



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

2015/16 Annual Report

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

2015/16 Annual Report

Version number: 1.1

First published: 9th June 2016

Updated: 9th June 2016 (amendments made to table 5)

Prepared by: NHS England Analytical Services (Central)

Classification: OFFICIAL

Contents

1.	Summary	1
	1.1 Changes to operational standards.....	1
	1.2 Incomplete pathways.....	1
	1.3 Completed admitted pathways.....	1
	1.4 Completed non-admitted pathways.....	2
2.	Introduction	3
3.	Key terms	4
	3.1 RTT pathway.....	4
	3.2 Admitted pathway.....	4
	3.3 Non-admitted pathway.....	4
	3.4 Operational waiting time standard.....	4
	3.5 Incomplete pathway.....	5
4.	Changes to operational waiting time standards	6
5.	RTT waiting times	7
	5.1 Operational waiting time standards.....	7
	5.2 Average waiting times.....	9
	5.3 Activity and waiting lists.....	10
6.	RTT waiting times by specialty	15
7.	RTT waiting times by region	18
8.	Methodology	19
	8.1 Data collection.....	19
	8.2 Data availability.....	20
	8.3 Data coverage.....	20
	8.4 Data revisions.....	22
	8.5 Data comparability.....	23
9.	Glossary	24
10.	Additional information	26
11.	Annex	27

1. Summary

1.1 Changes to operational standards

- 1.1.1 In June 2015, Simon Stevens and the Secretary of State for Health accepted a recommendation from Sir Bruce Keogh that the incomplete pathway operational standard should become the sole measure of patients' constitutional right to start treatment within 18 weeks.
- 1.1.2 Providers are still required to submit unadjusted admitted and non-admitted completed pathway data to NHS England, but those data are no longer used for monitoring against operational standards.
- 1.1.3 From October 2015, there was no longer a requirement for providers to submit admitted adjusted data.
- 1.1.4 These changes are outlined in further detail in Section 4.

1.2 Incomplete pathways

- 1.2.1 As at the end of March 2016, 91.5% of patients waiting to start treatment (incomplete pathways) had been waiting up to 18 weeks.
- 1.2.2 Nationally, the operational standard for incomplete pathways was not met in three months of 2015/16: December, January and March.
- 1.2.3 The number of RTT patients waiting to start treatment at the end of March 2016 was just over 3.5 million patients. Of those, 865 patients had been waiting more than 52 weeks.
- 1.2.4 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 2015/16, performance ranged from 93.5% (at the end of May 2015) to 91.5% (at the end of March 2016).
- 1.2.5 Since April 2012, the RTT waiting list has been at a higher level each month than the same month in the previous year. Including estimates for missing trusts, this difference grew throughout 2015/16 from around 165,000 in April, to 267,000 in September and 465,000 in March.
- 1.2.6 For patients on incomplete pathways, the median waiting time at the end of March 2016 was 6.4 weeks.

1.3 Completed admitted pathways

- 1.3.1 The average number of patients starting admitted treatment per working day in 2015/16 was stable compared to 2014/15, at just over 15,200 (an increase of 0.1%), including estimates for missing trusts.
- 1.3.2 In 2015/16, the median wait for admitted treatment was 9.5 weeks.

1.4 Completed non-admitted pathways

- 1.4.1 In 2015/16, an average of just under 45,700 patients started non-admitted treatment per working day, compared with approximately 43,300 in 2014/15 (an increase of 5.6%), including estimates for missing trusts.
- 1.4.2 In 2015/16, the median wait for non-admitted treatment was 5.6 weeks.

2. Introduction

- 2.1.1 This report presents a summary of English NHS referral to treatment (RTT) waiting times statistics for consultant-led elective treatment up to March 2016.
- 2.1.2 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.
- 2.1.3 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.
- 2.1.4 The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

Debbie Moon
Analytical Services (Central)
NHS England
Room 5E24, Quarry House, Leeds LS2 7UE
E-mail: england.rtt@nhs.net

3. Key terms

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

3.1 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.

3.2 Admitted pathway

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. Although data on admitted pathways are still collected, there is no longer an operational waiting time standard (see Section 4).

3.3 Non-admitted pathway

Non-admitted pathways are the waiting times for patients whose wait ended during the period for reasons other than inpatient or day case admission for treatment. These are also often referred to as outpatient waiting times. Although data on non-admitted pathways are still collected, there is no longer an operational waiting time standard (see Section 4).

3.4 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 operational waiting time standards for 2015/16 are set out in Everyone Counts: Planning for Patients 2014/15 to 2018/19¹, although it should be noted a number of changes have been made to the standards since publication, as detailed in Section 4. 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

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

- 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.

3.5 **Incomplete pathway**

Incomplete pathways, often referred to as waiting list times, are the waiting times for patients waiting to start treatment, as at the end of each month. The volume of incomplete RTT pathways is often referred to as the size of the RTT waiting list.

The incomplete waiting time standard was introduced in 2012 and states that the time waited must be 18 weeks or less for at least 92% of patients on incomplete pathways.

4. Changes to operational waiting time standards

In June 2015, Simon Stevens and the Secretary of State for Health accepted a recommendation from Sir Bruce Keogh² that the incomplete pathway operational standard should become the sole measure of patients' constitutional right to start treatment within 18 weeks. With effect from 1st April 2015, commissioners were instructed not to levy financial sanctions associated with the former admitted and non-admitted performance standards.

The reason for this change was that the former admitted and non-admitted standards penalised hospitals for treating patients that had waited longer than 18 weeks.

As a result of the removal of the completed admitted pathway operational standard, there is no longer any provision to report pauses or suspensions in RTT waiting time clocks in monthly RTT returns to NHS England, under any circumstances.

The changes to the reporting requirements can be summarised as follows:

- there is no longer a requirement for providers to submit admitted adjusted data to NHS England
- providers are still required to submit unadjusted admitted and non-admitted completed pathway data to NHS England, but those data are no longer used for monitoring against operational standards
- providers are still required to submit incomplete pathway data (which has always been an unadjusted submission).

² <http://www.england.nhs.uk/wp-content/uploads/2015/06/letter-waiting-time-standards-sbk.pdf> and <http://www.england.nhs.uk/wp-content/uploads/2015/06/letter-ccgs-ss.pdf>

5. RTT waiting times

5.1 Operational waiting time standards

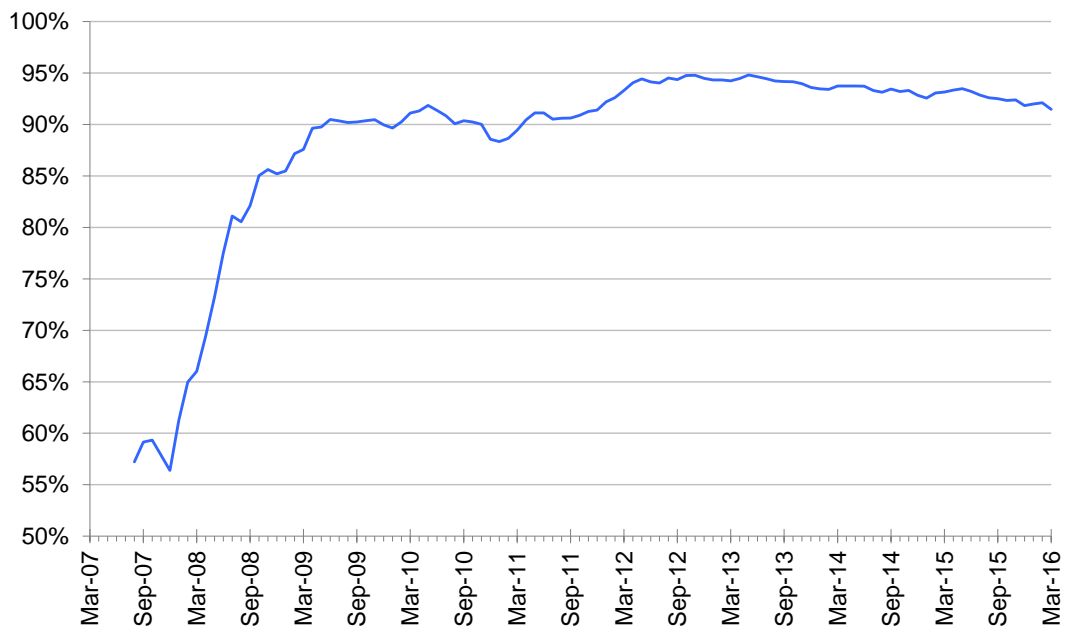
- 5.1.1 As at March 2016, 91.5% of patients on incomplete RTT pathways had waited 18 weeks or less from time of referral (Table 1).³
- 5.1.2 Nationally, the operational standard for incomplete pathways was not met in three months of 2015/16: December, January and March.
- 5.1.3 The number of RTT patients waiting to start treatment at the end of March 2016 was just over 3.5 million.
- 5.1.4 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 1 and Chart 1). During 2015/16, performance ranged from 93.5% (at the end of May 2015) to 91.5% (at the end of March 2016).
- 5.1.5 Between May 2012 and May 2013, the overall trend in performance against the incomplete standard remained broadly stable.
- 5.1.6 Prior to May 2012, the percentage of incomplete pathways within 18 weeks at England level increased, following the announcement in November 2011 and introduction from April 2012 of the 92% incomplete standard. Before this announcement, the percentage of incomplete pathways fluctuated around 90%.

Table 1: Percentage of incomplete RTT pathways within 18 weeks, England

Month	Incomplete pathways % within 18 weeks
Mar-08	66.0%
Mar-09	87.6%
Mar-10	91.1%
Mar-11	89.4%
Mar-12	93.3%
Mar-13	94.2%
Mar-14	93.7%
Mar-15	93.1%
Mar-16	91.5%

³ Incomplete pathways are a snapshot of the patients waiting at the end of a month, hence why the final month in the financial year is used; it would be inappropriate to sum the incomplete pathways across the entire year.

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



5.1.7 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 at the end of 2007 to just under 500 at the end of March 2015, although over the course of 2015/16 this increased to 865 (Table 2). As for previous years, this does not include waiters at trusts that have not submitted data. Further detail regarding missing data is provided in Section 8.3.

5.1.8 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 resulted from some trusts identifying incomplete pathways of more than 52 weeks that were data errors through validation work.

Table 2: Number of incomplete pathways greater than 52 weeks, England

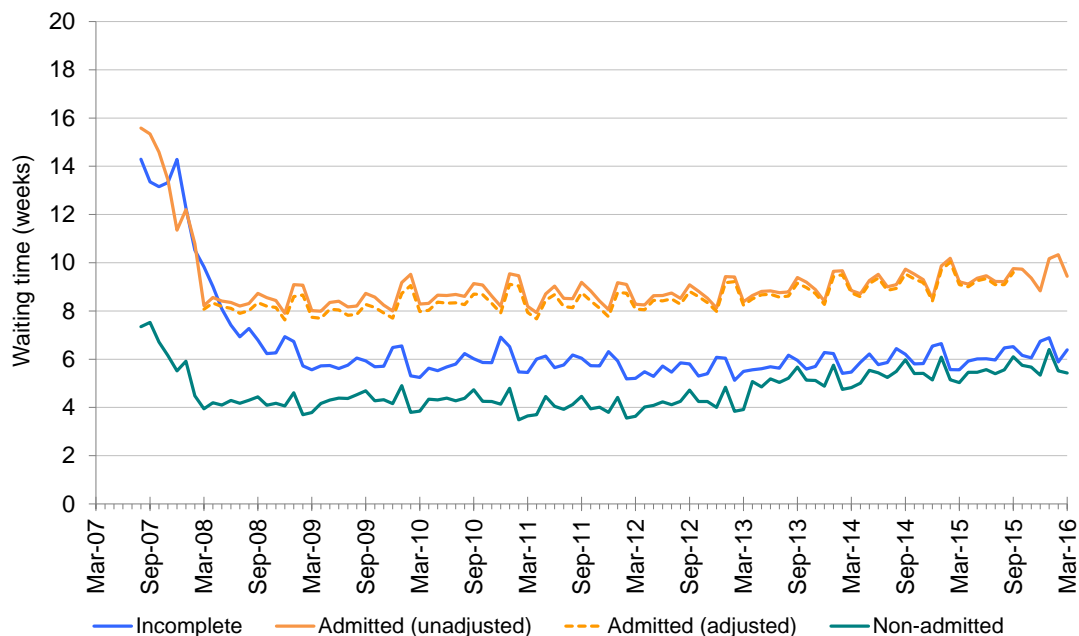
Month	Incomplete pathways 52 week waits ⁴
Mar-08	240,689
Mar-09	47,013
Mar-10	18,494
Mar-11	14,355
Mar-12	5,149
Mar-13	473
Mar-14	488
Mar-15	475
Mar-16	865

⁴ See Section 8.3 for details of missing data for some trusts.

5.2 Average waiting times

- 5.2.1 The median waiting time is the middle value when all patients are ordered by length of wait.
- 5.2.2 In 2015/16, the median wait for admitted treatment was 9.5 weeks; for non-admitted treatment, it was 5.6 weeks. For patients on incomplete pathways, the median waiting time at the end of March 2016 was 6.4 weeks.
- 5.2.3 With the exception of May, the median time waited for incomplete pathways was slightly higher for each month in 2015/16 than the equivalent in 2014/15. However, the overall trend has remained broadly stable since 2008 and follows the seasonal pattern seen in previous years.
- 5.2.4 During 2015/16, the median time waited for admitted patients was higher each month than the same months in 2014/15, except June. The long term trend shows a gradual increase in median admitted waiting times, with a clear seasonal pattern.
- 5.2.5 There was a step change in the median time waited for non-admitted patients in April 2013, which likely resulted from the transfer of responsibility for commissioning consultant-led sexual health services to local authorities⁵. Since May 2014, except May 2015, the median time waited for non-admitted patients has been slightly higher each month than in the same month in the previous year.

Chart 2: Average (median) RTT waiting times, England



⁵ 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.

- 5.2.6 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.
- 5.2.7 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.
- 5.2.8 The seasonal pattern of peaks in median waiting times corresponds with winter and summer holiday seasons. The winter peak is associated with poorer weather which is likely to affect the balance within a hospital between elective and non-elective care.

5.3 Activity and waiting lists

- 5.3.1 Between 2014/15 and 2015/16, following an increase from 2013/14, the number of trusts that were unable to submit monthly RTT data for all or part of the year remained broadly stable. See Section 8.3 for a detailed breakdown of data coverage.
- 5.3.2 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 this section, the published monthly data has been adjusted to include estimates for missing trusts. See Section 8.3 for an explanation of the methodology for estimating missing data⁶.
- 5.3.3 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 3).
- 5.3.4 The number of RTT patients who started admitted consultant-led treatment in 2015/16 was slightly lower than in 2014/15, by an average of around 1,000 patients a month. An average of just under 320,000 RTT patients started admitted treatment in each month of 2015/16, compared to just under 321,000 in 2014/15. However, when the number of working days in each month is accounted for, activity was stable between 2014/15 and 2015/16 (see Section 5.3.8).
- 5.3.5 The number of RTT patients who started non-admitted consultant-led treatment in 2015/16 was higher than in 2014/15. On average, just under

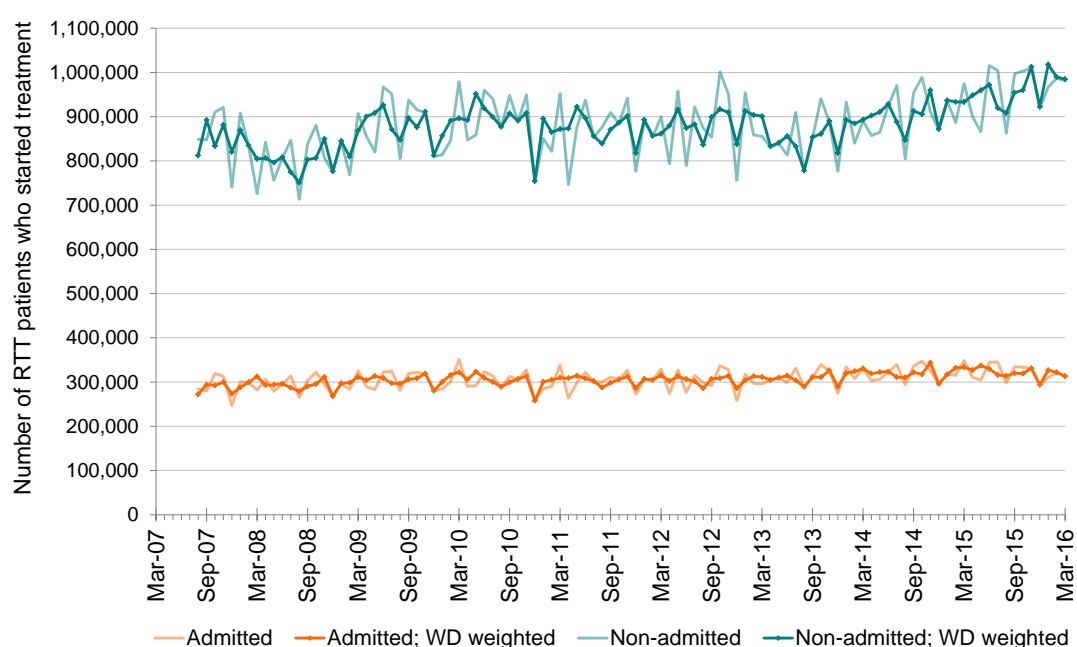
⁶ The annex also includes versions of the charts from Section 5.3 without missing data estimates.

912,000 RTT patients started non-admitted treatment each month in 2014/15, compared to just under 960,000 per month in 2015/16.

5.3.6 The removal of consultant-led sexual health services from RTT waiting times data (see Chart 3) contributed to a step change in the number of RTT patients starting non-admitted treatment in April 2013.

5.3.7 The number of working days in a month, which is affected by the presence of bank holidays and the number of weekends, influences the level of RTT activity undertaken. When this is accounted for (by weighting activity according to the number of working days in each month), a smoother trend is observed (Chart 3).

Chart 3: Number of RTT patients who started treatment in each month, including estimates for missing data, England⁷



5.3.8 The average number of patients starting admitted treatment per working day in 2015/16 was stable compared to 2014/15, at just over 15,200 (an increase of 0.1%) (Chart 4).

5.3.9 In 2015/16, an average of just under 45,700 patients started non-admitted treatment per working day, compared with approximately 43,300 in 2014/15 (an increase of 5.6%). The number of RTT patients starting non-admitted treatment per working day was higher in every month in 2015/16 compared to the equivalent month in 2014/15 (Chart 5).

⁷ Data were weighted by dividing the average number of working days per month in the reference period (Aug-07 to Mar-16) by the number of working days in each individual month, then by multiplying this value by the number of pathways completed in each individual month.

Chart 4: Number of RTT patients starting admitted treatment per working day, including estimates for missing data, England

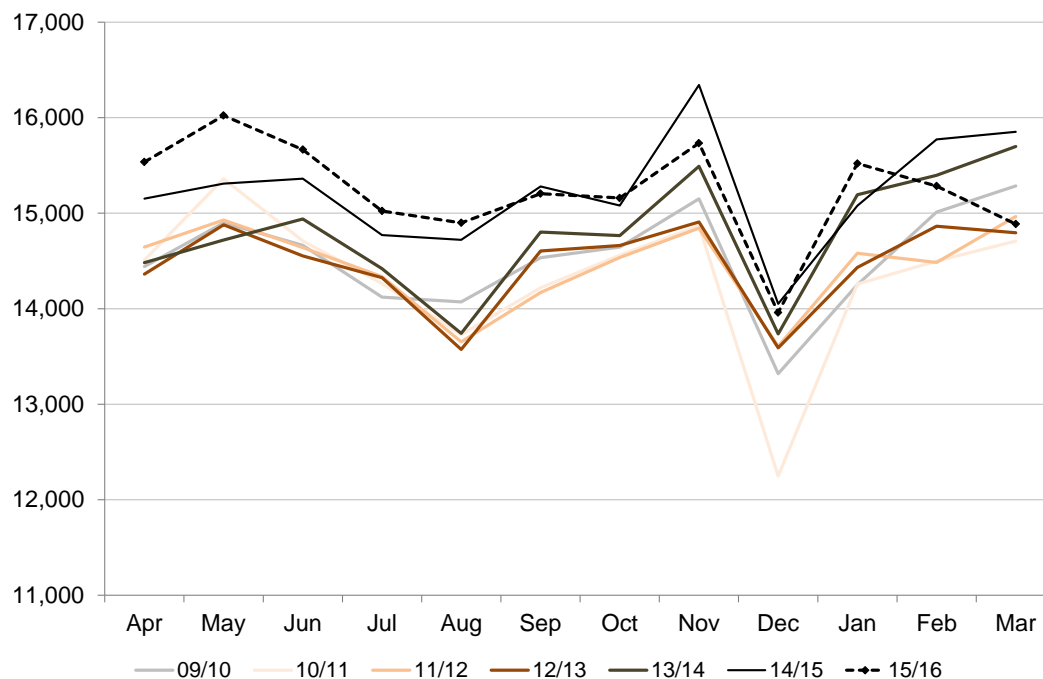
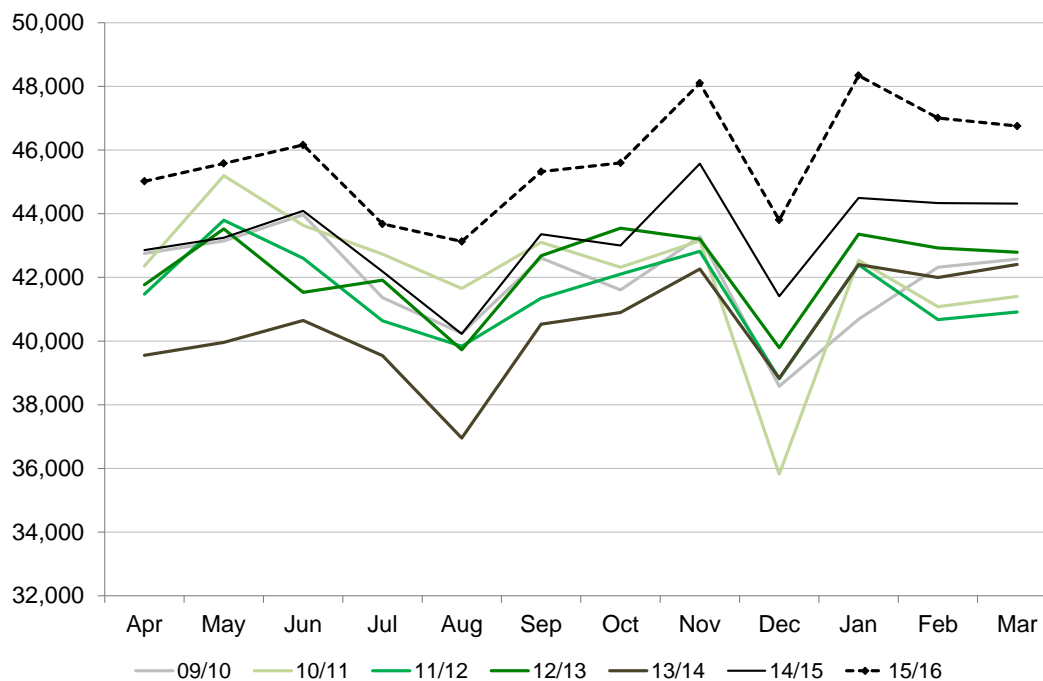


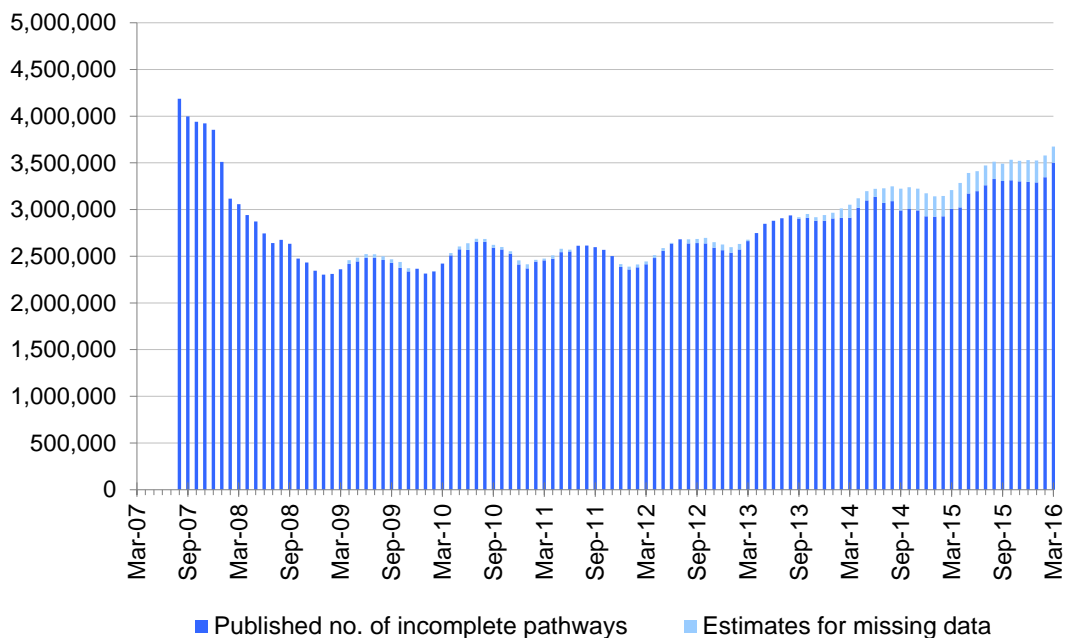
Chart 5: Number of RTT patients starting non-admitted treatment per working day, including estimates for missing data, England



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

- 5.3.11 The number of RTT patients waiting to start treatment at the end of March 2016 was approximately 3.7 million, including estimates for missing data.
- 5.3.12 Since April 2012, the RTT waiting list has been at a higher level each month than the same month in the previous year. This difference grew throughout 2015/16 from around 165,000 in April, to 267,000 in September and 465,000 in March.
- 5.3.13 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 6). Between October 2008 and the middle of 2012, the number of RTT patients waiting was broadly stable around 2.5 million patients, subject to a clear seasonal trend.

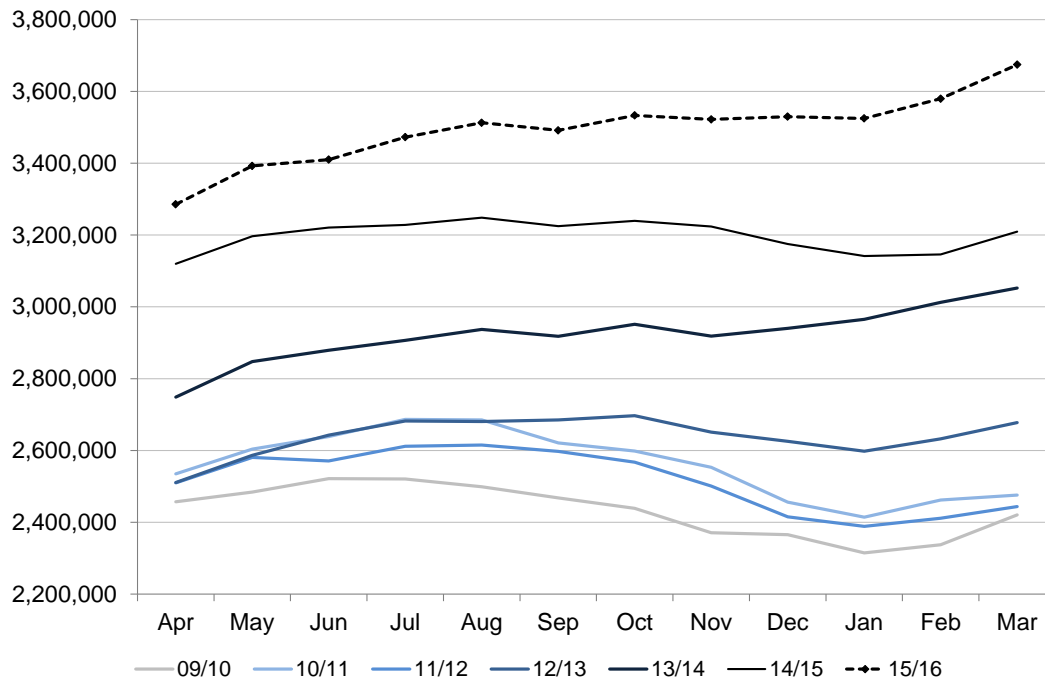
Chart 6: Number of RTT patients waiting at the end of the month, including estimates for missing data, England



- 5.3.14 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 improvements in data capture of incomplete RTT pathways by some hospital trusts, particularly with regard to short waiters. It is likely this caused much of the increase in the RTT waiting list in 2012/13.
- 5.3.15 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 2013/14 than previously. From this point through to the end of 2015/16, the waiting list has broadly followed the seasonal cycle of previous years but an underlying upward trend is apparent and there has been little or no decrease in the waiting list in the winter months.

5.3.16 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 7). Prior to 2012/13, the number of patients waiting in winter was generally lower, while the number of patients waiting peaked during summer. However, from 2012/13, the waiting list has remained stable or fallen only slightly between September and December each year.

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



6. RTT waiting times by specialty

6.1.1 There is some variation at specialty level in the percentage of RTT patients starting treatment within 18 weeks.

6.1.2 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.

At the end of 2015/16, ten specialties were below the incomplete waiting time standard of 92%:

- General Surgery
- Urology
- Trauma & Orthopaedics
- Ear, Nose & Throat
- Oral Surgery
- Neurosurgery
- Plastic Surgery
- Cardiothoracic Surgery
- Gastroenterology
- Neurology

Of these, six were also failing at the end of 2014/15:

- General Surgery
- Urology
- Trauma & Orthopaedics
- Neurosurgery
- Plastic Surgery
- Cardiothoracic Surgery

6.1.3 A breakdown of RTT pathways completed in 2015/16 and the percentage of incomplete pathways within 18 weeks as at Mar-16, by treatment function, is provided in Table 3.

Table 3: RTT pathways completed in 2015/16 and percentage of incomplete pathways within 18 weeks as at Mar-16, by treatment function, England

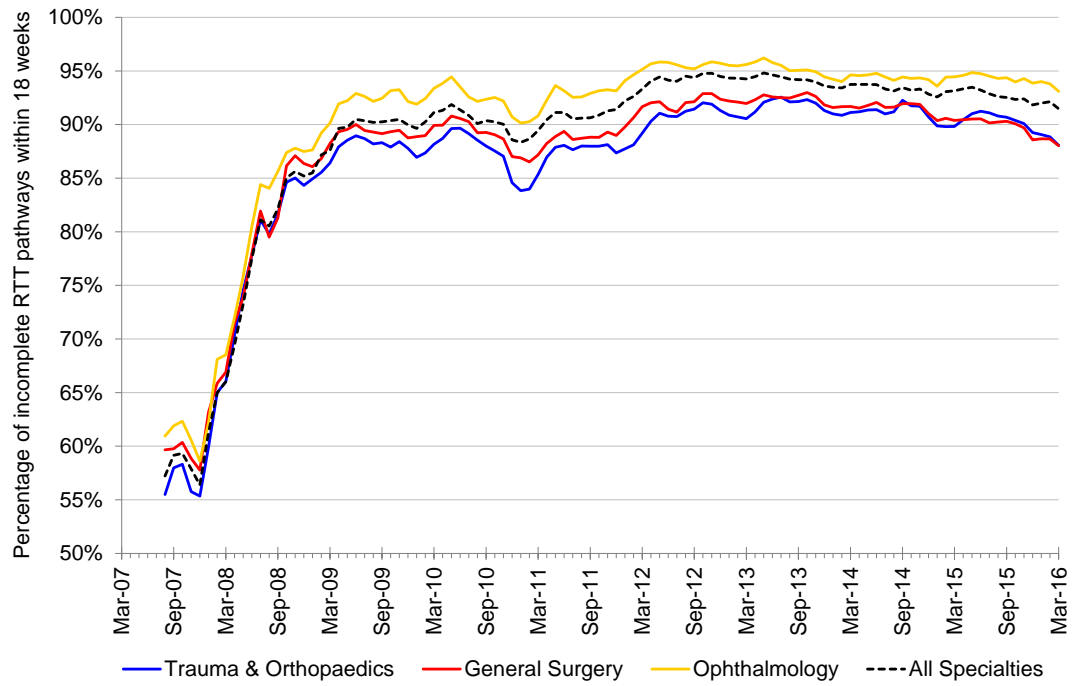
Treatment function	Completed, 2015/16		Incomplete, Mar-16 ⁸	
	Admitted	Non-admitted	Total	% <18 weeks
General Surgery	440,794	794,023	288,205	88.0%
Urology	230,871	414,070	183,647	90.8%
Trauma & Orthopaedics	685,117	1,110,215	451,548	88.1%
Ear, Nose & Throat	184,910	822,651	247,374	90.8%
Ophthalmology	513,085	1,047,956	351,405	93.1%
Oral Surgery	183,837	377,055	153,219	90.5%
Neurosurgery	28,252	58,338	32,399	82.6%
Plastic Surgery	142,851	124,557	51,704	87.1%
Cardiothoracic Surgery	24,329	13,040	7,728	87.9%
General Medicine	39,806	203,191	50,847	94.9%
Gastroenterology	192,812	407,988	168,693	91.8%
Cardiology	107,881	477,623	167,468	93.1%
Dermatology	93,015	754,858	170,307	94.3%
Thoracic Medicine	21,588	260,065	76,648	94.0%
Neurology	13,927	311,837	103,215	91.3%
Rheumatology	23,140	269,767	66,072	95.6%
Geriatric Medicine	2,326	121,527	20,485	97.4%
Gynaecology	247,200	800,923	212,252	92.9%
Other	478,305	2,592,746	700,297	93.0%
Total	3,654,046	10,962,430	3,503,513	91.5%

6.1.4 Trauma & Orthopaedics, Ophthalmology, and General Surgery are the three specialties with the largest waiting lists, by volume (Table 3). These three specialties have, therefore, been used to illustrate specialty level performance against the incomplete standard over time.

6.1.5 For patients waiting to start treatment in these three specialties (incomplete pathways), we see broadly similar long term trends to the England level (all specialties) waiting times (Chart 8).

⁸ 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.

Chart 8: Percentage of incomplete RTT pathways within 18 weeks, by three treatment functions, England



7. RTT waiting times by region

- 7.1.1 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 4).
- 7.1.2 At the end of March 2016, the percentage of patients that had been waiting up to 18 weeks across the four NHS England regions ranged from 90.3% to 92.5%.
- 7.1.3 As expected, given that they cover populations of varying sizes, the volume of RTT activity carried out in 2015/16 and the size of the RTT waiting list at the end of March 2016 differs for each NHS England region (Table 4).

Table 4: RTT pathways completed in 2015/16 and percentage of incomplete pathways within 18 weeks as at Mar-16, by NHS England region⁹

Region	Completed, 2015/16		Incomplete, Mar-16 ¹⁰	
	Admitted	Non-admitted	Total	% <18 weeks
North	1,039,707	3,371,105	974,957	92.5%
Midlands and East	995,882	2,959,881	928,522	92.1%
London	363,221	1,422,817	499,222	90.3%
South	959,884	2,441,610	850,514	90.6%
England¹¹	3,655,657	10,966,091	3,503,513	91.5%

⁹ 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 8.3 for more information on missing data.

¹⁰ 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.

¹¹ 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.

8. Methodology

8.1 Data collection

- 8.1.1 RTT data is collected from providers of consultant-led services for NHS patients in England.
- 8.1.2 Data is submitted monthly to NHS England via Unify2. Unify2 is the online tool used by NHS England for the collection and sharing of NHS performance data.
- 8.1.3 NHS commissioners review and sign off the data and NHS England performs central validation checks to ensure good data quality.
- 8.1.4 The data measures RTT waiting times in weeks, split by treatment function. The treatment functions are based on consultant specialties. The data return includes all patients whose RTT clock stopped at any point in the reporting period or whose RTT clock is still running at the end of the reporting period.
- 8.1.5 For the period April to September 2015, there were two main central returns:
- unadjusted: covering admitted patients, non-admitted patients and patients on incomplete pathways
 - adjusted: covering admitted patients on an adjusted basis (i.e. including legitimate pauses to patients' waiting time clocks).
- 8.1.6 As per the changes detailed in Section 4, from October 2015 data onwards, the reporting requirements changed, as follows:
- there was no longer a requirement for providers to submit admitted adjusted data to NHS England
 - unadjusted admitted and non-admitted completed pathway data was still required but will no longer be used for monitoring against operational standards
 - the requirement to report incomplete pathway data remained unchanged – and has always been an unadjusted submission
 - two new data items were added to the Unify2 data return: incomplete pathways for patients with a decision to admit for treatment and new RTT periods (these data are currently regarded as experimental).
- 8.1.7 Further papers and guidance describing the RTT clock rules and measurement of consultant-led RTT waiting times are available on the NHS England website, as follows:

<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/>

8.2 Data availability

8.2.1 RTT waiting times figures are published to a pre-announced timetable, roughly 6 weeks after the end of the reference month. This typically occurs the second Thursday of each calendar month. Future publication dates are available on the NHS England website at the following address:

<https://www.england.nhs.uk/statistics/12-months-statistics-calendar/>

8.2.2 Monthly RTT data are published on the NHS England website at the following location:

<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

8.2.3 The annual statistical report is published once a year. Prior to 2015/16, the report was based on calendar years and was published in February. The report is now based on financial years, and will be published every June.

8.3 Data coverage




8.3.1 The consultant-led RTT data returns have ROCR (Review of Central Returns) and Monitor approval; therefore, data submission is mandatory for all NHS trusts that provide services that fall within the scope of consultant-led RTT waiting times measurement.

8.3.2 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.

8.3.3 Sometimes a provider organisation is unable to submit RTT data in time for monthly publication (for example, due to technical issues resulting from the introduction of a new computing system). Between 2014/15 and 2015/16, following an increase from 2013/14, the number of trusts that were unable to submit monthly RTT data for all or part of the year remained broadly stable. Table 5 lists acute provider organisations for which data is missing for the period April 2014 to March 2016.

Table 5: Non-reporting providers, by month

Provider	2014/15												2015/16											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Barnet and Chase Farm Hospitals NHS Trust																								
Barking, Havering & Redbridge NHS Trust																								
Barts Health NHS Trust																								
Colchester Hospital University NHS Foundation Trust																								
Great Ormond Street Hospital for Children NHS Foundation Trust																								
Heart of England NHS Foundation Trust																								
Homerton University Hospital NHS Foundation Trust																								
Humber NHS Foundation Trust																								
Kettering General Hospital NHS Foundation Trust																								
King's College Hospital NHS Foundation Trust																								
Leicestershire Partnership NHS Trust																								
Lewisham and Greenwich NHS Trust ¹²																								
Medway NHS Foundation Trust																								
Royal Berkshire NHS Foundation Trust																								
Royal Free London NHS Foundation Trust ¹³																								
Tameside Hospital NHS Foundation Trust																								
The Princess Alexandra Hospital NHS Trust																								
The Whittington Hospital NHS Trust																								
University Hospital of South Manchester NHS Foundation Trust																								
Walsall Healthcare NHS Trust																								
Wye Valley NHS Trust ¹⁴																								

Legend:		Did not submit any (admitted, non-admitted or incomplete) RTT pathway data
		Did not submit any incomplete RTT pathway data
		Other scenario (see footnotes)

¹² Lewisham and Greenwich NHS Trust did not submit any data for Lewisham Hospital in June or July 2015.

¹³ 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 July 2014, from July 2014 to April 2015 inclusive.

¹⁴ Wye Valley NHS Trust did not submit any non-admitted data, or the non-admitted element of its incomplete pathway data, for April 2015 and did not submit any non-admitted or incomplete pathway data from May 2015 to March 2016 inclusive.

- 8.3.4 The impact of missing data varies by measure. The biggest impact is on measures of volume, such as the number of completed pathways and the size of the RTT waiting list. The impact of missing trusts on the percentage of incomplete pathways within 18 weeks at England is generally minimal; however, where a large trust that has previously had a particular high or low percentage of incomplete pathways within 18 weeks does not submit data, there can be a material impact on the England level percentage.
- 8.3.5 For this reason, Section 5.3 of this report is based on data which includes estimates for missing data from acute NHS providers.
- 8.3.6 The estimates for missing data are based on the latest data submitted for each trust prior to the gap in reporting. For example, Colchester Hospital University NHS Foundation Trust was unable to submit RTT data from December 2014 to April 2015 inclusive, so the data submitted by the trust for November 2014 was used to produce estimates of the missing data. For incomplete pathways, the total number of incomplete pathways in the month prior to the gap in reporting is 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 is applied to all missing months, multiplied by the relevant number of working days in each month.
- 8.3.7 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.

8.4 Data revisions

- 8.4.1 Revisions to published figures are released on a six-monthly basis in accordance with the NHS England Analytical Services (Central) team's revision policy. This policy is available from the NHS England website at the following address:
- <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2012/04/Unify2-revisions-policy.pdf>
- 8.4.2 The most recent set of revisions were published on 14th January 2016. The RTT waiting times data contained in this report was current at the time of publication.
- 8.4.3 NHS England may receive and publish revisions to RTT data contained in the 2015/16 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.

8.5 Data comparability

8.5.1 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 are available here:

<http://www.isdscotland.org/Health-Topics/Waiting-Times/18-Weeks-RTT/>

8.5.2 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 are available here:

<http://wales.gov.uk/statistics-and-research/referral-to-treatment-times/?lang=en>

8.5.3 Northern Ireland does not measure RTT waiting times. They collect and publish stage of treatment inpatient and outpatient waiting times. These data are available here:

<https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/hospital-waiting-times-statistics>

9. Glossary

9.1.1 Adjusted

Prior to the decision to retire the operational performance standard for completed pathways, as detailed in Section 4, NHS England collected data on waiting times for admitted pathways where adjustments had been made for clock pauses (which occurred when a patient declined reasonable offers of admission and chose to wait longer).

9.1.2 Admitted pathway

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

9.1.3 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.

9.1.4 Clock stop

The date on which a patient's RTT pathway ends. The following activities end the 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.

9.1.5 Commissioner

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

9.1.6 Incomplete pathway

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.

9.1.7 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.

9.1.8 Non-admitted pathway

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

9.1.9 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.

9.1.10 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.

9.1.11 NHS England region

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

9.1.12 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.

10. **Additional information**

We welcome feedback on the content and presentation of RTT statistics within this report and those published on the NHS England website. Comments on this report, or general queries regarding RTT data and statistics, can be e-mailed to england.rtt@nhs.net.

10.1.1 Full details of RTT data for individual organisations is available at:

<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

10.1.2 For press enquiries please e-mail the NHS England media team at nhs.cb.media@nhs.net or call 07768 901293.

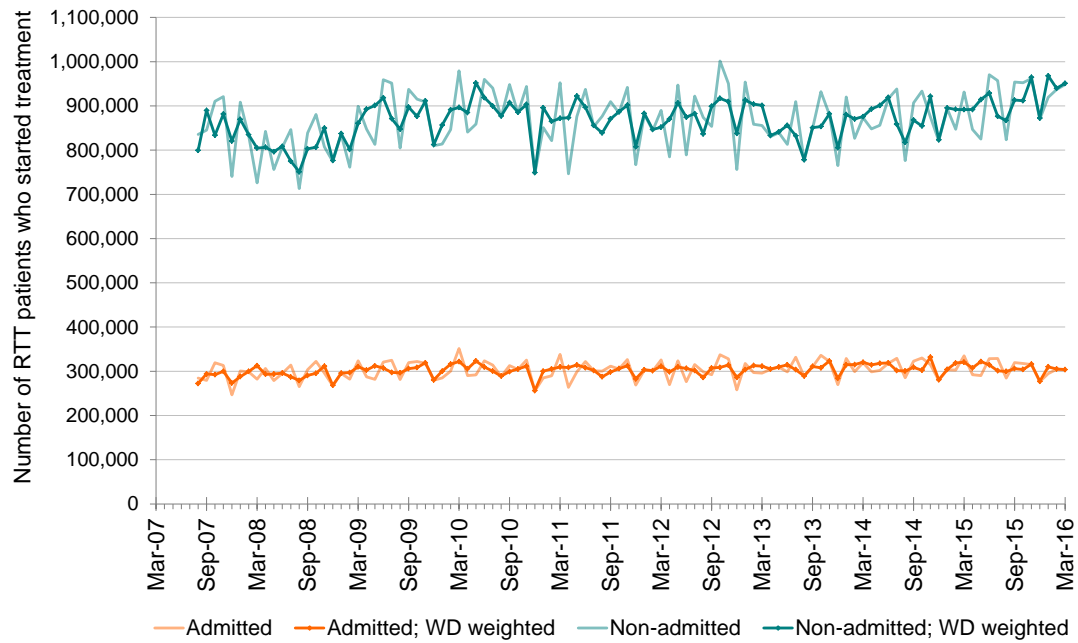
10.1.3 The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

Debbie Moon
Analytical Services (Central)
NHS England
Room 5E24, Quarry House, Leeds LS2 7UE
E-mail: england.rtt@nhs.net

11. Annex

11.1.1 The tables and charts shown in Section 5.3 include estimates for missing data (see Section 8.3 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.

Chart 9: Number of RTT patients who started treatment in each month, published figures, England (alternative version of Chart 3, Section 5.3)¹⁵



¹⁵ Data were weighted by dividing the average number of working days per month in the reference period (Aug-07 to Mar-16) by the number of working days in each individual month, then by multiplying this value by the number of pathways completed in each individual month.

Chart 10: Number of RTT patients starting admitted treatment per working day, published figures, England (alternative version of Chart 4, Section 5.3)

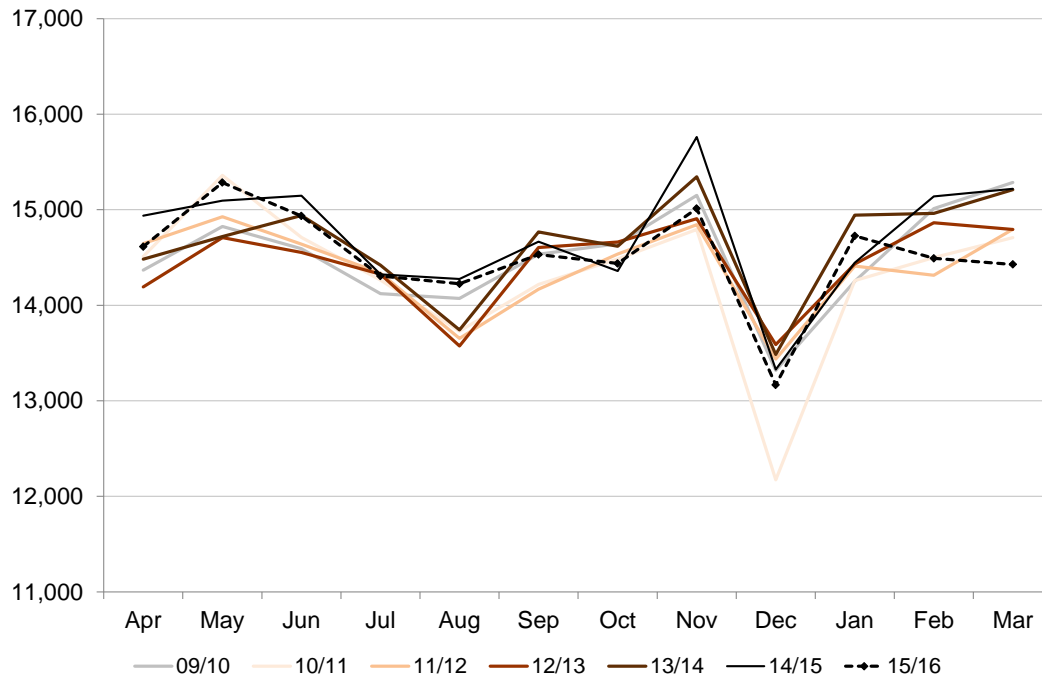


Chart 11: Number of RTT patients starting non-admitted treatment per working day, published figures, England (alternative version of Chart 5, Section 5.3)

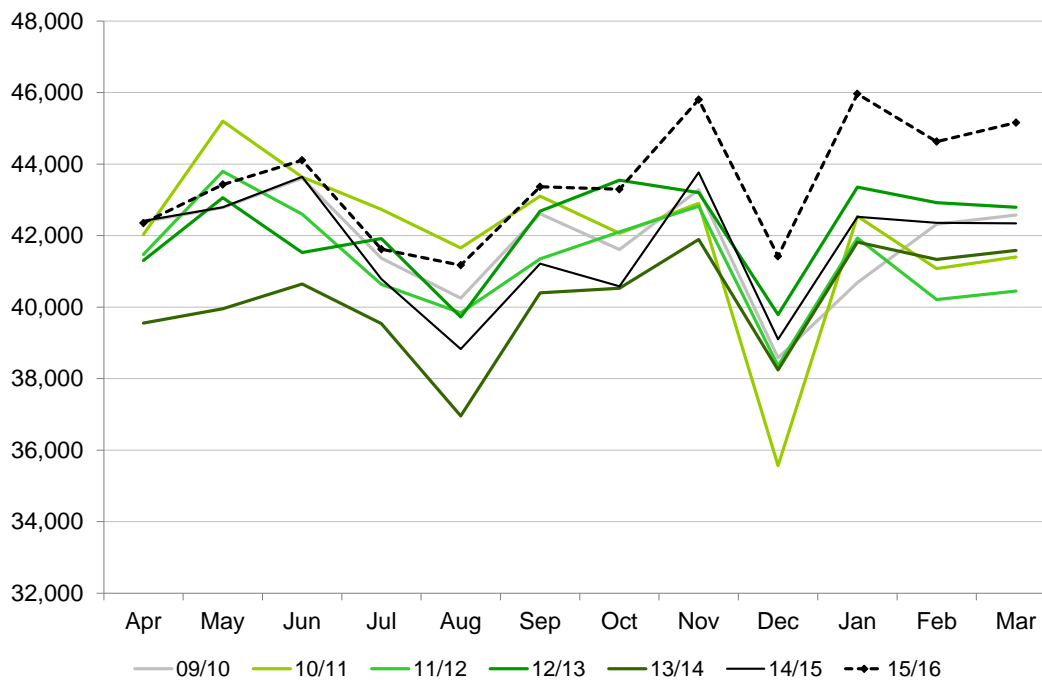


Chart 12: Number of RTT patients waiting at the end of the month, published figures, England (alternative version of Chart 6, Section 5.3)

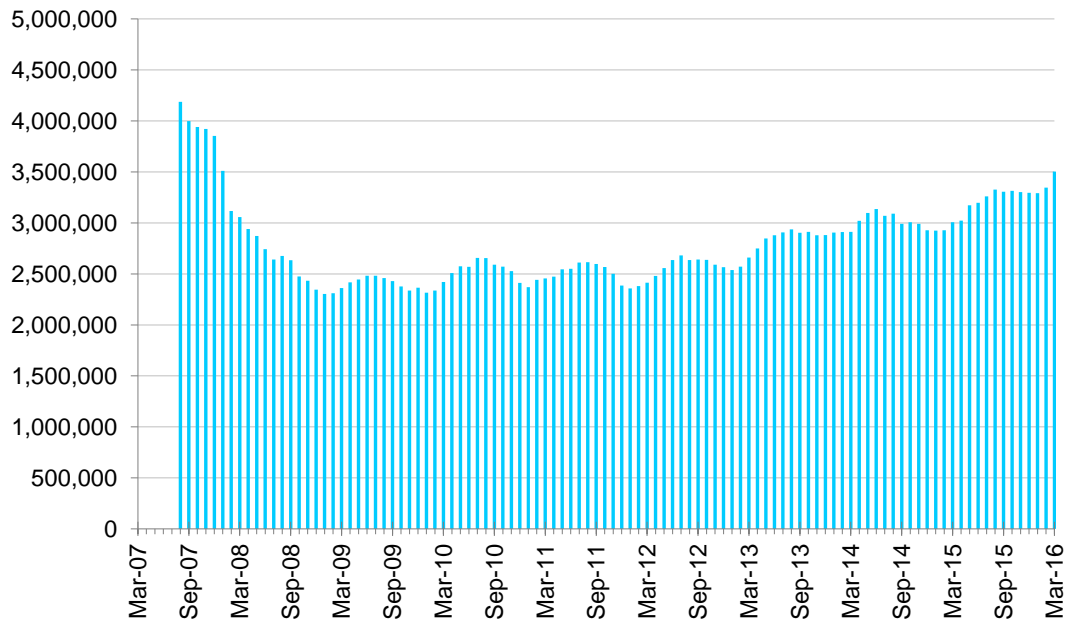


Chart 13: Number of RTT patients waiting at month end year on year, published figures, England (alternative version of Chart 7, Section 5.3)

