NHS Key Statistics: England, May 2019

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This briefing provides a summary of statistics for the **NHS in England**, in the following broad categories:

- **Demand for emergency and planned hospital care, and measures of NHS capacity**

- **Waiting times and other performance indicators for acute care**

- **Staff numbers**

Information on funding and expenditure can be found in our briefing paper **NHS Expenditure**. We also maintain a separate briefing on **mental health statistics**.
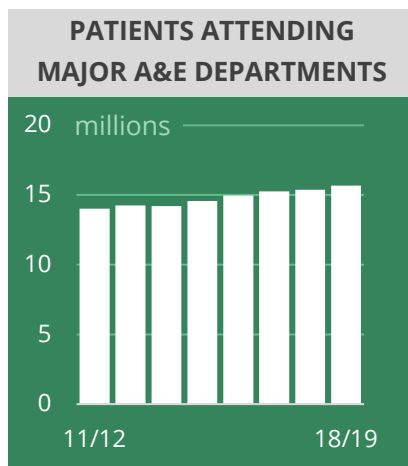
Most of the data in this briefing is sourced from statistical releases by **NHS England** and **NHS Digital**. Both organisations also publish data on a range of other indicators.

This briefing focuses mainly on national data for England as a whole. Further data is available for local NHS providers and/or Clinical Commissioning Groups for most indicators: you can obtain this data either from the original source, summarised in our other briefing papers, or (for MPs and their staff) via an enquiry to the Library's subject specialists.

Data for Scotland, Wales and Northern Ireland is not included in this briefing. Our briefing papers on specific health topics include data on all UK countries where available. Starting points for health data in the devolved nations are **ISD Scotland**, the **Welsh Government**, and the **NI Department of Health**.

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England's NHS in 2018/19

PATIENTS SPENDING OVER 4 HOURS IN MAJOR A&E

20%
15%
10%
5%
0%
11/12   18/19

PATIENTS ATTENDING MAJOR A&E DEPARTMENTS

20 millions
15
10
5
0
11/12   18/19

WAITING LIST FOR HOSPITAL TREATMENT

5 millions
4
3
2
1
0
11/12   18/19

CANCER TREATMENT WAITS OVER 62-DAYS

25%
20%
15%
10%
5%
0%
11/12   18/19

LONG WAITS FOR ADMISSION TO HOSPITAL

thousands
600
450
300
150
0
11/12   18/19

MIXED SEX ACCOMMODATION BREACHES

25 thousands
20
15
10
5
0
11/12   18/19

DELAYED DISCHARGES FROM HOSPITAL

2.5 millions
2.0
1.5
1.0
0.5
0.0
11/12   18/19

TOTAL NUMBER OF NHS HOSPITAL STAFF

1.2 millions
0.9
0.6
0.3
0.0
11/12   18/19

Demand for NHS services has risen, and performance on many measures has declined

4-hour waits in A&E rose to a new high, with 18.5% of people attending major departments experiencing long waits compared with 17.6% in 2017/18. Attendances rose by 2%.
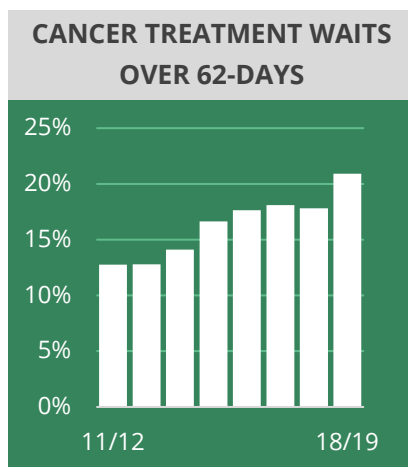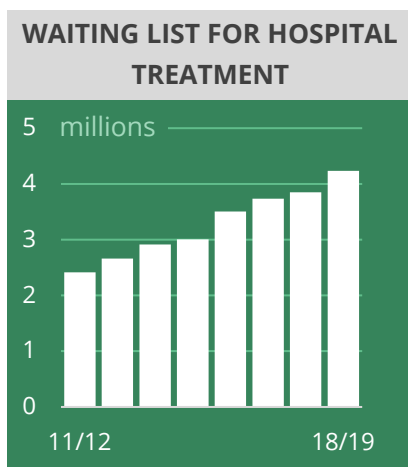
The waiting list for consultant-led treatment rose to a new high in 2018/19 and the 18-week treatment target was not met.

Performance against the 62-day cancer treatment target reached a new low and the target was missed for a fifth consecutive year. The number of first cancer treatments rose 7.6% year on year.
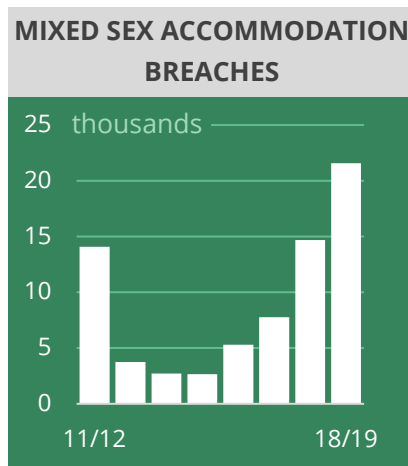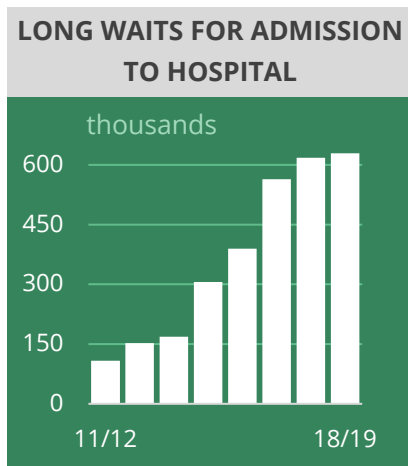
Some measures have seen improvement and staff numbers have continued to rise in most groups

The number of delayed discharges from hospital has fallen by 30% over the past two years.
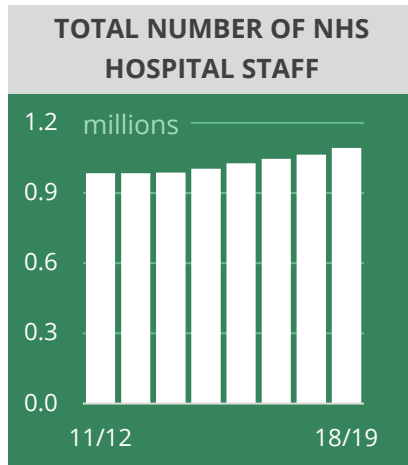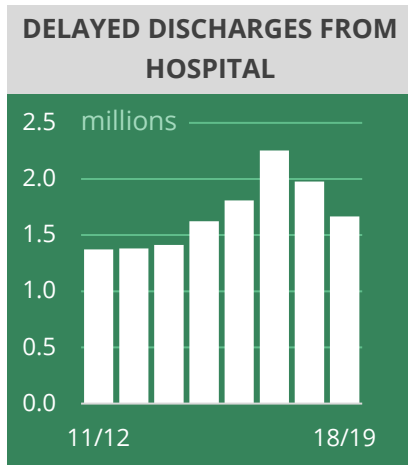
The total number of NHS hospital & community staff rose by 2.6%.

The number of GPs fell 1.6% year-on-year.

1. Accident & Emergency

In 2018-19, an average of 67,991 people attended accident and emergency departments each day in England. This is 4.1% higher than in 2017-18. At 'type 1' A&E departments – major hospital emergency departments offering a 24-hour service – the increase was lower, at 2.0%. Much of the recent increase in attendance has been due to 'type 3' departments such as urgent care centres and minor injury units. Over the last five years, attendances at major A&Es have risen 10.3%, which amounts to over 4,000 extra people attending each day. Including minor departments, the increase is over 8,000 per day across England.

The chart below shows trends for financial years up to 2018-19.

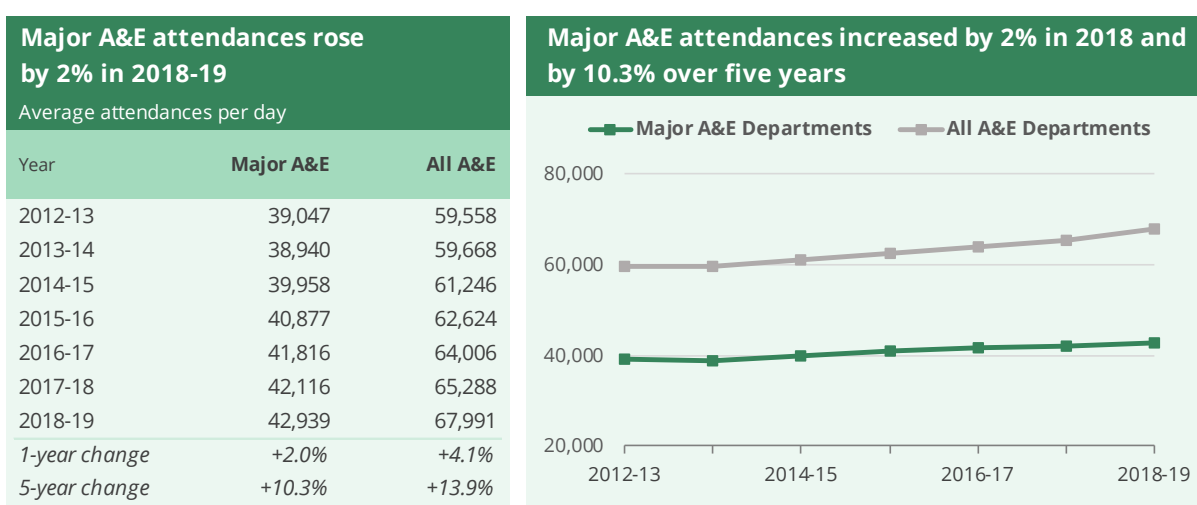| Major A&E attendances rose by 2% in 2018-19		
Average attendances per day		
Year	Major A&E	All A&E
2012-13	39,047	59,558
2013-14	38,940	59,668
2014-15	39,958	61,246
2015-16	40,877	62,624
2016-17	41,816	64,006
2017-18	42,116	65,288
2018-19	42,939	67,991
1-year change	*+2.0%*	*+4.1%*
5-year change	*+10.3%*	*+13.9%*

Major A&E attendances increased by 2% in 2018 and by 10.3% over five years

A&E waiting times

The most commonly-cited measure of A&E performance is the '**four hour wait**' - the percentage of patients whose total time in A&E is less than four hours. NHS England's current target is that 95% of attendances should last less than four hours, measured from arrival to departure or admission. Not all of the time measured is spent waiting, since time being treated in A&E counts against the four-hour target.

The graphic overleaf is a colour-coded illustration of monthly A&E performance since 2011. Each row represents a year, with every month represented as a square. Green squares represent performance above the 95% 4-hour target and purple squares represent performance below the target. Reading from top to bottom allows comparison of equivalent months in different years – so, for instance, the 95% target was met in December 2011 but not in December 2012. Note that the percentages shown are rounded to the nearest whole percentage but

NHS waiting time measures and targets might be changing soon. Proposals include new targets for A&E. Find out more in NHS England's [review of clinical standards](#).

are colour-coded based on the precise value – so e.g. January 2019's 15.6% performance is rounded to 16% but colour-coded as '12-16%'.

The proportion of patients spending over 4 hours in A&E in England has increased substantially in recent years

PATIENTS SPENDING OVER 4 HOURS IN A&E (ALL DEPARTMENTS, ENGLAND)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		Key
2011	4%	3%	3%	3%	3%	3%	2%	3%	3%	3%	3%	4%		2% - 3.5%
2012	4%	5%	3%	4%	3%	3%	3%	3%	3%	4%	4%	5%		3.5% - 5%
2013	5%	6%	6%	7%	3%	3%	3%	4%	4%	4%	4%	5%		5% - 7%
2014	5%	5%	4%	5%	5%	5%	5%	5%	5%	6%	7%	10%		7% - 9%
2015	9%	8%	7%	7%	6%	5%	5%	6%	7%	8%	9%	9%		9% - 12%
2016	11%	12%	13%	10%	10%	9%	10%	9%	9%	11%	12%	14%		12% - 16%
2017	15%	12%	10%	10%	10%	9%	10%	10%	10%	10%	11%	15%		Over 16%
2018	15%	15%	15%	11%	10%	9%	11%	10%	11%	11%	12%	14%		
2019	16%	16%	13%	15%										

Four-hour wait performance has fallen over several years. 2018-19 had the lowest annual performance on record, with **12.0% of patients spending over 4 hours in A&E compared with 11.3% a year earlier and 4.3% five years ago**. The largest fall in performance was between 2015 and 2016 – since then declines have been slight and gradual. While performance tends to be worse in the winter months, waiting times in recent summers have been higher than those seen in any winter on record prior to 2014/15.

Just under 3 million patients spent longer than 4 hours in A&E in 2018-19. This has risen from just under 1 million since 2013-14.

Four-hour waits in hospital A&E

97% of all four-hour waits happen in 'major' or 'type 1' emergency departments – those offering a 24-hour consultant-led service and usually located in a hospital. Only 0.9% of those attending minor A&E departments, such as minor injury units or walk-in centres, spend longer than 4 hours in A&E. Because of this, **4-hour performance in type 1 (major) departments is often a more useful measure than the overall figures presented above.**

The graphic below shows colour-coded 4-hour wait as above, but for major departments only. While there is no national waiting time target applying specifically to major departments, the same colour coding is used for consistency.

PATIENTS SPENDING OVER 4 HOURS IN A&E   (TYPE 1 A&E ONLY, ENGLAND)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2011	6%	4%	5%	5%	4%	4%	4%	4%	5%	5%	5%	6%
2012	6%	8%	5%	6%	5%	5%	4%	4%	5%	6%	6%	8%
2013	8%	9%	10%	10%	5%	5%	5%	6%	6%	7%	6%	7%
2014	7%	8%	7%	7%	8%	7%	7%	7%	8%	9%	10%	15%
2015	13%	12%	11%	10%	9%	8%	7%	9%	10%	11%	13%	13%
2016	17%	18%	19%	15%	15%	14%	15%	14%	14%	16%	17%	21%
2017	22%	19%	15%	14%	15%	14%	14%	15%	15%	15%	17%	23%
2018	23%	23%	24%	18%	15%	14%	17%	16%	17%	17%	19%	21%
2019	24%	24%	21%	23%								

Key

	2% - 3.5%
	3.5% - 5%
	5% - 7%
	7% - 9%
	9% - 12%
	12% - 16%
	Over 16%

In major A&E departments, 18.5% of patients waited longer than 4 hours in 2018-19. This compares with 17.6% in 2017 and 6.5% in 2013-14. **This is equivalent to 5,394 more 4-hour waits in major A&E departments each day on average** – while over the same period the average daily number of attendances has risen 3,999.

Performance varies substantially at different hospitals. The chart below shows the number of NHS trusts in each performance category in the six months ending April 2019. Three trusts had less than 5% of patients spending longer than four hours in major A&E. **At 70 trusts, more than one in five patients spent over 4 hours in A&E.**

At 70 NHS trusts, more than 1 in 5 patients spent 4+ hours in major A&E departments in the last 6 months

% OVER 4 HOURS; NUMBER OF TRUSTS; EACH SQUARE REPRESENTS A TRUST

Under 5%	3	
5% - 10%	11	
10% - 15%	23	
15% - 20%	26	
20% - 30%	46	
Over 25%	24	
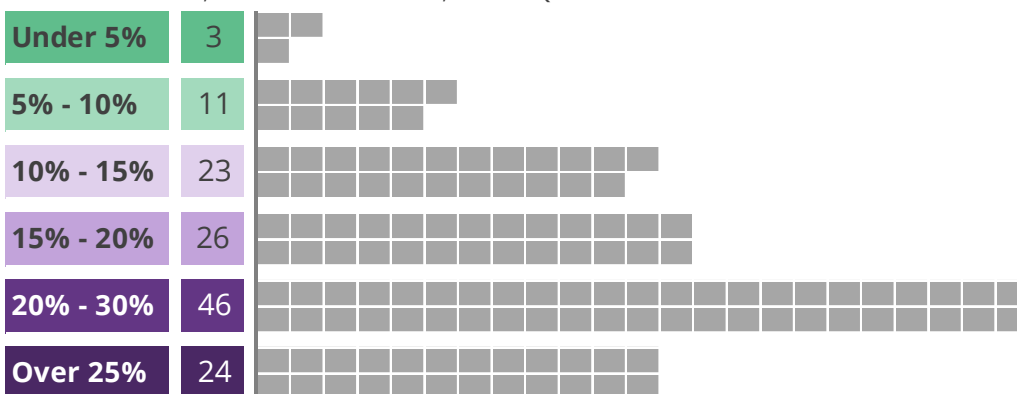
The table overleaf shows the NHS trusts with the highest and lowest major A&E waiting time performance in the six months to April 2019. Note that some trusts on the left have substantially better performance on the 'all A&E departments' measure, since many of their attendances are not at major departments.

Waiting times at major A&E departments: best and worst performing, last 6 months	

Highest percentage waiting over 4 hours		Lowest percentage waiting over 4 hours	
Lancashire Teaching Hospitals NHSFT	46.2%	Sheffield Children's NHSFT	2.9%
Croydon Health Services NHS Trust	42.7%	Luton & Dunstable University Hospital NHSFT	3.3%
United Lincolnshire Hospitals NHS Trust	42.3%	Yeovil District Hospital NHSFT	4.0%
The Hillingdon Hospitals NHSFT	41.1%	Barnsley Hospital NHSFT	5.0%
Nottingham University Hospitals NHS Trust	40.6%	Homerton University Hospital NHSFT	6.2%
Blackpool Teaching Hospitals NHSFT	40.2%	Alder Hey Children's NHSFT	6.4%
Worcestershire Acute Hospitals NHS Trust	38.7%	Basildon & Thurrock University Hospitals NHSFT	6.7%
Shrewsbury & Telford Hospital NHS Trust	38.2%	Harrogate & District NHSFT	7.3%
King's College Hospital NHSFT	36.8%	Western Sussex Hospitals NHSFT	7.3%
Norfolk & Norwich University Hospitals NHSFT	36.3%	South Tees Hospitals NHSFT	7.5%

Emergency Admissions

In 2018-19, an average of 13,058 people were admitted to hospital via A&E each day. This is up 6.8% on 2017-18 and 24.2% on five years ago. This amounts to an extra 2,548 emergency admissions in England each day. The table and chart below show trends for full calendar years since 2012.

It's been reported that much of the growth in emergency admissions is due to 'zero-day admissions' i.e. those who are discharged without an overnight stay.[1] If correct, this suggests that the change in emergency admissions doesn't simply indicate an increase in demand.

Emergency admissions via A&E rose by 6.8% in 2018-19		
Emergency admissions per day		
Year	Admissions via A&E	All Emergency Admissions
2012-13	10,360	14,245
2013-14	10,510	14,446
2014-15	11,014	15,021
2015-16	11,325	15,445
2016-17	11,680	15,891
2017-18	12,231	16,484
2018-19	13,058	17,449
1-year change	*+6.8%*	*+5.9%*
5-year change	*+24.2%*	*+20.8%*

In 2018-19 there were 2,548 more admissions via A&E each day than in 2013-14
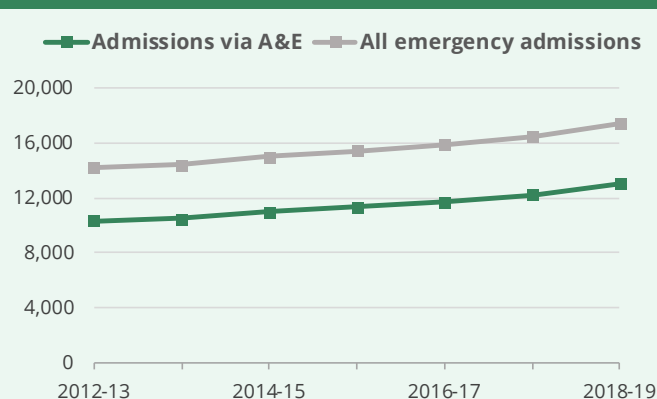
Long waits for admission to hospital, or 'Trolley Waits'

Data is recorded on patients who wait more than 4 hours to be admitted to a hospital bed after the decision to admit them to hospital has been made. These are sometimes known as 'trolley waits', but such patients won't necessarily be waiting on a trolley. It's important to note that this measure time waited *after the decision to admit has been*

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[1] Health Service Journal, Revealed: 'Zero day' stays driving emergency admission growth, 26 February 2018

made – patients may already have spent time in A&E before this decision.

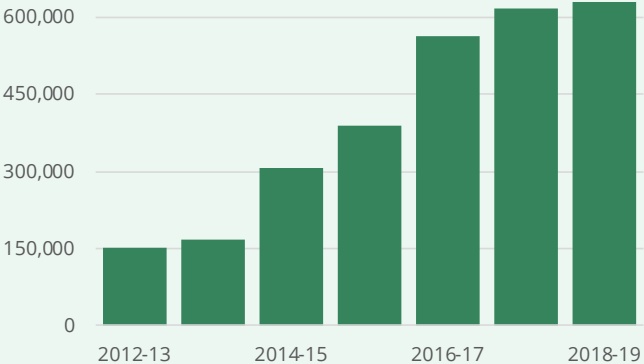**The number of long waits for admission has increased substantially in recent years**. In 2018-19 there were 629,000 cases where a patient waited longer than 4 hours for admission, which amounts to around one-tenth of all emergency admissions to hospital and was 1.7% higher than in 2017. The number of 12-hour waits for decreased by 7% year on year but was over 13 times higher than five years ago. Since 2012-13, the average daily number of 4-hour waits has increased from 419 to 1,723.

10% of emergency admissions waited over 4 hours for a bed in 2018

Number of long waits after a decision to admit

| Year	4 hour waits for admission	12 hour waits for admission
2012-13	152,584	170
2013-14	168,181	240
2014-15	305,535	1,243
2015-16	389,422	1,014
2016-17	563,595	3,502
2017-18	618,130	3,471
2018-19	628,816	3,238
1-year change	*+2%*	*-7%*
5-year change	*+274%*	*+1249%*

There were almost five times as many long waits for admission in 2018 as in 2012

The chart below shows monthly data since 2011. While numbers peak in winter, in the last three summers there have still been over 1,000 long waits for admission each day – which is higher than in any winter prior to 2014/15.

Long waits for admission tend to peak in the winter

Daily average number of patients waiting longer than 4 hours for admission after a decision to admit
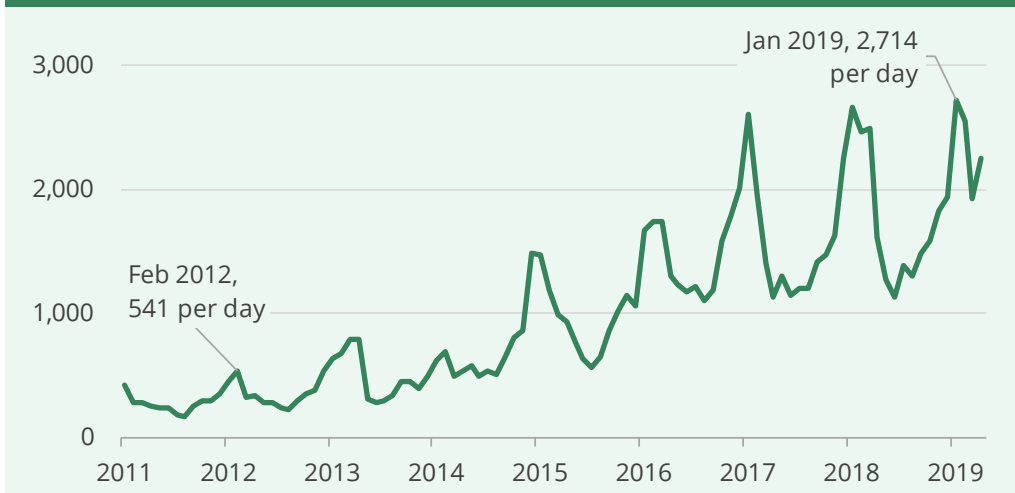
Data frequency*: monthly.*

Data source*:* NHS England, A&E Attendances and Emergency Admissions

2. Delayed Transfers of Care

A 'delayed transfer of care' occurs when a patient is in the wrong care setting for their current level of need – e.g. when a patient is ready to depart from their current care setting, but problems relating to their transfer mean that they are still occupying a bed. These delays can cause problems with patient flow which affect a hospital's ability to admit new patients, so can contribute to longer waiting times. Delayed transfers rose substantially between 2013 and late 2016, but have fallen since early 2017.

Delayed discharges have fallen by 30% in the last two years, but remain 13% higher than five years ago

Average daily delays by responsible organisation since 2011

In March there were 139,000 'delayed days' due to delayed transfers of care – an average of 4,478 each day. This compares with 123,000 in March 2014 (3,970 per day) – an increase of 13%. However, delayed discharges have fallen in recent years. Since March 2017, the number of delayed discharges has fallen by 30%.

The increase in delays prior to 2017 was due to both NHS-related delays and social care-related delays. Between Oct 2012 and Oct 2016, delayed discharges caused by social care more than doubled, while delays caused by the NHS rose by 43%. Since Oct 2016, social care delays have fallen by 43% while NHS delays have fallen by 25%.

Delayed transfers of care are often referred to as '**delayed discharges'**. People whose discharge is delayed are sometimes referred to as '**bed blockers'**, but this term is derogatory, and is not apt given that only 12% of delays are due to patient or family choice.

The table below shows why delayed transfers occurred in 2018-19. The table also shows how different reasons for delay have changed over a five-year period. There have been substantial increases in delays where people were awaiting a care package in their own home (144%) and

awaiting nursing home placements (53%). Waits for residential home placements have also risen 30% in five years. Meanwhile, delays caused by patients awaiting completion of assessment have fallen 25%.

Delays due to waits for home care have more than doubled over the past five years
Total delayed days by reason in 2018/19 compared with 2013/14

Reason for delay	Total delayed days	Change
Awaiting care package in own home	346,653	+135%
Awaiting further non-acute NHS care	286,276	-5%
Awaiting nursing home placement or availability	231,377	+43%
Patient or family choice	206,655	+7%
Awaiting residential home placement or availability	204,841	+30%
Awaiting completion of assessment	187,444	-29%
Housing - patients not covered by Care Act	70,571	+25%
Awaiting public funding	50,643	-29%
Awaiting community equipment and adaptations	47,878	+17%
Disputes	13,541	-27%

The Government's mandate for the NHS in 2017/18 contained an aim to reduce delayed transfers, to 3.5% of possible bed days lost, by September 2017. 4.4% of possible NHS bed days were lost to delayed transfers in September 2017, but by December 2018, the rate had reduced to around 3.3%.

This percentage varies between different hospital providers. The table to the right shows the providers with the highest rate of bed days lost to acute delayed discharges in the first quarter of 2019.

Acute delayed transfers: trusts with the highest percentage of bed days lost, Jan-Mar 2019

Wye Valley Nhs Trust	7.7%
Lancashire Teaching Hospitals NHS FT	7.2%
North West Anglia NHS FT	6.8%
Hampshire Hospitals NHS FT	6.4%
East Kent Hospitals University NHS FT	6.3%
Royal Cornwall Hospitals Nhs Trust	6.2%
The Walton Centre NHS FT	6.2%
University Hospital Southampton NHS FT	6.2%
South Tees Hospitals NHS FT	6.1%
Royal Devon And Exeter NHS FT	5.8%

These percentages are calculated using the total number of delayed days compared with recorded availability of overnight beds.

The table overleaf shows which council areas had the highest rates of delayed transfers relative to population size in 2018-19. The top left table shows figures relative to the population aged 18+. The top right table shows figures relative to the population aged 65+.[2] Increases and decreases since 2017 are also shown.

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[2] Data for Wales shows that most of those whose discharges are delayed are aged 65 or over. No equivalent data is collected for England, but if the pattern is repeated then the 65+ population is likely to be more useful as a denominator than the 18+ population. Note that the age breakdown of delayed discharges might differ between local areas.

Delayed transfers of care by local authority, 2018-19

Highest (per 1,000 population aged 18+)		Highest (per 1,000 population aged 65+)	
Cambridgeshire	75	Manchester	425
Cornwall	74	Southampton	424
Cumbria	73	Nottingham	380
Hampshire	72	Birmingham	366
Southampton	70	Islington	337
Stoke-on-Trent	70	Stoke-on-Trent	319
Oxfordshire	67	Bristol	319
Redcar & Cleveland	65	Cambridgeshire	318
York	64	Brent	306
Trafford	64	Leeds	305

Largest increase in delays since 2017-18		Largest decrease in delays since 2017-18	
Sunderland	+70%	Bromley	-61%
Waltham Forest	+60%	Milton Keynes	-55%
Redbridge	+59%	Southend	-54%
Brent	+47%	Barnsley	-53%
Westminster	+47%	Shropshire	-51%
Isle Of Wight	+39%	Calderdale	-47%
Havering	+36%	Greenwich	-46%
North Lincolnshire	+34%	Swindon	-46%
Middlesbrough	+32%	Portsmouth	-44%
Rochdale	+31%	Plymouth	-44%

Data source: NHS England, Delayed transfers of care

Data frequency: monthly.

Further reading from the Library: Delayed transfers of care in the NHS

3. Waiting Times for Consultant-Led Treatment

Patients referred by their GP for consultant-led treatment should, in line with NHS standards, start treatment within 18 weeks. The waiting time target is that 92% of those on the waiting list at any given time should have been waiting for less than 18 weeks. There is also a 'zero tolerance' policy on patients waiting longer than 52 weeks.

On average there are 1.3 million completed 'pathways' for consultant-led treatment each month – around 60,000 per working day. Of these, around 0.3 million involve admission to hospital.

The waiting list for treatment has grown since 2012, as the chart overleaf shows. The current waiting list as of March 2019 is estimated at 4.34 million – up 6% year-on-year and up 42% compared with five years ago. NHS England had an ambition to keep the waiting list stable during 2018-19 (see 3.7 here), but this was not met.
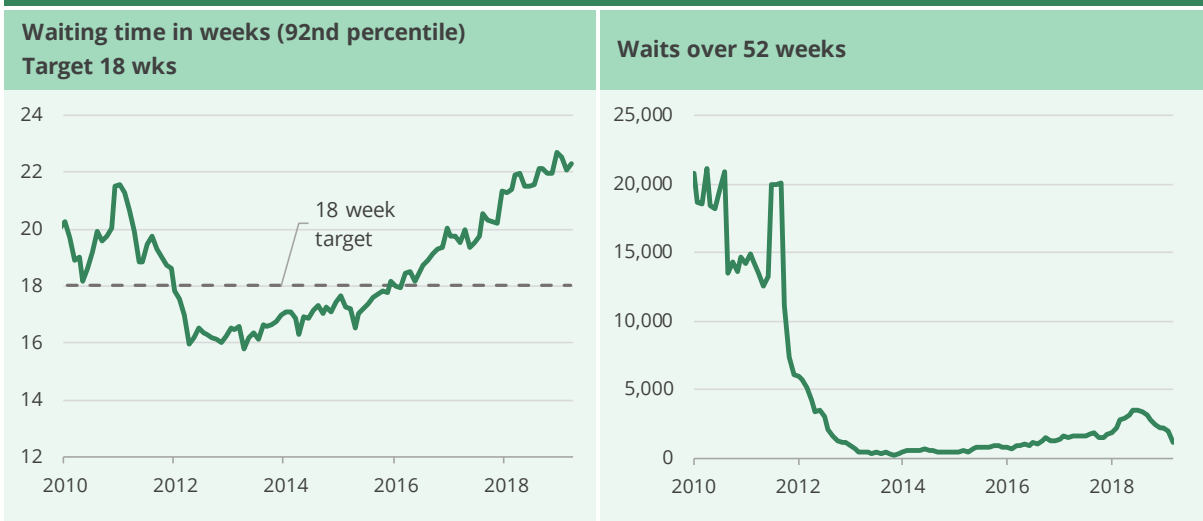
The number of people on the waiting list for treatment has risen by 42% in the last five years
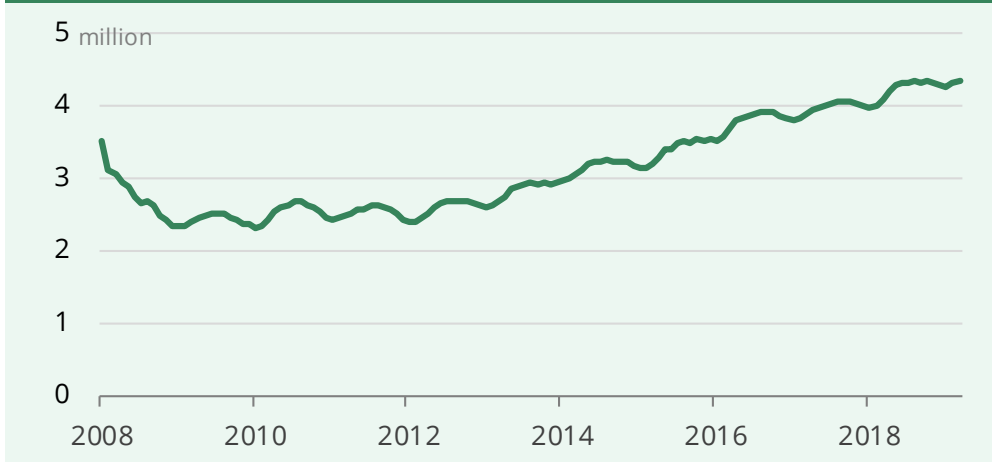
The 18-week target

The chart below shows performance against the 18-week waiting time target mentioned above.

The 18-week waiting times target has not been met since early 2016

**Waiting time in weeks (92nd percentile)
Target 18 wks**

Waits over 52 weeks

The target of 92% of those on the list to have been waiting for less than 18 weeks has not been met since March 2016. Currently, 92% of those on the list have been waiting for less than 22.3 weeks – over 4 weeks longer than the target.

The number of patients on the waiting list for over 52 weeks has fallen dramatically over the past decade. In November 2007 the number was 415,000, but it fell to a low of 214 in November 2013. The current recorded number stands at 1,154 – following an increase to over 3,000 in 2018, numbers have fallen sharply in recent months. This meets NHS England's ambition to halve 52-week waiters during 2018-19.

Performance against the 18-week target varies between NHS trusts. The chart below shows the number of trusts in each waiting time band. 103

trusts were breaching the 18-week target at the end of July 2018, up from 81 in November 2017. The trusts with the longest 92nd percentile waiting times are currently North Cumbria University Hospitals (31 weeks), Brighton and Sussex University Hospitals (30 weeks), and University Hospitals Plymouth (30 weeks).

57% of NHS trusts had treatment waiting times above the 18 week target in March 2019

92ND PERCENTILE WAITING TIME; NUMBER OF TRUSTS

< 13 weeks	**20**	
13 < 17 wks	**23**	
17 < 18 wks	**33**	
18 < 20 wks	**18**	
20 < 24 wks	**49**	
> 24 weeks	**39**	
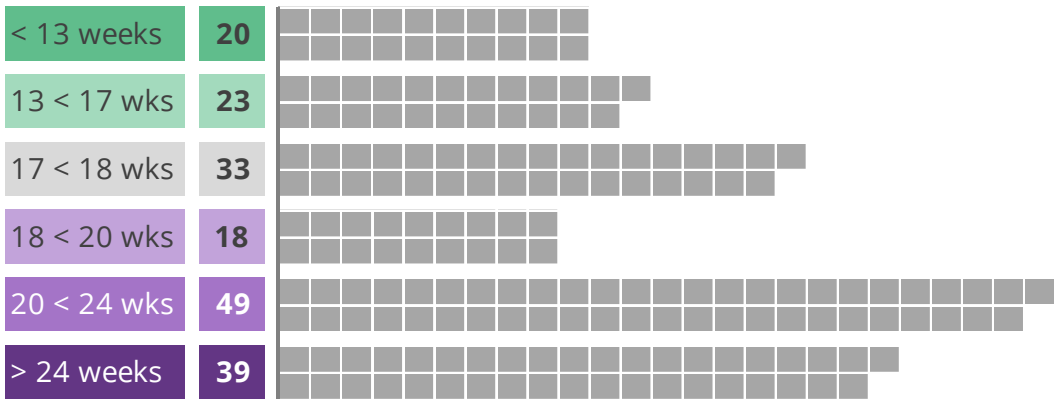
Data frequency: monthly.

Data source: NHS England, Consultant-led referral to treatment waiting times

4. Cancer Waiting Times

Urgent GP referrals for cancer *(waiting time standard: 14 days from urgent GP referral to first consultant appointment)*

The number of urgent GP referrals for suspected cancer has risen substantially in recent years. In 2018-19 there were 2.24 million referrals – an average of 6,135 per day. This is 16% higher than in 2017-18 and twice as high as in 2011-12.

The waiting time target is that 93% patients should have their first consultant appointment within two weeks of referral. This target was met until recently. However, since April, the target has been missed and

a record low performance has been observed. Since October performance has fluctuated above and below the target.

Urgent GP referrals with suspected cancer have doubled since 2011

Average number of referrals per day in England
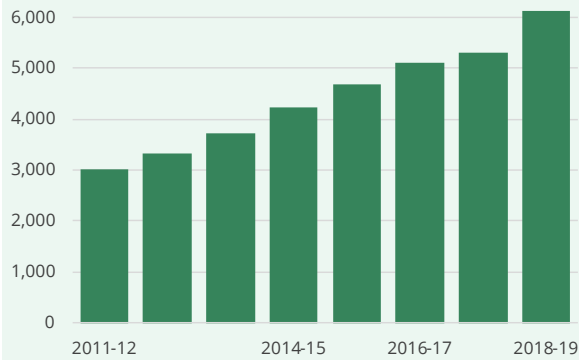
The 2-week waiting time target for GP referrals was not met for most of 2018

% waiting less than 2 weeks from referral to consultant appointment

First treatments for cancer *(waiting time standard: 31 days between decision to treat and first treatment)*

In 2018-19, 310,713 patients had a first treatment for cancer – an average of 851 per day. This is 7.6% higher than the previous year, and 18.5% higher than five years ago. In March 2019, 96.5% of patients were treated within 31 days of a decision to treat – above the target of 96%. This target has never been missed at a national level but performance has worsened in recent months.

First treatments for cancer after an urgent GP referral *(waiting time standard: 62 days between GP referral and first treatment)*

In 2018-19, 162,966 patients were treated for cancer after having been urgently referred by their GP. This is 10.8% higher than the previous year, and 31.9% higher than 5 years ago. In March 2019, 79.7% of patients were treated within 62 days of urgent GP referral. During 2018-19 record low performance against this target was recorded. The target of 85% has been missed for all but one month since April 2014, as the chart below (right) shows.
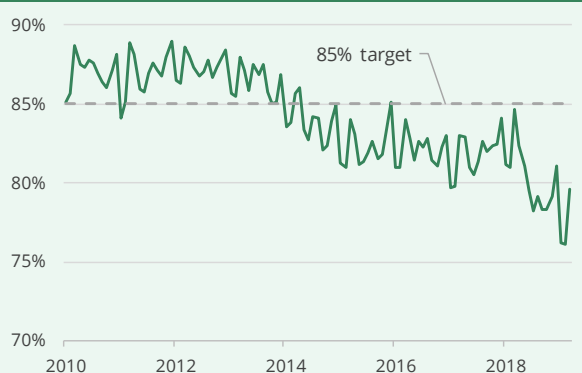
Cancer treatments after GP referral have increased by 32% over 5 years

Average number of referrals per day in England

The 62-day cancer waiting time target has not been met consistently since 2013

% waiting less than 62 days from GP referral to first treatment

Although the national target is not being met, performance differs across the country. The chart below shows the number of trusts in each performance band in the most recent quarter. Trusts with few patient pathways are excluded.

Seven in ten trusts are not meeting the 62-day cancer target
85% of patients treated for cancer after being urgently referred by a GP should start treatment in 62 days

Performance	Trusts	
Above 95%	1	
90% - 95%	10	
85% - 90%	30	
80% - 85%	24	
75% - 80%	34	
Under 75%	40	
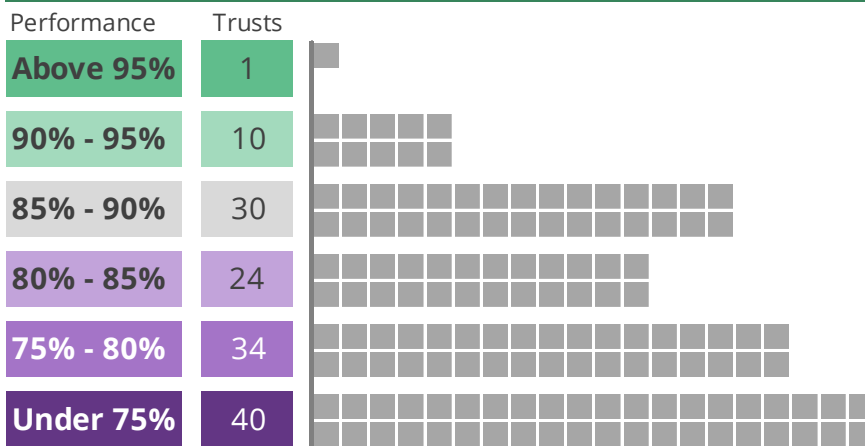
The table below shows the ten trusts with the lowest performance on the 62-day measure in the most recent quarter. Trusts with very small numbers of patients treated are excluded. Two of the three worst-performing trusts are specialist cancer trusts.

Lowest performance against 85% cancer target
% waiting less than 62 days after GP referral, Jan-Mar 2019

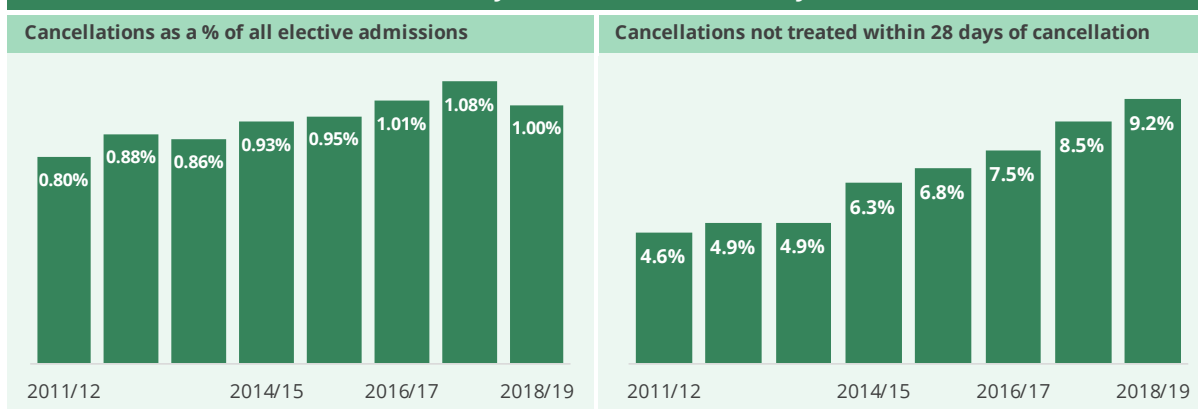|	
Weston Area Health Trust	54%
The Christie FT	56%
The Clatterbridge Cancer Centre FT	59%
The Royal Wolverhampton Trust	59%
Mid Essex Hospital Services Trust	63%
Maidstone And Tunbridge Wells Trust	63%
North Middlesex University Hospital Trust	63%
Brighton And Sussex University Hospitals Trust	66%
Southend University Hospital FT	66%
Worcestershire Acute Hospitals Trust	67%

Data frequency: monthly

Data source: NHS England, Cancer Waiting Times.

5. Cancelled Operations

Elective Operations

In 2018-19, 79,495 elective operations were cancelled for non-clinical reasons on the day the patient was due to arrive. This is 1% of all elective admissions – slightly lower than in 2017-18. The percentage not treated within 28 days of cancellation rose from 8.5% in 2017-18 to 9.2% in 2018-19.

Around 1% of elective operations are cancelled on the day. The percentage of cancellations not treated within 28 days has doubled in recent years

Cancellations as a % of all elective admissions

2011/12			2014/15		2016/17		2018/19
0.80%	0.88%	0.86%	0.93%	0.95%	1.01%	1.08%	1.00%

Cancellations not treated within 28 days of cancellation

| 2011/12			2014/15		2016/17		2018/19
4.6%	4.9%	4.9%	6.3%	6.8%	7.5%	8.5%	9.2%

Note that this dataset only measures operations cancelled at the last minute. Cancellations planned in advance, such as those reported in winter 2017/18 in England, will not typically be counted. Despite this**,** Data for the first quarter of 2017/18 showed a marked increase in cancelled operations. There were 20% more last-minute cancellations than a year before, and 77% more cases where a cancellation was not treated within 28 days.

Cancellations not treated in 28 days are relatively concentrated by location, with a third of all cases in the first quarter of 2019 taking place in ten hospital providers.

Urgent Operations Cancelled

3,925 urgent operations were cancelled in 2018-19, and 150 were cancelled for the second time (or more). The number of cancellations has increased by slightly in recent years, although there has been some fluctuation, and the proportion of cancellations for the second time or more has increased.

Urgent operation cancelations have risen slightly in recent years

Number of cancelled urgent operations per day	Operations cancelled 2+ times (% of cancellations)
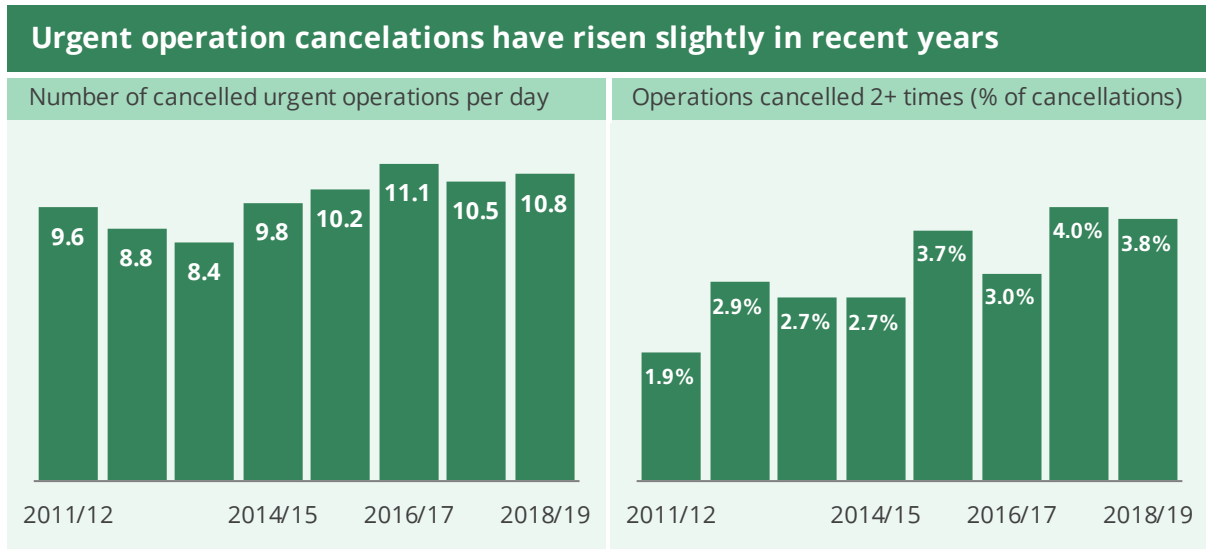
Data frequency: monthly (urgent), quarterly (elective).

Data source: NHS England, Cancelled operations; NHS England, Urgent operations cancelled

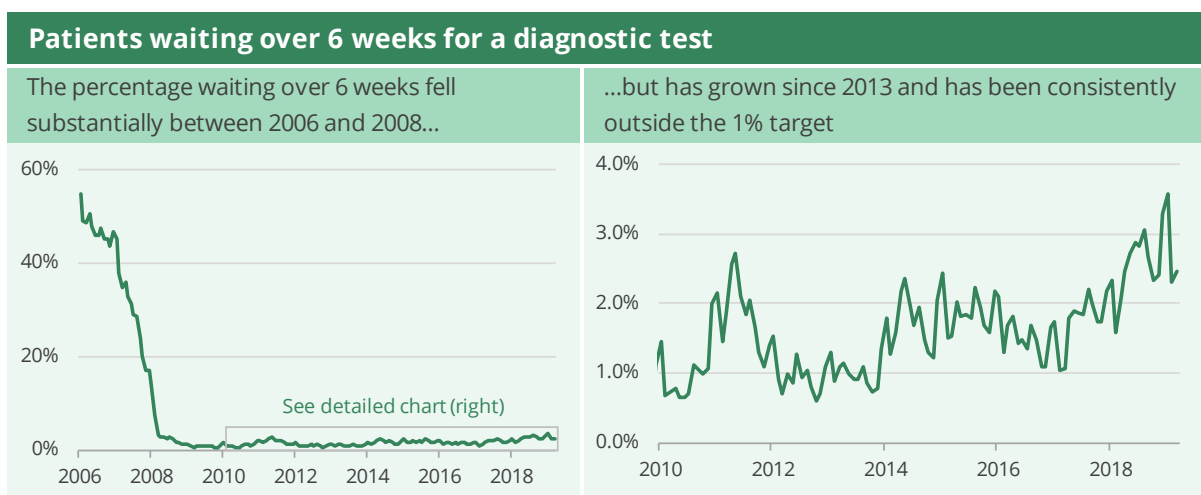# 6. Diagnostic Tests: Activity and Waiting Times

In 2018-19 there were 23 million diagnostic tests performed in England's hospitals. This is 5% higher a year ago, and 28% higher than five years ago. The number of MRI tests has increased by 36% in this five-year period, the number of CT scans by 42%, and the number of non-obstetric ultrasounds by 21%. In 2018-19 an average of 63,000 tests were performed each day. The chart below shows trends for the three most common tests for full years up to 2018-19, plus the total of other tests (e.g. echocardiography, audiology, gastroscopy and colonoscopy).

The number of diagnostic tests has increased by 28% over the past five years

Average daily number of diagnostic tests, by category
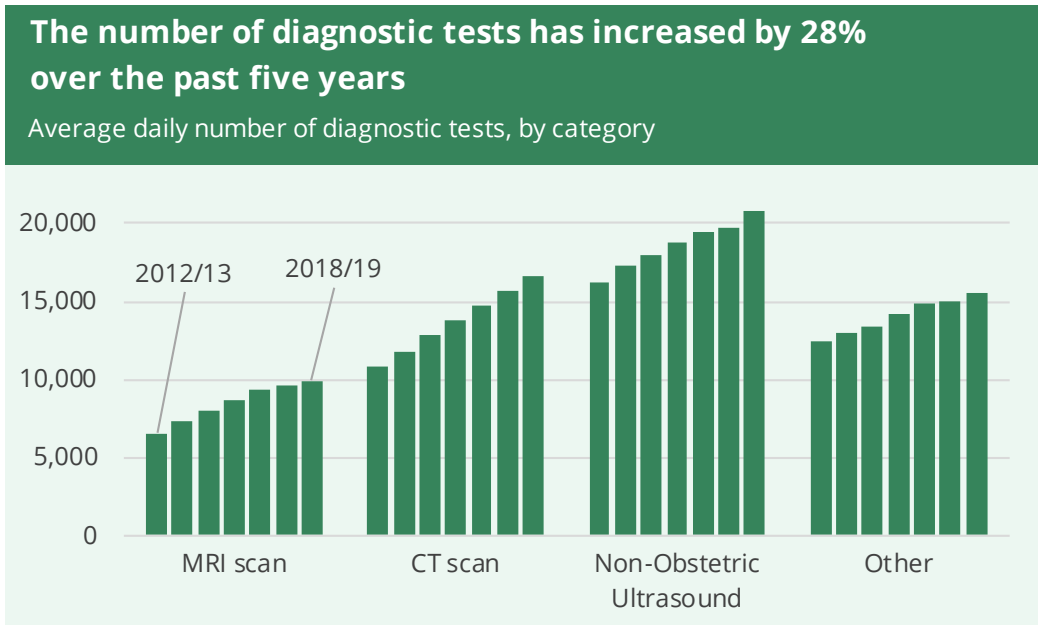
There is a target that less than 1% of patients should have been waiting longer than 6 weeks for a diagnostic test. Performance on this measure has declined over the past year and as of March 2019 2.5% of patients have been waiting for more than 6 weeks.

However, this performance is much better than long-term trends. At the start of 2006, over 50% of patients were waiting for over 6 weeks. By September 2008 this had fallen below 2%. However, recent performance has shown a decline, and the 1% target has not been met since November 2013.

The charts below show trends from 2006-2019 (on the left) and from 2009-2019 (on the right). Note the different vertical scales on these two charts, which emphasise the sharp fall in waiting times between 2006 and 2008.

Patients waiting over 6 weeks for a diagnostic test

The percentage waiting over 6 weeks fell substantially between 2006 and 2008...

...but has grown since 2013 and has been consistently outside the 1% target

The table below shows which areas of the country had the highest proportion of patients waiting over 6 weeks for diagnostic tests as of March 2019.

Patients waiting 6+ weeks for a diagnostic test By CCG, March 2019	
Brighton & Hove	18%
Calderdale	12%
North Lincolnshire	12%
Northern, Eastern & Western Devon	11%
South Devon & Torbay	10%
Greater Huddersfield	10%
Somerset	9%
Horsham & Mid Sussex	9%
Bromley	9%
Vale Of York	8%

There is variation between waiting times for different kinds of tests. In March 2019, 0.7% were waiting over 6 weeks for non-obstetric ultrasounds and 1.0% for barium enemas, compared with 15.3% for urodynamics tests and 9.5% for colonoscopies.

Data source: NHS England, Diagnostic waiting times and activity

Data frequency: monthly.

7. Ambulance Response Times

The NHS has recently changed the way it measures ambulance response times. The changes are described here, and include:

- More time for call handlers to assess calls that aren't immediately life-threatening

- A new categorisation for the severity of calls

- The "life threatening calls" category (category 1) is now wider. The average response time for these calls should be 7 minutes

- The less severe "emergency calls" category (category 2) has a target of 18 minutes average response time

- There is an aim, where necessary, to get patients to hospital or a specialist unit quicker by sending specialist vehicles – e.g. for strokes

Because this new data collection has been introduced in phases across the country, it is not possible to provide a comprehensive view of ambulance response time trends or demand in England over recent years. The data below shows performance against the new targets since late 2017.
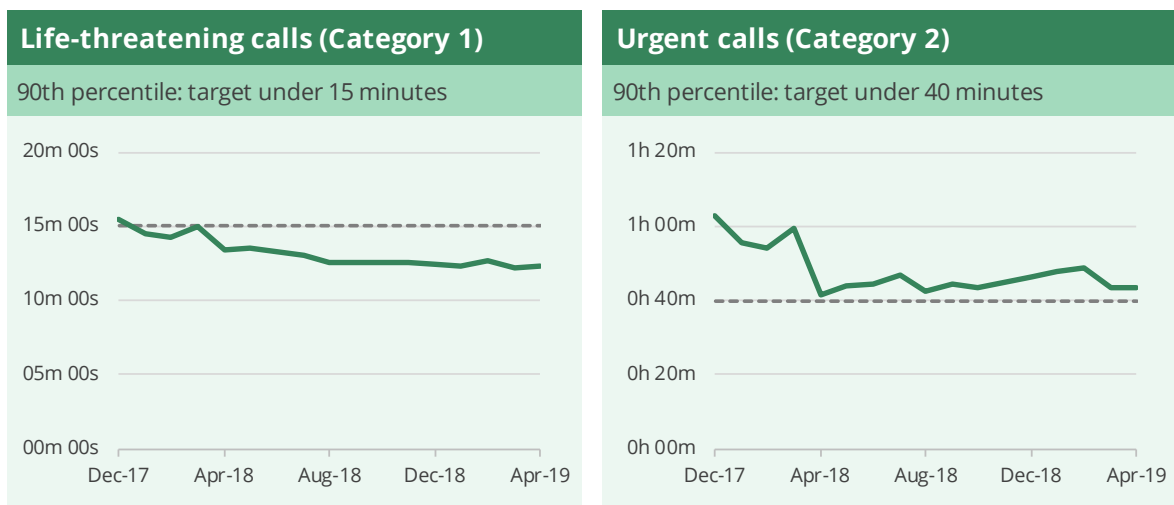
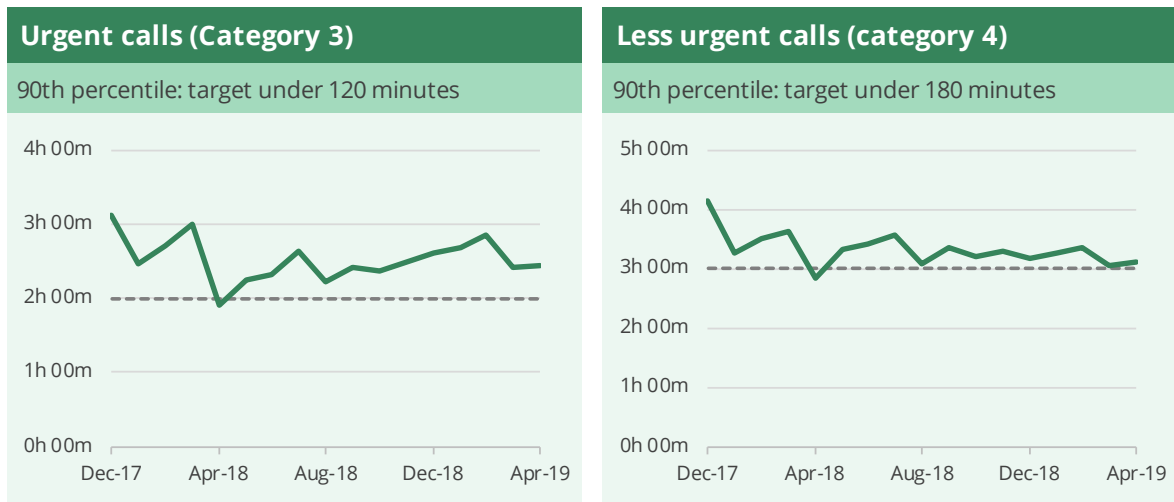**Response time performance on the new measures**

All ambulance trusts were reporting data according to the new framework. At a national level, the new standards for average response times have almost been met in recent months, as the table below shows. In December, for life-threatening calls (category 1), the average time for any vehicle to arrive at the scene was 7m 01s against a target of 7 minutes. For emergency calls (category 2), however, the average time was 21m 13s against a target of 18 minutes.

Life-threatening calls (Category 1)	Emergency calls (Category 2)
Mean response time; target under 7 minutes	Mean response time; target under 18 minutes
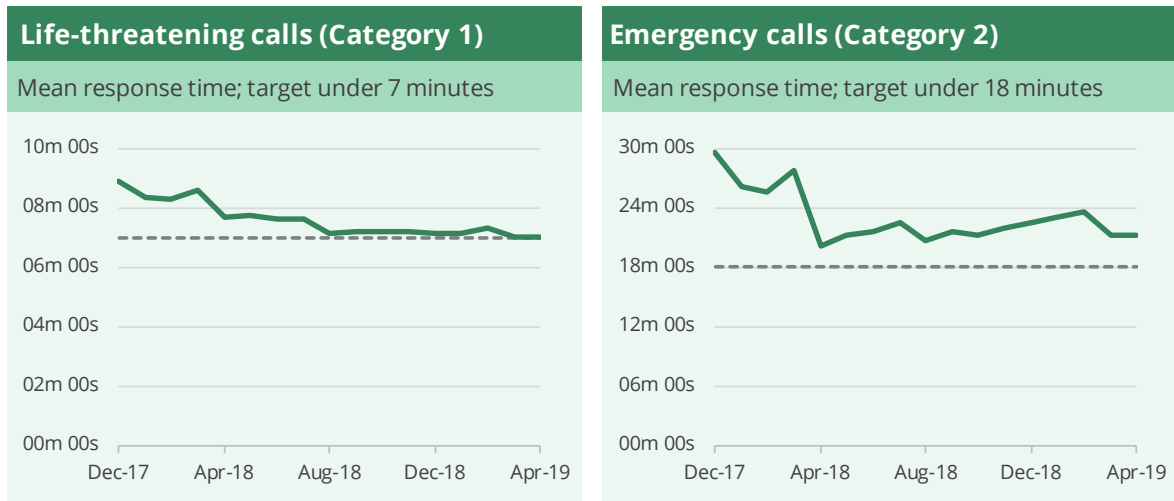
For life-threatening calls, the 90th percentile waiting time standard has been met, with 90% of ambulances arriving within 12m 19s in April (compared with the target of 15 minutes).

For categories 2, 3 and 4, the 90th percentile targets are not being met. For categories 2 and 3, performance improved in March and April.

Life-threatening calls (Category 1)	Urgent calls (Category 2)
90th percentile: target under 15 minutes	90th percentile: target under 40 minutes

Urgent calls (Category 3)
90th percentile: target under 120 minutes

Less urgent calls (category 4)
90th percentile: target under 180 minutes

Data frequency: monthly.

Data source: NHS England Ambulance Quality Indicators (Systems Indicators)

8. Doctors, Nurses and other staff

The number of people employed by NHS hospital and community health services rose by 2.5% (30,723) between February 2018 and 2019 (headcount). In full-time-equivalent terms, which take into account whether people work part-time or full-time, the workforce also rose by 2.6% (27,612). All subsequent staff numbers in this section are given on a full-time equivalent (FTE) basis as this provides the best measure of the 'workforce strength' available to deliver services. Please see the source statistical releases for staff numbers on a headcount basis.
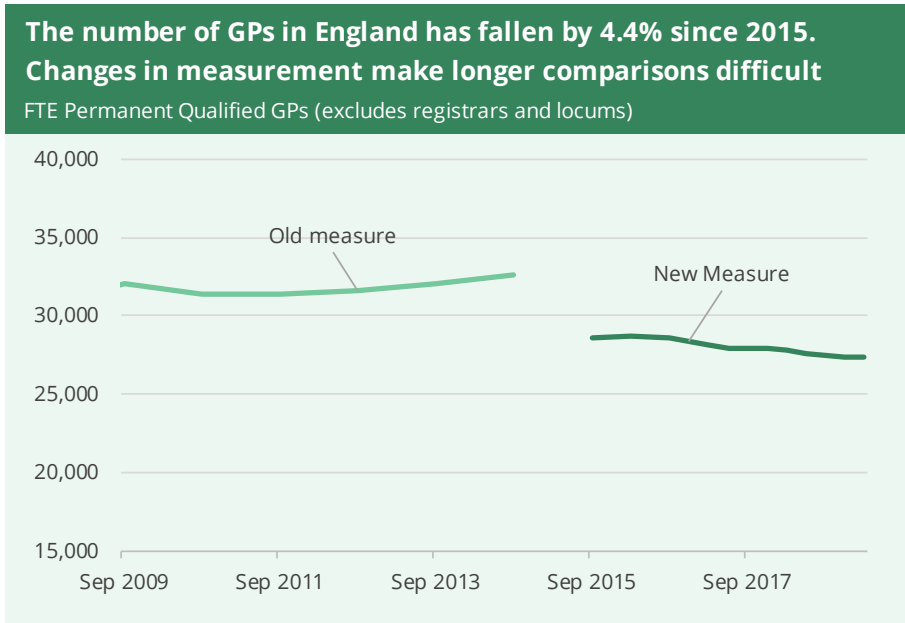
> For information on the nationality of NHS staff, including numbers from other EU countries, see our briefing **'NHS Staff from Overseas'**

8.1 GPs & GP Practice Staff

Recent changes to the way data is gathered mean that GP numbers from 2015 onwards are not comparable with earlier years. Since 2015, however, the number of GPs has fallen. The most recent data shows that there were 27,381 GPs in England in March 2019 (excluding locums & trainees).[3] This is 1.6% lower than the estimated figure for September 2017, and 4.4% lower than in September 2015. This has been mainly driven by a 13% fall in the number of GP partners.

The chart below shows trends. Direct comparisons can't be made between periods under the old measure (the pale line) and periods under the new measure (the dark line).

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[3] NHS Digital, General Practice Workforce

The number of GPs in England has fallen by 4.4% since 2015. Changes in measurement make longer comparisons difficult

FTE Permanent Qualified GPs (excludes registrars and locums)

While the number of GPs has reduced, the number of non-GPs working for GP practices has increased. Over the past year the number of practice nurses has increased by 1.9% and the number of 'direct patient care' staff (e.g. healthcare assistants, dispensers, pharmacists) has increased by 5.6%.

8.2 Hospital Doctors

The number of doctors in Hospital and Community Health Services (HCHS) rose by 2.3% in the year to February 2019 – an increase of 2,495 full-time equivalent doctors. Over five years, the increase is 10.4% - 10,568 more doctors.

There are 10.4% more hospital doctors than five years ago

FTE doctors in NHS hospital and community health services
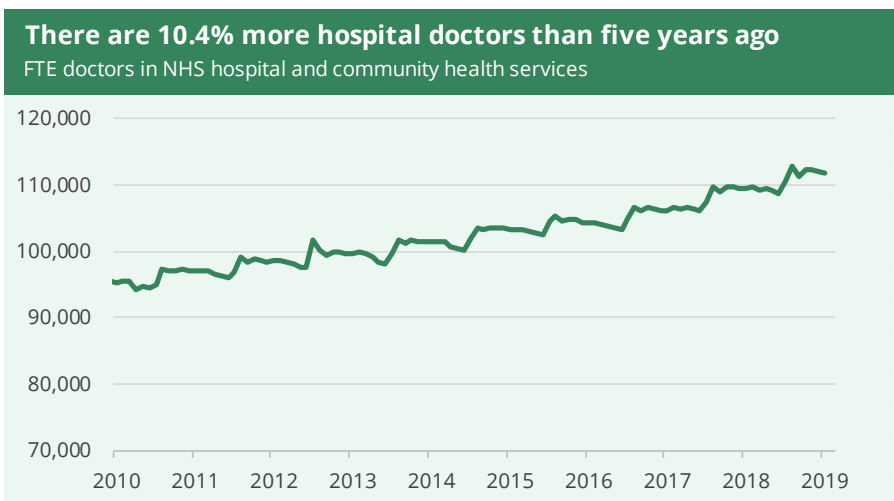
The table below shows trends since 2010 in the number of doctors with each medical speciality. The largest increase was in emergency

medicine, with a 40% increase over eight years. The radiology group increased in number by 31%, clinical oncology (cancer) by 29%, and anaesthetics by 22%.

Note that the fall in public health & community health services staff reflects in part the transfer of public health services to local authorities in 2013.

| Changes in hospital medical staff since 2011, by specialty					
Specialty	**Feb 2011**	**Feb 2015**	**Feb 2019**	***Change 2011-2019***	
General medicine	25,726	27,641	30,090	+4,363	+17%
Surgical	20,880	22,074	23,822	+2,942	+14%
Anaesthetics	11,531	12,657	14,080	+2,549	+22%
Psychiatry	8,781	8,703	9,010	+229	+3%
Paediatric	7,265	7,816	8,568	+1,302	+18%
Emergency Medicine	5,021	5,978	7,042	+2,021	+40%
Obstetrics & gynaecology	5,384	5,707	6,026	+641	+12%
Radiology	3,424	3,841	4,471	+1,047	+31%
Pathology	3,843	4,001	4,303	+461	+12%
Dental	2,072	2,220	2,422	+350	+17%
Clinical oncology	1,010	1,221	1,306	+296	+29%
Public health & community	2,208	1,447	1,004	-1,205	-55%
Total	**97,147**	**103,305**	**112,143**	**+14,996**	**+15%**

8.3 Nurses

In recent years the number of nurses has increased, but at a slower rate than other NHS staff groups. Between February 2018 and February 2019, the number of FTE nurses increased by 1.6% (4,569). Since February 2011 the number has increased by 3.3% (9,058)

The chart below shows these trends. There was a fall in nurse numbers between 2010 and 2012, followed by a gradual rise. As the chart shows, there is an annual cycle to nurse numbers, with falls in the summer and rises in the autumn. This means that you should only compare data year-on-year – so it is inappropriate, for instance, to compare data from October 2018 with May 2010.

The number of nurses has grown by 3.3% since Feb 2011, and by 1.6% in the past year

FTE, Hospital and Community Health Services, thousands
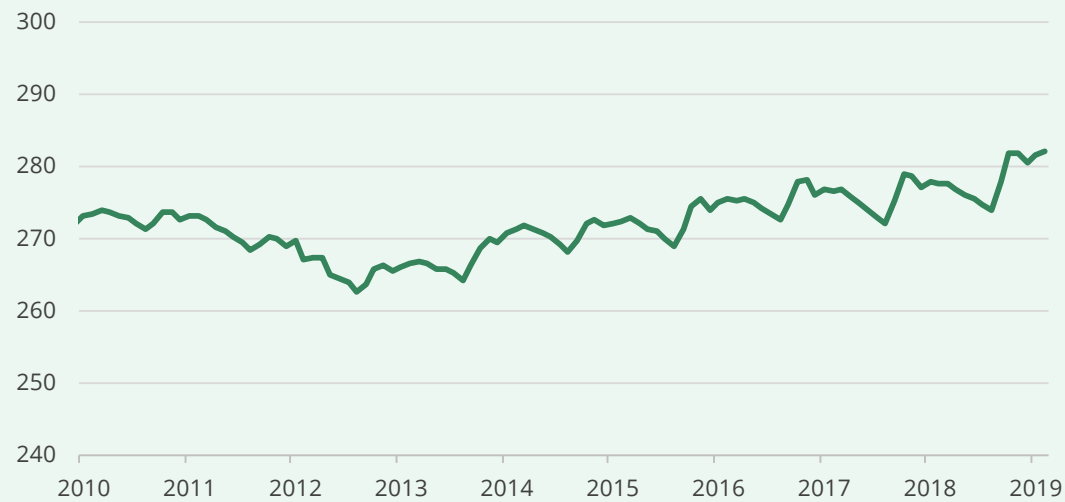
Between 2010 and 2018, the number of nurses per million population has fallen from 5,196 to 5,033 (-3.2%).[4] The bulk of this fall took place between 2010 and 2013, followed by a small rise.

Nurses in different areas of work

Changes in nurse numbers have between different work areas, as the table below shows. The number of acute, elderly & general nurses (the largest category) has risen by 10.1% since 2010, and there are 13.9% more paediatric nurses. Other areas have seen falls. In February 2019, there were 9.2% fewer mental health nurses than in February 2011, with falls concentrated in hospital mental health services rather than community services. There were also 34.4% fewer learning disability nurses.

Looking at changes over the past year – the number of mental health nurses has begun to rise for the first time in a number of years, although the learning disability nurse numbers continue to fall.

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[4] Estimated using ONS Population Estimates and Population Projections for England.

There are more acute nurses but fewer mental health nurses than in 2011
FTE nurses & health visitors by area of work, Hospital and Community Health Services, England

Speciality	Number of nurses			Change since 2011		Change since 2018	
	Feb 2011	Feb 2018	Feb 2019	Number	*Percentage*	Number	*Percentage*
Acute, Elderly & General	162,907	175,751	179,390	+16,484	*+10.1%*	+3,639	*+2.1%*
Mental Health	39,957	36,081	36,290	-3,667	*-9.2%*	+209	*+0.6%*
Community Services	46,218	41,243	41,100	-5,118	*-11.1%*	-143	*-0.3%*
Paediatric Nursing	15,364	17,050	17,499	+2,135	*+13.9%*	+449	*+2.6%*
Maternity & Neonatal	7,255	8,193	8,233	+977	*+13.5%*	+40	*+0.5%*
Learning Disabilities	4,943	3,341	3,244	-1,699	*-34.4%*	-97	*-2.9%*
School Nursing	2,984	2,314	2,207	-777	*-26.0%*	-107	*-4.6%*
Other	1,346	1,746	1,797	+450	*+33.4%*	+51	*+2.9%*
Total	**280,974**	**285,720**	**289,759**	**+8,785**	**+3.1%**	**+4,040**	**+1.4%**

8.4 How have NHS staff numbers changed since 2010?

The chart and table below shows changes in the level of other non-medical hospital staff between 2010 and 2019. The chart illustrates the annual cycle of rise and fall in some staff groups, which is why caution is required when comparing staff numbers for different times of year.

The number of doctors has increased faster than other NHS staff groups
Percentage change since January 2010 in each staff, FTE, England
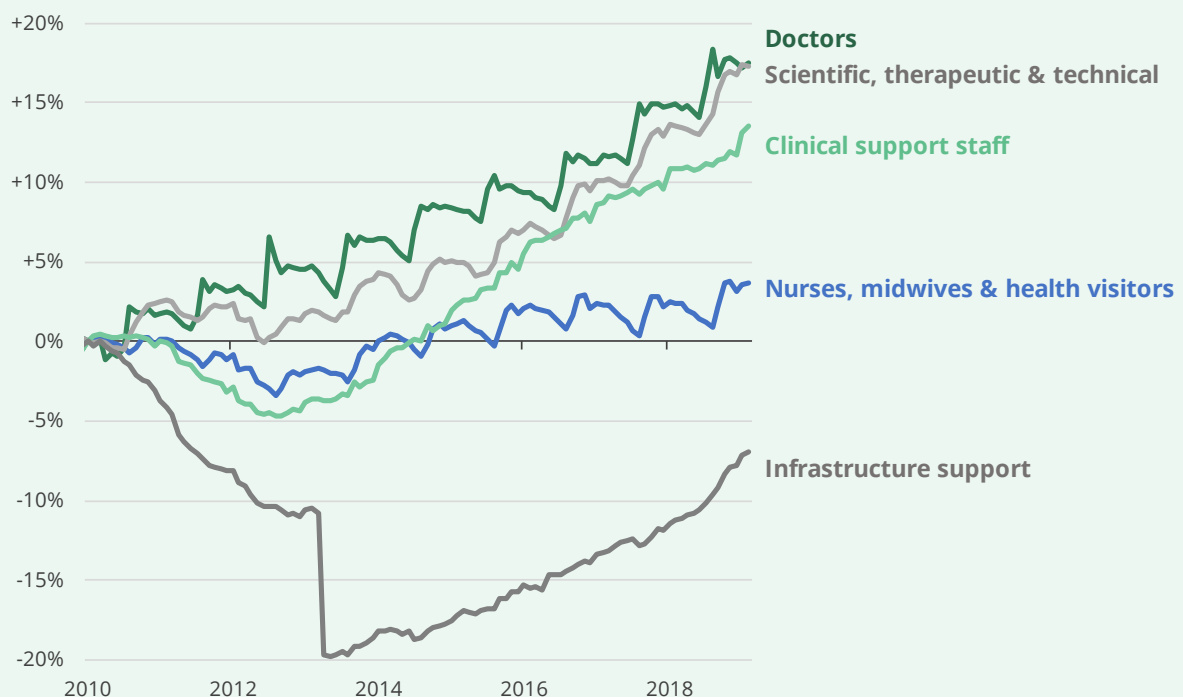
Overall there are 8% more hospital staff than in 2011					
FTE hospital and community health staff by category					
Staff Category	Feb 2011	Feb 2018	Feb 2019	Change since Feb 2011	
Doctors	97,147	109,648	112,143	+14,996	+15.4%
Nurses, midwives & health visitors	300,795	307,552	311,632	+10,837	+3.6%
Qualified scientific, therapeutic & technical staff	123,573	136,657	141,255	+17,682	+14.3%
Qualified ambulance staff	17,675	20,591	21,380	+3,705	+21.0%
Support to clinical staff	286,824	318,145	325,873	+39,049	+13.6%
NHS infrastructure support	180,779	167,491	175,397	-5,383	-3.0%
Central functions	90,423	82,543	86,021	-4,402	-4.9%
Hotel, property & estates	56,519	52,426	54,916	-1,603	-2.8%
Senior managers	10,788	10,254	10,778	-10	-0.1%
Managers	23,049	22,268	23,681	+632	+2.7%
Total	**1,010,286**	**1,064,589**	**1,092,201**	**+81,916**	**+8.1%**

**Data sources**: NHS Digital, General Practice Workforce, NHS Workforce Statistics

Data frequency: quarterly (GPs), monthly (HCHS).

9. Hospital inpatient and outpatient activity

The chart below shows trends in inpatient and outpatient activity at hospitals in England. Over the last five years, non-elective admissions to hospital for general & acute (G&A) specialities have increased by 18.6%. Meanwhile, there were 9.7% more GP referrals and 9.7% more elective G&A admissions than five years ago.

Over this period, hospital activity has grown faster than the population, as the chart below shows – though increases appear to have plateaued in the last two years.

At present, there are around 1.5-1.6 million first outpatient attendances each month, along with 1.1 million GP referrals made, 700,000 elective G&A admissions, and around 500,000 non-elective G&A admissions. Of elective G&A admissions, around 80% are day-cases. This proportion has grown from around 75% in 2008.

Hospital activity trends since 2010
Number of episodes per 1,000 population
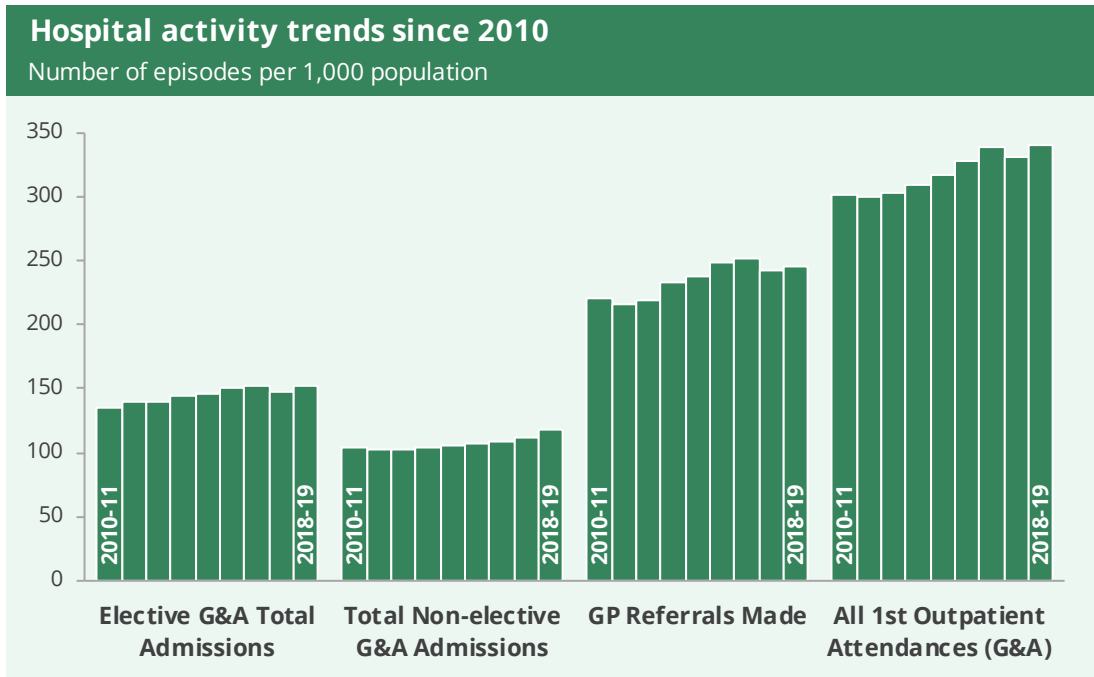
The table below shows the annual number of finished admitted episodes for selected primary diagnoses, along with changes over the period shown.

Hospital episodes for cancer, heart failure, and other conditions
Selected years 2002-2018

	Total, millions	Thousands by selected primary diagnosis				
		Cancer	Heart failure	Ischaemic heart disease	Stroke	Influenza, pneumonia
2002/03	**12.8**	1,099	110	417	152	132
2007/08	**15.4**	1,294	104	424	180	203
2014/15	**18.7**	1,608	146	394	198	476
2015/16	**19.2**	1,687	161	394	204	514
2016/17	**19.7**	1,749	170	396	206	585
2017/18	**20.0**	1,776	181	398	211	604
Change 2002-2018	*+57%*	*+62%*	*+64%*	*-5%*	*+39%*	*+359%*

Data source: NHS England, Monthly Hospital Activity Data Returns

Data frequency: Monthly (hospital activity); Annual (finished consultant episodes).

10. Bed Availability and Occupancy

The chart and table below show the average number of beds available and occupied each quarter in England's hospitals. Since 2011, the number of beds available overnight has fallen by 12,341 (a fall of 8.7%). Meanwhile there are 1,438 extra beds open day only compared with 2011 (an increase of 12.7%). Over the last twelve months, 216 overnight beds have closed – the smallest year-on-year fall since 2014.

Meanwhile, general & acute occupancy has risen from 88.7% in Jan-Mar 2011 to 91.7% in Jan-Mar 2019. However, this was lower than the 92.6% recorded in Jan-Mar 2018, which was the highest level of general & acute bed occupancy on record.

NHS bed occupancy reached record levels in early 2018

Total number of beds open overnight

Average occupancy, beds open overnight
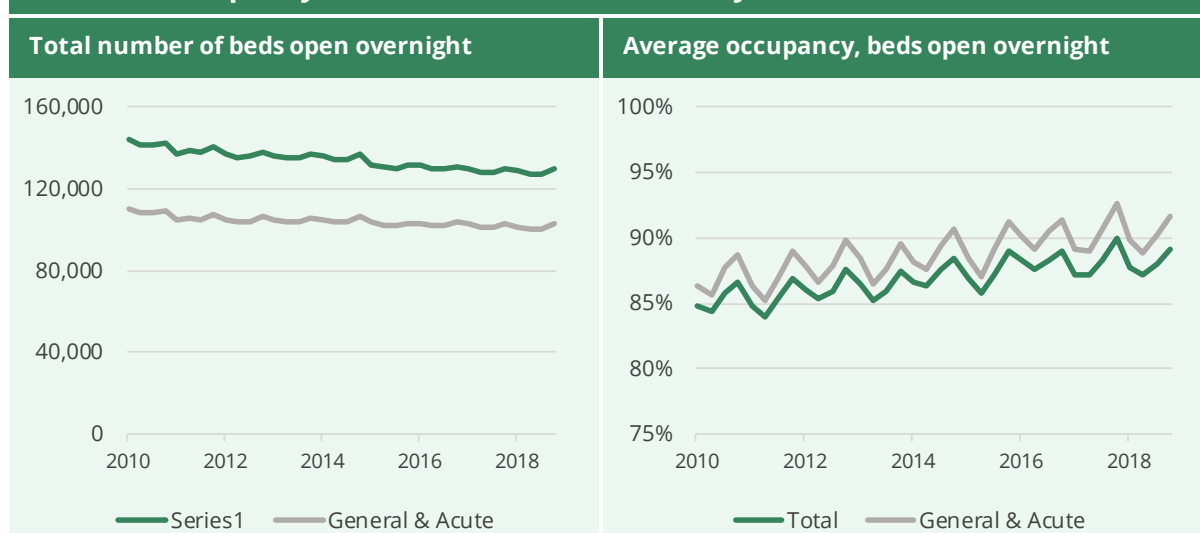
Bed Availability and Occupancy, 2011-2019

Period	Beds Open Overnight					Day Only	ALL BEDS
	Total	General & Acute	Learning Disabilities	Maternity	Mental Illness	Total	
AVERAGE BEDS AVAILABLE							
Jan-Mar 2011	*142,319*	108,890	1,974	7,848	23,607	*11,328*	**153,648**
Jan-Mar 2018	*130,194*	103,335	1,027	7,750	18,082	*12,493*	**142,687**
Jan-Mar 2019	*129,978*	103,021	1,000	7,589	18,368	*12,767*	**142,745**
Change 2011-2019	*-8.7%*	*-5.4%*	*-49.3%*	*-3.3%*	*-22.2%*	*+12.7%*	***-7.1%***
AVERAGE OCCUPANCY							
Jan-Mar 2011	*86.6%*	88.7%	77.0%	60.4%	86.6%	*84.2%*	**86.4%**
Jan-Mar 2018	*90.0%*	92.6%	73.5%	58.7%	89.4%	*86.4%*	**89.7%**
Jan-Mar 2019	*89.1%*	91.7%	74.0%	56.4%	89.2%	*85.5%*	**88.8%**

The fall in bed availability is not a recent phenomenon – the total number of hospital beds available has been in gradual decline for many years. This trend should be interpreted in the context of increased use of day surgery and a shift to increased care in the community (i.e. outside of hospitals).

Bed occupancy varies substantially at different NHS hospitals. The table below shows the most recent quarterly data for individual trusts. 35 trusts recorded 100% occupancy in this quarter. Note that this data offers only a snapshot of bed occupancy at a given time in the day, so it does not necessarily capture the full picture of bed occupancy levels across the quarter.

Half of NHS trusts had bed occupancy above 90% in Jan-Mar 2019
General & acute occupancy

Over 95%	56 trusts
90% - 95%	18
85% - 90%	16
Under 85%	60
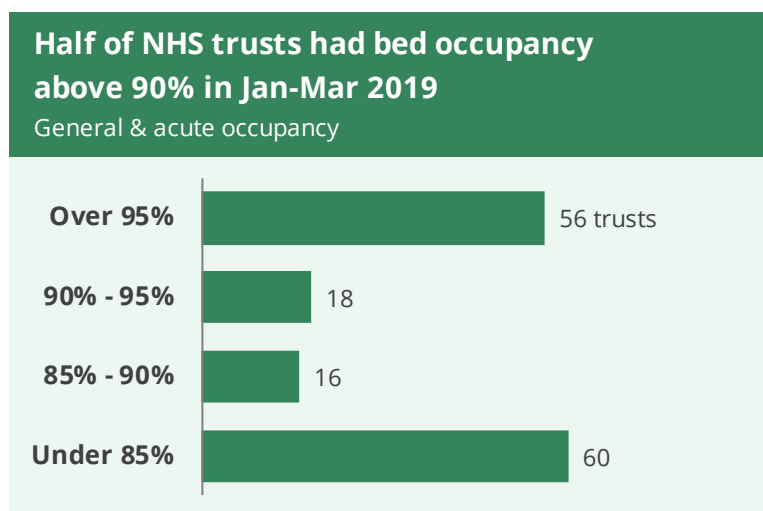
Mixed-Sex Accommodation Breaches

NHS providers are expected to eliminate mixed-sex accommodation except when it is in the overall best interest of the patient. Flat-rate fines are built into organisations' contracts.[5] The chart below shows the number of unjustified mixed-sex breaches in relation to sleeping accommodation each month since January 2011. Numbers fell sharply between 2011 and 2012. There was a gradual rise in breaches from 2014 onwards, followed by a sharp rise in winter 2017/18 to levels not seen since 2011.

There were 21,675 mixed-sex accommodation breaches in 2018 – almost double the number in 2017. However, the number of breaches in March 2019 was 23% lower than in March 2018.

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[5] NHS England, Mixed Sex Accommodation Breaches

Mixed-sex accommodation breaches fell sharply between 2011 and 2012, but have risen in the last two years
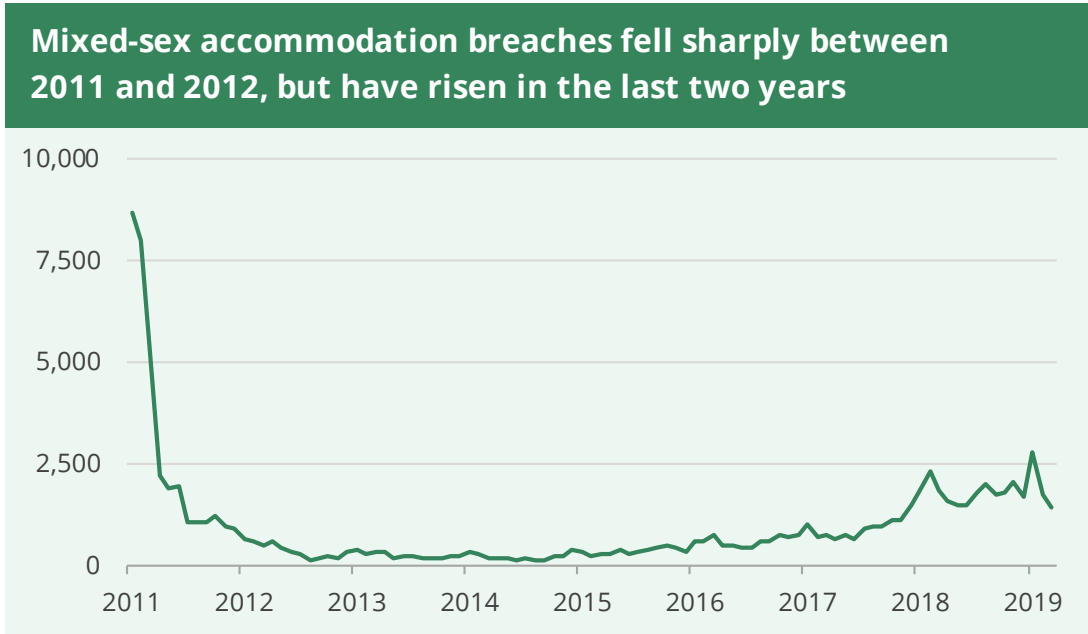
Data source: NHS England, Bed Occupancy and Availability; and Mixed Sex Accommodation Breaches. *Data frequency*: Quarterly (beds); monthly (MSAB).