

Time Spent in NHS Wales Accident and Emergency Departments Quality Report

What are these statistics?

The Accident and Emergency (A&E) statistics show monthly data on the time spent in all NHS Wales hospital emergency care facilities from arrival until admission, transfer or discharge. Information is available by Local Health Board and type of emergency care facility.

There are two distinct categories of emergency care facility:

- **Major A&E Departments** - defined as a consultant led service with appropriate resuscitation facilities and designated accommodation for the reception of accident and emergency patients. These 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** - defined as all other A&E/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 above for a Major A&E Department.

The table below shows how the Emergency Care Facilities are categorised in Wales.

Categorisation of Emergency Care Facilities in Wales

Local Health Board	Major A&E Department	Other A&E/Minor Injury Unit (MIU)
Betsi Cadwaladr University	Ysbyty Glan Clwyd Wrexham Maelor Hospital Ysbyty Gwynedd	Llandudno General Hospital Betsi Cadwaladr University MIUs
Powys Teaching Hywel Dda	West Wales General Hospital Bronglais General Hospital Withybush General Hospital	Powys Teaching MIUs Prince Phillip Hospital Hywel Dda MIUs
Abertawe Bro Morgannwg University	Morrison Hospital Princess of Wales Hospital	Singleton Hospital Neath Port Talbot Hospital
Cwm Taf	Prince Charles Hospital Royal Glamorgan Hospital	Cwm Taf MIUs
Aneurin Bevan	Royal Gwent Hospital Nevill Hall Hospital	Ysbyty Ystrad Fawr Hospital Aneurin Bevan MIUs
Cardiff and Vale University	University Hospital of Wales	Cardiff and Vale University MIUs

The figures in the output represent the total time spent in a hospital emergency care facility from arrival until admission, transfer or discharge. They do not include planned follow-up attendance agreed or requested by a clinician. The figures relate to all patients, including paediatric patients. (A **paediatric patient** is defined as a patient aged 16 years or under.)

The time spent in A&E 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. The transferral would be to another hospital or interface facility (see definition below).

However, if a patient is transferred from A&E to an interface facility, the clock (recording the time spent in the A&E department) only stops if the environment in that facility meets the minimum criteria (detailed below). Where the criterion is not met, the facility is considered to be an extension of the A&E department and is subject to the total target time.

Interface facilities could include observation wards, medical/surgical assessment wards, clinical decision units, short stay admission wards etc. The **minimum criteria** that an interface facility has to meet (so that it constitutes a ward) are:

- the patient has the same privacy and dignity as in other inpatient wards in the hospital;
- the patient has access to toilet and washing facilities;
- there are no staff or public thoroughfares through the area;
- the patient has facilities to securely store their belongings;
- there is sufficient space between beds to allow visitors to be seated in comfort;
- there are hot meals provided for the patient and appropriate access.

A **new attendance** is defined as the first visit made by a patient to an A&E department for a particular injury or ailment. If a patient returns to the A&E 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.

Change to exclusions from A&E waiting times statistics for January 2013 data onwards

For **data relating to periods prior to January 2013**, the following patients were excluded from the A&E waiting times statistics:

- known planned follow ups (i.e. Attendance Category = 2 in the Emergency Department Data Set);
- attendances where the patient was dead on arrival (i.e. Outcome of Attendance = 11 or Attendance Group = 30);
- attendances where the calculated wait results in a blank, negative or invalid value; and
- attendances where the calculated time was \geq 24 hours.

For **data relating to January 2013 onwards**, attendances where the calculated time was \geq 24 hours are included. So the following patients are excluded from the A&E waiting times statistics:

- known planned follow ups (i.e. Attendance Category = 2 in the Emergency Department Data Set);
- attendances where the patient was dead on arrival (i.e. Outcome of Attendance = 11 or Attendance Group = 30); and
- attendances where the calculated wait results in a blank, negative or invalid value.

Changes to publishing of emergency care facility statistics for August 2012 data onwards

Q1. What are we doing?

For the August 2012 data onwards, there will be a new approach to publishing the emergency departments waiting times data:

- Prior to August 2012 data, the monthly emergency departments waiting times data was published by Welsh Government as official statistics in a Statistical Release, with more detailed data on [StatsWales](#).
- For August 2012 data onwards, the monthly data will be published by NHS Wales Informatics Service (NWIS) on their website as management information, around 15th of each month <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=40971>. Welsh Government will then produce an improved official statistics publication on a less frequent basis (to be decided after feedback from users via a formal consultation). StatsWales will be updated with monthly data when the official statistics are released.

Q2. Why are we doing this?

The reason for this is to:

- support the more timely release of data, in this case as management information, into the public domain to ensure that public debate is based on the most recent data;
- reduce the frequency of more formal publications of official statistics; and
- provide official publications with more added value through context and commentary.

Q3. Where can users find the data in the future?

The August 2012 data onwards will be published by NHS Wales Informatics Service (NWIS) (which collects the data) on their website as management information, <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=40971>, around the 15th of each month in an Excel spreadsheet. This spreadsheet will include links to the previously published official statistics, this Quality Report and a contact for any queries on the data.

Q4. How do we know the data is of sufficient quality?

Since the data will be published from NWIS systems onto their website a few days after it is collected, there will be less validation and as such it will be published as management information. From reviewing the data for the last few months received by NWIS around the 10-12 calendar day of the month and comparing it to the official statistics published around two weeks later, the indication is that there is very little difference between the two sets of figures.

If Local Health Boards re-submit monthly data, then this will be handled as follows:

- if the data is resubmitted for months prior to August 2012, NWIS will inform Welsh Government each month which months' data are affected. Welsh Government will then update the months affected on StatsWales.
- if the data is resubmitted for August 2012 onwards, NWIS will update and caveat the management information published on their website, on a monthly basis.

If there are errors/revisions to the monthly management information, NWIS will agree a process for how these changes will be made and include this on their website.

Q5. Are there any limitations?

As the data is being published as management information around two weeks after the end of the reference period, users should be aware of its limitations:

- It will not undergo the same level of validation as was done for the official statistics;
- It is unlikely to contain the same level of detail as the data previously published on StatsWales.

- For the initial publications of the management information, it will only be published in an Excel spreadsheet, however this may change for future publications of the management information and users will be kept informed;
- The monthly publication dates will not be pre-announced, as it is management information rather than official statistics. However, NWIS will seek to publish it around the 15th of each month (earlier than the official monthly statistics that were published by Welsh Government); and
- Outliers may be due to reduced data validation and inferences should be made with care.

Q6. Any comments?

If you have any comments on this new approach, then please let us know via the contact details at the end of this Quality Report. A wider user consultation on our statistical outputs is also planned for September 2012 and we will use this to ensure that this approach continues to meet user needs and explore how to improve and extend further. We will also seek your views as to how frequently we should publish the official statistics (quarterly, annually etc) in the future.

Users and uses

An understanding of trends in waiting times is crucial for those involved in planning and decision making at national and local level.

We believe the key users of these statistics are:

- Ministers and their advisors;
- Assembly members and Members Research Service in the National Assembly for Wales;
- Officials within the Department for Health, Social Services and Children at Welsh Government;
- NHS Wales;
- Students, academics and universities;
- Other areas of the Welsh Government;
- Other government departments;
- Media; and
- Individual citizens.

The statistics are used in a variety of ways. Some examples of these include:

- 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; and
- To help determine the service the public may receive from NHS Wales.

If you are a user and do not feel the above list adequately covers you please let us know via our [feedback](#) form.

Strengths and Limitations of the data

Strengths

- The information is processed and published monthly and in an ordered manner to enable users to see the statistics when they are current and of greatest interest. For August 2012 data onwards, the data will be published on an earlier date each month by NWIS, as management information.

- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. Information is provided by LHB and type of emergency care facility.
- Efficient use has been made of administrative data sources to produce outputs. The source is Emergency Department Data Set (EDDS) for major A&E departments and other A&E departments/minor injury units from 1 April 2012. (Prior to this, the other A&E departments/minor injury units were sourced from the Situation Reporting System (SITREPS)).
- Detailed statistics are provided via our StatsWales website by hospital and LHB for major A&E departments and by LHB for other A&E departments/minor injury units.
- Data has been published since 2006, so users can see the long term trend on waiting times for A&E departments.

Limitations

- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately.
- For August 2012 data onwards, the data will be published by NWIS as management information, so will not undergo the same amount of validation as the official statistics previously published by Health Statistics and Analysis Unit.
- There is no mapped data.
- Because of the devolved administrations and differing policy, there are differences in the measurements of A&E data between UK countries (see 'Coherence' later in the report).

Technical changes to the data from December 2011

There are some technical changes to A&E reporting, that have been implemented from December 2011, to more closely align the definitions in Wales with those in England around clinical and operational exclusions.

Historically, making comparisons in terms of performance against the four hour waiting times' target between Wales and the other home nations has been difficult. This is due mainly to legitimate clinical exclusions to the targets that other home countries apply and Wales does not. For example, there are often circumstances where, in the judgement of a senior doctor and nurse, it is clinically appropriate for a patient to remain within the A&E department for longer than four hours.

From December 2011, the guidance below (recognised by the Department of Health and Welsh College of Emergency Medicine) now applies in Wales. So, the two situations below will no longer be counted as a breach of the targets:

- If a clinician decides that the safest place for a patient is the emergency department, the patient should remain there until it is safe to move them; and
- Patients should not be admitted solely to avoid a breach of the targets. Clinicians should admit patients only to appropriate facilities and only when it is appropriate to do so.

By definition, these changes should lead to a small increase in the percentage waiting less than four hours and eight hours in A&E departments. For the December 2011 data, Cardiff and Vale University and Betsi Cadwaladr University LHBs were not able to implement the change to the guidance around clinical exclusions. For the January and February 2012 data, Betsi Cadwaladr University LHB was not able to implement the change for either month and Cardiff and Vale University LHB was only able to implement it for 26 to 31 January, but have fully implemented it in the February 2012 data. (Cardiff and Vale University informed us that they had to develop and test its systems and train users to ensure a robust collection around clinical exclusions to comply with the new EU compliance guidance.) Betsi Cadwaladr University has implemented the change in some hospitals for March to July 2012, but it was not fully implemented. Therefore the Wales figures for

December 2011 to July 2012 are likely to be lower than expected. As a result of this, some LHBs are likely to revise their data in future submissions. Any revisions will be detailed in StatsWales.

Data processing cycle

Data collection

The information is reported by Local Health Boards via NHS Wales Informatics Service (NWIS).

Current situation

From 1 April 2012, both the **attendances at major A&E departments** and **attendances at other A&E/minor injury units** are sourced from the monthly Emergency Department Data Set (EDDS) or a subset of the EDDS (for those other A&E/minor injury units who are unable to submit the full EDDS).

Prior to this, the **attendances at other A&E/minor injury units** were sourced from the weekly Situation Reporting System (SITREPS) based on a four/five weekly cycle rather than calendar months and then converted to monthly figures for the all hospital emergency departments' combined figures (see paragraphs below for more details). However, the release presented information for **other A&E/minor injury units figures** based on a four/five weekly cycle rather than calendar month. The **attendances at major A&E departments** have been sourced from EDDS since April 2010.

From 1 April 2012 onwards, the data is taken from the same source, EDDS, and all the figures for this date onwards are provided on a calendar monthly basis for the release.

For the output, LHBs send their data to NWIS on a monthly basis who then extract and aggregate the data from EDDS on the total number of attendances and the number of attendances with total times spent under 4 hours and under 8 hours. Prior to August 2012 data, this aggregate data was then provided to the Health Statistics and Analysis Unit of the Welsh Government via a secure reporting portal on the NHS intranet site, hosted by NWIS. For August 2012 data onwards, this aggregate data is published by NWIS as management information on their website <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=40971>.

Impact of the changes

For April 2012 data onwards, the changes to the data source for other A&E/minor injury units will not affect the major A&E departments data and are not expected to have any real impact on the all hospital emergency care facilities data or the performance data for minor injury units/other A&E departments.

There will be a minor impact on the data relating to attendances at other A&E/minor injury units for April 2012 onwards. Prior to this, this data was based on a four/five weekly cycle rather than calendar month data, so depending on which month it was, the data will have included a few days more or less attendances than in the actual calendar month. Users should consider this when comparing attendance data for **other A&E/minor injury units** before and after April 2012.

For August 2012 data onwards, the data is published by NWIS as management information rather than official statistics on a monthly basis. The impact of this change on the data is likely to be minimal. However, users should be aware of the change. See Limitations above.

Previous situation

From April 2010 onwards, information on **attendances at major A&E departments** has been sourced from the Emergency Department Data Set (EDDS). Prior to this, the data was sourced from the Situation Reporting System (SITREPS). Although there was a small variation in the results from

EDDS as compared with SITREPS, it is an adequate replacement as source of data for major A&E departments and it provides a richer source of data for future analysis.

Until 31 March 2012, information **on attendances at other A&E/minor injury units** was sourced from SITREPS. This was a 'real time' data collection and reporting system which collects key indicators to help determine the extent of emergency pressures on NHS organisations and their performance against key targets. It included information about the length of time patients spend in hospital emergency care facilities, the subject of this release. This information was extracted by the Health Statistics and Analysis Unit from the emergency pressures' NHS intranet site, hosted by NWIS.

Data on attendances at other A&E/minor injury units was submitted via SITREPS on a daily and weekly basis. Since the quality of the daily reported data was not robust, data on attendances at other A&E/minor injury units for this release was taken from the validated weekly reports to ensure greater reliability. As a result, this release presented information based on a four/five weekly cycle rather than calendar months. The number of weeks in any given cycle was based on how many Mondays fall between the end of the previous cycle and the end of the month. The cycle ended on the final Monday of the reporting month.

Up until 31 March 2012, EDDS was supplied monthly and SITREPS was supplied weekly, therefore to produce a combined figure for All Hospital Emergency Care Facilities in table 1 and chart 1 of the release, weekly figures for Other A&E/Minor Injury Units were converted to monthly. This was done by dividing the weekly SITREPS figures by the number of days in a 4 or 5 weekly period, then multiplying by the number of days in a given month and rounding to the nearest integer at Local Health Board level.

Validation and verification

NWIS validate the data using their Validation at Source facility. This allows Local Health Boards to check and correct or comment on their data and to provide contextual information where unexpected changes have occurred. The system ensures that valid codes are submitted for all the fields and data is not missing. NWIS also quality assures the aggregation calculation that they carry out on the EDDS data.

For August 2012 data onwards – NWIS checks the data in the publication spreadsheet has fed through correctly from their data systems. It does not input any data to the submissions and any changes are made by the Local Health Board and the data resubmitted via NWIS.

For data prior to August 2012 - Once the Health Statistics and Analysis Unit received the data, it went through further validation and verification checks, including checking trends in the aggregate data. This may have resulted in further commentary being provided from Local Health Boards to assist with interpretation.

The Welsh Government did not input any data to the submissions and any changes were made by the Local Health Board and the data resubmitted via NWIS.

Publication

For August 2012 data onwards – The management information published by NWIS is produced by summarising the information provided by the Local Health Boards. Producing the output is a semi automated process and the information in the spreadsheet is checked against the data supplied. The data is published as management information and may be revised in future publications of the spreadsheet. This is to enable Local Health Boards to submit revised data if they carry out further validation following submission.

For data prior to August 2012 - The statistics published by the Health Statistics and Analysis Unit were produced by summarising the information provided by Local Health Boards. Producing the release was a semi automated process but key points and commentary were produced separately. The information in the release was checked against the data supplied. The information presented in StatsWales was produced automatically.

The data for the latest month was published as provisional and may be revised in future updates of the release. This was to enable Local Health Boards to submit revised data if they carry out further validation following submission.

Disclosure and confidentiality

While there are some small numbers in the data collected and presented, the information is not considered to be sensitive in nature and there is no identifying information presented.

We adhere to our [statement on confidentiality and data access](#), issued in conformance with the requirements set out in Principle 5: Confidentiality of the Code of Practice for Official Statistics.

Quality

Health Statistics and Analysis unit adhere to a [quality strategy](#) and this is in line with Principle 4 of the [Code of Practice for Official Statistics](#).

Specifically, the list below details the six dimensions of the European Statistical System's and how we adhere to them. **It only applies to the official statistics published by Welsh Government (i.e. data prior to August 2012 data published in a monthly Statistical Release and on StatsWales and data for August 2012 onwards published less frequently in Statistical Bulletins and on StatsWales) and not the management information published monthly by NWIS (for August 2012 data onwards). For detail on the quality of the management information we would draw users' attention to the Limitations section above:**

Relevance

The degree to which the statistical product meets user needs for both coverage and content.

The statistics cover time spent in an accident and emergency facility and are used as the measure of performance of accident and emergency departments in NHS Wales against targets in Wales – see front page of the release for information on the targets. Other interests and uses of this data are outlined above.

We encourage users of the statistics to contact us to let us know how they use the data. It would not be possible to provide tables that meet all user needs, however the tables published in the release and StatsWales aim to answer the common questions.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

We actively review all our outputs and welcome [feedback](#).

Accuracy

The closeness between an estimated result and an (unknown) true value.

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error, processing error.

This is an established data collection based on 100% data i.e. not a sample.

We haven't yet fully investigated non-sampling errors, however processing errors could occur where clerks in hospitals incorrectly input data into their administrative systems. Also, some minor injury units use paper records for recording details of attendances and breaches of the targets – this could also lead to processing errors. Measurement errors could occur from staff in hospitals having different interpretations of definitions.

To reduce non-sampling errors, standards and guidance are provided about the data collections, to try to ensure that LHBs submit information according to the agreed specification. Standards relating to this data collection have been reviewed and passed by the [Information Standards Board](#). Where non-sampling error affects the data, we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations.

For most months, all Local Health Board are able to send data and as such no estimation of the figures is needed. Where estimates are used, because an LHB is unable to supply data for a particular month, this is clearly outlined in the release.

All our outputs include key quality information on coverage, timing and geography.

There are quality assurance procedures to understand and explain movements in the data and to check that the computer system is calculating the published statistics correctly.

Notes at the end of the release inform the users whether the outputs have been revised or not (denoted r). We will also give an indication of the size of the revision between the latest and previous release. Revisions to data occur for a number of reasons, late returned data, incorrect estimates or revised back data.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Due Out Soon](#) web pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

We publish releases as soon as practical after the relevant time period. Data for the end of month position is published within six weeks of the reference date. This allows for the significant validation by Local Health Boards, NWIS and the Health Statistics and Analysis Unit.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release or via stats.healthinfo@wales.gsi.gov.uk

Comparability

The degree to which data can be agreed over both time and domain.

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

There is similar information available from other parts of the UK but the data is not exactly comparable due to local definitions and standards in each area – see Coherence below. Agreed standards and definitions within Wales provide assurance that the data is consistent across as Local Health Boards.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon, are similar.

Every month the data are all collected from the same sources and adhere to the national standard: they will also be coherent within and across organisations.

Other UK countries also measure accident and emergency statistics. 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.

England

In England, the statistics are published on a quarterly basis by the Department of Health - <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AccidentandEmergency/index.htm>

The previous UK government had a target that no-one should wait more than four hours in accident and emergency from arrival to admission, transfer or discharge. An operational standard of 98% was employed for assessment up to and including quarter 1 of 2010/11. The revised Operating Framework for NHS in England 2010-11 came out in June 2011. It announced the 4 hour standard would be replaced by a set of clinical quality indicators in April 2011. It also outlined that the operational standard would be changed to 95% upon clinical advice with immediate effect.

Scotland

In Scotland, the statistics are collected on a published on a quarterly basis by Information Services Division (ISD) Scotland - <http://www.isdscotland.org/Health-Topics/Waiting-Times/Emergency-Departments>

The national standard for Emergency Department (ED) waiting times states that at least 98% of patients should be seen and then admitted, transferred or discharged within 4 hours. This standard applies to all areas of emergency care such as assessment units, minor injury units, community hospitals, health centres, anywhere where emergency care type activity takes place. The 4 hour standard came into place in 2007 and continues to be the measure by which the Scottish Government (SG) monitors NHS Boards' performance in EDs.

Northern Ireland

In Northern Ireland, the statistics are published on a quarterly basis by the Department of Health, Social Services and Public Safety (DHSSPS) -

http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm

It reports on the performance of Health and Social Care Trusts and Hospitals against the DHSSPS Priorities for Action (PfA) target for emergency care departments in Northern Ireland. The Ministerial target for Northern Ireland for 2011/12 requires that: '95% of patients attending Types 1, 2 or 3 A&E departments are either treated and discharged home, or admitted, within four hours of their arrival in the department, and; no patient attending any A&E department should wait longer than 12 hours either to be treated and discharged home, or admitted.'

Data collections are checked between submissions to ensure coherence of the data received.

The data collected and published in Wales is different from that in England, Scotland and Northern Ireland. For example, in Wales the time starts when the Emergency department is informed of the patient's arrival whereas in England for arrivals by ambulance, the time starts up to 15 minutes after notification of arrival.

Dissemination

For August 2012 data onwards - The monthly data will be published by NWIS (in a spreadsheet initially) on their website as management information, around the 15th of each month <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=40971>. Welsh Government will then publish an improved official statistics publication with more commentary on a less frequent basis (to be decided after feedback from users via a formal consultation).

For data prior to August 2012 - All the data is of sufficient quality following the significant checking outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level tables are included in the release. All the actual data provided is published on our interactive website, [StatsWales](#).

Evaluation

If you have any comments on this new approach to publishing the emergency care facility data, then please let us know via the e-mail address below. A wider user consultation on our statistical outputs is planned for September 2012 and we will use this to ensure that this approach continues to meet user needs and explore how to improve and extend further. We will also seek your views as to how frequently we should publish the official statistics (quarterly, annually etc) in the future.

Please contact us on stats.healthinfo@wales.gsi.gov.uk

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