NHS Activity & Performance Summary: May/June 2019

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 June 2019.

Data relating to referral to treatment times, cancer waiting times, diagnostic and therapy waiting times, and outpatient referrals are provided for the month of May 2019.

Data for A&E this month includes the high level attendance information only. For more information please see the notes section.

Summary

Unscheduled care

Average daily A&E attendances decreased in June. The percentage of patients spending less than 4 hours in A&E decreased slightly and the number of patients spending more than 12 hours in A&E also decreased.

The average number of daily calls to the ambulance service remained the same as in May 2019. The percentage of red calls receiving an emergency response within 8 minutes met the target and was higher than in May 2019.

The average emergency call response time for ambulances decreased in June.

The number of delayed transfers of care increased in June.

Scheduled care

The number of patients waiting longer than the target time for diagnostic and therapy tests increased in May but the average waits decreased for both.

Referral to treatment performance declined with a decrease in the percentage of patients waiting less than 26 weeks and an increase in the number of patients waiting longer than 36 weeks. The average wait also increased.

The percentage of patients starting treatment within the target time for cancer decreased for patients on the urgent pathway and increased slightly for patients on the not urgent pathway.

Child and Adolescent Mental Health Services (CAMHS) performance improved.

About this release

This release presents summary information relating to data published in the following areas: Ambulances, A&E, Delayed Transfers of Care (DTOC), 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.

In this release

Key points

Demand and activity

Unscheduled care (Jun 19)

- In June 2019, there were 38,490 emergency calls to the ambulance service, an average of 1,283 per day, the same as in May 2019. The proportion of red calls increased marginally by 0.1 percentage points to 5.6 per cent.

- 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 June 2019 was 72, two more than in May 2019.

- A&E attendances are generally higher in the summer months than the winter. The average number of A&E attendances per day in June was 2,935. This is 2.0 per cent lower than in May 2019 (59 fewer attendances per day on average) and 5.3 per cent lower than in June 2018 (164 fewer attendances per day on average).

- The total number of A&E attendances in the year to June 2019 was up 1.0 per cent since the previous year and the medium term trend shows that it is up 6.4 per cent since the same 12 month period, 5 years ago (year ending June 2014).

Scheduled care (May 19)

- There was an average of 3,815 outpatient referrals per day in May 2019. This is an increase of 1.1 per cent compared to April 2019 but a decrease of 1.4 per cent compared with May 2018.

- Cwm Taf were unable to provide closed pathway data between August 2018 and March 2019. Cwm Taf Morgannwg are affected by the same issue and have not submitted data for April 2019 onwards; therefore the following numbers and comparisons for closed pathways exclude Cwm Taf and Cwm Taf Morgannwg. The number of patient pathways closed per working day during May 2019 was 3,925, a decrease of 0.4 per cent from April 2019. The number of closed pathways per working day varies throughout the year, with numbers tending to be lower in August and December. There were 1,008,059 closed pathways during the 12 months to May 2019, an increase of 1.1 per cent (11,371 pathways) compared to the previous 12 months.

- During the 12 months to May 2019, 8,337 patients newly diagnosed with cancer via the urgent suspected cancer route started treatment, an increase of 11.2 per cent (843 patients) over the previous 12 months and an increase of 34.1 per cent (2,119 patients) from the corresponding period 5 years ago.

- During the 12 months to May 2019, 9,280 patients newly diagnosed with cancer not via the urgent suspected cancer route started treatment, a decrease of 1.4 per cent (134 patients) over the previous 12 months and a decrease of 6.2 per cent (617 patients) from the corresponding period 5 years ago.

Performance

Unscheduled care (Jun 19)

- In June 2019, 72.5 per cent of emergency responses to immediately life threatening calls ('red' calls) arrived within 8 minutes, above the target of 65 per cent, up from 70.2 per cent in May 2019 but down from 75.6 per cent in June 2018.

- 77.9 per cent of patients (68,577 patients) spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is a slight decrease of 0.2 percentage points from May 2019 and 5.4 percentage points lower than June 2018. The 95 per cent target continues to be missed.

- 4,057 patients spent 12 hours or more in an emergency care facility, from arrival until admission, transfer or discharge. This is a decrease of 740 patients (or 15.4 per cent) compared to May 2019 but an increase of 1,149 (or 39.5 per cent) patients compared to June 2018.

Scheduled care (May 19)

- By the end of May 2019, 455,104 patient pathways were waiting for the start of their treatment. Of these, 87.1 per cent (396,172) had been waiting less than 26 weeks, lower than the target of 95 per cent, and 12,398 (2.7 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 decreased by 0.9 percentage points from last month. The number of pathways waiting over 36 weeks increased by 1,355 (12.3 per cent higher).

- Referral to treatment time 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. However, the number increased from 3,271 in April 2019 to 3,731 in May 2019.

- The number of people waiting more than 14 weeks for specified therapy services increased over the month from 45 in April 2019 to 157 in May 2019. The medium trend was fairly stable between November 2012 and April 2017, with around 2,200 people waiting longer than 14 weeks each month. Since February 2018, the number of people waiting over 14 weeks has been below 500.

- In the month of May 2019, 79.6 per cent of patients (574 out of 721) 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, down 5.3 percentage points from April 2019, and the lowest percentage since November 2006.

- For the latest 12 months to May 2019, 85.3 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 1.5 percentage points lower than the previous 12 months and 3.5 percentage points lower than the corresponding 12 month period 5 years ago.

- In the month of May 2019, 96.5 per cent of patients (720 out of 746) 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 but 0.2 percentage points higher than in April 2019. The trend has been broadly stable over the last two years.

- For the latest 12 months to May 2019, 97.2 per cent of patients newly diagnosed with cancer via the non-urgent route started definitive treatment within the target time of 31 days. This is the same as the previous 12 months, and 0.9 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 May 2019. The percentage of patient pathways waiting less than 4 weeks increased from 58.7 per cent in April 2019 (283 of 482 patients) to 68.3 per cent in May 2019 (329 of 482 patients).

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

- The median response time to red calls to the ambulance service was 5 minutes and 23 seconds in June 2019, down from 5 minutes and 26 seconds in May 2019. A little more than half (54.1 per cent) of amber calls were responded to within 30 minutes.

- While the actual number of delayed transfers of care fluctuates each month, the trend has been downward since 2004 but the number has been fairly consistent over the last few years. The number of patients delayed in June 2019 was 433, up from 414 in May 2019. The April-to-June three-month average was 419 compared with the March to May three-month average of 426.

Scheduled care

- Although referral to treatment targets have been missed, the median waiting time to start treatment was 9.5 weeks in May 2019, up from 9.1 weeks in April 2019. The median has generally been around 10 weeks since late 2013.

- The median waiting time for diagnostic services was 2.7 weeks in May 2019, down from 3.1 weeks in April 2019 and the median for therapy services was 3.8 weeks, down from 4.0 weeks in April 2019. Generally, median waiting times for those waiting for diagnostic services have fallen since 2014, whilst median waiting times for those waiting for therapy services increased between 2012 and 2017, but have since fallen.

Key quality information

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 first month of Single Cancer Pathway data will be published in next month's statistical release. This will include the number of patients entering the pathway, the number of patients treated, and the number and percentage of patients' treated in the target time of 62 days (with suspensions). It will be reported alongside the Urgent Suspected Cancer Pathway and the non- Urgent Suspected Pathway for over the short-term but it is intended that it will eventually replace the other measures. For more information see this [Data Set Change Notice](#).

The current cancer waiting time targets are:

Urgent Suspected Cancer Pathway: 95% of patients should wait no longer than 62 days for treatment. Patients on this pathway have been referred following diagnosis of suspected cancer e.g. through a GP.

Not via the Urgent Suspected Cancer Pathway: 98% of patients should wait no longer than 31 days for treatment Patients on this pathway have been referred following incidental diagnosis e.g. during another treatment or procedure.

These measure the time between diagnosis and treatment time.

The new pathway is the "Single Cancer Pathway" – it encompasses all patients from the moment there is suspicion of cancer, not through a diagnosis. The target time is 62 days from suspicion to starting treatment.

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 our statistics meet the highest standards of trustworthiness, quality and public value, and it is our responsibility to maintain compliance with these standards.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

"NHS Wales Cancer Waiting Times", "Ambulance Services in Wales", "Time Spent in NHS Wales Accident and Emergency Departments", "NHS Referral to Treatment Times", "NHS Wales Diagnostic & Therapy Services Waiting Times" and "Delayed Transfers of Care in Wales" are National Statistics.

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

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:

https://gov.wales/nhs-activity-and-performance-summary

Next update

22 August 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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