by cancer treatment route, cancer site and local health board are available on a monthly basis on StatsWales.

The targets associated with these pathways 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.

Data for the urgent and not via the urgent suspected cancer pathways is published on **StatsWales.**

Specialist Child and Adolescent Mental Health Services (sCAMHS)

sCAMHS data was previously collected from all health boards via a central data collection from (PP01W), but has recently been replaced with data collection directly from health boards through **management information**. This is an interim solution as it was identified that the data collected through the PP01W form did not capture referrals from all sources and health boards were not using consistent definitions. This management information has been backdated to April 2018 to provide a longer time series on a more consistent basis. This management information has not been validated 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 health board is only available from June 2020 onwards. A full note explaining how data for this health board differs to others is provided on StatsWales.

Data for sCAMHS will continue to be collected and published using management information over the short term, before a new, centralised data collection is developed. It is planned sCAMHS data will then be published alongside other mental health data once the new process is established, with a target time of spring 2021.

Specialist Child and Adolescent Mental Health Services (sCAMHS): **StatsWales**

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.

Timeliness

Publishing our monthly NHS activity and performance releases on the same day provides users with a more rounded and integrated picture of activity and gives a more coherent view of the NHS in Wales.

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, October alongside the planned care data for September.

Data

An interactive online tool has been developed with three sections:

1. Demand/activity: for example, emergency departments attendances, ambulance calls, referrals
2. Performance: for example, performance against emergency departments targets, RTT etc.
3. Context: for example, median time in emergency departments, median ambulance response times, median RTT waits

All charts show the latest five year period, if data has been collected on a comparable basis for that long. Note the exception to this are the ambulance activity and performance charts, where an update to call handling practices in May 2019 appears to have resulted in a change to red incident volume. Therefore, it is not possible to compare red incident volumes prior to this time.

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

Percentage point changes are calculated using unrounded figures.

Contextual information

Charts presented in the online tool provide additional activity information to complement the NHS performance information shown above.

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.

Revisions

Information relating to revisions is presented in the ‘Notes for this month’s publication’ and in the information accompanying the StatsWales datasets each month.

Relevance

What are the potential uses of these statistics?

These statistics will be used in a variety of ways. Some examples of these are:

- advice to Ministers
- to assess, manage and monitor NHS Wales performance against targets
- to inform service improvement projects for areas of focus and opportunities for quality improvement
- by NHS local health boards, to benchmark themselves against other local health boards
- to contribute to news articles on waiting times
- to help determine the service the public may receive from NHS Wales

Who are the key potential users of this data?

These statistics will be useful both within and outside the Welsh Government. Some of the key potential users are:

- ministers and their advisors
- members of the Welsh Parliament and the Members Research Service in the Welsh Parliament
- local health boards
- local authorities
- The department for Health and Social Services in the Welsh Government

and other areas of the Welsh Government
- National Health Service Wales
- Public Health Wales
- the research community
- students, academics and universities
- individual citizens and private companies
- media

The statistics may also be useful for other UK governments

Northern Ireland Executive's Department of Health, Social Services and Public Safety

Scottish Government

Department of Health in England

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

Aside from single cancer pathway statistics, the Office for Statistics Regulation has designated all other statistics presented in this release as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the **Code of Practice for 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 wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the Welsh Parliament. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the **Wellbeing of**

Wales report.

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

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

Next update

23 December 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**.

6. Contact details

Statistician: Rachel Dolman
Telephone: 0300 025 1612
Email: **stats.healthinfo@gov.wales**

Media: 0300 025 8099

SFR 205/2020

About this document

This document is a copy of the web page **NHS activity and performance summary: September and October 2020** downloaded.

Go to **https://gov.wales/nhs-activity-and-performance-summary-september-and-october-2020-html** for the latest version.

This document may not be fully accessible, for more information refer to our **accessibility statement**.