

Ambulance services in Wales Quality Report

Background:

What are these statistics?

The ambulance services statistics show monthly data for Wales on the number of calls and the time taken to respond to an incident. Information is available by unitary authority area, Local Health Board (LHB), ambulance region and for Wales. The latest versions are held on our [ambulance services](#) theme page.

Organisation of Ambulance Divisions:

The Welsh Ambulance Service NHS Trust (WAST) has responsibility for ambulance services across the whole of Wales.

There are two categories of ambulance service:

- **Emergency (and urgent) Medical Services (EMS)** - the Emergency Medical Service deals with emergency and urgent cases, and is accessed by dialling 999; and
- **Patient Care Services (PCS)** - provides transport for patients to a variety of planned hospital appointments and outpatient clinics.

The data included in the release only relates to the Emergency Medical Services.

Emergency calls:

Emergency (999) calls are answered by a member of staff who will assess the symptoms and either send an appropriate response, or refer the caller to an experienced nurse for further assessment.

Emergency call: An emergency call is recorded as one call per incident although the ambulance service may have received more than one call for an incident.

Prior to 5 December 2011, the calls were categorised as follows:

- **Category A -immediately life-threatening.**

For these calls, an emergency response will be a fully equipped ambulance, a rapid response vehicle crewed by a paramedic equipped to provide treatment at the scene, or an approved first responder despatched by and accountable to the ambulance service. In those cases where the first response is not a fully equipped ambulance, such an ambulance will also be sent.

- **Category B/C - serious but not life-threatening.**

This is all other emergency calls.

From 5 December 2011, the following changes to the ambulance service in Wales were introduced and the calls have been re-categorised:

- Category B (serious but not immediately life-threatening calls) has been removed;
- immediately life-threatening calls (where there is an imminent threat to life) will continue to be identified as Category A calls but will now include the most serious of the former Category B calls;
- urgent & planned calls (serious but not life threatening and/or neither serious nor life threatening) will be identified as Category C (urgent and planned) calls, but will now also include the majority of the former Category B calls; and
- calls to the ambulance service from health care professionals (HCP) to order an ambulance for patients on an urgent basis for admission to hospital (previously called 'GP urgent patient journeys') are now included in the calls data. These calls will be prioritised and classified as Category A or C in the same way as emergency 999 calls, although those classified as Category C will have additional time bands/standards.

As a result of these changes, users should note the following:

- data prior to December 2011 will not be directly comparable with data for this and future months;
- the total number of emergency calls will increase by around 4,000 for December 2011 onwards;
- the number of Category A and Category C calls will increase for December 2011 onwards; and
- variation in performance against the targets and / or calls this month is partially due to these changes.

Standards and Targets:

Current for 2013-14:

In May 2013, the Welsh Government introduced the [NHS Wales Delivery Framework for 2013-14](#) with the Category A emergency response within 8 minute target remaining at 65%.

The data and graphs in the output will continue to include performance data at sub-national level, eg by Local Health Board, and will show how those sub-national regions are contributing to the all Wales target of 65%. However, users should note the new target only applies at the national level. We have updated the relevant tables and charts to reflect this.

Previous:

Category A compliance is one of the unscheduled care targeted areas in the [NHS Wales Annual Quality Framework 2011/12](#). This is supported by the National Ambulance Performance Standards which states: "While the achievement of a timely response does not in itself guarantee the best possible clinical outcome, it is still a very important element within the quality of care". The following time standards will, therefore, be required:

Category A (immediately life-threatening calls):

- ◆ A monthly all-Wales average performance of 65% of first responses to Category A (immediately life-threatening) calls arriving within 8 minutes; and
- ◆ A monthly minimum performance of 60% of first responses to Category A (immediately life threatening) calls arriving within 8 minutes in each Unitary Authority area.

Category C (urgent and planned calls) excluding calls from health care professionals (HCP):

- ◆ Planned face-to-face assessment - a monthly all-Wales average of 95% of first responses within 30 minutes; and
- ◆ Planned clinical telephone assessment - A monthly all-Wales average of 95% of calls receiving call back for clinical triage within 10 minutes.

Additional tables containing a greater amount of detail are available on the Welsh Government's interactive data dissemination service [StatsWales](#).

The Welsh Government sets standards for response times to ambulance service calls, and some key performance targets.

Geographical responsibility of Health Boards:

Local Health Board (LHB)	Unitary Authority	Ambulance region
Betsi Cadwaladr University Local Health Board	Anglesey	North Wales
	Conwy	
	Denbighshire	
	Flintshire	
	Gwynedd	
Powys Teaching Local Health Board	Powys	Central & West Wales
Hywel Dda Local Health Board	Carmarthenshire	
	Ceredigion	
	Pembrokeshire	
Abertawe Bro Morgannwg University Local Health Board	Bridgend	
	Neath Port Talbot	
	Swansea	
Cardiff & Vale University Local Health Board	Cardiff	South East Wales
	Vale of Glamorgan	
Cwm Taf Local Health Board	Merthyr Tydfil	
	Rhondda Cynon Taf	
Aneurin Bevan Local Health Board	Blaenau Gwent	
	Caerphilly	
	Monmouthshire	
	Newport	
	Torfaen	

Key Quality Information:

National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs and are produced free from any political interference.

Users and uses:

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;
- NHS Wales;
- Officials within the Department for Health, Social Services and Children at Welsh Government;
- Local government unitary authorities (elected members and officials);
- 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 NHS Wales performance against targets and standards;
- 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 in Wales;
- 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, or if you would like to be added to our circulation list, please let us know by e-mailing stats.healthinfo@wales.gsi.gov.uk

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. Following feedback from users, we will be publishing the release a week earlier for April 2012 data onwards.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales.
- Efficient use has been made of administrative data sources to produce outputs.
- The release shows data mapped at LHB and Unitary Authority level.
- Detailed statistics are provided via our StatsWales website.

Limitations

- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately.
- Because of the devolved administrations and differing policy, there is less scope for direct UK comparisons (see 'Coherence' later in the document).

Severe Weather in December 2010:

Weather conditions in December 2010 were particularly severe in Wales when compared to recent years. Figures from the Met Office have revealed that December 2010 was the coldest month since March 1986. Snow fell in almost all areas, especially in the first week and from mid month until Christmas, and with lying snow and ice remaining for some time due to the low temperatures. This resulted in some periods of difficult driving conditions.

Research⁽¹⁾ suggests that cold temperatures can lead to an increase in trauma cases, while snow will increase such cases further. Trauma cases are likely to increase due to injuries from falls and trips in the snow and ice and road traffic accidents. Also the cold weather can cause difficulties for people who have respiratory or heart conditions.

(1) Modelling the effects of the weather on admissions to UK trauma units: a cross-sectional study: Nick Parsons. Emergency Medicine Journal doi:10.1136/emj.2010.091058. Abstract - <http://emj.bmj.com/content/early/2010/10/20/emj.2010.091058.abstract?sid=61637fd1-4f9b-4c17-991d-a6b2a6443b45>

Data processing cycle:

Data collection

The Health Statistics & Analysis Unit of the Welsh Government receives monthly data on the NHS ambulance service in Wales from the Welsh Ambulance Services NHS Trust (WAST), at unitary authority (UA) level. Until July 2007, the data was collected quarterly on the KA34 Patient Transport Services return.

Validation and verification

Data is submitted on an EXCEL spreadsheet and transferred to an ACCESS database; validation checks including monthly trends are carried out and any queries are taken up with WAST.

Publication

The statistics published by the Health Statistics and Analysis Unit are produced from the data provided by WAST. Producing the release is a mainly automated process but key points and commentary are produced separately. The information on the release is checked against the data supplied. The information presented in StatsWales is produced automatically, thus reducing the likelihood of error.

Disclosure and confidentiality:

There are no 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 and how we adhere to them:

Relevance

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

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 to meet all user needs, but 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; if you would like to make any comments, please e-mail stats.healthinfo@wales.gsi.gov.uk

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 and as such no estimation of the figures is needed and hence there is no sampling error.

We haven't yet investigated non-sampling error; however processing errors could occur where staff in ambulance control centres incorrectly input data into their administrative system or measurement errors could occur from staff in ambulance control centres having different interpretations of definitions. To reduce non-sampling error, standards and guidance are provided about the data collections. Standards relating to this data collection have been reviewed and passed by [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 of the data.

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

There are quality assurance procedures in place 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 and will 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. Until the release for April 2012, data was published on the first Wednesday of each month, around 5 weeks after the end of the month covered (eg data for July 2011 was published on Wednesday 7 September 2011).

Following feedback from users, we now publish the release a week earlier, on the last Wednesday of the month.

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.

For example, when technical changes were made to the ambulance service in Wales in December 2011, which affected the data that we collect and publish, this was clearly explained in the [release](#).

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.

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 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 would be needed to establish whether the definitional differences have a significant impact on the comparability of the data.

For example, in Wales the clock starts when the location of the incident is established, whereas in England the clock starts when the call is answered. In Northern Ireland the clock starts when the following details of a call have been ascertained: caller's telephone number, exact location of incident, and the nature of the chief complaint.

England

In England, statistics on ambulance services are published on an annual basis by the Information Centre for Health and Social Care - <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance>

The information is collected from individual ambulance trusts and shows volume of activity and performance levels against required standards (e.g. responses within 8 or 19 minutes). This includes information on emergency and urgent calls, response times and patient destinations.

Scotland

In Scotland, some statistics on ambulance services are available on the Scottish Ambulance Service website - <http://www.scottishambulance.com/AboutUs/HowWeArePerforming.aspx>

Northern Ireland

In Northern Ireland, statistics on ambulance services are published annually by the Department of Health, Social Services and Public Safety in their 'Hospital Statistics: Emergency Care' bulletin - http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency-care-stats.htm - information is published on emergency and urgent calls, response times and patient journeys.

Dissemination

All the data is of sufficient quality following the processes outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level charts are included in the release. All the actual data provided is published on our interactive website [StatsWales](#).

Evaluation

We always welcome feedback on any of our statistics. If you would like to make any comments, please e-mail us at stats.healthinfo@wales.gsi.gov.uk

Produced by: Knowledge and Analytical Services, Welsh Government

Last reviewed: May 2013