

DISCLOSURE LOG

1 March 2018 – 31 March 2018

Date	Ref No	Information Requested and Response	Links to Additional Information
2-3-18	3945	<p>1. What companies are currently used to provide mesh for procedure codes:</p> <ul style="list-style-type: none"> a. T20 Primary repair of inguinal hernia Johnson & Johnson b. T21 Repair of recurrent inguinal hernia Johnson & Johnson c. T22 Primary repair of femoral hernia Johnson & Johnson d. T23 Repair of recurrent femoral hernia Johnson & Johnson e. T24 Primary repair of umbilical hernia Johnson & Johnson f. T25 Primary repair of incisional hernia Medtronic and Johnson & Johnson g. T26 Repair of recurrent incision hernia Medtronic and Johnson & Johnson h. T27 Repair of other hernia abdominal wall Medtronic i. T97 Repair of recurrent umbilical hernia Johnson & Johnson j. T98 Repair of recurrent other hernia abdominal wall Medtronic <p>2. What % does each company supply?</p> <ul style="list-style-type: none"> a. Johnson & Johnson 100% b. Johnson & Johnson 100% c. Johnson & Johnson 100% d. Johnson & Johnson 100% e. Johnson & Johnson 100% f. Medtronic 70% and Johnson & Johnson 30% g. Medtronic 70% and Johnson & Johnson 30% h. Medtronic 100% i. Johnson & Johnson 100% j. Medtronic 100% 	
2-3-18	3946	<p>1. How many emergency admissions were recorded for T20 Primary repair of inguinal hernia in each of 2013 – 2014 – 2015 – 2016</p> <p>2013 20</p>	

		<p>2014 19</p> <p>2015 13</p> <p>2016 19</p> <p>2. How many emergency admissions were recorded for T21 Repair of recurrent inguinal hernia in each of 2013 – 2014 – 2015 – 2016</p> <p>2013 4</p> <p>2014 2</p> <p>2015 6</p> <p>2016 5</p> <p>Please note the figures above are grouped by calendar year.</p> <p>Included are all emergency admissions discharged from MKUH between the 1st January 2013 and the 31st December 2016 where any of the following ICD10 Diagnosis Codes were applied to the admission in any diagnosis position.</p> <ul style="list-style-type: none"> ○ T20 : Primary repair of inguinal hernia ○ T201 : Primary repair of inguinal hernia using insert of natural material ○ T202 : Primary repair of inguinal hernia using insert of prosthetic material ○ T203 : Primary repair of inguinal hernia using sutures ○ T204 : Primary repair of inguinal hernia and reduction of sliding hernia ○ T208 : Other specified primary repair of inguinal hernia ○ T209 : Unspecified primary repair of inguinal hernia ○ T21 : Repair of recurrent inguinal hernia ○ T211 : Repair of recurrent inguinal hernia using insert of natural material ○ T212 : Repair of recurrent inguinal hernia using insert of prosthetic material ○ T213 : Repair of recurrent inguinal hernia using sutures ○ T214 : Removal of prosthetic material from previous repair of inguinal hernia ○ T218 : Other specified repair of recurrent inguinal hernia ○ T219 : Unspecified repair of recurrent inguinal hernia 	
2-3-18	3947	<p>• Confirmation of the number of Pathology Managed Service Contract tenders the trust has begun since 1st January 2013.</p>	

		<p>One</p> <ul style="list-style-type: none"> Confirmation of whether these procurement processes were challenged at any stage of the procurement process and on what legal grounds. <p>No</p>	
3-3-18	3948	<p>1) The current rota design for core surgical trainees (CT1 or CT2), across all surgical specialties taking core surgical trainees in your trust, including the number of core trainees on each rota. A copy of each rota would be welcome if possible.</p> <p>Please find copies of rotas attached.</p> <p>2) The length of each rota cycle for the level and specialties described above.</p> <p>General Surgery – 10 weeks ENT – 8 weeks Trauma & Orthopaedics – 9 weeks Anaesthetics – 5 weeks</p> <p>3) For each specialty:</p> <p>a. The number of allocated, protected, theatre sessions each trainee has on their rota per rota cycle</p> <p>b. The number of allocated, protected, clinic sessions each trainee has on their rota per rota cycle</p> <p>Clinics are organised on a flexible basis. They do no more than one per elective week. They are supernumerary in clinic</p> <p>c. The number of on call shifts (both day and night) each trainee has on the rota per rota cycle</p> <p>General Surgery – 19 weeks ENT – 20 weeks Trauma & Orthopaedics – 15 weeks Anaesthetics – 7 weeks</p>	<p>Link to Anaesthetic rota</p> <p>Link to ENT rota</p> <p>Link to General Surgery rota</p> <p>Link to T&O rota</p>

		<p>d. The number of zero days each trainee has per rota cycle.</p> <p>General Surgery – 7 ENT – 7 Trauma & Orthopaedics – 5 Anaesthetics – 2</p> <p>e. The number of normal working days each trainee has per rota cycle.</p> <p>General Surgery – 26 ENT – 16 Trauma & Orthopaedics – 28 Anaesthetics - 18</p> <p>f. Whether normal working days are spent as ward cover or in theatre/clinic, or a combination.</p> <p>Elective days are a combination of duties, however, It is rare for them to have ward duty.</p>	
4-3-18	3949	<p>I am aiming to evaluate the extent of duplication of audits at NHS trusts and hence would like to request some information from your trust via the freedom of information act. If your trust has an audit department which keeps record of audits then the information should (I hope) be quick and easy to acquire. The information I would like to request is:</p> <ol style="list-style-type: none"> 1. A list of the titles of all clinical audits registered between 1/1/17 and 31/12/17 (please exclude non-clinical audits e.g. infection control, pharmacy and financial audits) 2. Whether they are a local audit (i.e. only involving your trust) or part of a national audit 3. Whether they are a new audit or re-audit <p>Please find attached spreadsheet in response to your request.</p>	Link to spreadsheet
5-3-18	3950	<p>Please can you provide the name and email addresses of the following contacts within your Trust?</p> <ul style="list-style-type: none"> • Chief Executive • Senior Finance contact • Senior Estates / Facilities contact • Senior Energy contact 	

The information requested can be found on the Trusts website at :

http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf

If you have any further queries, we will be happy to help.

5-3-18 3951

Please could you tell me the total number of live births and separate out the number of live births with Down syndrome in your Trust in the past 7 years?

	2013	2014	2015	2016	2017
Number of live births	3796	3623	3855	3720	3575
Number of live births with Down syndrome	4	4	3	3	2

Also could you tell me if it has, when your hospital started to recommend NIPT (Non Invasive Prenatal Testing) to mothers?

	Dates: From - to
NIPT offered for free within Trust (also interested to know to what chance level this would be offered ie 1:150 or other)	NIPT has not been offered free at any time within the Trust to date. In line with FASP guidance NIPT will be available from Autumn 2018 for increased chance results of < 1:150. The exact test and laboratory to be used is yet to be decided.
NIPT mentioned as an option, but only available outside of Trust, ie by private providers not connected with the hospital/Trust	Unfortunately I cannot confirm a start date for this as this was in practice when I came into post 30/1/17. This is still what we discuss when counselling increased chance results currently. The women are advised to source their own provider.

		<table border="1"> <tr> <td>NIPT mentioned as an option, and available within the Trust if patient willing to pay</td> <td>This has not been offered at MKUH.</td> </tr> </table>	NIPT mentioned as an option, and available within the Trust if patient willing to pay	This has not been offered at MKUH.	
NIPT mentioned as an option, and available within the Trust if patient willing to pay	This has not been offered at MKUH.				
6-3-18	3952	<p><u>In relation to your Trust's wheelchair services:</u></p> <p>The number of children and young people who waited over 18 weeks for equipment delivery, for each year since 2012. The longest period of time a child has spent on your service's waiting list for equipment delivery</p> <p>The number of adults waiting over 18 weeks for equipment delivery, for each year since 2012. The longest period of time an adult has spent on your service's waiting list for equipment delivery.</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 https://www.cnwl.nhs.uk/news/milton-keynes-wheelchair-service-changes-provider/</p> <p>Alternatively, you may wish to contact CNWL at freedomofinformation.cnwl@nhs.net</p>			
7-3-18	3953	<p>1. The maximum amount of Sustainability and Transformation Funding (STF) potentially available to your Trust for the financial year 2017/18 (as agreed between yourself and NHS Improvement as part of the financial planning for 2017/18)</p> <p>£7,300,000</p> <p>2. Whether the Trust has, within the financial year 2017/18 so far, had any element of STF withheld or otherwise denied to it.</p> <p>N/A</p> <p>3. Where you have had any element of STF withheld or otherwise denied, the reason(s) for that action.</p> <p>N/A</p>			

		<p>4. Where you have had any element of STF withheld or otherwise denied to them, the amount of funding unavailable to the Trust.</p> <p>N/A</p> <p>5. Whether you expect to lose (or have denied to you), any further STF funding by the end of financial year 2017/18 (not including any amounts set out in response to Question 4, above)</p> <p>£768,000</p> <p>6. The expected actual final amount (estimated outturn), of STF funding that will be received by the Trust for the full financial year 2017/2018.</p> <p>£6,532,000</p> <p>7. The limit/cap on agency spending agreed for your Trust for the financial year 2017/2018</p> <p>£15,120,000</p> <p>8. Any risk assessment made on the possibility of the Trust breaching that cap at year end 2017/2018, including quantification of any expected variances to the figure set out in response to Question 7.</p> <p>No Risk</p> <p>9. The planned control total for your Trust for 17/18</p> <p>£-18,848,000</p> <p>10. The estimated final outturn figure against the planned control total for 17/18</p> <p>Expect to meet control total.</p>	
8-3-18	3954	<p>I am conducting a research project analysing trust documents on Female Genital Mutilation (FGM). Please could you send any documents your Trust has regarding FGM and antenatal, labour and</p>	<p>Antenatal care pathway Safeguarding Childrens</p>

		<p>delivery/birth and the postpartum period? Specifically staff guidelines and policies concerning patient care.</p> <p>Please find attached document as requested.</p>	<p>Policy Trigger list (neonatal) FGM Management doc Trigger List (maternity) Trigger List (Paeds)</p>
9-3-18	3955	<p>1. Do you currently offer a biomarker testing for the following, as of the beginning of 2018?</p> <p>PD-L1 in NSCLC Yes, in house service Yes, but send out PD-L1 testing to another laboratory (Please specify which laboratory samples are sent to: <u>Source BioScience</u>) No, and do not send to another laboratory</p> <p>ALK in NSCLC Yes, in house service Yes, but send out ALK testing to another laboratory (Please specify which laboratory samples are sent to: <u>Source BioScience</u>) No, and do not send to another laboratory</p> <p>BRAF in Melanoma Yes, in house service Yes, but send out BRAF testing to another laboratory (Please specify which laboratory samples are sent to: <u>John Radcliffe Hospital</u>) No, and do not send to another laboratory</p> <p>2. Is predictive biomarker testing conducted at the same lab (or similar location such as in same building) as the initial cytological and histological (H&E stain) assessment, or is this done at a different site?</p> <p>IHC Yes, done at same lab or site No, sent to another lab or site (Please specify which laboratory samples are sent to: <u>Source BioScience</u>) FISH /ISH/ NGS / PCR Yes, done at same lab or site No, sent to another lab or site (Please specify which laboratory samples are sent to: <u>Source BioScience</u>)</p>	

3. Is biomarker testing performed reflexively or upon request for the following biomarkers?

PD-L1 in NSCLC

Reflexively (i.e. prior to starting 1L treatment)

Upon request (i.e. case by case after disease progression).....both

If reflexively – What is the laboratory protocol for PD-L1 testing in lung cancer patients

Multi-marker panel (i.e. multiple biomarkers, one test)

Sequential single gene (i.e. one biomarker, one test)

Other (Please specify Unknown)

ALK for NSCLC

Reflexively (i.e. prior to starting 1L treatment)

Upon request (i.e. case by case after disease progression).....both

If reflexively – What is the laboratory protocol for ALK testing in lung cancer patients

Multi-marker panel (i.e. multiple biomarkers, one test)

Sequential single gene (i.e. one biomarker, one test)....both

Other (Please specify _____)

BRAF in Melanoma

Reflexively (i.e. prior to starting 1L treatment)

Upon request (i.e. case by case after disease progression)....both

If reflexively – What is the laboratory protocol for BRAF testing in melanoma patients

Multi-marker panel (i.e. multiple biomarkers, one test)

Sequential single gene (i.e. one biomarker, one test)

Other (Please specify unknown)

**4. Which of the following biomarkers are assessed in lung cancer patients in your laboratory?
(please select all that apply)**

ALK

EGFR

ROS1

DLL3

PDL-1

		<p>5. Which of the following testing platforms are used at this this laboratory? (please select all that apply) FISH NGS PCR IHC Other</p> <p>6. What IHC staining platform(s) are used in the laboratory for biomarker testing? (please select all that apply) Ventana Dako Leica Other (If possible, please supply the model of the platform_____)</p> <p>7. What type of test does the institution prefer to use for biomarker-predictive IHCs? IVD CDx (commercial) LDT (lab developed) None</p> <p>What is the main factor in this decision? Funding constraints Control over methodology Other (Please specify_____)</p> <p>8. Does your lab / trust seek separate reimbursement from NHS under the “high-cost medicines and tests” provision for biomarker tests that have been excluded from tariff? Yes No</p> <p>9. What is the number of samples being tested (or sent-out) are tested for the following biomarkers? ALK Please specify number: <u> 6 </u> (per month)</p> <p>EGFR Please specify number: <u> 6 </u> (per month)</p>	
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		<p>PD-L1 Please specify number: <u>9</u> (per month)</p> <p>BRAF Please specify number: <u>2</u> (per month)</p> <p>10. Where are archived tissues from lung cancer patients stored? On-site Off-site</p> <p>11. If on-site; how long are tissues stored on site until transferred to other storage facility? Never 1-2 yrs >2 yrs</p> <p>12. What is the typical turn-around time from tissue/specimen extraction to the report of biomarker testing results in lung cancer patients?</p> <p>1 – 2 weeks >2 weeks</p> <p>13. How are the following biomarker testing funded at your lab?</p> <p>Local funding (financed through pathology / lab budget) Pharma funded initiative, please specify details Individual funding through high cost medicines and procedures provision Unsure</p> <p>The lab is in the process of moving the PD-L1 and EGFR/ALK testing to the Royal Brompton and The Marsden Hospital respectively due to recent poor turnaround times received from Source BioScience.</p>			
9-3-18	3956	Date of Ballot	Mar 2012, Oct 2012, May 2013, Sept 2013, Oct 2013, Mar 2014, Oct 2014, Mar 2015, May 2015, Oct 2015, Mar 2016, Sept 2016, Mar 2017, Oct 2017, Mar 2018		
		Balloting Company Used	Electoral Reform Services: 2012/2013/2014 and Mar & May 2015 UK Engage: Oct 2015, Mar 2016, Sept 2016, Mar 2017, Oct 2017		

		<p>Total Number of eligible voters</p>	<p>In some elections, only 1 candidate stood and were therefore elected unopposed. This is set out below:</p> <p>Mar 2012 1723, Oct 2012: all candidates elected unopposed May 2013: 472 and 3 candidates elected unopposed Sept 2013: 927 and 3 candidates elected unopposed Oct 2013: 2 candidates elected unopposed Mar 2014: 1 candidate elected unopposed Oct 2014: 2 candidates elected unopposed Mar 2015: 2118 and 1 candidate elected unopposed May 2015: 1,177 and 1 candidate elected unopposed Oct 2015: 1774 and 1 candidate elected unopposed Mar 2016: 1669 Sept 2016: 1672 and 2 candidates elected unopposed Mar 2017: 2438 and 2 candidates elected unopposed Oct 2017: 1612 Mar 2018 2113 and 1 unopposed</p>		
		<p>Number of votes cast</p>	<p>Only information around the contested elections is included:</p> <p>May 2013: 73 Sept 2013: 122 Mar 2015: 250 May 2015 179 Oct 2015: 473 Mar 2016: 389 Sept 2016: 191 Mar 2017: 241 Oct 2017: 146 Mar 2018: 387</p>		

	Number of paper ballots	May 2013: 472 Sep 2013: 927 May 2015: 1881 Mar 2016: 715		
	Number of electronic ballots	No information available		
	Turnout	Mar 2012: 17.6% & 14.8% May 2013: 15.5% Sept 2013: 13.2% Mar2015: 9.4% 13.3% and 13.6% May 2015 15.2% Oct 2015 14.81% and 36.62% Mar 2016 16.64% and 28.09% Sept 2016 10.85% and 12.02% Mar 2017 9.45%, 9.96% and 10.24% Oct 2017 7.55% and 10.53% Mar 2018 27.58%, 14.50% and 9.67%		
	Cost	May 2013: £3706.87 Sep 2013: £2547.23 May 2015: £2916.74 Mar 2016: £3208.74		
	Cost charge by balloting company for admin	May 2013: £918 Sep 2013: £636 May 2015: £900 Mar 2016: £350		
	Cost charged for scrutineering including staff	No charges have been made for this.		
	Costs for other services	There were no other costs charged		
	Any events or activities either social, marketing,	None		

		CPD that your existing and potential ballot suppliers invite you too																																																			
	3957	Withdrawn																																																			
12-3-18	3958	Please see completed table below. The Trust does not record the Unit Cost of each test, however the average cost per test in 2016/2017 was £0.94 for Blood science tests and £4.37 for Microbiology tests.																																																			
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12-3-18	3959	<p>The figures below relate to patient admitted with a primary diagnosis of Tuberculosis and does not include any patients that have been admitted with a secondary diagnosis of Tuberculosis.</p> <p>If a patient had more than one admission within this period, they have only been counted once.</p> <ul style="list-style-type: none"> - How many patients were admitted/treated at your trust for tuberculosis in 2007? 11 - How many patients were admitted/treated at your trust for tuberculosis in 2017? 22 																																		
12-3-18	3960	<p>Could you tell me on which days, if any, between December 2017 and 12 March 2018, an OPEL level of 4 was declared?</p> <p>From 01 December 2017 - 12 March 18 there were two full days when we were on OPEL 4</p> <p>21/2/18 OPEL 4 07/03/18 OPEL 4</p>																																		

The status may fluctuate throughout the day however the reportable OPEL status is taken at the morning huddle

13-3-18 3961

A. the % of staff who are compliant with their appraisals, i.e. have had an appraisal within the last 12 months, broken down by staff group.

85% (2,301) of staff have received an appraisal in the last 12 months – broken down by staff group as follows:-

Additional Professional Scientific & Technical	3% (75 staff)
Additional Clinical Services	20% (461 staff)
Administrative & Clerical	22% (511 staff)
Allied Health Professionals	6% (145 staff)
Estates & Ancillary	13% (301 staff)
Healthcare Scientists	3% (66 staff)
Nursing & Midwifery	32% (742 staff)

B. the number of posts and the number of vacancies broken down by trust and by staff group for the last available 12 months. Please also provide a breakdown of UK to overseas trained staff for each trust and staff group.

<i>ESR values as at 31/12/2017</i>	WTE of Staff in Post			Establishment WTE	Vacant WTE
	Overseas	UK	Total	Total	Total
Add Prof Scientific and Technic	2.00	82.52	84.52	98.85	14.33
Additional Clinical Services	6.20	480.41	486.61	566.09	79.48
Administrative and Clerical	6.07	664.45	670.51	730.02	59.51
Allied Health Professionals	1.00	150.39	151.39	156.00	4.61

Estates and Ancillary	0.43	246.69	247.11	272.97	25.86
Healthcare Scientists	3.00	69.29	72.29	84.94	12.65

		Medical and Dental	25.00	389.65	414.65	457.89	43.24	
		Nursing and Midwifery Registered	41.40	834.28	875.68	1042.23	166.55	
		Totals	85.09	2917.68	3002.78	3408.99	406.21	
12-3-18	3962	<p>Does the Trust use Vitro diagnostic reagents or not Who is the contact for becoming a supplier</p> <p>I can confirm that the Trust does not use IVD Regeants and have no plans to do so in the near future.</p>						
13-3-18	3963	<p>I am a medical doctor doing an audit about food in the doctors mess. I would like to request information using the Freedom of Information Act and thus requiring a response within 20 days. I would like to know what food items were bought by the doctors' mess at your hospital during their last/most recent shop. Usually doctors' messes buy food once a month. Please send me an itemised list or a copy of the receipt. I would be grateful for this information and your help would be much appreciated.</p> <p>As previously mentioned in my email dated 22 March, the Trust mostly provides beverages for Doctors mess. Please find attached spreadsheet outlining the purchases made in February 2018</p>						Link to spreadsheet
13-3-18	3964	<p>Please find completed questionnaires attached.</p> <p>Please note the following:-</p> <p>Cataract Services Q1a) - The Trust reports waiting times/list data as per national requirements. The Trust is obliged to report on incomplete pathways at a specialty/Trust level, but not at an intended procedure level. The Trust reports the number of patients who are waiting at any given moment in time i.e the length of time the patient has waited based on referral to treatment rules; the length of time waited is characterised by the events associated with the patient pathway. As each patient pathway is unique and characterised by the nuances in terms of events in the pathway which could impact the length of time they have waited from when they are referred, providing an average waiting time would be misleading. It is also within this context that we are unable to provide the maximum waiting time in days.</p> <p>Furthermore, waiting list data has the intended procedure the patient is due to have and this may not always be the actual final procedure a patient has when they undergo treatment and therefore aligning treatment with waiting list data retrospectively is extremely difficult and fraught with challenges, particularly where a patient may be waiting for multiple and different treatments.</p>						Link to questionnaire – Cataract Lenses Link to questionnaire – Cataract Services Link to spreadsheet – Cataract Services

14-3-18	3965	<p>1. Has the Trust received funding as part of the Global Digital Exemplar/ Fast Follower programme? Yes</p> <p>2. If Yes, please disclose the amount Total award ; £5m split over 4 payments</p> <p>3. Is the trust due to receive GDE / Fast Follower funding (either initial or additional depending upon the answer to question 1) before 31st March 2018? Yes – payments 1& 2 already received</p> <p>4. Is the trust expecting to receive GDE funding (either initial or additional depending upon the answer to question 1) during April 2018-March 2019 Yes – payment 3</p> <p>5. Does the trust have an Electronic Patient Record? Yes</p> <p>6. If yes, who is the principle software provider? Cerner</p> <p>7. If No does it have a timetable to implement an electronic patient record? N/A</p> <p>8. Has the trust implemented electronic Prescribing Medicines Administration (ePMA)? Not Currently</p> <p>9. If no, does the trust have an anticipated timetable for implementation? Yes, due to the be implemented in April 2018</p> <p>10. Has the trust implemented Patient Status at-a-glance (electronic whiteboards for ward bed management)? No</p> <p>11. If "yes": partially or fully? N/A</p> <p>12. If "partially" or "no" - does the trust have an anticipated implementation date?</p>	
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Plan to introduce post eCare go live in April 2018

14-3-18

3966

1) Please state the amount your authority spent on taxis and courier services in each of the following 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
2017-18 - to 15/01/18	
ACUTE AMBULANCE & MEDICAL SERVICES	16.9
OXFORDSHIRE TAXI CO LTD THE	2.0
SKYLINE TAXIS (UK) LLP	12.6
SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	0.2
	31.7

2) Please provide a breakdown of the amount spent on taxis and courier services by department (for

		<p>example, pathology, accident and emergency, etc.)</p> <p>3) Please provide a breakdown of the amount spent on taxis and courier services by reason for spend (for example, staff transport, transport of test results or samples etc.)</p> <p>The Trust does not record the above information in an easily obtainable format. To obtain this would entail the manual breakdown of each invoice to determine the department and reason. This would exceed the appropriate time limit.</p>													
14-3-18	3967	<p>Information and details of the winning Tender submission document for Car Permit Management & Enforcement Services at MKUH NHS Trust.</p> <p>I can confirm that the tender process is still ongoing and no contract has been awarded as yet.</p>													
14-3-18	3968	<p>1. The income earned from hospital car parking charges for the financial years:</p> <table border="0"> <tr> <td>a. 2014-2015</td> <td>£1.424m</td> </tr> <tr> <td>b. 2015-2016</td> <td>£1.576m</td> </tr> <tr> <td>c. 2016-2017</td> <td>£1.583m</td> </tr> </table> <p>2. The money spent on maintenance for car parking facilities in the financial years:</p> <table border="0"> <tr> <td>a. 2014-2015</td> <td>£289.3k</td> </tr> <tr> <td>b. 2015-2016</td> <td>£ 94.8k</td> </tr> <tr> <td>c. 2016-2017</td> <td>£161.6k</td> </tr> </table> <p>3. Where the income earned from hospital car parking facilities was spent in the financial years: Income from the Trust's car parks is used to cover the direct and indirect costs of the car parks, including security, maintenance, staffing costs, administrative costs, depreciation charges, business rates and so on. The Trust is unable to provide a direct breakdown of where income from parking was spent as all of the Trust's income is used to support general costs of healthcare provision and associated overheads.</p>	a. 2014-2015	£1.424m	b. 2015-2016	£1.576m	c. 2016-2017	£1.583m	a. 2014-2015	£289.3k	b. 2015-2016	£ 94.8k	c. 2016-2017	£161.6k	
a. 2014-2015	£1.424m														
b. 2015-2016	£1.576m														
c. 2016-2017	£1.583m														
a. 2014-2015	£289.3k														
b. 2015-2016	£ 94.8k														
c. 2016-2017	£161.6k														
14-3-18	3969	<p>1. Number of junior doctors within your Trust? 155</p> <p>2. Number of career grade doctors to include 211 consultants,</p>													

0 GPs,
8 Associate Specialists,
79 Specialty Doctors and
38 Trust Grade

3. Number of medical honorary contract holders (to include observership and clinical attachments)?

Approx. 40 Honorary contracts of varying lengths.
For Observership 8 from Jan 2017 – date

4. Please confirm how many members of staff you have within your medical staffing/HR team; please confirm headcount, WTE and banding (AfC).

- a. 2.6 x Medical staffing administrator at band 4
- b. 1 x Medical Staffing Team Leader at band 6
- c. 0.5x Head of recruitment at band 8A

5. Do you have a separate medical education team to your medical staffing/HR team?

Yes

6. If yes, please confirm headcount, WTE and banding (AfC).

1 x band 8a Manager
2.8 administrative staff (band 4)
1 x receptionist band 3

7. Please confirm which of the following activities are undertaken by your Medical Staffing/HR team:

- a. Employee relations - Yes
- b. Recruitment - Yes
- c. Payroll - Yes elements of payroll
- d. Appraisal and revalidation - No
- e. On call rota management - No
- f. Junior doctor changeover/rotations (to include work schedules, rota analysis, ~~exception reporting~~, induction activities, IT set up, ~~supply of mobile devices~~- please specify) - Yes
- g. Supply of medical locums/medical locum bank - Yes

Other activities; please provide any further information that you may wish to add that hasn't been included above.

19-3-18	3970	<ol style="list-style-type: none"> <li data-bbox="320 153 1765 225">1. Do you have an assessment unit or short stay unit within your Trust? Yes <li data-bbox="320 248 1765 360">2. What is the maximum length of stay for children on your assessment or short stay unit before they are moved to an inpatient bed? At present we do not have a max length of stay, ideally no more than 6 hours <li data-bbox="320 384 1765 456">3. How many beds do you have within your assessment unit or short stay unit? 9 beds <li data-bbox="320 480 1765 592">4. How many registered nurses are allocated to work in this area on any shift? How many are band 5's? How many are band 6's? 3 trained RSCN 3x band 5's or 1x band 6 and 2 band 5's <li data-bbox="320 616 1765 687">5. How many HCAs are allocated to work in this area on any shift? 1 HCA per shift <li data-bbox="320 711 1765 783">6. Do you have staff that work only within the assessment unit or short stay unit? All staff are rotated between the unit and the inpatient ward <li data-bbox="320 807 1765 879">7. How many Advanced Nurse Practitioners (ANP) work within Children's Services? None <li data-bbox="320 903 1765 1015">8. How many ANPs work within A&E? On the ward? Within the assessment unit or short stay unit? None on the paediatric units, one in A&E <li data-bbox="320 1038 1765 1150">9. Do you operate nurse led discharges from your assessment unit or short stay unit? If you do, what band are nurses that discharge? Do they receive additional training to be able to discharge? Yes, Band 5 and above can discharge, no extra training in place at present <li data-bbox="320 1174 1765 1286">10. Do you have a policy and/or SOP for your assessment unit or short stay unit? If you do can you provide me with a copy. Yes please find attached <li data-bbox="320 1310 1765 1437">11. Do you have a named consultant, register or ANP that takes lead over your assessment unit? 	<p data-bbox="1776 153 2172 185">Link to policy</p>
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Yes

12. How many in-patients do you have per year, for the last 4 years?

Please note if a patient had more than one admission within this period, they would be counted more than once.

Ward 4		Ward 5		Total
Period	Number of Inpatients	Period	Number of Inpatients	
2014	5178	2014	613	5791
2015	5604	2015	655	6259
2016	6078	2016	501	6579
2017	6149	2017	647	6796

13. Have you trained any staff nurses up to ANP? Have you funded their training and/or given them protected time for study?

No

14. Can you provide a copy of your job description for ANPs working in Children's Services. N/A.

19-3-18 3971

Please can you tell me if the trust has found rough sleepers sleeping in any of its A&E departments or other areas of hospitals at any point over the last five years?

The Trust does not record the information requested. I can confirm that this is generally not a problem faced at Milton Keynes hospital. To the best of our knowledge we have had two people found within hospital grounds and one person that attempts to stay in A&E on an annual basis.

20-3-18 3972

1. The name of your Trust.

As above

2. The names of the hospitals within your Trust.

We are a single site Trust

[Link to attachment](#)

3. The ICU's conducting haemofiltration / CRRT within your Trust.

Department of Critical Care

4. The number of patients treated with CRRT per year within your Trust.

40-50 patients

5. Current provider of CRRT services to your Trust.

Baxter

6. The preferred CRRT modality.

CVVHDF

7. The name of the Lead Clinician, in each hospital, responsible for CRRT services.

8. The name of the person in Procurement responsible for the CRRT contract in your Trust.

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.

9. Date of the next tender for CRRT services.

Not contracted at present

10. A copy of the previous successful tender for CRRT services.

Please see attached

11. CRRT contract value per annum.

Not contracted at present

21-3-18 3973

1. Overall Bank spend, broken down quarterly through 2016/2017 and 2017/2018 ytd, clarifying any additional related costs such as Pension, Accommodation, subsistence, bonuses & allowances. Please also confirm whether holiday allowances are included in the pay rates or not, and if Bank staff are required to take holidays, or can be paid them in lieu.

	Nurses (inc Midwives)	Doctors
16-17 – Q1 (Apr16-Jun16)	£1,133k	£387k
16-17 – Q2 (Jul16-Sep16)	£1,151k	£483k
16-17 – Q3 (Oct16-Dec16)	£1,258k	£566k
16-17 – Q4 (Jan17-Mar17)	£1,563k	£522k
17-18 – Q1 (Apr17-Jun17)	£1,671k	£630k
17-18 – Q2 (Jul17-Sep17)	£1,866k	£604k
17-18 – Q3 (Oct17-Dec17)	£1,925k	£316k

These amounts include an element of pay in lieu of annual leave and so bank staff do not take holidays.

We are unable to split it into what is pension, accommodation etc.

2. Please provide details any additional costs the Trust has incurred including human and infrastructure resource in order to operate the Trust bank

Staffing -	Infrastructure -
2016/17 - £179,157	2016/17 - £11,720
2017/18 - £222,698	2017/18 - £ 13,233

The annual cost have been split in to the two categories above and are an approximation. The Trust are unable to provide an exact cost due to the way our invoices are prepared.

3. Please provide a copy of your compliance management process for bank doctors and bank nurses. Please include a list of documents you require to form full compliance.

		<p>As per the NHS Employer Checking Standards</p> <p>4. Please detail how often compliance audits are undertaken on the documentation of those bank workers</p> <p>N/A</p> <p>5. Please detail what systems are in place to manage the expiry of the compliance documentation for bank workers</p> <p>Information is collated on ESR and reminders are sent to the bank team on a monthly basis by the ESR Team where compliance is due to expire.</p> <p>6. Please provide 5 anonymised samples of the audit reports you have undertaken for bank doctors during 2017</p> <p>N/A</p> <p>7. Please provide 5 anonymised samples of the audit reports you have undertaken for bank nurses during 2017</p> <p>N/A</p>	
22-3-18	3974	<p>Under the freedom of information act, please could you give me the name and email address of the divisional mangers responsible for the following areas:</p> <p>Dermatology Gastroenterology Gynaecology Ear, Nose and Throat Ophthalmology</p> <p>The information requested can be found on the Trusts website at :</p>	

		<p>http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf</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 has been granted or they are already in the public domain.</p>	
22-3-18	3975	<p>1.) Where do you store your physical paper medical records? Please indicate all types relevant from below.</p> <p>Offsite storage We do not have any paper records</p> <p>2.) Have you already started to digitise your medical records?</p> <p>YES</p> <p>If yes, then which records have you digitised?</p> <ul style="list-style-type: none"> • Legacy records: Yes <p>If Yes: Is this being done in-house or is this outsourced (if outsourced, what is the name of the provider, and what is the length of this contract?)</p> <p>All Medical Records are scanned in-house</p> <ul style="list-style-type: none"> • Day Forward Records: Yes <p>If yes: Is this being done in-house or is this outsourced? (if outsourced, what is the name of the provider, and what is the length of this contract?)</p> <p>All Medical Records are scanned in-house</p> <p>3.) If you have already started to scan your records how do you host your images?</p> <ul style="list-style-type: none"> • EDMS (Electronic Document Management System): Yes 	

		<p>If yes: Which EDMS do you use and what is the length of the contract/licence for this service?</p> <p>The company names is C-Cube solutions we have just signed another 5 years with them.</p> <ul style="list-style-type: none"> • Shared drives: Yes <p>If yes: Are the shared drives managed internally by the Trust or externally by an outside provider? (What is the name of the outside provider, and what is the length of this contract?)</p> <p>Our local IT</p> <ul style="list-style-type: none"> • Online portal: Yes <p>If yes: What online portal does the Trust currently use and what is the length of the contract/licence for this service?</p> <p>The company name is C-Cube solutions we have just signed for another 5 years.</p> <ul style="list-style-type: none"> • Other not mentioned above: please provide details of the service used. N/A <p>4.) If you have not started to scan your medical records when do you expect to start this project? N/A</p> <p>5.) If you do plan to start scanning your medical records how will you manage the procurement? N/A</p> <p>6.) Who is the person responsible at your organisation for medical record digitisation projects?</p> <p>If unable to provide individuals name, please provide full job title and name of the department in which the individual is based.</p> <p>Head of Patient services and Head of IT.</p>	
22-3-18	3976	<p>CCTV Equipment</p> <p>1. The total spend on CCTV Systems & Equipment in the last two years FEB 2015 – FEB 2018</p>	

£55,171

2. Can you provide any current supplier names for the above equipment

Hirsh technologies

3. Please outline details of any current framework or preferred supplier list in place for the supply of CCTV Systems along with details on any renewal dates or plans to re-procure the agreements.

No current framework set or preferred supplier list however tendering in process and framework will be set.

4. Please outline the members of staff responsible for procuring this equipment

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.

Access Control/Security Solutions

5. The total spend and the types of Access Control Systems & Equipment on site in the in the last two years FEB 2015 – FEB 2018 (e.g. Proximity readers, key fob/keypad entry, biometric solutions, pin pad entry systems, NFC or retina identification)

£194,159

6. Can you provide any current supplier names for the above equipment?

Hirsh Technologies

7. Please outline details of any current framework or preferred supplier list in place for the supply of Access control Systems along with details on any renewal dates or plans to re-procure the agreements.

No current framework set or preferred supplier list however tendering in process and framework will be set.

8. Please outline the members of staff responsible for Procuring this equipment

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.

23-3-18 3977

Question 1 - In the past three months, how many metastatic hepatocellular carcinoma patients were treated with:

Sorafenib (Nexavar)	2
Other active systemic anti-cancer therapy	4
Other including palliative care	Data unavailable

Question 2 - In the past three months, how many metastatic renal cell carcinoma patients were treated with:

Sunitinib (Sutent)	0
Pazopanib (Votrient)	0
Everolimus (Afinitor)	0
Temsirolimus (Torisel)	0
Cabozantinib (Cometriq)	0
Nivolumab (Opdivo)	0
Axinitib (Inlyta)	0
Nivolumab + Ipilimumab (Opdivo + Yervoy)	0
Levatinib (Lenvima) + Everolimus (Afinitor)	0
Tivozanib (Fotivda)	0
Other active systemic anti-cancer therapy	2
Other including palliative care	0

Question 3 - In the past 3 months, how many metastatic melanoma patients were treated with:

Pembrolizumab (Keytruda)	0
Nivolumab (Opdivo)	0

Ipilimumab (Yervoy)	0
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		<table border="1"> <tr> <td>Nivolumab + Ipilimumab (Opdivo + Yervoy)</td> <td>0</td> </tr> <tr> <td>Dabrafenib + Trametinib (Tafinlar + Mekinist)</td> <td>0</td> </tr> <tr> <td>Dabrafenib (Tafinlar)</td> <td>0</td> </tr> <tr> <td>Vemurafenib (Zelboraf)</td> <td>0</td> </tr> <tr> <td>Vemurafenib + cobimetinib (Zelboraf + Cotellic)</td> <td>0</td> </tr> <tr> <td>Other active systemic anti-cancer therapy</td> <td>0</td> </tr> <tr> <td>Other including palliative care</td> <td>0</td> </tr> </table>	Nivolumab + Ipilimumab (Opdivo + Yervoy)	0	Dabrafenib + Trametinib (Tafinlar + Mekinist)	0	Dabrafenib (Tafinlar)	0	Vemurafenib (Zelboraf)	0	Vemurafenib + cobimetinib (Zelboraf + Cotellic)	0	Other active systemic anti-cancer therapy	0	Other including palliative care	0	
Nivolumab + Ipilimumab (Opdivo + Yervoy)	0																
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Other including palliative care	0																
23-3-18	3978	<p>We are trying to gather information on how Aclomep is used, both in the hospital and community environment, to help with the development of our product range. I would really appreciate it if you could provide me with any information you may have on the following, or advise me of who to contact to obtain further information.</p> <p>The Conditions Aclomep is used for in your hospital</p> <p>Age range of patients</p> <p>Length of treatment</p> <p>Tube or oral administration</p> <p>Are patients discharged into the community on this product?</p> <p>Please see spreadsheet attached.</p>	Link to spreadsheet														
23-3-18	3979	<p>Within your health trust how many patients are currently [within the past 6 months available] being treated for Colorectal Cancer?</p> <p>136</p> <p>Of these how many are treated with the following therapies;</p> <table> <tr> <td>Cetuximab (Erbitux) with/without chemotherapy</td> <td>25</td> </tr> <tr> <td>Panitumumab (Vectibix) with/without chemotherapy</td> <td>0</td> </tr> <tr> <td>Nivolumab (Opdivo) with/without chemotherapy</td> <td>0</td> </tr> <tr> <td>Chemotherapy + other mAb</td> <td>0</td> </tr> </table>	Cetuximab (Erbitux) with/without chemotherapy	25	Panitumumab (Vectibix) with/without chemotherapy	0	Nivolumab (Opdivo) with/without chemotherapy	0	Chemotherapy + other mAb	0							
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Chemotherapy + other mAb	0																

		Chemotherapy alone Other	111 0	
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23-3-18	3980	<p>1. Do you provide antenatal education classes? – yes or no? If yes, what is the annual budget for this/these contracts/service provision?</p> <table border="1"> <tr> <th>Provide antenatal education classes?</th> <th>Annual budget</th> </tr> <tr> <td>Yes</td> <td>Within contract for maternity Care</td> </tr> </table> <p>2. Answer only if you provide antenatal education classes: (a) Do the practitioners delivering the classes use a specific evidence-based programme/s/model/s? – yes or no? (i) If yes, which one/s and is it/are they licenced? (ii) If no, briefly describe the what programme is provided. (b) Which senior manager/s is/are responsible for the provision of this/these service/s? What is/are their email address/s?</p> <table border="1"> <thead> <tr> <th>Use of specific evidence-based model/programme?</th> <th>Programme/s/model/s used</th> <th>Is it licenced?</th> <th>Name of senior manager</th> <th>Email address of senior manager</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>Leading antenatal classes</td> <td>No</td> <td>A Weatherley</td> <td>Angela.weatherley@mkuh.nhs.uk</td> </tr> <tr> <td>Infant feeding element</td> <td>BFI based</td> <td>UNICEF</td> <td>A Weatherley</td> <td>Angela.weatherley@mkuh.nhs.uk</td> </tr> </tbody> </table> <p>3. Answer only if you provide the antenatal education classes: (a) Which organisation provides this/these services – your organisation? Or is/are the service(s) subcontracted out to an external provider? What are the contract start and end dates? (b) Are the classes commissioned individually as a cost and volume contract or as part of a block contract?</p> <table border="1"> <thead> <tr> <th>Programme/s/model used</th> <th>Name of provider organisation</th> <th>Contract start date</th> <th>Contract end date</th> <th>Cost and volume contract or part of block contract?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Provide antenatal education classes?	Annual budget	Yes	Within contract for maternity Care	Use of specific evidence-based model/programme?	Programme/s/model/s used	Is it licenced?	Name of senior manager	Email address of senior manager	Yes	Leading antenatal classes	No	A Weatherley	Angela.weatherley@mkuh.nhs.uk	Infant feeding element	BFI based	UNICEF	A Weatherley	Angela.weatherley@mkuh.nhs.uk	Programme/s/model used	Name of provider organisation	Contract start date	Contract end date	Cost and volume contract or part of block contract?					
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Programme/s/model used	Name of provider organisation	Contract start date	Contract end date	Cost and volume contract or part of block contract?																													

We use a model based on Judith Schott's Leading Antenatal Classes	MKUH	NA	NA	Part of block contract
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4. Here is a list of vulnerabilities/adversities that can impact on the ability of parents-to-be to engage with antenatal education:

- those with mental health difficulties
- those experiencing social isolation or from a socially marginalised community
- survivors of domestic abuse
- those with learning difficulties
- those with substance use difficulties
- parents who have had previous children removed into care
- care leavers
- teenage parents
- parents in prison
- those not speaking English as a first language
- those with chaotic or transient lifestyles
- black or minority ethnic communities
- those with anti-social or offender behaviour
- asylum seekers

Much of this information is gathered by midwives at booking in appointments.

4. (a) Do you, or have you in the past, carry/carried out any analysis of this data, or collected and analysed any data, to determine whether parents-to-be experiencing any of these difficulties are less likely to access/engage with antenatal education delivered in your area than those who do? NO

4. (b) Do any of the antenatal education classes specifically target vulnerable parents-to-be? YES If yes, which ones?

Analysis of data?	Antenatal education for vulnerable parents-to-be?
No	Young parents

5. (a) Do you provide the Family Nurse Partnership(FNP)? NO

(i) If yes, what is the annual budget for this contract/service provision? What are the contract start and end dates?

		<table border="1"> <tr> <th>Provide FNP?</th> <th>Annual budget</th> <th>Contract start date</th> <th>Contract end date</th> </tr> <tr> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> </table> <p>(b) If you do not provide the Family Nurse Partnership, do you provide any other similar services that target vulnerable parents-to-be? Briefly describe the services.</p> <table border="1"> <tr> <th>Provide similar service?</th> <th>Brief description</th> </tr> <tr> <td>Teenage Lead Midwife</td> <td>Carries a caseload and works within the vulnerable team. Provides antenatal education from children centres and provides outreach services at Brook.</td> </tr> </table>	Provide FNP?	Annual budget	Contract start date	Contract end date	NA	NA	NA	NA	Provide similar service?	Brief description	Teenage Lead Midwife	Carries a caseload and works within the vulnerable team. Provides antenatal education from children centres and provides outreach services at Brook.	
Provide FNP?	Annual budget	Contract start date	Contract end date												
NA	NA	NA	NA												
Provide similar service?	Brief description														
Teenage Lead Midwife	Carries a caseload and works within the vulnerable team. Provides antenatal education from children centres and provides outreach services at Brook.														
23-3-18	3981	<ul style="list-style-type: none"> • Are you currently achieving your 6 week diagnostic standard targets? Yes • In the last 12 months have you used an agency Endoscopy consultant for supply of Endoscopy services? Yes • In the last 12 months, which providers have you used for your Endoscopy services? Blakelands Hospital • In the last 12 months, how much have you spent on insourcing your Endoscopy services? None • Are you currently being charged, Below, ON, or Above NHS tariff? N/A • How much are you charged per day of Endoscopy service? N/A 													

		<ul style="list-style-type: none"> • In the last 12 months, how many of those months have you used an insourced provider for your Endoscopy services? None • Was this service tendered for? N/A • Who was successful with the tender allocation? N/A • How much are you charged for the following procedures? <ul style="list-style-type: none"> • OGDs - £339.30/ with biopsy £386.10, combined diagnostic £494.10, combined therapeutic £710.10 • Colonoscopy - Therapeutic £509.4/ Diagnostic £401.40/ Diagnostic with biopsy £462.60 • Flexi Sigmoidoscopy - Therapeutic £416.70/ Diagnostic £308.70/ Diagnostic with biopsy £369.90 • E.R.C.P – N/A • EUS – N/A • When using an insourcing provider, on average how many patients have been seen over a set weekend service (Saturday and Sunday)? N/A • Do you currently require Endoscopy services? No • Please provide us with the name, title and contact details of the head of Endoscopy services. Endoscopy Manager, contact details as above. 	
26-3-18	3982	<p>For the calendar year 2012 to present date and in relation to all Doctors in training (save for on call rotas). Please confirm:</p>	

		<p>1. What system(s) you have used for the purpose of hours monitoring? (e.g. Allocate, DRS)</p> <p>2. For what period(s) this system/these systems was/were in use.</p> <p>I can confirm The Trust has used Allocate (Zircadian) from the calendar year 2012 - present.</p>	
26-3-18	3983	<p>1) Between 23rd October 2017 and 23rd March 2018, how many individuals who accessed NHS services in your Trust were incorrectly charged for NHS treatment having been incorrectly deemed not “ordinarily resident” in the UK and therefore not eligible for free NHS treatment? Broken down by:</p> <ul style="list-style-type: none"> a) Month b) The nationality of the individual c) The medical treatment they received c) The amount of money they were charged <p>2) Between 23rd October 2017 and 23rd March 2018, how many individuals attempting to access NHS services in your Trust were incorrectly denied NHS treatment having been incorrectly deemed not “ordinarily resident” in the UK and therefore not eligible for free NHS treatment? Broken down by:</p> <ul style="list-style-type: none"> a) Month b) The nationality of the individual c) The medical treatment they received c) The amount of money they were charged <p>Please see table below in relation to both questions above.</p>	

Month	Country	Amount Cancelled	Treatment Not Available
Oct-17	SWE	-844	
Nov-17	LTU	-2091	
Nov-17	ROU	-2286	
Nov-17	LTU	-5479	
Jan-18	ROU	-4049	
Jan-18	ESP	-3086	
Jan-18	PRT	-234	
Jan-18	USA	-351	
Jan-18	POL	-1592	
Jan-18	PRT	-342	
Jan-18	POL	-191	
Feb-18	NGA	-5000	
Feb-18	AUT	-335	
Feb-18	LKA	-5471	

26-3-18 3984

I am writing to you today to request information relating to Non-Oral Anti Coagulants (NOACs).

1.) In your trust how many patients in the last 3* months have been treated for NVAF (Non-Valvular Atrial Fibrillation), with the drugs below:

- Apixaban**
- Dabigatran**
- Edoxaban**
- Rivaroxaban**
- Warfarin**

2.) How many patients in the last 3* months have been treated for DVT (Deep Vein Thrombosis), with the drugs below:

- Apixaban**
- Dabigatran**
- Edoxaban**
- Rivaroxaban**
- Warfarin**
- Heparin**

3.) How many patients in the last 3* months have been treated for PE (Pulmonary Embolism), with the drugs below:

- Apixaban**

		<p>Dabigatran Edoxaban Rivaroxaban Warfarin Heparin</p> <p>4.) How many patients in the last 3* months have been treated for the prevention of recurrent DVT (Deep Vein Thrombosis) or prevention of recurrent PE (Pulmonary Embolism) with the drugs below:</p> <p>Apixaban Dabigatran Edoxaban Rivaroxaban Warfarin</p> <p>*Latest 3 months that you have available</p> <p>The Trusts system does not record drug usage for indication, we can therefore only provide the number of patients receiving the following drugs but with no reference to the indication the medications are used for.</p> <p>The following data covers Dec 17 to Feb 18;</p> <p>Apixaban 306 patients Dabigatran 18 patients Edoxaban 11 patients Rivaroxaban 121 patients</p> <p>Warfarin is stored as stock on wards, we are therefore unable to track an accurate and full number of patients prescribed with Warfarin.</p>	
26-3-18	3985	<p>What systems does the trust use for its incident reporting and risk management?</p> <ul style="list-style-type: none"> • Where the trust uses a supplied / software incident and risk management system can they state who the supplier is? <p>Datix Ltd</p> <ul style="list-style-type: none"> • What was the term of the contract? 	

Renewed annually

- **What is the value of the contract?**

2017/2018 - £32,117.42

- **When does the contract expire?**

31st May 2018

What systems does the trust use for managing staff training and compliance?

- **Where the trust uses a supplied staff training and compliance system can they state who the supplier is?**

IBM – Electronic staff record system

- **What was the term of the contract?**

The system has been live since 01-Oct-2007

- **What was the value of the contract?**

Free to NHS Trusts

- **When does the contract expire?**

No expiry date at present

What systems does the trust have to managing quality and compliance?

- **Where the trust uses a supplied / software quality and compliance system can they state who the supplier is?**

		<ul style="list-style-type: none"> • What was the term of the contract? • What was the value of the contract? • When does the contract expire? <p>I can confirm the Trust do not have a Quality and Compliance system.</p>	
26-3-18	3986	<p>1. The total amount spent by your trust on private security during:</p> <p>Please note the figures below relate to the cost of agency staff</p> <p>a) 2014/15 no records available due to a change in recording system b) 2015/16 £70.5k c) 2016/17 £144.8k d) 2017/18 £123.7k (to end Feb 18 – 11 months)</p> <p>2. The total number of physical assaults on NHS staff during:</p> <p>Please note the figures below relate to physical violence/abuse and will include all incidents including those from patients with dementia.</p> <p>2014 – 2015 = 53 2015 -2016 = 85 2016 – 2017 = 122 2017 – 2018 = 143</p> <p>Please note I am interested in physical assaults only here if possible.</p> <p>If you are unable to isolate physical assaults from all assaults, please give figures for all assaults but make it clear that you have done so.</p> <p>3 a) Does your trust currently pay for private security? b) If yes, please name the site(s) they cover</p> <p>The Trust employs its own security staff. We call on support of private security when demand requires it. Please note we are a single site Trust.</p>	

26-3-18	3987	<p>I am writing to you under the Freedom of Information Act 2000 to request information concerning the types of accounting and budgeting software that may be in use by your organisation. I have also included questions concerning information linked to any EPR systems (electronic patient record) your organisation may be using.</p> <p>If it is not possible to provide the information requested, please provide advice and assistance, as to how I can refine my request to be included in the scope of the Act.</p> <ol style="list-style-type: none"> 1.) What financial accounting software do you use? 2.) Who supplies this software (name of vendor or supplier)? 3.) What was the original date of purchase or contact start date for this product (please provide the exact date if possible)? 4.) When is the contact renewal or expiry date for this product? 5.) If relevant, what is the cost of annual support and maintenance (last financial year April 2016- March 2017)? 6.) What is the name of your budgeting and forecasting system? 7.) Does your budgeting and forecasting system add on to your FMS (financial management system) or is it a standalone system? 8.) When was your budgeting and forecasting system purchased (please provide the exact date if possible)? 9.) What is the cost of annual support and maintenance for your budgeting and forecasting system? 10.) Do you currently use an online procurement or EMarketplace system, if so which system do you use? <p>The Trusts accounting and budgeting function is contracted out to Shared Business Services (SBS), I can confirm they use Oracle.</p> <p>With regard to Question 10, the Trust uses Oracle iProcurement, part of the Oracle E-Business Suite also administered by the SBS.</p>	
26-3-18	3988	<p>Question One: Does the Trust have a Patient Entertainment offering? Yes, in all applicable wards; Yes in some wards or No</p> <p>Yes in some wards</p> <p>If Yes in all or some wards:</p>	

		<p>Is the system free or charge for patients, or is the service chargeable for either all or some content? The services is mostly chargeable, however there some free services in paediatrics</p> <p>Does the system offer information services in addition to entertainment, for example nurse call or meal ordering? No</p> <p>Can you advise if you are under contract with a provider, and if so, who it is with and when that contract expires? Hospicom with the contract expected to end in 2020</p> <p>If No Does the Trust have plans to implement a Patient Entertainment System and if so do you have an approximate date? N/A</p> <p>Are you considering additional services such as nurse call or meal ordering or solely entertainment? No</p> <p>Question Two Are you able to provide a contact for Patient Entertainment for additional dialogue on the subject?</p> <p>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>	
27-3-18	3989	<p>For the calendar years 2013 and 2013 and in relation to all Doctors in Training (save for on call rotas). Please provide/confirm:</p> <ol style="list-style-type: none"> 1. A copy of the relevant shift rotas. 2. A copy of any reports (including the raw data, narratives and results) of any monitoring round conducted relating to the relevant rotas over the relevant period. 3. The outcome (i.e. the banding) of the relevant monitoring rounds for each rota. 4. Whether there have been any banding appeals for the respective rota/monitoring round (and, if so, the outcome(s)) 5. A copy of any policies applied in relation to monitoring. 	<p>Please email Foi.PublicationSchemeCo-ordinator@mkuh.nhs.uk to obtain a copy of these documents.</p>

		<p align="center">6. A copy of any other material on monitoring exercises either at commencement of contract or prior to monitoring exercises.</p> <p>Please find attached the following :-</p> <ul style="list-style-type: none"> • All Doctors' in training rotas, monitoring reports and outcomes for 2012. The outcomes are in the reports. • All of the Doctors' in training rotas, monitoring reports and outcomes for 2013. Again the outcomes are in the reports.. • The "Trust Guidance on Monitoring" and "MK Guidance on Monitoring" outlining the Trusts monitoring procedures / policy. • In regards to materials sent to doctors please find attached; "Trust Guidance on Monitoring", "JuniorDoctorPortal_DrManual" and "Monitoring Poster", "the Deanery Contract template which outlines the Trust monitoring obligations for Doctors in Training". <p>With regards to question 4 I can confirm that since reporting started on the trust's Zircadian (Allocate) system in 2012 no appeals have been recorded.</p>	
	3990	Withdrawn	
27-3-18	3991	<p>1. Does the Trust perform neck of femur (hip) fracture repairs?</p> <p>Yes</p> <p>2. Does the Trust have guidelines or a policy regarding the reversal of warfarin in patients undergoing surgery for neck of femur (hip) fracture patients?</p> <p>At this time we do not have a specific policy for warfarin reversal in NOF/Hip fractures. Please find attached the Trusts Anticoagulation Guidelines for Adults guidelines.</p> <ul style="list-style-type: none"> ○ If yes, please could this be emailed to me ○ If no, what is the commonest way that these specific patients are managed? <p>3. Does the Trust have guidelines or policy regarding antibiotic prophylaxis for neck of femur (hip) fractures undergoing surgery?</p> <p>The Trust use Teicoplanin 600mg as antibiotic Prophylaxis cover for all our NOF patients. Please see</p>	<p>Link to attachment</p> <p>Link to attachment</p>

		<p>document attached.</p> <ul style="list-style-type: none"> ○ If yes, please could this be emailed to me. ○ If no, what is the commonest form of antibiotic prophylaxis (and duration) that these patients are given? <p>4. Does the Trust have specific guidelines or a policy regarding treatment of neck of femur (hip) fracture patients?</p> <ul style="list-style-type: none"> ○ If yes, please could this be emailed to me <p>Please see document attached.</p> <p>5. Does the Trust have general guidelines or a policy regarding the management of patients on warfarin undergoing surgery?</p> <p>Please find attached the Trusts Anticoagulation Guidelines for Adults guidelines.</p>	
28-3-18	3992	<p>1. How many sheaths does your Trust use on average per patient per day? 2. What is the average length of stay for patients using a urinary sheath? 3. Of the total number of male patients with urinary incontinence, what percentage would use: a) Urinary incontinence pads b) Urinary sheaths</p> <p>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>	
28-3-18	3993	<p>1. How many times a day (24 hours) do you change a patient with a urinary incontinence pad/bed pad? 2. What is the average length of time per patient to change a soiled urinary incontinence pad/bed pad? 3. Of those patients who have a urinary incontinence pad, what proportion do you estimate will develop incontinence associated dermatitis over time? 4. How many patients today have incontinence associated dermatitis in your Trust? 5. How many times a day (24 hours) do you assist a patient with incontinence associated dermatitis? 6. What is the average length of time per patient to assist with incontinence associated dermatitis? 7. How many incidences of incontinence related dermatitis or skin breakdown associated with pad</p>	

		<p>use were there in your institution in the last 12 months? How many patients, what percentage of all patients in a body worn/non-body worn pad is this?</p> <p>8. What 3 main actions has the trust deployed or is planning to deploy to reduce incontinence related dermatitis?</p> <p>9. What is the impact on increased length of stay for an average patient in your trust with incontinence related dermatitis?</p> <p>10. What is the increased per patient cost of a incontinence related dermatitis treatment (eg. Cauti, extended hospital stay, nursing time, drug treatment, bed blocking etc.)</p> <p>Unfortunately the information requested is not recorded centrally. All of this would be held in individual patient records. To obtain it would entail manually trawling through patient records which would require consent and exceed the appropriate time limit.</p> <p>I am sorry we are unable to help in this instance.</p>	
28-3-18	3994	<p>1. The name or your current ECG equipment manufacturer and product name Year of purchase? Installation date? Do you have plans and timescales to replace?</p> <p>2. The name of your current Stress Exercise ECG equipment manufacturer and product name? Year of purchase? Installation date? Do you have plans and timescales to replace?</p> <p>Please see spreadsheet attached.</p> <p>The Trust are currently planning a phased rolling replacement programme to replace all ECG machines which are not compatible with Cerner. The Trust are yet to agree a timescale.</p>	Link to spreadsheet
28-3-18	3995	<p>1. How many fixed (static) surveillance cameras are functional on the trust's premises?</p> <p>130</p> <p>a) How many are focused outside buildings (for instance in grounds or car parks)?</p> <p>45</p>	

b) How many are focused inside buildings?

85

2. How many moving surveillance cameras (those that zoom in, pan and tilt) are functional on the trust's premises?

45

a) How many are focused outside buildings (for instance in grounds or car parks)?

33

b) How many are focused inside buildings?

12

3. Do you have any covert (hidden) cameras on your premises? If yes, please say:

No

a) How many are focused outside buildings (for instance in grounds or car parks)?

N/A

b) How many are focused inside buildings?

N/A

4. Do security officers employed by the trust use body worn video cameras? If yes, please say:

No

a) How many body worn cameras are in use by security guards on your premises?

N/A

b) When these are turned on

N/A

5. How much has the trust spent on surveillance equipment, in total? Please break this down by:

a) fixed surveillance cameras

b) moving surveillance cameras

c) body worn video cameras

The Trust spent £55,171 in the last financial year, we are unable to breakdown spending in to the categories above.

6. What is the make, model and manufacturer of the devices used by the trust?

Various

a) fixed surveillance cameras

Various

b) moving surveillance cameras

Various

c) body worn video cameras

N/A

7. Where is the footage from the devices stored? Please break this down by:

Internal secure hard drive

a) fixed surveillance cameras

Internal secure hard drive

		<p>b) moving surveillance cameras</p> <p>Internal secure hard drive</p> <p>c) body worn video cameras</p> <p>N/A</p> <p>8. How long is the footage from the devices held? Please break this down for:</p> <p>a) fixed surveillance cameras</p> <p>b) moving surveillance cameras</p> <p>c) body worn video cameras</p> <p>Variable between 11 days to 60 days for all categories above.</p> <p>9. How many times has footage from devices been used in a successful or unsuccessful prosecution? Please break this down by device:</p> <p>a) fixed surveillance cameras</p> <p>b) moving surveillance cameras</p> <p>c) body worn video camera</p> <p>Average 1 per month.</p> <p>9. Does your trust comply with the Surveillance Camera Commissioner’s code of conduct?</p> <p>Yes</p>	
29-3-18	3996	<ul style="list-style-type: none"> In the last 5 years, how many walking frames (including zimmer frames, wheeled walkers, rollators and pick-up walkers) and how many walking sticks have been issued to patients by your Trust? Please include separate numbers for each category of walking aid – What was the total spend by your Trust on the above for each of the last 5 years? (if possible, please break this down by year and item type) – <p>Please see attached spreadsheet.</p> <p>Please note the figures are estimated based on Purchase Orders, some of which could be subsequently</p>	<p>Link to attachment</p>

		<p>amended or even cancelled.</p> <p>The Trust do not hold information regarding walking frames as they are ordered for specific patients and are ordered through Millbrook Healthcare or NRS.</p> <ul style="list-style-type: none"> • How many of the above have been returned to your Trust by patients over the last 5 years? (if possible, please break this down by year and item type) – • Of those returned, how many were deemed fit for re-use and how many were classed as unfit for re-issue? – <p>The Trust does not record this data. Returned equipment is collected by Millbrook as part of the contract.</p>	
31-3-18	3997	<p>Between 1st October 2015 and 31st March 2018, please can you tell me the <u>number of episodes</u> from all hospitals in your trust that have been coded with:</p> <ol style="list-style-type: none"> 1. Any diagnosis from the category Z38 (ie Z38.0 – Z38.8, I believe obtained by searching for Z38.X, but local procedures may vary). This diagnosis could be in any position, principle or secondary. <p>Explanation: This is looking at the number of live births in the time period in your trust.</p> <ol style="list-style-type: none"> 2. The number of episodes from the results of part 1) that has also given the diagnosis code P39.9. This diagnosis could be in any position, principle or secondary. <p>Explanation: This is looking at the number of the above patients who were screened and treated for sepsis, without diagnosed bacteraemia.</p> <ol style="list-style-type: none"> 3. The number of episodes from the results of part 1) that has also given a diagnosis from the category P36 (ie P36.0 – P36.9, I believe this is searched for by P36.X). This diagnosis could be in any position, principle or secondary. <p>Explanation: This is looking at the number of patients from part 1) who had a bacterial sepsis.</p> <ol style="list-style-type: none"> 4. The number of episodes from the results of part 1), which also has the procedure code A55.8 or A55.9 	<p>Link to spreadsheet</p>

		<p>Explanation: This is looking at the number of patients from part 1) who have had a lumbar puncture, an investigation for meningitis.</p> <p>5. The number of episodes from the results of part 1), which also has any diagnosis from the category G00, G01, G02, or G03. These diagnoses could be in any position, principle or secondary</p> <p>Explanation: This is looking at the number of patients from part 1) who actually were diagnosed with meningitis.</p> <p>Notes to help complete request: For each of 1) 2) 3) 4) and 5), you only need to provide one number for the number of episodes for each; they do not need to be broken down in to subcategories. If any of the answers is zero, please state as such (or state you do not hold any information on it). Kindly note this information is not publicly available from other sources, including NHS Digital.</p> <p>Please see spreadsheet attached.</p>	
29-3-18	3998	<p>1. Does your Trust have a plan or strategy in place to limit and discourage the use of consumer messaging apps (e.g. WhatsApp) within the Trust? No</p> <p>2. What instant messaging apps does the Trust currently provide to staff? Cisco Jabber</p> <p>3. The name and email address of the person responsible within the Trust who is responsible for evaluating & purchasing instant messaging apps for staff to communicate.</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>	