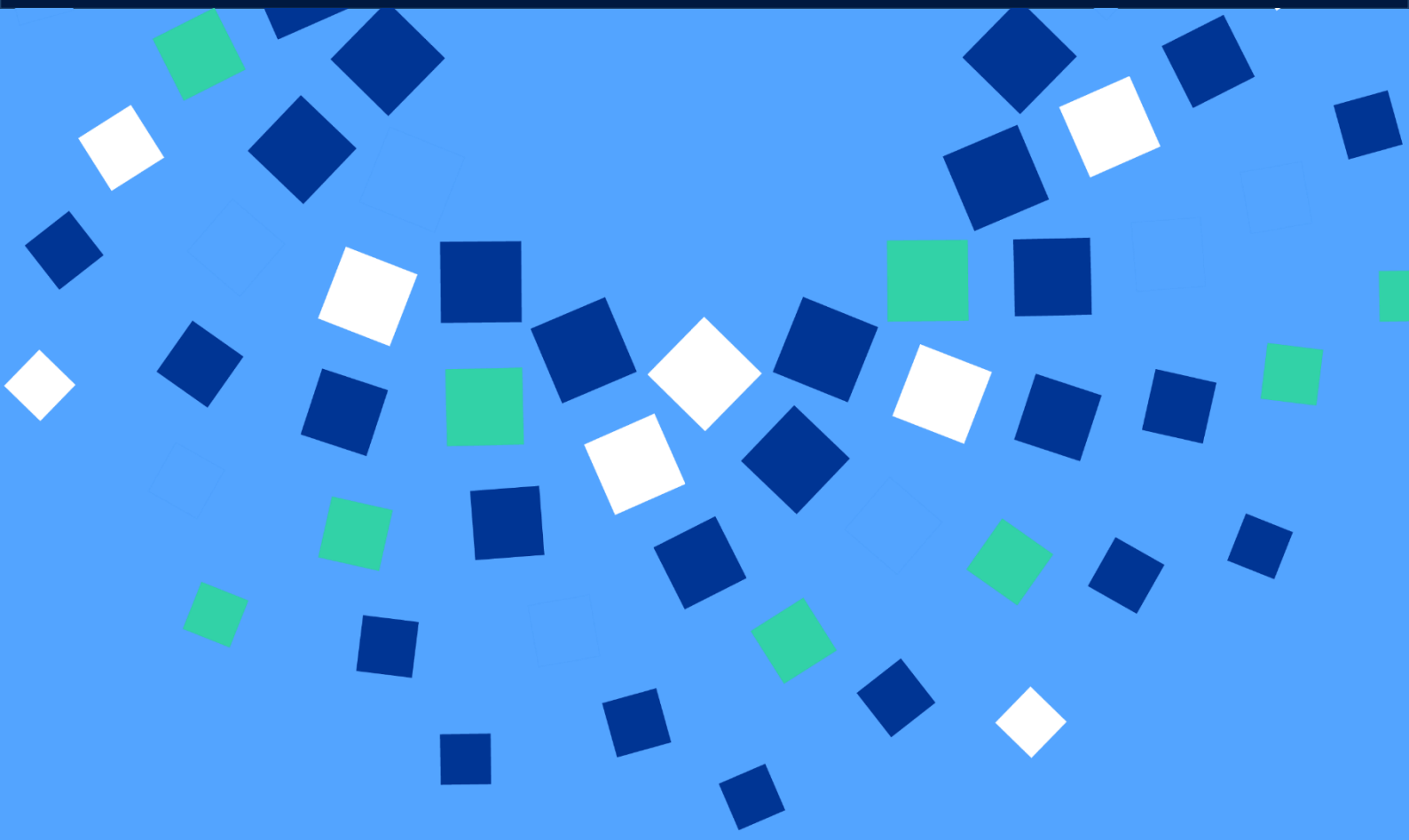
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Data Explained

Postponed Admitted Procedures (CAPD)

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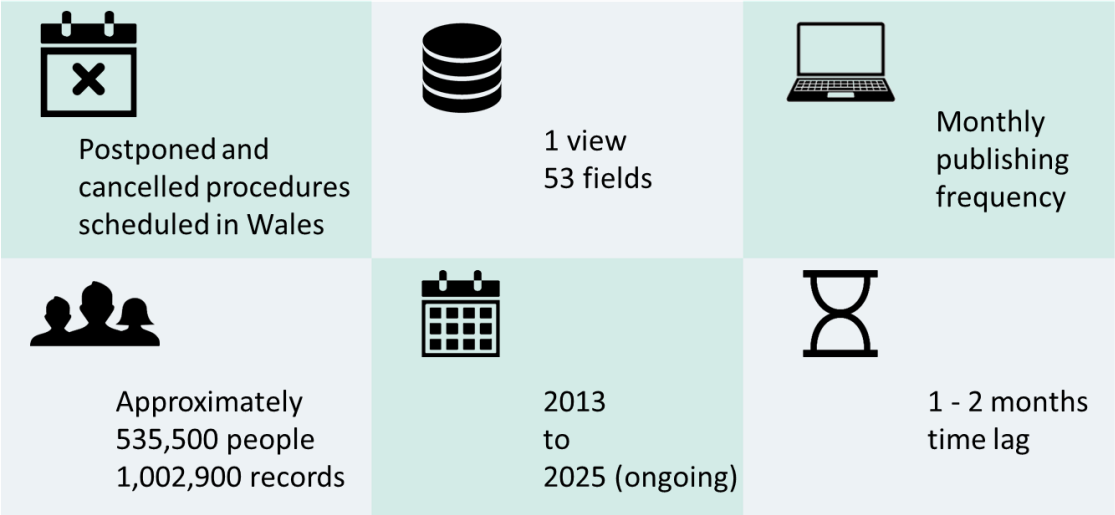


Summary

This Data Explained summarises experiences and learning from working with the Postponed Admitted Procedures (CAPD) data. This publication is intended to help guide future researchers using this data and to provide feedback on future dataset development and documentation.

The administrative data discussed in this Data Explained was made securely available through an approved SAIL project via the independent Information Governance Review Panel (IGRP) – project 1934. The data used in this research project comes from Digital Health and Care Wales (DHCW) and was accessed through the Secure Anonymised Information Linkage (SAIL) Databank. The data were not originally collected for research, and gaps and inconsistencies in their recording are expected; some are detailed below.

Overview



Introduction

The Cancelled Admitted Procedures Dataset (CAPD) publishes information on patient-level postponed and cancelled admitted procedures. The data is captured via the Postponed Admitted Procedures Data Set (PAP ds) on a monthly basis.

Data to understand the reasons for cancelled operations within Wales has been collected since 2002, however this was limited to only operations and procedures due to be performed in operating theatres (NHS Wales Informatics Service, 2013). In the 2011 Labour Party Manifesto, there was a commitment to ensure that any operation which had been cancelled twice would be carried out within two weeks (Labour, n.d.). Measurement against this commitment required more detailed data capture, leading to the development of the CAPD (NHS Wales Informatics Service, 2013). This was renamed the Postponed Admitted Procedures Data Set (PAP ds) to reflect that most procedures were postponed rather than cancelled (NHS Wales Informatics Service, 2014). The data source within SAIL continues to be named the CAPD.

The CAPD contains postponed, elective, admitted, in-patient, and day-case procedures for Welsh residents scheduled to take place in Wales. As such, it does not contain data relating to outpatients, regular attendances (e.g., repeated treatments such as chemotherapy or dialysis), maternity, or emergency admissions and procedures (NHS Wales, n.d.-a).

CAPD does not include procedures that were brought forward or delayed but were subsequently carried out within the same planned admission.

CAPD coverage began in April 2013 and was still active at the time of writing this report in 2025. A large peak in postponements is observed in 2020, driven by COVID-19-related factors.

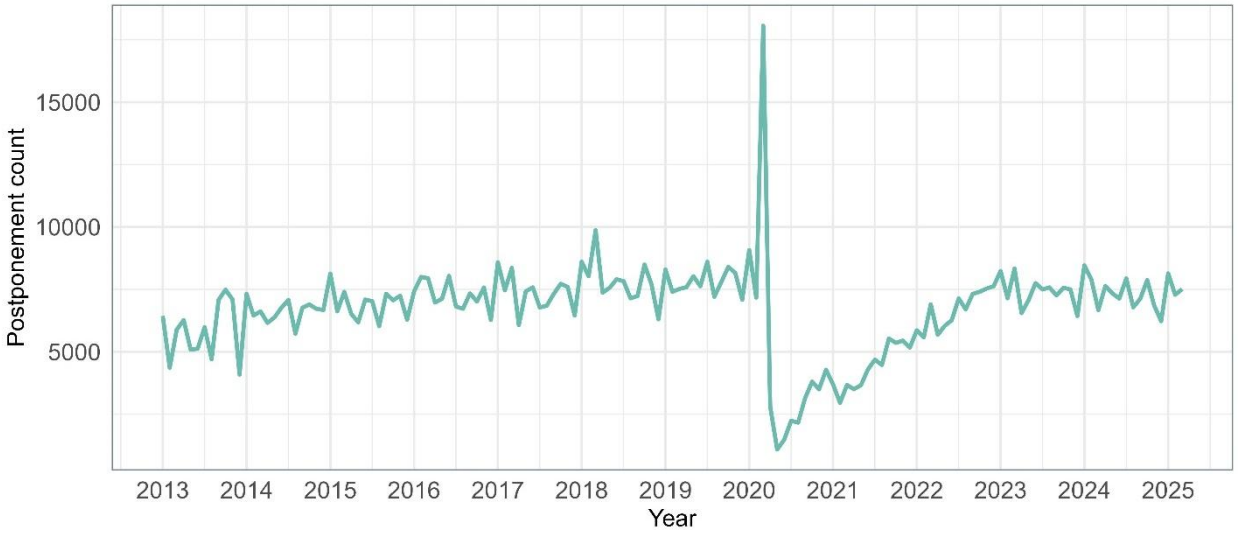


Figure 1 - Count of all CAPD postponements per month.

How is the data collected?

The seven Welsh Health Boards (HBs), excluding Velindre NHS Trust, compile information on cancelled and postponed elective admitted procedures and submit it monthly via the secure upload mechanism on the NHS Wales Data Switching Service (NWDSS) (NHS Wales, n.d.-c).

Postponements are reported by the HB where the procedure was planned to take place (NHS Wales Informatics Service, 2013) and should be reported in the month the cancellation or postponement occurred (NHS Wales, n.d.-c).

A timeline of key CAPD events is provided below. This list is not exhaustive, but aims to cover the most significant changes relevant for data users.

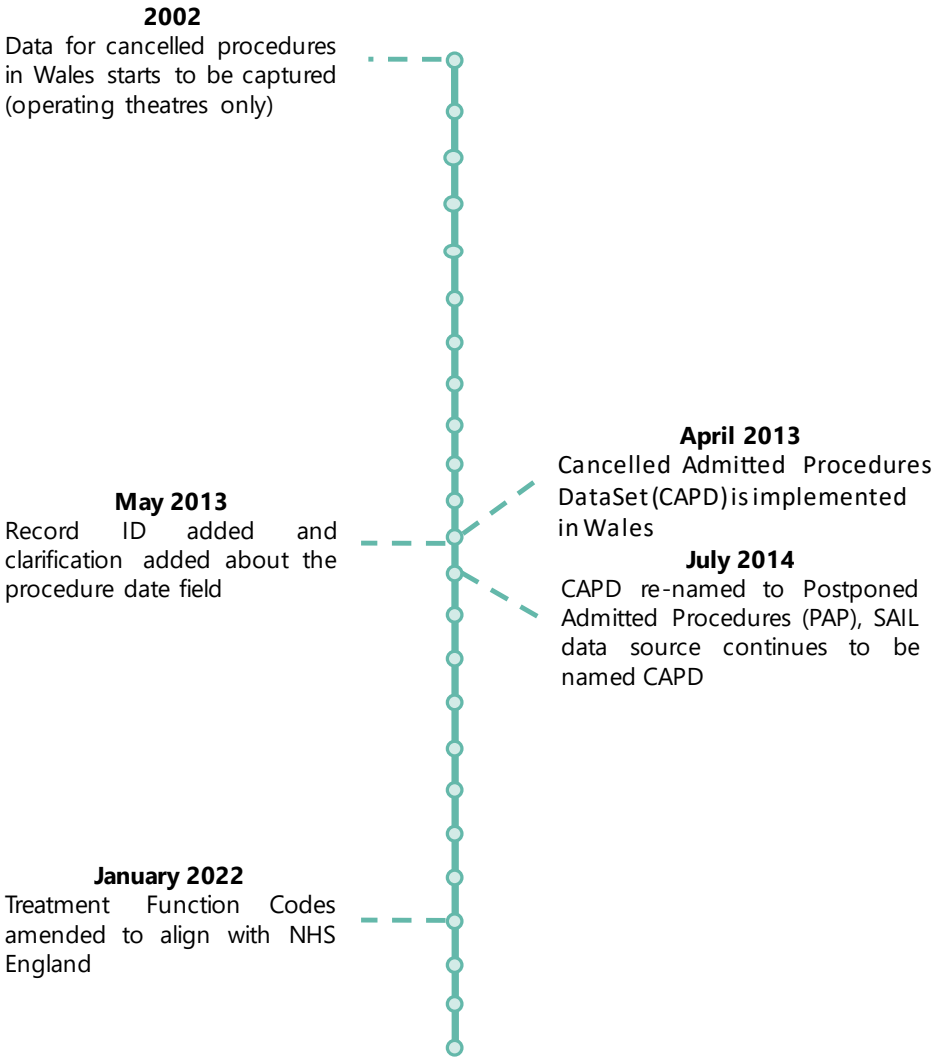


Figure 2 - Timeline of key events impacting the contents of the CAPD.

Data structure and linkage

CAPD is provided within SAIL as a single, individual-level table, with each record representing a unique postponement. The following fields within the data can be used to identify a unique postponement: *PROV_ORG_CD*, *PAT_ID_PE*, *PATHWAY_ID_PE* and *INTENDED_ADMIS_DT* (NHS Wales, n.d.-c). Inside SAIL, it may be possible to substitute *PAT_ID_PE* for *ALF_PE*. The data includes a unique Anonymised Linkage Field (ALF) for each individual, enabling robust linkage to other data sources in the SAIL Databank.

Key variables

Some key information which can be obtained from the CAPD is listed below.

Dates: The postponement or cancellation (*CANCEL_DT*) is the date the postponement or cancellation occurred. The intended admission date (*INTENDED_ADMIS_DT*) is the date that the admission was due to occur. The procedure date (*PROC_DT*) is the date the procedure actually took place. Note that this will not be recorded when the procedure has not taken place, so the completion rate is low (see data limitations encountered).

Reason for cancellation: The reason for cancellation is grouped into three high-level categories (*REASON_FOR_CANCEL_GRP*): clinical (related to the clinically stated patient condition); non-clinical (related to staffing, equipment/bed availability or administration issues); and patient (unavailable, not wanted or declared unfit) reasons. Further details about the reason for postponement are provided within the more detailed *REASON_FOR_CANCEL_CD* field.

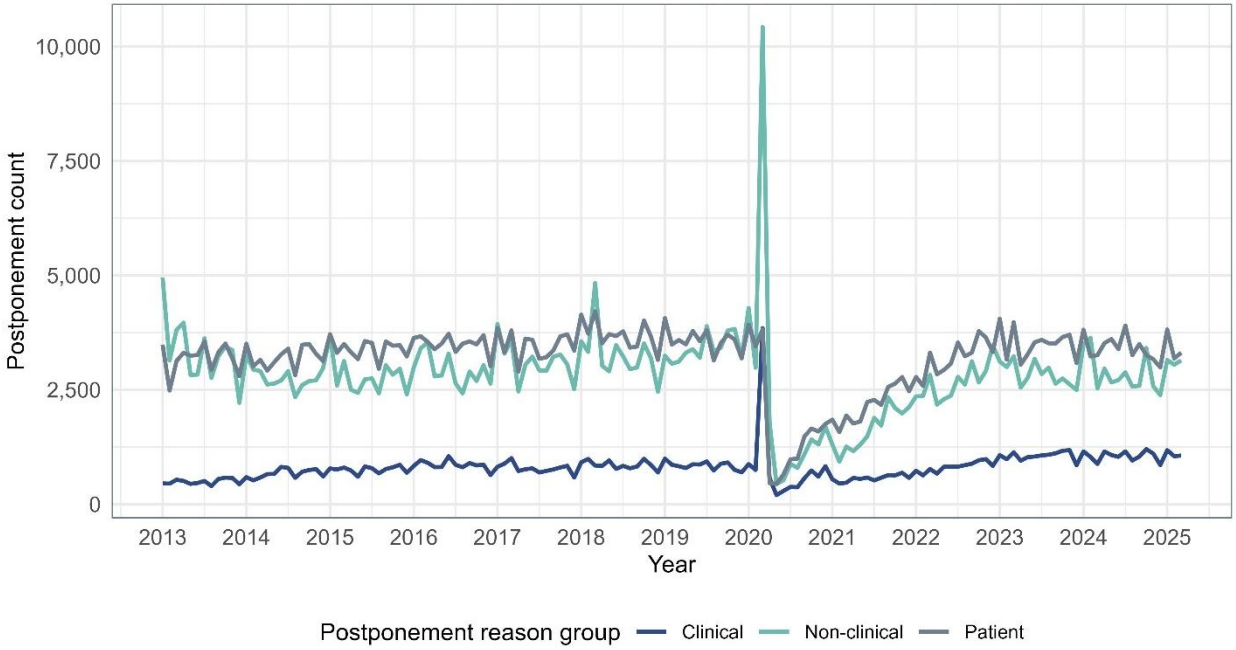


Figure 3 - CAPD procedure postponement count monthly by reason for postponement group.

The most frequently recorded reasons for procedure postponement are provided below but should not be used to guide inclusion. Where relevant, the reasons for postponement should be investigated further based on the nature of the SAIL project.

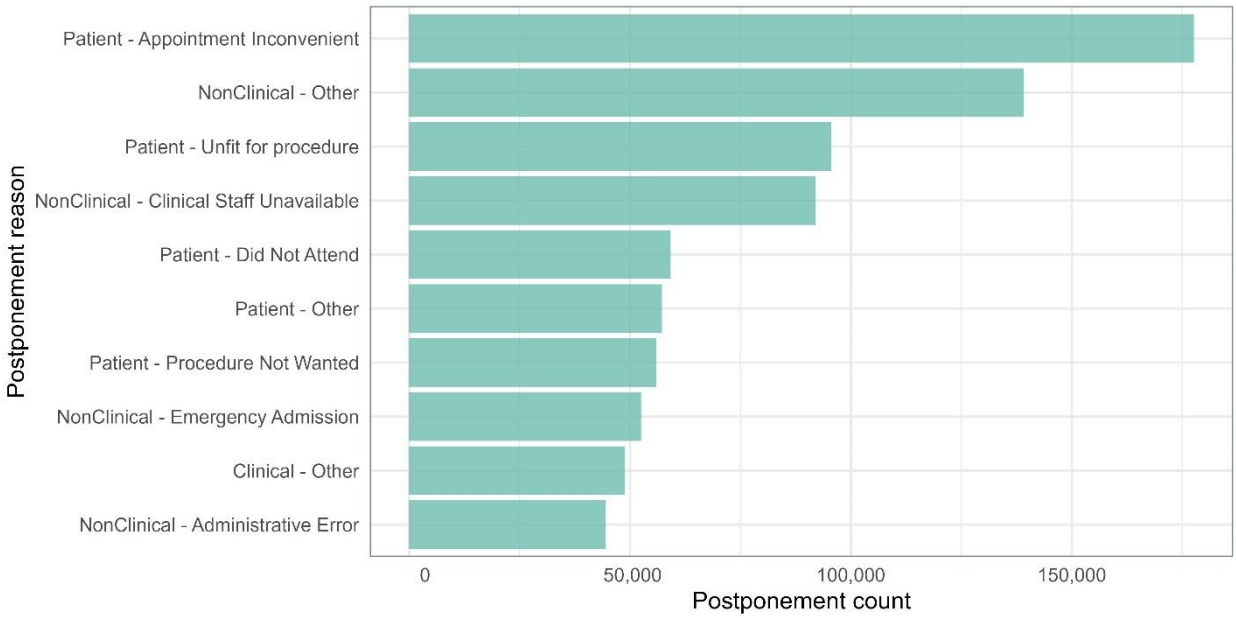


Figure 4 – The counts for the top 10 reasons for appointment cancellation in CAPD.

The NHS Wales Data Dictionary (NHS Wales, n.d.-b) contains nationally agreed standard codes used for recording within postponed procedure data and is therefore a useful resource for understanding and interpreting the CAPD. Full

metadata for the CAPD is made available via the HDR Gateway metadata catalogue (HDRUK, 2025). Some useful fields are listed below.

Field name	**Description**	**Use**
ALF_PE	Anonymised linkage field (person ID)	To identify individuals and for data linkage with other SAIL data sources.
PAT_ID_PE	Patient ID (encrypted)	A unique patient ID that can be combined with other fields to identify a unique postponement.
PROV_ORG_CD	The provider unit code	To identify the health care provider (HB or trust) responsible for managing the treatment, and can be combined with other fields to identify a unique postponement.
PROV_ORG_CURR_CD	Provider unit code mapped to the current structure	To identify the health care provider responsible for managing the treatment as per the current HB boundaries.
TREAT_SITE_ORG_CD	Treatment site organisation code	The organisation code for the site where the patient is or will be treated.
PATHWAY_ID_PE	Patient pathway ID (referral to treatment)	Identifies a unique Patient Pathway when combined with the organisation code (*PROV_ORG_CD*). Note that multiple procedures may be planned as part of a single pathway. It can also be combined with other fields to identify a unique postponement.
TREAT_SPEC_CD	Treatment function code	Code to identify the main speciality function under which the patient will be treated.
INTENDED_ADMIS_DT	Intended admission date	The date that the admission was intended for the procedure. It can also be combined with other fields to identify a unique postponement.
CANCEL_DT	Cancellation date	The date that the HB or patient postponed or cancelled the procedure.
REASON_FOR_CANCEL_CD	Reason for cancellation code	To identify the reason the procedure was cancelled.
REASON_FOR_CANCEL_GRP	Reason for cancellation group	To identify whether cancellation was for clinical (related to clinically stated patient condition), non-clinical (related to staffing, equipment/bed availability or administration issues) or patient (unavailable, not wanted or declared unfit) reasons.
PROC_DT	Procedure date	The date that the postponed procedure took place. Note that this will not always be completed as cancelled procedures may never take place.

Table 1 - Key fields available within CAPD and their descriptions.

What can the data be used for?

The data can be used to identify patients who have experienced delays in their procedures, as well as the reasons for the delays or cancellations. It is also possible to identify absolute count trends of postponed procedures over time and to subcategorise these by treatment speciality or reasons for cancellation.

Data limitations encountered

Procedure date: In a small proportion of cases, the time from the intended admission to the procedure date can be used to identify the duration of the postponement. However, the *PROC_DT* completion rate is very low at just 0.6% of rows, with only two Health Boards (HBs) recording any procedure dates in the May 2025 CAPD extract used in the development of this report. This suggests that this field is often not completed once the actual procedure takes place, and cannot be reliably used. Researchers who may be interested in identifying the impact of treatment postponements and delays will therefore have difficulty making meaningful conclusions without being able to clearly identify whether the procedure took place or the length of the delay.

Procedure postponement rates: The CAPD only contains information about postponed and cancelled procedures; therefore, it is not possible to identify the percentage of procedures which have been postponed, or to identify relative trends of postponement between groups from the CAPD data alone.

Lack of procedure specificity: The OPCS-4 code is not present within the CAPD data, only the treatment function code. This makes it difficult, if not impossible, to link the CAPD to other data sources to identify whether and when the postponed procedure within the CAPD has occurred.

Identifying multiple postponements: The CAPD data does not appear to contain an identifier for a single procedure to identify where it has been postponed multiple times. The closest field appears to be PATHWAY_ID_PE, which identifies postponements that are part of a single referral to a treatment pathway. The *PATHWAY_ID_PE* was developed to be able to measure against government targets introduced in 2007 stating that no patient pathway should exceed 36 weeks and 95% of pathways should occur within 26 weeks (Welsh Information Standards Board, 2025). However, a single pathway can contain multiple procedures, so PATHWAY_ID_PE cannot be used to identify repeated postponements for a single procedure.

Inaccurate derived fields: The derived fields within the CAPD may not always be up to date. *TREAT_SPEC_DERIVED_CD* does not appear to match the latest available codes as per the Data Dictionary (NHS Wales, n.d.-d). Therefore, researchers should check that any derived fields are based on the current code lists and may prefer to match them themselves using the original fields.

Cancellation date accuracy: In some cases, the cancellation date recorded is after the intended admission date. While some instances may be legitimate, for example, where a patient has already been admitted to hospital and their procedure is subsequently cancelled at short notice, others are likely to reflect data quality issues. Researchers analysing procedures cancelled or postponed at short notice should be aware that this may affect the reliability of their findings.

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Glossary

Abbreviation	Description
ADR UK	Administrative Data Research UK
ALF	Anonymous Linkage Field
DHCW	Digital Health and Care Wales
HB	Health Board
HDR	Health Data Research
IGRP	Information Governance Review Panel
NHS	National Health Service
NWDSS	NHS Wales Data Switching Service
OPCS-4	OPCS Classification of Interventions and Procedures 4th Edition
PAP ds	Postponed Admitted Procedures data set
SAIL	Secure Anonymised Information Linkage (SAIL) Databank

Disclaimer

This work was produced using administrative data accessed through the SAIL Databank. The use of the data in this work does not imply the endorsement of the SAIL Databank or data owners in relation to the interpretation or analysis.

This work uses research data which may not exactly reproduce National Statistics aggregates.

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This Data Insight has been produced by the ADR Wales Ymateb research team. It provides a snapshot of informative research currently underway at ADR Wales but is not intended to provide a complete picture of work undertaken within this field or the ADR Wales programme of work. The information presented in this Data Insight has been reviewed by ADR Wales colleagues with expertise within this thematic area and accepted to be accurate at the point of publication. Views expressed in this Data Insight are those of the researchers and not necessarily those of ADR Wales partner organisations.

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Publication contact

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