



# **Referral to treatment (RTT) waiting times statistics for consultant-led elective care**

## **2014 Annual Report**

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## **2014 Annual Report**

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Prepared by: Prepared by NHS England Analytical Service (Operations)

# Contents

Summary.....	4
<b>Introduction .....</b>	<b>5</b>
<b>2. Key terms.....</b>	<b>5</b>
<b>3. England RTT waiting times .....</b>	<b>7</b>
3.1. Operational waiting time standards.....	7
3.2. Average waiting times.....	10
3.3. Activity and waiting lists .....	12
<b>4. Specialty RTT waiting times.....</b>	<b>16</b>
<b>5. Regional RTT waiting times .....</b>	<b>21</b>
<b>6. Methodology.....</b>	<b>22</b>
6.1. Data collection.....	22
6.2. Data availability .....	22
6.3. Data coverage.....	22
6.4. Data revisions .....	26
6.5. Data comparability .....	27
<b>7. Glossary.....</b>	<b>28</b>
<b>8. Additional Information .....</b>	<b>29</b>
<b>9. Annex .....</b>	<b>30</b>

## Summary

- In 2014, 89.3% of admitted and 95.8% of non-admitted RTT patients started their treatment within 18 weeks of referral. The operational standard for admitted pathways was missed nationally in nine months of 2014 and the non-admitted standard was missed in one month. Performance against the admitted and non-admitted standards from July to November 2014 was influenced by the commissioning of additional consultant-led elective treatments, focusing particularly on longer waiters.
- The operational standard for incomplete pathways was met nationally in all 12 months of 2014.
- Between 2009 and early 2013, the overall trend in performance against the admitted and non-admitted standard was broadly stable. Since April 2013, there has been a reduction in the percentage of patients treated within 18 weeks in every month compared to the equivalent month in the previous year for both admitted and non-admitted pathways. This year-on-year decrease became more marked in 2014, particularly for admitted pathways.
- Since August 2013, there has been a reduction in the percentage of incomplete pathways within 18 weeks in every month compared to the same month in the previous year. During 2014, performance ranged between 92.8% (at the end of December 2014) and 93.7% (at the end of March, April, May, and June 2014).
- In 2014, half of patients waited less than just over nine weeks to start admitted treatment and less than five and a half weeks to start non-admitted treatment. Half of those patients waiting for treatment at the end of the month had been waiting less than six weeks.
- Including estimates for missing trusts, the number of RTT patients who started admitted consultant-led treatment in 2014 was higher than in the previous year. An average of 15,200 RTT patients started admitted treatment per working day in 2014, an increase of 4% on the previous year.
- Between April and December 2014, an average of 42,900 patients started non-admitted treatment per working day, including estimates for missing trusts. This is an increase of 7% on the same period in the previous year.
- During 2014, the RTT waiting list was on average around 330,000 higher than the same months in 2013, including estimates for missing trusts.

## 1. Introduction

- 1.1. This report presents a summary of English NHS referral to treatment (RTT) waiting times statistics for consultant-led elective treatment up to December 2014.
- 1.2. Patients have a legal right under the NHS Constitution to access services within maximum referral to treatment waiting times, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible. The continued publication of waiting times information will ensure that the NHS is accountable to the patients and public it serves. This information, combined with the quality of patients' experiences and outcomes, will inform patients' choices of where they want to be treated.
- 1.3. The United Kingdom Statistics Authority 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 Official Statistics.
- 1.4. The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

Debbie Moon  
Analytical Services (Operations),  
NHS England,  
Room 5E24, Quarry House, Leeds LS2 7UE  
Email: [RTTdata@dh.gsi.gov.uk](mailto:RTTdata@dh.gsi.gov.uk)

## 2. Key terms

The following are key terms used in this report. For a more comprehensive list of terminology please see the glossary.

- 2.1. **RTT pathway**  
Patients referred for non-emergency consultant-led treatment are on RTT pathways. An RTT pathway is the length of time that a patient waited from referral to start of treatment, or if they have not yet started treatment, the length of time that a patient has waited so far.
- 2.2. **Operational waiting time standard**  
Patients have a legal right under the NHS Constitution to access services within maximum referral to treatment waiting times, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.

The waiting time operational standards for 2014/15 are set out in Everyone Counts: Planning for Patients 2014/15 to 2018/19<sup>1</sup>. The waiting time standards set the proportion of RTT pathways that must be within 18 weeks. These proportions leave an operational tolerance to allow for patients for whom starting treatment within 18 weeks would be inconvenient or clinically inappropriate. These circumstances can be categorised as:

- Patient choice – patients choose not to accept earliest offered appointments along their pathway or choose to delay treatments for personal or social reasons
- Co-operation – patients who do not attend appointments along their pathways
- Clinical exceptions – where it is not clinically appropriate to start a patient's treatment within 18 weeks

NHS England introduced a zero tolerance of any RTT waits of more than 52 weeks in 2013/14, with contractual penalties for each such wait.

### 2.3. Admitted pathways

The admitted waiting time standard is 90% and applies to admitted adjusted RTT pathways. This standard came into effect in 2008. Admitted pathways are the waiting times for patients whose treatment started during the period and involved admission to hospital. These are also often referred to as inpatient waiting times. They include the complete time waited from referral until start of inpatient treatment.

Adjustments are allowed to admitted pathways for clock pauses. An RTT clock may be paused only where a decision to admit for treatment has been made, and the patient has declined at least two reasonable appointment offers for admission. The RTT clock is paused for the duration of the time between the earliest reasonable date offered and the date from which the patient makes themselves available for admission for treatment.

### 2.4. Non-admitted pathways

The non-admitted waiting time standard is 95%. This standard came into effect in 2008. Non-admitted pathways are the waiting times for patients whose wait ended during the period for reasons other than an inpatient or day case admission for treatment. These are also often referred to as outpatient waiting times. They include the time waited for patients whose RTT waiting time clock either stopped for treatment or other reasons, such as a patient declining treatment.

### 2.5. Incomplete pathways

The incomplete waiting time standard is 92%. This operational standard was introduced in April 2012. Incomplete pathways are the waiting times for patients waiting to start treatment at the end of the month. These are also often referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

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<sup>1</sup> <http://www.england.nhs.uk/ourwork/forward-view/sop/>

### 3. England RTT waiting times

#### 3.1. Operational waiting time standards

- 3.1.1. In 2014, 89.3% of admitted and 95.8% of non-admitted RTT patients completed their RTT pathway (started treatment) within 18 weeks of referral (Table 1).
- 3.1.2. Between 2009 and early 2013, the overall trend in performance against the admitted and non-admitted standards was broadly stable. Since April 2013, there has been a reduction in the percentage of patients treated within 18 weeks in every month compared to the equivalent month in the previous year for both admitted and non-admitted pathways. This year-on-year decrease became more marked in 2014, particularly for admitted pathways (Chart 1).
- 3.1.3. The admitted standard was missed at England level in February 2014 – when the percentage of patients who started admitted treatment within 18 weeks dropped below 90% – and performance remained below the standard in all remaining months of 2014 except May and December. In total, the standard was missed on nine occasions throughout the year. During 2014, performance against the admitted standard ranged between 87.5% (in November 2014) and 90.4% (in January 2014).
- 3.1.4. Performance against the non-admitted standard was above 95% in all months of 2014 except November. This was the first time the standard was missed since it was introduced in December 2008 (Chart 1). During 2014, performance ranged between 94.8% (in November 2014) and 96.5% in (in May 2014).
- 3.1.5. In August 2014, the Secretary of State for Health announced<sup>2</sup> that NHS England had been asked to commission additional consultant-led elective treatments, focusing particularly on longer waiters. He acknowledged that this may mean that the admitted and non-admitted operational standards would be missed for a period before the end of 2014. In practical terms, this ‘managed breach’ meant providers were allowed to breach the admitted and non-admitted standards without risk of financial sanction in order to reduce longer waiters. Performance against the admitted and non-admitted standards from July to November 2014 was influenced by this policy action.

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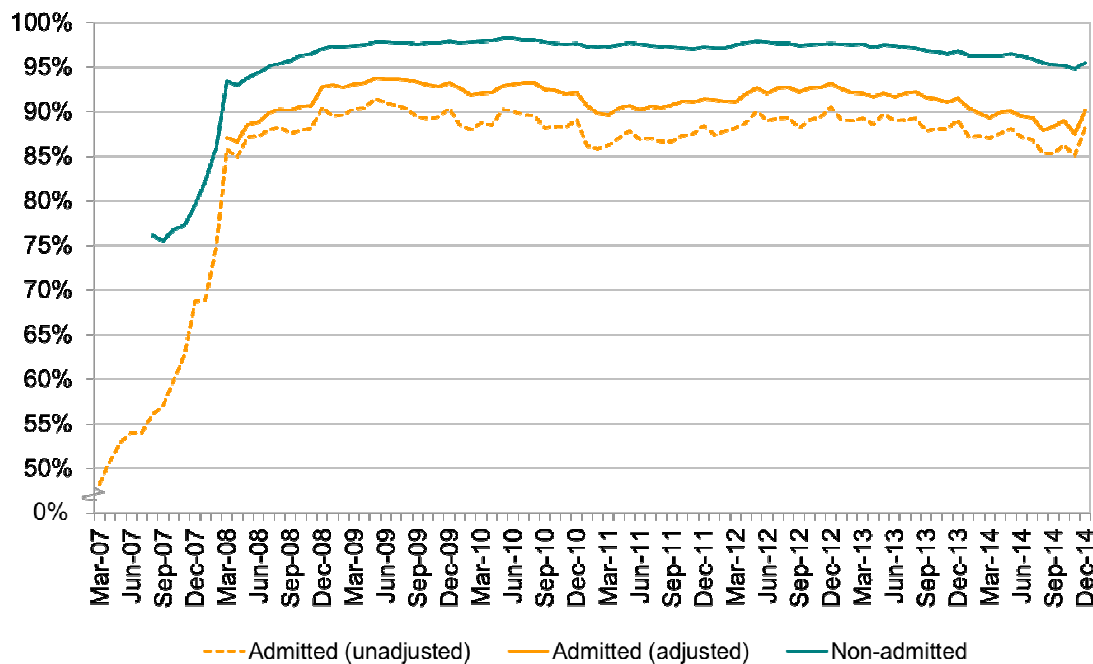
<sup>2</sup> <https://www.gov.uk/government/speeches/nhs-waiting-times-job-not-done>

**Table 1: Annual percentage of completed RTT pathways within 18 weeks, England**

	Admitted (adjusted) pathways % within 18 weeks	Non-admitted pathways % within 18 weeks
2008 <sup>1</sup>	86.6%	93.1%
2009	93.2%	97.6%
2010	92.5%	97.9%
2011	90.5%	97.3%
2012	92.2%	97.5%
2013	91.8%	97.1%
2014	89.3%	95.8%

<sup>1</sup>Adjusted admitted data is available from March 2008. The 2008 figure is a combination of unadjusted data (for January and February 2008) and adjusted data for the rest of the year.

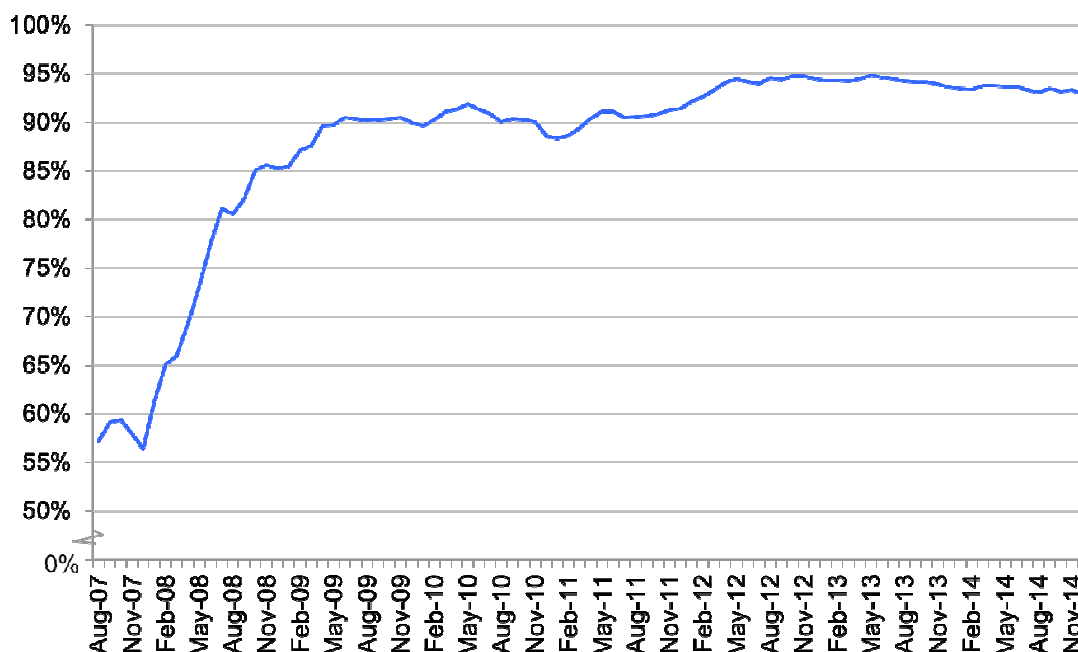
**Chart 1: Percentage of completed RTT pathways within 18 weeks, England**



3.1.6. Since August 2013, there has been a reduction in the percentage of incomplete pathways within 18 weeks in every month compared to the same month in the previous year (Table 2 and Chart 2). During 2014, performance ranged between 92.8% (at the end of December 2014) and 93.7% (at the end of March, April, May and June 2014).



**Chart 2: Percentage of incomplete RTT pathways within 18 weeks, England**



3.1.7. Prior to the middle of 2013, the percentage of incomplete pathways within 18 weeks at England level increased during 2011 and 2012, following the announcement in November 2011 and introduction from April 2012 of the 92% incomplete standard. Before the announcement of the standard, the percentage of incomplete pathways fluctuated around 90%. A gradual decrease during 2010 contributed to the larger seasonal dip in the admitted percentage within 18 weeks in early 2011 as a larger proportion of the longer wait patients started treatment.

**Table 2: Percentage of incomplete RTT pathways within 18 weeks, England**

	Incomplete pathways % within 18 weeks
Dec-07	56.4%
Dec-08	85.2%
Dec-09	90.0%
Dec-10	88.6%
Dec-11	91.4%
Dec-12	94.5%
Dec-13	93.6%
Dec-14	92.8%

3.1.8. NHS England introduced a zero tolerance of any referral to treatment waits of more than 52 weeks in 2013/14. The number of incomplete pathways greater than 52 weeks fell from over 400,000 in 2007 to just over 300 at the end of December 2013. At the end of December 2014, the number of

incomplete pathways greater than 52 weeks was just under 400 (Table 3). As for previous years, this does not include waiters at trusts that have not submitted data. More details about missing data can be found in section 6.3.

- 3.1.9. It is likely that some of the decrease in incomplete pathways greater than 52 weeks between 2007 and the introduction of the zero tolerance target in April 2013 was due to some trusts identifying incomplete pathways of more than 52 weeks that were data errors through validation work.

**Table 3: Number of incomplete pathways greater than 52 weeks, England**

	Incomplete pathways 52 week waits <sup>1</sup>
Dec-07	434,180
Dec-08	79,418
Dec-09	20,792
Dec-10	14,671
Dec-11	6,071
Dec-12	1,085
Dec-13	316
Dec-14	399

<sup>1</sup>See section 6.3 for details of missing data for some trusts.

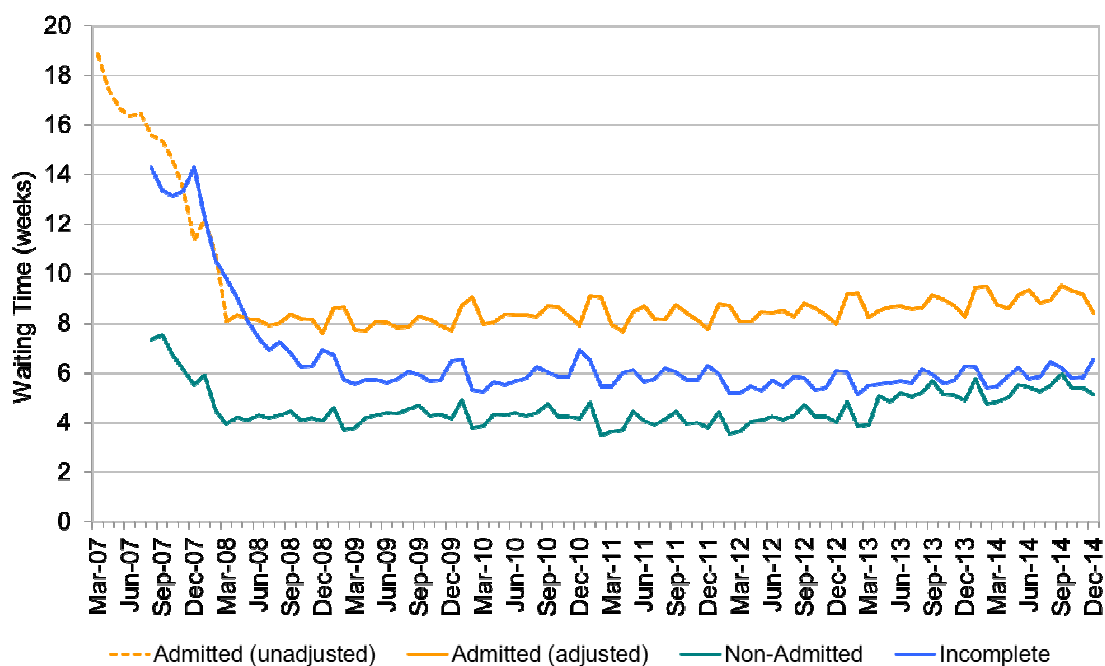
## 3.2. Average waiting times

- 3.2.1. The median waiting time is the middle value when all patients are ordered by length of wait. For completed admitted and non-admitted pathways, 50% of patients started treatment within the median waiting time and for incomplete pathways, 50% of patients were waiting within the median waiting time (Chart 3).
- 3.2.2. In 2014, half of patients waited less than just over nine weeks to start admitted treatment and less than five and a half weeks to start non-admitted treatment. Half of those patients waiting for treatment at the end of the month had been waiting less than six weeks.
- 3.2.3. During 2014, the median time waited for admitted patients has been higher each month than the same months in 2013. However, the overall trend remains broadly stable since 2008, following the seasonal pattern seen in previous years.
- 3.2.4. There was a step change in the median time waited for non-admitted patients in April 2013, which was likely to be the result of the transfer of responsibility for commissioning consultant-led sexual health services to

local authorities<sup>3</sup>. Since May 2014, the median time waited for non-admitted patients has been slightly higher each month than in the same month of 2013, following the seasonal pattern seen in previous years.

- 3.2.5. With the exception of March, the median time waited for incomplete pathways has been slightly higher in 2014 than in 2013. However, the overall trend remains broadly stable since 2008 following the seasonal pattern seen in previous years.

**Chart 3: Average (median) RTT waiting times, England**



- 3.2.6. The incomplete pathway median waiting time tends to peak in the middle of winter around December and January, and also in summer around August. These peaks are both followed by an increase in the median time waited for admitted and non-admitted pathways. The delayed peaks for completed pathways demonstrate the relationship between incomplete pathway waiting times and admitted and non-admitted pathway 'time waited' waiting times.
- 3.2.7. Incomplete pathways are the waiting times for patients waiting to start treatment. When these patients start treatment, the time that they waited is captured in the admitted and non-admitted waiting times. Therefore, if there is an increase in the waiting times of patients who have not started treatment, in subsequent months this will be followed by an increase in the 'time waited' admitted and non-admitted waiting times once these patients start treatment.

<sup>3</sup> From April 2013, reported consultant-led RTT waiting times no longer include waiting times for consultant-led sexual health services as they are no longer commissioned by the NHS. Consultant-led sexual health pathways included in the RTT waiting times data prior to April 2013 were predominantly within a week long and involved non-admitted treatment.

3.2.8. The seasonal pattern of peaks in median waiting times corresponds with winter and summer holiday seasons. Additionally, the winter peak is associated with poor weather changing the balance between elective and non-elective care.

### 3.3. Activity and waiting lists

3.3.1. In 2014, the number of trusts that were unable to submit monthly RTT data for all or part of the year grew. The biggest impact of missing data is on measures of volume, such as the number of patients who started treatment and the size of the RTT waiting list. As a result, throughout section 3.3, the published monthly data has been adjusted to include estimates for missing trusts. See section 6.3 for explanation of the methodology for estimating missing data<sup>4</sup>.

3.3.2. The numbers of completed admitted and non-admitted pathways are often referred to as RTT activity because these are the numbers of patients who started treatment. RTT activity is broadly stable and follows a clear seasonal pattern (Chart 4).

3.3.3. The number of RTT patients who started admitted consultant-led treatment in 2014 was higher than in the previous year. An average of just over 320,000 RTT patients started admitted treatment in each month of 2014 compared to under 310,000 in 2013.

3.3.4. The removal of consultant-led sexual health services from RTT waiting times data (see 3.2.4) contributed to a step change in the number of RTT patients starting non-admitted treatment in April 2013.

3.3.5. The number of RTT patients who started non-admitted consultant-led treatment from April to December<sup>5</sup> 2014 was higher than the same period in 2013. An average of 905,000 RTT patients started non-admitted treatment each month between April and December 2014 compared to just under 850,000 per month in the same period in 2013.

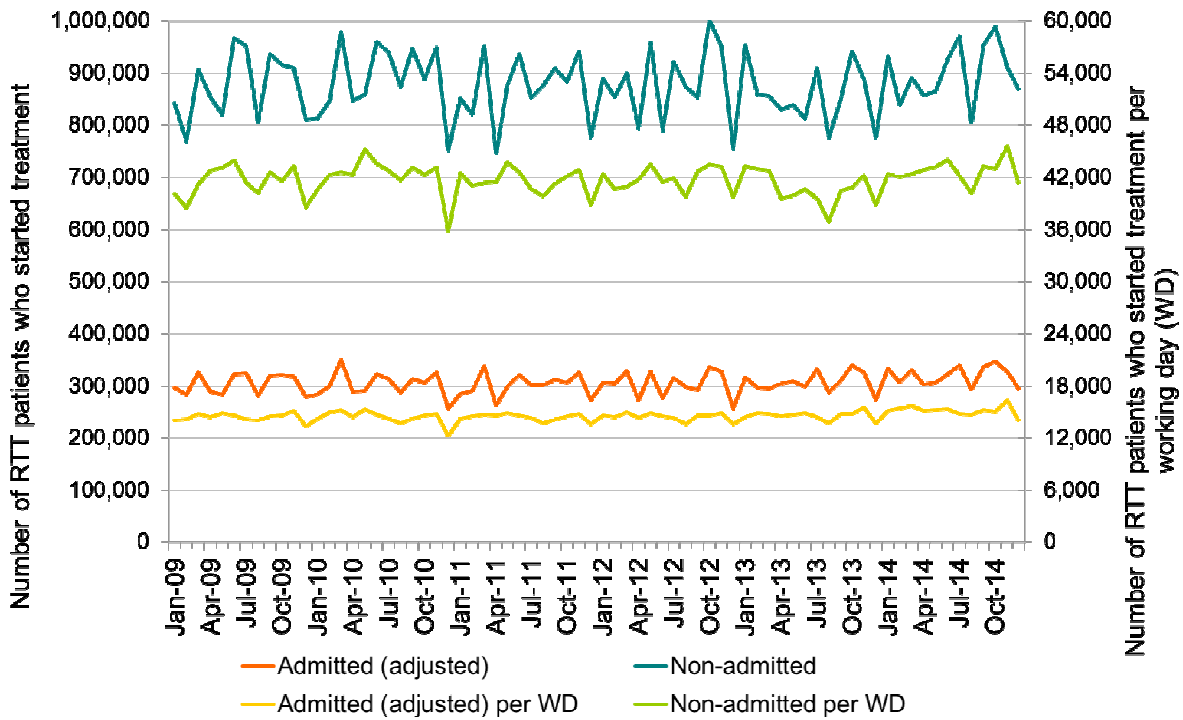
3.3.6. The number of working days in a month influences the amount of RTT activity – the presence of bank holidays and the number of weekends in a calendar month both affect the number of working days. When the impact of working days is taken into account, a smoother activity trend is visible (Charts 4, 5 and 6).

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<sup>4</sup> The annex also includes versions of the charts from section 3.3 without missing data estimates.

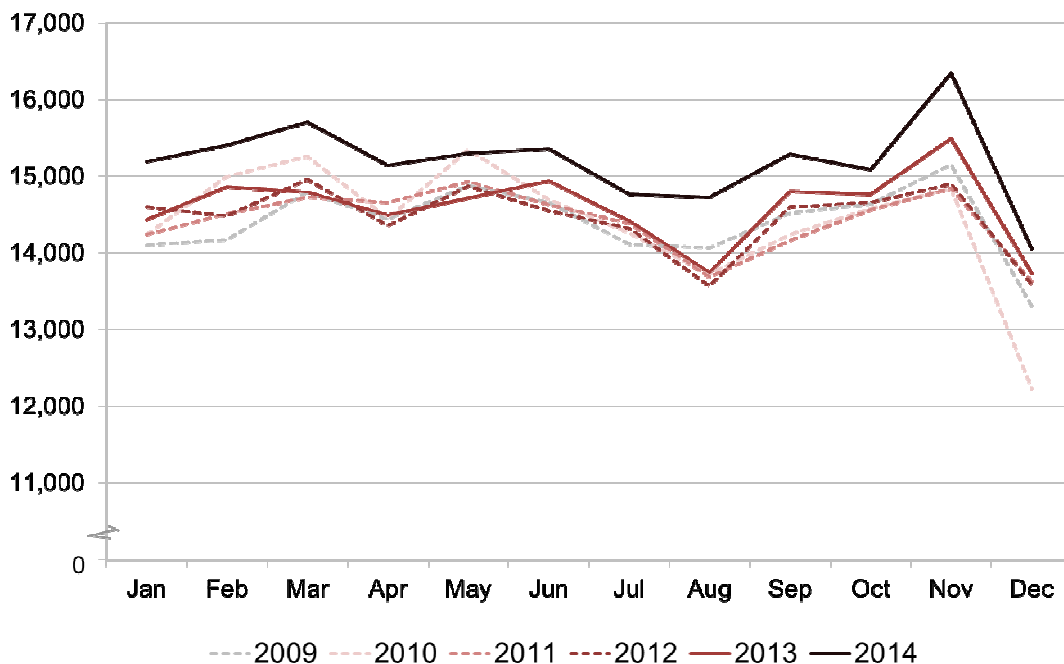
<sup>5</sup> April to December is used to compare 2014 to 2013 because of the step change in non-admitted activity in April 2013 – see 3.3.4.

**Chart 4: Number of RTT patients who started treatment in each month, including estimates for missing data, England**

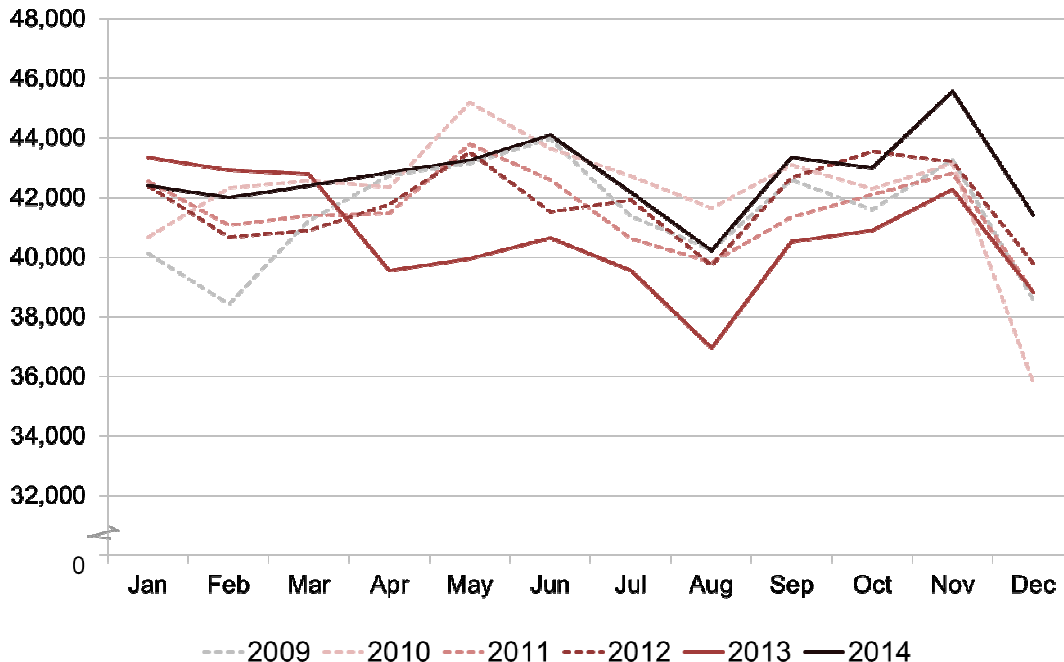


- 3.3.7. An average of 15,200 RTT patients started admitted treatment per working day in 2014, compared with 14,600 in 2013 (an increase of 4%). The number of RTT patients starting admitted treatment per working day has been higher in every month of 2014 compared to the same month in 2013.
- 3.3.8. Between April and December 2014, an average of 42,900 patients started non-admitted treatment per working day, compared with 39,900 during the same period in 2013 (an increase of 7%). The number of RTT patients starting non-admitted treatment per working day has been higher in every month between April and December 2014 compared to the same month in 2013.

**Chart 5: Number of RTT patients starting admitted treatment per working day, including estimates for missing data, England**



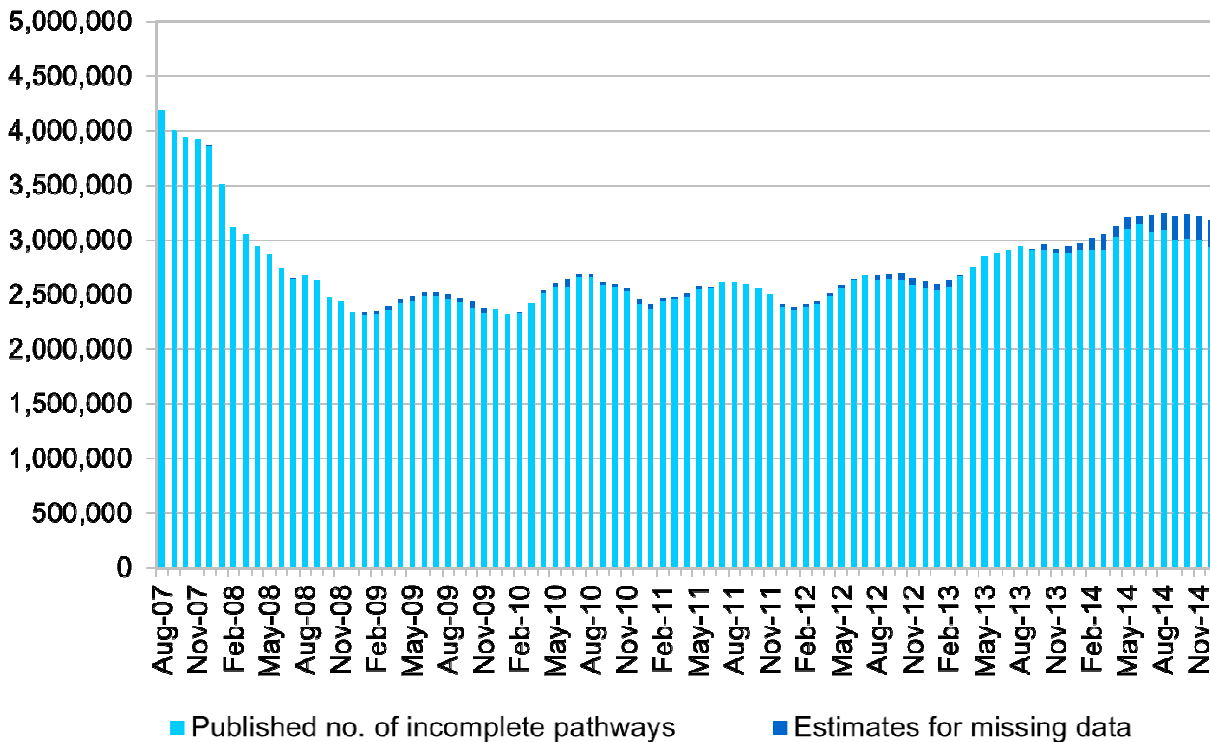
**Chart 6: Number of RTT patients starting non-admitted treatment per working day, including estimates for missing data, England**



3.3.9. The numbers of incomplete pathways are often referred to as the RTT waiting list because these are the patients recorded as waiting to start treatment at the end of the month.

3.3.10. The RTT waiting list fell from just over 4 million patients waiting at the end of August 2007 to around 2.5 million patients at the end of October 2008 (Chart 7). Between October 2008 and the middle of 2012, the number of RTT patients waiting was broadly stable around 2.5 million patients, but subject to a clear seasonal trend.

**Chart 7: Number of RTT patients waiting at the end of the month, including estimates for missing data, England**



3.3.11. From April 2012, the RTT waiting list has been at a higher level each month than the same month in the previous year.

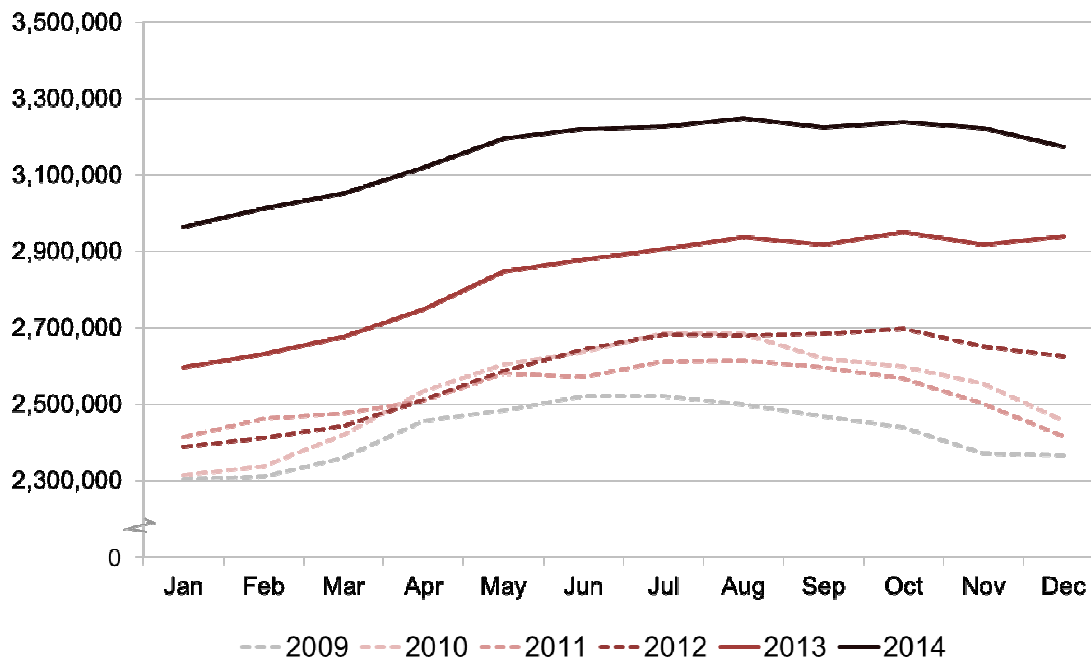
3.3.12. The announcement of the operational waiting time standard for incomplete pathways in November 2011 and its introduction from April 2012 is likely to have led to some hospital trusts improving data capture of incomplete RTT pathways. It is likely this caused much of the increase in the RTT waiting list in 2012.

3.3.13. Between September and December 2012, the RTT waiting list did not fall as much as expected based on the seasonal trend in previous years and as a consequence remained higher in 2013 than previously. In 2013 and 2014, the waiting list broadly followed the seasonal cycle of previous years but there was an underlying upward trend and again there was little or no decrease in the waiting list in the winter months.

3.3.14. During 2014, the RTT waiting list was on average around 330,000 higher than the same months in 2013. At the end of December 2014, the RTT waiting list was nearly 550,000 higher than at the end of December 2012.

3.3.15. Comparing the total RTT waiting list year on year demonstrates the seasonal trend and the increase in the size of the waiting list from the middle of 2012 (chart 8). Prior to 2012, the seasonal trend was generally that the number of patients waiting in winter was lower, while the number of patients waiting peaked during summer. However, from 2012, the waiting list has remained stable or fallen only slightly between September and December each year.

**Chart 8: Number of RTT patients waiting at month end year on year, England**



## 4. Specialty RTT waiting times

- 4.1. There is some variation at specialty-level in the percentage of RTT patients starting treatment within 18 weeks.
- 4.2. RTT waiting times data are collected against 18 treatment functions, which cover the main treatment areas. RTT waiting time data for types of treatments that are not covered by these 18 treatment functions are collected under "Other". The treatment functions are based on consultant specialties.
- 4.3. Annually in 2014, nine specialties were below the admitted waiting time standard of 90% – general surgery, urology, trauma & orthopaedics, ENT (ear, nose and throat), ophthalmology, oral surgery, neurosurgery, plastic surgery and cardiothoracic surgery (Table 4). This compares to 2013 when the admitted waiting time standard was missed in four specialities (trauma & orthopaedics, ENT, neurosurgery and cardiothoracic surgery).
- 4.4. Annually in 2014, five specialties were below the non-admitted waiting time standard of 95% – trauma & orthopaedics, oral surgery, neurosurgery,



gastroenterology, and neurology (Table 4). In 2013, the non-admitted waiting time standard was missed in two specialities (oral surgery and neurosurgery).

- 4.5. At the end of 2014, six specialities were below the incomplete waiting time standard of 92% – general surgery, urology, trauma & orthopaedics, neurosurgery, plastic surgery, cardiothoracic surgery (Table 4). With the exception of urology the incomplete standard was missed in the same specialities in 2013.

**Table 4: Annual percentage of completed RTT pathways within 18 weeks and December 2014 percentage of incomplete pathways within 18 weeks, by treatment function, England**

	2014		Dec-14
	Admitted (adjusted) pathways	Non-admitted pathways	Incomplete pathways
General Surgery	88.0%	95.7%	91.0%
Urology	89.5%	95.1%	91.9%
Trauma & Orthopaedics	85.5%	94.9%	90.7%
ENT	86.5%	95.8%	93.2%
Ophthalmology	89.3%	96.0%	94.2%
Oral Surgery	86.4%	92.8%	93.2%
Neurosurgery	84.0%	92.5%	88.6%
Plastic Surgery	89.7%	96.1%	89.8%
Cardiothoracic Surgery	86.9%	97.0%	89.8%
General Medicine	98.3%	97.6%	94.6%
Gastroenterology	98.0%	93.7%	93.3%
Cardiology	92.2%	96.2%	93.5%
Dermatology	93.0%	96.1%	93.8%
Thoracic Medicine	98.6%	96.1%	94.3%
Neurology	95.3%	93.3%	93.4%
Rheumatology	98.2%	96.9%	95.1%
Geriatric Medicine	98.7%	98.8%	97.2%
Gynaecology	92.0%	97.9%	95.1%
Other	90.5%	96.2%	93.1%
<b>England</b>	<b>89.3%</b>	<b>95.8%</b>	<b>92.8%</b>

<sup>1</sup>Incomplete pathways are a snapshot of the patients waiting at the end of a month; therefore, it is inappropriate to sum the incomplete pathways across a year. The equivalent annual figure for incomplete pathways is the waiting times of the patients waiting at the end of the year.

- 4.6. Trauma & orthopaedics, ophthalmology, and general surgery are the specialities with the largest volumes of admitted RTT activity – numbers of patients who started admitted treatment (Table 5). Therefore, these will be used as an illustration of specialty-level variation across time.

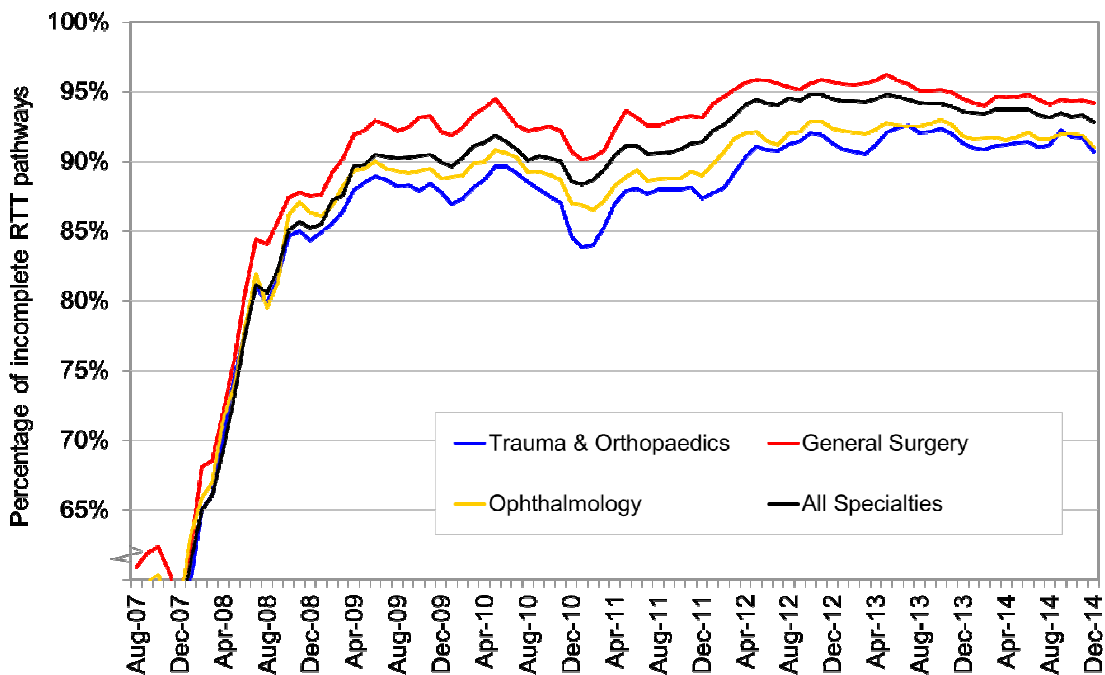
**Table 5: Number of patients who started treatment and number waiting, by treatment function<sup>1</sup>, England**

	2014		Dec-14
	Admitted (adjusted) pathways	Non-admitted pathways	Incomplete pathways
General Surgery	456,608	747,252	257,610
Urology	238,445	388,299	151,523
Trauma & Orthopaedics	695,848	1,073,324	393,834
ENT	196,211	782,513	192,744
Ophthalmology	520,409	1,020,232	302,900
Oral Surgery	198,258	374,563	133,741
Neurosurgery	29,097	57,304	26,621
Plastic Surgery	141,678	115,963	47,031
Cardiothoracic Surgery	23,450	12,712	7,815
General Medicine	39,241	213,659	46,656
Gastroenterology	172,668	333,142	134,608
Cardiology	117,971	477,926	131,809
Dermatology	84,518	739,300	151,811
Thoracic Medicine	21,313	240,892	57,154
Neurology	13,974	293,015	85,958
Rheumatology	23,626	262,399	54,466
Geriatric Medicine	2,357	123,677	17,095
Gynaecology	275,673	766,738	172,794
Other	481,100	2,469,020	562,344
<b>England</b>	<b>3,732,445</b>	<b>10,491,930</b>	<b>2,928,514</b>

<sup>1</sup>Incomplete pathways are a snapshot of the patients waiting at the end of a month; therefore, it is inappropriate to sum the incomplete pathways across a year. The equivalent annual figure for incomplete pathways is the waiting times of the patients waiting at the end of the year.

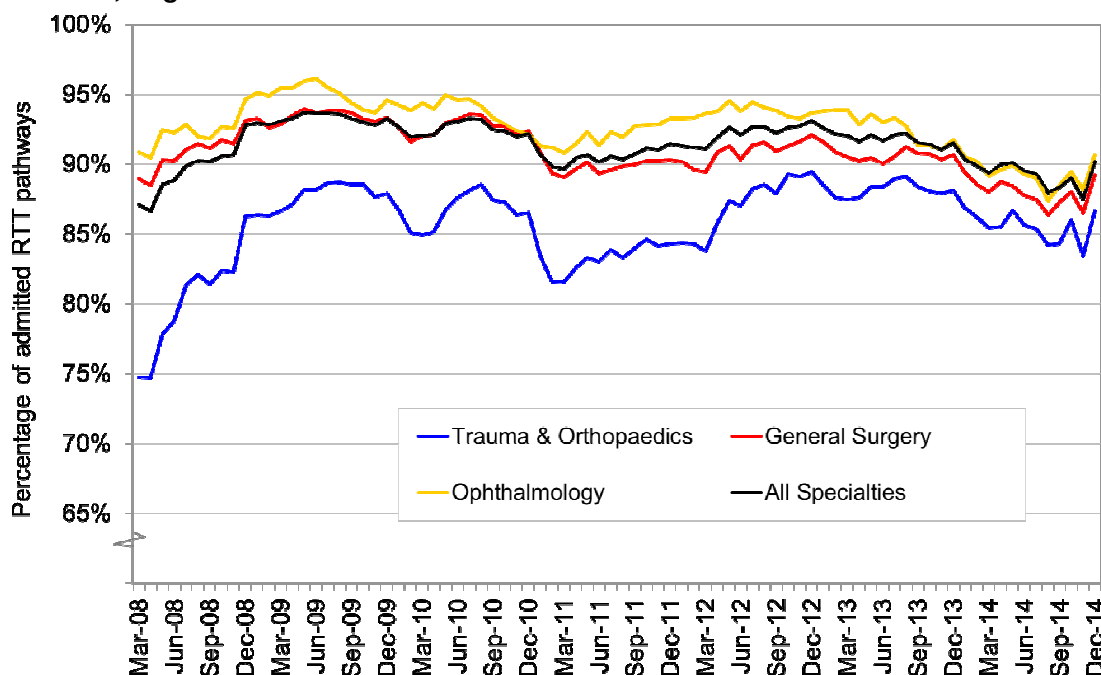
4.7. For patients waiting to start treatment in these three specialties (incomplete pathways) we see broadly similar trends as for England (all specialties) waiting times. The difference in performance between these specialties has narrowed a little during 2014.

**Chart 9: Percentage of incomplete RTT pathways within 18 weeks, by three treatment functions, England**



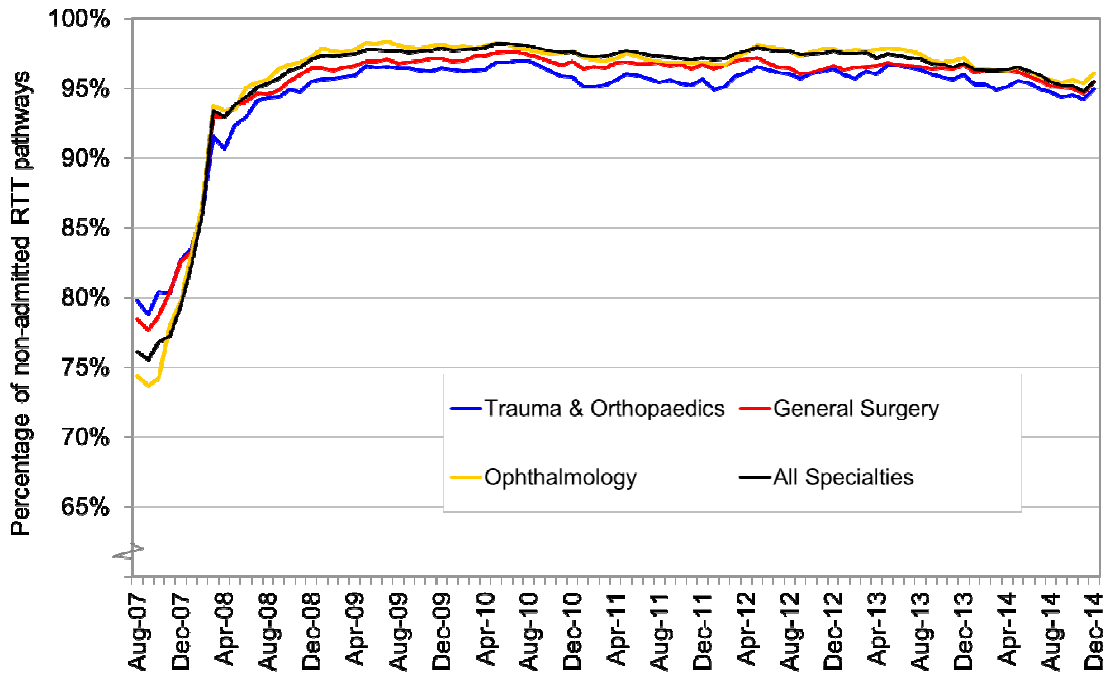
4.8. Trauma & orthopaedics and general surgery show a similar trend to England (all specialties) for the percentage of admitted pathways within 18 weeks (Chart 10). The percentage of admitted ophthalmology pathways within 18 weeks reduced during 2013 and has remained in line with performance for England (all specialties) during 2014.

**Chart 10: Percentage of admitted RTT pathways within 18 weeks, by three treatment functions, England**



4.9. There is less variation in performance against the non-admitted waiting times standard across the three specialties (Chart 11). Performance for general surgery was historically below that for England (all specialties) but came more in line with overall performance in 2014.

**Chart 11: Percentage of non-admitted RTT pathways within 18 weeks, by three treatment functions, England**



## 5. Regional RTT waiting times

- 5.1. Since April 2013, there have been four NHS England regions in England. There is some variation in the waiting times for services commissioned by Clinical Commissioning Groups within these NHS England regions (Table 6).
- 5.2. Annual 2014 RTT waiting times across the four NHS England regions range from: 86.8% to 90.8% of patients started admitted treatment within 18 weeks; 95.6% to 96.6% of patients started non-admitted treatment within 18 weeks; and 91.6% to 93.8% of patients waiting at the end of 2014 had been waiting up to 18 weeks.

**Table 6: Annual percentage of completed RTT pathways within 18 weeks and December 2014 percentage of incomplete pathways up to 18 weeks, by NHS England region**

	2014		Dec-14 <sup>1</sup>
	Admitted (adjusted) pathways	Non-admitted pathways	Incomplete pathways
North of England	90.8%	96.6%	93.8%
Midlands and East of England	89.1%	96.0%	92.8%
London	86.8%	95.6%	91.6%
South of England	89.5%	95.7%	92.6%
<b>England</b>	<b>89.3%</b>	<b>95.8%</b>	<b>92.8%</b>

<sup>1</sup>Incomplete pathways are a snapshot of the patients waiting at the end of a month; therefore, it is inappropriate to sum the incomplete pathways across a year. The equivalent annual figure for incomplete pathways is the waiting times of the patients waiting at the end of the year.

- 5.3. As expected, given that the NHS England regions cover populations of varying sizes, the amount of RTT activity carried out in 2014 and the size of the RTT waiting list at the end of 2014 differs for each region (Table 7).

**Table 7: Number of patients who started treatment in 2014 and number waiting at the end of December 2014<sup>1</sup>, by NHS England region**

	Number of patients who started admitted treatment in 2014	Number of patients who started non-admitted treatment in 2014	Number of patients waiting at the end of 2014
North of England	1,061,023	3,263,220	850,543
Midlands and East of England	1,004,280	2,738,964	764,470
London	407,949	1,432,202	399,204
South of England	947,322	2,308,547	689,233
<b>England<sup>2</sup></b>	<b>3,732,445</b>	<b>10,491,930</b>	<b>2,928,514</b>

<sup>1</sup>The figures in this table exclude trusts who did not supply information. The figures are therefore not comparable with equivalent figures in earlier annual reports. See section 6.3 for more information on missing data.

<sup>2</sup>The total numbers of patients who started treatment and were waiting by NHS England region does not add up to the England total due to RTT pathways that are commissioned by NHS England, including specialised services, offender healthcare and some services for members of the armed forces.

## 6. Methodology

### 6.1. Data collection

- 6.1.1. NHS England compiles monthly Referral to Treatment (RTT) data on the length of time from GP referral through to consultant-led treatment. There are two main central returns:
- **Unadjusted.** This return has been collected since January 2007. The return covers admitted patients (since January 2007), non-admitted patients (since August 2007) and patients on incomplete pathways (since August 2007).
  - **Adjusted.** This return has been collected and published since March 2008. The return covers admitted patients on an adjusted basis (i.e. including legitimate pauses of patients' waiting time clocks).
- 6.1.2. Data is submitted monthly to NHS England by all providers of NHS-funded, consultant-led services, via Unify2. Unify2 is the online tool used by NHS England for the collection and sharing of NHS performance data. NHS commissioners review and sign off the data and NHS England performs central validation checks to ensure good data quality.
- 6.1.3. Further papers and guidance describing the RTT clock rules and measurement of consultant-led RTT waiting times can be found on the NHS England website here:  
<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/>

### 6.2. Data availability

- 6.2.1. RTT waiting times data are published to a pre-announced timetable, roughly 5-6 weeks after the end of the reference month. Publication occurs on a Thursday and is always on or after the 26<sup>th</sup> working day after the end of the reporting month.
- 6.2.2. Monthly RTT data are published on the NHS England website here:  
<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>
- 6.2.3. The annual statistical report is published once a year in February, alongside the release of December RTT waiting times data.

### 6.3. Data coverage

- 6.3.1. The consultant-led RTT data returns have ROCR (Review of Central Returns) and Monitor approval and therefore data submission is mandatory for all NHS trusts that provide services that fall within the scope of consultant-led RTT waiting times measurement.
- 6.3.2. Independent Sector providers are encouraged to engage in the RTT data collection process by monitoring RTT times for NHS patients being

seen/treated within their organisation and by submitting this information on Unify2 in the same way as NHS provider organisations. When Independent Sector providers do not have the technical capability to submit data to Unify2, NHS commissioners can submit on their behalf.

6.3.3. Sometimes a provider organisation is unable to submit RTT data in time for monthly publication, for example, due to technical issues such as the impact of introducing a new computing system. The number of providers unable to submit data has increased in 2014. The following data from acute provider organisations are currently missing for the period January 2013 to December 2014:

Month	Missing data
Jan-13	<ul style="list-style-type: none"> <li>North Bristol NHS Trust did not submit incomplete RTT pathway data.</li> <li>Bradford Teaching Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.</li> </ul>
Feb-13	<ul style="list-style-type: none"> <li>North Bristol NHS Trust did not submit incomplete RTT pathway data.</li> <li>Bradford Teaching Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.</li> </ul>
Mar-13	<ul style="list-style-type: none"> <li>Bradford Teaching Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.</li> </ul>
Apr-13	–
May-13	–
Jun-13	–
Jul-13	–
Aug-13	–
Sep-13	<ul style="list-style-type: none"> <li>The Whittington Hospital NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> </ul>
Oct-13	<ul style="list-style-type: none"> <li>The Whittington Hospital NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> </ul>
Nov-13	<ul style="list-style-type: none"> <li>The Whittington Hospital NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> </ul>
Dec-13	<ul style="list-style-type: none"> <li>The Whittington Hospital NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barking, Havering &amp; Redbridge NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> </ul>
Jan-14	<ul style="list-style-type: none"> <li>The Whittington Hospital NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barking, Havering &amp; Redbridge NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> </ul>
Feb-14	<ul style="list-style-type: none"> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barking, Havering &amp; Redbridge NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Derby Hospitals NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>The Whittington Hospital NHS Trust did not submit incomplete RTT pathway data.</li> </ul>

	<ul style="list-style-type: none"> <li>Ipswich Hospital NHS Trust did not submit unadjusted admitted or incomplete RTT pathway data (the return from the Trust included adjusted admitted and non-admitted RTT pathway data only).</li> </ul>
Mar-14	<ul style="list-style-type: none"> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barking, Havering &amp; Redbridge NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Derby Hospitals NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Walsall Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Tameside Hospital NHS Foundation Trust did not submit any incomplete RTT pathway data.</li> <li>The Whittington Hospital NHS Trust did not submit incomplete RTT pathway data.</li> <li>Ipswich Hospital NHS Trust did not submit unadjusted admitted or incomplete RTT pathway data (the return from the Trust included adjusted admitted and non-admitted RTT pathway data only).</li> </ul>
Apr-14	<ul style="list-style-type: none"> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barking, Havering &amp; Redbridge NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Walsall Healthcare NHS Trust did not submit any incomplete RTT pathway data.</li> <li>Tameside Hospital NHS Foundation Trust did not submit any incomplete RTT pathway data.</li> <li>The Whittington Hospital NHS Trust did not submit incomplete RTT pathway data.</li> </ul>
May-14	<ul style="list-style-type: none"> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barking, Havering &amp; Redbridge NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Walsall Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> <li>Tameside Hospital NHS Foundation Trust did not submit any incomplete RTT pathway data</li> <li>The Whittington Hospital NHS Trust did not submit incomplete RTT pathway data.</li> </ul>
Jun-14	<ul style="list-style-type: none"> <li>Barnet and Chase Farm Hospitals NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Barking, Havering &amp; Redbridge NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Walsall Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> <li>Tameside Hospital NHS Foundation Trust did not submit any incomplete RTT pathway data</li> </ul>
Jul-14	<ul style="list-style-type: none"> <li>Barking, Havering and Redbridge University Hospitals NHS did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>Heart of England NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Royal Berkshire NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Tameside Hospital NHS Foundation Trust did not submit incomplete RTT pathway data.</li> <li>The Princess Alexandra Hospital NHS Trust did not submit incomplete RTT pathway data.</li> <li>Walsall Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> <li>Royal Free London NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) data for the former Barnet and Chase Farm Hospitals NHS Trust with whom it merged from 1st July 2014.</li> </ul>
Aug-14	<ul style="list-style-type: none"> <li>Barking, Havering and Redbridge University Hospitals NHS did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>Heart of England NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Royal Berkshire NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> </ul>



	<ul style="list-style-type: none"> <li>• Tameside Hospital NHS Foundation Trust did not submit incomplete RTT pathway data.</li> <li>• Walsall Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> <li>• The Princess Alexandra Hospital NHS Trust did not submit incomplete RTT pathway data.</li> <li>• Royal Free London NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) data for the former Barnet and Chase Farm Hospitals NHS Trust with whom it merged from 1st July 2014.</li> </ul>
Sep-14	<ul style="list-style-type: none"> <li>• Barking, Havering and Redbridge University Hospitals NHS did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>• Barts Health NHS Trust did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>• Heart of England NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• Royal Berkshire NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• Tameside Hospital NHS Foundation Trust did not submit incomplete RTT pathway data.</li> <li>• The Princess Alexandra Hospital NHS Trust did not submit incomplete RTT pathway data.</li> <li>• Walsall Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> <li>• Royal Free London NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) data for the former Barnet and Chase Farm Hospitals NHS Trust with whom it merged from 1st July 2014.</li> </ul>
Oct-14	<ul style="list-style-type: none"> <li>• Barking, Havering and Redbridge University Hospitals NHS did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>• Barts Health NHS Trust did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>• Heart of England NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• Royal Berkshire NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• The Princess Alexandra Hospital NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• Walsall Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• Tameside Hospital NHS Foundation Trust did not submit any RTT incomplete pathway data;</li> <li>• Royal Free London NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) data for the former Barnet and Chase Farm Hospitals NHS Trust with whom it merged from 1st July 2014.</li> </ul>
Nov-14	<ul style="list-style-type: none"> <li>• Barking, Havering and Redbridge University Hospitals NHS did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>• Barts Health NHS Trust did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>• Royal Berkshire NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• The Princess Alexandra Hospital NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• Walsall Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>• Tameside Hospital NHS Foundation Trust did not submit any RTT incomplete pathway data.</li> <li>• Heart of England NHS Foundation Trust did not submit any RTT incomplete pathway data.</li> <li>• Royal Free London NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) data for the former Barnet and Chase Farm Hospitals NHS Trust with whom it merged from 1st July 2014.</li> </ul>
Dec-14	<ul style="list-style-type: none"> <li>• Barking, Havering and Redbridge University Hospitals NHS did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>• Barts Health NHS Trust did not submit any (admitted, non-admitted and incomplete) RTT pathway data</li> <li>• Royal Berkshire NHS Foundation Trust did not submit any (admitted, non-admitted or</li> </ul>

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incomplete) RTT pathway data.

- The Princess Alexandra Hospital NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
  - Walsall Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
  - Colchester Hospital University NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
  - Medway NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
  - Heart of England NHS Foundation Trust did not submit any RTT incomplete pathway data.
  - Royal Free London NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) data for the former Barnet and Chase Farm Hospitals NHS Trust with whom it merged from 1st July 2014.
- 

- 6.3.4. The impact of missing data varies depending on the measure being considered. For the key waiting times measures – percentage within 18 weeks and median waiting time – the impact is minimal at England level. However, there is potential for a greater impact at lower geographical levels.
- 6.3.5. The biggest impact is on measures of volumes, such as the number of patients who started treatment and the size of the RTT waiting list. For this reason, section 3.3 (Activity and waiting lists) of this report is based on data which includes estimates for missing data from acute NHS providers.
- 6.3.6. The estimates for missing data are based on the latest data submitted for each trust prior to the gap in reporting. For example, Derby Hospitals NHS Foundation Trust was unable to submit RTT data for February and March 2014 – the data submitted by the trust for January 2014 was used to produce estimates of the missing data for February and March. For incomplete pathways, the total number of incomplete pathways in the month prior to the gap in reporting was applied to all missing months. For completed (admitted and non-admitted) pathways, the total number of pathways per working day in the month prior to the gap in reporting was applied to all missing months multiplied by the relevant number of working days in each month.
- 6.3.7. Estimates are only applied for total admitted, non-admitted and incomplete pathways and are included for acute NHS providers. A spreadsheet showing a time series for total admitted, non-admitted and incomplete pathways with and without estimates for missing data accompanies this report.

## 6.4. Data revisions

- 6.4.1. Revisions to published figures are released on a six-monthly basis in accordance with the NHS England Analytical Service (Operations) team's revision policy. The revisions policy can be found here:  
<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2012/04/Unify2-revisions-policy.pdf>

6.4.2. The most recent set of revisions were published on 15 January 2015. The RTT waiting times data contained in this report was current at the time of publication.

6.4.3. NHS England may receive and publish revisions to RTT data contained in the 2014 annual statistical report, as part of the next six-monthly revisions round. However, this annual report will not be updated and re-released to take into account any future changes.

## 6.5. Data comparability

6.5.1. Scotland also collects and publishes RTT waiting times data and has an 18 weeks 'time waited' standard of 90%. Care needs to be taken when comparing English and Scottish RTT waiting times data as differences exist in the measurement rules, for example, some consultant-led services are not included in RTT measurement in Scotland. RTT data for Scotland can be found here: <http://www.isdscotland.org/Health-Topics/Waiting-Times/18-Weeks-RTT/>

6.5.2. Wales also collects and publishes RTT waiting times data and has a 26 week 'waiting time' standard of 95% and a 36 week 'time waited' standard of 100%. Care needs to be taken when comparing English and Welsh RTT waiting times data as differences exist in the measurement rules, for example, there are differences in the circumstances where RTT clock restarts are allowed between Wales and England. RTT data for Wales can be found here: <http://wales.gov.uk/statistics-and-research/referral-to-treatment-times/?lang=en>

6.5.3. Northern Ireland does not measure RTT waiting times. They collect and publish stage of treatment inpatient and outpatient waiting times. These data can be found here: <http://www.dhsspsni.gov.uk/index/statistics/publications-statistics.htm>

## 7. Glossary

### Adjusted

Adjustments are made to admitted pathways for clock pauses, where a patient had declined reasonable offers of admission and chosen to wait longer.

### Admitted pathways

The waiting times (time waited) for patients whose treatment started during the month and involved admission to hospital.

### Clock Pause

A period of time for which a patient's RTT waiting time clock is put on hold ("paused"). Clocks may only be paused for non-clinical reasons and only where a provider has made at least two reasonable offers for admission for treatment but a patient chooses to wait longer. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes themselves available again for admission for treatment.

### Clock Start

The date on which a patient's RTT pathway starts, when a patient is referred for consultant-led treatment and the referral is received by the provider.

### Clock Stop

The date on which a patient's RTT pathway ends. The following activities end the Referral to Treatment (RTT) pathway and lead to the RTT clock being stopped:

- first treatment - the start of the first treatment that is intended to manage a patient's disease, condition or injury
- start of active monitoring initiated by the patient
- start of active monitoring initiated by the care professional
- decision not to treat - decision not to treat made or no further contact required
- patient declined offered treatment
- patient died before treatment

### Commissioner

A commissioner is normally a Clinical Commissioning Group (CCG). CCGs commission services from providers of NHS care.

### Incomplete pathways

The waiting times for patients waiting to start treatment at the end of the month. These patients will be at various stages of their pathway, for example, waiting for diagnostics, an appointment with a consultant, or for admission for a procedure.

### Median

The median is the preferred measure of the average waiting time as it is less susceptible to extreme values than the mean. The median waiting times is the middle value when all patients are ordered by length of wait. This is the mid-point of the RTT waiting times distribution. For completed pathways, 50% of patients started treatment within the median waiting time, and for incomplete pathways 50% of patients were waiting within the median waiting time.

### **Non-admitted pathways**

The waiting times (time waited) for patients whose treatment started during the month and did not involve admission to hospital.

### **Provider**

An organisation that provides NHS treatment or care, for example, an NHS Acute Trust, Mental Health Trust, Community provider, or an Independent Sector organisation.

### **RTT Pathway/RTT period**

The length of time between a patient's RTT clock start and the clock stop for a particular treatment. Alternatively, if the patient has not yet started treatment, it is the length of time from the clock start to the end of the reference month.

### **NHS England region**

England is split into four NHS England regions. NHS England regions support the commissioning of health services in their area.

### **Treatment Function**

RTT waiting times are measured within 19 treatment functions (including "Other"), which were chosen to capture the main treatment areas. Treatment functions are based on specialties.

## **8. Additional Information**

We welcome feedback on the content and presentation of RTT statistics within this report and those published on the NHS England website. If anyone has any comments on this report, or any other issues regarding RTT data and statistics, then please email [RTTdata@dh.gsi.gov.uk](mailto:RTTdata@dh.gsi.gov.uk)

Full details of RTT data for individual organisations is available at:  
<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

For press enquiries please e-mail the NHS England media team at [nhs.cb.media@nhs.net](mailto:nhs.cb.media@nhs.net) or call 07768 901293.

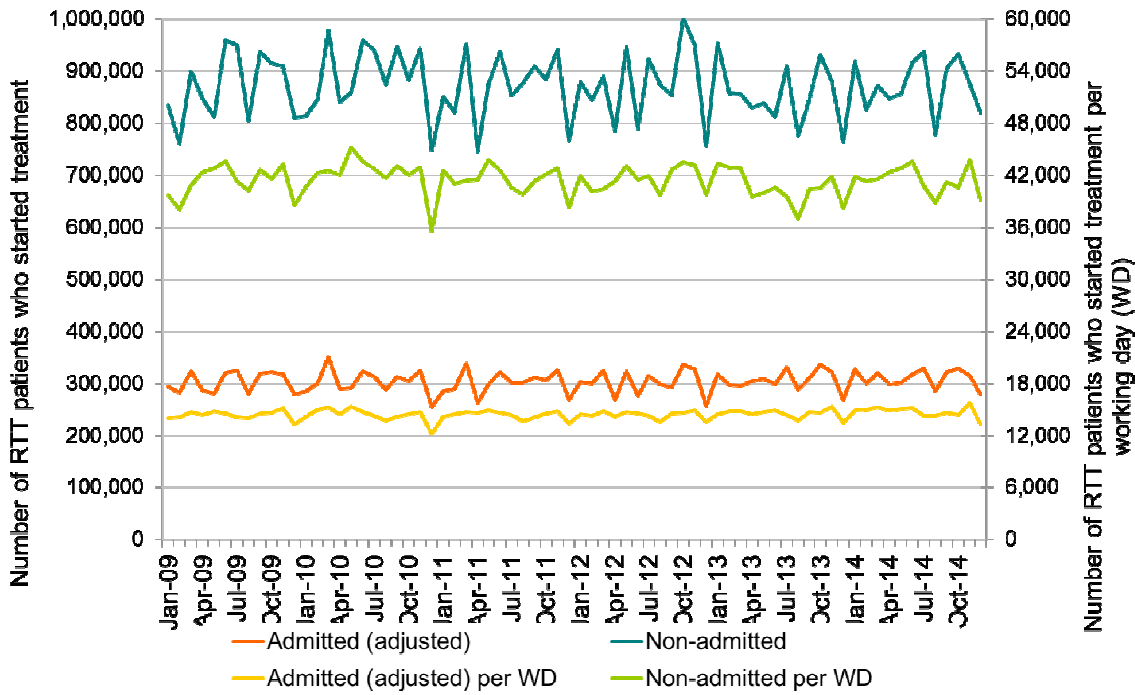
The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

Debbie Moon  
Analytical Services (Operations),  
NHS England,  
Room 5E24, Quarry House, Leeds LS2 7UE  
Email: [RTTdata@dh.gsi.gov.uk](mailto:RTTdata@dh.gsi.gov.uk)

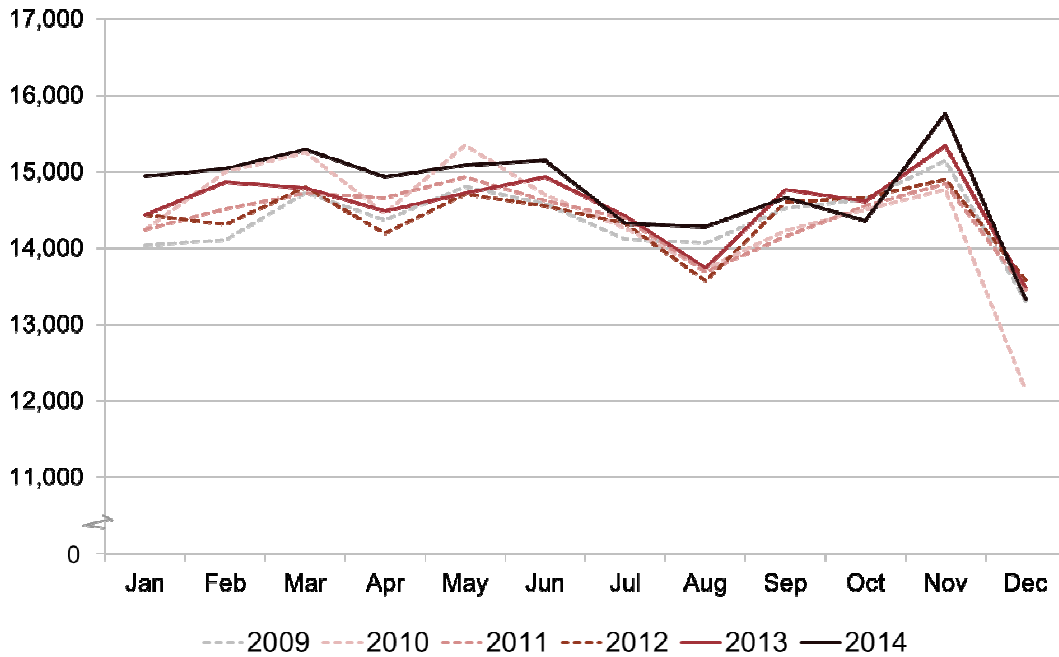
## 9. Annex

The tables and charts shown in section 3.3 include estimates for missing data (see section 6.3 for more information). Equivalent versions of the charts based on published data only – in other words, without any adjustments for the impact of missing data – are shown here for reference.

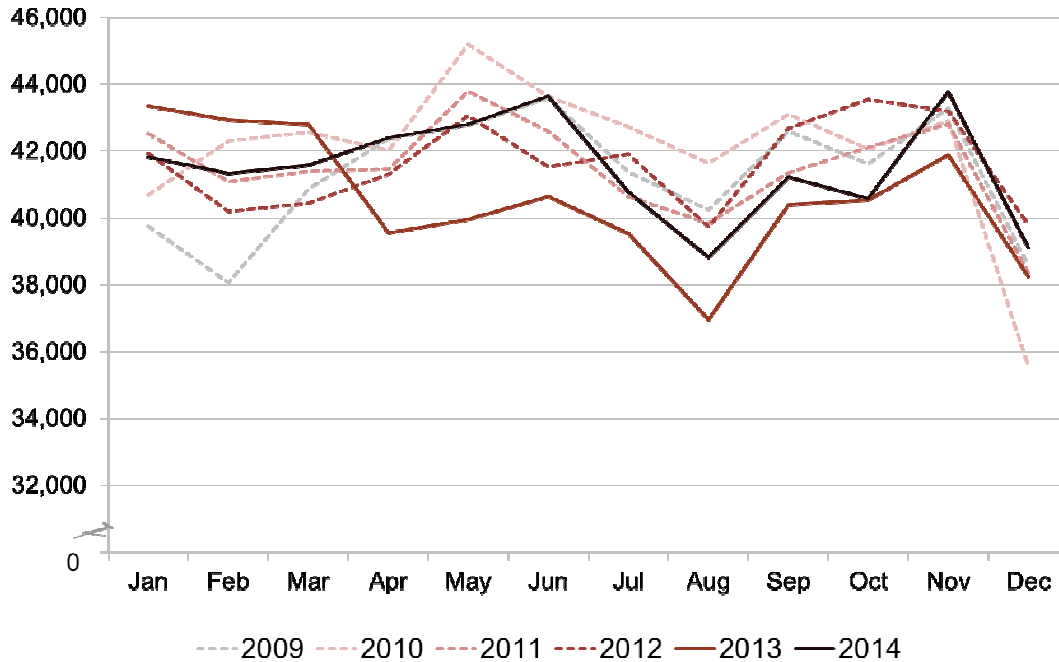
**Number of RTT patients who started treatment in each month, published figures, England (alternative version of Chart 4, Section 3.3)**



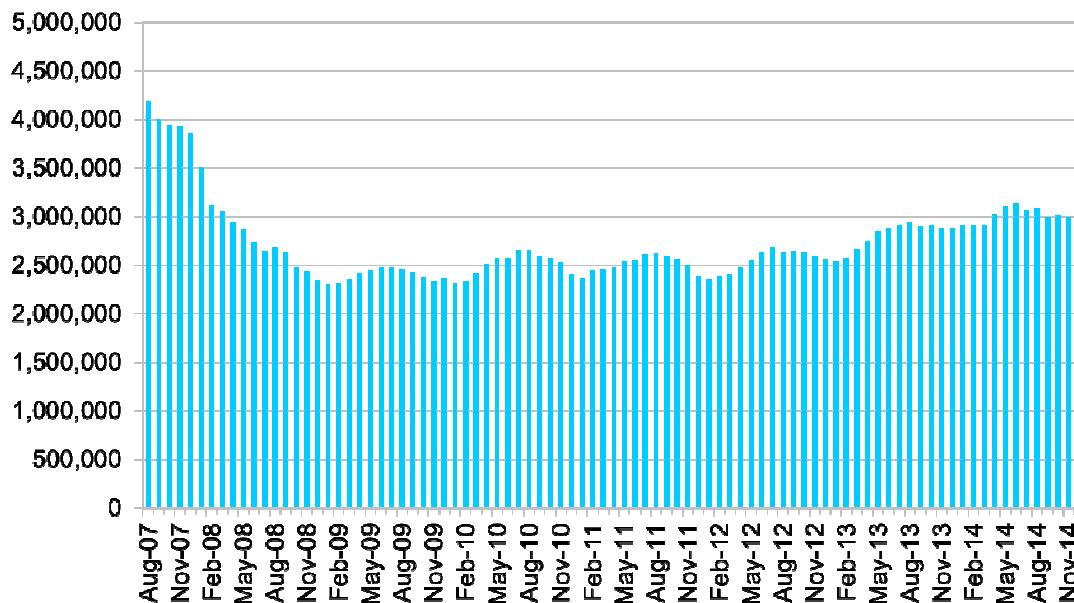
**Number of RTT patients starting admitted treatment per working day, published figures, England (alternative version of Chart 5, Section 3.3)**



**Number of RTT patients starting non-admitted treatment per working day, published figures, England (alternative version of Chart 6, Section 3.3)**



**Number of RTT patients waiting at the end of the month, published figures, England (alternative version of Chart 7, Section 3.3)**



**Number of RTT patients waiting at month end year on year, published figures, England (alternative version of Chart 8, Section 3.3)**

