18 Weeks Referral to Treatment
Quarter End – 31 December 2019
Publication date 25 February 2020
This is an Official Statistics Publication

The Official Statistics (Scotland) Order 2008 authorises NHS National Services Scotland (the legal name being the Common Services Agency for the Scottish Health Service) to produce official statistics.

All official statistics should comply with the UK Statistics Authority’s Code of Practice which promotes the production and dissemination of official statistics that inform decision making. They can be formally assessed by the UK Statistics Authority’s regulatory arm for National Statistics status.

Find out more about the Code of Practice at:

Find out more about official statistics at:
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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, NHS Boards and the Scottish Government. This publication reports on completed patient pathways covered by the 18 weeks Referral to Treatment (RTT) Standard.

The 18 weeks RTT Standard has been determined by the Scottish Government and states:

“90% of patients should have a completed pathway from referral to first treatment commencing within 18 weeks”.

The 18 weeks RTT Standard builds on previous waiting time targets, which set maximum waiting times for stages of treatment, first outpatient consultation, diagnostic tests, and inpatient and day case treatment. The 18 weeks 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. Instead, the 18 weeks RTT Standard applies to the whole pathway i.e. from a referral to the point where each patient is treated. As a result, 18 weeks RTT performance is dependent on both Stage of Treatment and Diagnostics waiting times.

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 sending it to ISD. ISD then carry out additional quality assurance checks on the data.

For further information on the collection, quality assurance and reporting of this data and detail on UK comparison please refer to the Data Quality and Background information sections of this report.
Main Points

Performance against the 18 weeks RTT Standard is based on the fully measurable completed patient journeys.

- In December 2019, a total of 93,320 patient journeys eligible under the 18 weeks RTT Standard were identified by NHS Boards in Scotland. The waiting time could be fully measured for 90.2% of these patient journeys.

- Of the fully measurable patient journeys which were completed in December 2019, 78.9% of patients across Scotland were reported as being treated within 18 weeks of referral. The figures for October and November 2019 were 77.8% and 77.2% respectively, Figure 2 shows the longer trend since December 2011.

- In December 2019, four of the 15 NHS Boards (NHS Borders, Golden Jubilee National Hospital, NHS Orkney and NHS Western Isles) met the 18 weeks Referral to Treatment Standard. 11 NHS Boards did not meet the 90% standard. Figure 3 compares the performance of all Health Boards for December 2019.
Results and Commentary

This publication summarises national data on waiting times for completed patient pathways covered by the 18 weeks Referral to Treatment (RTT) Standard in NHSScotland. The publication measures performance against the national standard for 18 weeks Referral to Treatment (RTT) between December 2011 and December 2019. This includes examining the proportion of patient journeys which could be fully tracked and the level Clinical Outcome Code Recording Completeness during this period.

The 18 weeks RTT Standard has been determined by the Scottish Government and states:

“90% of patients should have a completed pathway from referral to first treatment commencing within 18 weeks”.

Note that there are a number of Data quality issues across NHS Boards affecting the data shown in this report, these are listed below:

For this release it should be noted that data for NHS Ayrshire and Arran and NHS Forth Valley is incomplete.

NHS Ayrshire and Arran data for July 2017 to December 2019 contains estimates for some of the measures provided in this report. These estimates are deemed statistically robust by ISD.

NHS Forth Valley data for May 2019 is incomplete due to issues related to the recent implementation of Trakcare at the board.

For more information please refer to the Data Quality section of this report.

Calculating the Patient Waiting Time

To measure an individual patient’s whole journey waiting time under the 18 weeks RTT target, it is necessary for NHS Boards to link all the stages of the patient's journey, including all delays.

In December 2019, a total of 93,320 patient journeys eligible under the 18 weeks RTT Standard were identified by NHS Boards in Scotland. The waiting time could be fully measured for 84,199 (90.2%) of patient journeys but it was not possible to fully calculate the waiting time for 9,121 (9.8%) of journeys.

Figure 1 below shows the percentage of patients whose journey could be fully measured across NHSScotland since December 2011.
Linkage varies substantially across the health boards in NHSScotland, six NHS Boards reported that all eligible 18 weeks RTT patients could be fully measured in December 2019, 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 October 2018 - December 2019 refer to the Data Quality section within this report.

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 refer to the excel tables on the ISD webpage.
Clinical Outcome Code Recording Completeness

Clinical Outcome Codes are recorded after each outpatient appointment and indicate whether a patient has started treatment or not. Clinical Outcome Codes are required in order to facilitate the linkage of all stages of a patient journey and accurately measure waiting times from referral to treatment.

The Clinical Outcome Code Recording (COCR) Completeness across NHSScotland was 84.3% for completed patient pathways in December 2019. COCR Completeness varies across health boards and all Boards are working on improving Clinical Outcome Code Recording so as to link all stages of a patient journey. Further information about Clinical Outcome Code Recording can be found within the background information section of this report.

Patient Journeys within the 18 weeks RTT Standard

In December 2019, 78.9% of patients across Scotland were reported as being treated within 18 weeks of referral. The figures for October and November were 77.8% and 77.2% respectively. These percentages are based on those patients’ journeys which concluded in that month and could be fully measured.

Figure 2 below shows a monthly trend for the national performance against the 18 weeks RTT standard for fully measurable patient journeys (excluding NHS Tayside from July-December 2017). Since the introduction of the 90% RTT standard, NHSScotland performance has decreased from 92.4% in June 2012 to 78.9% in December 2019.
In December 2019, NHS Borders, NHS Orkney, Golden Jubilee National Hospital and NHS Western Isles met the 18 weeks Referral to Treatment Standard. 11 NHS Boards did not meet the Standard. Figure 3 below shows the detail.

For further information about 18 weeks RTT performance across NHSScotland refer to the excel tables.

1. See page 5 regarding the completeness of data.
Figure 3: Percentage of Patient Journeys treated within 18 weeks by NHS Board, December 2019

1. See page 5 regarding the completeness of data.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient journey</td>
<td>A patient's 18 weeks RTT journey begins with the receipt of referral for treatment and ends with the start of treatment.</td>
</tr>
<tr>
<td>NHS Board of Treatment</td>
<td>The NHS Board in which treatment starts.</td>
</tr>
<tr>
<td>Number of patient journeys with 18 weeks</td>
<td>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.</td>
</tr>
<tr>
<td>Number of patient journeys over 18 weeks</td>
<td>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.</td>
</tr>
<tr>
<td>Patient unavailability</td>
<td>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.</td>
</tr>
<tr>
<td>Unique Care Pathway Number (UCPN)</td>
<td>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.</td>
</tr>
<tr>
<td>Clinical Outcome CodeRecording (COCR)</td>
<td>COCR indicates the status of the patient’s journey after every Outpatient appointment.</td>
</tr>
</tbody>
</table>
Contact

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For 18 week Referral to Treatment waiting times queries please email: nss.isdwaitingtimes@nhs.net

Further Information

Further information and data for this publication are available from the ISD website. For more information on 18 weeks referral to treatment see the 18 weeks referral to treatment section of our website. For related topics, please see the Waiting times pages.

The next release of this publication will be 26 May 2020.

Open data

Data from this publication is available to download from the NHSScotland Open Data platform.

Rate this publication

Please provide feedback on this publication to help us improve our services.
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 weeks 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 Waiting Times 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, focusing 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 Unique Care Pathway Number (UCPN) and Clinical Outcome Code Recording?

The complete patient journey from referral to treatment can be difficult to measure as patients may require treatment at more than one hospital and/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. The Unique Care Pathway Number 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. For example; it is not possible to calculate the average, shortest or longest patient journey times from the aggregated data supplied. ISD only holds 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 stops 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.

Information about the key similarities and differences between the 18 weeks RTT statistics published by the four nations of the UK has been collated by the Government Statistical Service and can be accessed via the following website: https://gss.civilservice.gov.uk/user-facing-pages/health-and-care-statistics/health-waiting-time-statistics/
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

NHS Ayrshire and Arran have been experiencing technical issues from Quarter 2 2017. They report that they are not capturing all clock stopping events, specifically where results of investigations are reported back to patients’ out with the outpatient setting.

The return is currently partially estimated for the current quarter, October to December 2019, with 79% being actual 18 weeks RTT pathways and 21% estimated.

Methodology for linkage has been modified as a result of the resolution of the issues related to Stage of Treatment submissions and resulted in a further reduction in the number of estimated pathways.

NHS Borders

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 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. Some manual validation is required to ensure the national target is met.

NHS Dumfries & Galloway

NHS Dumfries & Galloway confirms that the data submitted accurately identifies all patients on the 18 weeks RTT pathways and there are no new data quality issues.

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

NHS Fife

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

NHS Fife reports that that no linking methodological changes have been made and that they are not aware of any new or ongoing data quality issues.
NHS Forth Valley
NHS Forth Valley 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 Forth Valley.

NHS Forth Valley data for May 2019 was an underestimate due to issues related to the recent implementation of Trakcare at the board and a change in culture of responsibility for data entry. Services are being supported and progress to resolve these issues are being made.

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.

NHS Greater Glasgow & Clyde
NHS Greater Glasgow & Clyde 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.

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.

NHS Lanarkshire
NHS Lanarkshire noted that patients for whom the pathway stops following a diagnostic test may not be represented. The current estimate is approximately 500 patients.

NHS Lanarkshire has made no changes to their linking methodology and there are no new data quality issues reported.

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.

There have been no changes made to the linking methodology and there are no new data quality issues.
**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 data was previously reported as being incomplete for August 2019. This data quality issues associated with the affected specialty have now been resolved and the updated data is included in this publication.

**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 18 week RTT TrakCare methodology captures all clock stops within the month. The board highlights that it is not possible to identify any 18 week RTT pathways that do not have an 18 week RTT clock stop outcome and key dates entered.

Since moving Patient Admin System to TrakCare in June 2017, NHS Tayside experienced issues providing 18 weeks RTT performance information. A new solution was developed and data has been provided from January 2018. The methodology developed has been documented and shared with ISD in May 2018.

NHS Tayside reports that there were no new data quality issues or changes to the linking methodology.

**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 and confirms that no methodological changes have been made.

They are not aware of any ongoing data quality issues with regard to the 18 weeks RTT figures.

**Golden Jubilee National Hospital**

Golden Jubilee National Hospital confirms that data submitted accurately identifies all patients on an 18 weeks RTT pathway. There have been no changes to linkage methodology this quarter and 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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<tbody>
<tr>
<td>Publication title</td>
<td>18 weeks Referral To Treatment</td>
</tr>
<tr>
<td>Description</td>
<td>Monthly summaries of whole journey waiting times across NHSScotland</td>
</tr>
<tr>
<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>
<tr>
<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>
</tr>
<tr>
<td>Release date</td>
<td>25 February 2020</td>
</tr>
<tr>
<td>Frequency</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>From October 2011 to 31st December 2019</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Quarterly data is comparable.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>A revision has been made to 18 weeks RTT Performance and Linkage by NHS Board. July 2019 data has been revised for NHS Borders within the February 2020 publication, this has resulted in the performance data changing to 90.6% for NHS Borders. August 2019 data for NHS Orkney has been revised within the February 2020 publication, this has changed the linkage and performance data for NHS Orkney. The revisions for July and August 2019 have not changed the overall Linkage or Performance percentages for NHSScotland. In the January 2011 table, Borders linkage data has been revised from 100% to 68.5%. This has resulted in the Scotland figure changing to 69.1% (formerly 69.5%). This does not affect the performance data.</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. 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 the statistics</td>
<td>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. Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information</td>
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requests; information support to NHS Boards; health intelligence work; parliamentary questions and LDP standards.

### 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.

### Coherence and clarity
Key statistics for the latest quarter are linked to on the [18 weeks RTT ISD web page](#). 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 Statistical Disclosure Protocol is followed.

### Official Statistics designation
Official Statistics

### UK Statistics Authority Assessment
Ongoing assessment by the UK Statistics Authority in progress.

<table>
<thead>
<tr>
<th>Last published</th>
<th>26 November 2019</th>
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<tr>
<td>Next published</td>
<td>26 May 2020</td>
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**Date of first publication**: 31 May 2011

**Help email**: NSS.isdWAITINGTIMES@nhs.net

**Date form completed**: 14 February 2020
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 (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](#).