Llywodraeth Cymru
Welsh Government

STATISTICS

NHS activity and performance summary: February and March 2021

Report summarising data on activity and performance in the Welsh NHS for February and March 2021.

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Contents

This statistical release provides a summary of NHS Wales activity and performance data.

New data relating to calls to the ambulance service, emergency department attendances and admissions to hospital from major emergency departments are provided for the month of March 2021.

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 who started their first definitive cancer treatment in the month are provided for the month of February 2021.

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

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.

Further information is available in the key quality information section and more detailed commentary on the impact of the pandemic was included in **November's release**.

Please note, for cancer services, from the February release onwards, data is focused is on the suspected cancer pathway collection only. Please see the **cancer services section** for more information on these changes.

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 planned **changes to performance statistics** are included in this release.

Main points

- The daily average number of calls made to the ambulance service in March 2021 increased compared to the previous month but decreased compared to both March 2020 and March 2019. It is the lowest March total since the new clinical response model was introduced in October 2015.
- The proportion of all calls to the ambulance service that were immediately life-threatening (red calls) increased on the previous month.
- The percentage of red calls receiving a response within 8 minutes dropped to 62.5% in March 2021, meaning the 65% target was not met for the eighth consecutive month.
- Average daily emergency departments attendances increased on the previous month and were higher than the same month last year but were lower than the same month in 2019.
- Compared with the previous month, the percentage of attendances where the patient spent less than 4 hours in emergency departments increased and the number of attendances where the patient spent more than 12 hours in emergency departments decreased.
- COVID-19 has had a clear impact on the number of patient pathways waiting

for diagnostic and therapy services, with the number of patient pathways waiting for diagnostic services increasing markedly since the beginning of the pandemic. In contrast, the number of patient pathways waiting for therapy services are markedly lower than before the pandemic.

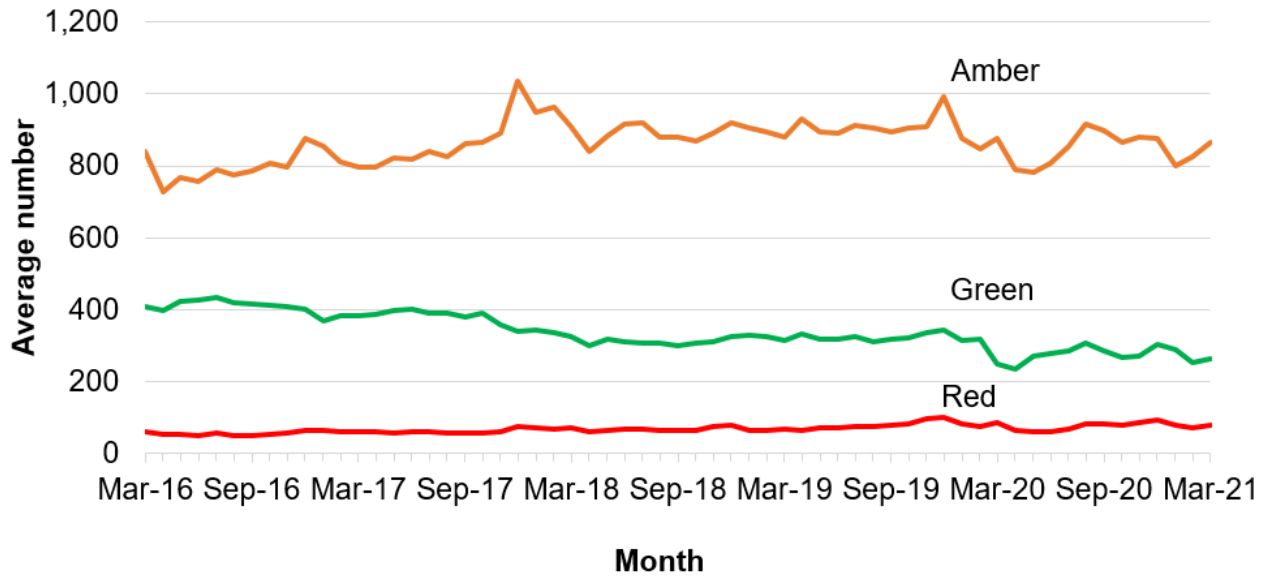
- The increased number of pathways waiting for diagnostics is directly linked to the impact of COVID-19 with **all non-urgent outpatient appointments suspended in March** and additional infection prevention measures being implemented in recent months. There remains a high number of patients waiting longer than the target time for diagnostics; performance has increased (fewer patients waiting over 8 weeks) this month.
- The lower number of patient pathways waiting for therapies is linked to some services being carried out virtually. There remains a high number of patients waiting longer than the target time and performance has decreased slightly (more patients waiting over 14 weeks) this month.
- The total number of patient pathways who had been referred for treatment but were waiting to start has risen each month since May 2020. COVID-19 has had a clear effect on performance against both of the referral to treatment targets. Compared with last month, the number of patients waiting longer than 36 weeks decreased (an increase in performance) whilst the percentage of patient pathways waiting less than 26 weeks was broadly unchanged (no change in performance). The average (median) waiting time for treatment decreased marginally when compared to the previous month.
- Experimental statistics show that the number of patients who started their first definitive treatment in the month after being newly suspected of having cancer decreased compared with the previous month but the percentage of patients receiving their first definitive treatment within 62 days of being suspected of having cancer increased.

Unscheduled care

Emergency calls to the ambulance service

Activity

Chart 1: Average daily number of emergency ambulance calls, by call type and month, March 2016 to March 2021



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 long term, until the COVID-19 pandemic. Since monthly data collections started in April 2006, average daily calls had risen from under 1,000 a day to between 1,260 and

1,440 a day in 2019, but have averaged just under 1,200 per month in the last twelve months.

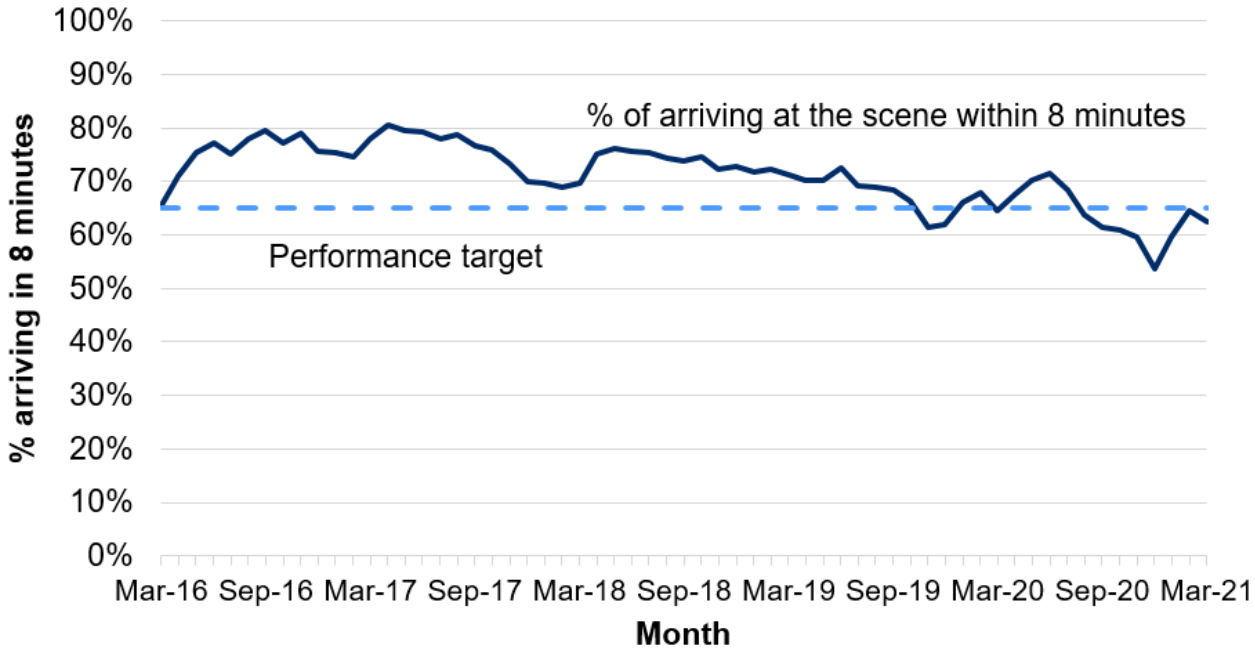
In March 2021, 37,490 emergency calls were made to the ambulance service. This is an average of 1,209 calls per day, 60 (5.2%) more calls per day than the previous month, 3 calls (0.2%) fewer than the same month last year and 52 (4.1%) fewer than the same month in 2019. March 2021. It is the lowest March total since the new clinical response model was introduced in October 2015.

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 6.6%, up from 6.2% in February 2021. Note that 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.

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, March 2016 to March 2021



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.

Whilst the COVID-19 pandemic is ongoing, emergency response teams have to complete additional procedures including wearing extra personal protective equipment which impacts on the speed at which they can respond to a call. The COVID-19 pandemic led to increases in the levels of staff sickness in the ambulance service at various points since March 2020, which may have also impacted on performance against the target.

Performance against the red call target has been mixed over the COVID-19

period. The target was met for each month between April and July 2020; however, performance has since decreased and has generally been lower than the corresponding month the previous year.

In March 2021, 62.5% of emergency responses to immediately life threatening (red) calls arrived within 8 minutes. This is the eighth consecutive month that the 65% target has not been reached

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 for red calls. However, it has been above 6 minutes for each month since August 2020, reaching a high of 7 minutes 28 seconds in December 2020. In March 2021 the median response time to red calls was 6 minutes 37 seconds. This is 16 seconds slower than in February 2021 and 21 seconds slower than in March 2020.

The majority of calls to the ambulance service are categorised as amber calls. There is no target associated with response times for amber calls but contextual information shows that in March 2021 the median waiting time for amber calls was 36 minutes and 08 seconds. This is 5 minutes and 13 seconds slower than in February 2021, but 2 minutes and 20 seconds quicker than in March 2020.

Emergency department attendances and admissions to hospital

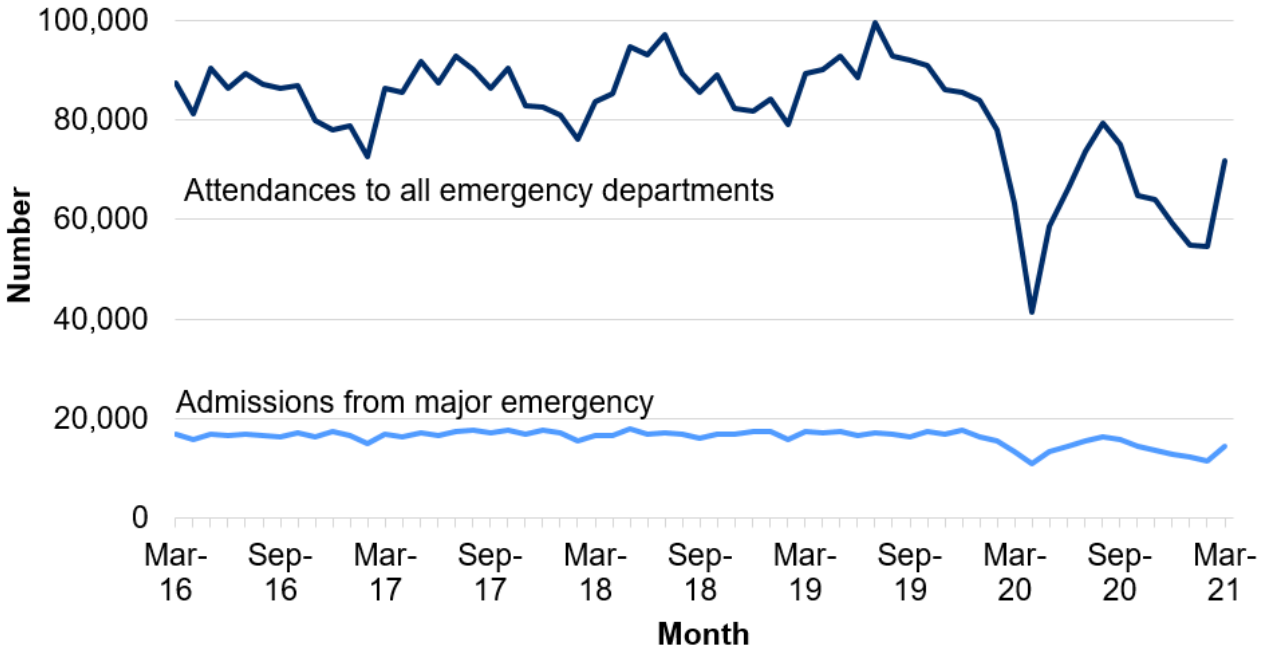
‘Emergency department’ refers to attendances and admissions at both major accident and emergency departments (A&E), other A&E departments and minor injuries units (MIUs), unless otherwise stated.

A wider range of emergency department performance statistics are now published on the **National Collaborative Commissioning Unit** (NCCU) website, as management information. This includes 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. These will be updated every month on the

same day as this National Statistics publication.

Activity

Chart 3: Number of attendances in NHS Wales accident and emergency departments, and admissions to hospital resulting from attendances at major emergency departments, March 2016 to March 2021



Source: Emergency department data set (EDDS), Digital Health and Care Wales (DHCW)

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 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 each month, attendances are generally higher in the summer months than the winter.

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 reporting began in 2012. Over the summer of 2020 attendances increased and approached pre-COVID-19 levels in August, before falling in September and falling further through to February 2021. Latest data for March shows an increase in attendances but figures remain lower than pre-COVID-19 levels.

The latest month's data shows that there were 71,904 attendances to all NHS Wales emergency departments in March. This was 31.4% higher than the previous month (17,194 more attendances), 13.9% higher than in the same month last year (8,790 more attendances) but 19.5% lower (17,395 fewer attendances) than March 2019.

The average number of emergency department attendances per day in March was 2,319. This is 366 more attendances per day on average than in February 2021, and 284 more than in March 2020 but 561 fewer than in March 2019.

The total number of emergency department attendances in the year to March 2021 was 764,109. This is 26.8% lower than the previous year (year ending March 2020) and 23.8% lower than the corresponding 12 month period 5 years ago (year ending March 2016). Annual comparisons are affected by the impact of the COVID-19 pandemic.

The 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.

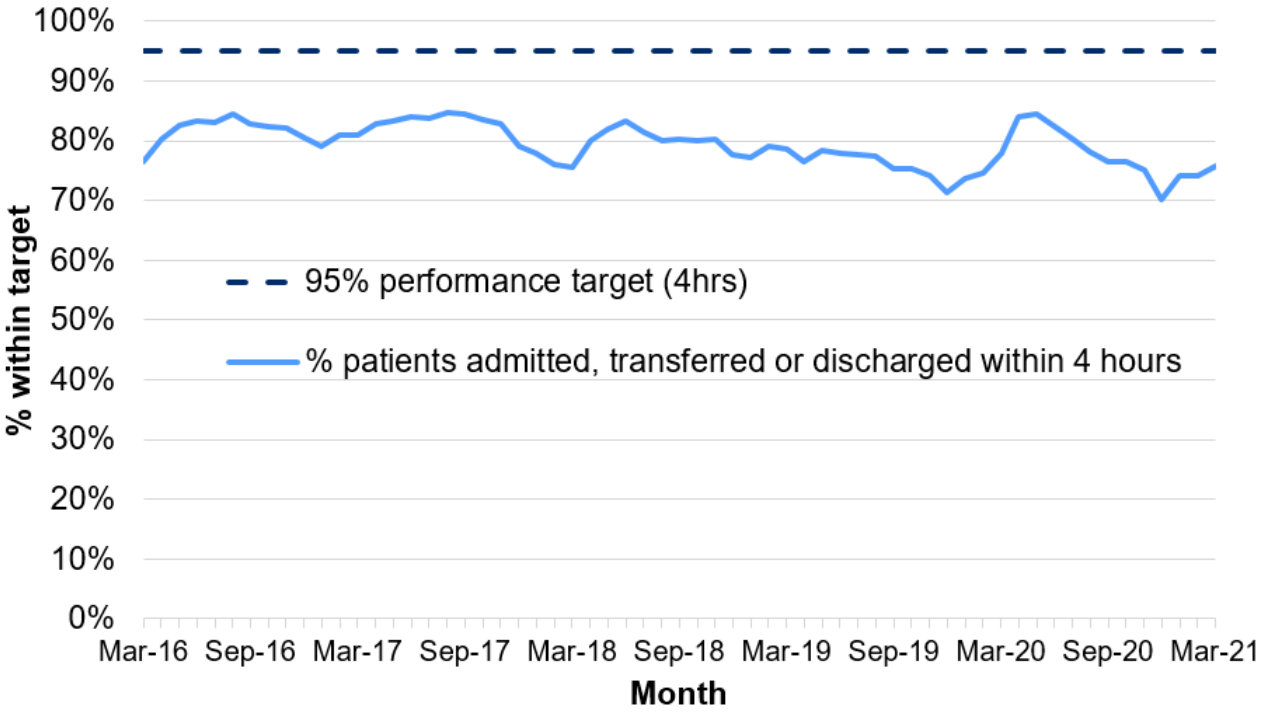
In March, 14,505 patients were admitted to the same or a different hospital following attendance at a major emergency department. This is 25.6% higher (2,953 more admissions) than the previous month, 9.1% higher (1,212 more admissions) than the corresponding month a year ago but 16.6% lower (2,897 fewer admissions) than the corresponding month in 2019.

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 emergency departments, March 2016 to March 2021



Source: Emergency department data set (EDDS), Digital Health and Care Wales (DHCW)

Performance against 4 hour waiting times target by hospital on StatsWales

Note that this is not a unique count of patients; the same patient will be counted multiple times if they make multiple attendances.

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%. Looking solely at the time period prior to the COVID-19 pandemic, this percentage decreased most months, reaching a low point in December 2019, before increasing in early 2020.

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, since then the trend has been broadly downward to December 2020. Since December 2020 the percentage of patients who were admitted, transferred or discharged within the 4 hour target time has increased.

The latest month's data shows that 75.7% of patients (54,420 patients) spent less than 4 hours in all emergency care departments from arrival until admission, transfer or discharge. This is 1.5 percentage points higher than February 2021 but a decrease of 2.2 percentage points from March 2020 and a decrease of 3.0 percentage points on March 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, prior to the COVID-19 pandemic.

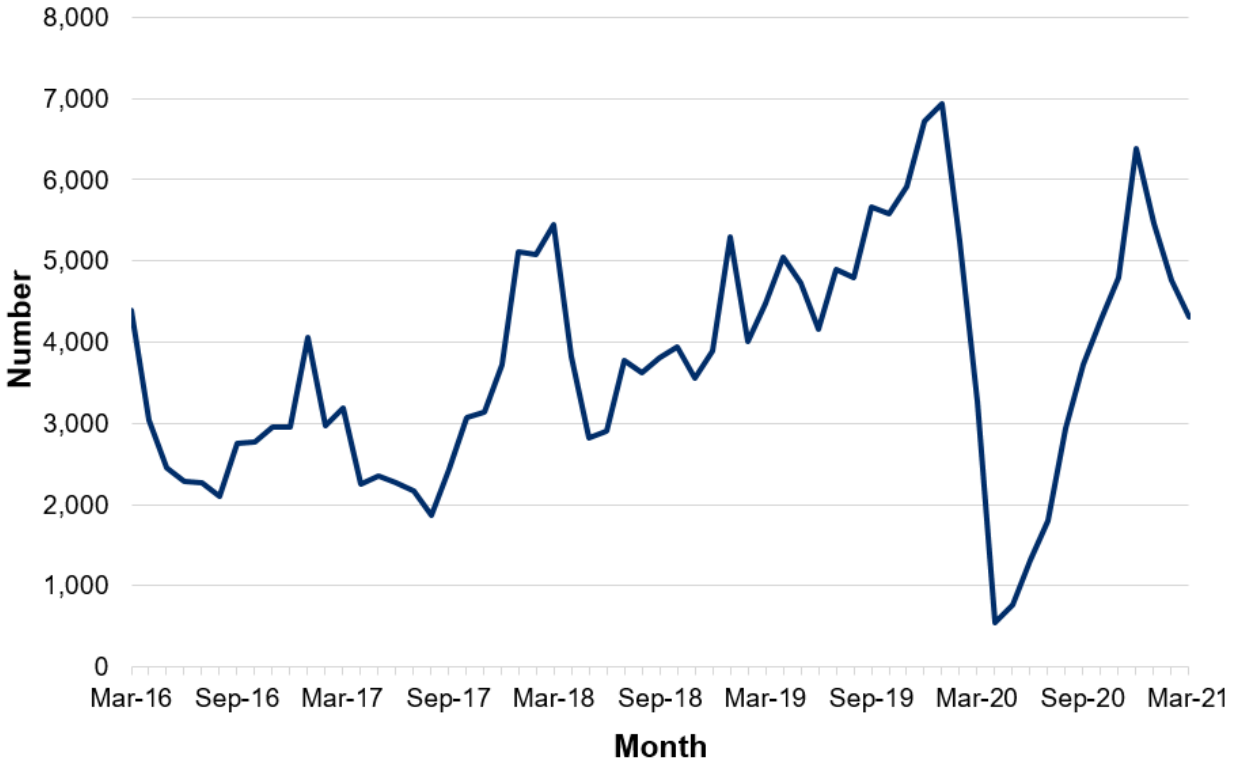
During the early part of the pandemic the median waiting time decreased, to a low point of 2 hours in April 2020, but the median has since returned to a similar level as before the pandemic.

In March 2021, the median waiting time was 2 hours 31 minutes, up slightly from 2 hours 30 minutes in February 2021 and up from 2 hours 19 minutes in March 2020.

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.

Chart 5: Number of patients waiting more than 12 hours to be admitted, transferred or discharged at NHS emergency departments March 2016 to March 2021



Source: Emergency department data set (EDDS), Digital Health and Care Wales (DHCW)

Performance against 12 hour waiting times target by hospital on StatsWales

Note that this is not a unique count of patients; the same patient will be counted multiple times if they make multiple attendances.

The number of patients waiting more than 12 hours to be admitted, transferred or discharged after arriving at an NHS emergency department varies each month but had been on an overall upward trend until the COVID-19 pandemic. 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 COVID-19 pandemic, the number waiting more than 12 hours fell markedly, with April 2020 seeing the lowest number of patients waiting more than 12 hours since 2013. Since that low point, the number waiting longer than 12 hours rose most months to December 2020. Since December 2020, the number waiting longer than 12 hours fell each month but remains in line with levels seen before the COVID-19 pandemic.

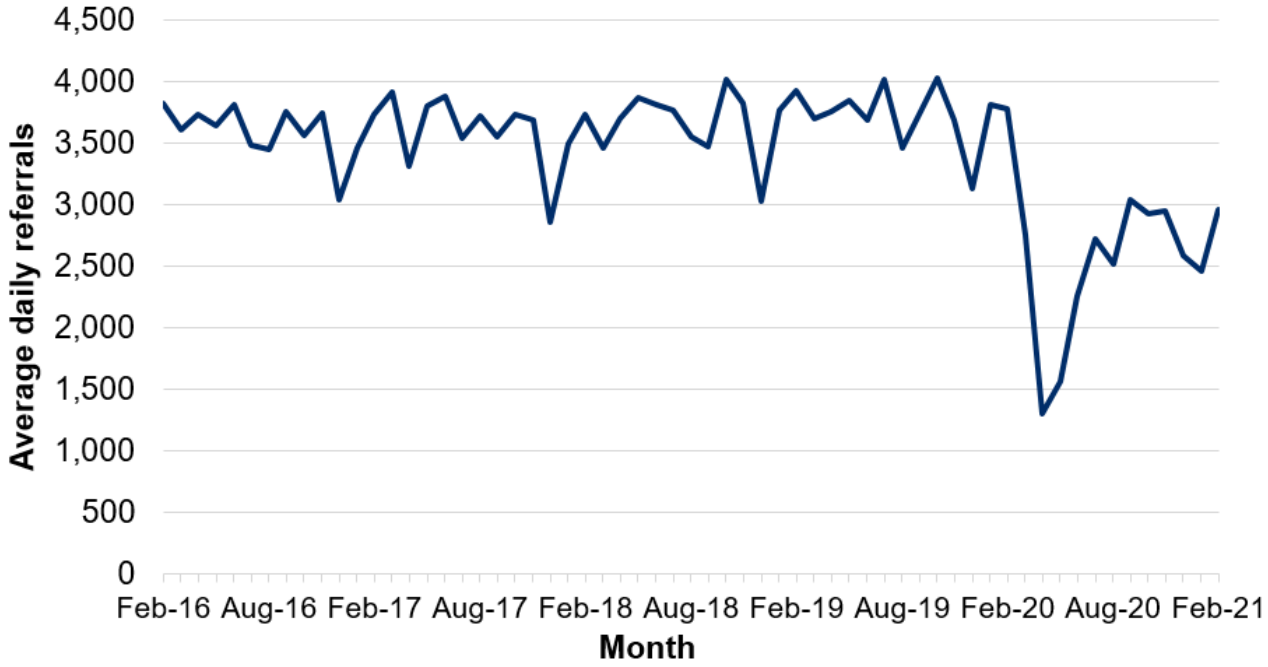
In the latest month, 4,317 patients spent 12 hours or more in an emergency care department, from arrival until admission, transfer or discharge. This is a decrease of 438 patients (9.2% fewer) compared to February 2021, an increase of 1,048 (32.1% more) patients compared to March 2020 and a decrease of 152 (3.4% fewer) patients compared to March 2019.

Scheduled care activity

Outpatient referrals

Activity

Chart 6: Average daily number of referrals for first outpatient appointment, February 2016 to February 2021



Source: Outpatient Referral Dataset, Digital Health and Care Wales (DHCW)

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 had increased in the months since, but referrals for first appointments remain lower than pre-COVID-19 pandemic level.

An average of 2,958 referrals for first outpatient appointments were made per day in February 2021. This is an increase of 20.2% (496 more referrals per day

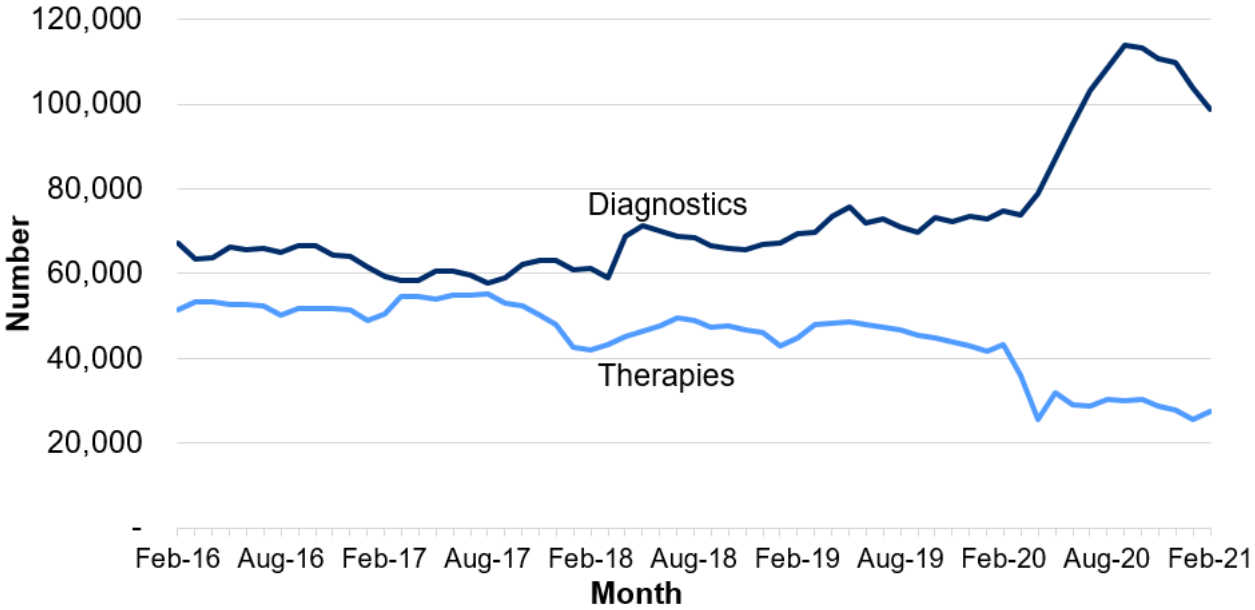
on average) compared to January 2021 but a decrease of 21.6% (815 fewer referrals per day on average) compared with February 2020.

Note that, these data have been revised to include a resubmission of mental health treatment data by Hywel Dda following their move to a new mental health data system. The resubmitted data covers all months from August 2020 onwards, for which data was previously not available. More detail on the scale of this impact is included in the **notes**.

Diagnostic and therapy waiting times

Activity

Chart 7: Total number of patient pathways waiting for diagnostic and therapy services, February 2016 to February 2021



Source: Diagnostic and Therapy Services (DATS), Digital Health and Care Wales (DHCW)

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. To provide likely scale of the impact, data for Betsi Cadwaldr in the two months either side showed that 7,519 were waiting for therapies in March 2020 and 9,840 were waiting in May 2020.

The number of patient pathways waiting for diagnostic and therapy services varies each month, and is often lower in the first few months of the year. In recent years, prior to the COVID-19 pandemic, the number waiting for diagnostics had been on an upward trend, while the number waiting for therapies had been on a downward trend.

The COVID-19 pandemic 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 has increased markedly since the beginning of the pandemic, with a record high number recorded in September 2020. However, in recent months the number of patient pathways waiting for diagnostics has decreased. In contrast, the number of patient pathways waiting for therapy services is markedly lower than before the pandemic. More information on the way services have been affected during the pandemic is in the **notes section**.

The latest data for February 2021 shows that there were 98,858 patient pathways waiting for diagnostics. This is a decrease of 4.9% (5,055 fewer patient pathways waiting) compared to January 2021 but an increase of 32.2% (24,101 more patient pathways waiting) compared with February 2020.

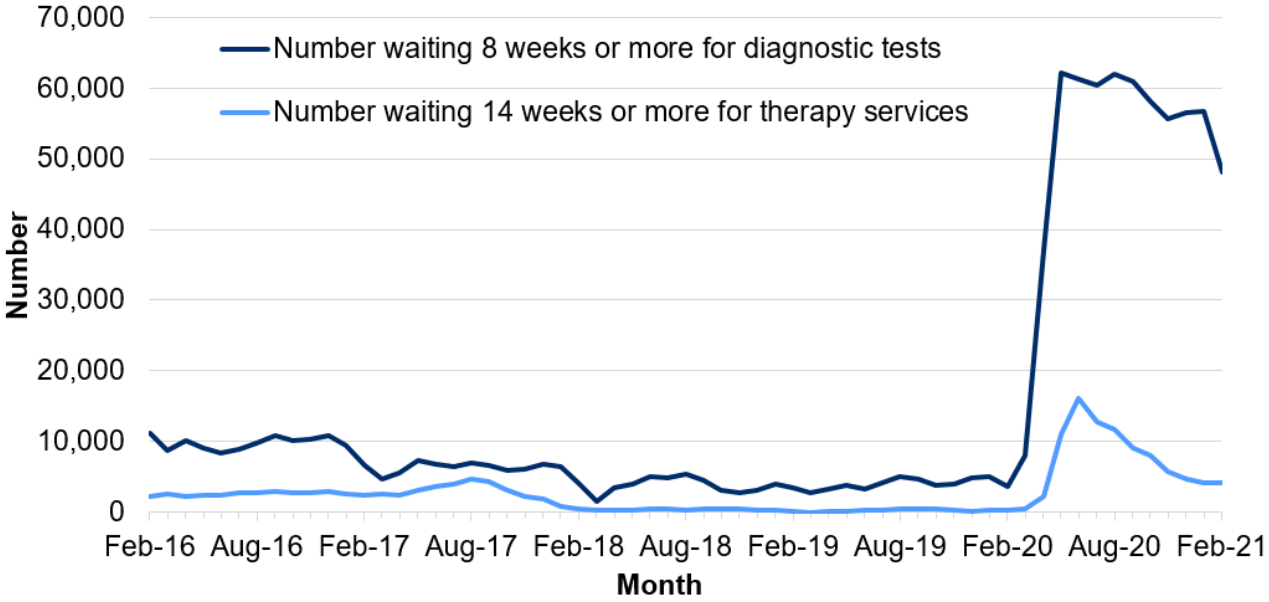
The latest data for February 2021 shows that there were 27,507 patient pathways waiting for therapies. This is an increase of 7.7% (1,955 more patient pathways waiting) compared to January 2021 but a decrease of 36.2% (15,626 fewer patient pathways waiting) compared with February 2020.

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: Number of patient pathways waiting over the target time for diagnostic and therapy services, February 2016 to February 2021



Source: Diagnostic and Therapy Services (DATS), Digital Health and Care Wales (DHCW)

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.

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

However, the COVID-19 pandemic has had a clear impact on the number of patient pathways waiting longer than the target times for diagnostic and therapy services. More details are available in the **notes section**.

The largest number of pathways waiting longer than the target time for diagnostics was recorded in May 2020. Since then, the number of pathways waiting longer than the target time has generally decreased, with some month-to-month fluctuations.

The largest number of pathways waiting longer than the target time for therapies was recorded in June 2020. Since then, the number of pathways waiting longer than the target time has fallen most months but has levelled off in recent months.

The number of patient pathways waiting 8 weeks or longer for diagnostic tests was 48,136 at the end of February 2021. This is a decrease of 15.0% (8,483 fewer patient pathways waiting) compared to January 2021, but there were almost fourteen times as many patient pathways waiting longer than the target time compared with February 2020.

The number of patient pathways waiting 14 weeks or more for therapy services was 4,129 at the end of February 2021. This is an increase of 0.9% (35 more patient pathways waiting) compared to January 2021, and there were twenty one times as many patient pathways waiting longer than the target time compared with February 2020.

Contextual information shows that until the COVID-19 pandemic, median waiting times had been relatively stable for diagnostic tests since 2017 and for therapy services since 2018. Both services saw peaks in median waiting times in June 2020, but median waiting times have generally decreased since then.

In February 2021 the median waiting time for diagnostic tests was 7.6 weeks, a decrease from 9.2 weeks in January 2021 but an increase from 2.8 weeks in February 2020.

In February 2021 the median waiting time for therapy services was 4.2 weeks, a decrease from 5.7 weeks in January 2020 but an increase from 3.4 weeks in February 2020.

Referral to treatment time

The referral to treatment time statistics show monthly data on the waiting times for both open and closed pathways following a referral by a GP or other medical practitioner to hospital for treatment in the NHS in Wales. Data for 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:

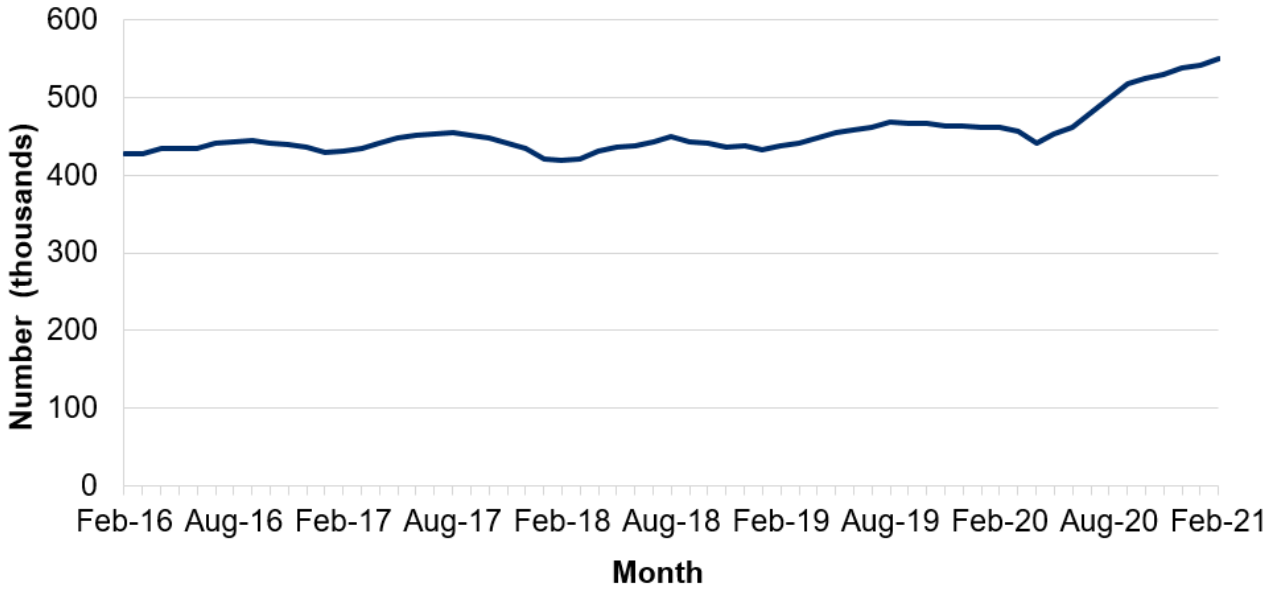
- being admitted to hospital for an operation or treatment;
- starting treatment that does not require a stay in hospital (for example, medication or physiotherapy);
- beginning the fitting of a medical device such as leg braces; or
- starting an agreed period of time to monitor the patient's condition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

COVID-19 has impacted the way treatments are offered. More details are available in the **notes section**.

Note, 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, February 2016 to February 2021



Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

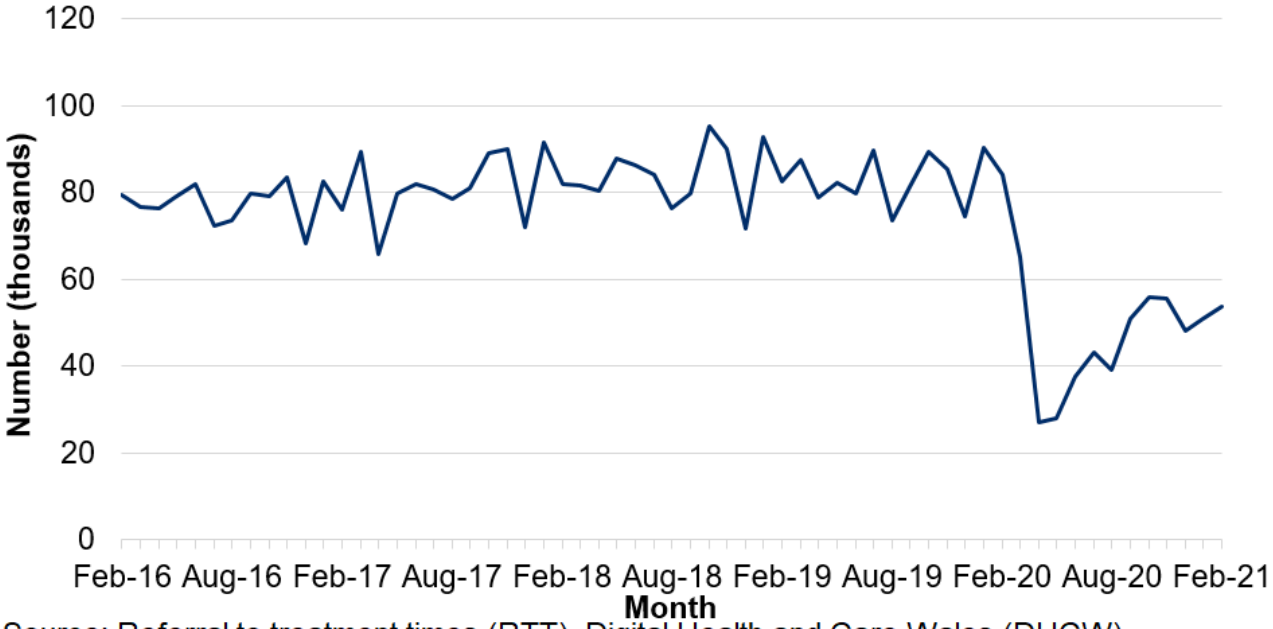
Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway on StatsWales

The number of patient pathways waiting to start treatment typically varies each month throughout the year, and prior to the COVID-19 pandemic, numbers tended to be lower in September and December.

The COVID-19 pandemic has impacted on the total number of patient pathways waiting to start treatment, with the number increasing steadily every month since May 2020.

The number of patient pathways waiting to start treatment by the end of February 2021 was 549,353, the highest since comparable data was first collected in 2011. The number waiting in February 2021 was 1.4% higher (7,651 more patient pathways waiting) than in January 2021 and 19.0% higher (87,544 more patient pathways waiting) than in February 2020.

Chart 10: Number of closed patient pathways, February 2016 to February 2021



Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

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 each month and tends to be lower in August and December, but remained at a broad level close to 80,000 per month for the 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 has increased in most months but has not returned to their pre-COVID-19 level.

The number of patient pathways closed during February 2021 was 53,782, an

increase of 2,700 (5.3%) from January 2021 but a decrease of 30,344 (36.1%) compared with February 2020.

The average number of patient pathways closed per working day during February 2021 was 2,689, an increase of 135 (5.3%) from January 2020 but a decrease of 1,517 (36.1%) compared with February 2020.

Considering changes between comparable twelve month periods reduces the impact of month-to-month variations. There were 555,776 closed pathways during the 12 months to February 2021, a decrease of 44.2% (440,783 fewer pathways) compared to the previous 12 months.

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**.

It is planned that sCAMHS data will be published alongside **other mental health data,** on 16 June 2021 as StatsWales open data tables.

Performance

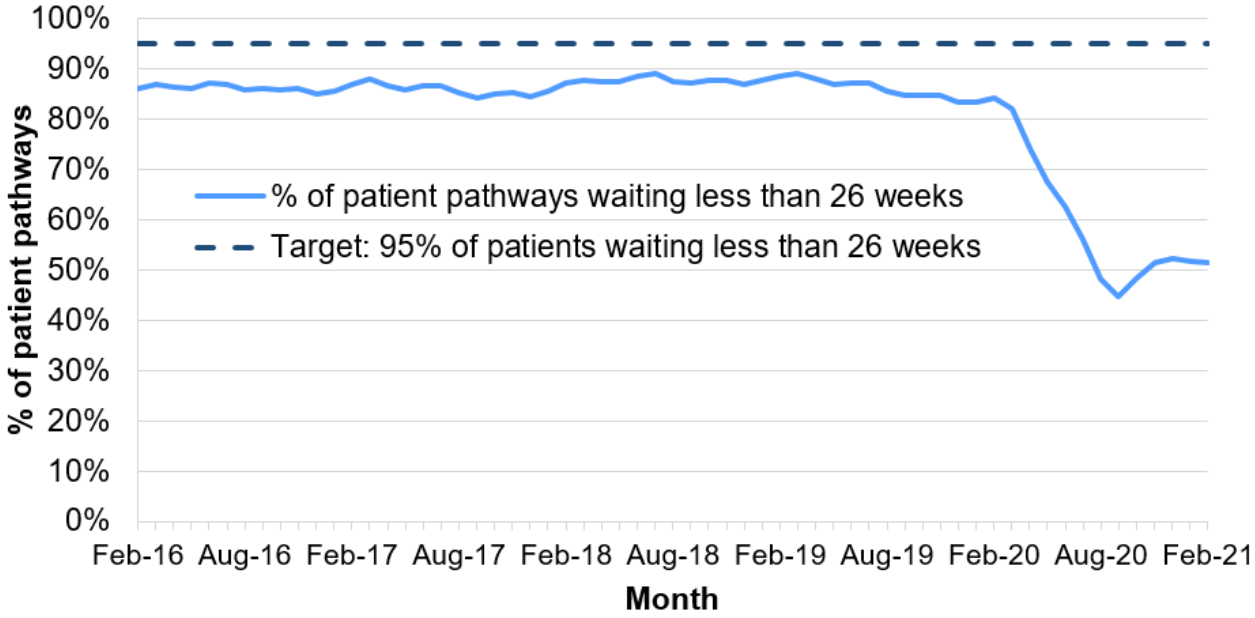
Targets

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

During the COVID-19 pandemic, health boards have not performed the same level of validation on referral to treatment performance data as they had previously. Therefore, caution is advised when comparing statistics from March 2020 onwards with previous months. Additional information is provided in the **notes**.

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

Chart 11: Percentage of patient pathways waiting less than 26 weeks, by month and weeks waited, February 2016 to February 2021



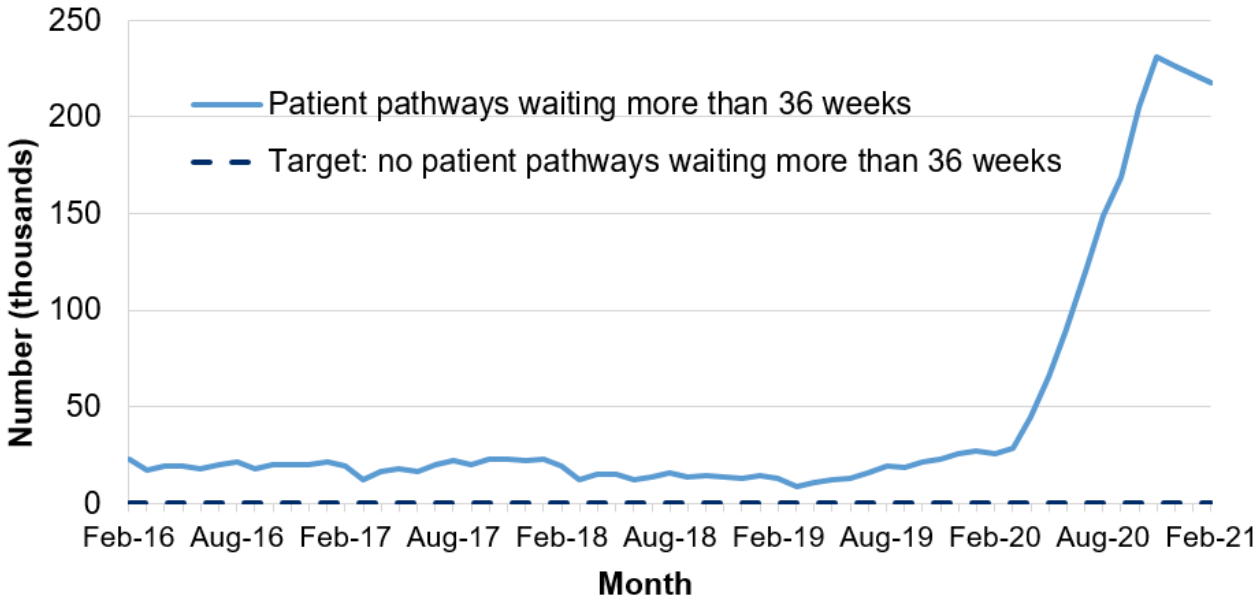
Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

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

The percentage of patient pathways waiting less than 26 weeks decreased at the start of the COVID-19 pandemic, reaching the lowest level on record in September 2020. In more recent months a greater percentage of patients have been waiting less than 26 weeks, but it is still markedly lower than the pre-pandemic percentage.

Of the 549,353 patient pathways waiting to start treatment by the end of February 2021, 51.6% (283,258 patient pathways) had been waiting less than 26 weeks. This is a 0.1 percentage point decrease compared to January 2021 and a 32.8 percentage point decrease compared to February 2020.

Chart 12: Number of patient pathways waiting more than 36 weeks, by month and weeks waited, February 2016 to February 2021



Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

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

The number of patient pathways waiting more than 36 weeks has increased since the start of the COVID-19 pandemic, reaching the highest level on record in November 2020. The number has fallen in recent months but is still markedly higher than pre-pandemic figures, with eight times as many patient pathways waiting more than 36 weeks in the latest month compared to February 2020 (the last month before the pandemic had a clear effect on the data).

In February 2021, 217,655 patient pathways (39.6% 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 a decrease of 4,194 (1.9%) compared to January 2021 but eight times higher compared to February 2020.

Contextual information shows that the median waiting time 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 24.5 weeks in February 2021, a marginal decrease from 24.6 weeks in January 2021 but an increase from 10.8 weeks in February 2020.

Cancer services

Cancer services have remained open throughout the pandemic but have needed to operate at reduced capacity. More information on this is provided in the **notes**.

Data relating to cancer services during the initial period of the COVID-19 (coronavirus) pandemic is available in statistical releases published prior to February 2021.

This publication now solely includes data from the suspected cancer pathway data collection. This is to align with the introduction of a new suspected cancer pathway target, which was introduced on the 18 November 2020 and effective for all patients treated on the suspected cancer pathway from 1 December 2020. More information on these changes can be found in the February 2021 **statistical release**.

Please note, the publication of ‘the number of people entering the single cancer pathway’ will be published on **StatsWales** this month. These data are still collected directly from health boards, using aggregate data collection forms, and not via the new centralised data collection using the National Data Resource through Digital Health and Care Wales. This will continue until development work has been completed and a new method of collecting this data is finalised. Please note that data for the number of patients entering the pathway via these means has experimental statistics status as it may contain duplicate referrals and may not contain data from all referral sources. For these reasons, the data is limited in its use.

More details on this change are available in the **notes**.

Experimental statistics: Single cancer pathway

The targets for the urgent and not via the urgent pathway have ceased and no new data will be collected or published for these pathways. Historically, when these collections were in place and the historic single suspected cancer pathway was introduced, it was titled the '*single* suspected cancer pathway' in order to differentiate from the other two collections and to highlight that this was one 'single' pathway approach. Over time it became commonly referred to as the 'single cancer pathway'. When references are made to this older collection in this statistical release, it will be referred to as the 'single cancer pathway'.

However, now these collections have ceased, the new cancer pathway collection has been titled as the suspected cancer pathway.

Data on the suspected cancer pathway is collected by Digital Health and Care Wales through a new central data collection process and will also be designated as experimental statistics, as the data collection process is in its infancy.

The suspected cancer pathway starts at the point of suspicion (for example when a GP makes a referral) and this is when the recorded waiting time starts. The pathway is closed, and their waiting time ends, if the patient: starts their first definitive treatment; is told they do not have cancer (downgraded); chooses not to have treatment; or if the patient dies.

The new suspected cancer pathway data collection is based on closed pathway data and measures activity through the number of patients being treated or being informed by a specialist that they do not have cancer, rather than the number of patients entering the pathway.

The suspected cancer pathway data collection does not include suspensions and for this reason the data is only comparable with the historical single cancer pathway data collection for the number and percentage of patients starting treatment within 62 days without suspensions.

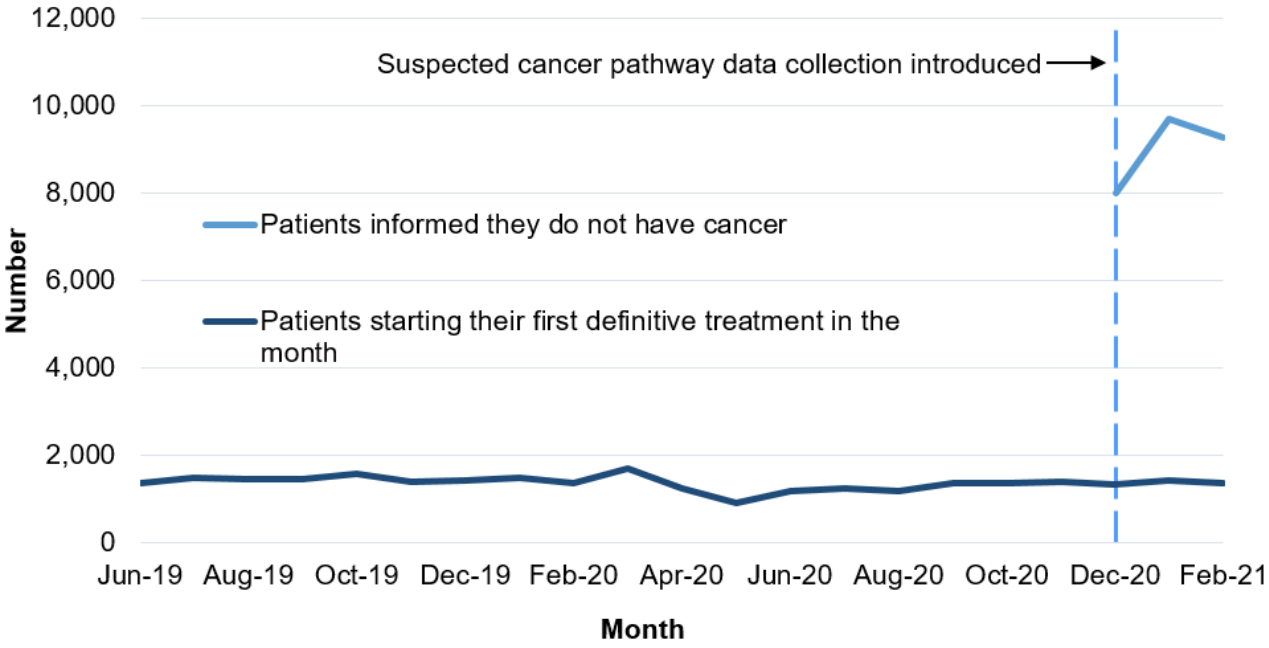
This publication focusses on data relating to three headline statistics on the suspected cancer pathway, these are:

- number of patients informed they do not have cancer
- number of patients treated who started their first definitive treatment
- number and percentage of patients who started their first definitive treatment within the 62 day target time (without suspensions)

A number of wider measures from the suspected cancer pathway produced by Digital Health and Care Wales have been published alongside this statistical release, to provide more context to the activity and performance of cancer services in Wales.

Activity

Chart 13: Closed suspected cancer pathways in the month by month and outcome, June 2019 to February 2021



Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW) and National Data Resource (NDR)

Suspected cancer pathway (closed pathways) on StatsWales

Data from the suspected cancer pathway collection shows that in February

2021, 9,278 patients were informed they did not have cancer this is a decrease of 4.4% (432 patients) compared to January 2021.

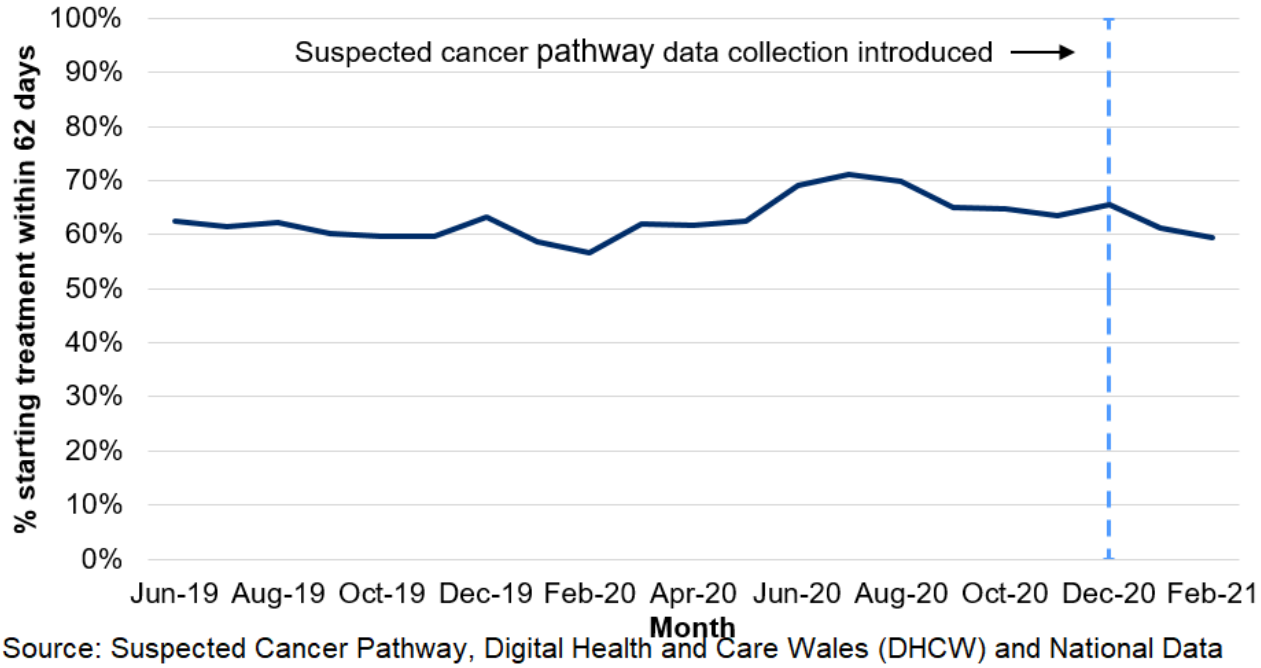
In February 2021, 1,368 patients newly diagnosed with cancer started their first definitive treatment in the month. This is a decrease of 3.5% (50 patients) from January 2021 and a decrease of 0.9% (13 patients) from February 2020.

Performance

Target

As **announced by the Minister for Health and Social Services**, a new suspected cancer pathway target came into effect from 1 December 2020. The target is: at least 75% of patients should start treatment within 62 days (without suspensions) of first being suspected of cancer. This target will be reviewed at a later date. Data published for time periods before December 2020 are not subject to the target.

Chart 14: Percentage of patients that started treatment within 62 days of first being suspected of cancer in the month, June 2019 to February 2021



Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW) and National Data Resource (NDR)

Suspected cancer pathway (closed pathways) on StatsWales

In the month of February 2021, 59.5% of patients (814 out of 1,368) newly diagnosed with cancer started their first definitive treatment in the month within 62 days of first being suspected of cancer. This is 1.7 percentage points lower than in January 2021 but 2.8 percentage points higher than February 2020.

Recent and future changes to NHS performance data

In recent months there have been several changes to how performance is measured in NHS services which affects the statistics published in this release. As plans become more developed, additional details are being included in the monthly NHS activity and performance statistical release. We welcome feedback on these plans.

Currently, the planned and recent changes which have been implemented are as follows:

Emergency departments

Alongside the National 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 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 measures are developed, they are published as management information on the **National Collaborative Commissioning Unit** (NCCU) website on the same day as this publication. 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 2021, with an experimental statistics status in the first instance.

From March 2021, amendments have been made to the NCCU's data extraction methodology, meaning their figures for the number of attendances to major emergency departments will now match those published in this National Statistics publication. Figures published by NCCU for previous months have also been revised based on their new methodology.

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)

Data previously collected via the long-standing PP01W data collection has ceased following an impact assessment, therefore statistics based on this collected have also ceased.

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**.

On 16 June 2021, it is planned that sCAMHS data will be published alongside **other mental health data** as StatsWales open data tables.

Cancer services

As noted in previous statistical releases, there has been a long-term aim to replace the cancer performance measures (the urgent and not via the urgent cancer pathways) with a single measurement. This change has now happened with the introduction of the suspected cancer pathway, which 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 a patient was suspected of having cancer rather than the point at which the decision to treat is made.

The targets for the urgent and non-urgent pathways are no longer active and therefore the publication of data for these pathways has ceased.

Alongside the move to solely reporting on the suspected cancer pathway, a range of wider contextual performance measures have been developed. An analysis of these measures has been brought together using the National Data Resource at Digital Health and Care Wales and has been published by Welsh Government as an Digital Health and Care Wales product. This dashboard contains analysis of: the median time to first appointment, the median time for patients to be informed of a positive diagnosis for cancer, and the median number of days to a patient's first diagnostic test. Breakdowns by age group and sex are also presented. This data is also published with experimental statistics status.

Quality information

Changes to NHS Wales Informatics Service (NWIS)

On 1 April 2021 the NHS Wales Informatics Service was replaced with a new organisation, **Digital Health and Care Wales**. It has been created to take forward digital transformation and the new organisation will provide the national technology and data services needed by patients and clinicians. They will operate as a Special Health Authority with an independent Chair and Board, reflecting the importance of digital and data in modern health and care.

There has been no impact on the data supplied to the Welsh Government for this statistical release.

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. These include:

- 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.
- Neath Port Talbot hospital was unable to submit blood pressure monitoring, echo cardiogram and heart rhythm sub-specialty data for August and September 2020.
- Princess of Wales hospital was unable to submit consultant, gastroscopy and MRI sub-specialty data for August and September 2020. This 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.
- 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 statistical releases prior to November 2020, 'emergency department' was referred to as 'A&E'. The term 'emergency department' is now 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 on 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.

On 17 November 2020, a new major emergency department opened at the new

Grange University hospital in the Aneurin Bevan health board. The Grange University Hospital contains a host of specialist services in one place, including a 24 hour emergency department and assessment unit for major emergencies and resuscitations which could require onward intensive care.

From the January 2021 publication onwards, both Royal Gwent and Nevill Hall hospitals have been re-classified following the opening of the Grange University hospital. They are classified under the category of “Other emergency department/Minor Injury Units - Other emergency department/Minor Injury Units” - defined as all other emergency department/casualty/minor injury units which have designated accommodation for the reception of accident and emergency patients and can be routinely accessed without appointment, but which do not meet the criteria for a major emergency department. This also means that admissions from major emergency departments will not include admissions from attendances at Royal Gwent or Nevill Hall hospitals from January’s publication onwards.

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 Hospital (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 Community Hospital (closed in April 2020; remains closed).

Since 5 August 2020 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 ‘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.

Digital Health and Care Wales 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

Note that, these data have been revised to include a resubmission of mental health treatment data by Hywel Dda health board following their move to a new mental health data system. The resubmitted data covers all months from August 2020 onwards, for which data was previously not available.

To highlight the scale of the impact this has on the data: Hywel Dda recorded between 143 and 377 mental health treatment referrals per month between August 2020 and February 2021.

Revisions: From December 2015, the 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)

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 treatments. In addition, while more services have since 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.

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 give an estimate of 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.

Treatments conducted virtually are counted the same as in-person activity, and since the COVID-19 pandemic, a higher volume of treatments have been conducted virtually.

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 since restarted, additional infection, prevention and control measures have been implemented that has affected the amount of treatment activity that can be carried out.

At present, 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.

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 amended 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

Cancer patients are treated by clinical urgency rather than length of wait. COVID-19 has affected how cancer services are delivered. Health boards have needed to adapt through various means 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 starting treatment within the target time will also likely to be affected by the periods where some patients were shielding and by patient choices.

Suspected cancer pathway

Historically, statistics were reported on three cancer pathways: the single suspected cancer pathway, the urgent suspected pathway and not via the urgent

suspected pathway.

From February 2021, data is only published for the suspected cancer pathway. For more information on the pathway, see this **Data Set Change Notice** with these **key documents**.

As **announced on 18 November 2020**, the suspected cancer pathway target is: At least 75% of patients should start their first definitive treatment within 62 days (without suspensions) of first being suspected of cancer. This target is effective from 1 December 2020.

Targets for the urgent and not via the urgent pathway have ceased and no new data will be collected or published for these pathways. Historical data remains available on the **StatsWales** website.

All patients are included regardless of their routes of referral who have started treatment in the reporting period.

The new suspected cancer pathway data collection includes patients who were referred to secondary care in Wales but may receive treatment outside of NHS Wales (including both a different country and private hospitals)

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.

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

Historically, data for Powys for those patients who entered the pathway only

showed patients who were later downgraded as not having cancer, and this continues with the suspected cancer pathway collection.

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

Specialist Child and Adolescent Mental Health Services (sCAMHS)

Prior to August 2019, sCAMHS data was collected from all health boards via a central data collection from (PP01W). This was replaced with a data collection directly from health boards as **management information**. This is an interim solution, after 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 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**.

On 16 June 2021, it is planned that sCAMHS data will be published alongside **other mental health data** as StatsWales open data tables.

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

Sources

- Ambulance response data is provided by the Welsh Ambulance Service NHS Trust (WAST).
- All other data summarised here is collected from local health boards by the Digital Health and Care Wales. 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

Online tool - an interactive online tool has been developed with three sections:

- Demand/Activity – e.g. emergency departments attendances, ambulance calls, referrals
- Performance – e.g. performance against emergency departments targets, RTT etc.
- Context – e.g. 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 suspected 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 Senedd Cymru. 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

20 May 2021

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**.

Contact details

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Telephone: 0300 025 0058
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Media: 0300 025 8099

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About this document

This document is a copy of the web page **NHS activity and performance summary: February and March 2021** downloaded.

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