



NHS Activity & Performance Summary: November/December 2018

24 January 2019
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Data relating to ambulance response times, time spent in accident and emergency units (A&E) and delayed transfers of care are provided for the month of December 2018.

Data relating to referral to treatment times, cancer waiting times, diagnostic and therapy waiting times, and outpatient referrals are provided for the month of November 2018.

Summary

Average daily A&E attendances decreased in December. The percentage of patients spending less than four hours in A&E decreased and the number of patients spending more than 12 hours in A&E increased.

The average number of daily calls to the ambulance service increased in December. The percentage of red calls receiving an emergency response within 8 minutes met the target and was slightly higher than in November.

The number of patients waiting longer than the target time for diagnostic tests and therapy services fell in November. The percentage of patients waiting less than 26 weeks from referral to the start of treatment remained the same as last month and the number of patients waiting longer than 36 weeks decreased.

Child and Adolescent Mental Health Services (CAMHS) performance continued to improve in November.

The percentage of patients starting treatment within target time for cancer decreased for patients on both pathways.

The number of delayed transfers of care decreased and the remaining targets for scheduled and unscheduled care were missed.

Average A&E waiting times increased in December, whilst average emergency call responses for ambulances reduced. The latest average waiting times for referral to treatment and diagnostic tests fell but the average waiting times for therapy services increased.

About this release

This release presents summary information relating to data published in the following areas: Ambulances, A&E, Delayed Transfers of Care (DTC), Referral to Treatment (RTT), Diagnostic and Therapy waiting times (DATS), Cancer waiting times and Outpatient referrals.

Data in each area is available in an [online tool](#), which provides users with the ability to interact with and explore the data, and in detailed [StatsWales](#) tables. Publishing our monthly NHS activity releases on one day provides users with a more rounded and integrated picture of activity and performance and gives a more coherent view of the NHS in Wales.

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Key points

Demand and activity

Unscheduled care (Dec 18)

- In December 2018, there were 41,049 emergency calls to the ambulance service, an average of 1,324 per day, up from 1,275 in November 2018. The proportion of red calls was a record high of 5.9 per cent of the total calls this month up from 5.8 per cent in November 2018.
- The number of emergency calls received by the Welsh Ambulance Services NHS Trust (WAST) has 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. The average daily number of red calls in December was 78, up from 74 in November 2018.
- A&E attendances are generally higher in the summer months than the winter. The average number of A&E attendances per day in December was 2,639. This is 4.0 per cent lower than in November 2018 (110 fewer attendances per day on average) and 0.8 per cent lower than in December 2017 (21 fewer attendances per day on average).
- The total number of A&E attendances in the year to December 2018 was up 1.1 per cent on the previous year and the medium term trend shows that it is up 6.8 per cent since the same 12 month period, 5 years ago (year ending December 2013).

Scheduled care (Nov 18)

- There was an average of 3,720 outpatient referrals per day in November 2018. This is a decrease of 6.0 per cent compared to October 2018 and an increase of 2.4 per cent compared with November 2017.
- Cwm Taf have been unable to provide closed pathway data since August 2018, therefore the following numbers and comparisons for closed pathways exclude Cwm Taf. The number of patient pathways closed per working day during November 2018 was 4,091; a decrease of 1.3 per cent from October 2018. The number of closed pathways per working day varies throughout the year, with numbers tending to be lower in August and December. There were 1,007,097 closed pathways during the 12 months to November 2018, an increase of 4.5 per cent (43,373 pathways) compared to the previous 12 months.
- During the 12 months to November 2018, 7,920 patients newly diagnosed with cancer via the urgent suspected cancer route started treatment, an increase of 3.8 per cent (287 patients) over the previous 12 months and an increase of 33.9 per cent (2,006 patients) from the corresponding period 5 years ago.
- During the 12 months to November 2018, 9,390 patients newly diagnosed with cancer not via the urgent suspected cancer route started treatment, an increase of 0.2 per cent (18 patients) over the previous 12 months and a decrease of 6.0 per cent (602 patients) from the corresponding period 5 years ago.

Performance

Unscheduled care (Dec 18)

- In December 2018, 72.8 per cent of emergency responses to immediately life threatening calls ('red' calls) arrived within 8 minutes, above the target of 65 per cent, and up from 72.3 per cent in November 2018.
- 77.8 per cent of patients spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is a decrease of 2.4 percentage points from November 2018 and 1.3 percentage points lower than December 2017. The 95 per cent target continues to be missed.
- 3,900 patients spent 12 hours or more in an emergency care facility, from arrival until admission, transfer or discharge. This is an increase of 341 patients (or 9.6 per cent) compared to November 2018 and an increase of 173 (or 4.6 per cent) patients compared to December 2017.

Scheduled care (Nov 18)

- By the end of November 2018, 435,835 patient pathways were waiting for the start of their treatment. Of these, 87.8 per cent had been waiting less than 26 weeks, lower than the target of 95 per cent, and 13,510 (3.1 per cent) had been waiting more than 36 weeks from the date the referral letter was received in the hospital. The percentage waiting less than 26 weeks remained the same as last month but the number of pathways waiting over 36 weeks decreased by 591.
- RTT performance against both targets has been fairly stable since early 2016, with the percentage starting treatment within 26 weeks generally fluctuating between 85 and 89 per cent.
- Since January 2014, there has been a general downward trend in the number of people waiting more than 8 weeks for specified diagnostic services. The number decreased from 3,172 in October 2018 to 2,674 in November 2018.
- The number of people waiting more than 14 weeks for specified therapy services decreased over the month from 465 in October 2018 to 380 in November 2018. The medium trend was fairly static between November 2012 and April 2017, with an average of 2,272 people waiting longer than 14 weeks each month. Since then the number increased to over 4,700 in August 2017 before falling to a low of 245 in March 2018 and has remained at a similar level since then.
- In the month of November 2018, 85.3 per cent of patients (630 out of 739) newly diagnosed with cancer via the Urgent Suspected Cancer route started definitive treatment within the target time of 62 days. This is below the target of 95 per cent and down 1.4 percentage points from October 2018.
- For the latest 12 months to November 2018, 86.0 per cent of patients newly diagnosed with cancer via the urgent suspected cancer route started definitive treatment within the target

time of 62 days. This is 1.3 percentage points lower than the previous 12 months but 0.3 percentage points higher than the corresponding 12 month period 5 years ago.

- In the month of November 2018, 97.3 per cent of patients (834 out of 857) newly diagnosed with cancer not via the Urgent route started definitive treatment within the target time of 31 days. This is below the target of 98 per cent, and 0.5 percentage points lower than in October 2018. The trend has been broadly stable over the last two years.
- For the latest 12 months to November 2018, 97.1 per cent of patients newly diagnosed with cancer not via the urgent route started definitive treatment within the target time of 31 days. This is 0.4 percentage points lower than the previous 12 months, and 0.6 percentage points lower than the corresponding 12 month period 5 years ago.
- Performance improved for those waiting less than 4 weeks for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS) in November 2018. The percentage of patient pathways waiting less than 4 weeks increased from 66.7 per cent (with 549 of 823 patients waiting less than four weeks) in October 2018 to 73.7 per cent (with 579 of 786 patients waiting less than four weeks) in November 2018. For context, this month had the highest number of patients waiting less than four weeks since March 2017 (the first month we have comparable data).

Contextual information

Charts presented in the online tool provide additional activity information to complement the NHS performance information shown above. Some examples are provided below.

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.

Unscheduled care

- Although the 4 hour A&E target has been missed since the target was introduced, the median time which patients spend in A&E has remained fairly steady in recent years between two and two and a half hours; in December 2018, the median time was 2 hours 26 minutes, up from 2 hours 19 minutes in November 2018. The median time spent in A&E varies by age, with children spending between an hour and a half and two hours in A&E on average, whilst older patients (aged 85 plus) spend between three and a half and four hours in A&E on average.
- The median response time to red calls to the ambulance service was 5 minutes and 19 seconds in December 2018, slightly quicker than the response time in November (5 minutes and 21 seconds). Just over half (50.2) of amber calls were responded to within 25 minutes.
- While the actual number of delayed transfers of care fluctuates each month, the trend has been downward since 2004. The number of patients delayed in December 2018 was 450, down from 480 in November 2018. The October to December three-month average was 468 compared with the September to November three-month average of 463.

Scheduled care

- Although referral-to-treatment targets have been missed, the median waiting time to start treatment was 9.0 weeks in November 2018. The median has generally been around 10 weeks since late 2013.
- The median waiting time for diagnostic services was 2.4 weeks in November 2018. The median for therapy services was 3.6 weeks. Median waiting times for those waiting for diagnostic services have generally fallen since 2014. Median waiting times for those waiting for therapy services generally increased from the end of 2012 to the end of 2017. Since then waiting times have generally been falling.

Key quality information

Notes for this month's publication

Bridgend boundary change: Bridgend will be moving from Abertawe Bro Morgannwg to Cwm Taf from April 1st 2019. See the [joint statement here](#). It has been confirmed that the health board names will change to reflect these changes, Cwm Taf University Health Board will become Cwm Taf Morgannwg University Health Board and Abertawe Bro Morgannwg University Health Board will become Swansea Bay University Health Board. [See the statement here](#). We are currently considering how we will be publishing data on the new health boards and will provide an update in the coming months.

RTT: Cwm Taf have been unable to provide closed pathway data since August 2018 because of IT problems following a software update. Therefore, all numbers and comparisons for closed pathways from the October 2018 release onwards exclude Cwm Taf. The health board is working on fixing the problem. The data for Cwm Taf for previous months are available on StatsWales.

Referrals and RTT: To increase consistency across health board data, all new treatment codes have been rolled back 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 \(2014/08\)](#).

CAMHS: Prior to March 2017 the numbers waiting for CAMHS at Cwm Taf, which are provider based (and include ABMU and Cardiff and Vale figures) include non-CAMHS pathways, which should not be included, therefore the current figures overstate the numbers waiting.

A&E: Singleton Minor Injury Unit closed on Monday 12th November while refurbishment work is carried out. The number of attendances fell from 268 in October 2018 to 89 in November (a 66.8 per cent decrease). It will be closed until early spring 2019. While the Singleton MIU is closed, patients are being advised of alternative services including the Minor Injury Unit at Neath Port Talbot Hospital and the Emergency Department (A&E) at Morrison Hospital, Swansea. This closure will likely affect the number of attendances at these two hospitals from November onwards. For more information, see the Abertawe Bro Morgannwg website.

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

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

- Demand/Activity – e.g. A&E attendances, ambulance calls, referrals
- Performance – e.g. performance against A&E targets, RTT etc.
- Context – e.g., median time in A&E, median ambulance response times, median RTT waits

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

Percentage point changes are calculated using unrounded figures.

Performance measures

The [NHS Wales Delivery Framework 2018-19](#) is used to measure delivery throughout 2018-19.

Ambulance response times

Notes: 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 and targets:

Red: Immediately life-threatening (someone is in imminent danger of death, such as a cardiac arrest). There is an all-Wales target for 65% of these calls to have a response within 8 minutes.

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). There is no time-based target for amber calls.

Green: Non urgent (can often be managed by other health services and clinical telephone assessment). There is no official time based target for these calls.

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.

Comparability and coherence: Other UK countries also measure ambulance response 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 is needed to establish whether the definitional differences have a significant impact on the comparability of the data.

[Ambulance services: StatsWales](#)

[Ambulance services: Quality report](#)

[Ambulance services: Annual release](#)

Time spent in A&E departments

Notes: NHS Wales Informatics Service provide the data from the Emergency Department Data Set (EDDS). This is a rich source of patient level data on attendances at emergency care facilities in Wales that tends mainly to be used for the performance targets.

Targets: Time spent in A&E departments:

- 95 per cent of new patients should spend less than 4 hours in A&E departments from arrival until admission, transfer or discharge
- Eradication of 12 hour or more waits within A&E departments

Revisions: Some figures are likely to be revised in future months – this will be done on StatsWales.

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 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. See the [Quality report](#) for more details.

[Time spent in A&E: StatsWales](#)

[Time spent in A&E: Quality report](#)

[Time spent in A&E: Annual release](#)

Referral to treatment times

Notes: A referral to treatment pathway covers the time waited from referral to hospital for treatment and includes time spent waiting for any hospital appointments, tests, scans or other procedures that may be needed before being treated. Definitions of terms used and quality information are in the [Quality report](#).

Targets: Referral to treatment times:

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

Revisions: Any revisions to the data are noted in the 'Notes for this month's publication' and in the information accompanying the StatsWales cubes each month.

Comparability and coherence: England, Scotland and Wales publish referral to treatment waiting times – which measures the complete patient pathway from initial referral e.g. by a GP, to agreed treatment or discharge - in addition to certain stages of treatment waiting times. Northern Ireland publish waiting times statistics for the inpatient, outpatient and diagnostics stages of treatment – which measures waiting times for the different stages of the patient pathway, typically specific waits for outpatient, diagnostic or inpatient treatment, or for specific services such as audiology.

In relation to referral to treatment waiting times, whilst there are similar concepts in England, Wales and Scotland in terms of measuring waiting times from the receipt of referral by the hospital to the start of treatment, and, the types of patient pathways included, there are distinct differences in the individual rules around measuring waiting times. This is particularly important regarding 'when the clock stops or pauses', exemptions, and the specialities covered.

[Referral to treatment: StatsWales](#)

[Referral to treatment: Quality report](#)

[Referral to treatment: Annual release](#)

Diagnostic and Therapy waiting times (DATS)

Targets: Waiting times for access to diagnostic and therapy services (operational standards for maximum waiting times):

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

Revisions: Any revisions to the data are noted in the 'Notes for this month's publication' and in the information accompanying the StatsWales cubes each month.

Comparability and coherence: See Referral to Treatment

[Diagnostic and Therapy waiting times: StatsWales](#)

[Diagnostic and Therapy waiting times: Quality report](#)

[Diagnostic and Therapy waiting times: Annual release](#)

Cancer waiting times

Notes: 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:

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

Targets: Cancer waiting times:

- At least 95 per cent of patients diagnosed with cancer, via the urgent suspected cancer route will start definitive treatment within 62 days of receipt of referral.
- At least 98 per cent of patients newly diagnosed with cancer, not via the urgent route will start definitive treatment within 31 days of the decision to treat (regardless of the referral route).

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.

[Cancer waiting times: StatsWales](#)

[Cancer waiting times: Quality report](#)

[Cancer waiting times: Annual release](#)

Delayed Transfers of Care (DTOC)

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: Similar statistics are collected in England and Scotland, but the details may differ and the detailed guidance available from each country's website should be consulted before using these statistics as comparative measures.

[Delayed transfers of care: StatsWales](#)

[Delayed transfers of care: Quality report](#)

[Delayed transfers of care: Annual release](#)

Outpatient referrals

Targets: none

Revisions: From December 2015 our revisions policy is to revise back every 12 months on a monthly basis, and perform a full revision of referral figures back to April 2012 at the end of every financial year (when data for March in any given year is the latest available data to us).

Comparability and coherence: 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. Agreed standards and definitions within Wales provide assurance that the data is consistent across as Local Health Boards.

[Outpatient referrals: StatsWales](#)

[Outpatient referrals: Quality report](#)

Comparability

All four UK countries publish information on a range of NHS performance and activity statistics. The published statistics are not exactly comparable because: they were designed to monitor targets which have developed separately within each country; the provision and classification of unscheduled care services varies across the UK. Statisticians in all four home nations have collaborated as part of the 'UK Comparative Waiting Times Group'. The aim of the group was to look across published health statistics, in particular waiting times, and compile a comparison of (i) what is measured in each country, (ii) how the statistics are similar and (iii) where they have key differences. That information is available on the [Government Statistical Service](#) website.

Information on ambulances can be found at:

[Ambulance services in England](#)

[Ambulance services in Scotland](#)

[Ambulance services in Northern Ireland](#)

National Statistics status

The [United Kingdom Statistics Authority](#) has designated six of the seven sets of 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](#). [NHS Referrals for first Outpatient Appointments](#) is not currently badged as National Statistics.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

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.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. 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.

Further details

The document is available at:

<http://gov.wales/statistics-and-research/nhs-activity-performance-summary/?lang=en>

Next update

21 February 2019

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.

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