18 Weeks Referral to Treatment
Quarter End – 31 March 2018

Publication date 29 May 2018

An Official Statistics publication for Scotland
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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

Please note that there are data quality issues with two NHS Boards.

NHS Tayside have not been able to provide 18 Weeks RTT figures for July – December 2017 due to reporting problems following the implementation of their new patient management system in June 2017. All references to NHSScotland for this time period exclude NHS Tayside figures. NHS Tayside have provided 18 wks RTT figures for January-March 2018 and the Scotland figure for this time period includes all Boards.

NHS Ayrshire & Arran have provided figures for July 2017 – March 2018 that contain some estimates for routine processes due to technical reporting difficulties following an upgrade to their patient management system. These estimates are included in the NHSScotland figures as they are deemed by ISD to be statistically robust.

- In March 2018, for all Boards, 81.2% of patients were reported as being seen within 18 weeks. The figures for January and February were 81.0% and 81.0% respectively.
- In March 2018, three of the fifteen NHS Boards, who submitted valid data, met the 18 Weeks Referral to Treatment Standard. Twelve NHS Boards did not meet the 90% standard.
**Results and Commentary**

This publication details NHSScotland’s and NHS Board’s results for the period December 2011 to March 2018 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 out with 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.

For this release it should be noted that data completeness for two Boards is an issue. NHS Tayside have not been able to provide 18 Weeks RTT figures for July – December 2017 due to reporting problems following the implementation of their new patient management system in June 2017. All references to NHSScotland for this time period exclude NHS Tayside figures. NHS Tayside have provided 18 wks RTT figures for January-March 2018 so the Scotland figure for this time period includes all Boards.

NHS Ayrshire & Arran have provided figures for July 2017– March 2018 that contain some estimates for routine processes due to technical reporting difficulties following a recent upgrade to their patient management system. These estimates are included in the NHSScotland figures as they are deemed by ISD to be statistically robust.

For more information please see the Data Quality section.

**Patient Journeys within the 18 Weeks Standard**

In March 2018 for all Boards, 81.2% of patients whose 18 Weeks RTT journey could be fully measured were reported as being seen within 18 weeks. The figures for January and February were 81.0% and 81.0% respectively.

Chart 2 below shows the monthly performance of fully measurable patient journeys completed within 18 weeks for all Boards from December 2011 to March 2018 (excluding NHS Tayside from July-December 2017) compared to the National Standard. Chart 2 illustrates that since January 2014, with the exception of May and June 2014, NHS Scotland has not met the 90% national standard.
Chart 2: NHSScotland 18 Weeks RTT performance

Note: For the period July 2017 – March 2018 NHS Ayrshire & Arran provided data containing estimates of routine processes. NHS Tayside did not provide data for July-December 2017 due to technical issues with their reporting systems, but have provided figures for January – March 2018. The Scotland figures for July – December 2017 include NHS Ayrshire & Arran but exclude NHS Tayside.

To see this detail at NHS Board level click on the link to the excel document [here](#).

In March 2018, three of the fifteen NHS Boards, who submitted valid data, met the 18 Weeks Referral to Treatment Standard. Twelve NHS Boards did not meet the Standard. Table 1 shows the detail.
Table 1: NHS Boards compared to the 90% 18 Weeks Referral to Treatment Standard for March 2018

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Patient journeys within 18 weeks (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Ayrshire &amp; Arran ¹</td>
<td>78.6</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>86.7</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>84.0</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>79.1</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>83.4</td>
</tr>
<tr>
<td>Golden Jubilee</td>
<td>99.0</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>65.5</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>89.3</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>81.7</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>82.1</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>74.6</td>
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<tr>
<td>NHS Orkney</td>
<td>98.9</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>81.8</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>71.9</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>91.7</td>
</tr>
</tbody>
</table>

Notes:

1 See page 4 regarding the completeness of data

**Calculating the Patient Waiting**

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 2018, a total of 104,557 patient journeys eligible under the 18 Weeks RTT Standard were identified. It was not possible to fully calculate the waiting time for 8,255 patient journeys. The waiting time could be fully measured for 96,302 patient journeys (92.1%).

**Clinical Outcome Code Recording Completeness**

The Clinical Outcome Code Recording Completeness for all Boards was 85.4% in March 2018. All Boards are working on improving Clinical Outcome Code Recording Completeness so as to link all stages of a patient journey.
Table 2: All Boards (except NHS Tayside) - Patient journeys within 18 weeks and patient journeys that could be fully measured up to March 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>Patient journeys within 18 weeks (%)</th>
<th>Number of patient journeys within 18 weeks</th>
<th>Number of patient journeys over 18 weeks</th>
<th>Number of unknown waits</th>
<th>Patient journeys that could be fully measured (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2018</td>
<td>81.0</td>
<td>82,303</td>
<td>19,354</td>
<td>9,393</td>
<td>91.5</td>
</tr>
<tr>
<td>Feb 2018</td>
<td>81.0</td>
<td>75,188</td>
<td>17,680</td>
<td>8,290</td>
<td>91.8</td>
</tr>
<tr>
<td>March 2018</td>
<td>81.2</td>
<td>78,169</td>
<td>18,133</td>
<td>8,255</td>
<td>92.1</td>
</tr>
</tbody>
</table>

Notes:

See page 4 regarding the completeness of data

To see the 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 please click on the link to excel document [here](#).

In March 2018, 7.9% of patient journeys eligible under the 18 weeks RTT standard could not be fully measured. Therefore, the performance against the standard is based on only 92.1% of all identified patients.
Note: For the period July 2017 – March 2018 NHS Ayrshire & Arran provided data containing estimates of routine processes. NHS Tayside did not provide data for July-December 2017 due to technical issues with their reporting systems, but have provided figures for January – March 2018. The Scotland figures for July – December 2017 include NHS Ayrshire & Arran but exclude NHS Tayside.

Chart 3 above shows the percentage of patients whose journey could be fully measured across NHSScotland since December 2011.

If linkage was 100% i.e. unknown waits could be fully measured, the performance against the standard for March 2018 would lie between 74.7% and 82.6% depending on whether these patients were treated within 18 weeks or not.

Six NHS Boards reported in March 2018 that all eligible 18 weeks RTT patients could be fully measured, i.e. 100% linkage. They are NHS Forth Valley, NHS Lanarkshire, NHS Shetland, NHS Tayside, NHS Western Isles and Golden Jubilee National Hospital. 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. For further explanation of the linkage figures July 2017- March 2018 see Data Quality.
### 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.

**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>
<thead>
<tr>
<th>File name</th>
<th>File and size</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Board Performance</td>
<td>Excel [3077kb]</td>
</tr>
<tr>
<td>18 Weeks RTT Performance and Linkage by NHS Board</td>
<td>Excel [96kb]</td>
</tr>
</tbody>
</table>
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Further Information
Further Information can be found on the ISD website.
For more information on 18 Weeks RTT see the 18 Weeks RTT section of our website. For related topics, please see the Waiting Times pages.
The next release of this publication will be 28 August 2018.

Rate this publication
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Appendices

Appendix 1 – 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.

There have been significant improvements in data quality and completeness over time and consequently the 18 weeks RTT data is now regarded to have a high level of data completeness and the recording is considered to be robust.

**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.

The standard end point that the wait is measured to for diagnostic tests, i.e. when the clock stops, is when the verified results are available for reporting. However, due to system constraints, in some cases for both Endoscopic and Radiology tests, the clocks stop on the day the test is carried out.

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].
Appendix 2 – 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**

Due to technical reporting difficulties following a recent upgrade to their patient management system, NHS Ayrshire & Arran have provided figures for July 2017–March 2018 that contain some estimates for routine processes.

NHS Ayrshire & Arran confirms that they have not made any changes to their linking methodology.

**NHS Borders**

NHS Borders confirms that the data submitted accurately identifies all patients on an 18 Weeks RTT pathway treated within this NHS Board.

NHS Borders confirms that no changes to the linking methodology have been made.

The initial 18 Weeks RTT reporting function is over reporting breaches. This does not affect the national reporting as there is a lengthy validation process in place. The issue is that the report does not show the clock stops for each pathway, it counts the last appointment linked to the pathway and excludes all previous clock stops. This drastically increases the amount of time required to validate records to ensure we meet the national standard. Once the 90% standard is achieved there is no further validation.

During the last quarter, in the specialty Dermatology, NHS Borders reports that additional locum clinics were run to reduce the backlog along. Alongside this, a new clinic template has been introduced with two new GP with Special Interest posts, this has drastically improved capacity.

**NHS Dumfries & Galloway**

NHS Dumfries & Galloway confirms that the data submitted accurately identifies all patients on the 18 Weeks RTT pathways.

NHS Dumfries & Galloway has not made any changes to their linking methodology.

NHS Dumfries & Galloway report that have still to make some adjustments for TTG, but these are likely to have only a minor effect on the performance figures and no effect on linkage.

**NHS Fife**
NHS Fife confirms that the 18 Weeks RTT data submitted provides an accurate picture of all patients on an 18 weeks pathway and confirms that no methodological changes have been made.

There remain data quality issues relating to clinical outcome that affect both pathway linkage and accuracy of wait. This is monitored at performance reviews on a monthly basis where actions that can improve performance are identified. The board highlight an issue with duplicate UCPN’s arising from the migration of 15 months of pathway data from OASIS to TRAK. NHS Fife notes that the effect of these duplicates is lessened with each passing month, with the expectation that the effect on future submissions will be minimal. The reduction of these effects can be seen in the continual improvements in linkage as increasing numbers of pathways start on TRAK.

**NHS Forth Valley**

NHS Forth Valley confirms that the data submitted accurately identify all patients on the 18 Weeks RTT pathways.

NHS Forth Valley has not made any changes to their linking methodology.

There are no new or ongoing data quality issues reported by NHS Forth Valley.

**NHS Grampian**

NHS Grampian confirms that the data submitted accurately identifies all patients on an 18 Weeks RTT pathway and that no changes have been made to their linking methodology. There are no new or ongoing data quality issues reported by NHS Grampian.

The increase seen for performance in Cardiology between February and March was the result of a waiting list initiative.

The increase in the numbers of patients waiting over 18 weeks in Dermatology is caused by staffing issues resulting from the national shortage of Dermatologists. Currently the service is managed by locum assistance under a triage model. The board highlights future plans to further support the delivery of dermatology in Grampian through the introduction of a nurse led acne and laser service.

**NHS Greater Glasgow & Clyde**

NHS Greater Glasgow & Clyde confirms that the data submitted accurately identifies all patients on an 18 Weeks RTT pathway and that there have been no changes to the linkage methodology. NHS greater Glasgow & Clyde are not aware of any new or ongoing data quality issues.

**NHS Highland**
NHS Highland confirms that the 18 Weeks RTT data submitted provides an accurate picture of all patients on an 18 weeks pathway and confirms that no methodological changes have been made.

The board have contacted the cardiology service to query the increased number of patients on an unknown pathway and are awaiting a response.

**NHS Lanarkshire**

NHS Lanarkshire noted that patients for whom the pathway stops following a diagnostic test may not be represented. They provide current estimates of approximately 500 patients.

NHS Lanarkshire has made no changes to their linking methodology.

There are no new or ongoing data quality issues affecting NHS Lanarkshire.

**NHS Lothian**

NHS Lothian reports that the data submitted does not include all patients as there are unknown journeys and clock stops outside of the main Trak system.

NHS Lothian confirms there are no changes made to the linking methodology.

NHS Lothian is not aware of any ongoing data quality issues.

The increase in the number of patients waiting over 18 weeks for the specialty Audiology is attributed to staff shortages in the Adult Audiology service.

**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.

NHS Orkney is not aware of any data quality issues.

**NHS Shetland**

NHS Shetland confirms that the 18 Weeks RTT data submitted provides an accurate picture of all patients on an 18 weeks pathway and that they are not aware of any ongoing data quality issues with regard to the 18 Weeks RTT figures.

There were no changes made to NHS Shetland’s linking methodology.

**NHS Tayside**

The 18wk RTT TrakCare methodology captures all clock stops within the month.

The board highlights that it is not possible to identify any 18wk RTT pathways that do not have an 18wk RTT clock stop outcome and key dates entered.
Since moving Patient Admin System to TrakCare in June 2017, NHS Tayside has been unable to provide 18 weeks RTT performance information. A new solution has been developed and data has been provided from January 2018. The methodology developed has been documented and was shared with ISD prior to submission.

**NHS Western Isles**

NHS Western Isles confirms that the 18 Weeks RTT data submitted provides an accurate picture of all patients on an 18 weeks pathway.

There were no changes made to NHS Western Isles' linking methodology.

No new data quality issues were reported by NHS Western Isles.

**Golden Jubilee National Hospital**

Golden Jubilee confirms that data submitted accurately identifies all patients on an 18 Weeks RTT pathway.

There have been no changes to Golden Jubilee’s linkage methodology this quarter and Golden Jubilee reports that there are no new or ongoing data quality issues.
Appendix 3 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>18 Weeks Referral To Treatment</td>
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<tr>
<td>Description</td>
<td>Monthly summaries of whole journey waiting times across NHSScotland</td>
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<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Access and Waiting Times</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks and PDF</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>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. ISD in partnership with the UKSA are working towards achieving a national statistics status for this publication. This publication is currently part of an ongoing assessment by the UK Statistics Authority.</td>
</tr>
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<td>Date that data are acquired</td>
<td>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.</td>
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<td>Release date</td>
<td>The last Tuesday of the month for each publication.</td>
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<tr>
<td>Frequency</td>
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<td>Timeframe of data and timeliness</td>
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<td>Continuity of data</td>
<td>Quarterly data is comparable.</td>
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<td>Revisions statement</td>
<td>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.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>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.</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>A release by the Scottish Government can be found on the 18 weeks RTT website</td>
</tr>
<tr>
<td>Relevance and key uses of</td>
<td>Waiting times are important to patients and are a measure of how the...</td>
</tr>
</tbody>
</table>


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.

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.

| **Accuracy** | 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. |
| **Accessibility** | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. |

Key statistics for the latest quarter are linked to on the main 18 weeks RTT web page of the [publication](https://www.isd.scot). Statistics are presented within Excel spreadsheets. NHS Board and National figures are presented.

Further features to aid clarity:
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](https://www.isd.scot) is followed.

**Official Statistics designation**

Official Statistics

**UK Statistics Authority Assessment**

Ongoing assessment by the UK Statistics Authority in progress.

**Last published**

Tuesday 27th February 2018

**Next published**

Tuesday 28th August 2018

**Date of first publication**

Tuesday 31st May 2011

**Help email**

NSS.isdWAITINGTIMES@nhs.net
| Date form completed | 03/05/2018 |
Appendix 4 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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
Appendix 5 – 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 (i.e. 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](#).