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**RE: Freedom of Information Request**

**26<sup>th</sup> July 2024**

Dear Sir/Madam

With reference to your request for information received on 12<sup>th</sup> April 2024, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below. Please accept our sincere apologies for the delay.

In your request you asked:

**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, our organisation follows this guidance for all admitted patients who are overdue a surveillance procedure i.e.

- Flexible Sigmoidoscopy
- Colonoscopy
- Gastroscopy

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- Cystoscopy

**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**

NO – Unless there is a substantively new decision to treat.

The following guidance received from NHSE relating to the Waiting List Minimum Data Set (WLMDS) V15 from 18/03/24 Non RTT pathway States.

‘Patients who need ongoing treatment or monitoring are not in scope of the referral-to-treatment statistics, as the statistics (as defined in the legislation) relate to those patients awaiting the start of a first definitive treatment on a consultant-led pathway’.

- **Cancer surveillance patients**

YES – where surveillance is as below.

- Flexible Sigmoidoscopy
- Colonoscopy
- Gastroscopy
- Cystoscopy

- **Active monitoring patients**

NO – Unless there is a substantively new decision to treat.

**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’?)**

YES – where surveillance is as below.

- Flexible Sigmoidoscopy – with tolerance based on planned review date.
- Colonoscopy - with tolerance based on planned review date.
- Gastroscopy - with tolerance based on planned review date.
- Cystoscopy – as soon as a patient’s care becomes ‘overdue’.

**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)?**

Yes

**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.**

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

- 0-4 weeks (0-28 days)

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- 115 Patients
- ii. **>4 -12 weeks (29-84 days)**  
58 Patients
- iii. **>12-18 weeks (85 days-126 days)**  
17 Patients
- iv. **>18-36 weeks (127 days-252 days)**  
13 Patients
- v. **>36-52 weeks (253 days-364 days)**  
Null
- vi. **>52-104 weeks (365 days – 728 days)**  
Null
- vii. **>104 weeks (729 days or more)**  
Null
- viii. **No date recorded.**  
Null

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

- i) **General Surgery Service**  
3130
- ii) **Urology Service**  
2419
- iii) **Trauma and Orthopaedic Service**  
3136
- iv) **Ear Nose and Throat Service**  
4289
- v) **Ophthalmology Service**  
3028
- vi) **Oral Surgery Service**  
1042
- vii) **Neurosurgical Service**  
Null
- viii) **Plastic Surgery Service**  
148
- ix) **Cardiothoracic Surgery Service**  
Null
- x) **General Internal Medicine Service**  
6
- xi) **Gastroenterology Service**  
3955

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- xii) **Cardiology Service**  
1486
- xiii) **Dermatology Service**  
1894
- xiv) **Respiratory Medicine Service**  
2093
- xv) **Neurology Service**  
Null
- xvi) **Rheumatology Service**  
296
- xvii) **Elderly Medicine Service**  
96
- xviii) **Gynaecology Service**  
2363
- xix) **Other - Medical Services**  
2368
- xx) **Other - Mental Health Services**  
Null
- xxi) **Other - Paediatric Services**  
1360
- xxii) **Other - Surgical Services**  
119
- xxiii) **Other - Other Services**  
Null
- xxiv) **Unknown**  
Null

**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**  
Null
- **Cancer surveillance patients**  
Null
- **Active monitoring patients**  
Null

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which

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your request has been handled, 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: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email [sally.brookshanahan@nhs.net](mailto:sally.brookshanahan@nhs.net).

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/your-data-matters/official-information/>.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email [casework@ico.org.uk](mailto:casework@ico.org.uk).

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email [sfh-tr.foi.requests@nhs.net](mailto:sfh-tr.foi.requests@nhs.net).

Yours faithfully

### Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.

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