

18 Weeks Referral to Treatment

Quarter End – 31 March 2016

Publication date – 31 May 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 March 2016, across NHSScotland, 86.6% of patients were reported as being seen within 18 weeks, figures for January and February 2016 were 86.7% and 86.2% respectively. March 2016 shows a decrease when compared with the same period last year March 2015 (87.8%) and last quarter December 2015 (87.1%).
- In March 2016, six of the fifteen NHS Boards, who submitted valid data, met the 18 Weeks Referral to Treatment Standard. Nine NHS Boards did not meet the 90% standard; NHS Ayrshire & Arran (75.0%), NHS Highland (78.7%), NHS Grampian (79.7%), NHS Lothian (83.1%), NHS Shetland (83.1%), NHS Forth Valley (85.4%), NHS Lanarkshire (88.0%) NHS Tayside (88.0 %) and NHS Western Isles (88.4%).

Results and Commentary

This publication details NHSScotland's and NHS Board's results for the period October 2011 to March 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 completeness of these data.

NHS Orkney provided estimated figures for January, February and March 2016 whilst bespoke extract reports are completed to interrogate a new Patient Management System implemented in June 2015.

NHS Ayrshire & Arran provided estimated Audiology figures for March 2016, due to problems encountered during data extract from their Audiology reporting system.

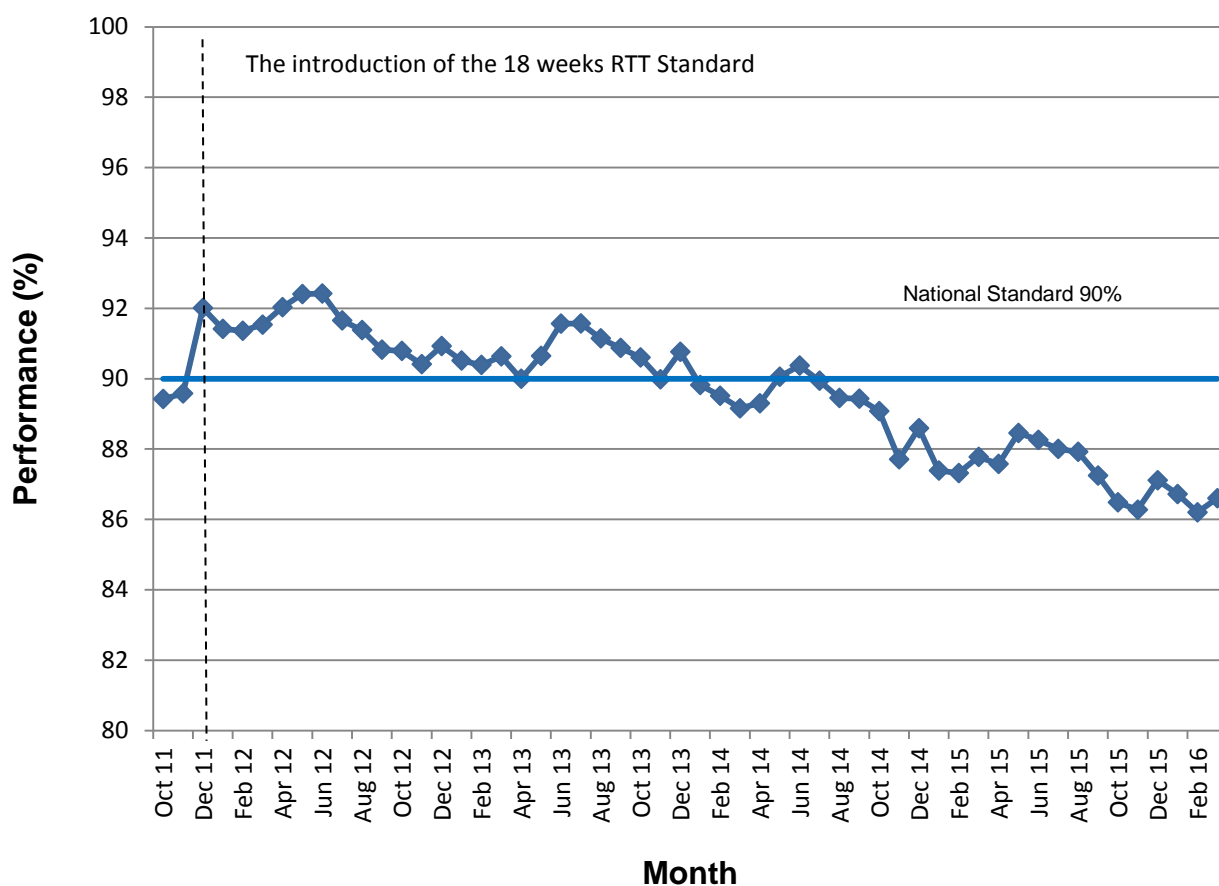
For more information please see the [Data Quality](#) section.

Patient Journeys within the 18 Weeks Standard

In March 2016 across NHSScotland, 86.6% of patients whose 18 Weeks RTT journey could be fully measured, were reported as being seen within 18 weeks. This is a decrease compared to the figures for December 2015 (87.1%) and a decrease from the March 2015 figure (87.8%). The figures for January and February 2016 were 86.7 % and 86.2% respectively, compared to January and February 2015 figures of 87.4% and 87.3 % respectively.

Chart 1 below shows the monthly performance of fully measurable patient journeys completed within 18 weeks for NHSScotland from October 2011 to March 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 – March 2016

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

In March 2016, six of the fifteen NHS Boards, who submitted valid data, met the 18 Weeks Referral to Treatment Standard. Nine NHS Boards did not meet the Standard.

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

NHS Board	Patient journeys within 18 weeks (%)
Golden Jubilee	100.0
NHS Orkney	94.1
NHS Borders	92.0
NHS Greater Glasgow & Clyde	91.5
NHS Fife	91.0
NHS Dumfries & Galloway	90.1
NHS Western Isles	88.4
NHS Tayside	88.0
NHS Lanarkshire	88.0
NHS Forth Valley	85.4
NHS Shetland	83.1
NHS Lothian	83.1
NHS Grampian	79.7
NHS Highland	78.7
NHS Ayrshire & Arran	75.0

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 March 2016, a total of 120,211 patient journeys eligible under the 18 Weeks RTT Standard were identified. It was not possible to fully calculate the waiting time fully for 9,242 patient journeys. The waiting time could be fully measured for 110,969 patient journeys (92.3 %) compared to 91.9% in March 2015.

Table 2: NHSScotland - Patient journeys within 18 weeks and patient journeys that could be fully measured up to March 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 (%)
March 2016	86.6	96,100	14,869	9,242	92.3
February 2016	86.2	91,851	14,704	8,703	92.4
January 2016	86.7	84,967	13,011	7,888	92.5
December 2015	87.1	89,544	13,248	8,572	92.3
March 2015	87.8	96,350	13,418	9,640	91.9

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](#).

NHS boards advise that they are working towards improving the linkage of patient records to reduce the number of waits that cannot be measured. In March 2016, 7.7 % 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 92.3 % of all identified patients. This compares to 8.1 % that could not be fully measured in March 2015.

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

October 2011- March 2016

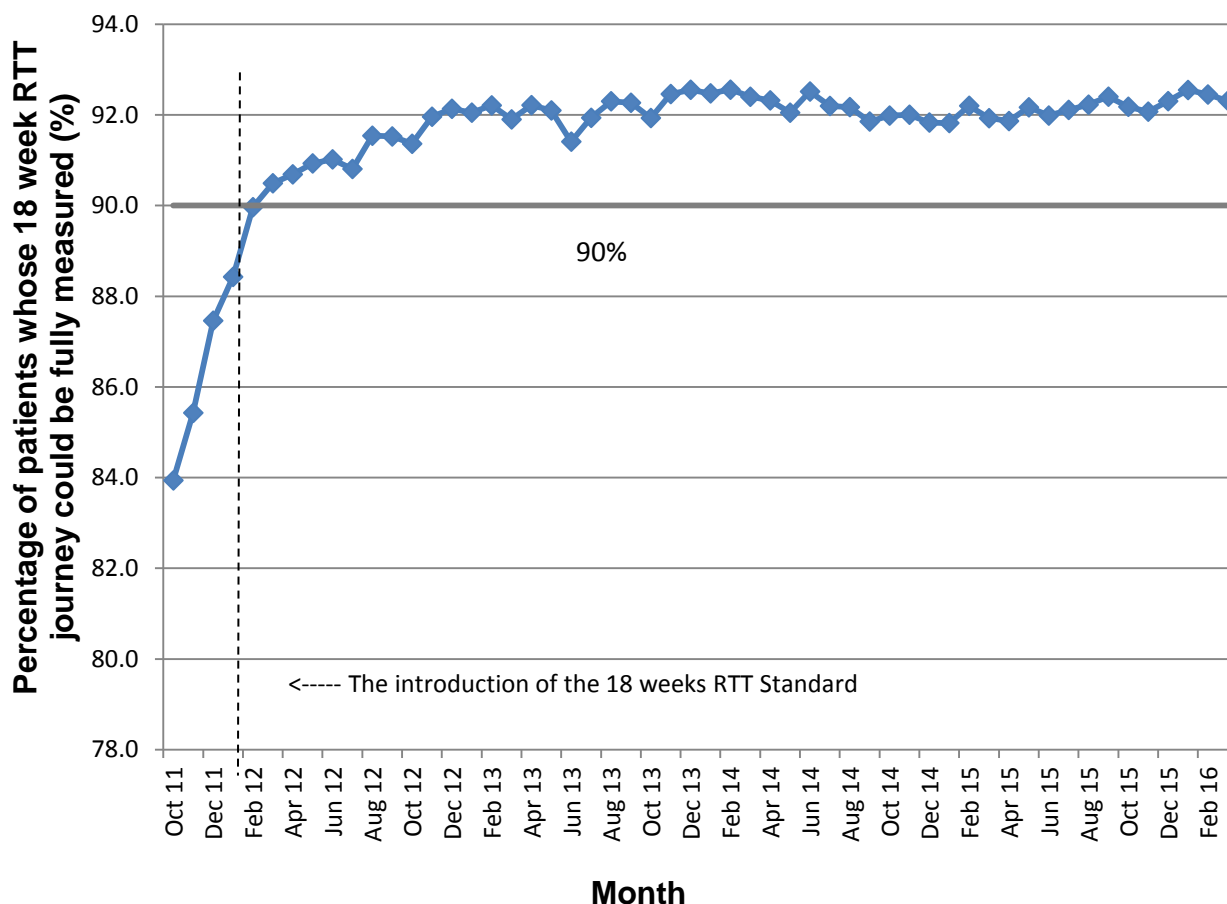


Chart 2 above shows the percentage of patients whose journey could be fully measured across NHSScotland since October 2011.

The number of unknown waits does not affect the percentage of patient journeys within the 18 weeks standard, as the performance calculation only includes patient journeys that can be fully linked. If linkage was 100% i.e. unknown waits could be fully measured, the performance against the standard for March 2016 would lie between 79.9% and 87.6% depending on whether these patients were treated within 18 weeks or not.

Five NHS Boards reported in March 2016 that all eligible 18 weeks RTT patients could be fully measured, i.e. 100% linkage. They are NHS Forth Valley, Golden Jubilee National Hospital, 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- March 2016	Excel [3004kb]
Table 3	18 Weeks RTT Performance and Linkage by NHS Board	October 2011- March 2016	Excel [93kb]

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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 estimated the Audiology figures for March 2016, however going forward this issue should be resolved.

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.

NHS Borders confirms that the drop in linkage for Anaesthetics is due to 44 patients being incorrectly linked to the original specialty.

NHS Borders confirms that the increase in overall unknown clock stops is due to appointments not being linked correctly to the parent specialty.

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), but these should not affect the linkage, and only have only 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 confirms that the drop in performance for non-admitted patients for Neurology is accurate due to significant capacity challenges within the Neurology service.

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.

NHS Forth Valley confirms that the performance drops for Non-admitted patients in Neurology and Rheumatology are accurate and do not reflect any changes in the recording practice or data quality issues.

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.

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 Greater Glasgow & Clyde confirms the rise in number of unknowns for Trauma & Orthopaedic patients, both admitted and non-admitted, are accurate and do not reflect any changes in the recording practice or data quality issues.

NHS Highland

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

NHS Highland states that they are not aware of any major data quality issues but confirm that there is work to do to improve linkage on non-admitted pathways. There have been no changes to the linking methodology this quarter.

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.

NHS Orkney

NHS Orkney moved to Trakcare in June 2015. Since then, NHS Orkney has been unable to submit 18 Weeks RTT returns; during this period NHS Orkney have submitted estimated figures.

NHS Orkney are providing estimates due to the underlying data issues present in PMS.NHS Orkney have been carrying out data cleansing and training since June 2015 and the data quality is improving.

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.

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.

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. There has been no change to the Golden Jubilee linkage methodology.

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 31 st March 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 23 rd February 2016
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Help email	NSS.isdWAITINGTIMES@nhs.net
Date form completed	Monday 9 th May 2016

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.