

Freedom of Information Request

Ref: 24-340

3 May 2024

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

- We can confirm that we do hold the information you are requesting

1a. Does your organisation follow the guidance set out in Section 5 (Recording RTT waiting times: Planned patients) of NHS England's 'Recording and reporting referral to treatment (RTT) waiting times for consultant led elective care'?: "Planned care means an appointment /procedure or series of appointments/ procedures as part of an agreed programme of care which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. Planned activity is also sometimes called 'surveillance', 're-do' or 'follow-up'." ... "When patients on planned lists are clinically ready for their care to commence and reach the date for their planned appointment, they should either receive that appointment or be transferred to an active waiting list and a waiting time clock should start (and be reported in the relevant waiting time return). The key principle is that where patients' treatment can be started immediately, then they should start treatment or be added to an active waiting list."

Yes

1b. If so, do you follow the guidance with respect to the following types of planned patient (as defined in the guidance):

- Follow-up outpatients
- Cancer surveillance patients
- Active monitoring patients

Yes

1c. If so, at what point does your organisation place patients waiting for planned care (as defined in the guidance) on an active RTT waiting list? (e.g. the RTT clock starts as soon as a patient's care becomes 'overdue', or after a defined time period or tolerance following a patient's care becoming 'overdue'?)

The Trust follows the RTT rules and the information within the Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) Access policy which states

“Patients who wait beyond their clinically defined interval between appointments or ‘planned by date’ should be transferred to the active RTT waiting list with a new clock start date. i.e. a planned second procedure or diagnostic. If the planned diagnostic procedure was to become overdue, then this would also require the patient to be added to the DM01 active Waiting List also.”

1d. If such patients are placed on an active RTT waiting list, do you report them on i) the Referral to Treatment statistics to NHS England which are published monthly as National Statistics, and/or ii) the Waiting List Minimum Data Set (WLMDs)?

Both

2a. How many patients on your active RTT waiting list have been placed on this waiting list having been transferred from a planned care list (as defined in the guidance)?

Please provide the most recent available figures and state the date of those figures.

512 (as at 25th April 2024)

2b. How long have these patients been on an active RTT waiting list?

Wait Band	Total
i. 0-4 weeks (0-28 days)	122
ii. >4 -12 weeks (29-84 days)	198
iii. >12-18 weeks (85 days-126 days)	77
iv. >18-36 weeks (127 days-252 days)	91
v. >36-52 weeks (253 days-364 days)	20
vi. >52-104 weeks (365 days – 728 days)	*
vii. >104 weeks (729 days or more)	0
viii. No date recorded.	0

Please note: Where the figures are between 1 and 5, this has been denoted by *. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the Data Protection Act, namely Principle 1. The Trust therefore finds that the Section 40(2) exemption contained within the Freedom of information Act 2000 is engaged. (Section 40 is the exemption for personal information).

2c. How many of these patients are on an active RTT waiting list for the following RTT treatment functions?

Specialty	Total
i) General Surgery Service	9
ii) Urology Service	0
iii) Trauma and Orthopaedic Service	*
iv) Ear Nose and Throat Service	0
v) Ophthalmology Service	39

vi) Oral Surgery Service	*
vii) Neurosurgical Service	0
viii) Plastic Surgery Service	0
ix) Cardiothoracic Surgery Service	15
x) General Internal Medicine Service	*
xi) Gastroenterology Service	272
xii) Cardiology Service	*
xiii) Dermatology Service	0
xiv) Respiratory Medicine Service	0
xv) Neurology Service	0
xvi) Rheumatology Service	0
xvii) Elderly Medicine Service	0
xviii) Gynaecology Service	16
xix) Other - Medical Services	*
xx) Other - Mental Health Services	0
xxi) Other - Paediatric Services	88
xxii) Other - Surgical Services	57
xxiii) Other - Other Services	*
xxiv) Unknown	0

Please note: Where the figures are between 1 and 5, this has been denoted by *. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the Data Protection Act, namely Principle 1. The Trust therefore finds that the Section 40(2) exemption contained within the Freedom of information Act 2000 is engaged. (Section 40 is the exemption for personal information).

3. How many planned patients (as defined in the guidance), in each of the following categories, do not have a date that allows their overdue date to be calculated (e.g. a due-by / latest clinically appropriate date):

- **Follow-up outpatients**
- **Cancer surveillance patients**
- **Active monitoring patients**

All patients would have dates as the field in mandatory when adding patients to the planned list.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Data Protection Officer

University Hospitals Bristol and Weston NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust's Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information (such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click [here](#).

Yours sincerely

Freedom of Information Team
University Hospitals Bristol and Weston NHS Foundation Trust