

Freedom of Information Request

Reference Number: [EPUT.FOI.24.3768](#)
Date Received: 15 October 2024

Information Requested:

1. How is waitlist validation carried out in your Trusts? Please select one of the following options: [Manually](#) / ~~Semi-automated~~ / ~~Automated~~.

a. If your response was semi-automated or automated, which tools do you use?
Please specify the types of tools or software used.

2. How many FTEs currently work on waitlist validation and what band are they? Please specify the number per band.

[There is no fixed resource for wait list validation, the process incorporates admin through to clinical manager.](#)

3. How has your FTE count working on waitlist validation increased in the past 2-3 years? Please provide an estimate if you do not have the exact number.

[Process hasn't changed, so therefore resource involved hasn't changed.](#)

4. In the past 12 months, approximately how long has the waitlist validation process taken? Please provide an estimate if you do not have the exact number.

[We can neither confirm nor deny whether some of the information you have requested is held by the Trust in its entirety. This is because the information requested is not held in an easily retrievable format, but may be recorded in individual records. In order to confirm whether this information is held we would therefore have to individually access all records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt under section 12 of the FOI Act: cost of compliance is excessive. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all health records and then extracting relevant information would take longer than the 18 hours allowed for.](#)

5. What data quality issues have been identified the most frequently as part of the waitlist validation process? Please select those that apply from the list below:

- a. Decision to admit but no waiting list entry
- b. Missing waiting list or pathway information (e.g. due date, intended procedure)
- c. Patients on an admitted waiting list without an active RTT (Referral to Treatment Pathway) clock
- d. Past TCI (To Come In) dates
- e. Potential duplicates
- f. Other - please specify [RTT inappropriately started, or RTT clock not stopped at first correct opportunity.](#)

6. What are your current approaches to linking data? Please select one of the following options: ~~Manually~~ or **semi-automated** / ~~Automated~~
7. What is the proportion of data linkage that is manual and automated? Please provide an estimate if you do not have the exact number.
- If automated, what tools are used? Please provide the name of the tools.
 - If manual, what tools are used e.g. R, data bricks? Please provide the name of the tools. (**MS Excel**)
8. Currently, is the data linking process cumbersome? Please select one option: ~~Yes~~/**No**
9. And does it take away from people's everyday role? Please select one option: ~~Yes~~/**No**

Section 12 (Exemption where cost of compliance exceeds appropriate limit): (1) Section 1(1) does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit. (2) Subsection (1) does not exempt the public authority from its obligation to comply with paragraph (a) of section 1(1) unless the estimated cost of complying with that paragraph alone would exceed the appropriate limit. (3) In subsections (1) and (2) "the appropriate limit" means such amount as may be prescribed, and different amounts may be prescribed in relation to different cases. (4) The Secretary of State may by regulations provide that, in such circumstances as may be prescribed, where two or more requests for information are made to a public authority— (a) by one person, or (b) by different persons who appear to the public authority to be acting in concert or in pursuance of a campaign, the estimated cost of complying with any of the requests is to be taken to be the estimated total cost of complying with all of them. (5) The Secretary of State may by regulations make provision for the purposes of this section as to the costs to be estimated and as to the manner in which they are to be estimated

Publication Scheme:

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<https://eput.nhs.uk>