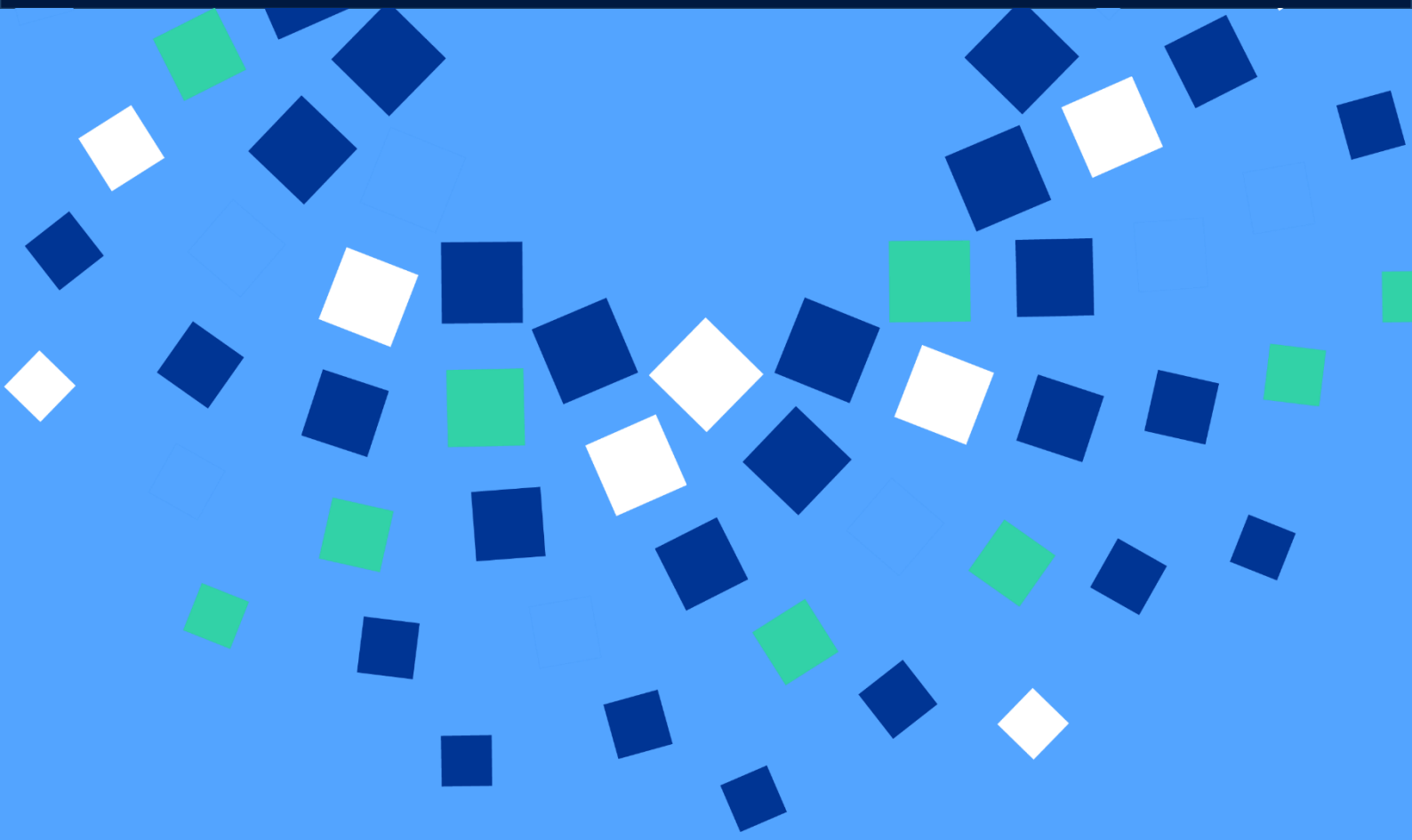
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Data Explained

Referral to Treatment Times (RTTD)

Authors: Roberta Chiovoloni, Sarah Aldridge, Victoria Best, Ashley Akbari
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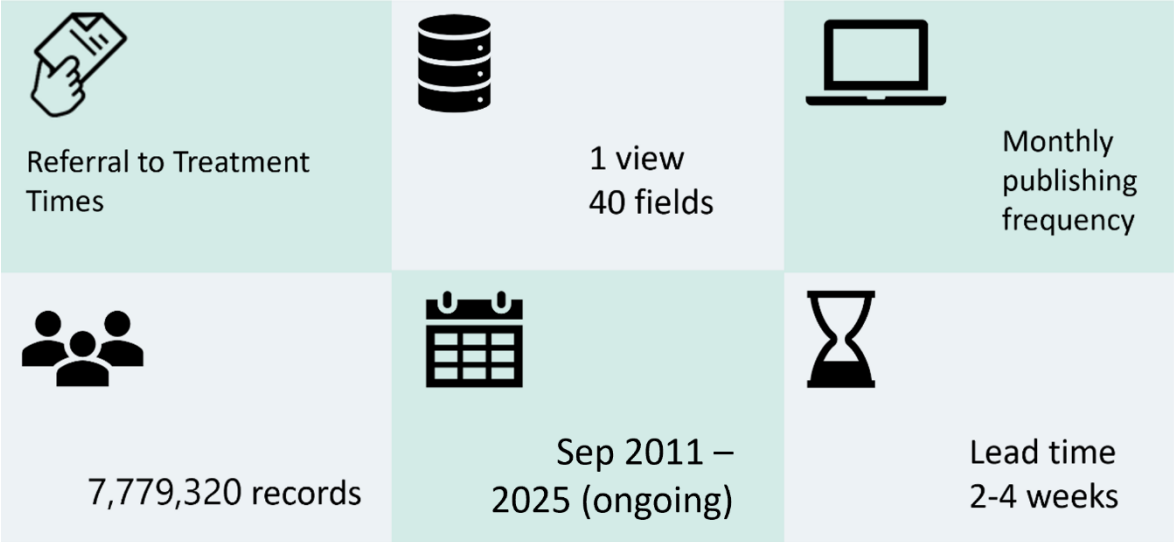


Summary

This Data Explained summarises experiences and learning from working with the Referral to Treatment Times (RTTD) data. This publication is intended to help guide future researchers using this data and to provide feedback on future data 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

Referral to Treatment Times (RTTD) contains aggregated waiting time data for Welsh residents on a "Referral to Treatment" pathway at a Welsh health board, or for those referred and treated in England ('WHC (2007) 014', n.d.). The waiting time is recorded from referral by a General Practice (GP) or other medical practitioners to hospital treatment in the NHS. RTTD includes waiting times for 141 different types of hospital treatments. Because the data are presented in aggregate form, they do not contain person-level identifiers and therefore cannot be linked to other data sources.

RTTD is designed to track the time patients wait for hospital treatment after referral. Its main purpose is to monitor performance against the 26-week Referral to Treatment (RTT) target, which was introduced in 2005 (NHS Wales Data Dictionary, n.d.). The data provides a snapshot of patients on an RTT pathway at the end of each month. It includes patients still waiting for treatment and remaining on an open pathway, as well as patients whose RTT pathway was completed and closed during the reporting month. This approach allows the data to capture both ongoing waits (open pathways) and completed treatment pathways (closed pathways). The Welsh Ambulance Service Trust (WAST) publishes RTT data on the 111 website under the My Planned Care Platform (NHS.UK, 2018).

How is the data collected?

Data on referral-to-treatment waiting times are provided monthly by Health Boards (HBs)/Trusts ('DSCN 2011-07', n.d.). The data are collected in secondary care settings and submitted monthly via the secure upload mechanism on the NHS Wales Data Switching Service (NWDSS). If the HB/Trust provide specialty services for which there are no waits to report, they are not required to include a count for that speciality. If the HB provide a zero open or closed pathway count for any speciality, the Organisation Codes *([...]_ORG_[...]_CD)* and Residence Codes *(RES_[...]_CD)* are populated with 'X98'.

RTTD includes waiting time data for Welsh residents treated in Wales, as well as those treated (or waiting for treatment) in England. In the latter case, a number of English NHS organisations initially supply this data monthly to Digital Health and Care Wales (DHCW), formerly known as the National Wales Information Service (NWIS), which then submits a single all-Wales return.

Format and linkage

RTTD is a single, aggregated view that does not contain an individual-level, anonymous linkage field. Instead, it can be linked to healthcare providers.

Key variables

The following table reports the key variables in RTTD.

Field name	Description
RTT_STAGE_ID_PE	Encrypted Stage ID
CENSUS_DT	Date on which the list is measured. This is the last day of the month the return relates to.
COUNT_PAT_WAITING	Numeric field showing the number of patients in each time band.
DATA_REF_CD *DATA_REF_DESC*	Data reference code. Code defining the record type within a return. This can be either OP (Open Pathway) or CP (Closed Pathway).
PROV_ORG_CURR_CD *PROV_ORG_CURR_NAME*	Provider Unit Code/name. This is the organisation code for the health care provider responsible for managing the patient's treatment.
TREATMENT_SPEC_CD *TREATMENT_SPEC_DESC*	Treatment function code/description. This is the speciality under which the patient is or will be treated. This may be either the same as the speciality function recorded as the consultant's main speciality, or a different speciality function that will be the consultant's interest speciality function. There are 136 unique ones.
REF_ORG_CURR_CD *REF_ORG_CURR_NAME*	Referring organisation Code/Name. The code/name of the organisation of the General Medical Practitioner, General Dental Practitioner, Consultant or independent Nurse making the referral
RES_HEALTH_ORG_CURR_CD *RES_HEALTH_ORG_CURR_NAME*	Current resident Health Unit Code/name. The code/name for the Health Board where the patient is a resident, identified via the NHS postcode directory.
WAITING_TIMES_BAND	Band times for reporting the waiting time counts. This is reported in time bands, described as weeks up to 40 weeks wait. All waits beyond that are reported in one group. The count of waiting time starts from the waiting list date ad end on the CENSUS_DT.

Table 1 - Key variables available in RTTD.

What can the data be used for?

RTTD can be used to assess the total time spent waiting for hospital treatment. In particular, it can assess efficiency against the government's 26-week pathway target. RTTD can be used to assess which healthcare providers and health units are under the most stress by checking how long patients are waiting and how many are waiting. Similarly, it can be used to assess which types of hospital appointments have the longest waiting times (see Figure 1 and Figure 2).

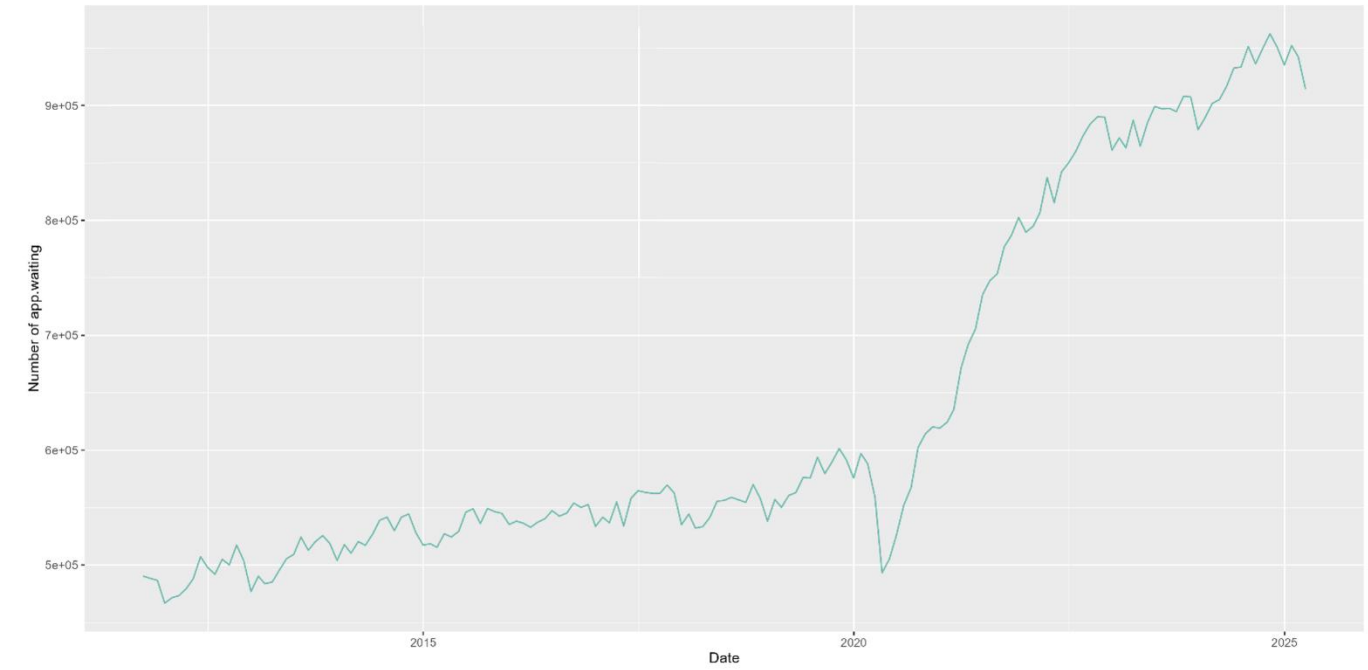


Figure 1 - Total number of hospital treatments waiting to be resolved/completed.

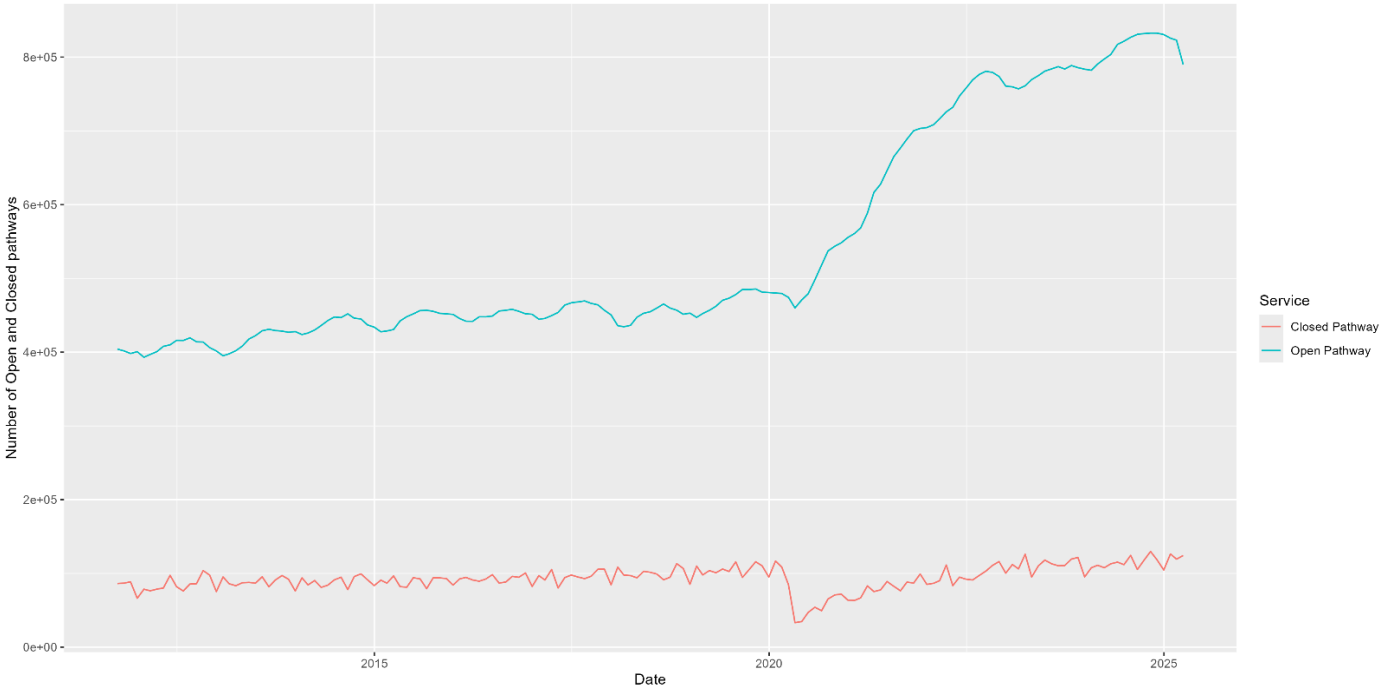


Figure 2 - Total number of hospital appointments with Open or Closed Pathway each year.

A limitation of the data source is that DATW reports data only at the speciality level, so it is not possible to analyse waiting times or waiting list volumes for different pathways within a speciality. For example, the speciality 'Rheumatology' may include both urgent pathways (such as early arthritis services) and more routine referrals. These pathways are likely to have very different waiting times, but the current data does not allow them to be separated.

References

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Glossary

Abbreviation	Description
ADR UK	Administrative Data Research UK
ALF	Anonymised Linkage Field
DHCW	Digital Health and Care Wales
GP	General Practice
HB	Health Board
IGRP	Information Governance Review Panel
NHS	National Health Service
NWDSS	NHS Wales Data Switching Service
NWIS	National Wales Informatics Service
RTT	Recurrent Treatment Time
SAIL	Secure Anonymised Information Linkage (SAIL) Databank
WAST	Welsh Ambulance Service Trust

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.

Acknowledgements

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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

Please contact the SAIL Databank via the Helpdesk.

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