

18 Weeks Referral to Treatment

Quarter End – 30 June 2016

Publication date – 30 August 2016

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Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demand for services. Measuring and regular reporting of waiting times highlight where there are delays in the system and enables monitoring of the effectiveness of NHSScotland's performance. Information Services Division (ISD) Scotland continues to be committed to improving the information presented in waiting times publication in partnership with our key stakeholders, the NHS Boards and the Scottish Government.

The 18 Weeks Referral to Treatment (RTT) Standard is different from previous and other waiting time targets, e.g. The [Patient Rights \(Scotland\) Act 2011](#) which established a 12 weeks Treatment Time Guarantee for eligible patients who are due to receive planned inpatient or day case treatment from 01 October 2012. Further information can be found within the [Stage of Treatment report](#) published by ISD.

The 18 Weeks Referral to Treatment (RTT) standard does not focus on a single stage of treatment, i.e. the time from referral to first outpatient appointment, or the time from being added to the waiting list until treatment starts. The 18 weeks standard applies to the whole pathway i.e. from a referral to the point where each patient is treated. The 18weeks RTT performance is dependent on [Stage of Treatment](#) and [Diagnostics](#), both of which are published by ISD.

The 18 Weeks RTT Standard has been determined by the Scottish Government and states: "90.0% of patients should have a completed pathway from referral to first treatment commencing within 18 weeks". This standard allows for the relatively small proportion of cases where it is not clinically appropriate for the patient to be seen and treated within 18 weeks. It also allows for any unexpected increases in demand for secondary care services.

ISD receives monthly aggregated 18 weeks RTT data from each NHS Board; hence patient-level information cannot be systematically validated by ISD. NHS Boards extract the data from their systems and carry out quality assurance checks before it is then sent to ISD. ISD will then carry out a limited suite of quality assurance checks on the data including questioning Boards on their methodology. Further information can be found in the [Data Quality](#) section of this report.

For further information on the collection and reporting of this data and detail on UK comparison please refer to the [Background](#) Information of this report.

Main points

- In June 2016, across NHSScotland, 87.0% of patients were reported as being seen within 18 weeks, figures for April and May 2016 were 86.1% and 87.2% respectively. This compares with 88.3% for the same period last quarter, March 2016.
- In June 2016, eight of the fifteen NHS Boards, who submitted valid data, met the 18 Weeks Referral to Treatment Standard. Seven NHS Boards did not meet the 90% standard; NHS Ayrshire & Arran (74.7%), NHS Grampian (80.4%), NHS Lothian (81.3%), NHS Highland (84.1%), NHS Forth Valley (85.9%), NHS Tayside (88.8 %) and NHS Lanarkshire (88.9%).

Results and Commentary

This publication details NHSScotland's and NHS Board's results for the period October 2011 to June 2016 against the national standard for 18 Weeks Referral to Treatment.

The complete patient journey from referral to treatment can be difficult to measure as patients may require treatment at more than one hospital or outwith their NHS Board of residence. The Unique Care Pathway Number (UCPN) is designed to link all stages of the patient journey, allowing for the recording of all delays and hence a determination of their wait.

Clinical Outcome Code Recording (COCR) indicates the status of the patient journey after every outpatient appointment. This is also being used to aid the determination of the full patient journey.

NHS Boards are actively working with ISD and the Scottish Government to improve the consistency and quality of these data.

NHS Ayrshire & Arran provided a partial estimate for June 2016, where some 25% of the figures were estimated and 75% were actual measurements.

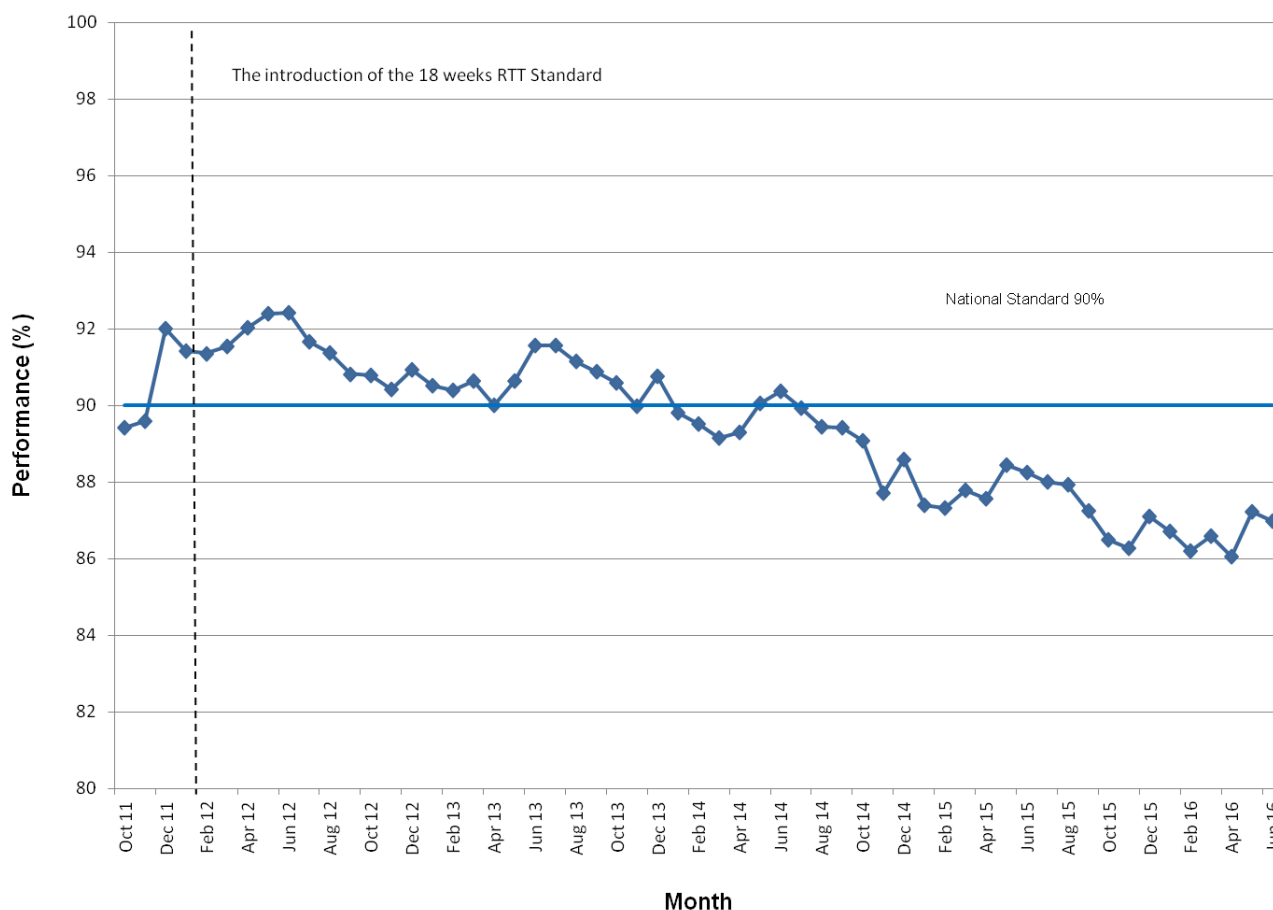
For more information please see the [Data Quality](#) section.

Patient Journeys within the 18 Weeks Standard

In June 2016 across NHSScotland, 87.0% of patients whose 18 Weeks RTT journey could be fully measured, were reported as being seen within 18 weeks. This is a slight increase compared to the figures for March 2016 (86.6%) and a decrease from the June 2015 figure (88.3%). The figures for April and May 2016 were 86.1% and 87.2% respectively.

Chart 1 below shows the monthly performance of fully measurable patient journeys completed within 18 weeks for NHSScotland from October 2011 to June 2016, compared to the National Standard. Chart 1 illustrates that since January 2014, with the exception of May and June 2014, NHS Scotland has not met the 90% national standard.

Chart 1: NHSScotland 18 Weeks RTT performance



October 2011 – June 2016

To see this detail at NHS Board level please see [Chart 1a](#).

In June 2016, eight of the fifteen NHS Boards, who submitted valid data, met the 18 Weeks Referral to Treatment Standard. Seven NHS Boards did not meet the Standard.

Table 1: NHS Boards compared to the 90% 18 Weeks Referral to Treatment Standard for June 2016

NHS Board	Patient journeys within 18 weeks (%)
NHS Ayrshire & Arran	74.7
NHS Borders	92.1
NHS Dumfries & Galloway	90.2
NHS Fife	91.6
NHS Forth Valley	85.9
Golden Jubilee	100.0
NHS Grampian	80.4
NHS Greater Glasgow & Clyde	92.0
NHS Highland	84.1
NHS Lanarkshire	88.9
NHS Lothian	81.3
NHS Orkney	92.1
NHS Shetland	90.6
NHS Tayside	88.8
NHS Western Isles	94.5

Calculating the Patient Waiting Time

To calculate an individual patient's whole journey waiting time, it is necessary for NHS Boards to link all the stages of the patient's journey from initial referral to the start of treatment, recording all delays. In June 2016, a total of 120,530 patient journeys eligible under the 18 Weeks RTT Standard were identified. It was not possible to fully calculate the waiting time fully for 8,863 patient journeys. The waiting time could be fully measured for 111,667 patient journeys (92.6%) compared to 92.0% in June 2015.

Table 2: NHSScotland - Patient journeys within 18 weeks and patient journeys that could be fully measured up to June 2016

Month	Patient journeys within 18 weeks (%)	Number of patient journeys within 18 weeks	Number of patient journeys over 18 weeks	Number of unknown waits	Patient journeys that could be fully measured (%)
June 2016	87.0	97,139	14,528	8,863	92.6
May 2016	87.2	95,638	14,007	9,045	92.4
April 2016	86.1	88,503	14,330	8,462	92.4
March 2016	86.6	96,100	14,869	9,242	92.3
June 2015	88.3	96,520	12,839	9,529	92.0

A trend of the number of patient journeys completed within 18 weeks and the percentage of patient journeys that could be fully measured by NHS Boards are shown in [Table 3](#).

In June 2016, 7.4% of patient journeys eligible under the 18 weeks RTT standard could not be fully measured hence the performance against the standard is based on only 92.6% of all identified patients. This compares to 8.0% that could not be fully measured in June 2015.

Chart 2: NHSScotland - Percentage of Patients whose Journey could be fully measured

October 2011- June 2016

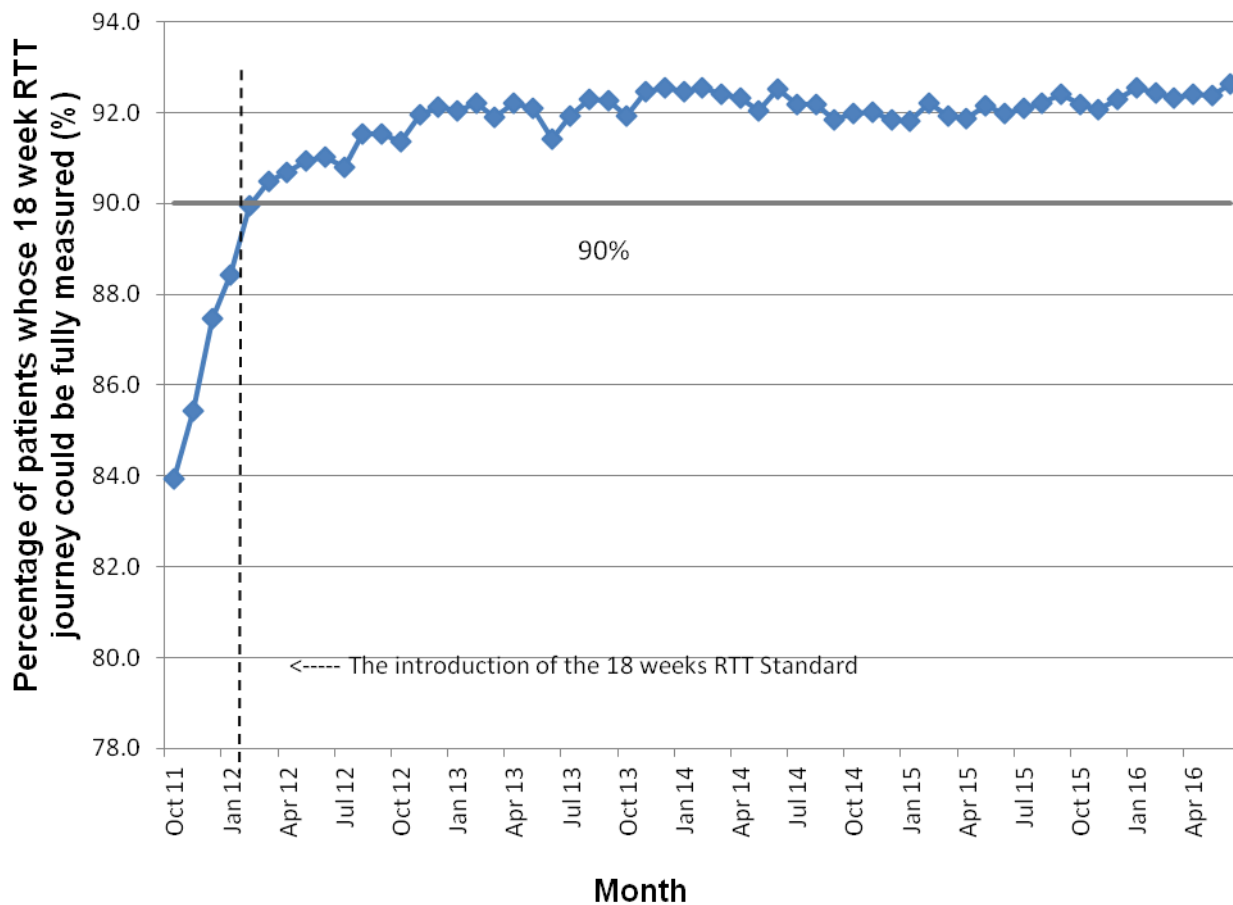


Chart 2 above shows the percentage of patients whose journey could be fully measured across NHSScotland since October 2011.

If linkage was 100% i.e. unknown waits could be fully measured, the performance against the standard for June 2016 would lie between 80.6% and 87.9% depending on whether these patients were treated within 18 weeks or not.

Four NHS Boards reported in June 2016 that all eligible 18 weeks RTT patients could be fully measured, i.e. 100% linkage. They are NHS Forth Valley, NHS Lanarkshire, NHS Shetland and NHS Western Isles. Due to the possibility of treatments being carried out at multiple tertiary centres or the added complexity of some patients being on multiple concurrent pathways, some NHS Boards are unable to fully link the patient’s pathway.

Glossary

Patient journey: A patient's 18 Weeks RTT journey begins with the receipt of referral for treatment and ends with the start of treatment.

Patient journeys that could be fully measured: Those patient journeys where it has been possible for the NHS Board treating the patient to link all stages of the patient's journey from the initial referral to the start of treatment.

NHS Board of Treatment: The NHS Board in which treatment starts.

Number of patient journeys within 18 weeks: The number of patient journeys where the start of treatment was within 18 weeks (126 days or less) of the initial referral, minus any periods of patient unavailability.

Number of patient journeys over 18 weeks: The number of patient journeys where the start of treatment was over 18 weeks (greater than 126 days) from the initial referral, minus any periods of patient unavailability.

Patient unavailability: Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or patient advised reasons.

Unique Care Pathway Number (UCPN): A unique number allocated to all new referrals, to enable identification of patient journeys and the linking of all the stages in the patient's journey.

Clinical Outcome Code Recording (COCR): COCR indicates the status of the patient's journey after every Outpatient appointment.

List of Tables

Table No.	Name	Time period	File & size
Chart 1a	NHS Board Performance	October 2011- June 2016	Excel [3077kb]
Table 3	18 Weeks RTT Performance and Linkage by NHS Board	October 2011- June 2016	Excel [96kb]

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Further Information

Further information can be found on the [ISD website](#)

NHS Performs

A selection of information from this publication is included in [NHS Performs](#). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

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Appendices

A1 – Background Information

History

Better Health Better Care was published by the Scottish Government in December 2007 which set out a commitment:

"The 18 week Referral to Treatment (RTT) standard will address the whole patient care pathway, from receipt of a GP referral, up to the point at which each patient is actually admitted to hospital for treatment".

The 18 Weeks Referral to Treatment (18 Weeks RTT) Standard builds on previous waiting time targets, which set maximum waiting times for stages of treatment, for first outpatient consultation, diagnostic tests and for inpatient and day case treatment. 18 Weeks RTT focuses on the entire patient journey from the initial referral to the start of treatment, including for the first time treatment undertaken in an outpatient setting, and promotes a holistic approach to providing clinically effective, safe and efficient care in a timely manner.

The responsibility for delivering the 18 Weeks RTT Standard lies with the NHS Board who receives the initial referral, as this NHS Board will be responsible for agreeing with the patient and relevant clinicians the most appropriate pathway of care. In some cases patients may be initially referred to one NHS Board and then have an onward referral to another NHS Board for treatment.

Definitions and guidance for 18 Weeks RTT have been developed to help ensure that each patient's journey is measured fairly and consistently. Further details can be found on the [18 weeks RTT website](#).

Data Use

After the production of monthly management reports and the quarterly publication, a number of other uses can occur. These include:

- Information requests for a variety of customers, e.g. research charities; public or private companies;
- Freedom of information requests;
- Health intelligence work - used alongside other waiting times information to build up a picture of an NHS Boards performance or to look into capacity issues. Assisting NHS Boards management of their local waiting lists;
- Parliamentary questions.

Other Targets & Standards

The 18 Weeks RTT Standard is part of a variety of targets and standards set by the Scottish Government around waiting times. While 18 weeks RTT covers the full patient pathway, there is a standard specifically around diagnostics, focussing on 8 key diagnostic tests. For the stage of treatment part of the pathway, there is a guarantee for inpatients and day cases and a

standard for new outpatient appointments. Details on each of these, and other waiting times guarantee/standards that ISD publish, are available within the Support Documentation [web page](#).

- Further detail about all NHSScotland targets/standards can be found at the Scottish Government's Scotland Performs [website](#).

What is a UCPN?

The Unique Care Pathway Number (UCPN) is being rolled out in IT systems across Scotland to identify individual patient journeys, along with codes for outcomes following clinical consultations (Clinic Outcome Code recording, COCR). A UCPN is a unique number that should be allocated to all new referrals and will identify patient journeys in and across NHS Boards. COCR indicates the 'status' of a patient's journey after every outpatient appointment, i.e. whether treatment has started or not. UCPN and COCR will facilitate the linking of all stages of the patient's journey and the measurement of the 18 Weeks RTT waiting time. NHS Boards are at various stages of implementing changes.

Data Limitations

The 18 Weeks RTT data submitted to ISD is not at patient level, but an aggregated return from NHS Boards. The derivation of these data and their accuracy is a matter for individual NHS Boards. Whilst it is not possible for ISD to fully validate the underlying data, ISD are developing and refining methods to compare the submitted data to data previously reported for management information purposes and to other ISD data sources. NHS Boards are working with ISD and the Scottish Government to update systems in order to further improve the whole pathway information capture and data submission to support the measuring and reporting against the 18 Weeks RTT Standard. A group of representatives from NHS Boards, Scottish Government and ISD meet on a regular basis to look at new ways to improve data submission and ease the burden on NHS Boards workloads.

Since the data is sent to ISD at an aggregate level a distribution of the data is not possible. ISD only hold data on the number of patient journeys that are less than 18 weeks, over 18 weeks, over 26 weeks for key specialties, and unknown waits.

Due to the constraints in current hospital information systems in linking all stages of a patient's journey to measure their waiting time, these statistics are presented on NHS Board of Treatment i.e. the NHS Board where the patient's treatment was started. NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection.

Some caution should be exercised in using and interpreting these data at this developmental stage. Until the linking together of all stages of a patient's journey is improved through the upgrades to hospital information systems and the use of UCPN and COCR, these data should be considered provisional and data quality notes should be taken into consideration.

Calculation & Exclusions

The 18 weeks RTT clock start is the date when the referral is received by the Health Board and the clock stop is the date the treatment commences. A clock adjustment may occur for the following reasons (where it is reasonable and clinically appropriate):

- The patient has given the Health Board reasonable notice that they cannot attend an appointment.
- Where the patient is unable to attend or did not attend an appointment.
- Where the patient refuses a reasonable offer.
- Periods of time when the patient is unavailable for treatment i.e. on holiday or medically not fit for treatment. These periods do not count towards the calculation of the patient's waiting time.

Referrals to the following services for some specific procedures are currently excluded from the 18 Weeks RTT and therefore do not trigger waiting-time clock starts:

- Direct referrals to Allied Health Professionals (AHP's). However, AHP's may deliver services that are part of the overall waiting time standard e.g. as part of a consultant led service.
- Assisted conception services.
- Dental treatment provided by undergraduate dental students.
- Designated national specialist service for Scoliosis.
- Direct access referrals to Diagnostics services where the referral is not part of a 'straight to Test' referral pathway as there is no transfer of clinical responsibility to the consultant-led team.
- Exceptional Aesthetic Procedures which have been specifically excluded in the CEL 27 (2011) Adult Exception Aesthetic Referral Protocol.
- Homoeopathy.
- Obstetrics.
- Organ and Tissues transplant.
- Mental Health Services.

For further information on the guidance regarding waiting times please refer to the [Waiting Times Guidance](#) document produced by the Scottish Government.

Data collection and methods

Data are collected via a standard template that is submitted monthly by each Health Board. This standard template is populated, checked, verified and signed off by an authorised NHS Board colleague before being submitted to ISD.

After submission to ISD, the data are entered into the ISD Referral to Treatment database. The data are then extracted from the database to produce Monthly Management Information Reports for the Health Boards who then check the content for accuracy. The reports are also

shared with the Scottish Government. ISD, in partnership with the Health Boards, look for unusual changes or patterns in the data which might indicate a data quality issue. Any potential anomalies are raised/discussed with the individual Health Board in order to verify the accuracy of the data or correct any problems.

The quarterly 18 Week RTT publication tables and charts are produced using the data from the ISD Referral to Treatment database. The tables and charts produced are checked by ISD and NHS Boards in order to ensure the quality and accuracy of the data. ISD keep a record of any data quality issues, and where appropriate, include them within the data quality section of the publication report.

Prior to publication, the data for each NHS Board is verified and signed off by the Chief Executive of that NHS Board. Data quality questions are asked and the summary of the responses to these can be found in the data quality section.

ISD continue to investigate ways in which the 18 Week RTT data submissions can be made more streamlined and efficient, including the potential to have submissions entered directly into the Waiting Times data warehouse. This is being reviewed as part of a wider piece of work across all waiting times submissions at the request of Scottish Government.

UK Comparisons

Other parts of the UK also have targets for the Referral to Treatment pathway; however there are differences in how the time period is calculated and different lengths of targets. Further details on other UK targets can be found on their websites; [NHS England](#) , [NHS Wales](#) and [Health and Social Care in Northern Ireland](#).

A2 - Data Quality

ISD works closely with NHS Boards to quality assure data with respect to methodology, extraction process and continuity of trend data at specialty level. This section provides an overview of historical and outstanding data quality issues.

NHS Ayrshire & Arran

NHS Ayrshire & Arran indicate that clock stops where results of investigations are reported back to patients outwith the outpatient setting are not being captured. NHS Ayrshire and Arran are not able to estimate this currently.

NHS Ayrshire & Arran confirm that there has been no change to the linkage methodology used and that they are not aware of any new or ongoing data quality issues.

NHS Ayrshire & Arran have provided a partial estimate for the June 2016 performance figures.

Regarding recording for potentially interlinked specialties, Ayrshire & Arran confirm that for Anaesthetics/Pain Management it is only the Pain Management Service that is recorded against this specialty. Endocrinology & Diabetes are both recorded at this level and not at the sub-specialty level. Oral Surgery & Maxillofacial Surgery patients are recorded against Maxillofacial Surgery and not Oral Surgery. General Surgery and Vascular Surgery are recorded as separate specialties. However for the Admitted Pathway all CSUW's are manually reviewed to ascertain where the clock started and all relevant pathways within the current month's report are included.

NHS Ayrshire & Arran also confirm that the increased Stage of Treatment Outpatient wait has impacted upon the 18 Weeks Non-Admitted Pathway performance and this is evident in the increase in number of non-admitted patients waiting over 18 weeks in General Surgery and Ophthalmology

NHS Ayrshire and Arran have also said that in Ophthalmology a combination of increases in the Stage of Treatment Outpatient Wait as well as the One Stop Cataract Referral to Treatment Wait has impacted upon the 18 Weeks Admitted Pathway performance for this specialty.

NHS Borders

NHS Borders confirms that the data submitted accurately identifies all patients on the 18 Weeks pathway, with the exception of approx 140 patients per month who are not included in the overall percentage performance because their clocks are stopped in diagnostics and AHP services. AHP services are in the process of moving to TRAK, however Physiotherapy are already included within the RTT figures.

NHS Borders confirm that there has been no change to the linkage methodology used.

Manual data quality checks on the data are required due to the complex nature of the RTT 18 week pathways. NHS Borders are reviewing the report algorithm to resolve identified issues with older records and work is ongoing to improve the percentage of outcome completeness.

The reporting process around clinic outcome code recording is being reviewed currently, and this should have an impact in improved recording for Anaesthetics and Pain Management in future. NHS Borders also confirm that they are unaware of issues relating to any other specialties.

NHS Borders confirms that the sharp spike in Non-admitted Ear Nose & Throat patients waiting over 18 weeks in June 2016 is as a result of addressing issues with long waiting times in ENT outpatients and seeing additional patients.

NHS Dumfries & Galloway

NHS Dumfries & Galloway confirms the high accuracy of data submitted. There have been no changes made to the linking methodology this quarter.

NHS Dumfries & Galloway has still to make some adjustments for Treatment Time Guarantee (TTG), and have confirmed that this should not affect the linkage, and only have a minor effect on the performance figures.

NHS Fife

NHS Fife confirms that the 18 Weeks RTT data submitted provides an accurate picture of all patients on an 18 weeks pathway, with no new or ongoing data quality issues. No changes have been made to the linking methodology.

NHS Fife have advised the ISD about their ongoing Patient Administration System migration from Oasis to TrakCare. NHS Fife confirm that as part of this process they are conducting an examination of their data recording processes and clinic builds in order to refine recording of data and reporting.

NHS Forth Valley

NHS Forth Valley confirms that the 18 Weeks RTT data submitted accurately reflects patients on an 18 Week RTT pathway treated within NHS Forth Valley. There have been no changes to the Linking methodology this quarter and NHS Forth Valley is not aware of any new or ongoing data quality issues.

Regarding recording of potentially interlinked specialties, NHS Forth valley confirms that they are in the process of moving to the appropriate code for Pain Management. NHS Forth Valley report General Surgery and Vascular Surgery as separate services and confirm that there are no plans to change this. For Endocrinology they now use the code A8 to differentiate it from A82 Diabetes. NHS Forth Valley only has an Oral & Maxillofacial Surgery service and no Oral Surgery service.

NHS Grampian

NHS Grampian confirms that the data submitted accurately identifies all patients on an 18 week RTT pathway, with no new or ongoing data quality issues. There has been no change to the linking methodology this quarter. The majority of patients whose pathways are unknown are tertiary referrals and the implementation of EPR workbench will help reduce these numbers.

Regarding recording of potentially interlinked specialties, NHS Grampian confirms that Pain Management and Anaesthetics are not interlinked. Pain Management specialty is used for consultation and treatment whereas Anaesthetics is used for pre-operative assessment and would never have a clock stopping outcome. General Surgery excluding Vascular and Vascular surgery are recorded separately and the records are not interlinked. Endocrinology and Diabetes are recorded separately and the records are not interlinked. Oral Surgery and

Oral & Maxillofacial surgery are not recorded separately and so their records would be interlinked. NHS Grampian confirms that they currently have no plan to separate the two.

NHS Greater Glasgow & Clyde

NHS Greater Glasgow & Clyde confirms the data submitted accurately identifies all patients on an 18 week RTT pathway. There has been no change to the linking methodology this quarter and NHS Greater Glasgow & Clyde are not aware of any new or ongoing data quality issue.

NHS Highland

NHS Highland confirms that the data submitted accurately identifies all patients on the 18 Weeks RTT Pathway.

Since the last publication, the data now includes all new Podiatry Outpatient attendances. All podiatry referrals commence treatment on their first attendance and these clock stops are now all included in the report.

NHS Lanarkshire

NHS Lanarkshire confirms that patients whose pathway stops following a diagnostic test may not be represented on an 18 Weeks RTT pathway. Estimates are around 500. There has been no change to the linking methodology, with no new or ongoing data quality issues.

NHS Lothian

NHS Lothian report that the data submitted does not include activity at the Edinburgh Dental Institute and patients whose Wait Clock started outside of NHS Lothian. The data also does not include patients whose pathways concluded outside non-admitted pathways that were captured in a medical specialty clinic, with the exception of Audiology.

NHS Lothian confirms that there has been no change to the linking methodology this quarter.

The outpatient waiting time in Orthopaedics has significantly lengthened and this can be seen in the increase in trend in the number of non-admitted patients waiting over 18 weeks.

NHS Orkney

NHS Orkney confirms that the data submitted accurately identifies all patients on an 18 Weeks RTT pathway and that there have been no changes to their linking methodology.

Regarding recording for potentially interlinked specialties, NHS Orkney confirms that Endocrinology and Diabetes are interlinked and sit within one specialty. Anaesthetics and Pain Management are offered as discrete specialties and so are not treated as interlinked. Oral Surgery and Oral & Maxillofacial Surgery are also not treated as interlinked.

NHS Orkney does not provide a Vascular Surgery service.

NHS Shetland

NHS Shetland confirms that the data submitted accurately identifies all patients on an 18 Weeks RTT pathway and that there have been no changes to their linking methodology.

NHS Shetland confirms that patients who are treated have outcome codes appropriately applied and the reported 18 week performance is accurate. NHS Shetland is aware that many appointments, in particular for repeat patients, do not have 18 week pathway activities applied.

Regarding recording for potentially interlinked specialties, NHS Shetland confirms that Anaesthetist run Outpatient clinics and theatre lists for Chronic Pain Management are recorded with specialty code C3. All activity in General Surgery excl. Vascular and Vascular Surgery is recorded as General Surgery with specialty code C1. All Physician run activity is recorded as General Medicine with the exception of Diabetes; for which activity is recorded as specialty A1 and A82. Endocrinology patients are recorded as specialty A1. NHS Shetland confirms that for Oral Surgery and Oral & Maxillofacial Surgery, Primary care patients are recorded as specialty D3 when these patients have procedures in the hospital theatres. For these patients the 18 week path calculation uses solely the time from decision to treat to procedure. Secondary care patients are recorded as specialty C13. For these patients the 18 week path calculation includes both the outpatient and inpatient waits.

NHS Shetland confirms that for all of the above mentioned specialties, there is no plan currently on changing the recording practice.

NHS Tayside

NHS Tayside confirms the data submitted accurately identifies all patients on an 18 week RTT pathway. There has been no change to the linkage methodology this quarter. NHS Tayside is not aware of any new or ongoing data quality issues.

Regarding recording for potentially interlinked specialties, NHS Tayside confirms that there is an element of interlinking between the specialties Anaesthetics & Pain Management and Endocrinology & Diabetes, primarily at the referral stage. NHS Tayside is aware of this and plans to investigate further and establish what changes are required to reduce the inter-linkage of records. It is likely that this will be addressed as they transfer from their existing Referral Management System and Patient Administration System to TrakCare. General Surgery excl. Vascular & Vascular Surgery is recorded separately and therefore there is no inter-linking. NHS Tayside confirms that Oral Surgery & Maxillofacial Surgery is recorded separately.

NHS Western Isles

NHS Western Isles confirms that the data submitted accurately identifies all patients on an 18 Week pathway, with no new or ongoing data quality issues. There has been no change to the linkage methodology this quarter.

Golden Jubilee National Hospital

Golden Jubilee confirms that the data submitted accurately identifies all patients on an 18 Weeks RTT pathway, with no new or ongoing data quality issues. They also confirm that there has been no change to the Golden Jubilee linkage methodology and that for the patients reported, the complete journeys are mostly known.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	18 Weeks Referral To Treatment
Description	Monthly summaries of whole journey waiting times across NHSScotland
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks and PDF
Data source(s)	<p>Aggregate returns at specialty level are submitted monthly from individual NHS Boards to ISD using a defined Excel template. These are derived from local systems and methods of linking whole pathways vary between Boards.</p> <p>These data are termed “under development” until data can be provided at patient level. When patient level data can be extracted from the national waiting times warehouse the revised report will be submitted to the United Kingdom Statistics Authority (UKSA) for review. ISD in partnership with the UKSA are working towards achieving a national statistics status for this publication. As the UKSA are implementing new methodology for assessing and ensuring the quality of administrative data, this review has been paused since March 2014.</p>
Date that data are acquired	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 1 week before publication where the quality assurance process identifies differences with local figures.
Release date	The last Tuesday of the month for each publication.
Frequency	Quarterly
Timeframe of data and timeliness	From 1 st January 2011 to 30 th June 2016
Continuity of data	Quarterly data is comparable. Some caution should be taken when comparing figures as data is still currently developmental.
Revisions statement	No revisions have been made – if a NHS Boards informs ISD of any discrepancies regarding published data then they can revise their data, if this occurs ISD will inform the users of this publication.
Revisions relevant to this publication	<p>If NHS boards discover that data submitted for publication is incorrect, or that data are missing, further re-submissions can be made up until the publication submission deadline date.</p> <p>Any revised figures will then be reflected within the current</p>

	publication. Figures contained within each publication may also be subject to change in future releases as submissions may be updated to reflect a more accurate and complete set of data.
Concepts and definitions	A release by the Scottish Government can be found on the 18 weeks RTT website
Relevance and key uses of the statistics	<p>Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times.</p> <p>Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to NHS Boards; health intelligence work; parliamentary questions and HEAT targets.</p>
Accuracy	These data are classified as developmental. ISD receives aggregate data from each NHS Board of Treatment, signed off as accurate by the Chief Executive.
Completeness	ISD is currently reviewing ways to compare these data against other sources including data submitted to the ISD national warehouse.
Comparability	The 18 Weeks Standard applies in England and Wales also. Methods of data collection vary, therefore until the data is out of development comparisons should be made cautiously.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	<p>Key statistics for the latest quarter are linked to on the main 18 weeks RTT web page of the publication. Statistics are presented within Excel spreadsheets. NHS Board and National figures are presented.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. All tables are printer friendly. 2. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level. 3. Key data presented graphically.
Value type and unit of measurement	Count of clock stops over and under 18 weeks, percentage performance against 18 weeks and percentage of clock stops linked to clock starts.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Awaiting assessment by UK Statistics Authority.

UK Statistics Authority Assessment	Developmental data. Not yet undergone assessment by UK Statistics Authority.
Last published	Tuesday 31 st May 2016
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A4 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

A5 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

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. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.