

## DISCLOSURE LOG

1 February 2018 – 28 February 2018

Date	Ref No	Information Requested and Response	Links to Additional Information
1-2-18	3904	<ol style="list-style-type: none"><li>1. Does your organisation adhere to the Network Security guidance outlined by the National Cyber Security Centre, within its '10 Steps to Cyber Security'?</li><li>2. Do you ensure that security patches for critical vulnerabilities are routinely patched within 14 days, as recommended by the National Cyber Security Centre?</li><li>3. Have you suffered from any service outages on your network in the last two years, however small?</li><li>4. Did any of these outages cause a loss, reduction or impairment to your organisation's delivery of essential services?</li><li>5. Was the root cause of the service outage identified and confirmed – at the time or afterwards?</li><li>6. Is it possible that any service outages you have suffered in the last two years was caused by a cyber attack – such as ransomware, DDoS attack, or malware?</li><li>7. Are you aware that Distributed Denial of Service (DDoS) attacks are a significant contribution to service interruptions, outages and downtime?</li></ol> <p>The Trust has produced a document entitled "IT FOI Answers" which can be found on the website at <a href="http://www.mkhospital.nhs.uk/index.php?view=download&amp;alias=1559-it-foi-answers&amp;category_slug=freedom-of-information-foi-disclosure-logs-2017&amp;option=com_docman&amp;layout=table&amp;Itemid=700">http://www.mkhospital.nhs.uk/index.php?view=download&amp;alias=1559-it-foi-answers&amp;category_slug=freedom-of-information-foi-disclosure-logs-2017&amp;option=com_docman&amp;layout=table&amp;Itemid=700</a></p> <p>If you cannot find the information you are looking for within this document please come back to me and I will endeavour to respond as soon as possible.</p>	
1-2-18	3905	<p><b>Please would you tell me the number of units of the following products purchased by your hospital over the past 12 months:</b></p>	

The only produce used by the Trust is **Chlorhexidine 2% in IPA Licenced Medicine (ChloraPrep)**, total units of **15,425** from 01/02/2017 to 31/01/2018,

**Please would you tell me the pre-operative skin preparation (ie the name of the specific product) that you use for the following procedures? Please will you specify whether the manufacturer and whether the product is a biocide or a licenced medicine.**

**Abdominal hysterectomy**  
**Breast surgery**  
**Caesarean section**  
**Gastric surgery**  
**Hip replacement**  
**Knee replacement**  
**Spinal surgery**

All of the above use chloroprep with tint 2%, supplied by Carefusion UK 244 LTD - I believe this is a licenced product.

**Hip replacement**  
**Knee replacement**

The above also use 10%w/w Alcoholic tincture, trade name Videne, supplier ECOLAB LTD & Hydrex Clear chlorhexidine gluconate 0.5% W/V in 70% V/V DEB – I believe this is a licenced product.

**Hip replacement**  
**Knee replacement**

The above also use Hydrex clear chlorhexidine gluconate 0.5% w/v in 70% v/v DEB with red staining dye 12ml bottle , supplier ECOLAB LTD. I believe this is a licenced product.

**Hip replacement**  
**Knee replacement**

The above also use Antiseptic Iodine 10% w/w cutaneous solution (iodinated Povidone) trade name Videne- I believe this is a licenced product, supplied by Ecolab

1-2-18	3906	<p><b>I wondered which company provides the service?</b> HTS (Hospicom) have one of the original contracts which runs until Aug 19.</p> <p><b>I wanted a list of each tv package offered, including what is included, the full costs, the duration, and the list of channels this provides access to?</b> Patient can buy a payment card in machines and use this against credits on the bedside devices. The service provides Freeview channels.</p> <p><b>I wondered if there are any ways a patient can watch the tv for free and if so what are these periods and how are they accessed?</b> Children's wards have free viewing during the day.</p> <p><b>I wondered which payment methods are available to pay for the tv service and if there are any additional costs such as admin fees etc?</b> HTS provide payment machines in various locations in the hospital, which take cash</p> <p><b>I wondered if refunds are available for the service and if so in what circumstances?</b> HTS provide a support number, for patients to discuss any queries such as this.</p> <p><b>Does the trust profit from this scheme and if so how many in the last financial year?</b> No.</p>	
2-2-18	3907	<p><b>In your financial accounts for the financial year 2016/17 did you have a section for "losses and special payments?"</b></p> <p><b>If so how much money was accounted for in the 2016/2017 financial year as being "losses and special payments"? (Please note I am aware that the loss may have occurred many years earlier but I am interested in items which were accounted for in the last financial year, irrespective of when the loss took place.)</b></p> <p>I can confirm the information requested is available within the Trusts Annual Reports available via the website at <a href="http://www.mkhospital.nhs.uk/index.php?view=list&amp;slug=annual-reports&amp;option=com_docman&amp;layout=table&amp;Itemid=646">http://www.mkhospital.nhs.uk/index.php?view=list&amp;slug=annual-reports&amp;option=com_docman&amp;layout=table&amp;Itemid=646</a></p> <p><b>Please detail the three largest single amounts within this total, giving a cost for each loss and a detailed description of the claim and the reason for the loss. If one of these three biggest losses relate to an unpaid patient bill please state what department of the hospital the majority of the bill was incurred in.</b></p>	

		<table border="1"> <tr> <td>Ward 14</td> <td>Lost Hearing Aid</td> <td>7A</td> <td>F</td> <td>3,495.0 0</td> </tr> <tr> <td>A/E OBS Unit</td> <td>Lost Hearing Aid</td> <td>7A</td> <td>F</td> <td>2,795.0 0</td> </tr> <tr> <td>A/E</td> <td>Lost Dentures</td> <td>7A</td> <td>F</td> <td>1,512.2 0</td> </tr> </table>	Ward 14	Lost Hearing Aid	7A	F	3,495.0 0	A/E OBS Unit	Lost Hearing Aid	7A	F	2,795.0 0	A/E	Lost Dentures	7A	F	1,512.2 0	
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A/E	Lost Dentures	7A	F	1,512.2 0														
2-2-18	3908	<p><b>We require the gender of the patient (M or F), the date that they attended due to assault (dd/mm/yyyy) and their age. Age can either be numerical to the nearest year (preferred) or in age bands ("0-10", "11-17", "18-30", "31-50", "51+"), we can also accept date of birth.</b></p> <p>Please find attached spreadsheet in response to your request for information which we received on 02 February 2018.</p> <p>I can confirm the total number of A&amp;E attendances in 2017 was 88,189.</p>	<a href="#">Link to spreadsheet</a>															
5-2-18	3909	<p>Please note the figures quoted in questions 1 – 3 below relate to the total cost of outsourcing of reporting for plain film and CT/MRI. We are unable to split costs without going through individual invoices which would exceed the appropriate time limit.</p> <p><b>What was the total spend on outsourcing plain film reporting services in 2015?</b> £685,537.47</p> <p><b>What was the total spend on outsourcing plain film reporting services in 2016?</b> £579,910.21</p> <p><b>What was the total spend on outsourcing plain film reporting services in 2017?</b> £468,058.77</p> <p><b>What was the total number of plain film reports completed, from all referral sources (e.g. GP, Accident and Emergency, In Patients, Out Patients), by the Trust in 2015?</b> 73,247</p> <p><b>What was the total number of plain film reports completed, from all referral sources (e.g. GP, Accident</b></p>																

**and Emergency, In Patients, Out Patients), by the Trust in 2016?**

82,943

**What was the total number of plain film reports completed, from all referral sources (e.g. GP, Accident and Emergency, In Patients, Out Patients), by the Trust in 2017?**

88,705

**What was the total number of plain film examinations that were outsourced (therefore reported by an external company) in 2015?**

22,803

**What was the total number of plain film examinations that were outsourced (therefore reported by an external company) in 2016?**

12,890

**What was the total number of plain film examinations that were outsourced (therefore reported by an external company) in 2017?**

6810

**What was the total number of CT and/or MRI reports completed by the Trust in 2015?**

CT 14247

MRI 9182

**What was the total number of CT and/or MRI reports completed by the Trust in 2016?**

CT 17417

MRI 11231

**What was the total number of CT and/or MRI reports completed by the Trust in 2017?**

CT 19821

MRI 12230

**What was the total number of CT and/or MRI examinations that were outsourced (therefore reported by an external company) in 2015?**

CT 6431

MRI 4348

**What was the total number of CT and/or MRI examinations that were outsourced (therefore reported by an external company) in 2016?**

		<p>CT 5716 MRI 3368</p> <p><b>What was the total number of CT and/or MRI examinations that were outsourced (therefore reported by an external company) in 2017?</b> CT 12230 MRI 1912</p> <p>Please note the figures quoted in questions 16 – 18 below relate to the total cost of outsourcing of reporting for plain film and CT/MRI. We are unable to split costs without going through individual invoices which would exceed the appropriate time limit.</p> <p><b>What was the total spend on outsourcing CT and/or MRI reporting services in 2015?</b> £685,537.47</p> <p><b>What was the total spend on outsourcing CT and/or MRI reporting services in 2016?</b> £579,910.21</p> <p><b>What was the total spend on outsourcing CT and/or MRI reporting services in 2017?</b> £468,058.77</p> <p><b>What was the average settlement paid to a patient in regards to a malpractice or clinical negligence claim for a misdiagnosed plain film report in 2017?</b></p> <p>I can confirm The Trust have not paid any settlement fees in relation to misdiagnosed plain film reports.</p> <p><b>What was the average settlement paid to a patient in regards to a malpractice or clinical negligence claim for a misdiagnosed CT and/or MRI report in 2017?</b></p> <p>I can confirm The Trust have not paid any settlement fees in relation to misdiagnosed CT and/or MRI reports.</p>	
7-2-18	3910	<p><b>Q1) Please provide the name of your Trust(s) and the names of the Hospitals you run</b></p> <p>As above. Please note we are a single site Trust.</p> <p><b>Q2) Under the care of your Trust, how many women had a stillbirth from and including 37 weeks in the following years?</b></p> <p>a) 2014 - 4</p>	

- b) 2015 - 2
- c) 2016 - 4
- d) 2017 - 6

**Q3) Of those that had a stillbirth in Q2, how many of those women were 40 weeks or more, in the following years?**

- a) 2014 - 1
- b) 2015 - 1
- c) 2016 - 1
- d) 2017 - 5

**Q4) Of those women who had had a stillbirth in Q2- How many were sent home from the Trust because they were considered to be in early stages of labour, in the following years?**

- a) 2014 - 0
- b) 2015 - 0
- c) 2016 - 0
- d) 2017 - 0

**Q5) Following each stillbirths noted in Q2, in the following years how many internal investigations into why the baby died were carried out?**

- a) 2014 - 4
- b) 2015 - 2
- c) 2016 - 4
- d) 2017 - 6

**Q6) Following on from Q5, in 2017 only, please list how many times each of these was a contributing factor, concluded from the investigation**

- a) poor staffing levels
- b) lack of available beds
- c) lack of experienced Dr or obstetrician
- d) failure to notice vital signs of distress
- e) other - (please specify)

I can confirm none of the above were contributing factors in any of the cases.

		<p><b>Q7) Do you have a bereavement suite in your Trust? If yes, how many?</b></p> <p>Yes - 1</p> <p><b>Q8) Do you have Specialist Bereavement Midwife in your Trust? If yes, how many?</b></p> <p>Yes – 1</p> <p><b>Q9) Does your Trust provide midwives with compulsory bereavement training?</b></p> <p>Yes</p>	
7-2-18	3911	<p><b>1. The name and email address of the Clinical Director responsible for Radiology</b></p> <p><b>2. The name and email address of your Radiology Manager</b></p> <p><b>3. The name and email address of your Imaging/Radiology Directorate Manager</b></p> <p>I can confirm the information requested can be found on the Trusts website at:  <a href="http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf">http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf</a></p> <p>Please note individual staff details are exempt under Section 40, Personal Information (where disclosure may contravene the Data Protection Act) unless permission to release is given or the information is already in the public domain.</p>	
7-2-18	3912	<p>Please note wards in the Trust are typically more fluid and beds are not ring fenced therefore it is difficult to align patients to the requested units. The following has been used to identify the patients.</p> <ul style="list-style-type: none"> <li>• Stroke -These patients have been identified by diagnosis codes* used at any time during their stay.</li> <li>• ICU - This is combined with the High Dependency Unit under the Department of critical care therefore the two "units" have been reported together by ward.</li> <li>• The Rehab unit - typically undertakes care of the elderly and the two have been reported together by ward. The beds in the Rehab are not exclusive and are also used by general medicine patients.</li> <li>• Orthopaedics - Does not have a dedicated ward and has been reported using the specialty code (Trauma and Orthopaedics 110). Only adults have been included.</li> <li>• General surgery - Does not have a dedicated ward and has been reported using the specialty code (General Surgery - 100).</li> <li>• General medicine - Does not have a dedicated ward and has been reported using the specialty code</li> </ul>	

(General Medicine - 300).

**1. How many patients were admitted to the following units in 2016:**

Stroke	<b>284</b>
ICU/HDU	<b>733</b>
Rehab	<b>1089</b>
Orthopaedics	<b>4016</b>
General surgery	<b>3929</b>
General medicine	<b>11119</b>

**2. Out of the patients that were cared for in the above units, what was the average length of stay?**

Stroke	<b>22</b>
ICU/HDU	<b>6</b>
Rehab	<b>22</b>
Orthopaedics	<b>4</b>
General surgery	<b>3</b>
General medicine	<b>7</b>

**3. For those units above, how many beds are in each unit type?**

ICU/HDU	<b>9</b>
Rehab	<b>24</b>

**4. Out of the patients that were cared for in the above units, what percentage were female?**

Stroke	<b>54%</b>
ICU/HDU	<b>47%</b>
Rehab	<b>53%</b>
Orthopaedics	<b>53%</b>

		<table border="1" data-bbox="405 156 1084 236"> <tr> <td data-bbox="405 156 837 196">General surgery</td> <td data-bbox="837 156 1084 196">54%</td> </tr> <tr> <td data-bbox="405 196 837 236">General medicine</td> <td data-bbox="837 196 1084 236">51%</td> </tr> </table> <p data-bbox="327 272 1590 304"><b>5. Out of the female patients cared for in the above units, what percentage used a Foley?</b></p> <p data-bbox="383 341 1711 405">The Trust does not record this centrally. To obtain this would entail trawling through individual patient records which would require permission and exceed the appropriate time limit.</p> <p data-bbox="327 443 1594 507"><b>6. Out of the female patients cared for in the above units, what percentage used a urinary absorbable pad?</b></p> <p data-bbox="383 547 510 576">As above</p> <p data-bbox="327 614 1397 646"><b>7. What is the average cost of an overnight stay for a patient in your Trust?</b></p> <p data-bbox="383 683 454 711">£358</p>	General surgery	54%	General medicine	51%	
General surgery	54%						
General medicine	51%						
7-2-18	3913	<p data-bbox="327 751 1256 783"><b>1. The name of your Trust and the names of hospital(s) you run?</b></p> <p data-bbox="383 820 1128 849">Milton Keynes University Hospital NHS Foundation Trust</p> <p data-bbox="327 887 1720 951"><b>2. In the following years, how many times has the Trust had to close a maternity ward? Please list the month the closure(s) took place, the reason for the closure and how long it took to reopen</b></p> <p data-bbox="383 989 1592 1018"><b>a) 2016</b> – 2 – March (8 hours), April (6 hours). Both due to physical capacity in Labour Ward</p> <p data-bbox="383 1023 591 1051"><b>b) 2017</b> - None</p> <p data-bbox="327 1090 1749 1185"><b>3. In the following years, how many times has the Trust had to close any ward (excluding maternity wards)? Please list the ward type, month the closure(s) took place, the reason for the closure and how long it took to reopen</b></p> <p data-bbox="383 1224 1375 1252"><b>a) 2016</b> – 3 –September – (1 week), October – (4 days), November (8 days)</p> <p data-bbox="383 1291 1756 1355">Either full or part closure, as in single bays where cohort of patients was managed. All are medicine with the majority of cases symptomatic at admission. Norovirus gene type 2 isolated.</p> <p data-bbox="383 1393 1509 1425"><b>b) 2017</b> – 3 – December (6 days), November (4 days for 1 ward and 4 for another)</p>					

		<p>All are medicine – norovirus as above.</p> <p><b>b) 2017</b></p> <p><b>4. In the following years how many times has the Trust cancelled an elective operation which was going to be carried out by a private provider/contractor?</b></p> <p><b>a) 2016</b> <b>b) 2017</b></p> <p>None</p> <p><b>5. From the answers in Q4 please provide the cancellation cost charged to the Trust by the private provider/contractor? Please give the total figure for the year and if possible the largest single cost charged to the Trust</b></p> <p><b>a) 2016</b> <b>b) 2017</b></p> <p>N/A</p>	
7-2-18	3914	<p>I'd like to request the following information under The Freedom Of Information Act please for the wheelchair services in Milton Keynes University Hospital NHS Foundation Trust. Please can the information be separate for each Wheelchair Service in the area if more than one service?</p> <p><b>1- Is your Wheelchair service provider an NHS organization or a non-NHS organization Provider?</b>  <b>2- What is the name of your current provider?</b>  <b>2- What is the size of the population covered by your Wheelchair Service?</b>  <b>3- What power chair brands your wheelchair service tends to use?</b>  <b>4- What pressure care cushions brand your wheelchair service tends to use?</b>  <b>5- What was your wheelchair service spend in the last financial year in power chairs?</b>  <b>6- What was your wheelchair service spend in the last financial year in pressure care cushions?</b>  <b>7- Please provide the date that Wheelchair Service contract will be next tendered?</b></p> <p>I can confirm that the Trust does not operate a wheelchair service. We only loan portering chairs whilst a patient is on site.</p> <p>You may find the following link helpful</p>	

		<a href="https://www.cnwl.nhs.uk/news/milton-keynes-wheelchair-service-changes-provider/">https://www.cnwl.nhs.uk/news/milton-keynes-wheelchair-service-changes-provider/</a>	
8-2-18	3915	<p><b>1. How many beds does your Trust have?</b></p> <p>As of the 19<sup>th</sup> February 2018, MKUH has <b>627 beds</b>. This figure <b>includes</b> Paediatric, Maternity, Day Case, Critical Care and open escalation beds.</p> <p><b>2. How many in-patients did you have in 2016?</b></p> <p>57,288.</p> <p><b>3. What percentage of these patients were female?</b></p> <p>57%.</p> <p><b>4. What was the average length of stay for a patient? (specifically for female if possible)</b></p> <p>2.7 days (female patients only, includes day cases)</p> <p><b>5. What percentage of patients are above your stated average length of stay? (specifically for female if possible)</b></p> <p>22% (female patients only)</p>	
8-2-18	3916	<p><b>1 – How many Ovarian Carcinoma patients (any stage) have been diagnosed in the last 12 months?</b></p> <p>17</p> <p><b>2 – How many stage III or IV Ovarian Carcinoma patients have received Chemotherapy for the first time in the last 12 months?</b></p> <p>3</p> <p><b>Of these how many patients are on Platinum based therapy (Monotherapy or combination therapy)?</b></p> <p>3</p> <p><b>3 – How many stage III or IV Ovarian Carcinoma patients have been diagnosed as Platinum refractory (ie progression of disease whilst receiving Platinum therapy) or resistant (ie progression of</b></p>	

**disease within 6 months of last Platinum dose) in the last 12 months?**

The Trust does not hold this information centrally. To obtain this information would entail trawling through records which would exceed the appropriate time limit and require consent.

**4 – How many patients with Stage III or IV Ovarian Carcinoma have been treated with the following treatments in the last 12 months?**

**Of those how many are Platinum refractory or Platinum resistant?**

Treatments	Stage III or IV patients (total number)	Number of Stage III or IV Platinum refractory OR Platinum resistant patients
Total Patients		
PEG Liposomal Doxorubicin (Caelyx)	3	
Gemcitabine		
Paclitaxel	1	
Docetaxel		
Bevacizumab		
Topotecan		
Clinical trial therapy		
Other – please specify		

**5 – Within your Trust how many patients with Advanced Prostate Cancer have been treated in the past 12 months with the following treatments?**

Treatment	Patients
Abiraterone (Zytiga)	6
Cabazitaxel (Jevtana)	
Docetaxel (Taxotere)	9

		<table border="1"> <tr> <td>Enzalutamide (Xtandi)</td> <td>10</td> </tr> <tr> <td>Radium-223 (Xofigo)</td> <td></td> </tr> </table>	Enzalutamide (Xtandi)	10	Radium-223 (Xofigo)		
Enzalutamide (Xtandi)	10						
Radium-223 (Xofigo)							
		<p><b>6 – How many patients being treated with Abiraterone or Enzalutamide and have been on this treatment for more than 1 year?</b></p> <p>0</p>					
8-2-18	3917	<p>NB: Asthma patients treated in outpatients are not included in the figures below, as Milton Keynes does not record diagnoses against outpatient attendances and is therefore unable to identify these patients.</p> <p><b>1. In your trust, in the past 3 months [latest 3 months available], how many asthma patients aged 18 and over have been treated?</b></p> <p>62</p> <p><b>2. How many paediatric asthma treated patients [aged 6-17] have been treated?</b></p> <p>17</p> <p><b>3. How many severe asthmatic patients [BTS guidelines, step 4 or 5] have been treated?</b></p> <p>7</p> <p><b>4. How many severe allergic asthma patients [severe persistent confirmed allergic IgE-mediated asthma OR severe persistent confirmed allergic eosinophilic asthma] have been treated with:</b></p> <ul style="list-style-type: none"> <li>- Omalizumab [Xolair]</li> <li>- Mepolizumab [Nucala]</li> <li>- Reslizumab [Cinqaero]</li> <li>- Benralizumab [Fasenra]</li> <li>- Other [Please state]</li> </ul> <p>I can confirm that this Trust does not use any of the drugs listed above.</p> <p><b>5. How many paediatric severe asthma patients treated with Xolair/omalizumab?</b></p> <p>As above</p>					

		<p><b>6. How many asthma clinics are run per month?</b></p> <p>3</p> <p><b>7. What is the average number of severe asthma patients per clinic?</b></p> <p>7</p> <p><b>8. Do you treat non asthma patients with Omalizumab [Xolair]? If yes, how many of for what condition?</b></p> <p>As above</p>	
9-2-18	3918	<p><b>1. Please could you provide a list of doctors who have taken study leave overseas in the past 12 months (up to and including the month of January 2018) as part of their continued professional development. I do not expect you to name the doctors but please could you provide their job title/position, the dates of the study leave, the location (country and city), the name of the conference/purpose of the trip and how much money the trust spent (either directly or claimed back in expenses) on the trip. Details should include amount spent by the Trust on accommodation, flights, conference fees and any other related costs.</b></p> <p>The Trust does not hold this information in an easily obtainable format. To provide this would entail manually trawling through various Trust systems, this would exceed the appropriate time limit and incur a charge</p> <p><b>2. Please could you state if the Trust has a specific allowance for how much doctors are able to claim towards their continued professional development each year.</b></p> <p>Study Leave All consultants and SAS doctors are entitled to 30 days study or professional leave every three years. Year 1 of the cycle commenced on the 1 st April 2016 and each doctor has a study leave budget of £750 per annum. Money not claimed in year 1 can be rolled into year 2 and then into year 3. At the end of year 3 any monies not claimed cannot be carried forward into the next cycle.</p> <p>Trust doctors &amp; Training grade doctors have 30 days per year and a budget of £600 per year but there is no rollover of leave or monies unused from year to year. 20 days of this leave it taken with locally</p>	

provided teaching leaving 10 days for external study leave.  
 If you commence employment part-way through a cycle subsequent leave and monies will be pro-rata.  
 Similarly if you are less than full-time leave is also pro-rata.

12-2-18 3919

**1. The total income of the Trust each year.**

This information can be found within the Trusts Annual Reports available via the website at  
[http://www.mkhospital.nhs.uk/index.php?view=list&slug=annual-reports&option=com\\_docman&layout=table&Itemid=646](http://www.mkhospital.nhs.uk/index.php?view=list&slug=annual-reports&option=com_docman&layout=table&Itemid=646)

**2. The number of overseas patients who were not entitled to NHS treatment, who were treated by the Trust. (under current overseas patient regulations).**

The new regulations were introduced in October 2017 - the Trust does not differentiate between old and new regulations when raising invoices.

**3. Of the patients data provided in question 2, the number of patients who still owe money to the Trust**

**4. The total combined cost of treatment's that the Trust was entitled to recoup from those patients.**

**5. The amount of money that has to date been recouped on behalf of the Trust from those patients.**

With regards to the 3 questions above the Trust can provide the total number of Overseas Visitors who were admitted as an emergency and billed, the total invoiced and the total amount recouped. Please see table below :

	No. overseas patients invoiced	Total charges invoiced £	*Total payments recovered £
2015/16	198	542908	73956
2016/17	191	480854	81925
2017/18 YTD	128	299750	59906

\*Please note that these figures reflect the total amount recovered to date and may not be accurate to reflect actual financial in year recovery due to instalment plans, late payment offers through debt recovery or immigration interaction.

**6. The methods used or the name of any debt collection agency, or other agencies currently hired by the Trust to recoup money from overseas patients who were not entitled to NHS treatment.**

		<p>7. Do they receive a fee for this role or do they receive a percentage of money recovered.</p> <p>8. When they were employed.</p> <p>Debts are pursued by an external debt recovery agency CCI and they receive a % of the monies recovered , they have been in place for the last 6 years.</p>	
13-2-18	3920	<p>Please can I make a new Freedom of Information request, which concerns the care of newborn babies you look after on the neonatal side of care (neonatal unit/post-natal ward/transitional care etc):</p> <p>For each of the hospitals in your trust that treat newborn babies, please can you provide any information you hold (such as protocol, local guidelines/advice etc), on when a newborn baby would normally receive a lumbar puncture when you are worried about an infection or sepsis. I am particularly interested if there is a local CRP (C-reactive protein) blood level at which a lumbar puncture is usually done.</p> <p>Please find attached a copy of the Trusts Neonatal Antibiotic and Sepsis Guideline in response to your request.</p>	<a href="#">Link to Guideline</a>
13-2-18	3921	<p>Please can you provide the following information for your Computed Radiography X-ray equipment used within the Trust. Please complete the attached excel document entitled '<i>Modalities Computed Radiography FOI Form</i>' with the requested information.</p> <p>Thank you for your assistance in advance.</p> <p><b><u>Equipment Install Base</u></b></p> <ul style="list-style-type: none"> <li>• <i>Manufacturer (Drop Down Menu) Fujifilm, AGFA, Carestream, Kodak, Philips, Konica, ANO</i></li> <li>• <i>Model</i></li> <li>• <i>Date Equipment Installed</i></li> <li>• <i>Expected Date Of Equipment Replacement</i></li> <li>• <i>How was equipment purchased (Drop Down Menu) Capital Equipment, Lease</i></li> </ul> <p><b><u>Maintenance</u></b></p> <ul style="list-style-type: none"> <li>• <i>Is the equipment covered under a maintenance agreement (Drop Down) Yes/No</i></li> <li>• <i>Cover type (Drop Down Menu) Preventative Maintenance, All Inclusive</i></li> <li>• <i>Service Provider / Supplier</i></li> <li>• <i>Internal Departmental Contract Owner, Name, Email, Telephone Number</i></li> <li>• <i>Maintenance Cost Per Annum Per Item</i></li> </ul> <p><b><u>General</u></b></p> <ul style="list-style-type: none"> <li>• <i>Details of replacement strategy for capital equipment</i></li> </ul>	<a href="#">Link to spreadsheet</a>

		<ul style="list-style-type: none"> <li>• <b>Approximate number of Cassette and IP replacements per year (Drop Down Menu) 5-10, 10-20, 20-30</b></li> <li>• <b>Budgeted cost for IP replacement (Drop Down Menu) &lt;£5K, &lt;£10K, &lt;£20K</b></li> <li>•</li> </ul> <p>Please find attached spreadsheet in response to your request.</p> <p><b>NB</b> : Replacement dates vary from 7 -10 years dependant on the evaluations carried out by clinical user, EBME and the supportability from manufacturers.</p>	
14-2-18	3922	<p><b>Could you please tell me the name of the person who is in overall charge of the production of Patient Information Leaflets and the name of your Patient Information Manager?</b></p> <p>Patient leaflets are produced by various departments across the Trust. The Trust does not have a Patient Information Manager. This would fall under the remit of the Patient Experience Team, as stated in our original response staff details are exempt under Section 40, Personal Information (where disclosure may contravene the Data Protection Act) unless permission to release is given or the information is already in the public domain.</p>	
16-2-18	3923	<ol style="list-style-type: none"> <li>1. <b>How many female patients in your Trust had a body-worn urinary incontinence pad during the last 12 months?</b></li> <li>2. <b>How many female patients in your Trust had a non body-worn urinary incontinence pad (i.e. an absorbable bed pad) during the last 12 months?</b></li> <li>3. <b>How many patients using a bodyworn/non-body worn urinary incontinence pad were used in your Trust during the last 12 months?</b></li> <li>4. <b>How many of those bodyworn/non-body worn urinary incontinence pad were used for a female patient?</b></li> <li>5. <b>Of your total bodyworn/non-body worn urinary incontinence pad usage, what percentage was used on females?</b></li> </ol> <p>Unfortunately The Trust does not record this information centrally, to obtain this would entail going through patient records which would require permission and exceed the appropriate time limit.</p>	
15-2-18	3924	<ol style="list-style-type: none"> <li>1. <b>What was the total cost for your trust, including fees and any other on-costs, for midwives supplied by an agency, broken down by the months in the table below?</b></li> <li>2. <b>What was the total number of hours worked by midwives supplied by an agency, broken down by the months in the table below?</b></li> </ol>	<p><a href="#">Link to table</a></p>

		<p>3. <b>What was the total cost for your trust for midwives working overtime, broken down by the months in the table below?</b></p> <p>4. <b>What was the total number of hours worked by midwives working overtime, broken down by the months in the table below?</b></p> <p>5. <b>What was the total cost for your trust, for midwives supplied by the bank, broken down by the months in the table below?</b></p> <p>6. <b>What was the total number of hours worked by midwives supplied by the bank, broken down by the months in the table below?</b></p> <p>Please find completed document attached.</p>	
16-2-18	3925	<p><b>Please could you provide me with copies of any local guidelines/treatment pathways your organisation has for the treatment of Type I and/or Type II Diabetes.</b></p> <p>Please find attached :</p> <ul style="list-style-type: none"> <li>• Diagnostic aid for diabetes</li> <li>• Hypoglycaemia diagnosis and management</li> <li>• Diabetes Pocket Guide</li> </ul> <p><b>If your organisation does not have any local guidelines for diabetes treatment/management are any particular national guidelines followed?</b></p> <p>The Trust also follows NICE guidelines and treatment advice from the Diabetes Society</p> <p><b>I have also noticed that currently your formulary accessed via <a href="http://www.formularymk.nhs.uk">www.formularymk.nhs.uk</a> is unavailable. Is this just a technical issue or has the formulary</b></p> <p>Unfortunately, the formulary website experienced problems for a days this has now been rectified and you should be able to access it. Please do not hesitate to contact us if you experience any further problems.</p>	<p><a href="#">Diagnostic Aid for Diabetes Hypoglycaemia diagnosis and management</a>  <a href="#">Diabetes Pocket Guide</a></p>
19-2-18	3926	<p>1. <b>The name and email address of your Head of Cardiology</b></p> <p>2. <b>The name and email address of your Chief Cardiac technician / Head Cardiac technician or</b></p>	

		<p><b>equivalent</b></p> <p>Thank you for your email below. The Trusts organisational chart can be found on the website at <a href="http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf">http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf</a></p> <p>Please note individual staff details are not disclosed unless permission has been given or they are already in the public domain these are therefore exempt under Section 40 Personal Information (where disclosure may contravene the Data Protection Act).</p>	
19-2-18	3927	<p><b>How many people under specialist Child and Adolescent Mental Health Services were issued with the ICD-10 code F12. – ‘mental and behavioural disorders due to use of cannabinoids’, during the 2016/17, 2015/2016, 2014/2015, 2013/2014, 2012/2013, 2011/2012, 2010/ 2011, 2009/ 2010, 2008/ 2009, 2007/ 2008, 2006/ 2007 periods?</b></p> <p>The Trust is unable to help with these requests. We are able to identify patients admitted with the ICD10 Diagnosis Code 'F12' coded to their admission, however we do not maintain or have access to a list of patients who are under the specialist Child and Adolescent Mental Health Services,</p> <p>We are unable to answer this question because we do not hold this data. We are only able to identify patients aged under 18 admitted with an ICD10 Diagnosis Code 'F12' coded to their admission, who died during the same inpatient stay. This therefore leaves us unable to identify patients with this code who died as a result of suicide, because a patient who committed suicide would not be admitted to the Trust, therefore no code can be added. We do not code ICD10 diagnosis codes to A&amp;E attendances, and as a result cannot identify suicides or attempted suicides that present at A&amp;E with this code. Additionally, we are unable to identify patients who attempted suicide as there is no national ICD10 diagnosis code to identify this. There are ICD10 codes that indicate self-harm, however we are unable to determine from these codes if the patient was attempting suicide.</p> <p>The Child and Adolescent Mental Health Service is not run by the Trust but by Central and North West London Foundation Trust (CNWL). They can be contacted via the following email <a href="mailto:freedomofinformation.cnwl@nhs.net">freedomofinformation.cnwl@nhs.net</a> and may be able to help you with your requests.</p>	
19-2-18	3928	<p><b>How many serious and untoward incidents occurred, resulting in death, among people under 18 with the ICD-10 code F12. – 'mental and behavioural disorders due to use of cannabinoids', during the 2016/17, 2015/2016, 2014/2015, 2013/2014, 2012/2013, 2011/2012, 2010/ 2011, 2009/ 2010, 2008/ 2009, 2007/ 2008, 2006/ 2007 periods?</b></p>	

		<p>We are unable to answer this question because we do not hold this data. We are only able to identify patients aged under 18 admitted with an ICD10 Diagnosis Code 'F12' coded to their admission, who died during the same inpatient stay. The number of patients that meet this criteria during the requested period is <b>zero</b>. However this only includes patients who died at our hospital, and does not include patients who may have died elsewhere. In addition, we are unable to identify patients that died as a result of 'serious and untoward incidents' as this criteria is too broad and requires interpretation as to what constitutes a 'serious or untoward incident', which is not a nationally recognised diagnosis term.</p>													
19-2-18	3929	<p><b>Please could you give a breakdown of how many suicides, self-inflicted deaths and attempted suicides occurred among people under 18 with the ICD-10 code F12. – 'mental and behavioural disorders due to use of cannabinoids', during the 2016/17, 2015/2016, 2014/2015, 2013/2014, 2012/2013, 2011/2012, 2010/ 2011, 2009/ 2010, 2008/ 2009, 2007/ 2008, 2006/ 2007 periods?</b></p> <p>We are unable to answer this question because we do not hold this data. We are only able to identify patients aged under 18 admitted with an ICD10 Diagnosis Code 'F12' coded to their admission, who died during the same inpatient stay. This therefore leaves us unable to identify patients with this code who died as a result of suicide, because a patient who committed suicide would not be admitted to the Trust, therefore no code can be added. We do not code ICD10 diagnosis codes to A&amp;E attendances, and as a result cannot identify suicides or attempted suicides that present at A&amp;E with this code. Additionally, we are unable to identify patients who attempted suicide as there is no national ICD10 diagnosis code to identify this. There <i>are</i> ICD10 codes that indicate self-harm, however we are unable to determine from these codes if the patient was attempting suicide.</p> <p>The Child and Adolescent Mental Health Service is not run by the Trust but by Central and North West London Foundation Trust (CNWL). They can be contacted via the following email <a href="mailto:freedomofinformation.cnwl@nhs.net">freedomofinformation.cnwl@nhs.net</a> and may be able to help you with your requests.</p>													
20-2-18	3930	<p><b>1. In the calendar year 2017-2018 how many FOI requests were received by your organisation? I would like this broken down by month.</b></p> <table> <tr> <td>Jan</td> <td>52</td> </tr> <tr> <td>Feb</td> <td>48</td> </tr> <tr> <td>March</td> <td>46</td> </tr> <tr> <td>April</td> <td>38</td> </tr> <tr> <td>May</td> <td>30</td> </tr> <tr> <td>June</td> <td>41</td> </tr> </table>	Jan	52	Feb	48	March	46	April	38	May	30	June	41	
Jan	52														
Feb	48														
March	46														
April	38														
May	30														
June	41														

		<p>July 55  Aug 55  Sept 37  Oct 60  Nov 37  Dec 39</p> <p><b>2. In the Calendar year 2017-2018 how many FOI requests were disclosed after the 20 working day time limit? This can be a total figure for the year.</b></p> <p>35</p> <p><b>3. Are there still any outstanding requests from the calendar year 2017-2018? This can be a total figure for the year.</b></p> <p>None</p> <p><b>4. What was the longest length of time it took for your organisation to disclose the information for a FOI request in the calendar year 2017 – 2018?</b></p> <p>The Trust does not formally record this information. However, I can confirm that to my knowledge the longest time period over the allotted 20 working days was 5 working days, so 25 days in all.</p>	
20-2-18	3931	<p><b>1. What was the total spend on locum Physiotherapists in the last financial year 01/04/2016 to 01/04/2017?</b></p> <p>£434.8k</p> <p><b>2. What was the spend on locum Occupational Therapists in the last financial year 01/04/2016 to 01/04/2017?</b></p> <p>£269.5k</p> <p><b>3. What was the spend on locum Podiatrists in the last financial year 01/04/2016 to 01/04/2017?</b></p> <p>The Trust does not provide this service.</p> <p><b>4. What was the spend on locum Radiographers in the last financial year 01/04/2016 to 01/04/2017?</b></p>	

		<p>£226k</p> <p><b>5. What job roles have the Trust broken glass (Paid outside the framework rates) for in the last financial year within the Allied Health Professionals area 01/04/2016 to 01/04/2017?</b></p> <ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• Radiographer</li> <li>• Occupational Therapist</li> <li>• Theatre Technician</li> <li>• Physiotherapist</li> <li>• Echo Cardiologist</li> <li>• Clinical Psychologist</li> </ul>															
20-2-18	3932	<p>Please see spreadsheet attached.</p> <p>With regards to Managers/Lead Specialists of Risk Management and Health &amp; Safety, it depends on what you define as Manager/Specialist Lead. We have Heads of Departments for both Risk Management and Health &amp; Safety.</p> <p>If you would like to define this further, please come back to us and we will assist you in any way possible.</p>	<a href="#">Link to spreadsheet</a>														
20-2-18	3933	<ul style="list-style-type: none"> <li>• <b>The total number of ostomy/stoma patients on your records.</b></li> </ul> <p>1016</p> <ul style="list-style-type: none"> <li>• <b>The numerical break-down of colostomy/ileostomy/urostomy patients on your records.</b></li> </ul> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">Colostomy insitu</td> <td style="text-align: right;">463</td> </tr> <tr> <td style="padding-left: 20px;">Cystostomy insitu</td> <td style="text-align: right;">169</td> </tr> <tr> <td style="padding-left: 20px;">End colostomy</td> <td style="text-align: right;">82</td> </tr> <tr> <td style="padding-left: 20px;">End Ileostomy</td> <td style="text-align: right;">19</td> </tr> <tr> <td style="padding-left: 20px;">Ileostomy insitu</td> <td style="text-align: right;">333</td> </tr> <tr> <td style="padding-left: 20px;">Loop colostomy</td> <td style="text-align: right;">54</td> </tr> <tr> <td style="padding-left: 20px;">Nephrostomy/Ureterostomy/Urethrostomy insitu</td> <td style="text-align: right;">97</td> </tr> </table>	Colostomy insitu	463	Cystostomy insitu	169	End colostomy	82	End Ileostomy	19	Ileostomy insitu	333	Loop colostomy	54	Nephrostomy/Ureterostomy/Urethrostomy insitu	97	
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Nephrostomy/Ureterostomy/Urethrostomy insitu	97																

- **The number of patients with two types of ostomy.**

157

- **How many colostomies, ileostomies and urostomies are formed resulting from cancer, and if possible which cancers are responsible for the ostomy/stoma formation.**

- **The condition responsible for urostomy formation, if not cancer.**
- **The total number of stomas that are formed due to Crohn's Disease.**
- **The total number of stomas that are formed due to Colitis.**
- **The total number of stomas that are formed due to Diverticulitis.**
- **The total number of stomas that are formed due to IBD.**

With regards to points 4-9, The Trust does not record this information centrally, to obtain this would entail going through patient records which would require permission and exceed the appropriate time limit.

- **The total percentage of reversible/reversed ostomies/stomas.**

10.2%

Please note that The Trust cannot split between reversible/reversed ostomies/stomas therefore the percentage above contains all closed/reversed/reversible ostomies/stomas.

- **The percentage of permanent ostomies/stomas.**

The Trust does not record this information centrally, to obtain this would entail going through patient records which would require permission and exceed the appropriate time limit.

- **The ages of patients with ostomies/stomas.**

Please note the age is based on the first time the patient had a stoma recorded insitu or a procedure for insertion.

Age	Total
0-9	22

		<p>10-19 10</p> <p>20-29 21</p> <p>30-39 47</p> <p>40-49 83</p> <p>50-59 137</p> <p>60-69 265</p> <p>70-79 206</p> <p>80-89 188</p> <p>90-99 37</p> <p><b>Grand Total 1016</b></p>	
21-2-18	3934	<p><b>1. What was the total spend on locum Physiotherapists in the last financial year 01/04/2016 to 01/04/2017?</b> £434.8k</p> <p><b>2. What was the spend on locum Occupational Therapists in the last financial year 01/04/2016 to 01/04/2017?</b> £269.5k</p> <p><b>3. What was the spend on locum Podiatrists in the last financial year 01/04/2016 to 01/04/2017?</b> The Trust does not provide this service.</p> <p><b>4. What was the spend on locum Radiographers in the last financial year 01/04/2016 to 01/04/2017?</b> £226k</p> <p><b>5. What job roles have the Trust broken glass (Paid outside the framework rates) for in the last financial year within the Allied Health Professionals area 01/04/2016 to 01/04/2017?</b></p> <ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• Radiographer</li> <li>• Occupational Therapist</li> <li>• Theatre Technician</li> <li>• Physiotherapist</li> <li>• Echo Cardiologist</li> <li>• Clinical Psychologist</li> </ul>	
22-2-18	3935	<b>1. Please tell us which Trust, Health Board or Health and Social Care Trust you are responding on</b>	

behalf of?

Milton Keynes University Hospital NHS Foundation Trust

**2. Do you conduct multi-parametric MRI (mpMRI) scans before first prostate biopsy as part of the initial diagnostic process?**

Please indicate with a X

Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) and dynamic contrast enhanced (DCE) sequences

Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) sequences but not DCE

No

**3. Do you refer men to another Trust/centre for mpMRI before biopsy?**

Please indicate with a X

Yes

No

**4. What are your eligibility criteria/exclusion criteria for men to receive pre-biopsy mpMRI?**

All men under 80 who are referred via 2WW by the GP will have a pre-biopsy MRI. These are automatically requested as part of the GP referral form, so effectively the GP's are requesting the mp MRI.

**5. What percentage of eligible men receive an mpMRI scan before biopsy as part of the initial diagnostic process?**

All men who do not have a contraindication to MRI will receive an MRI. (Pacemaker, Claustrophobia etc.)

**6. Has the percentage of eligible men receiving an mpMRI scan before biopsy increased in the last year?**

Please indicate with a X

Yes  
 No

If Yes, how much would you estimate it has increased by? 20%

**7. Are you using mpMRI before biopsy to rule some men out of a biopsy as part of the initial diagnostic process?**

Please indicate with a X

Yes  
 No

**What percentage of men are ruled out of a biopsy?**

At this stage mpMRI still has 15% chance of missing a significant cancer so we advise men to have a biopsy as well as the mpMRI. Some men will refuse to have a biopsy if the mpMRI is normal and we of course accept their decision.

**8. What mpMRI scores and/or other clinical factors are used to rule men out of biopsy?**

Please indicate with a X

PIRADS  
 LIKERT  
 PSAD  
 OTHER

**9. Do you intend to rule some men out of a biopsy in future?**

Yes

**10. Do you carry out targeted biopsies in men with mpMRI lesions in addition to systematic biopsies?**

Please indicate with a X

Yes – cognitive/visual estimation

Yes – image-fusion  
No – systematic only

**11. In the last year, have you been successful in securing funding or new resources to provide or increase the use of mpMRI before biopsy?**

Please indicate with a X

Yes  
**X** No

**If Yes please provide further information (e.g where from and for what)**

However the CCG have been extremely helpful in enabling GP requesting of mp MRI - which is unique.

**12. Which of the following, if any, would help you adopt the use of mpMRI before biopsy?**

Please indicate with a X

No applicable as we already undertake mpMRI.

- An additional or new MRI scanner
- Increased MRI scanner availability
- Reduced mpMRI scan time
- Agreement to use Dynamic Contrast Enhancement

A scanner/magnet upgrade -

- Support with scanner optimisation
- Increased staffing levels
- Additional training for radiologists
- Other

**If you ticked 'Reduced mpMRI scan time' please estimate current scan time**

N/A

**13. Which of the following, if any, would help you further increase the use of mpMRI before biopsy?**

		<p>Please indicate with a X</p> <p><input type="checkbox"/> An additional or new MRI scanner  <input type="checkbox"/> Increased MRI scanner availability  <input type="checkbox"/> Reduced mpMRI scan time  <input type="checkbox"/> Agreement to use Dynamic Contrast Enhancement</p> <p><input checked="" type="checkbox"/> A scanner/magnet upgrade - this would allow us to move to preventing some men have a biopsy.</p> <p><input type="checkbox"/> Support with scanner optimisation  <input type="checkbox"/> Increased staffing levels  <input type="checkbox"/> Additional training for radiologists  <input type="checkbox"/> Other</p> <p><b>If you ticked 'Reduced mpMRI scan time' please estimate current scan time</b>  N/A</p>	
22-2-18	3936	<p><b>1. Do you currently have Managed Service agreement in place, either in Cardiology, Radiology, Ultrasound or for Patient Monitoring?</b></p> <p><b>2. If any such agreements are in place, who is your existing provider?</b></p> <p><b>3. What is the scope of the agreement by department and by services offered?</b></p> <p><b>4. When was the contract start date? When is the contract end date?</b></p> <p><b>5. Have there been any measurable financial or operational benefits from the agreement and what are they?</b></p> <p><b>By Managed Service we understand any contract with a private provider which:</b></p> <ul style="list-style-type: none"> <li>- Spans multiple years</li> <li>- Includes provision of technology and services</li> <li>- Includes Service Level Agreements and KPIs</li> <li>- Has an element of risk transfer for pricing and service delivery</li> <li>- There is an element of performance risk transfer to the contracting party</li> </ul> <p>Please see attached spreadsheet in response to your request.</p>	<a href="#">Link to spreadsheet</a>
22-2-18	3937	<p><b>1) What Equality and Diversity training does Milton Keynes University Hospitals NHS Trust provide to its healthcare professionals staff?</b></p>	

Training for Equality & Diversity is part of the Trust's statutory/mandatory training programme, which means that employees are required to attend a session upon induction and refresher sessions once every three years. The training covers the nine protected characteristics as outlined within the Equality Act (2010) and all types of discrimination. Employees are made aware of their rights and responsibilities in reference to discrimination.

**2) What refresher training if any do healthcare staff receive in regards to Equality and Diversity?**

Refresher training is provided every three years as part of the Trust's statutory/mandatory training programme.

**a) Does this include an elements relating to LGBT issues and LGBT patients?**

This currently does not include elements relating to LGBT+ issues and LGBT+ patients however, the Trust has recently implemented an LGBT+ forum, an aim of which will be to review diversity training within the Trust and how this can be used as a tool to inform and educate employees about issues face by LGBT+ colleagues and patients.

**3) I wish to request information relating to the number of complaints made to Milton Keynes University Hospitals NHS Trust relating to LGBT patients and healthcare professionals.**

**I would like information on the number of complaints relating to:**

**a) Allegations of discrimination on the grounds of LGBT status.**

**i. Patients made about practitioners**

**ii. Staff made against colleagues both medical and non medical.**

**b) Allegations of wrongful treatment on the grounds of LGBT status. Complaints made by patients or their friends or family. Treatment received from any healthcare practitioner.**

**c) Complaints made by LGBT patients in regards to the provision of care.**

**d) Complaints made by LGBT healthcare professionals on the grounds that they have been discriminated or suffered bullying by colleagues because of their LGBT status.**

**4) I would also like the outcomes of these complaints in regards to:**

**a) closed with no further action**

		<p><b>b) disciplinary action taken against the healthcare professional involved and what action was taken.</b></p> <p><b>5) I would like to know the details of whether the healthcare professional complained about qualified either in the UK or abroad?</b></p> <p>I can confirm that there have been no complaints from either staff or patients received in the last 18 months.</p>													
23-2-18	3938	<p><b>Name of your Trust</b>  <b>Hospitals within Trust (select multiples as needed)</b></p> <p>Please see above, Milton Keynes is a single site Trust</p> <p><b>The number of anchors used between Jan 2017-Dec 2017</b>  <b>The supplier name(s) of knotless anchors (select multiple suppliers as needed)</b>  <b>The supplier name(s) of knot tying anchors (select multiple suppliers as needed)</b>  <b>Procurement Route</b>  <b>Procurement agreement end date (DD/MM/YY)</b>  <b>Estimated annual value, Jan 2017-Dec 2017 (£s)</b></p> <p>Please see attached spreadsheet for the above containing the information the Trust records.</p> <p><b>Number of Rotator Cuff repairs completed between Jan 2017-Dec 2017</b>  23</p> <p><b>Number of instability/stability repairs completed between Jan 2017-Dec 2017</b>  52</p>	<a href="#">Link to spreadsheet</a>												
26-2-18	3939	<p><b>1. Please tell me the total number of Operational Staff* recruited during each year.</b></p> <table> <tr> <td>2012 – 2013</td> <td>441</td> </tr> <tr> <td>2013 – 2014</td> <td>503</td> </tr> <tr> <td>2014 – 2015</td> <td>251</td> </tr> <tr> <td>2015 – 2016</td> <td>533</td> </tr> <tr> <td>2016 – 2017</td> <td>464</td> </tr> <tr> <td>2017 – 2018 (9 months)</td> <td>346</td> </tr> </table>	2012 – 2013	441	2013 – 2014	503	2014 – 2015	251	2015 – 2016	533	2016 – 2017	464	2017 – 2018 (9 months)	346	<a href="#">Link to spreadsheet</a>
2012 – 2013	441														
2013 – 2014	503														
2014 – 2015	251														
2015 – 2016	533														
2016 – 2017	464														
2017 – 2018 (9 months)	346														

**2. Please tell me the total number of Operational Staff\* that left your trust during each year.**

2012 – 2013	400
2013 – 2014	446
2014 – 2015	454
2015 – 2016	431
2016 – 2017	446
2017 – 2018 (9 months)	330

**3. Please tell me the retention rate for Operational Staff\* during each year.**

2012 – 2013	13.75%
2013 – 2014	14.93%
2014 – 2015	14.65%
2015 – 2016	13.81%
2016 – 2017	13.66%
2017 – 31/12/2017 (12 months)	12.13%

*N.B. Retention rate is commonly interpreted as 'Leaver Turnover Rate'; this is the MKUH reported position at each year, as presented above.*

**4. Please tell me the total number of incidents of sickness for Operational Staff\* during each year.**

2012 – 2013	4730
2013 – 2014	5151
2014 – 2015	5114
2015 – 2016	5721
2016 – 2017	5873
2017 – 2018 (9 months)	4304

**5. Please confirm the total number of lost hours due to sickness for Operational Staff\* during each year. (If Lost hours is recorded as sickness + Staff shortages then please report this info if available)**

2012 – 2013	27749
2013 – 2014	26602
2014 – 2015	27555
2015 – 2016	29519



6. Do you offer NHS care at weekends – i.e. six or seven day working  
No

**Workforce Capacity**

7. How many ophthalmologists do you currently employ (all grades)? Please state this in “Full Time Equivalent” (FTE) numbers

4 Consultants

1 Locum Consultant Fixed Term

1 Associate Specialist

2 Full Time Speciality Doctors

1 Part Time Speciality Doctor

8. How many ophthalmology posts (all grades) are currently vacant? Please state this in “Full Time Equivalent” (FTE) numbers

1 Full Time Speciality Doctor

9. Are you experiencing recruitment difficulties in ophthalmology?

Yes

10. If you answered yes to question 9, please tick all the grades and staff groups where you are experiencing recruitment difficulties

- Ophthalmology SAS grades (including specialist doctors and associate specialists)

**Department Management**

11. Do you have a departmental manager(s) for ophthalmology, and if so how many?

1

12. How many years has he/she been in post? Please tick one box (if more than one manager answer based on the lead/head manager)

>2 years

13. Does he/she also manage other non-ophthalmic facilities?

		<p>No</p> <p><b>14. What is his/her Agenda for Change Pay band?</b> Band</p> <p><b>6</b></p> <p><b><u>External Capacity</u></b></p> <p><b>15. Do you subcontract ophthalmology capacity from the independent sector?</b> No</p> <p><b>16. If you answered yes to question 15, please tick the statement(s) that apply</b> N/A</p> <p><b><u>Paying Patients</u></b></p> <p><b>17. Does your Trust provide or provide facilities for private ophthalmology services?</b> No</p> <p><b>18. Do your employed ophthalmologists practise in these?</b> N/A</p> <p><b>19. Do your employed ophthalmologists operate their own private practices from your premises?</b> No</p> <p><b>20. Do independent ophthalmology providers provide services from your premises?</b> No</p>	
27-2-18	3941	<p><b>1. What is the average length of time per patient to change a Foley catheter?</b></p> <p><b>2. Of those patients who have a Foley catheter, what proportion do you estimate will develop a CAUTI?</b></p> <p><b>3. How many patients today have a CAUTI in your Trust?</b></p> <p><b>4. On average (in days), when does the patient develop a CAUTI?</b></p>	

		<p><b>5. How many times a day (24 hours) do you assist patients with a CAUTI?</b></p> <p>Unfortunately, the Trust does not record the information requested. The only way to obtain this would be to undertake a full/detailed audit. This would require patient permission and exceed the appropriate time limit.</p>	
27-2-18	3942	<p><b>1. Does the Trust allow women to have caesarean sections by maternal request (i.e. when a woman asks for a caesarean section when there is no other indication)?</b></p> <p>Yes</p> <p><i>Only if you answer "No" to Q1:</i></p> <p><b>2. If possible, please state when this restriction was introduced (or state if it has always been Trust policy).</b></p> <p>N/A</p> <p><b>2. A) Please provide the relevant policy and/or guideline which sets out the Trust's position on caesarean sections by maternal request. Please attach the document(s) or provide a direct link(s), stating page number if applicable.</b></p> <p>The Trust does not have a policy or guidelines.</p> <p><b>B) If applicable, please provide the patient information leaflet provided to women who ask for a maternal request caesarean section. Please attach the document or provide a direct link.</b></p> <p>The Trust does not have a specific patient information leaflet. There is a short paragraph on maternal request in the caesarean section PIL. Please find attached.</p>	<p><a href="#">Link to Patient Information Leaflet</a></p>
26-2-18	3943	<p><b>1. Last five years approved and spent budgets for transport services for patients</b></p> <p><b>2. List of patient transport service providers – internal and external suppliers (including taxi providers) for last three years with paid amount to each of them in last three fiscal years.</b></p> <p><b>3. The Trust's total annual spend for NEPTS for 2016-2017</b></p> <p><b>4. Total number of patient journeys for 2016-2017</b></p>	

5. **Annual transport cost for 2016-2017 split by service category:**
- NEPTS (non Renal) transport cost
  - Renal transport cost
  - HDU Cost
  - Secure transport cost
  - Are the costs associated with a Call-centre / Helpdesk included in the annual costs?  
If No, please could you provide the annual cost for this provision

6. **Annual transport activity for 2016-2017 split by service category:**
- NEPTS (non Renal) transport activity
  - Renal transport activity
  - HDU activity
  - Secure transport activity
  - Number of calls taken for the call-centre

7. **Please could you explain the formula or calculation method used to determine the prices for transport journeys, is it a price per mile, fixed price with a % variance or any other method, according to which this Trust pay bills for patient transport to external PTS suppliers and/or taxi companies.**

8. **Please could you provide the full contact details for the Transport Manager / Senior Manager who is responsible for the Patient Transport service provision.**

I can confirm that the Trust does not have a contract for Non-emergency Patient Transport Services, this fall under the remit of the Clinical Commissioning Group and you will need to contact them for the detail requested, their email address is: - [freedomofinformation.cnwl@nhs.net](mailto:freedomofinformation.cnwl@nhs.net)

With regard to question 2 of your request:

2. **List of patient transport service providers – internal and external suppliers (including taxi providers) for last three years with paid amount to each of them in last three fiscal years.**

The Trust uses a small amount of taxis for patients – Please see table below :

FOI 3943 - NEPTS	
SPEND ON PATIENT TRANSPORT IN THE LAST 3 FINANCIAL YEARS	
2014-15	£K
OXFORDSHIRE TAXI CO LTD THE	1.6
SKYLINE TAXIS (UK) LLP	17.1
	18.7
2015-16	
OXFORDSHIRE TAXI CO LTD THE	2.0
SKYLINE TAXIS (UK) LLP	9.6
	11.6
2016-17	
ACUTE AMBULANCE & MEDICAL SERVICES	3.4
MARK STEERS	0.5
OXFORDSHIRE TAXI CO LTD THE	2.9
SKYLINE TAXIS (UK) LLP	14.5
SPEEDLINE TAXI LTD	0.8
	22.1

- 28-2-18 3944
- 1. Has the trust been asked by NHS Improvement (NHSI) to take part in workshops about the NHS whistleblower employment support scheme?**

- Yes

**If so, please disclose correspondence between the trust and NHSI about this, and any information about the scheme, provided to the trust by NHSI.**

– Attached is the invitation and the agenda
  - 2. Has the trust been asked by NHSI to provide any managers to act as panellists for on the whistleblower employment support scheme?**

- Yes, Invitation to join the panel membership and associated training has been via newsletters and

Links to:  
[Invitation](#)  
[Agenda](#)  
[Newsletters July](#)  
[Newsletter Sept](#)  
[Newsletter Nov](#)  
[Presentation](#)

verbal invitation during various presentations and communication.

**If so, please disclose the relevant correspondence between the trust and NHSI.**

- Attached are the relevant newsletters.

**3. Has the trust been asked by NHSI to provide any of the following types of support to whistleblowers on the pilot employment support scheme:**

- access to libraries
- training opportunities
- shadowing
- guaranteed interviews for participants on the scheme
- placements?

The support was requested through the workshops. Attached a list of the types of support trusts have made an initial commitment to providing/considering, although there are many trusts that have also communicated with me directly outside of the events to offer support.

If so please disclose a copy of the correspondence from NHSI.

**4. Has the trust agreed to provide any of the following types of support to whistleblowers on NHSI's pilot employment support scheme:**

- **access to libraries**
- **training opportunities**
- **shadowing**
- **guaranteed interviews for participants on the scheme**
- **placements?**

Yes, attached is the relevant presentation.

**5. Has the trust provided any of the above types of support to whistleblowers on NHSI's the pilot employment support scheme?**

- Not to date. The trust understands that NHSI will make contact when there is an applicant in the Trust's locality.

		<p><b>If so, please indicate how many whistleblowers has the trust supported in this way.</b></p> <p>-N/A please see above.</p>	
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