



Llywodraeth Cymru  
Welsh Government

STATISTICS

# NHS activity and performance summary: April and May 2020

A summary of NHS Wales activity data, including information on A&E attendances, emergency calls to the ambulance service and patients starting cancer treatment for April and May 2020.

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Note that this statistical release covers a time period during the coronavirus (COVID-19) pandemic, which has affected both how some NHS services are offered and people's choices regarding health services. As a result this will have an effect on the statistics presented within this release.

Following the [announcement](#) on Friday 13 March regarding the cancellation of certain medical procedures and the relaxation of performance targets, several national data collections have been temporarily ceased and we have also temporarily stopped reporting performance statistics. These changes will be in place until at least the October 2020 reporting period.

Therefore, during this time period, this release will only include information on NHS Wales activity. Specifically this means A&E attendances and admissions, emergency calls to the ambulance services and patients starting cancer treatment. It will not include performance related information or any information relating to referral to treatment times, diagnostic and therapy waiting times, delayed transfers of care, closed pathways or outpatient referrals.

Data in each area is available in more detail on our [StatsWales](#) tables. Publishing our monthly NHS activity 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.

New data relating to calls to the ambulance service and accident and emergency (A&E) attendances and admissions are provided for the month of April 2020. New data relating to patients starting cancer treatment are provided for the month of March 2020.

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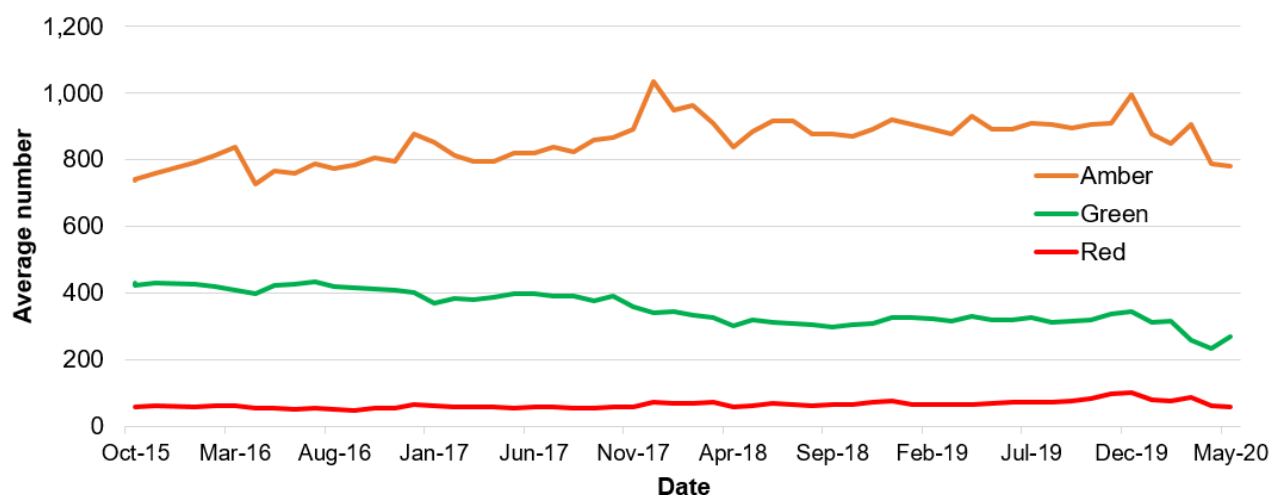
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# 1. Unscheduled care activity

## Emergency calls to the ambulance service

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



Source: Welsh Ambulance Services NHS Trust (WAST)

### Average daily number of emergency ambulance calls, by call type and month, 1 October 2015 to 1 May 2020 on StatsWales

In May 2020, 34,399 emergency calls were made to the ambulance service and on average there were 1,110 calls per day.

Following a dip in calls in the early weeks of the pandemic, figures for May show a 2.3% increase in calls per day (or 25 calls per day more) since April but remain 13.5% lower (or 174 calls per day fewer) compared to May 2019.

The proportion of calls classed as the most serious ('red' calls) was 5.3% down from 5.8% in April 2020.

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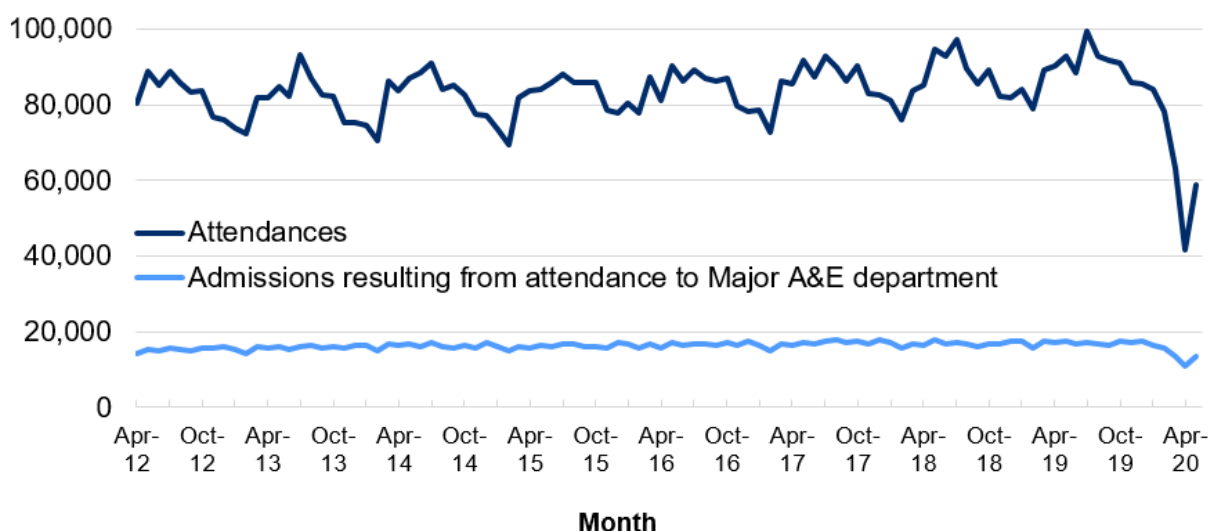
The number of emergency calls received by the Welsh Ambulance Services NHS Trust (WAST) had been rising steadily over the long term. Since monthly data collections started in April 2006, average daily calls have risen from under 1,000 a day to between 1,200 and 1,450 a day. However, there had been a recent fall both before and during the pandemic, with April 2020 having the fewest daily average number of calls since May 2011.

The average daily number of red calls in May was 59, down from 63 in April 2020.

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.

## A&E attendances and admissions to hospital

**Chart 2: Number of attendances in NHS Wales accident and emergency departments, and admissions to hospital resulting from attendances at Major A&E departments, April 2012 to May 2020**



Source: NHS Wales Informatics Service (NWIS)

### Number of attendances in NHS Wales accident and emergency departments, and admissions to hospital resulting from attendances at Major A&E departments, April 2012 to May 2020 on StatsWales

A&E attendances are generally higher in the summer months than the winter.

There were 58,704 attendances in NHS Wales accident and emergency departments in May. Following a significant reduction in attendances in April during the early weeks of the COVID-19 lockdown, these figures show some increase in activity during May but they remain far lower than pre-COVID-19 levels. Activity in May was 41.5% higher than in April 2020 (17,217 higher

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attendances) but 36.7% lower than in May 2019 (34,101 fewer attendances).

The average number of A&E attendances per day in May was 1,894. This is 36.9% higher than in April 2020 (511 higher attendances per day on average) but 36.7% lower than in May 2019 (1,100 fewer attendances per day on average).

The total number of A&E attendances in the year to May 2020 was 960,715. Annual comparisons are also affected by the impact of the pandemic. This is 8.8% lower than the previous year (year ending May 2019) and 1.9% lower than the corresponding 12 month period 5 years ago (year ending May 2015).

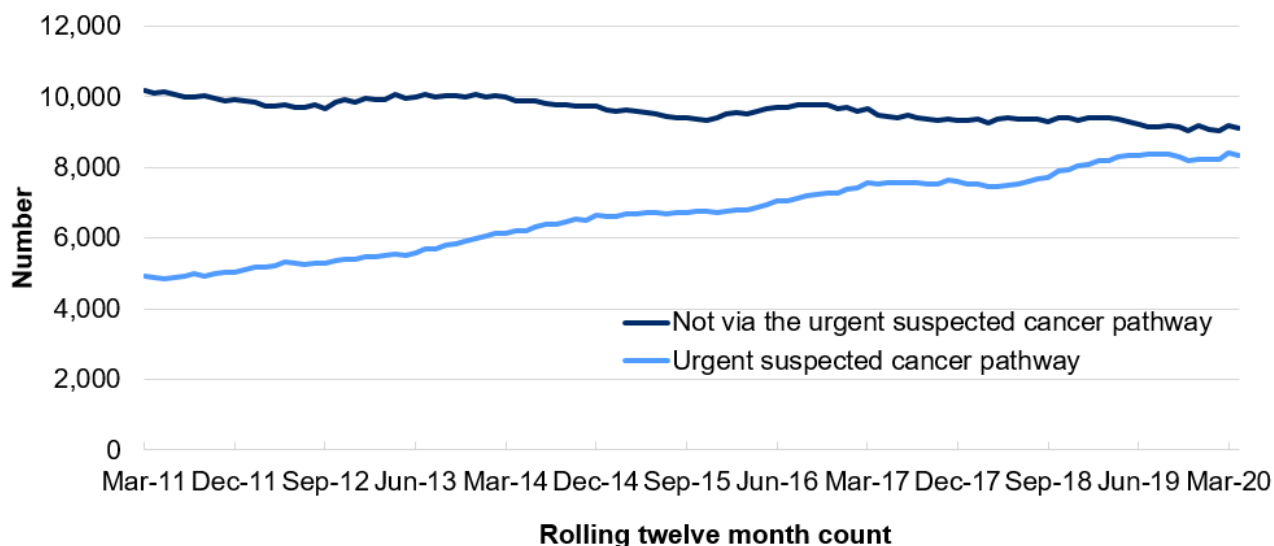
In May, 13,483 patients were admitted to the same or a different hospital following attendance at a major A&E department. This is 2,600 higher than the previous month (April 2020) but 3,995 fewer than the corresponding month a year ago (May 2019).

## **2. Scheduled care activity**

### **Patients starting cancer treatment referred via both the urgent and not via the urgent suspected cancer routes**

Cancer patients in Wales are counted by both the urgent and not via the urgent pathways, as well as the Single Cancer Pathway.

**Chart 3: Number of patients newly diagnosed with cancer and starting treatment in the year to date, by rolling twelve months count and pathway type, March 2011 to April 2020**



Source: Welsh Government

### Number of patients newly diagnosed with cancer and starting treatment in the year to date, by rolling twelve months count and pathway type, March 2011 to April 2020 on StatsWales

During the 12 months to April 2020, 8,319 patients newly diagnosed with cancer via the urgent suspected cancer route started treatment. This is an increase of 0.2% (17 patients) over the previous 12 months (year ending April 2019) and an increase of 24.7% (1,646 patients) from the corresponding period 5 years ago (year ending April 2015).

During the 12 months to April 2020, 9,101 patients newly diagnosed with cancer not via the urgent suspected cancer route started treatment. This is a decrease of 2.9% (270 patients) over the previous 12 months (year ending April 2019) and a decrease of 5.2% (500 patients) from the corresponding period 5 years ago (year ending April 2015).

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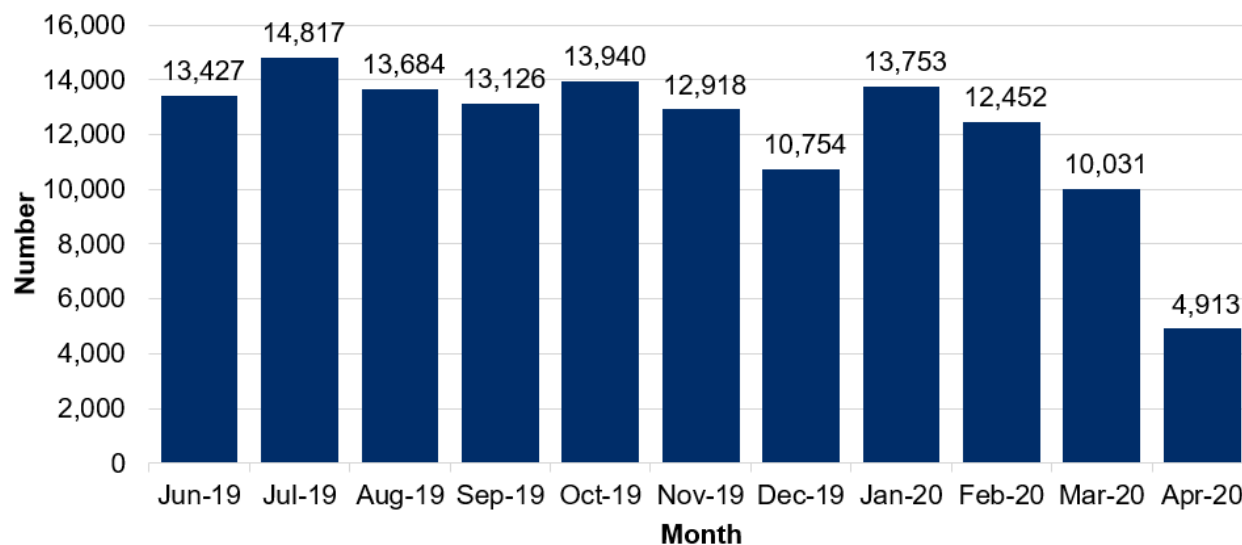
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As these figures are based on a 12 month rolling average the impact of the pandemic may not be observed until later in the year.

## Single cancer pathway (experimental statistics)

**Chart 4: Number of patients entering the single cancer pathway who are newly suspected of having cancer, June 2019 to April 2020**



Source: Welsh Government

### Number of patients entering the single cancer pathway who are newly suspected of having cancer, June 2019 to April 2020 (MS Excel)

The Single Cancer Pathway encompasses all patients from the moment there is suspicion of cancer, rather than from when their referral is received in hospital and a diagnosis has been made.

Experimental statistics for the single cancer pathway show that in the month of April 2020, 4,913 patients entered the pathway. This is a decrease of 51.0% (5,118 patients) from March 2020 and includes all those starting treatment this

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month and those already on the pathway.

For the Single Cancer Pathway, data relating to the number of patients treated equates to the sum of those patients treated via the urgent and not via the urgent suspected cancer pathways.

In April 2020, 1,240 patients newly diagnosed with cancer were treated through the single cancer pathway. This is a decrease of 26.7% (452 patients) from March 2020.

### 3. Quality information

#### Ambulance response times

As part of the continual review of the clinical response model, the Welsh Ambulance Service regularly reviews call handling practices and the categorisation of incidents. An update to call handling practices in 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.

## Call categories

Red: Immediately life-threatening (someone is in imminent danger of death, such as a cardiac arrest).

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).

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](#)**

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## Accident and Emergency (A&E)

The Accident and Emergency statistics show monthly data on the number of attendances and admissions to hospital resulting from attendances at Major A&E departments in Wales. There are two categories of emergency care facility, Major A&E Departments and Other A&E/Minor Injury Units. Major A&E Departments are defined as a consultant led service with resuscitation facilities and accommodation for the reception of A&E patients. Major A&E 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/Minor Injury Units are defined as all other A&E/casualty/minor injury units, which have accommodation to receive A&E patients and can be accessed without appointment.

Due to the current the coronavirus (COVID-19) pandemic, several Minor Injury Units have temporarily closed, effective from March onwards. These Minor Injury Units include: The Barry Hospital, Dolgellau And Barmouth District Hospital and Bryn Beryl Hospital.

## Cancer pathways

Patients with cancer are split into two distinct groups (in line with cancer standards).

Those referred via the urgent suspected cancer route:

- This group includes patients referred from primary care (e.g. by a GP) to a hospital as urgent with suspected cancer, which is then confirmed as urgent by the consultant or a designated member of the Multi Disciplinary Team.

Those not referred via the urgent suspected cancer route:

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- This group includes patients with cancer (regardless of their referral route), not already included as an urgent suspected cancer referral.

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

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

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

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

## Single Cancer Pathway

The Single Cancer pathway is a **new waiting times collection announced** in 2018 by Vaughan Gething AM, Cabinet Secretary for Health and Social Services. The statistics include all patients who have suspected cancer. The pathway measures the time from the point of suspicion to the start of treatment, rather than the point of referral.

For more information on the single cancer pathway, please refer to the single cancer pathway **key documents**.

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## NHS Direct Wales and 111

An annual statistical release analysing NHS Direct Wales and 111 data in more depth may be released in future months, subject to user need and resources.

### Sources

- Ambulance response data is provided by the Welsh Ambulance Service NHS Trust (WAST).
- Cancer waiting times data is provided from local health boards directly to the Welsh Government.
- All other data summarised here is collected from local health boards by the NHS Wales informatics Service (NWIS). Full details are provided in the Quality reports for each service area (see links below).

### Timeliness

Not all datasets have the same processing timelines. To make the data available as soon as we can, we publish the unscheduled care data for, say, February alongside the planned care data for January.

### Data

Further detailed datasets can be found, downloaded or accessed through our open data API from [StatsWales](#).

Percentage point changes are calculated using unrounded figures.

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## 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

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- 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

## **National Statistics status**

The **United Kingdom Statistics Authority** has designated all statistics presented here as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the **Code of Practice for Statistics**.

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.

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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.

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

## Experimental statistics

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

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

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[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 wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ('national indicators') that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the Welsh Parliament. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

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

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

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## Next update

23 July 2020

## We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales).

## 4. Contact details

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