FOI Request details

Q1: Please provide details of the location of the laboratory responsible for completing your histology workloads, as well as the ICB and pathology network details for the years indicated.

	2023	2024
NAME OF LABORATORY COMPLETING	Milton Keynes	Milton Keynes
HISTOPATHOLOGY WORK	University Hospital	University Hospital
INTEGRATED CARE BOARD	BLMK	BLMK
PATHOLOGY NETWORK (WHICH NETWORK	S4	S4
IS THE HISTOPATHOLOGY LABORATORY		
PART OF)		
NATURE OF PATHOLOGY NETWORK	All hubs (no spoke)	All hubs (no spoke)
(NUMBER OF HISTOLOGY HUB		
LABORATORIES IN NETWORK)		
NATURE OF PATHOLGOY NETWORK	Four Trusts	Four Trusts
(NUMBER OF ESSENTIAL SERVICES		
LABORATORIES/SPOKE HISTOPATHOLOGY		
LABORATORIES IN NETWORK)		

Q2: Please provide details of histology workloads (total cases/total slides) for the years indicated. For slides this should be the total volume including special stains and immunohistochemistry.

	2023 FY22/23	2024 FY23/24
TOTAL CASES (WHOLE NUMBER)	22,693	23,754
TOTAL SLIDES (WHOLE NUMBER)	112,518	124,320

Q3: Please provide details of the histology staffing for the years indicated (full time equivalents). This should only be those staff involved in histology, but may include admin staff (e.g., secretaries) if they play a significant role in the completion of the histology workload. This is divided into two areas (laboratory and support/reporting). This should be a total of staff in post only and should not include unfilled vacancies.

- Laboratory and support (LAB): Those staff involved in the preparation of laboratory samples

 including admin and quality support roles this should include histology secretaries,
 medical laboratory assistants, biomedical scientists, this should also include any laboratory senior staff/managers in histology.
- Reporting (REP): This should include those staff involved in the preparation of histology reports; this should include pathologists, registrars, clinical scientists, and consultant biomedical scientists.

Where staff numbers have changed through a calendar year (e.g., new staff recruited/staff leaving), please provide an approximate average.

	2023	2024
HISTOLOGY LABORATORY STAFF (WTE)	31.79 WTE	31.79 wte
HISTOLOGY REPORTING STAFF (WTE)	8.68 WTE	6.68 WTE, vacant posts

Q4: Please provide details of the approximate proportion of the histopathology workload outsourced to an external company/laboratory for either laboratory processing and/or reporting, please provide an approximate % of laboratory work (wet cases/blocks) sent for processing and slides sent for reporting.

	2023	2024
APPROXIMATE % OF HISTOLOGY	<1% (Specialist samples	<1% (Specialist samples
LABORATORY WORKLOAD OUTSOURCED	only Alopecia	only Alopecia
FOR PROCESSING	skin/conjunctiva)	skin/conjunctiva)
APPROXIMATE % OF HISTOLOGY CASES	0.8%	37%
OUTSOURCED FOR REPORTING		

Q5: Where possible please provide details of any bank/locum staff you used for histopathology laboratory processing and/or reporting. Where staff numbers have changed through the year please provide an approximate average.

	2023	2024
LOCUM/BANK STAFF USED IN THE	2.4 WTE	2.9 WTE
LABORATORY FOR HISTOLOGY PROCESSING		
(WTE)		
LOCUM/BANK STAFF USED FOR HISTOLOGY	0.0 WTE	2.0 WTE
REPORTING (WTE)		

Q6: Please provide details on the number of Biomedical Scientist advanced practitioners that you had in post in the years indicated to aid with advanced dissection and case reporting. These should be fully qualified staff in post and assisting in these roles. Where possible the response should indicate the WTE proportion of role spent carrying out these roles.

	2023	2024
QUALIFIED BMS ADVANCED	1 WTE (B7)	1.76 WTE (B6 and B7)
PRACTIOIONERS CARRYING OUT		
ADVANCED DISSECTION (DEFINED AS		
RCPath CAT D/E SPECIMENS) (WTE)		
QUALIFIED BMS ADVANCED	0 WTE	0 WTE
PRACTITIONERS/CONSULTANT BIOMEDICAL		
SCIENTISTS CARRYING OUT CASE		
REPORTING (WTE)		

Q7: Please provide details of turnaround times (TATs) for histology for the years indicated. There are two response options for each year; average histology TAT in days, and % of cases reported in 10 days.

	2023	2024
AVERAGE HISTOLOGY TAT IN DAYS	21 days	28 days
% OF HISTOLOGY CASES REPORTED IN 10	60%	34%
DAYS		

Q8: Please provide details on histology budgets for the years indicated, this should be the total budget for delivering histopathology services in the years indicated.

	2023	2024
HISTOPATHOLOGY BUDGETS	£1,470,333	£1,523,550

Q9: Please provide details on the level of histology laboratory automation for each of the indicated years.

- Embedding should only include details of workload embedded using fully automated systems (examples include the Sakura AutoTEC a120).
- Automated microtomy should only include details of workload sectioned using fully automated methods with no human interaction (examples include the Axlab AS-410m).

	2023	2024
PERCENTAGE OF HISTOLOGY WORKLOAD RAPIDLY PROCESSED USING A	0%	0%
MICROWAVE BASED TISSUE PROCESSOR (SAME DAY PROCESSING)		
PERCENTAGE OF HISTOLOGY WORKLOAD AUTOMATICALLY EMBEDDED	0%	0%
(FULLY AUTOMATED – ZERO HUMAN INVOLVEMENT)		
PERCENTAGE OF HISTOLOGY WORKLOAD SECTIONED USING A FULLY	0%	0%
AUTOMATED TISSUE SECTIONER (MICROTOME) – ZERO HUMAN		
INVOLVEMENT		

Q10: Please provide details of the proportion of your histology workload that was reported with the aid of digital pathology or artificial intelligence. This data should be for histology only.

- Digital pathology in this instance refers to the use of digital whole slide images (virtual slides) produced from scanned images of histology slides.
- Artificial Intelligence/Computational Pathology in this instance refers to the use of AI tools
 on digital whole slide images of histology slides to provide details that may assist with the
 diagnosis of the case, providing counts of positive cells and/or heat maps etc. highlighting
 potential areas of diagnostic interest.

	2023	2024
PERCENTAGE OF HISTOLOGY WORKLOAD REPORTED WITH THE USE OF	0%	6%
DIGITAL WHOLE SLIDE IMAGES		
PERCENTAGE OF DIGITAL HISTOLOGY WORKLOAD (WHOLE SLIDE	0%	0%
IMAGES) REPORTED WITH THE AID OF ARTIFICIAL INTELLIGENCE TOOLS		
(CLINICAL DECSION SUPPORT)/COMPUTATIONAL PATHOLOGY		