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Director General for Regulation  
UK Statistics Authority  
Office for Statistics Regulation  
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London  
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Dear Ed,

Further to your letter of 28<sup>th</sup> March 2018, ISD has now taken steps to address the recommendations you outlined regarding A&E Waiting Times statistics in Scotland. As you noted in your letter, ISD is committed to meeting the high standards of the Code of Practice for Statistics and this response outlines the steps we have taken. I have summarised our actions under each of the recommendations.

ISD publishes weekly and monthly A&E Waiting Times Statistics. The monthly releases are designated as “National Statistics”, whereas the weekly releases are designated as “Official Statistics”. The actions taken under each recommendation apply to both the weekly and monthly publications.

The Academy of Medical Royal Colleges who were commissioned by Scottish Government to ascertain the causes for the data issues in NHS Lothian published their [‘Review of Whistleblowing Allegation’](#) on 26 June 2018. There are no specific recommendations for ISD in this review. However, ISD will continue to work with NHS Lothian over the coming months as they implement the recommendations in the review and improve its processes further, where necessary, for the benefit of all NHS Boards.

If you or your team have any follow-up questions, please let me know, and I would be happy to discuss.

Yours sincerely,

Scott



Scott Heald  
Head of Profession for Statistics  
NHS National Services Scotland



Chair	Professor Elizabeth Ireland
Chief Executive	Colin Sinclair
Director	Phillip Couser MBE

*NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.*

## Requirement 1:

*ISD needs to better assure itself and users of the quality of data provided by NHS Boards, to help prevent future issues being missed.*

*Office for Statistics Regulation requirement:*

*Given the importance of these statistics, we would like ISD to establish a process - in agreement with NHS Boards and Scottish Government - where concerns arising from internal NHS Board audits are flagged up to ISD. This is in accordance to T4.6 of the Code of Practice for Statistics and encouraged in the standards recommended in the Quality Assurance of Administrative Data.*

ISD Response:

ISD undertakes a data quality meeting with each NHS Board to discuss their data submissions for submissions for A&E. These meetings are at least annual, or more frequently if this is required. ISD has adapted these meetings to include specific agenda items relating to:

- 'Internal Audits relating to A&E'. This is an opportunity for Board contacts to provide an update to ISD of any audits that have been carried out and share the findings/discuss any concerns.
- 'Questions or concerns over the interpretation of the national A&E guidance'. This allows colleagues and ISD to ask any questions about the compliance with national guidance '.

In addition to these meetings, ISD has made it clear to colleagues in NHS Boards that the ISD team can be contacted at any time to discuss any issues arising from internal audits or relating to the national guidance and recording practice.

In January 2018, following the issue in NHS Lothian, ISD contacted each NHS Board specifically asking them if they had any concerns around compliance with the national guidance and recording practice in their hospitals. The majority advised that they did not have any concerns and all were complying with the national guidance. A small number of NHS Boards asked questions which ISD has responded to, although none of these questions suggested there was any concern about recording practices in these Boards.

Some Boards have fed back directly about their local internal audits and how these are carried out. ISD is sharing good practice between Boards as part of our annual review meetings and has added a section to the data quality section within the A&E pages of the ISD website to illustrate examples of good practice. This [data quality section](#) outlines to NHS Boards how they can also check the data which are submitted to ISD and identify any anomalies or issues. Examples include:

- 'Assuring compliance with national recording guidance' - ISD recommends that NHS Boards undertake regular reviews to ensure that they are satisfied that local practice and standard operating procedures are in line with national guidance.
- Internal Audit of A&E data recording could include:
  1. Random sampling of recorded data to assess local processes compliance with national recording guidance
  2. Review and ensure up to date of administrative and operational training and guidance processes for staff involved in recording emergency care patient information
  3. Review and ensure that any local Standard Operating Procedures comply with National Recording Guidance

ISD will also update our guidance and any required actions for NHS Boards to address any further points which are identified in the Scottish Government's independent review if A&E waiting times in Lothian.

*Office for Statistics Regulation requirement:*

*There may be other ways that ISD could better assure themselves of the data, and we suggest ISD explore ways to strengthen their quality assurance further.*

ISD response:

ISD has reinstated the report showing the distribution of Time in Department (as illustrated in annex 1 of your letter) to the standard suite of data quality reports. These are made available monthly, as management information, to NHS Board and Scottish Government contacts. This, in conjunction with the other information explained above, will highlight any unusual changes in the distribution of waits and allow for further investigation.

*Office for Statistics Regulation requirement:*

*I note ISD were quick to publish a notice for users of these statistics advising caution. But ISD could also do more to explain how users should use the statistics, given the limitation identified. Furthermore, the recent drop in NHS Lothian performance against the four-hour target could have been better explained – it came at a time where staff using new guidance, subject to NHS Lothian's internal review findings, and during the winter period where demand is expected to increase.*

ISD response:

ISD has been working with NHS Lothian to quantify the impact of the issues with recording and these are explained under requirement 3.

## Requirement 2:

*Office for Statistics Regulation requirement:*

*Provide relevant advice to users on how to use A&E waiting time statistics. This information can be updated as and when ISD gains further insight after Scottish Government's external reviews findings. This is in accordance to Q1.7 of the Code of Practice for Statistics.*

ISD response:

Although the Scottish Government's external review by the Academy of Medical Royal Colleges and Faculties in Scotland has not identified any specific recommendations for ISD to take forward, ISD has taken steps to aid users in their use of these statistics.

Our A&E waiting times statistics publications now include a "Scotland (excluding Lothian)" summary line so that users can understand the underlying trends across Scotland, without there being an impact caused by the recording practices in NHS Lothian. The impact of NHS Lothian on Scotland's compliance with the four hour emergency care standard is small. NHS Lothian sees around 17% of Scotland's total A&E attendances, the percentage of NHS Lothian A&E attendances which were compliant with the 4 hour emergency care standard was close to the average for the rest of Scotland. Between April 2011 and November 2017, the monthly difference between Scotland and the Scotland excluding Lothian percentage compliance (with the 4 hour emergency care standard) was between 0% and 1%.

We have also added a section on interpretation to the [quality document](#) which accompanies the publications.

### Requirement 3:

*Office for Statistics Regulation requirement:*

*Provide interpretation of NHS Lothian's waiting time statistics, so that changes in waiting time performance cannot be misunderstood. This is in accordance to V3 of the Code of Practice for Statistics.*

*Finally, I know ISD are waiting for Scottish Government's external review findings before considering revisions of NHS Lothian waiting time statistics. With these revisions ISD will be in a better place to explain the impact of the divergence away from national guidance. We would like you to keep us up to date in terms of your plans for the weekly and monthly A&E waiting time statistics.*

ISD response:

As outlined under requirement 2, ISD has taken steps within the A&E waiting times publications to ensure users can still understand the underlying trends in A&E waiting times at Scotland level by introducing a "Scotland (excluding Lothian)" summary. ISD has also issued an updated data quality statement to accompany both the weekly and monthly A&E publications.

In addition, ISD has been working with NHS Lothian to understand the impact of the recording practices on NHS Lothian's statistics. A&E discharge times at hospitals in NHS Lothian were not accurately recorded up to November 2017 and, to address this, NHS Lothian implemented a revised standard operating procedure at the end of that month. NHS Lothian has identified a small number of data quality concerns in records submitted since that point but these are low in number and do not materially affect the published statistics. NHS Lothian has also indicated that they will issue revised guidance following publication of the Scottish Government's external review.

NHS Lothian has carried out analysis which shows that up to November 2017, amendments to their discharge times raised compliance with the 4 hour emergency care standard by between 5.5 and 7.4 percentage points. Some of these amendments would have been in line with national guidance on permitted changes. A decrease of 7 percentage points in NHS Lothian's compliance would have the effect of lowering the NHS Scotland compliance figures by around 1 percentage point.

In December 2017, NHS Lothian's reported compliance with the 4 hour emergency care standard was 13 percentage points lower than in November 2017. This is greater than the potential fall cause by amendments to discharge times so there would have been other factors at play. In the same period, the compliance in NHS Scotland (excluding NHS Lothian) fell by 7 percentage points, coinciding with a particularly bad winter period of cold and icy weather and high levels of respiratory illness. Hence the reduction in compliance in NHS Lothian was caused by a variety of factors including changes in recording practice, and the same overall reduction experienced across NHS Scotland caused by the winter pressures.

ISD will continue to work with NHS Lothian colleagues over the coming months as they implement the recommendations outlined in the Scottish Government's external review. Whilst the main thrust of the review report focus on governance, leadership and culture in NHS Lothian, there are specific priority recommendations for NHS Lothian on the 4 hour standard (page 9 of the report, see box below). Any changes in recording practice will only improve the quality of the data and ISD will ensure this that continues to be made clear as part of the weekly and monthly releases.

#### **Recording of 4 hour standard data**

- 1. Continue to review the use of the SOP. There remains the opportunity for staff to apply local adaptation or amendment. The review team believe that the national A&E data manual is clear and so did many of the staff interviewed. Ensure that inappropriate terminology such as "non-compliant" patient is not recorded or used.*
- 2. There should be continuous audit of 4 hour unscheduled care data to ensure that the expected practice is being followed. NHS Lothian may wish to consider external support until the Board is assured.*

#### Requirement 4:

*Office for Statistics Regulation requirement:*

*Provide an update to my team on how ISD plans to consider Scottish Government's external reviews findings and if needed, revising published statistics, and explaining the impact of the divergence away from national guidance in terms of accurately capturing patient waits. This update should specifically be in consideration of Q1.5 to Q1.7, Q2.4, Q3 of the Code of Practice for Statistics.*

ISD response:

As noted above, although the Scottish Government's external review by the Academy of Medical Royal Colleges and Faculties in Scotland has not identified any specific recommendations for ISD to take forward, ISD has taken steps to aid users in their use of these statistics.

In relation to the specific references to the Code:

**Q1.5** *The nature of data sources, and how and why they were selected, should be explained. Potential bias, uncertainty and possible distortive effects in the source data should be identified and the extent of any impact on the statistics should be clearly reported.*

A&E data are sourced directly from hospital Patient Management Systems which are used for both clinical and administrative purposes. ISD's weekly and monthly publications clearly explain any distortive effects in the data and how this impacts on the use of the statistics in the [Metadata](#) and [Notes](#) documents.

**Q1.6** *The causes of limitations in data sources should be identified and addressed where possible. Statistics producers should be open about the extent to which limitations can be overcome and the impact on the statistics.*

ISD's weekly and monthly publications clearly explain any data quality issues and how this affects the data. It also reports (where needed) how this impacts on the use of the statistics in the [Metadata](#) and [Notes](#) documents under the data quality section.

**Q1.7** *The impact of changes in the circumstances and context of a data source on the statistics over time should be evaluated. Reasons for any lack of consistency and related implications for use should be clearly explained to users.*

As part of ISD's ongoing quality assurance the data are scrutinized both weekly and monthly for any changes in the data. A series of quality assurance reports are run by the data monitoring team in ISD and any changes are queried with the boards. For example; report to review of number of attendances on a daily basis to see if there are missing data/large drop in attendances which could be explained by other means (weather related).

Any issues with data quality are followed up by the team with the Boards.

As mentioned above ISD produces monthly management information for both the Boards and Scottish Government to use.

Any data quality issues and how they impact on the use of the statistics are included in the [Metadata](#) and [Notes](#) documents of the publications to alert users.

**Q2.4** *Relevant limitations arising from the methods and their application, including bias and uncertainty, should be identified and explained to users. An indication of their likely scale and the steps taken to reduce their impact on the statistics should be included in the explanation.*

As noted above, ISD has taken steps to highlight the issues within NHS Lothian and quantify the impact on Scotland level statistics and within NHS Lothian.

**Q3 Assured quality.** Producers of statistics and data should explain clearly how they assure themselves that statistics and data are accurate, reliable, coherent and timely.

As outlined above, ISD has taken a number of steps to improve our quality assurance of the underlying data used to report A&E waiting times statistics.