

Publication Report



Emergency Department Activity and Waiting Times

Publication date – 25 November 2014



Contents

Contents 1

Introduction 2

Key points 3

Results and Commentary 4

 Attendances 4

 Compliance 6

 Notes 9

Glossary 11

List of Tables 13

Contact 14

Further Information 14

Rate this publication 14

 A1 – Background Information 15

 A2 – Publication Metadata (including revisions details) 16

 A3 – Early Access details (including Pre-Release Access) 20

 A4 – ISD and Official Statistics 21

Introduction

Emergency Departments and departments that provide Accident and Emergency (A&E) services have submitted data to ISD through the A&E datamart since July 2007. This data collection was primarily established to support the 4-hour waiting time target, but has since expanded and the additional information used to support a variety of other purposes both by NHS Boards and Scottish Government.

This release includes charts and tables which present additional information about attendances at A&E services across Scotland. The information is provided for Scotland, NHS Board and in some instances hospital.

The tables and charts in this publication include;

- Trend in number of attendances at A&E Services
- Performance against the 4-hour waiting time standard
- Number of patients spending 8 and 12 hours in A&E Services

Throughout this report we refer to the collective term Accident and Emergency (A&E) Services which includes the following site types:

- 1) Emergency Departments (EDs) – a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients
- 2) MIU/Other – smaller sites such as Minor Injury Units (MIUs), community A&Es or community casualty departments that are GP or nurse led

A list of sites and their classification can be found on the [List of Sites](#) webpage.

Key points

- During the quarter ending 30 September 2014, the proportion of new attendances at A&E services across Scotland that were seen and subsequently admitted, transferred or discharged within four hours were:
 - July– 94.6%
 - August – 93.2%
 - September – 93.5%
- There were more A&E attendances (142,622) in September 2014 than in any September since comparable reporting began in 2007.
- The HEAT interim target is for 95% of patients to wait no more than 4 hours from arrival at A&E to admission, discharge or transfer. This is calculated over a 12 month period rather than on a monthly basis as per the standard. When the 95% target began in April 2013, the Scotland figure was 93.4%. For the target end point of the year ending September 2014, the Scotland figure was the same: 93.4%.
- Of the 14 NHS Boards, 9 boards met the target milestone of 95% (NHS Borders, NHS Dumfries and Galloway, NHS Fife, NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles).
- Patients aged 65 and over are almost 3 times as likely to be admitted to hospital following an attendance at A&E compared to those under 65. In September 2014 there were 2,742 attendances per 100,000 in the 65 and over age group, of which 54% resulted in an admission to hospital. By comparison in the under 65s age group there were 2,361 attendances per 100,000, with 18% leading to an admission.

Results and Commentary

Attendances

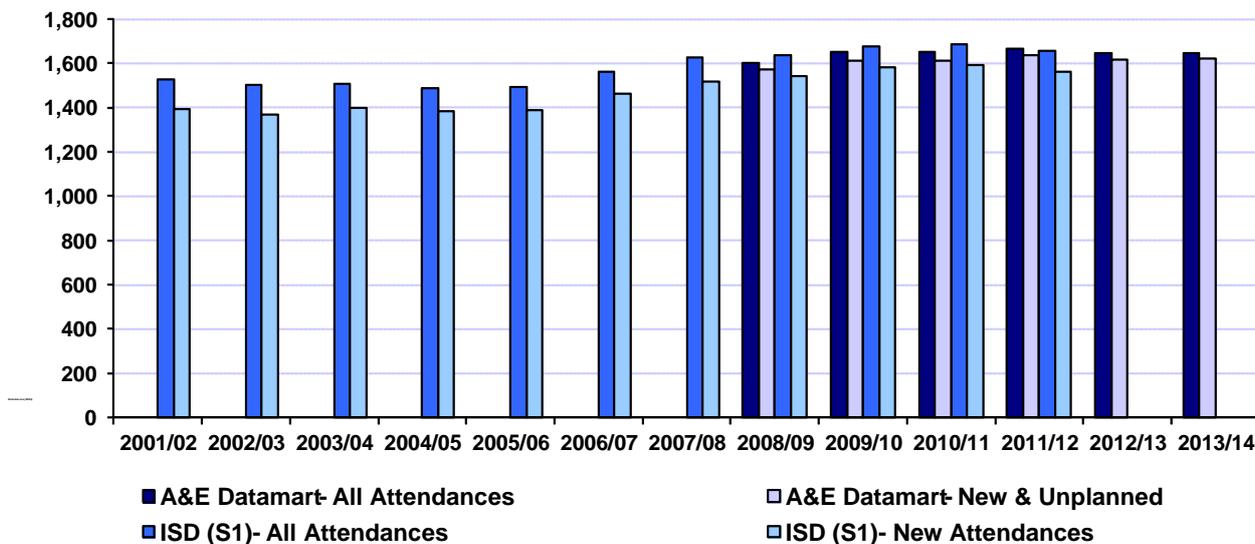
The total attendances figures from the A&E datamart include all of the four attendance categories presenting at Accident and Emergency services: new, unplanned returns, planned returns and recall attendances. The first two of these categories are classed as new attendances while the latter two are classed as follow-up attendances, as they are connected with the original complaint. Prior to July 2007, Accident & Emergency data was recorded via aggregated returns to ISD(S)1. ISD(S)1 data is not directly comparable with the A&E datamart, but is provided to give a picture of the trend in attendances over a longer period of time. ISD(S)1 data is given from 2001/02.

Figure 1-1 consists of a six year trend from the A&E datamart and an eleven year trend from the ISD(S)1 data collection.

- The A&E datamart shows an increase in all attendances from 1.60 million in 2008/09 to 1.65 million in 2013/14 and an increase in new and unplanned attendances from 1.57 million in 2008/09 to 1.62 million in 2013/14.
- The number of new and unplanned attendances was little changed between 2012/13 and 2013/14 at 1.62 million in both years.

It should be noted that the number of attendances quoted in the 4-hour waiting time standard and the HEAT target data quoted in the later sections of this report only include new and unplanned return attendance categories.

Figure 1-1: Number of new and total attendances at A&E services across Scotland, April 2001 to March 2014



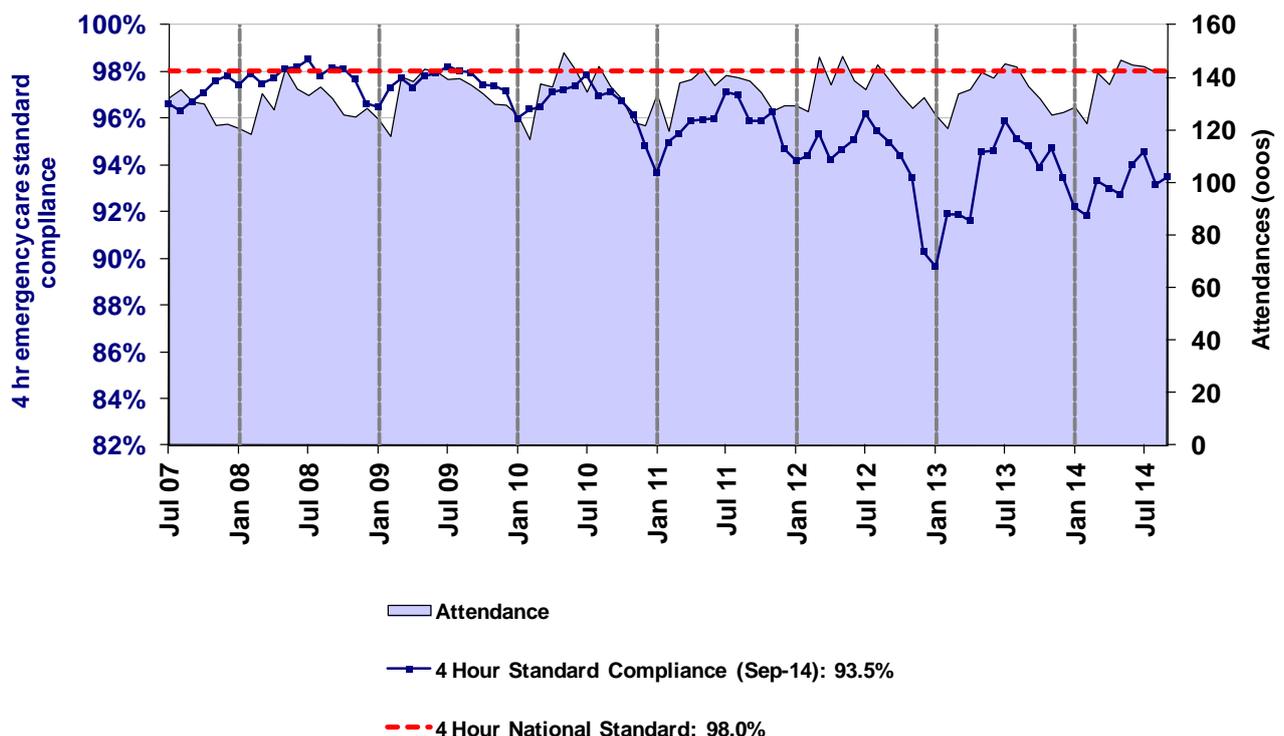
Source: ISD Scotland

Figure 1.2 shows, from the A&E datamart, the number of new and unplanned attendances within Scotland from July 2007 to September 2014, a trend line showing compliance with the 4-hour waiting time standard and a red line showing the 98% compliance standard. The last time compliance was met across Scotland was September 2009. Since July 2007 98% compliance with the 4 hour standard has been met on eight occasions.

Clinical decision making is paramount, and in a small number of cases the most appropriate clinical setting for patients will remain the A&E department until their admission, transfer or discharge.

- During the quarter ending 30 September 2014, the proportion of new attendances at A&E services across Scotland that were seen and subsequently admitted, transferred or discharged within four hours were:
 - July– 94.6%
 - August – 93.2%
 - September – 93.5%
- There were more A&E attendances (142,622) in September 2014 than in any September since comparable reporting began in 2007.
- During the quarter ending 30 September 2014, 1,922 (0.4%) patients spent more than 8 hours in the department, and 242 (0.1%) spent more than 12 hours in the department. These figures compare to 787 (0.2%) in the department over 8 hours, and 37 (0.0%) over 12 hours in the same quarter of 2013.
- More than half (139) of the over 12 hour waits during the quarter ending 30 September 2014 were in NHS Lanarkshire.

Figure 1-2: Number of new attendances at A&E Services across Scotland and 4-hour waiting time standard compliance, July 2007 to September 2014



Following attendance at an A&E service, patients may be admitted to hospital, transferred to a different hospital or service, or discharged.

- During September 2014, 25% of attendances at A&E services led to an admission to the same hospital; 70% of attendances led to a return to the patient's place of residence.
- A&E attendance and subsequent hospital admission rates vary by age group. Patients aged 65 and over are almost 3 times as likely to be admitted to hospital following an attendance at A&E compared to those under 65. In September 2014 there were 2,742 attendances per 100,000 in the 65 and over age group, of which 54% resulted in an admission to hospital. By comparison in the under 65s age group there were 2,361 attendances per 100,000, with 18% leading to an admission. In the population as a whole there were 2,504 attendances to A&E per 100,000, with 25% of these leading to an admission to hospital.
- A&E attendance rates are higher for males than females. This is true for all age groups in the analysis, and most marked in the under 16 age group. The attendance rate for males under 16 is 24% higher than for females.

This chart and the underlying figures are supplied in an Excel Workbook - [Attendances](#). Also available within this workbook are interactive tables and charts showing the following statistics:

- Trend of attendances from financial year 2001/02 - this uses data from ISD(S)1 and the A&E datamart
- Trend of attendances, 4-hour waiting time standard compliance and number in the department over 8 and 12 hours from July 2007 by NHS board of treatment or hospital
- Attendance and admission rates per 100,000 population from April 2010 by NHS board of treatment, age and gender.
- Trend of attendances and destination on leaving department by month from April 2010 by NHS board of treatment.

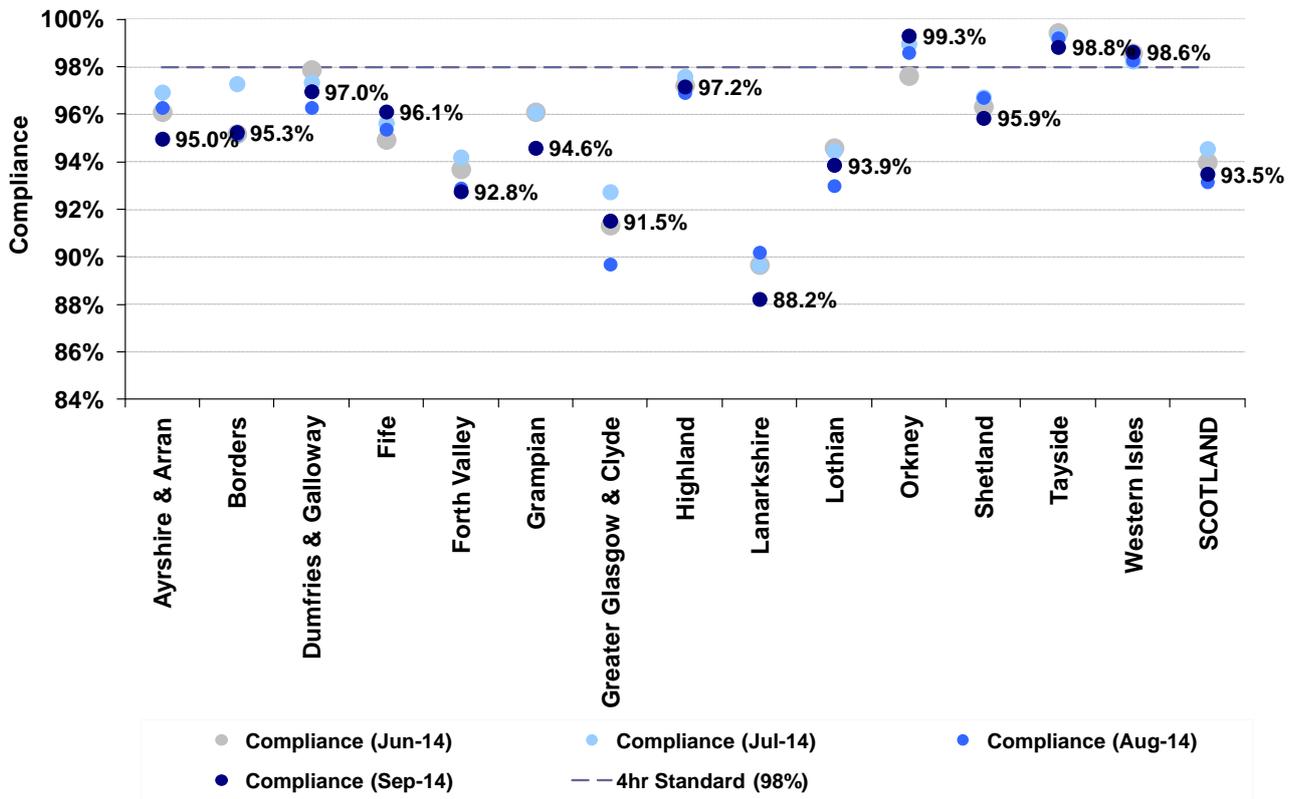
Compliance

The national standard for A&E waiting times states that at least 98% of new and unplanned return attendances at an A&E Service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas where A&E services are delivered including Emergency Departments, patients on trolleys in assessment units, minor injury units and A&E services delivered at community hospitals. The 4-hour waiting time standard came into place in 2007 and continues to be one of the measures by which the Scottish Government (SG) monitors demand and pressure on NHS board not just in A&E but across the whole hospital.

Figure 2-1 shows, for the last four months from the A&E datamart, the percentage of attendances at A&E Services across Scotland complying with the 4-hour standard. During this period two NHS Boards – NHS Tayside and NHS Western Isles - had at least 98% compliance for each month.

In September 2014 three NHS Boards achieved the waiting time standard of 98% of patients seen and admitted, transferred or discharged from A&E within four hours; six of the remaining eleven NHS Boards achieved over 95% compliance with the standard and the final five had between 88% and 95% compliance.

Figure 2-1: 4-hour waiting time standard compliance, Jun 2014 to Sep 2014



4 Hour Compliance	Jun-14	Jul-14	Aug-14	Sep-14
Ayrshire & Arran	96.1%	96.9%	96.3%	95.0%
Borders	95.2%	97.3%	95.1%	95.3%
Dumfries & Galloway	97.9%	97.4%	96.3%	97.0%
Fife	94.9%	95.6%	95.4%	96.1%
Forth Valley	93.7%	94.2%	92.9%	92.8%
Grampian	96.1%	96.1%	94.6%	94.6%
Greater Glasgow & Clyde	91.3%	92.7%	89.7%	91.5%
Highland	97.2%	97.6%	96.9%	97.2%
Lanarkshire	89.7%	89.7%	90.2%	88.2%
Lothian	94.6%	94.5%	93.0%	93.9%
Orkney	97.6%	99.0%	98.6%	99.3%
Shetland	96.3%	96.7%	96.7%	95.9%
Tayside	99.4%	99.3%	99.2%	98.8%
Western Isles	98.6%	98.2%	98.3%	98.6%
SCOTLAND	94.0%	94.6%	93.2%	93.5%

- In July, August and September 2014, the compliance rates were lower than the same months in the previous year: July’s compliance was 1.3 percentage points; August’s compliance was 2.0 percentage points lower at 93.2%; and September’s compliance was 1.3 percentage points lower at 93.5%.

The Scottish Government introduced a HEAT target to support the sustainable delivery of 4 hour A&E performance all year round. The first target milestone is for 95% of patients to wait no more than 4 hours from arrival to admission, discharge or transfer for accident and

emergency treatment by the year ending September 2014. This is calculated over a 12 month period rather than on a monthly basis as per the standard. When the target began in April 2013, the Scotland figure against this target was 93.4%. For the year ending September 2014, the Scotland figure against this target was the same: 93.4%.

Of the 14 NHS Boards, 9 boards met the target milestone of 95% (NHS Borders, NHS Dumfries and Galloway, NHS Fife, NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles). Of the 5 boards that did not meet the target, 3 boards (NHS Ayrshire and Arran, NHS Forth Valley and NHS Lothian) were over 93%, and had improved since April 2013. NHS Greater Glasgow and Clyde was at 91% and NHS Lanarkshire at 90%.

This analysis is supplied in an Excel Workbook - [Compliance](#). Also available within this workbook are interactive tables and charts showing the following statistics:

- A&E Services attendance rate by NHS board and attendance type (major or minor)
- Attendance by arrival time by NHS board or hospital

Notes

1. ISD and NHS Boards are reviewing a small number of very long waits in the A&E datamart after it became apparent that a proportion of waits over 12 hours reflect errors in recording, and are not genuine long waits. These records have since been updated locally and accurate data may be resubmitted to the datamart. This may then be reflected in future releases of these data.

Figure 3-1 shows the information provided to us from NHS boards with approximate counts for the number of over 12 hour waits which are in error in 2011/12 to 2013/14. There may also be changes to over 12 hour waits in other years in future releases of these data as a result of further quality assurance.

It is important to note that based on 1.6million attendances per year, these erroneous records do not impact at all on the percentage compliance with the HEAT target and standard either within a Board or at a Scotland level.

Figure 3-1: Number of new attendances at A&E Services across Scotland for NHS Boards with erroneous 12 hour waits, April 2011 to March 2014

	2011/12	2012/13	2013/14
NHS Ayrshire & Arran	15	18	2
NHS Borders	5	0	0
NHS Forth Valley	3	2	1
NHS Fife	121	0	0
NHS Grampian	1	1	2
NHS Greater Glasgow & Clyde	2	4	3
NHS Lanarkshire	0	3	0
NHS Lothian	14	27	2
NHS Highland	0	0	1
NHS Tayside	0	0	1

2. NHS Borders - Borders General Hospital transferred to a new patient management system at the end of November 2010. There was an issue with the new system that prevented the recording of different attendance categories from November 2010 to September 2011. This resulted in the attendance figures for Borders General being artificially inflated by approximately 0.8 % (estimated from the prior 12 month's data). Please interpret the attendances and the associated rates from this time period with caution.
3. NHS Fife - As of 08:00 hrs on 19 January 2012 all ED services were transferred to Victoria Hospital and Queen Margaret Hospital became an MIU.
4. NHS Forth Valley - As of 08:00 on 12 July 2011 the ED at Stirling Royal Infirmary closed and became an MIU at Stirling Community Hospital; the MIU at Falkirk Community Hospital closed; and a new ED opened at Forth Valley Royal Hospital.
5. NHS Greater Glasgow & Clyde - Stobhill Hospital changed services in April 2011 from having both an ED and MIU to only having an MIU.
6. NHS Lanarkshire - The health board transferred to a new patient management system during March 2011. There was an issue with the new system that prevented the recording of different attendance categories from March to June 2011. This results in the attendance figures for the three EDs from March to June 2011 being artificially

inflated by approximately 5.0 % (estimated from the prior 12 month's data). Please interpret the attendances and the associated rates from this time period with caution.

7. NHS Lothian - Figures for June 2014 have been resubmitted due to errors in the mapping of local to national discharge destination codes. This equates to an additional 1,639 patients recorded as discharged to place of residence and 1,638 fewer patients being transferred. There was one additional record not included in our previous publication.
8. NHS Orkney A&E admission figures from August 2013 are significantly different from previous figures. NHS Orkney are currently reviewing the process of pathways/patient flows within the A&E department. Patient mapping procedures are being introduced to ensure that all patients admitted to hospital after attending A&E are correctly recorded.

Glossary

Emergency Department (ED)	A large hospital department which provides a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients.
Accident & Emergency (A&E) Services	Collectively the term Accident and Emergency (A&E) Services includes the following site types: <ol style="list-style-type: none"> 1) Emergency Departments (EDs) 2) MIU/Other – small sites such as Minor Injury Units (MIUs), community A&Es or community casualty departments that are GP or nurse led.
A&E datamart	Secure medium for storing data and analysing patient level/aggregate attendances from July 2007 for all Accident and Emergency Services across Scotland. Preferred tool for analysing A&E services data from this date.
ISD(S)1	Aggregate quarterly return provided by NHS Boards showing attendances at A&E services across Scotland.
Attendance	The presence of a patient in an A&E service seeking medical attention.
Waiting time	The time of arrival until the time of admission transfer or discharge.
4-hour performance	The proportion of all attendances in a calendar month that are treated, admitted, transferred or discharged within 4 hours of arrival.
The 4 hour wait standard	A HEAT Standard whereby 98% of all patients are assessed and either admitted, transferred or discharged within 4 hours of arrival.
HEAT ED attendance target	To reduce the attendance rate at EDs.
Patients seen	Patients who are assessed by a clinician then either admitted transferred or discharged.
Admission	Admission to a hospital bed following an attendance at an A&E service.

Attendance category	A record of whether a patient is making a first or follow-up attendance at a particular A&E service.
Attendance rate	The number of attendances in a region divided by the number of people in that group resident in that region (the population). The rate presented here is given as per 100,000 population.
Admission rate	The number of admissions in a region divided by the number of people in that group resident in that region (the population). The rate presented here is given as per 100,000 population.

List of Tables

Table No.	Name	Time period	File & size
Attendances	AnnualTrend	2001/02 – 2013/14	Excel [917kb]
	MonthlyTrend	Jul 07 – Sep 14	
	TrendRates	Apr 10 – Sep 14	
	DischargeDestination	Apr 10 – Sep 14	
Compliance	4HourCompliance	Jun 13 – Sep 14	Excel [558kb]
	RateComparison	Jun 13 – Sep 14	
	MonthlyTrend	Jul 07 – Sep 14	
	TimeOfArrival	Apr 12 – Sep 14	

Contact

Anne Stott

Senior Information Analyst

nss.isdunscheduledcare@nhs.net

0131 275 6820

Catriona Haddow

Principal Information Analyst

nss.isdunscheduledcare@nhs.net

0131 275 6341

Further Information

Further information on Emergency Department Activity can be found on the [Emergency Department Activity](#) pages of the ISD website.

Further details on ISD publications and available information can be found on the [ISD website](#).

Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

Appendix

A1 – Background Information

Data on A&E service attendances across Scotland are collected and maintained by ISD in the national data warehouse known as the A&E datamart. Data is collected on local systems, then extracted and submitted to the datamart soon after the end of each month. All sites that provide emergency care are required to submit data to the A&E datamart.

There are two types of data submitted to the A&E datamart: episode and aggregate level data. All hospitals with Emergency Departments submit episode level data containing a detailed record for each patient attendance. Some smaller sites with minor injury units or community hospitals submit only aggregate level data as they do not have the information systems and support to enable collection of detailed patient based information. The proportion of episode level data varies by NHS board: NHS Greater Glasgow & Clyde, NHS Forth Valley, NHS Tayside, NHS Shetland and NHS Orkney submit episode level data for all their sites, while NHS Highland submit episode level data for just over 50% of attendances. The aggregate level data consists of the total monthly attendance figures and the number of these seen within 4 hours. 94% of new and unplanned attendances are to sites which supply episode level data. It is expected that the majority of attendances to sites which provide aggregate information will be minor and unlikely to lead to admission.

Prior to July 2007, Accident & Emergency data was recorded as part of the ISD(S)1 data submission. The data is not directly comparable with the A&E datamart, but is provided to give a picture of the trend in attendances over a longer period of time. The ISD(S)1 data published within these pages has not been updated since November 2012 as the A&E datamart is now considered the primary source of emergency department activity. For more information on ISD(S)1, please see the Hospital Care pages of the ISD website.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Emergency Department Activity and Waiting Times
Description	Summary of activity of attendances at emergency departments including the proportion of those waiting less than 4 hours, breakdown by age and gender.
Theme	Health and Social Care
Topic	Emergency Care
Format	Excel workbooks and PDF
Data source(s)	A&E datamart
Date that data are acquired	Monthly by the 10 th
Release date	The last Tuesday of the month for each publication
Frequency	Quarterly
Timeframe of data and timeliness	New data from 1 April 2014 to 30 June 2014
Continuity of data	<p>1) Some hospital which previously submitted aggregate data have moved to submitting episode level data. The hospitals affected are listed in the List of Sites. Please bear this in mind when looking at trends in tables which are based on episode level data only; an increase in the number of attendances may be the result of additional sites submitting episode level information rather than a true increase.</p> <p>2) NHS Borders - Borders General Hospital transferred to a new patient management system at the end of November 2010. There was an issue with the new system that prevented the recording of different attendance categories from November 2010 to September 2011. This results in the attendance figures for Borders General being artificially inflated by approximately 0.8 % (estimated from the prior 12 month's data). Please interpret the attendances and the associated rates from this time period with caution.</p> <p>3) NHS Fife - As of 08:00 hrs on 19 January 2012 all ED services were transferred to Victoria Hospital and Queen Margaret Hospital became an MIU.</p> <p>4) NHS Forth Valley - As of 08:00 on 12 July 2011 the ED at Stirling Royal Infirmary closed and became an MIU at Stirling Community Hospital; the MIU at Falkirk Community Hospital closed; and a new ED opened at Forth Valley Royal Hospital.</p>

	<p>5) NHS Greater Glasgow & Clyde - Stobhill Hospital changed services in April 2011 from having both an ED and MIU to only having an MIU.</p> <p>6) NHS Lanarkshire - The health board transferred to a new patient management system during March 2011. There was an issue with the new system that prevented the recording of different attendance categories from March to June 2011. This resulted in the attendance figures for the three EDs from March to June 2011 being artificially inflated by approximately 5.0 % (estimated from the prior 12 month's data). Please interpret the attendances and the associated rates from this time period with caution.</p> <p>7) NHS Orkney A&E admission figures from August 2013 are significantly different from previous figures. NHS Orkney are currently reviewing the process of pathways/patient flows within the A&E department. Patient mapping procedures are being introduced to ensure that all patients admitted to hospital after attending A&E are correctly recorded.</p>
<p>Revisions statement</p>	<p>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</p>
<p>Revisions relevant to this publication</p>	<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. Any revised figures will then be reflected within the current 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.</p> <p>NHS Lothian Resubmission</p> <p>Figures for June 2014 have been resubmitted due to errors in the mapping of local to national discharge destination codes. This equates to an additional 1,639 patients recorded as discharged to place of residence and 1,638 fewer patients being transferred. There was one additional record not included in our previous publication.</p> <p>HEAT</p> <p>Figures contained within 'Trend_2' tab of the HEAT spreadsheet have been revised to rectify a methodology error in the calculation of rates and reflect the most up to date population estimates provided by National Records of Scotland. These revisions do not affect the overall interpretation or conclusions to be drawn from the data previously published.</p>
<p>Concepts and definitions</p>	<p>Details of data items collected and validation process : A&E Users Guide</p>

	<p>Data item codes, descriptions and definitions: A&E: Data Recording Manual</p>
<p>Relevance and key uses of the statistics</p>	<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 Boards; parliamentary questions.</p>
<p>Accuracy</p>	<p>In addition to any local data quality checks, the data submitted to the A&E datamart is subject to a validation procedure. For a list of the validation rules refer to Appendix A of the A&E User Guide. As well as ensuring that data for the correct site and time period is submitted, the validation ensures that the data is in the correct format and only contains accepted codes; refer to A&E: Data Recording Manual.</p> <p>If the submission file does not meet all of the validation rules then the whole file is rejected. The resulting errors are reported back to the submitting site where they must be amended and the file resubmitted. Once the file passes validation it is loaded into the datamart where it is then available for analysis and reporting. ISD works closely with colleagues in the NHS boards to improve the validation and accuracy of the data and to ensure that the appropriate data standards are understood and applied by all sites.</p> <p>Each month a suite of performance and monitoring reports are produced and made available to NHS boards and the SG. These are reviewed and any unusual or unexpected figures are raised with the NHS board for confirmation. If changes are required then they must be explained fully by the NHS board and the data is resubmitted. A log is kept noting any changes that are necessary.</p>
<p>Completeness</p>	<p>Training issues affecting completion and understanding of A&E data items are discussed during annual data quality meetings between ISD and all NHS Boards. Any training or data quality issues raised in between visits will either be noted for follow up at the next Board meeting, or dealt with by email or telephone at that time. It is intended that a fuller training package utilising LearnPro will be developed in due course.</p> <p>In addition, ongoing monitoring of the quality of data covers the completeness, timeliness and accuracy of data recorded.</p>

<p>Comparability</p>	<p>All 4 UK countries publish information on the time spent in Accident and Emergency (A&E), though this can be labelled under Emergency Department (as in Scotland) or Emergency Care (as in Northern Ireland). The published statistics are not exactly comparable because: they were designed to monitor targets which have developed separately within each country; the provision and classification of unscheduled care services varies across the UK; the systems which collect the data are different.</p> <p>England Routine stats http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/</p> <p>Northern Ireland http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm</p> <p>Wales http://wales.gov.uk/statistics-and-research/time-spent-nhs-accident-emergency-departments/?lang=en</p>
<p>Accessibility</p>	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
<p>Coherence and clarity</p>	
<p>Value type and unit of measurement</p>	<p>Count of total attendances. Count of attendances in department for 4, 8 and 12 hours. Proportion of attendances in department for 4, 8 and 12 hours. Rate of attendance by age and gender and subsequent admission.</p>
<p>Disclosure</p>	<p>The ISD protocol on Statistical Disclosure Protocol is followed.</p>
<p>Official Statistics designation</p>	<p>National Statistics (attendances and 4-hour wait). Non National Statistics remaining charts and tables.</p> <p>The waiting times (4-hour wait) part of this publication was previously assessed as part of the Statistics on NHS Waiting Times in Scotland assessment and was designated as National Statistics.</p>
<p>UK Statistics Authority Assessment</p>	<p>Assessed by UK Statistics Authority as part of the Statistics on NHS Waiting Times in Scotland report.</p>
<p>Last published</p>	<p>26 August 2014</p>
<p>Next published</p>	<p>February 2015</p>
<p>Date of first publication</p>	<p>Data available from 1 July 2007</p>
<p>Help email</p>	<p>nss.isdunscheduledcare@nhs.net</p>
<p>Date form completed</p>	<p>November 2014</p>

A3 – 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 and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

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

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

- Scottish Government Health Department (Analytical Services Division)

A4 – 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.