Llywodraeth Cymru
Welsh Government

BACKGROUND, DOCUMENT

NHS activity and performance summary: quality report

This report covers the general principles and processes leading up to the production of our statistics.

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Contents

Datasets

NHS 111 service

Definitions

Data is published on StatsWales for the number of: calls offered, answered and abandoned for the NHS 111 service in Wales.

The total number of ‘offered’ calls made to the 111 service during the month is the sum of the number of: answered and abandoned calls. A call is classed as 'offered' as soon as the call connects to the service's telephony system.

Calls are classified as answered if the call was answered by a 111 call handler. Calls are classified as ‘abandoned’ if the caller hung up before the call was answered by an 111 call handler after the pre-recorded message (or after the initial 30 seconds if there is no pre-recorded message).

Data is also published for the number of calls made to the 111 service during the month where the caller indicated that they wished to conduct the call in Welsh.

Data for completed symptom checks on the NHS 111 website are calculated as the count of the most recent outcome of a user completing, or navigating through, each step of the symptom checker tool to the outcome step regardless of the number of times the user may have reached an outcome by altering their supplied information.

COVID-19 pandemic

Prior to the COVID-19 pandemic Welsh Government published data on calls to

NHS Direct. Over the course of several years NHS Direct was phased out across health boards and replaced by the 111 service. As data was no longer consistent across Wales publication of the stats released ceased. As of mid-March all health boards had implemented the 111 system, so publication of a new statistical series was possible. The first time period which data is available for is April 2022.

During the COVID-19 pandemic WAST supplied management information on calls to NHS Direct and 111 so that the service could be monitored.

Data quality

Data for calls to the 111 service is administrative data, that is collected for monitoring the provision of the service and not entirely for the purpose of producing statistics.

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.

Links

111 service: StatsWales

Ambulance response times

Definitions

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.

As part of the continual review of the clinical response model, the Welsh Ambulance Service Trust (WAST) regularly reviews call handling practices and the categorisation of incidents, this means that caution is advised when analysing call volumes by category over time.

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.
- For the purposes of the 8 minute performance target, the clock starts when the patient's location and chief complaint has been established.

COVID-19 pandemic

During the 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.

Data quality

An update to call handling practices in May 2019 has resulted in an increase in red incident volume. This is mainly attributed to moving of calls from amber to red where the nature of call was Convulsions/Fitting (Code 12). This change was actioned through WAST's Clinical Prioritisation group as a result of two developments. The first was a levelling exercise with the National Academy of Emergency of Medical Dispatch which determined that infective breathing was not being picked up at the stage of case entry. This resulted in a change to the questions asked by the call taker and a change to the dispatch code applied. Secondly, a recommendation from the coroner that a caller with continuous or multiple fits for 20 minutes should be automatically be escalated to red.Therefore, it is not possible to fairly 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.

The clinical response model for ambulance services was introduced 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 following **quality report** for more details.

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.

Links

Ambulance services: StatsWales

Ambulance services: release and quality report

Emergency departments

Definitions

The term ‘emergency department’ refers to attendances and admissions at both major emergency departments (otherwise known as Accident & Emergency departments), other emergency departments and minor injuries units (MIUs), unless otherwise stated.

A new attendance is defined as the first visit made by a patient to an emergency department for a particular injury or ailment. If a patient returns to an emergency department with a condition previously treated where they have not been asked to return by the clinician, this is also counted as a new attendance. This means that the data presented is for attendances and not a unique count of patients attending emergency departments.

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.

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.

Note that emergency department waiting times data are subject to clinical exceptions. This means that under certain situations the clock stops when treatment ends and a clinical decision is made that a patient should be assessed over a longer period, rather than when the patient is discharged or admitted. This can happen when:

- a clinician decides that the safest place for a patient is the emergency department, for example for resuscitation or other ongoing emergency care, the patient should remain there until it is safe to move them
- patients require observation, treatment or recovery over a period of a few hours, for example following sedation to enable a dislocation to be treated.

Clinical exceptions are included in the reported data. Only planned follow up attendances and those where a patient is dead on arrival are excluded from the reported statistics.

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.

The time spent in an emergency care facility starts when the emergency care facility is informed of the patient's arrival at the hospital and stops when the patient is admitted, transferred or discharged.

COVID-19 pandemic

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.

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.

Other health boards are working towards introducing similar services but none

are yet in operation.

During the 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)
- Llandovery Community Hospital (closed in April 2020; remains closed)
- **Ysbyty Cwm Cynon (NHS 111 Wales)** (closed 8 September 2021; remains closed)

Data quality

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.

On 17 November 2020, the Grange University hospital, with a major emergency department, opened 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.

In data referring to December 2020 onwards, both Royal Gwent and Nevill Hall hospitals have been re-classified to 'Other emergency department/Minor Injury

Units - Other emergency department/Minor Injury Units' following the opening of the Grange University hospital. This category of hospital is 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 statistics for admissions from major emergency departments will not include admissions from attendances at Royal Gwent or Nevill Hall hospitals from December 2020s data onwards.

A wider range of emergency department performance statistics are published on the **National Collaborative Commissioning Unit (NCCU) website**, as management information on the same day as this publication. 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 are updated every month on the same day as this National Statistics publication.

These three new measures have been developed as part of the Emergency Department Quality Delivery Framework (EDQDF). This framework 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.
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, with an experimental statistics status in the first instance.

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.

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

A change to reporting guidance led to the inconsistent implementation of a data standard change notice across health boards in Wales between March 2021 and October 2021. As a result, the data published before the December 2021 statistical release for this period for both the four and twelve hour targets was based on a consistent 'clock stop' definition across Wales. As of December 2021, these data have been revised and data for all health boards is now published using the same 'clock stop' definition. The revisions were primarily based on resubmitted data from Aneurin Bevan health board. The changes to the previously published data were at the national level and Aneurin Bevan health board level. The number of attendances at emergency departments were unaffected.

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.

Links

Time spent in emergency departments: StatsWales

Time spent in emergency departments: release and quality report

Outpatient referrals

Definitions

An outpatient appointment is an appointment, often at a hospital or clinic, where the patient does not need to stay at hospital overnight.

The outpatient referrals statistics show monthly data on the number of referral requests for a first outpatient appointment received by local health boards in Wales, regardless of area of residence.

Therefore, this data does not include any referrals made in Wales to a hospital located outside of Wales but does include referrals made to hospitals in Wales for people resident outside Wales.

The referral date is the date which the local health board receives the referral and not the date which the patient was referred.

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.

Links

Outpatient referrals: StatsWales

Outpatient referrals: quality report

Diagnostic and therapy waiting times

Definitions

The diagnostic and therapy service statistics show monthly data on the number of pathways and the time those pathways have been waiting at the end of each month for specific diagnostic and therapy services as reported by NHS local health boards (LHBs). Waiting lists include all pathways, irrespective of their area of residence, that are waiting for NHS-funded diagnostic and therapy services within Wales.

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.

The waiting time is calculated from the date the referral request was received until the date on which:

- the diagnostic test for which the patient has been referred is carried out
- the hearing aid is fitted
- the patient commences the first treatment following an assessment or examination

COVID-19 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 2020** 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 seen during the height of the pandemic was in part due to many of these services being performed virtually. As a result, a higher volume of patients received an appointment than if they were all conducted in-person at a hospital setting.

Data quality

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 also impacted on the number and percentage of pathways waiting longer than the target time. Therefore, 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.

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.

Links

Diagnostic and Therapy waiting times: StatsWales

Diagnostic and Therapy waiting times: release and quality report

Referral to treatment times

Definitions

A referral to treatment pathway (RTT) covers the time waiting 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.

A patient pathway opens, and a waiting time begins, at the point a hospital receives a referral. Referrals are most commonly submitted by GPs but may

also come from other health care professionals. The main activity measure for referral to treatment time is a count of the number of patient pathways which are open at the end of each month. This can be thought of as ‘the waiting list’.

A patient pathway is closed if either the patient starts treatment, or if following consultation with a hospital specialist, no hospital treatment is necessary. This could include:

- patient admitted to hospital for an operation or treatment
- starting treatment that does not need 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 assess the need for further treatment

Patients with complex needs may have referrals for multiple types of treatments so may have many pathways opened and will appear in the dataset more than one time. This means that the same patient can have different pathways counted in the calculations for both targets.

Performance targets

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

COVID-19 pandemic

As **all non-urgent outpatient appointments were suspended in March 2020** 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.

Clinicians are reviewing patients on waiting lists at various stages to identify clinical priorities using the latest **Federation of Surgical Specialty Associations – COVID-19 documents clinical prioritisation** national clinical guidance. This means that there is greater emphasis on treating patients in order of clinical priority, and can result in patients with lower clinical priority waiting longer. Whilst there has always been an element of clinical priority, the available capacity before the pandemic allowed for patient who had experienced longer waits to be treated sooner. However, since the pandemic, available capacity has reduced substantially.

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.

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

Data quality

From October 2018 to July 2022 Cwm Taf Morgannwg Health Board was unable to provide closed pathway data because of IT problems following a software update. For this period all figures in the release were totals for the other six Health Boards in Wales, though data for Cwm Taf up to August 2018 were available on StatsWales. Cwm Taf data for the full series are now available and were incorporated into the release from August 2022.

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 patient pathways 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 patient pathways should have been reported. These patient pathways were also added to the official figures for the end of July 2019 that were reported in October 2019. Whilst these data were not reported as part of the official statistics they were 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.

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)**.

Data previously collected via the long-standing PP01W data collection for treatment specialties not included in RTT ceased following an impact assessment.

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

The statistics published by the four nations of the UK are not directly comparable

because of differences in coverage and methodology. For England and Wales referral to treatment data cover the complete patient pathway from initial referral e.g. by a GP, to agreed treatment or discharge. In Wales some non-consultant led pathways, which are not covered in England, are reported as part of the total. For Northern Ireland and Scotland, statistics are reported for a first outpatient appointment, a diagnostic service or treatment. Follow-up outpatient appointments are not reported. Comparability of the four nations statistics is explored in more detail in this **Chief Statistician's blog**.

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.

Links

Referral to treatment: StatsWales

Referral to treatment: release and quality report

Suspected cancer pathway

Data is captured by the suspected cancer pathway, which measures the time on the cancer pathway from the point a patient was suspected of having cancer (for example when a GP makes a referral).

A pathway opens from the first point of suspicion. The open pathway data include all new patient pathways entering the suspected cancer pathway regardless of their source of suspicion. Pathways are closed, and the waiting

time ends, when patients start their first definitive treatment or are informed they do not have cancer (downgraded). Pathways where patients die or choose not to have treatment are also closed, but are not included in the closed pathways data, because the statistics are intended to capture NHS ‘activity’.

Definitions

The suspected cancer pathway has replaced the previous urgent and not via the urgent cancer pathways. A suspected cancer pathway opens from the point a patient was suspected of having cancer (for example when a GP makes a referral) rather than the point at which the decision to treat is made. The pathway is closed, and the waiting time ends, if the patient starts their first definitive treatment or is told they do not have cancer (downgraded).

Suspected cancer pathway data is measured by patient pathways rather than unique patients. This is because a single patient can have multiple cancer pathways opened if cancer is suspected in more than one tumour site.

Closed pathway data collected through the NDR from December 2020 onwards does not include clinical suspensions. For this reason, the data is only comparable with the historical single cancer pathway data collection for the number and percentage of patient pathways starting treatment within 62 days without suspensions.

The closed pathway data presented in this statistical release includes only the pathways where the patient starts their first definitive treatment or where the patient is informed they do not have cancer. Closed pathway data does not include pathways where the patient chooses not to have treatment or pathways where the patient dies before they start their first definitive treatment (regardless of a positive or negative diagnosis of cancer).

Alongside the move to solely reporting on the suspected cancer pathway, a

range of wider contextual performance measures have been published by Digital Health and Care Wales. This dashboard is in continuous development and will aim to contain 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 when data are of sufficient quality. Breakdowns by age group and sex are also presented. This data is also published with experimental statistics status.

Performance target

At least 75% of patients should start their first definitive treatment within 62 days (without suspensions) of first being suspected of cancer.
This target was effective from 1 December 2020. Prior to this date, there were targets for urgent and non-urgent **cancer pathways**, which are no longer in operation and therefore no new data will be collected or published for these pathways. Between June 2019 and November 2020 a new measure called the single cancer pathway was introduced which was supported by experimental data collected by Welsh Government directly from health boards through an aggregate data collection. Experimental data for closed pathway measures were published both with and without clinical suspensions. Once the single cancer pathway officially replaced the urgent and non-urgent pathways as the official measure of cancer services in Wales, it was decided that no clinical suspensions should be reported and the pathway was renamed the suspected cancer pathway.

COVID-19 pandemic

Cancer patients are treated by clinical urgency rather than length of wait. The pandemic 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 patient pathways starting treatment within the target time has also likely to be affected in the months when some patients were shielding and when patient choices were affected by the pandemic.

Data quality

The suspected cancer pathway data is collected through the National Data Resource (NDR), hosted by Digital Health and Care Wales. Data is published from this source for reference period December 2020 for all closed pathway measures (number of people told they do not have cancer, number of people starting their first definitive treatment, and the number starting their first definitive treatment within the target time). Data is also published from this source for the open pathway measure, number of patient pathways opened from December 2021 onwards. Prior to these dates, cancer data related to the urgent and non-urgent pathways and was collected by Welsh Government through aggregated data collection forms and published in this release. Data collection via this method ceased for closed pathways after the urgent and non-urgent pathways were retired in November 2020. Data for open pathways continued and has been published up until the November 2021 reference period, while open pathway data from the NDR was being established.

While open pathway data collected through the NDR method is broadly similar to the previous aggregate data collection, direct comparisons should not be made between the two sources because the previous method is known to contain many duplicate pathways. This means that the number of pathways opened in months prior to December 2021 should not be directly compared to data from December 2021 onwards.

Data for the number of patient pathways opened on the suspected cancer pathway are published by local health board, tumour site and month. Work is

ongoing to make the data available by source of suspicion and will be added to the **StatsWales** table in the coming months.

All new patient pathways are included in open pathway measures regardless of their source of suspicion. This includes patient pathways that were referred to secondary care in Wales but may receive treatment outside of NHS Wales (in both a different country and private hospitals) but does not include patient pathways with a recurrence of the original primary cancer.

When quality assuring open pathway data for October, November and December 2021, it was estimated that the number of pathways opened is approximately 2% to 3% higher than the number of unique patients who were suspected of having cancer.

Historically, data for Powys for those entering a cancer pathway only showed pathways that were later downgraded as not having cancer, and this continues with the suspected cancer pathway collection.

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.

Links

Both open and closed suspected cancer pathway data collected through the NDR process is published as open data on **StatsWales**. Historic open pathway data collected via aggregate data collection forms is available in spreadsheets on **StatsWales**, and historic closed pathway data is also published on **StatsWales**.

For more information on the suspected pathway, see this **Data Set Change Notice** with these **Single Cancer Pathway documents**.

Specialist Child and Adolescent Mental Health Services

From 16 June 2021 onwards, data relating to Specialist Child and Adolescent Mental Health Services has been published alongside **other mental health data as StatsWales open data tables**.

Hospital discharge data: discharge pathway delays and 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 an updated discharge process with increased focus on rehabilitation and reablement to improve patient flow and support better outcomes.

The NHS Delivery Unit has been collecting interim weekly delayed discharge data to provide Welsh Government with management information to support 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 and is published as management information.

Data from this interim collection has been published alongside this statistical release for the first time in accompanying spreadsheets, while work to redevelop the formal DToC data collection is ongoing. The first publication of management data covers the period from early July 2020 to end of October 2021, at Wales level, and will include data relating to three types of delays (people awaiting transfer from hospital to recovery pathways, people awaiting transfer out of recovery pathways and on to longer-term care and people awaiting transfer from hospital to longer-term care, bypassing recovery pathways).

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 scheduled care data for September.

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 accompanying each month's publication in 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. It is not possible to precisely quantify all of the differences, however we do know that in some cases the differences are substantial. For example, the diagnostic and therapies included in Wales but not in England account for around 90 thousand pathways in Wales. More 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 cancer waiting times, Ambulance services, Time spent in NHS emergency departments, NHS referral to treatment times, NHS diagnostic and therapy

services waiting times and Delayed transfers of care 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

Data relating to the suspected cancer pathway are published as ‘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 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 (Government Statistical Service).