

## Statistical Bulletin

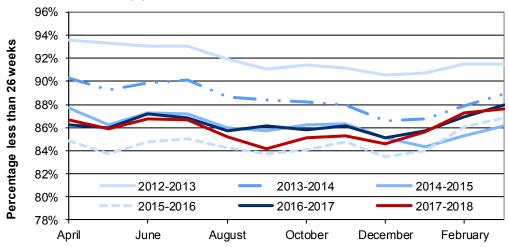




# NHS Wales Referral to Treatment Times: 2017–18

26 July 2018 SB 50/2018

Chart 1: Performance against the 26 week target by financial year 2012-13 onwards (a)



\*Please note this chart does not start at zero

Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

(a) Figures include known estimates. See Estimates for further details

### **Key points**

- Overall, performance against the 95 per cent target in 2017-18 was broadly the same as in 2016-17 although performance was weaker than the previous year in ten of the twelve months period,
- Performance has varied from year to year, but 2017-18 performance was stronger than in 2015-16, but some way below performance in 2012-13, which is the best on record.
- The median wait for those waiting to start treatment varied throughout the year from a high of 10.9 weeks in September 2017 to low of 9.0 weeks in March 2018.
- In 2017-18 there were 1,107,534 closed pathways, up 3.2 per cent compared to 2016-17.
- Performance against the 36 week target was broadly the same when compared to 2016-17. Performance tends to be better at the start and end of the financial years. March 2018 had the lowest number of waits over 36 weeks since March 2014.

### About this bulletin

This Statistical Bulletin presents summary information on the reported numbers of patients waiting for NHS referral to treatment in Wales.

The operational

standards relating to referral to treatment times are that 95 per cent of patients should be seen within 26 weeks, and no patients should wait in excess of 36 weeks.

This information is published monthly along with other key indicators as part of the NHS

Activity and Performance

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### Introduction

The referral to treatment statistics show monthly data on the number of people waiting and number of weeks waited at the end of each month for specific referrals to treatment. They are reported by NHS local health boards (LHBs) and collected by the NHS Wales Informatics Service (NWIS). Waiting lists include all those patients, irrespective of their area of residence, who are waiting for NHS-funded referral to treatment within Wales.

A referral to treatment pathway covers the time waited from referral to hospital treatment in the NHS in Wales and includes time spent waiting for any hospital appointments, tests, scans or other procedures that may be needed before being treated.

The waiting time is calculated from the date the referral to treatment was received until the point in the month where the data is requested for that month's statistics, when patient pathways are closed they are removed from this list and make up the data requested for the pathways closed each month.

Closed pathways are un-validated as there are multiple reasons for a pathway being closed, including a definitive treatment not taking place. We also exclude records without a definitive start date. Our data concerns all pathways closed each month and therefore allows for annual comparison. Please see the <a href="Key quality information">Key quality information</a> section for more information. Closed pathways are included in this bulletin to show total activity undertaken each month and across financial years.

Referral to Treatment targets were used to measure delivery of <u>The NHS Outcomes Framework</u> <u>2017-18</u>. The main target for treatment waiting times for the NHS in Wales is covered by the referral to treatment time. The targets are:

- 95 per cent of patients should be seen within 26 weeks.
- No patients should wait longer than 36 weeks for treatment.

There are more specified waiting times statistics focusing on diagnostic tests and therapy treatments, a bulletin looking at these has <u>recently been published</u> and focuses also on the financial year 2017-18.

We provide analysis by the top 5 treatment functions – both in terms of numbers waiting (at end of March 2018) as well as numbers closed (throughout 2017-18). Allied health professional services and diagnostic services are pseudo-treatment functions and are subject to the <u>diagnostic and therapy services (DATS)</u> standard. These have been excluded from all treatment function analysis within this release, but they do form part of the All-Wales and All-Treatment Function figures.

The analysis focuses on activity and performance in the 2017-18 financial year, but looks back over a longer time series to show long-term trends. Whilst data for referral to treatment times are available back to 2009 on <a href="StatsWales">StatsWales</a>, this bulletin focuses on September 2011 onwards (or 2012-13 when comparing years), as this was when Cardiology waiting times were combined into referral to treatment.

Context sections are provided to add value to some of the analysis.

### **Summary**

### **Activity**

- In 2017-18 there were 1,107,534 closed pathways, up 3.2 per cent compared to 2016-17 and up 8.8 per cent compared to 5 years ago (2012-13).
- Aneurin Bevan closed the most pathways this year, accounting for 19.1 per cent (211,243 closed pathways) of all closed pathways in Wales.
- Powys closed the least pathways this year, with 1.3 per cent (14,554 closed pathways) of all closed pathways in Wales.
- General surgery was the speciality with the most closed pathways, making up 12.8 per cent (141,692 closed pathways) of all pathways closed in Wales.

### Performance – 26 week target

- Performance over 2017-18 was broadly the same when compared to 2016-17, but was higher than 2015-16 performance. Performance in the 3 most recent years are much lower than in 2012-13, which was the highest performing year.
- Performance in the last 3 years was highest in the month of March, the three previous years (2012-13 2014-15) the highest performance was seen in April.
- The biggest increase in performance against the 26 week target was seen by Cwm Taf which improved by 3.4 per cent over the course of the year.
- Of the five treatment functions with the most pathways waiting, Dermatology had the best end of year performance with 88.6 per cent of patients being seen within 26 weeks.
   Trauma and Orthopaedics had the worst performance with 73.1 per cent of patients waiting less than 26 weeks.
- Of the five treatment functions with the most pathways, the biggest improvement in performance against the 26 week target was seen by Ophthalmology, which improved by 3.5 per cent over the course of the year.

### Performance – 36 week target

- Performance against the 36 week target was broadly the same when compared to 2016-17.
   Performance tends to be best at the start and end of the financial years. This performance remains better than 2015-16 with fewer waits over 36 weeks for each month throughout the year.
- The health board with the fewest waits over 36 weeks target at end of year was Powys
  Teaching health board, with 0 waits over 36 weeks. Betsi Cadwaladr University local health
  board had the most with 5,663 waits over 36 weeks (46.7 of all waits over 36 at end of
  March 18).
- Three of the health boards reduced their waits over 36 considerably over the year, Hywel Dda went from 2,965 waits to 1,494 (49.6 per cent reduction), Cardiff and Vale reduced their over 36 week waits from 2,754 to 783 (71.6 per cent reduction) and Cwm Taf went

- from 376 (please note: this is May's figure as April contained estimates) to only 4 (98.9 per cent reduction) from the start to end of 2017-18.
- Trauma and Orthopaedics is by far the greatest contributor to patient pathways waiting in excess of the 36 week target, with 65.6 per cent of all waits over 36 weeks in Wales in March 2018. Although Trauma and Orthopaedics is the largest speciality under the referral to treatment times. The five largest treatment functions reduced the total number of pathways exceeding 36 weeks to start treatment throughout the course of the year. Dermatology had no pathways waiting longer than 36 weeks in March 2018.

### **Performance - Child and Adolescent Mental Health Service**

Performance for waits for Child and Adolescent Mental Health Services (CAMHS) has not
met the target of 80 per cent of patients waiting less than 4 weeks in 2017-18. The
performance decreased at the start of the year to a low of 39.4 per cent of patients waiting
less than 4 weeks in August 2017, the performance then increased throughout the year to
the highpoint in March 2018 with 68.5 per cent of patients waiting less than 4 weeks.

### Context

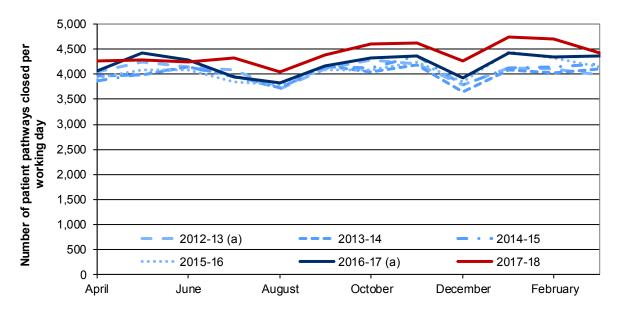
- In 2017-18, the median waiting times for referral to treatment were longer in each month compared to 2016-17 with the exception of February.
- The shortest median wait for referral to treatment has been in March of the last 4 years, April of the 2 years before them (2012-13 & 2013-14).
- The longest median wait for referral to treatment was in January between 2012-13 and 2015-16, then December for 2016-17 and September in 2017-18.
- All health boards had their shortest median wait in March 2018 with the exception of two, Powys Teaching health board (January 2018) and Cwm Taf University local health board (February 2018).
- All health boards had their longest median wait in September 2017, with the exception of two, Powys Teaching health board and Abertawe Bro Morgannwg University local health board (both December 2017).
- Of the five treatment functions with the most pathways waiting, the shortest median wait
  was in March 2018 for General Surgery, Ophthalmology and ENT. It was shortest in June
  2017 for Dermatology and shortest in April 2017 for Trauma and Orthopaedics.
- Of the five treatment functions with the most pathways waiting, the longest median wait was in September 2017 for General Surgery, Ophthalmology and ENT. It was longest in January 2018 for Dermatology and longest in March 2018 for Trauma and Orthopaedics.

## **Section 1: Activity**

### **Closed pathways**

There is no target relating to closed pathways. This section is included to show contextual information on total activity and to show how many pathways are closed by year.

Chart 2: Closed patient pathways per working day, by financial year 2012-13 onwards (a)



Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

(a) Figures include known estimates. See Estimates for further details

Chart 2 shows the total number of patient pathways closed per month and how the number of patient pathways closed per working day change over time.

- The number of patient pathways closed per working day varies throughout the year, with the numbers tending to be lower in August and December.
- There were more pathways closed in 2017-18 in every month from July onwards compared to the other 5 years.

Table 1: Patient pathways closed by Local Health Board (LHB) provider 2012-13 onwards (b)

			Local Healtl	n Board (area d	of provider)			
	Betsi			Abertawe Bro		Aneurin	Cardiff and	
	Cadwaladr	Powys	Hywel Dda	Morgannwg	Cwm Taf	Bevan	Vale	
	University	Teaching	University	University	University	University	University	Wales
Annual Charts (b)								
2012-13 (a)	159,990	12,485	133,117	219,734	116,590	205,942	170,489	1,018,347
2013-14	159,027	12,272	142,662	209,103	121,586	198,745	174,542	1,017,937
2014-15	168,424	13,598	146,382	202,645	124,138	196,763	172,510	1,024,460
2015-16	166,317	14,217	144,980	199,878	114,010	205,885	182,116	1,027,403
2016-17 (a)	178,570	14,488	143,464	205,353	131,122	210,769	189,786	1,073,552
2017-18	203,569	14,554	142,731	206,813	133,255	211,243	195,369	1,107,534

Table 1 shows the patient pathways closed per financial year by LHB provider, 2012-13 onwards.

- Each year in Wales over a million patient pathways are closed.
- In 2017-18 there were 1,107,534 closed pathways, up 3.2 per cent compared to 2016-17 and up 8.8 per cent compared to five years ago (2012-13).
- Aneurin Bevan closed the most pathways this year, closing 19.1 per cent (211,243 closed pathways) of all closed pathways in Wales.
- Powys closed the least pathways this year, closing 1.3 per cent (14,554 closed pathways)
   of all closed pathways in Wales.

<sup>(</sup>a) Figures include known estimates. See Estimates for further details.

<sup>(</sup>b) The vertical axis for the charts is the same for each health board, but the Wales chart uses a different scale

Table 2: Patient pathways closed per financial year by 5 treatment functions with the most closed pathways 2012-13 onwards (b)

		Т	reatment Functio	n		
	Trauma and Orthopaedics	General Surgery	Ophthalmology	Ear, Nose and Throat	Dermatology	All Treatment Functions
Annual Charts (b)						
2012-13 (a)	134,834	125,797	101,614	82,240	70,957	1,018,347
2013-14	119,499	128,169	97,846	83,868	75,228	1,017,937
2014-15	119,454	129,309	96,018	87,614	74,232	1,024,460
2015-16	118,982	132,163	97,775	92,277	76,255	1,027,403
2016-17 (a)	124,903	138,453	103,895	96,847	79,828	1,073,552
2017-18	126,142	141,692	109,022	100,295	80,114	1,107,534

Table 2 shows the total number of patient pathways closed per financial year by five most closed treatment functions 2012-13 onwards.

- In general closed pathways have increased year on year.
- The treatment function with the most closed pathways in 2017-18 was General Surgery, accounting for 12.8 per cent of all pathways closed in Wales.

<sup>(</sup>a) Figures include known estimates. See **Estimates** for further details.

<sup>(</sup>b) The vertical axis for the charts is the same for all treatment functions, but the All Treatments chart uses a different scale.

### **Section 2: Performance**

### Open pathways

A pathway is opened when a health board receives a referral for treatment. These figures show the patients who have been referred and how long they have been waiting for treatment.

The figures presented are snapshots of the numbers waiting at the same point in each month; as these are not monthly totals they cannot be summed to give year on year comparisons.

Table 3: Patient pathways waiting and median waiting times by month, 2017-18

		P	atients waitin	g		
Month	Total	Less than 26 weeks	Between 26 and 36 weeks	Over 36 weeks	Percentage less than 26 weeks	Median waiting time
			·			
Apr-17 (a)	441,826	383,091	42,148	16,587	86.7	9.6
May-17	448,176	384,955	45,011	18,210	85.9	10.0
Jun-17	451,377	391,634	43,088	16,655	86.8	9.8
Jul-17	452,495	392,316	40,129	20,050	86.7	10.0
Aug-17	454,006	386,793	44,773	22,440	85.2	10.7
Sep-17	451,739	379,989	52,002	19,748	84.1	10.9
Oct-17	448,893	382,029	43,933	22,931	85.1	10.3
Nov-17	441,418	376,530	41,959	22,929	85.3	9.7
Dec-17	435,080	367,953	45,124	22,003	84.6	10.4
Jan-18	420,717	360,186	37,576	22,955	85.6	10.3
Feb-18	419,487	366,205	34,251	19,031	87.3	9.6
Mar-18	421,346	369,303	39,924	12,119	87.6	9.0

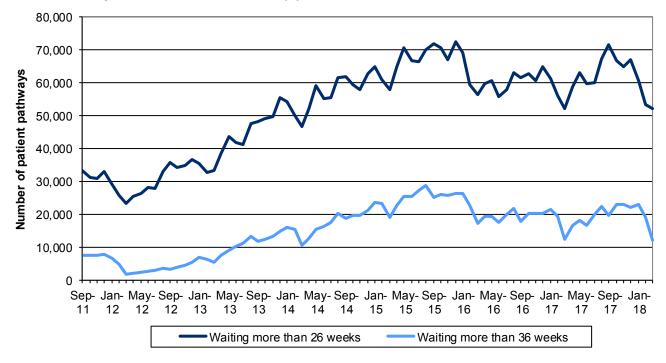
Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

Table 3 shows a detailed summary of patients waiting in relation to the targets and median waiting times across 2017-18.

- The number of pathways fluctuated throughout the year from a high of 454,006 in August 2017 to a low of 419,487 in February 2018.
- Performance against the 26 week target generally declined through the course of the year until September 2017 with 84.1 per cent patient pathways waiting less than 26 weeks. It then stayed at around 85 per cent through October to January and then improved peaking at 87.6 per cent in March 2018.
- All months of 2017-18 missed the 26 week target.
- Patient pathways waiting for longer than 36 weeks fluctuated throughout the year between 16,000 and 23,000 before reaching a low of 12,119 in March 2018.

<sup>(</sup>a) Figures include known estimates. See **Estimates** for further details.

Chart 3: Number of patient pathways waiting over 26 and 36 weeks to start treatment, September 2011 onwards (a)

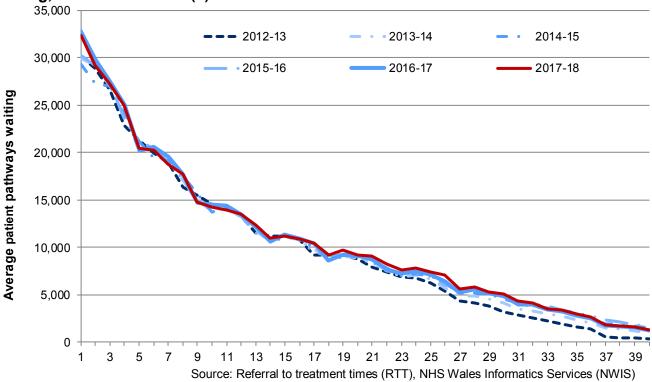


(a) Figures include known estimates. See Estimates for further details

Chart 3 shows how long patient pathways waiting to start treatment had been waiting at the end of each month Since September 2011:

- The number of patient pathways waiting over 26 weeks to start treatment has increased, although this has declined overall since the start of 2016. December 2015 had the most patient pathways waiting over 26 weeks over the period covered by the chart; the highest number waiting over 26 weeks since this peak was in September 2017.
- While there has been month-to-month volatility, in general, there was an increase in the number of patient pathways waiting over 36 weeks between March 2012 and August 2015.
   The number waiting over 36 weeks has remained relatively stable since January 2016, with sharp falls in the early months of 2017 and 2018.

Chart 4: Average number of patient pathways waiting to start treatment by weeks waiting, 2012-13 onwards (a)



(a) Figures include known estimates. See Estimates for further details

Chart 4 shows the distribution of patient pathways across weeks waiting to start treatment. Patient pathways waiting over 40 weeks to start treatment have been excluded from this analysis.

- Most patient pathways had been waiting less than 11 weeks. As the weeks waiting to start treatment increases, the numbers waiting decreases.
- The average distribution of pathways waiting has been consistent year on year.

### Performance against the 26 week target

Table 4: Performance of patient pathways waiting less than 26 weeks to start treatment by LHB of provider, 2017-18 (b)

		-		LHB Provider				
	Betsi Cadwaladr University	Powys Teaching	Hywel Dda University	Abertawe Bro Morgannwg University	Cwm Taf University	Aneurin Bevan University	Cardiff and Vale University	Wales
Monthly charts (b)					~		~	
Apr-17 (a)	85.7	99.5	85.2	87.3	89.4	89.0	84.3	86.7
May-17	84.0	99.5	84.0	86.8	88.3	88.9	84.0	85.9
Jun-17	84.2	99.6	84.5	87.8	89.3	89.5	86.0	86.8
Jul-17	84.0	99.3	84.4	87.5	88.9	90.2	85.6	86.7
Aug-17	81.9	99.3	82.8	86.5	86.9	89.5	83.9	85.2
Sep-17	79.9	99.1	81.9	86.1	85.5	88.1	83.4	84.1
Oct-17	80.5	99.5	83.6	86.9	86.7	89.5	84.1	85.1
Nov-17	80.7	99.5	83.6	86.2	87.2	89.9	84.9	85.3
Dec-17	79.8	99.6	83.2	85.3	85.8	89.2	84.7	84.6
Jan-18	80.5	99.5	85.5	86.2	87.9	90.4	84.8	85.6
Feb-18	83.2	99.8	87.0	87.5	91.3	91.1	86.1	87.3
Mar-18	84.4	100.0	86.3	87.8	92.8	90.3	86.5	87.6

Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

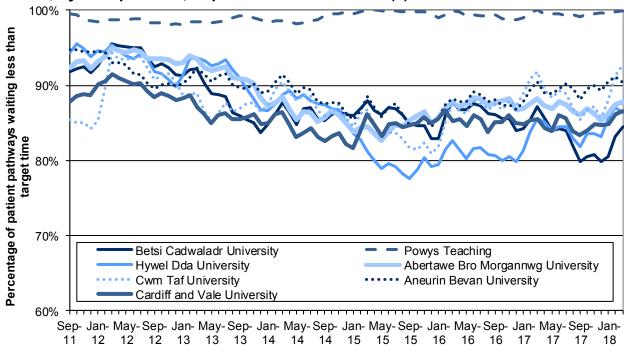
Table 4 shows the percentage of patient pathways waiting less than 26 weeks to start treatment for 2017-18, by month and LHB provider. Chart 5 provides additional information on the trends over time by health board.

- Performance against the 26 week target fell over the year until September 2017, the low for Wales and all of the health boards with the exception of Betsi Cadwaladr University and Abertawe Bro Morgannwg University (December 2017 for these two).
- Performance improved in all health boards from December with month on month improvements seen in both January and February (with the exception of Powys, which still consistently met the target). There were further improvements into March for five of the seven health boards.

<sup>(</sup>a) Figures include known estimates. See **Estimates** for further details

<sup>(</sup>b) The vertical axis is the same for all the charts.

Chart 5: Percentage of patient pathways waiting less than 26 weeks to start treatment, by LHB provider, September 2011 onwards (a)



\*Please note this chart does not start at zero

Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

(a) Figures include known estimates. See Estimates for further details

Chart 5 shows the performance of the different local health boards in Wales against the 26 week target since September 2011.

- Between March 2012 and September 2015, there was a gradual decline for all health boards except Powys Teaching Health Board, although most health boards have seen improvement since then.
- Hywel Dda University Health Board has had the lowest percentage against the 26 week target of all the health boards between February 2015 and February 2017, but has improved since.
- Cardiff and Vale University had the lowest performance at the end of 2016-17, but improved throughout 2017-18.
- In March 2018 Betsi Cadwaladr University Health Board had the lowest percentage against the 26 week target of 84.4 per cent.

The table below looks at the five treatment functions with the most patient pathways waiting to start treatment in March 2018. Allied health professional services and diagnostic services are pseudo-treatment functions and are subject to the diagnostic and therapy services (DATS) standard. These have been excluded from all treatment function analysis within this release.

Table 5: Percentage of patient pathways waiting less than 26 weeks to start treatment by selected treatment functions, 2017-18 (b) (c)

	Treatment Functions							
	Trauma and Orthopaedics				All Treatment Functions			
Monthly charts (b)	-				~~~			
Apr-17 (a)	72.6	84.9	82.3	87.8	89.4	86.7		
May-17	71.8	84.7	80.6	86.8	90.1	85.9		
Jun-17	72.9	85.9	81.6	87.2	92.4	86.8		
Jul-17	73.0	85.4	81.6	86.8	92.2	86.7		
Aug-17	71.7	84.0	79.0	85.0	89.6	85.2		
Sep-17	71.1	83.4	77.1	83.4	88.1	84.1		
Oct-17	72.4	84.7	77.0	84.9	87.9	85.1		
Nov-17	72.6	84.7	76.9	85.2	88.9	85.3		
Dec-17	71.5	84.1	75.9	85.2	86.7	84.6		
Jan-18	72.3	85.3	77.6	86.7	86.3	85.6		
Feb-18	73.6	86.6	81.8	88.3	88.5	87.3		
Mar-18	73.1	87.2	85.8	87.8	88.6	87.6		

Source: Referral to treatment times (RTT), NHS Wales Informatics Service (NWIS)

Table 5 shows the performance against the 26 week waiting time for the five treatment functions with the most pathways waiting at the end of March 2018.

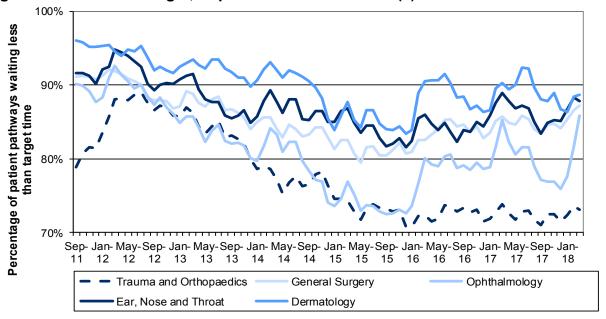
- None of the five treatment functions with most patient pathways waiting to start treatment met the 26 week target in any month within 2017-18.
- Trauma and orthopaedics had the lowest percentage of patients waiting less than 26 weeks in each month of 2017-18.
- 3 of the 5 treatment functions shown in table 5 improved their performance against the 26 week target throughout 2017-18, ending on a better position than at the start of the year.
- Performance for the 26 week target for ENT remained at similar levels between start and end of year.
- Performance for the 26 week target for Dermatology fell from the start to the end of year

<sup>(</sup>a) Figures include known estimates. See **Estimates** for further details

<sup>(</sup>b) The vertical axis is the same for all charts.

<sup>(</sup>c) Allied health professional services and diagnostic services have been excluded from this analysis, although they are included in the all treatment functions figure

Chart 6: Performance of the five treatment functions with the most patient pathways against the 26 week target, September 2011 onwards (a)



<sup>\*</sup>Please note this chart does not start at zero

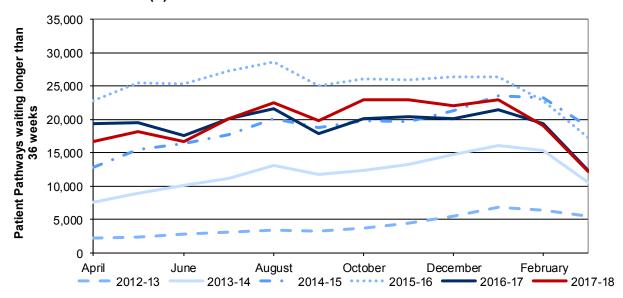
(a) Figures include known estimates. See Estimates for further details

Chart 6 shows the performance of the five treatment functions with the most patient pathways against the 26 week target from September 2011 onwards.

- Trauma and Orthopaedics has the lowest performance against the 26 week target since 2016-17. Performance used to be similar to Ophthalmology, but over the last two years, performance for Ophthalmology has improved while performance for Trauma and Orthopaedics has remained at a similar level.
- Performance for all treatment functions fell at the start of 2012-13 and continued to get worse until the end of 2015. Performance then improved for all selected treatment functions with the exception of Trauma and Orthopaedics.

### Performance against the 36 week target

Chart 7: Patient pathways waiting more than 36 weeks to start treatment by financial year 2012-13 onwards (a)



Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

(a) Figures include known estimates. See **Estimates** for further details

Chart 7 shows the number of patient pathways waiting 36 weeks and over to start treatment by financial year, 2012-13 onwards.

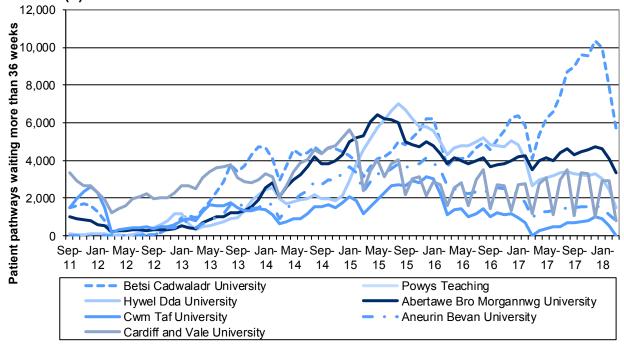
- Across most years, there are two peaks throughout the year where there are the most patient pathways waiting more than 36 weeks to start treatment, these occur in August and January.
- The best performance each year is generally seen in March.
- The number waiting over 36 weeks was similar in 2017-18 to 2016-17 and 2014-15, but with fewer waits than in 2015-16.

Table 6: Patient pathways waiting more than 36 week target, by month and local health board, 2017-18 (b)

	LHB provider								
	Betsi			Abertawe Bro		Aneurin	Cardiff and		
	Cadwaladr	Powys	Hywel Dda	Morgannwg	Cwm Taf	Bevan	Vale		
	University	Teaching	University	University	University	University	University	Wales	
Monthly charts (b)							~~~	~~~	
Apr-17 (a)	5,371	0	2,965	3,997	246	1,254	2,754	16,587	
May-17	6,233	0	3,086	4,155	376	1,265	3,095	18,210	
Jun-17	6,570	0	3,197	3,966	474	1,314	1,134	16,655	
Jul-17	7,461	0	3,328	4,388	507	1,364	3,002	20,050	
Aug-17	8,703	0	3,394	4,642	675	1,513	3,513	22,440	
Sep-17	8,982	0	3,275	4,284	669	1,485	1,053	19,748	
Oct-17	9,608	0	3,265	4,463	738	1,517	3,340	22,931	
Nov-17	9,543	0	3,193	4,561	798	1,529	3,305	22,929	
Dec-17	10,365	0	3,309	4,716	994	1,607	1,012	22,003	
Jan-18	9,976	0	3,014	4,609	927	1,496	2,933	22,955	
Feb-18	7,933	0	2,430	4,111	514	1,122	2,921	19,031	
Mar-18	5,663	0	1,494	3,363	4	812	783	12,119	

- (a) Figures include known estimates. See **Estimates** for further details.
- (b) The vertical axis for the charts is the same for each health board, but the Wales chart uses a different scale Table 6 shows the total number of patient pathways that exceeded the 36 week target by each LHB for each month in 2017-18.
  - Over 2017-18, five of the health boards decreased the number of patients waiting more than 36 weeks. Powys met the target of 0 pathways waiting more than 36 weeks for every month of the year. Despite making improvements in the final months of the year, Betsi Cadwaladr ended the year with more patients waiting more than 36 weeks than at the start of the year.
  - While Powys was the only health board to meet the target of no waits longer than 36 weeks, Cwm Taf ended the year with only 4 patients waiting longer than this.
  - The total number of patient pathways waiting longer than 36 weeks in March 2018 (12,119) was the lowest in 2017-18 and the lowest since March 2014 which had 10,586 patient pathways waiting more than 36 weeks.
  - Three of the health boards reduced their waits over 36 considerably over the year, Hywel Dda went from 2,965 waits to 1,494 (49.6 per cent reduction), Cardiff and Vale reduced their over 36 week waits from 2,754 to 783 (71.6 per cent reduction) and Cwm Taf went from 376 (please note: this is May's figure as April contained estimates) to only 4 (98.9 per cent reduction) from the start to end of 2017-18.

Chart 8: Total patient pathways over the 36 week target by LHB, September 2011 onwards (a)



(a) Figures include known estimates. See Estimates for further details

Chart 8 shows patient pathways waiting more than the 36 week target by LHB since September 2011.

- Patient pathways waiting more than the 36 week target increased steadily for all health boards throughout 2012-13 until 2016-17 boards with the exception of Powys (who have historically only had 7 pathways exceed 36 weeks since the target was established).
- Powys has maintained the target since July 2014. With improvements in services seen through 2017-18. Cardiff and Vale and Cwm Taf had less waits at the end of the time series than at the beginning. The other four health boards have more patients waiting.
- In the most recent financial year, Betsi Cadwaladr had the highest number of patient pathways waiting more than 36 weeks with 10,365 in December 2017; they have since improved to 5,663 patients waiting longer than 36 weeks in March 2018, which accounts for 46.7 per cent of the total pathways waiting longer than 36 weeks in Wales for that month.

The table below looks at the five treatment functions with the most patient pathways waiting to start treatment in March 2018. Allied health professional services and diagnostic services are pseudo-treatment functions and are subject to the diagnostic and therapy services (DATS) standard. These have been excluded from all treatment function analysis within this release.

Table 7: Number of patient pathways waiting over 36 weeks by treatment function, 2017-18 (b)

			Service			
	Trauma and			Ear, Nose and		All Treatment
	Orthopaedics	General Surgery	Ophthalmology	Throat	Dermatology	Functions
montnly cnarts (b)						~/ <u>\</u>
Apr-17 (a)	9,004	2,142	1,144	1,102	175	16,587
May-17	9,270	2,280	1,696	1,043	136	18,210
Jun-17	8,809	1,982	1,649	981	8	16,655
Jul-17	9,797	2,352	2,214	1,111	197	20,050
Aug-17	10,320	2,332	2,899	1,214	421	22,440
Sep-17	9,169	2,025	2,807	1,109	339	19,748
Oct-17	9,747	2,340	3,507	1,326	717	22,931
Nov-17	9,496	2,319	3,428	1,411	698	22,929
Dec-17	9,233	2,079	3,320	1,408	433	22,003
Jan-18	9,826	2,286	3,498	1,396	644	22,955
Feb-18	9,110	1,792	2,693	1,140	368	19,031
Mar-18	7,948	1,090	304	883	0	12,119

Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

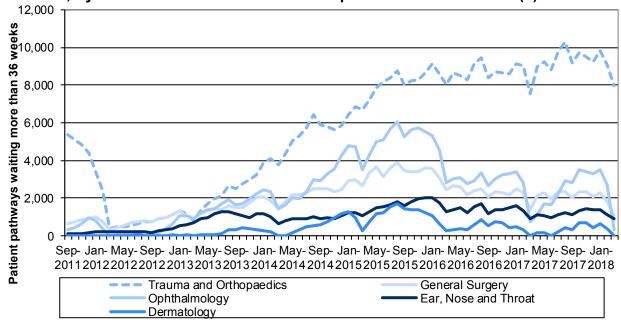
Table 7 highlights the total number of patient pathways waiting in excess of the 36 week target by month for 2017-18, broken down by selected treatment functions.

- Trauma and Orthopaedics is by far the greatest contributor to patient pathways waiting in excess of the 36 week target, with 65.6 per cent of all waits over 36 weeks in Wales in March 2018. Please note that Trauma and Orthopaedics is the largest speciality under the referral to treatment times, 51.5% larger than the second largest group (General Surgery). Trauma and Orthopaedics accounted for 14.9 per cent of all waits in Wales and General Surgery accounted for 9.9 per cent in March 2018.
- All five treatment functions reduced the total number of pathways exceeding 36 weeks to start treatment throughout the course of the year. Dermatology had no pathways waiting longer than 36 weeks in March 2018.
- Ophthalmology improved over 2017-18 with 304 patient pathways waiting more than 36 weeks in March 2018, a reduction of 840 pathways (73.4 per cent) compared to April 2017.

<sup>(</sup>a) Figures include known estimates. See  $\underline{\text{Estimates}}$  for further details

<sup>(</sup>b) The vertical axis for the charts is the same for each health board, but the All Treatment Functions chart uses a different scale.

Chart 9: Number of patient pathways waiting longer than 36 weeks to start treatment, by selected treatment functions September 2011 onwards (a)



(a) Figures include known estimates. See **Estimates** for further details

Chart 9 highlights the total number of patient pathways waiting longer than 36 weeks to start treatment by selected treatment functions from September 2011 onwards.

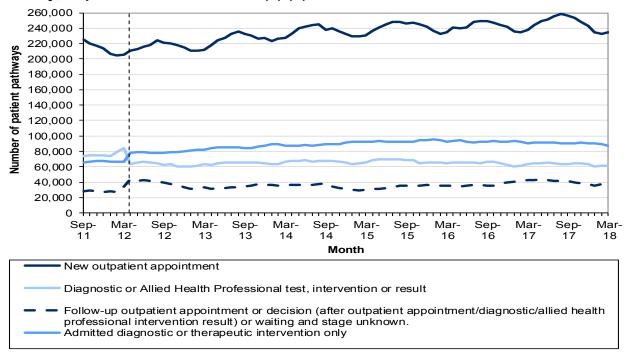
- Trauma and orthopaedics had the largest number of patient pathways over the 36 week target in September 2011 but improved over the following months. However, since then there has been an upward trend in the number of patient pathways waiting longer than 36 weeks and it has had the most pathways waiting longer than 36 weeks of all treatment functions since April 2013.
- The number of patient pathways waiting longer than 36 weeks to start treatment increased in Ophthalmology between September 2012 and August 2016 where it peaked before steadily decreasing to March 2018, the lowest since October 2012.

### Performance by stage of pathway

The stage of pathway is used to identify the point along the patient pathway at which a patient is currently waiting in respect of their overall diagnosis and treatment. Patients can enter at different stages of the pathway, but they cannot go backwards on it.

A more detailed explanation of the stages of pathway can be found in the <u>Key quality information</u> section.

Chart 10: Number of patient pathways waiting to start treatment, by stage of pathway, September 2011 onwards (a) (b)



Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

- (a) Figures include known estimates. See **Estimates** for more details.
- (b) The decrease in "Diagnostic or Allied Health Professional test, intervention or result" along with the corresponding increase in "Admitted diagnostic or therapeutic intervention only" in April 2012 was due to a coding error in Cardiff and Vale University Health Board effecting September 2011 to March 2012. This has been highlighted on the above chart with a dashed line.
- The chart shows that most patient pathways are waiting for a new outpatient apppointment.
- Since September 2011, there has been an increase of around 9,500 in those waiting for a
  new outpatient appointment. This accounts for about a third of the increase in the overall
  total for patient pathways waiting to start treatment.

Table 8: Performance against the 26 and 36 week targets, by stage of patient pathways, 2017-18 (a)

-		Stage of pathway											
					• • •	It or decision er OP							
	•	Waiting for new OP appointment		• •		appointment/diagnostic/AHP intervention result) or waiting & stage unknown		Waiting for admitted diagnostic or therapeutic intervention only					
	Percentage waiting less than 26 weeks	Patients waiting longer than 36 weeks	Percentage waiting less than 26 weeks	Patients waiting longer than 36 weeks	Percentage waiting less than 26 weeks	Patients waiting longer than 36 weeks	Percentage waiting less than 26 weeks	Patients waiting longer than 36 weeks					
Apr-17 (a)	91.2	2,261	95.4	662	84.8	1,256	69.4	12,408					
May-17	90.7	2,862	95.1	647	82.9	1,399	67.8	13,302					
Jun-17	91.6	2,513	95.3	535	83.9	763	68.7	12,844					
Jul-17	91.4	3,609	95.5	660	85.1	1,233	67.9	14,548					
Aug-17	89.9	4,752	94.6	790	82.8	1,364	66.2	15,534					
Sep-17	88.8	3,977	93.9	783	81.0	1,027	65.4	13,961					
Oct-17	89.6	5,231	94.5	763	83.8	1,711	66.4	15,226					
Nov-17	90.2	5,484	93.8	918	82.8	1,560	66.8	14,967					
Dec-17	89.5	5,432	94.0	923	82.5	1,108	65.6	14,540					
Jan-18	90.8	5,305	94.2	895	85.6	1,430	66.5	15,325					
Feb-18	93.2	2,775	94.4	865	84.3	1,295	68.3	14,096					
Mar-18	93.5	198	94.0	779	83.0	517	69.3	10,625					

(a) Figures include known estimates. See  $\underline{\text{Estimates}}$  for more details.

Table 8 shows the performance against the 26 and 36 week target by stage of pathway, by month for 2017-18.

- Performance for each stage of pathway is consistent throughout the year, especially for the 26 week target with those waiting for a new Outpatient (OP) appointment or waiting for diagnostic or Allied Health Professional (AHP) test, intervention of result most likely to be waiting less than 26 weeks. Over 95% of patient pathways waiting for diagnostic or AHP test, intervention or results were seen within 26 weeks for four of the last 12 months. For those waiting for a new OP appointment, all months have over 88 per cent of patient pathways waiting less than 26 weeks.
- Performance was generally lower with the other two stages of pathway. See <u>key quality</u> information for further information on the stage of pathways.

### Treatment functions not covered by RTT reporting

Some specific services are excluded from referral to treatment times reporting. These are Child and Adolescent Mental Health Services, palliative care, mental health hospital services and inpatient/day-case dentistry. For orthodontics and restorative dentistry, the first outpatient appointment is included in RTT reporting. The treatment functions not covered by RTT reporting have specific standards. Details can be found in the FAQ.

The waiting times for Child and Adolescent Mental Health Services have a specific target which is summarised in Table 10 and Chart 11.

Table 9: Total patient pathways waiting for admission to hospital as an inpatient or day case and those waiting for first outpatient appoint and percentage below specified time, by month, 2017-18

			Patient path	ways waiting		
	Total waiting for admission to hospital as an inpatient or day case	Number waiting over 14 weeks	Percentage waiting over 14 weeks	Total waiting for a first outpatient appointment	Number waiting over 10 weeks	Percentage waiting over 10 weeks
Apr-17	514	328	63.8	3,323	404	12.2
May-17	487	342	70.2	3,421	438	12.8
Jun-17	463	332	71.7	3,526	458	13.0
Jul-17	451	318	70.5	3,550	611	17.2
Aug-17	419	300	71.6	3,564	706	19.8
Sep-17	415	285	68.7	3,565	750	21.0
Oct-17	409	285	69.7	3,626	608	16.8
Nov-17	407	276	67.8	3,476	582	16.7
Dec-17	407	271	66.6	3,640	612	16.8
Jan-18	421	281	66.7	3,514	616	17.5
Feb-18	420	286	68.1	3,469	720	20.8
Mar-18	440	296	67.3	3,228	539	16.7

Source: Referral to Treatment times (RTT), NHS Wales Informatics Service (NWIS)

For a list of treatment functions reported in this section, not included in RTT reporting, see the Waiting Times FAQ.

Table 9 shows the number of patient pathways waiting for hospital admissions and outpatient appointments for non RTT treatment functions throughout 2017-18.

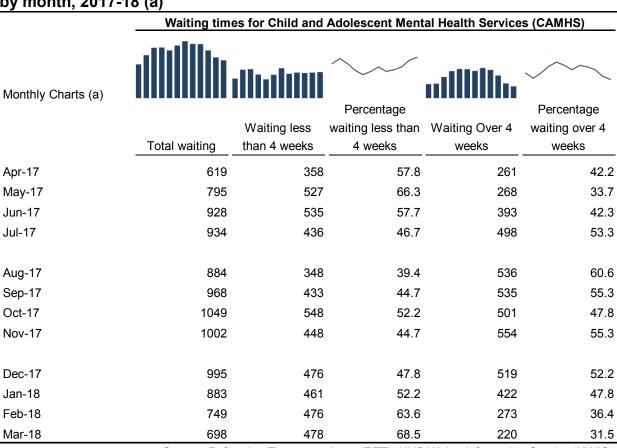
- The percentage waiting over 14 weeks for an inpatient/day-case admission varied throughout the year with a low of 63.8 per cent of patient pathways waiting more than 14 weeks in April 2017, and a high of 71.7 per cent of patient pathways waiting more than 14 weeks to start treatment in June 2017.
- The percentage of those waiting longer than 10 weeks for a first outpatient appointment was lowest in April 2017 (12.2 per cent) and highest in September 2017 (21.0 per cent).

### Performance of Child and Adolescent Mental Health Service for Wales.

This section highlights performance of waiting times for Child and Adolescent Mental Health Services (CAMHS). These waits are included in Table 9 but have been shown here to highlight performance against the target. The operational standard for this service is that 80 per cent of patients should wait no longer than 28 days (4 weeks) from the date the referral is received by the hospital to a first outpatient appointment.

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 prior figures overstate the numbers waiting.

Table 10: Waiting times for Child and Adolescent Mental Health Service for Wales, by month, 2017-18 (a)



Source: Referral to Treatment times (RTT), NHS Wales Informatics Service (NWIS)

(a) The axis is the same for all charts, separate axis for bar charts and for line charts.

Table 10 shows the number of patient pathways waiting for a first outpatient appointment for child and adolescent mental health services (CAMHS) in 2017-18. Please note that Cwm Taf provides child and adolescent mental health services on behalf of Abertawe Bro Morgannwg and Cardiff and Vale health boards.

- The target of 80 per cent has not been met this year.
- The weakest performance was in August 2017 with 39.4 per cent of patients being seen within 4 weeks, while the best performance was in March 2018 with 68.5 per cent of patients being seen within 4 weeks.

Chart 11: Total patients waiting and percentage waiting less than 4 weeks, March 2017 onwards

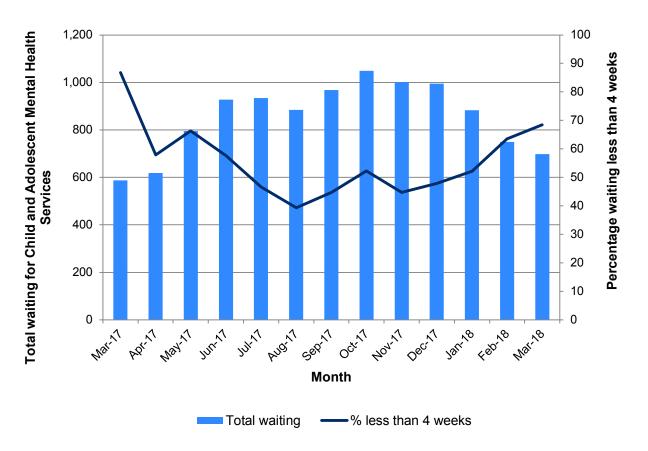


Chart 11 shows the total number of patients waiting and percentage of those waiting less than 4 weeks from March 2017 onwards.

- Performance for waits for Child and Adolescent Mental Health Services (CAMHS) has not
  met the target of 80 per cent of patients waiting less than 4 weeks in 2017-18. Performance
  fell at the start of the year to a low of 39.4 per cent of patients waiting less than 4 weeks in
  August 2017, and then increased throughout the year to the highpoint in March 2018 with
  68.5 per cent of patients waiting less than 4 weeks.
- The number of patients waiting grew throughout the year until a high of 1,049 in October 2017 but then fell to 698 in March 2018.

### **Section 3: Context**

The following charts and tables present information on stage of pathway and median waiting times. The Welsh Audit Office<sup>1</sup> made a series of recommendations regarding referral to treatment, one of which was to include more information in the statistical release, such as median waiting times and information on stage of pathway. This section gives that information providing greater context to the waiting times figures.

The median time is the middle time when all waiting times are ordered from shortest wait to longest, so a half of all patient pathways wait this time or less.

12 10 8 Median 6 4 2012-13 2013-14 2014-15 2 2016-17 2015-16 2017-18 0 Jul Oct Dec Feb Mar Apr May Jun Aug Sep Nov Jan

Chart 12: Median waiting time to start treatment, by financial year 2012-13 onwards

Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

Chart 12 shows the median waiting time to start treatment, by financial year.

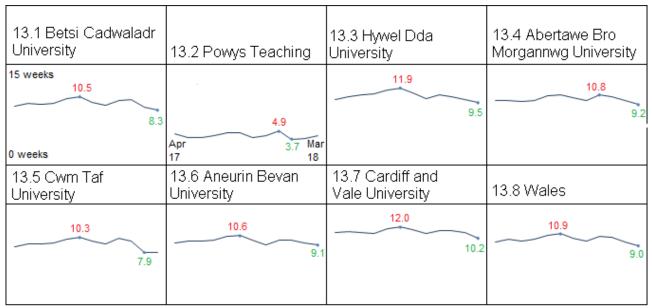
- Since 2012-13, the median has been increasing year on year until 2015-16. There were improvements in 2016-17, but in 2017-18, the median waiting times for referral to treatment were longer in each month compared to 2016-17 with the exception of February.
- There were peaks in the winter months each year, with January 2015 seeing the longest median waiting time over the time period (10.8 weeks). Generally the shortest median waiting time in each financial year falls in March.

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<sup>&</sup>lt;sup>1</sup> NHS Waiting Times for Elective Care in Wales

## Charts 13.1 – 13.8: Median waiting times to start treatment by LHB of provider, 2017-18

Note that the vertical axis on all of the charts runs from 0 to 15 weeks



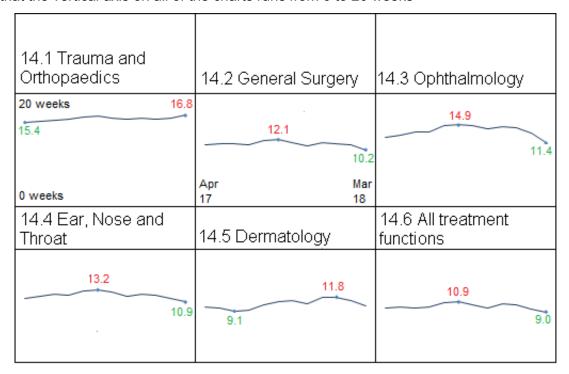
Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

Charts 13.1 to 13.8 show the median waiting time for patient pathways waiting to start treatment over 2017-18:

- Powys had the shortest medians throughout the year, while Hywel Dda and Cardiff and Vale had the longest medians throughout the year.
- All health boards decreased their median wait time through out 2017-18.

## Charts 14.1 – 14.6: Median waiting times to start treatment of selected treatment functions, 2017-18 (b)

Note that the vertical axis on all of the charts runs from 0 to 20 weeks



Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

(a) Allied health professional services and diagnostic services have been excluded from this analysis, although they are included in the All treatment functions figure.

Charts 14(b)–(f) shows the median waiting times to start treatment by selected treatment functions:

Out of the five selected treatment functions:

- Trauma and orthopaedics consistently has the longest median waiting time of all treatment functions.
- The median for General Surgery, Ophthalmology and ENT decreased over the course of the year.
- The median for Trauma and Orthopaedics and Dermatology increased over the year.

### **Key quality information**

We publish a detailed <u>quality report</u> on NHS Wales Referral to treatment time statistics. This includes information on definitions and coverage, as well as other aspects of quality such as timeliness, relevance and comparability, and details of users and uses of our statistics.

### Relevance

#### **Definitions**

Definitions of terms used are in the NHS Wales Data Dictionary.

Although this release refers to patients, it is possible that a person could be on a number of different lists waiting for different conditions – i.e. there would be one patient but more than one pathway. Due to it being an aggregate data collection we're not able to measure the number of unique patients.

### Changes to the statistical release

From April 2017 we have been publishing our monthly NHS activity and performance statistics on one day, with annual rather than quarterly analytical releases. This is the first in the new series of annual releases relating to referral to treatment times. Please see the <a href="Chief Statistician's update">Chief Statistician's update</a> for more information. We welcome feedback on the new look release as well as any further analysis that would be of interest.

### Coverage

Data on Welsh residents treated or waiting for treatment outside of Wales is not included in this release.

The time series in this release start at September 2011. This is because from this date onwards local health boards submitted a combined RTT return rather than separate main RTT and Cardiac RTT returns as they had done previously.

#### Median

The median time is the middle time when all waiting times are ordered from shortest wait to longest, so a half of all patient pathways wait this time or less. It is commonly used in preference to the mean as it is less susceptible to extreme values than the mean.

It should be noted that median times are calculated from aggregate data, rather than patient level data, and therefore are only estimates. Also because we do not have patient level data we have not presented the mean in these statistics.

### Stage of pathway

The stage of pathway is used to identify the point at which a patient is currently waiting in respect of their overall diagnosis and treatment, along the entire patient pathway.

Below are the stages of pathway.

stage 1 -waiting for a new outpatient appointment. A new outpatient appointment may come from any referral source. A patient will be at Stage 1 only once.

stage 2 -waiting for a diagnostic of a diagnostic or Allied Health Professional (AHP) test, intervention or result.

stage 3 - waiting for a follow-up outpatient appointment or waiting for a decision following:

- 1) An outpatient appointment.
- 2) A diagnostic or AHP intervention result.
- 3) Or where the patient is waiting and the stage is uncertain/unknown.

also stage 3 -waiting for an admitted diagnostic or therapeutic intervention (i.e. treatment) only.

stage 4 -closed pathway. This includes:

Patient pathways treated

Patient pathways who no longer wanted to be seen

Deceased patient pathways

It is not possible for a patient to move backwards on this pathway, but it is possible for patient pathways to enter the pathway at different points (e.g. if a patient has a private outpatient appointment, but decides to revert to the NHS for treatment then they could enter at the treatment stage of the pathway). If this occurs, the patient would still be subject to the 26 week RTT target.

Care should be taken when looking at closed pathway information, as this data is not validated by health boards.

## **Accuracy**

### **Estimates**

Occasionally Local Health Boards do not submit complete information in time for the release. When this occurs an estimate is included within the data presented. Figures which include a known estimate are marked with an "(a)".

Month	Description
December 2011 to February 2012 – open pathways (waiting)  December 2011 to March 2012 – closed pathways (those treated)	December 2011 to February 2012 figures for Aneurin Bevan for those waiting to start treatment and those treated, as well as March 2012 figures for those treated, are estimated using their data for November 2011. Also, the data since April 2012 for those treated is not fully validated. This is following the implementation of a new Patient Administration System at the end of 2011. Due to technical difficulties, Aneurin Bevan were unable to run the report to provide figures for those patient pathways treated for June and July 2012 and to avoid not submitting any figures, the figures for those treated that were previously submitted for May 2012 have been used as estimates.
June and July 2012 – closed pathways (those treated)	Due to technical difficulties, Aneurin Bevan were unable to run the report to provide figures for those patient pathways treated for June and July 2012 and to avoid not submitted any figures, the figures for those treated that were submitted for May 2012 have been used as estimates.
October 2015 – open pathways (waiting)	Figures for the specialities Allied Health Professionals and Diagnostic Services for the Cwm Taf University LHB could not be accurately provided. Therefore, figures for September 2015 have been used as estimates.
November 2016 – closed pathways (those treated)	November 2016 figures for paediatric surgery at Betsi Cadwaladr could not be accurately provided. Therefore, figures for October 2016 have been used as estimates.

April 2017 – open pathways (waiting).	Figures for the specialities Allied Health
	Professionals and Diagnostic Services for Cwm
	Taf University LHB could not be accurately
	provided. Therefore, figures for March 2017
	have been used as estimates.

#### Revisions

Any revisions to the data will be noted in the information accompanying the StatsWales cubes each month, and any large revisions will be noted on the summary headline page.

### Public sector strike

The public sector strikes on 30 November 2011 and 10 May 2012 will have had an effect on performance in the November 2011 and May 2012 figures, respectively, as many outpatient appointments and routine operations were cancelled for that date.

Doctors' strikes – 21 June 2012

Referral to Treatment times may have been affected by the doctors' strikes on 21 June 2012 and this might have had a slight impact on performance.

### Timeliness and punctuality

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the <u>Upcoming calendar</u> web pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's <u>Revisions</u>, <u>errors and postponements</u> arrangements.

We publish releases as soon as practicable 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 LHBs, NWIS and the Health Statistics and Analysis Unit.

### Accessibility and clarity

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 quarterly releases are also published on the National Statistics Publication Hub. 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.

### 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.

Data on NHS Wales referral to treatment times is available on StatsWales.

Data on NHS England referral to treatment times is available on the NHS England website.

Data on NHS Scotland referral to treatment times is available on the <u>Information Services Division</u> Scotland website.

NHS Northern Ireland hospital waiting times statistics can be found on the <u>Department of Health</u> <u>website</u>.

### **National Statistics status**

The <u>United Kingdom Statistics Authority</u> has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Statistics.

National Statistics status means that 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 (b) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (c) 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: <a href="http://gov.wales/statistics-and-research/referral-to-treatment-times/?lang=en">http://gov.wales/statistics-and-research/referral-to-treatment-times/?lang=en</a>

## **Next update**

July 2019 (provisional).

## 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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