

# Assessment of compliance with the Code of Practice for Official Statistics

## Statistics on NHS Waiting Times in Scotland

*(produced by the  
Information Services Division of  
NHSScotland)*

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### **About the UK Statistics Authority**

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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## ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*. Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment Reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, Reports may point to such questions if the Authority believes that further research would be desirable.

Assessment Reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment Reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment Report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

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# 1 Summary of findings

## 1.1 Introduction

1.1.1 This is one of a series of reports<sup>1</sup> prepared under the provisions of the *Statistics and Registration Service Act 2007*<sup>2</sup>. The report covers the following National Statistics produced by the Information Services Division (ISD), NHSScotland:

- *Waiting Times and Waiting Lists*<sup>3</sup>.

At the request of ISD, this assessment also covers the following publications which are not currently designated as National Statistics:

- *Accident & Emergency (A&E) Waiting Times*; and
- *Diagnostic Tests Waiting Times*.

1.1.2 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

## 1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that:

- *Waiting times and Waiting Lists* are designated as National Statistics, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by October 2010;

and has determined that:

- *Accident & Emergency Waiting Times* and *Diagnostic Tests Waiting Times* can be designated as new National Statistics products, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by October 2010.

## 1.3 Summary of strengths and weaknesses

1.3.1 Statistics on waiting times are designed to support the measurement of national targets set by the Scottish Government. ISD works closely with the main users of waiting time statistics, namely Health Boards and the Scottish Government which use the statistics to measure performance against the targets.

1.3.2 ISD publishes a Statistical Publication Notice (SPN) for *Waiting times and Waiting lists* data which provides objective and clear commentary and

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<sup>1</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

<sup>2</sup> [http://www.opsi.gov.uk/ACTS/acts2007/ukpga\\_20070018\\_en\\_1](http://www.opsi.gov.uk/ACTS/acts2007/ukpga_20070018_en_1)

<sup>3</sup> <http://www.isdscotland.org/isd/6135.html>

contextual information about the statistics for users of the statistics. Statistics on different aspects of waiting times, including *Accident & Emergency Waiting Times* and *Diagnostic Tests Waiting Times* are included as part of the main Waiting Times SPN.

- 1.3.3 In January 2008 ISD introduced changes in the methods used to collect information about hospital inpatients, day cases and outpatients in response to changes in government policy. These changes in methods have improved the quality of the statistics by including more detail about waiting lists (for example, periods of unavailability experienced by patients during their wait), and by trying to account for missed appointments. One of the main reasons for improving the quality of these statistics was to help assess hospital performance against government targets to reduce waiting times. The new data are not directly comparable to earlier data, although historical data are available.
- 1.3.4 The format of the publications is largely determined by the current waiting times targets. Changes to these targets result in changes to the content of the publications which also causes inconsistencies.

#### **1.4 Detailed recommendations**

- 1.4.1 The Assessment team identified some areas where it felt that ISD could strengthen its compliance with the Code. Those which the Assessment team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not central to their designation, are listed at annex 1.

#### **1.5 Requirements for designation as National Statistics**

<b>Requirement 1</b>	Take steps to develop a more complete understanding of the use made of the statistics, the needs of current and potential users, and user views on the service provided. Publish the relevant information and assumptions and use them to better support the beneficial use of the statistics (para 3.1)
<b>Requirement 2</b>	Clearly link statements about data quality to the relevant statistics (para 3.10)
<b>Requirement 3</b>	Publish information on data quality for <i>Accident &amp; Emergency Waiting Times</i> and <i>Diagnostic Tests Waiting Times</i> statistics (para 3.13)
<b>Requirement 4</b>	Improve the commentary accompanying the <i>Diagnostic Tests Waiting Times</i> statistics to aid interpretation by non-expert users (para 3.25)

## 2 Subject of the assessment

- 2.1 ISD delivers most of its statistical outputs through 20 cross-cutting programmes<sup>4</sup>. The three waiting times statistics publications being assessed are released quarterly and are part of ISD's Waiting Times programme<sup>5</sup>. Each release describes a separate aspect of NHSScotland waiting times:
- *Waiting Times and Waiting Lists* statistics summarise waiting times and waiting lists in the acute sector of NHSScotland by Health Board. The national standard is for patients to be seen at hospital within 12 weeks from referral to first outpatient appointment. This standard was reduced from 15 weeks on 31 March 2010. These statistics are produced using the *New Ways* data warehouse.
  - *Accident & Emergency Waiting Times* statistics record the the numbers and proportions of patients admitted and discharged, or transferred elsewhere within the target of four hours, by Health Board. The target since 31 December 2007 has been that 98 per cent of patients in A&E Units will wait no longer than four hours between arriving at a unit and admission, discharge, or transfer. Until April 2006, the data were collected using an annual national census and covered only a set of main hospitals. From April 2006 the data were collected using a developmental web-based tool and in July 2007 the Accident & Emergency data warehouse was introduced. Statistics prior to 2007 were published quarterly and data from 2007 are shown for each month, and updated quarterly.
  - *Diagnostic Tests Waiting Times* statistics summarise the length of waits and how many patients are on the waiting list for eight<sup>6</sup> key diagnostic tests. The target since 31 December 2007 has been that patients will wait no longer than six weeks for any of the eight key diagnostic tests. Statistics are available for Scotland as a whole up to May 2009 and at Health Board level since then. The statistics are compiled from outpatient, in-patient and day case waiting lists and Radiology Information Systems
- 2.2 On 1 January 2008 ISD introduced a significant change to the way in which NHSScotland defines and measures waiting times, and presents the resulting statistics. The programme, called *New Ways of Defining and Measuring Waiting Times*<sup>7</sup>, established a new patient waiting times data warehouse across Scotland to improve the consistency and comprehensiveness of waiting times data. Local hospital waiting list databases were redesigned to include more detail, particularly in relation to appointments offered, and accepted or refused by patients. The new system aims to improve the quality of the waiting time information by including waiting times for all patients and subtracting periods of patient unavailability. Under the previous system, waiting times for patients who did not attend appointments were excluded from the waiting times targets and published separately. Statistics produced using the *New Ways* data warehouse

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<sup>4</sup> <http://www.isdscotland.org/isd/4722.html>

<sup>5</sup> <http://www.isdscotland.org/isd/3454.html>

<sup>6</sup> Upper endoscopy, lower endoscopy, colonoscopy, cystoscopy, CT scan, MRI scan, barium studies and ultrasound.

<sup>7</sup> <http://www.isdscotland.org/isd/4508.html>

are not comparable with those produced prior to the introduction of the new system.

2.3 ISD introduced further changes to the system of collecting waiting times information through the *New Ways Refresh*<sup>8</sup> project implemented in November 2009. This extension of the *New Ways* programme was introduced to further increase the number of waiting time records entering the *New Ways* data warehouse and to provide open access for Health Boards. The February 2010 *Waiting Times and Waiting Lists* publication, which included statistics for the quarter ending December 2009, was the first to use data coded using the new method.

2.4 The statistics are used for a variety of purposes, including:

- informing Scottish Government planning, including the development of national waiting times targets;
- monitoring the progress of NHSScotland against the Scottish Government's targets to reduce waiting times<sup>9</sup> and developing improvements in the definition and measurement of waiting times;
- informing Health Boards' management of waiting list and waiting times; and
- informing a variety of information requests from research charities, public companies and Health Boards, as well as answering Freedom of Information requests and parliamentary questions.

2.5 In March 2010 Audit Scotland published a report, *Managing NHS waiting lists—A review of new arrangements*<sup>10</sup>, which examined the implementation of *New Ways* and the effect on patients. The report found that the programme has broadly achieved its aims to increase fairer treatment of those on waiting times lists but stated that more could be done in order to maximise the effectiveness of the programme.

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<sup>8</sup> <http://www.isdscotland.org/isd/6013.html>

<sup>9</sup> <http://www.isdscotland.org/isd/4657.html>

<sup>10</sup> [http://www.audit-scotland.gov.uk/docs/health/2010/nr\\_100304\\_nhs\\_waiting%20\\_lists.pdf](http://www.audit-scotland.gov.uk/docs/health/2010/nr_100304_nhs_waiting%20_lists.pdf)

### 3 Assessment findings

#### Principle 1: Meeting user needs

**The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.**

- 3.1 ISD engages with its main users, the Scottish Government Health Directorate and Health Boards, through a range of mechanisms. The ISD Waiting Times Programme Steering Group manages the Waiting Times Programme<sup>11</sup> work plans. Health Boards and the Scottish Government are represented on this group, which meets quarterly. Minutes of meetings are available from ISD but are not published. The work plans are reflected in ISD's annual Waiting Times Programme Business Plan, but ISD does not publish documentation explaining how users' needs inform its statistical planning processes. As part of the designation as National Statistics, ISD should take steps to develop a more complete understanding of the use made of the statistics, the needs of current and potential users, and user views on the service provided, and publish the relevant information and assumptions and use them to better support the beneficial use of the statistics<sup>12</sup> (Requirement 1).
- 3.2 ISD has several user groups which focus on developments in relation to the *New Ways of Defining and Measuring Waiting Times* project. Each group includes representatives of Health Boards and the Scottish Government. The New Ways Data Warehouse Group, Business Objects User Group, and Data Validation Group discuss users' experiences, data quality, format of outputs, and user requirements. ISD publishes the minutes of these meetings<sup>13</sup> on its website.
- 3.3 ISD meets Scottish Government and other users of accident and emergency data at Emergency Access Delivery Team meetings<sup>14</sup>, which plan and help advise on performance against the A&E waiting times target.
- 3.4 ISD carries out an annual customer survey to gather stakeholder views about its services, and publishes the summary results on its website. Following the February 2010 *Waiting times and Waiting lists* release (which was the first to include data collected using the *New Ways Refresh* quality mark for individual records), ISD carried out a survey of user views to assess the impact for users of the *New Ways Refresh* project. Results were due to be published in April 2010 but were not available at the time this assessment report was written. The Assessment team suggests that ISD publish the results of the *New Ways Refresh* feedback survey.

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<sup>11</sup> <http://www.isdscotland.org/isd/3320.html>

<sup>12</sup> In relation to Principle 1 Practice 2 of the Code of Practice

<sup>13</sup> <http://www.isdscotland.org/isd/4866.html>

<sup>14</sup> <http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/emergency-access-delivery-programme/>

## **Principle 2: Impartiality and objectivity**

**Official statistics, and information about statistical processes, should be managed impartially and objectively.**

- 3.5 ISD published its Revisions Policy in February 2010<sup>15</sup>. Changes are announced in advance and additional information on changes to validation methods is provided to accompany statistical releases.
- 3.6 ISD publishes all waiting times releases on its website free of charge to users. It has a policy for charging for requests for additional information if the request exceeds a set cost limit. However, ISD provides most supplementary statistical services, such as responses to individual information requests, free of charge.

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<sup>15</sup> <http://www.isdscotland.org/isd/files/ISD-Revisions-Policy-V04.pdf>

### Principle 3: Integrity

**At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.**

- 3.7 ISD and the Scottish Government Health Directorate have an agreement signed by the Director General for Health and the Chief Executive of NHS National Services Scotland which states that the final responsibility for the content, format and timing of statistical releases lies with ISD. The roles and responsibilities of those involved in the publication of official statistics are also included in the *Framework for Scottish Official Statistics*<sup>16</sup> which is published by the Scottish Government's Chief Statistician with input from ISD.
- 3.8 Although ISD statisticians have regular contact with Scottish Government policy officials, ISD told us that it takes steps to minimise the risk of political pressure being exerted in the production of official statistics. These include senior ISD officials signing off every official statistics publication, and regular staff training on their roles and responsibilities.
- 3.9 ISD routinely deals with media enquiries for information and advice, and contacts the media to correct published errors or misinterpretations of the data.

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<sup>16</sup> <http://www.scotland.gov.uk/Topics/Statistics/About/scottishframework/frameworkpdf>

## Principle 4: Sound methods and assured quality

**Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.**

- 3.10 Since the introduction of *New Ways*, waiting time information from Health Boards can be updated as required into the data warehouse. Data provided by the Health Boards are centrally validated by ISD before they are accepted into the data warehouse and become available for analysis. Any records which fail validation are reported back to data providers with an indication of the error. ISD publishes information about the quality and completeness of statistics produced under *New Ways*, at the level of Health Boards, on its website. ISD does not make clear that this information about quality does not apply to *Accident & Emergency Waiting Times* and *Diagnostic Tests Waiting Times*. As part of the designation as National Statistics, ISD should more clearly link statements about data quality to the relevant statistics<sup>17</sup> (Requirement 2).
- 3.11 Statistics produced under the *New Ways* system, introduced in January 2008, are not directly comparable to previously published information about waiting times. This is due to changes in the methods used to include and exclude patients from waiting lists, reflecting changes to government targets over time. Statistics produced using the previous system are available on the ISD website. ISD's website directs users who require further information about the discontinuities to a Notice of Statistical Continuity<sup>18</sup>.
- 3.12 Statistics on Accident & Emergency waiting times have been collected from A&E departments in large hospitals since April 2006 and from all other A&E departments since July 2007. These hospitals are able to submit patient level data to ISD, which includes arrival date and time and discharge date and time. The smaller hospitals submit monthly aggregated data on the total number of attendances and the number of patients who wait over four hours, as they do not have the technical infrastructure to produce patient level data; these aggregated data are not systematically validated by ISD.
- 3.13 All data about waiting times for diagnostic tests are submitted to ISD monthly in an aggregated form. The data are not systematically validated by ISD. Data for waiting times for radiology tests are extracted from the Radiology Information Systems and are not part of the *New Ways* data warehouse. As part of the designation as National Statistics, ISD should publish information about the quality of *Accident & Emergency Waiting Times* and *Diagnostic Tests Waiting Times* statistics<sup>19</sup> (Requirement 3).
- 3.14 Since targets and associated measurements vary between England, Wales, Scotland and Northern Ireland, it is often difficult to compare waiting times between the countries. ISD participates in the UK Comparative Waiting Times

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<sup>17</sup> In relation to Principle 4 Practice 1 of the Code of Practice

<sup>18</sup> <http://www.isdscotland.org/isd/3454.html>

<sup>19</sup> In relation to Principle 4, Practice 2 of the Code of Practice

Group which helps set common standards in order to facilitate comparisons of waiting times in the UK<sup>20</sup>.

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<sup>20</sup> [www.statistics.gov.uk/downloads/theme\\_health/UKHS3/UKHS2008web.pdf](http://www.statistics.gov.uk/downloads/theme_health/UKHS3/UKHS2008web.pdf)

## Principle 5: Confidentiality

**Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.**

- 3.15 ISD has told us that all staff sign confidentiality agreements at induction and annually thereafter, confirming that they have read the corporate Confidentiality Guidelines. These Guidelines were updated in 2009 and cover access to IT equipment and data, incident reporting, data security, release of data and the disposal of confidential data. To gain access to confidential datasets, staff complete an 'Access to Data' form countersigned by senior officials. Access is only allowed for specified purposes and must be renewed every six months if access is still required.
- 3.16 ISD has published its Statistical Disclosure Control Protocol<sup>21</sup> on its website.
- 3.17 ISD's website also contains information for the public about how ISD protects the confidentiality of its data. This includes details of protecting patients' privacy, secondary uses of health information, and research using personal data.

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<sup>21</sup> [http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Protocol\\_ISDOnline.pdf&p](http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Protocol_ISDOnline.pdf&p)

## **Principle 6: Proportionate burden**

**The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.**

- 3.18 Since the early 1990s, the data collected and used by ISD for waiting times publications have come from existing administrative sources in NHSScotland, that is, from hospital patient administration systems.
- 3.19 *New Ways* and the *New Ways Refresh* projects were designed to reduce the administrative burden on Health Boards. Cost savings are intended to be realised over time. As a result of better measurement and recording methods, delays in the waiting times system are more easily identified and addressed.

## Principle 7: Resources

**The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.**

- 3.20 ISD's business planning arrangements do not allow resources for statistical activities to be identified separately from other areas. Planning, budgeting and monitoring are conducted from within ISD's matrix management structure. The Waiting Times Programme Business Plan 2010/11 sets out resources measured in Full-Time Equivalent (FTE) working hours. That is, it sets out resources in terms of how many full-time staff are available for each objective. It includes resources by staff grade as well as for each team, and for management. Resources are specified for each objective in the Business Plan.
- 3.21 Including administrative and management staff, the full Waiting Times programme which includes other publications, has a total staff of about 27 FTEs on 30 November 2009.
- 3.22 ISD spent £41,000 developing and implementing the *New Ways* IT system between 2005 and 2009. A further £130,000 was spent training and supporting Health Boards on its use. ISD continues to pay for this support service. The *New Ways Refresh* project cost £45,000 to set up and continues to incur maintenance costs.
- 3.23 ISD uses the standard competency framework used by all non-clinical NHS staff across the UK to document and manage the knowledge and skills of its employees. This framework is used to assess staff performance and to identify training and development needs. ISD has developed a staff learning and development programme, and a range of training courses, online learning opportunities and other resources are available to staff. ISD told us that it has well-established and robust procedures for recruiting staff.

## Principle 8: Frankness and accessibility

**Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.**

- 3.24 ISD provides clear and accessible commentary in the Statistical Publication Notice<sup>22</sup> which accompanies the waiting times publications, to highlight the main points and to help users to interpret the data. The introduction includes commentary about the operational context for the statistics which the Assessment team regards as particularly helpful.
- 3.25 The *Diagnostic Tests Waiting Times* publication does not clearly state the source of the data nor does it help users to interpret the statistics. For example, the *Diagnostic Tests Waiting Times to December 2009* release shows a large fall in the total number of patients waiting for over six weeks for diagnostic tests between December 2008 and March 2009 – but no explanation for this fall is given in the commentary or footnotes. As part of the designation as National Statistics, ISD should improve the commentary accompanying the *Diagnostic Tests Waiting Times* statistics to aid interpretation by users<sup>23</sup> (Requirement 4).
- 3.26 The data tables and reports for the various aspects of waiting times, including *Accident & Emergency Waiting Times* and *Diagnostic Tests Waiting Times* are linked from the main waiting times page of ISD's website. Printer-friendly versions of these reports are available although in some instances text is still missing.
- 3.27 ISD publicises its statistical releases in several ways. When ISD publishes a release, it sends the associated Statistical Publication Notice to the media on the day that the release is published. It also publicises its official statistics through news releases, email updates to users and topic-specific newsletters. ISD's website has links to all ISD's publications and forthcoming releases. It can be accessed directly from other websites, such as that of the Scottish Government. However, the layout of the waiting times section of ISD's website could be improved to be more accessible to users. We understand that ISD plans to develop a new, easy-to-use website in early 2011. As part of the planning of this development, ISD plans to carry out a consultation exercise with users of waiting times data. The Assessment team suggests that ISD publish the results of this consultation.

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<sup>22</sup> <http://www.isdscotland.org/isd/6135.html>

<sup>23</sup> In relation to Principle 8 Practice 2 of the Code of Practice

## **Protocol 1: User engagement**

**Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.**

3.28 The requirements for this Protocol are covered elsewhere in this report.

## Protocol 2: Release practices

**Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.**

- 3.29 All ISD's statistics on waiting times are accessible via the National Statistics Publication Hub.
- 3.30 ISD publishes a list of statistical publications for twelve months ahead. ISD's releases are also included in the Scottish Government's list of forthcoming publications.
- 3.31 ISD's approach to pre-release access complies with the Pre-Release Access to Official Statistics (Scotland) Order (2008)<sup>24</sup> and is set out in ISD's publication protocol<sup>25</sup>. The Statistical Publication Notice for waiting times contains a list of organisations granted pre-release access to the statistics.

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<sup>24</sup> [http://www.opsi.gov.uk/legislation/scotland/ssi2008/pdf/ssi\\_20080399\\_en.pdf](http://www.opsi.gov.uk/legislation/scotland/ssi2008/pdf/ssi_20080399_en.pdf)

<sup>25</sup> [http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Protocol\\_ISDOnline.pdf](http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Protocol_ISDOnline.pdf)

### **Protocol 3: The use of administrative sources for statistical purposes**

**Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.**

- 3.32 ISD's Statement of Administrative Sources, published in February 2010, describes the administrative systems from which ISD currently sources its data. ISD carries out quality assurance procedures to verify the quality of administrative data. ISD told us that it works with its regular contacts in all Health Boards to address users' needs and to revise national data definitions and standards.
- 3.33 ISD operates Standard Operating Procedures for granting its statisticians access to administrative data.

## Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to ISD’s waiting times statistics, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

**Suggestion 1** Publish the results of the *New Ways Refresh* feedback survey (para 3.4)

**Suggestion 2** Publish the results of the user consultation on developments to improve the waiting times section of the website (para 3.27)

## **Annex 2: Summary of assessment process and users' views**

A2.1 This assessment was conducted from March to May 2010.

A2.2 The Assessment team – Catherine Barham and Kim Reimann – agreed the scope of and timetable for this assessment with representatives of ISD in March 2010. The Written Evidence for Assessment was provided on 31 March 2010. The Assessment team subsequently met with ISD statisticians during April 2010 to review compliance with the Code of Practice, taking account of the written evidence provided and other relevant sources of evidence.

### **Summary of users and suppliers contacted, and issues raised**

A2.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A2.3 The Assessment team received 22 responses from the user consultation. The respondents were grouped as follows:

Health Boards	19
Private Consultants	2
Other Public Body	1

A2.4 Users informed the Assessment team that they were generally positive about their level of engagement with ISD and the way that the information is presented and conveyed. Some users and suppliers felt that there were some issues regarding timeliness of data provision, in particular, issues around ISD figures lagging behind those figures produced by Health Boards.

### **Key documents/links provided**

Written Evidence for Assessment document



