

Assessment of compliance with the Code of
Practice for Statistics

Statistics about cancer waiting times in England

(produced by NHS England)

Assessment Report 397

19 June 2025

Office for Statistics Regulation

We provide independent regulation of all official statistics produced in the UK. Statistics are an essential public asset. We aim to enhance public confidence in the trustworthiness, quality and value of statistics produced by government.

We do this by setting the standards they must meet in the [Code of Practice for Statistics](#). We ensure that producers of government statistics uphold these standards by conducting assessments against the Code. Those found to comply with the standards of trustworthiness, quality and value in the Code are given accredited official statistics status (called National Statistics in the Statistics and Registration Service Act 2007). We also report publicly on system-wide issues and on the way statistics are being used, celebrating when the standards are upheld and challenging publicly when they are not.

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Overview

At the time of this report, NHS England's [cancer waiting time statistics](#) are not published as accredited official statistics.

Cancer waiting time statistics help users understand the performance of the NHS in England against key operational standards. New standards for cancer waiting times were introduced in October 2023, following which NHS England made several changes to the official statistics.

This report presents the findings of our assessment of the cancer waiting times statistics. We started the assessment in autumn 2024, to allow time for the new statistics to bed in.

Why did we conduct this review?

In June 2018, the UK Prime Minister asked the National Medical Director of NHS England and NHS Improvement to review the NHS standards for accessing cancer diagnosis and treatment. The aim of the review was to develop a new, simplified set of patient-centred standards appropriate to modern cancer care that are understandable both clinically and to the public.

NHS England [publicly consulted](#) on the proposed new standards between March and April 2022. The [consultation response](#), published in August 2023, highlighted widespread support for the proposed new standards, which came into effect on 1 October 2023. The new standards included three core measures: the 28-day faster diagnosis standard; the 31-day decision to treat standard; and the 62-day referral to treatment standard.

NHS England made several changes to its [official statistics](#) following the introduction of the new standards. These changes were informed both by the introduction of the new standards and by feedback received in the consultation. NHS England published the first statistics reporting on the new standards in December 2023.

Given the new standards, the resulting changes to the statistics and the continued high profile of the statistics, NHS England [requested that the Office for Statistics Regulation \(OSR\) conduct a full assessment of the statistics](#).

Highlighted findings

- There are effective processes in place for statistical governance. The team told us that the Head of Profession is responsive and gives it the support it needs.
- NHS England engages effectively and regularly with users of the statistics from a range of backgrounds via various cancer-specific groups. The users that we spoke to for this assessment were largely happy with the engagement that they had with the team.
- The team told us about various plans for future data developments and improvements to the statistics, but there is no published information about these plans.
- Although users had confidence in the quality of the data, there is currently very little published information on data quality and the methods used to produce the statistics.
- There are opportunities for NHS England to improve the presentation and accessibility of the statistics. The data are available in a variety of formats, but the

information is generally not presented in a manner that is accessible to a broad range of users, particularly those that are less experienced with these statistics.

- Although NHS England has responded to requests for more-granular breakdowns of data identified via its consultation, users told us about several requirements they have in relation to the data that are not currently being met. NHS England should consider these and provide feedback to users about what is and is not possible and why.

Our judgement

The team has engaged well with us throughout the assessment process and has demonstrated a clear commitment to improving the statistics based on our own feedback and that of the users we spoke to.

We have identified [four requirements](#) that NHS England needs to address for the cancer waiting times statistics to become [accredited official statistics](#). These are focussed on the following areas:

- Publishing a development plan for the cancer waiting times statistics.
- Publishing comprehensive information about quality and methods, and information about coherence and cross-UK comparability.
- Improving the presentation of the statistics so that they are accessible to, and easy to use for, a wide range of users.
- Exploring the feasibility of publishing more-granular information and providing feedback to users about the possibility of providing other additional analyses, including what is and is not possible and why.

Next steps

NHS England should meet these requirements within six months and update us on its progress.

Background to the statistics

- 1.1 The [NHS Constitution for England](#) outlines what patients can expect and their rights when they are referred on a cancer diagnosis and treatment pathway. National cancer waiting times standards measure NHS performance against the Constitution and in delivering several other metrics. These measures are considered as indicators of the quality of cancer diagnosis, treatment and care delivered by NHS organisations. Local and national organisations use them to monitor the timely delivery of services to patients.
- 1.2 In June 2018, the UK Prime Minister asked the National Medical Director of NHS England and NHS Improvement to review the NHS standards for accessing cancer diagnosis and treatment in the context of the [NHS Long Term Plan](#). The goal of the review was to develop a new, simplified set of patient-centred standards appropriate to modern cancer care that are understandable both clinically and to the public.
- 1.3 Between March and April 2022, NHS England [publicly consulted](#) on the proposed new standards for cancer care. It published its [consultation response](#) in August 2023. The report highlighted wide-ranging support for the proposed new standards and set out the final policy recommendations and the steps that the NHS and government must take to implement them.
- 1.4 The new standards came into effect on 1 October 2023 and included three core measures:
 - The 28-day faster diagnosis standard: People should have cancer ruled out or receive a diagnosis within 28 days (target of 75%).
 - The 31-day decision to treat to treatment standard: People with cancer should begin their treatment within 31 days of deciding to treat their cancer (target of 96%).
 - The 62-day referral to treatment standard: People with cancer should begin treatment within 62 days of an urgent referral (target of 85%).
- 1.5 NHS England publishes a range of [official statistics](#) and [management information](#) which help users to understand NHS performance in England against these operational standards. Following the introduction of the new standards, NHS England made several changes to the official statistics, including increasing the prominence of the headline statistics reporting against the new waiting times standards and producing more-granular breakdowns of tumour type for a range of cancers.
- 1.6 These changes were informed both by the introduction of the new standards and by feedback received in the consultation. The changes are outlined fully on the publication page for the [cancer waiting times statistics](#) and were prominently mentioned in the [first statistical release](#) following the announcement. NHS England published the [first statistics](#) reporting on the new standards in December 2023, and has continued to give details of the changes in each subsequent monthly release.
- 1.7 Given the new standards, the resulting changes to the statistics and the continued high profile of the statistics, NHS England [requested that OSR conduct a full](#)

[assessment of the statistics](#). To allow time for the new statistics to bed in, we commenced the assessment in autumn 2024.

- 1.8 In March 2025, the government announced [plans to abolish NHS England](#), and to bring many of its functions into the Department of Health and Social Care over the next two years. At the time of this announcement, our assessment was nearing its conclusion, and so we agreed with the team that we would complete it. It will be some time before the abolition process is complete, and we envisage that the team should meet the requirements set out in this report before this. Recognising, however, that there is likely to be some uncertainty around the future of the organisation, we will continue to monitor the situation and amend our plans if necessary.

Findings

Statistical governance and pre-release access

- 2.1 Overall we found there to be effective processes in place for statistical governance. The team told us that the Head of Profession is responsive and gives it the support it needs. Although some issues remain from the merger between NHS England and NHS Digital in 2023, the team has found effective ways to navigate these. The team manages both the pre-release access list and the risks associated with pre-release well.
- 2.2 Following the merger between NHS England and NHS Digital, and an interim period with two joint Heads of Profession, there is now one Head of Profession, who is one of the Deputy Directors of Analysis for NHS England. The Head of Profession is supported by a Statistical Governance team, who provides advice and guidance to statistics teams across NHS England.
- 2.3 Despite the merger being considered complete, the team told us that there are still some areas where the former NHS England and NHS Digital are not yet fully integrated. Although the team feels fully supported by the Head of Profession, there are some legacy systems that the Statistical Governance team does not have access to, meaning that it can be harder to deal with any issues that might arise. The team has developed a process for highlighting any problems with the Head of Profession and the Statistical Governance team and feels confident that it can manage this situation until it is resolved.
- 2.4 A core principle of the [Code of Practice of Statistics](#) is that statistics should be equally available to all, and not given to some people before others. To preserve this principle, the circulation of statistics in their final form ahead of publication should be restricted, in line with the [rules on pre-release access](#) set out in legislation.
- 2.5 NHS England publishes a pre-release access list for the cancer waiting times statistics release that details the departments and job titles of individuals who are granted early access. Generally, the pre-release access list is in excess of 100 people. While this is a large number, these individuals are distributed across Number 10, the Department for Health and Social Care and NHS England. Furthermore, NHS England's practice of releasing statistics on several topics at the same time as part of its "Superstats Thursday" means that the overall pre-release access list is longer to cover these many topics.
- 2.6 We feel that the team has given due consideration to both the pre-release access list and practices surrounding pre-release access and is taking the necessary steps to mitigate any risks. As well as outlining its overall rationale for the pre-release access list, the team in NHS England has provided us with its justification for everyone on the list. The team also recently carried out a comprehensive review of the list and removed individuals who no longer had a sound rationale to receive pre-release to the statistics. It continues to monitor the list every month.

- 2.7 The team provides training to all those who receive pre-release access to the statistics to reduce any risks associated with early sight of the information, and caveats are included on the release at the time of sharing it.

Engagement with users

- 2.8 NHS England engages effectively and regularly with a range of users of the statistics via the Cancer Waiting Times User Group, the Cancer Data and Analytics Advisory Group (CDAAG) and the National Cancer Board (NCB). These groups give the larger cancer charities, such as Macmillan and Cancer Research UK, as well as members of NHS trusts and integrated care boards, opportunities to raise points related to the cancer waiting times publication. The users that we spoke to were mostly happy with the engagement that they had with the team and found members of the team to be responsive and helpful.
- 2.9 NHS England made several changes to the cancer waiting times statistics following the introduction of the new standards in October 2023. These changes were widely consulted on, and although the statistics were not the main focus of the consultation, consideration was given to how the statistics would change as a result of the standards changing. Users of the statistics were widely represented in the respondents to the consultation, and NHS England addressed feedback requesting more-granular breakdowns of tumour type for a range of cancers for the 31- and 62-day standards. These breakdowns are now included in the monthly statistical releases. NHS England also kept OSR updated about the changes to the cancer waiting times standards and the impact on the statistics.
- 2.10 NHS England did not include any proposals for cancer waiting times statistics in the recent England-wide [consultation on health and social care statistical outputs](#). Despite this, the team informed us that it reviewed the main messages from the overall consultation and considered how these might apply to the cancer waiting times statistics. Based on this, the team identified areas for improvement of the statistics related to topics such as the availability of more-granular data, the presentation of the statistics, and the ease of accessing and using the data, much of which overlaps with the findings of this assessment. The team intends to consider this alongside the findings from our user engagement activities.

Keeping users informed of development plans for the statistics

- 2.11 Producers of statistics should be open about plans and priorities for their statistics and about progress towards enacting these plans. During the assessment, the team told us about various plans for future data developments and improvements to the statistics. These included improvements to data submission and validation processes and investigating possibilities in relation to users' requests for more-granular data. The team intends to discuss these plans with a sample of users, including their Patient and Public Voice group. Currently, however, there is no publicly available information about these plans. Publishing and maintaining a development plan would inform users of planned changes to the statistics and allow them to provide feedback on these plans. Enabling user input in this way could help NHS England further improve the statistics.

Requirement 1: To enhance transparency and allow users to input to developments, NHS England should publish a development plan for its cancer waiting times statistics. The plan should include details of work that NHS England plans to carry out in relation to more-granular data breakdowns and understanding users' needs in relation to health inequalities. NHS England should share this plan both with its known users and on its website to ensure it reaches as wide a range of individuals and organisations as possible.

Communicating quality and methods

- 2.12 Users told us that they were happy with the quality of the cancer waiting times statistics and had confidence in both the underlying data and the published information. However, there is currently very little published information on data quality and the methods used to produce the statistics. Although the users we spoke to were, for the most part, knowledgeable about the data, they highlighted the importance of clearly communicating this information for less experienced users.
- 2.13 One example is that there is currently no published information on when cancer registrations might not be included in the Cancer Waiting Times dataset, or the estimated overall coverage of the Cancer Waiting Times dataset. During our assessment, the team explained that fundamental differences between the Cancer Registration Dataset managed by the [National Disease Registration Service](#) and the Cancer Waiting Times dataset mean that only around 80% of patients appear in both datasets. For example, when looking at the faster diagnosis standard, patients whose cancer is diagnosed following presentation at the accident and emergency department are more likely to appear in the Cancer Registration Dataset than in the Cancer Waiting Times dataset. Although there is detailed guidance for those collecting and submitting data on who should be included or excluded from it, a high-level explanation for users of the statistics would be helpful.
- 2.14 Another example is that although the collection of cancer waiting times data is mandated, the team told us that there can be issues which impact the data to be submitted, meaning that providers may make a partial or missing submission. In either case, the team contacts the relevant providers immediately to help resolve the issue. Any cases of missing or partial returns, and the estimated impact on the overall national activity volumes, are highlighted in the PDF summary of the main findings. This information is helpful and the impact of missing or partial returns on the overall data is low. As many users told us that they do not use the PDF, however, it would be useful for it to be included alongside other quality and methods information that the team publishes.
- 2.15 Some of the more-granular breakdowns in the Excel workbooks contain small numbers of people, which increases the risk of an individual being identified in the data. In response to questions that we and users raised about this, the team shared a document outlining its approach to disclosure control (the processes in place to protect the confidentiality of individuals) with us. It was evident from this document that a great deal of thought and consideration had gone into this process, and that the team had taken the necessary steps to satisfy itself that the risk of identifying any individuals within the data was low. Again, this information should be shared

publicly so that users can both see the approach taken to considering disclosure control and be reassured that the risk of disclosure is low.

- 2.16 There is no published information on coherence and the cross-UK comparability of the statistics, although this topic is covered in the article "[Waiting times for cancer treatment across the UK](#)" published by the GSS Coherence Team in 2024. To support appropriate use of the statistics, we would like to see a link to this article and some explanatory text and links to other countries' outputs included in NHS England's own release.
- 2.17 During our assessment, we discussed the need to publish more information on quality and methods with the team, who agreed that this would be beneficial. The team shared comprehensive quality information with us, which should be made publicly available so that all users can reassure themselves about the quality of the statistics.

Requirement 2: To help users understand the strengths, limitations and comparability of the statistics, NHS England should publish:

- Comprehensive information about quality and methods. The provided information should include aspects such as the data journey from submission to publication, quality assurance processes, steps taken to prevent misreporting and coverage and completeness of the data.
- Its disclosure control document to reassure users about any concerns relating to small numbers in the data.
- More information about coherence and cross-UK comparability within its release.

Presentation and accessibility of the statistics

- 2.18 There are limitations of the NHS England website that are outside of the team's control. Despite this, there are still opportunities for the team to improve the presentation and accessibility of the statistics. Although the data are available in a variety of formats, the information is generally not presented in a manner that is accessible to a broad range of users. Most of the users we spoke to were experienced and so knew how to access the data they wanted. Many of them still expressed frustrations though and felt that less experienced users could struggle with the data as they are currently presented. The team was keen to engage with users further to identify how best to present the data to meet their needs.
- 2.19 The cancer waiting times release comprises a PDF summary and data available in both Excel and CSV format. This approach is consistent across NHS England, and we recognise that the team is limited in what improvements it can make to the release while it remains on the NHS England website. The team initially told us that there were plans in place for a unified content management system based on the existing legacy NHS Digital platform, which would allow for publishing in HTML and dashboard formats. This became uncertain in light of the announcement of the reorganisation, when the team reported that it was too early to know what the future platform for publications will be. The team remains committed to developing more visual displays of the data, however, and has told us it will continue to explore ways to do this.

- 2.20 The majority of users we spoke to were experienced with these statistics, and for the most part they downloaded data from the Excel or CSV files and imported them into their own dashboards or workbooks. They then carried out analyses such as trends over time and comparisons with similar trusts or England as a whole.
- 2.21 Some users told us that they found it time-consuming to download the data and carry out their own analyses each month. They felt that if there were a dashboard or other interactive presentation of the data within the release, it would save them a lot of time in having to compile and analyse the data themselves. In turn, the duplication of effort across several individuals would be significantly reduced. However, some users told us that they needed to be able to analyse the data themselves, so it is important for NHS England to retain the flexibility for users to do both.
- 2.22 Most users did not find the PDF helpful in its current format, saying that it was dry and lacking in detail. They felt that more information could be added to either the PDF or contained within a dashboard to provide more insight into the story of cancer waiting times.
- 2.23 It is important that the data are accessible to as wide a range of users as possible and not just analysts or those who are experienced with these statistics. Many users felt that although they were familiar with the layout of the publication and understood how to find the information they wanted, it had taken them many months to get to that stage. They felt that it could be confusing for those who were new to the data to find what they needed. Similarly, they were concerned that less-familiar users might miss important information due to the presentation of various pieces of data across different pages and files. Users also felt that while the data might be presented in a way that analysts can understand, non-analysts might struggle to extract data of interest to them.

Requirement 3: NHS England should improve the presentation of the statistics so that they are accessible to, and easy to use for, a wide range of users. This should include improving the insight provided by the explanatory text, the signposting between various parts of the release, and considering more-interactive ways of presenting the data, such as via dashboards. In meeting this requirement, NHS England should speak to a broad range of users to identify their needs and aim to address them where possible. Where improvements are likely to take longer to implement, such as developing and publishing dashboards, NHS England should include details of its plans within the development plan that it publishes to satisfy Requirement 1.

Enhancing insights

- 2.24 Although NHS England has responded to the request for more-granular breakdowns of tumour type identified via its consultation, users told us about several requirements they have in relation to the data that are not being met at the moment. The team needs to consider what data they can make available in relation to these requirements, to enhance the insight the statistics provide.
- 2.25 A common theme identified from speaking to users was that they would like data on the faster diagnosis standard, with a breakdown for those who had cancer

diagnosed versus those who had it ruled out. They explained that cancer is often ruled out more quickly than it is ruled in, so presenting a combined figure can give the appearance of better performance for those diagnosed with cancer than it is in reality.

- 2.26 In the past, NHS England has received requests for these data from various organisations and has published them as supplementary information. Users would like to see this breakdown included each month as part of the main release. The team in NHS England has committed to reviewing what is published as supplementary information with a view to identifying what can be regularly added to the release.
- 2.27 Other user needs that are not currently being met in relation to the data on cancer waiting times included more-granular breakdowns, for example for specific cancer types, and information on health inequalities associated with these statistics. The team told us that it needs to explore what is possible in relation to more-granular breakdowns due to the likelihood of small numbers and possible disclosure issues. Potential solutions included publishing these breakdowns at the national level only or publishing annually rather than monthly. Users indicated that either of these solutions could be acceptable.
- 2.28 In relation to providing information on health inequalities, the team told us that this could be more difficult to achieve in the short term due to the need to link the cancer waiting times data to other datasets containing information such as demographic variables. Linking these datasets would be necessary to provide the insight that users require on health inequalities as suitable variables are not available in the cancer waiting times dataset. The team committed to engaging with users to further understand their needs, with a view to developing longer-term aims for health inequalities breakdowns. These longer-term plans should be included in the development plans that NHS England publishes to satisfy Requirement 1.
- 2.29 One final item that several users would like to see alongside the main release is management information on the [backlog of patients waiting longer than 62 days from an urgent referral for suspected cancer](#). NHS England explained to us that this would not be possible as the management information is derived from a different data source and is not subject to the same quality assurance procedures as the main cancer waiting times data. For users' benefit, we encourage NHS England to explain to users both directly and via its website why this information is published separately and the difference between the two data sources, and to improve the signposting between the main release and the management information.

Requirement 4: To enhance the insights offered by the statistics, NHS England should explore the feasibility of publishing more-granular information and provide feedback to users about what is and is not possible and why. Based on user feedback, the priority for this work should be providing breakdowns for the faster diagnosis standard of those who are diagnosed with cancer versus those who have cancer ruled out. Over the longer term, NHS England should look at ways to enable publishing waiting times data for specific cancer types and should work with users to identify their needs in relation to health inequalities. NHS England should include details of its longer-term work within the development plan that it publishes to satisfy Requirement 1.

Reproducible analytical pipelines (RAP)

- 2.30 The team told us that it has undertaken extensive work in the last year to automate the production of the cancer waiting times publication using RAP principles. The team felt that it is still fairly early in this journey compared to other teams across the organisation, and the code is still in its infancy. However, the team plans to improve and develop the existing code and explore making it publicly available.
- 2.31 There is also a large and growing RAP community within NHS England, which offers staff the opportunity to learn more technical skills, and members of the team are active within this community. We encourage the team to continue its work in this area and to draw on the expertise across NHS England where necessary to facilitate ongoing developments for the cancer waiting times statistics.

List of Requirements

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