

DISCLOSURE LOG

1 April 2018 – 30 April 2018

Date	Ref No	Information Requested and Response	Links to Additional Information
	3999	SAR	
4-4-18	4000	<p>1. Please advise of how your Freedom To Speak Up Guardian(s) assess and monitor staff's experience of the service they provide.</p> <p>Feedback is sought at the beginning and end of the process.</p> <p>2. If they collect staff feedback, please advise how they do so, and when they started collecting such data.</p> <p>Soft intelligence qualitative data has been collected since FTSU Guardian in post</p> <p>3. Please provide the staff feedback data collected up to 31 March 2018</p> <p>Not appropriate as not gained consent to share information only to inform development of service and anonymise to ensure not to identify individuals.</p> <p>4. Please also disclose what the rate of response from staff has been to date, in terms of the % rate of response.</p> <p>100% response from individuals who have used service.</p> <p>5. If your Freedom To Speak Up Guardian(s) collects staff feedback via a specific form, please provide a copy of the feedback form.</p> <p>No defined form in place</p> <p>6. Please advise when your Speak Up Guardian(s) started sending out feedback forms, how many forms have been sent out by your Freedom To Speak Up Guardian(s) up to 31 March 2018, and how many forms have been received back.</p>	

		<p>Verbal feedback received to date in process of developing standardised form not approved</p> <p>7. Please advise what staff feedback data your Freedom To Speak Up Guardian(s) has submitted to the National Guardian's Office and provide a copy of the submitted data.</p> <p>Available from the National Guardian's office.</p> <p>8. Please also disclose any guidance received by the trust or the Freedom To Speak Up Guardian(s) from the National Guardian's Office on how to collect staff feedback, and any related correspondence between the trust and the National Guardian's Office submitting feedback data or discussing the submission of feedback data.</p> <p>Available from the National Guardian's office.</p>	
5-4-18	4001	<ul style="list-style-type: none"> • 2017/18 tax year <p>Hospital's total income from charitable donations: £75 000</p> <p>Source: MKUH Charity</p> <p style="padding-left: 40px;">Leo's Appeal Trust Fund: Paid for Art work. £75 000</p> <p>Percentage of the hospital's total revenue from charitable donations: 1%</p> <ul style="list-style-type: none"> • 2016/17 tax year <p>Hospital's total income from charitable donations: £13 000*</p> <p>Source: MKUH Charity.</p> <p style="padding-left: 40px;">Leo's Appeal Trust Fund: Interactive floor projector. £13 000*</p> <p>Percentage of the hospital's total revenue from charitable donations: 1%</p> <ul style="list-style-type: none"> • 2015/16 tax year 	

		<p>Hospital's total income from charitable donations: £65 000*</p> <p>Source: MKUH Charity.</p> <p>Leo's Appeal Trust Fund: Paid for Art work for children's ward. £40 000</p> <p>Little Lives Trust Fund: Sim B £25 000</p> <p>Percentage of the hospital's total revenue from charitable donations: 1%</p> <p>*Please note: Figures have been rounded off to the nearest 1000</p>	
5-4-18	4002	Please find attached completed questionnaire.	Link to questionnaire
5-4-18	4003	<p>1. Please provide statements for all purchase cards, 'p-cards', or any other credit or debit cards paid out using public funds, used by or for executive directors for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.</p> <p>The Trusts Executive Directors do not have, credit, debit or purchase cards.</p> <p>2. Please also provide details of all spending by executive directors using their own money which is then then claimed back from public funds for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.</p> <p>3. Please also provide details of all spending on behalf of that individual, by the trust, for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.</p> <p>The Trust does not record this information centrally, to obtain this would entail going through staff records which would require permission and exceed the appropriate time limit.</p>	
5-4-18	4004	<p>1. Please tell me whether the trust carries out routine identity checks on patients attending outpatient appointments to ascertain whether they are ordinarily resident in the UK.</p> <p>Yes</p> <p>2. If yes, please answer the following questions:</p> <p>A) Which patients undergo such checks? (– eg all those attending first appointment for a new</p>	

		<p>care pathway) Patients who are attending as a new referral , and trigger 'overseas' query e.g no NHS number, overseas address, no GP</p> <p>B) Please state what forms of documentation they have to provide? (eg passports, proof of address) Passport, proof of address</p> <p>C) What happens if they cannot provide proof of being ordinarily resident? They will be billed until they can provide evidence to support that they are a lawful ordinary resident in UK.</p> <p>3. Please also state how many Overseas Visitor Managers (OVMs) or Overseas Visitor Officers (OVOs) are employed by the trust (Please state as Full Time Equivalent)</p> <p>1</p> <p>4. Please state the highest bill which is still outstanding owed by an overseas visitor for a) 2017/18 to date and b)2016/17.</p> <p>17/18 (to date) £25485 Pakistan 16/17 £15269 Ghana</p> <p>5. In relation to question 4, please broadly state the nature of the treatment (eg ophthalmology, kidney dialysis, obstetrics) and the nationality of the patient, if known.</p> <p>ITU / Renal Cancer</p>	
6-4-18	4005	<p>1a) What Patient Information System (PAS) do you use (provider and product)?</p> <p>Cerner Millennium</p> <p>b) When does your PAS contract expire?</p> <p>May 2025</p>	

c) What is the annual cost for using your chosen PAS?

The total 2017/2018 revenue costs for the Cerner Millennium are £1,159,299

2a) What Electronic Patient Record system (EPR) do you use (provider and product)?

Cerner Millennium

b) When does your EPR contract expire?

May 2025

c) What is the annual cost for using your chosen EPR?

The total 2017/2018 revenue costs for the Cerner Millennium are £1,159,299

3a) What bed management system do you use (provider and product)?

Cerner Millennium

b) When does the contract with your present supplier expire?

May 2025

c) What is the annual cost for using your chosen bed management system?

The total 2017/2018 revenue costs for the Cerner Millennium are £1,159,299.

4a) What system to monitor patient flow through the emergency department do you use (provider and product)?

Cerner Millennium

b) When does the contract with your present supplier expire?

May 2025

c) What is the annual cost for using your chosen system?

The total 2017/2018 revenue costs for the Cerner Millennium are £1,159,299

5a) What theatre management system do you use (provider and product)?

Cerner Millennium - FirstNet

b) When does the contract with your present supplier expire?

May 2025

c) What is the annual cost for using your chosen system?

The total 2017/2018 revenue costs for the Cerner Millennium are £1,159,299

6a) What maternity services IT system do you use (provider and product)?

Cerner Millennium

b) When does the contract with your present supplier expire?

May 2025

c) What is the annual cost for using your chosen system?

The total 2017/2018 revenue costs for the Cerner Millennium are £1,159,299

7a) What electronic observations system do you use (provider and product)?

Cerner Millennium – Using Vitals machines integrated into Cerner

b) When does the contract with your present supplier expire?

May 2025

c) What is the annual cost for using your chosen system?

The total 2017/2018 revenue costs for the Cerner Millennium are £1,159,29

		<p>8) Are you planning to go out to procurement for any of these systems (as opposed to renewing) in the next 5 years?</p> <p>No</p>	
9-4-18	4006	<p>1. How many gynaecologists within your organisation perform laparoscopic procedures requiring morcellation?</p> <p>2. How many power morcellators do you purchase per annum for gynaecology?</p> <p>3. How many power morcellators do you use in gynaecology per annum?</p> <p>4. How many laparoscopic hysterectomies requiring morcellation do you perform annually?</p> <p>5. How many laparoscopic myomectomies requiring morcellation do you perform annually?</p> <p>6. For patients requiring morcellation, do you routinely perform pre-operative MRI?</p> <p>7. For patients requiring morcellation, do you routinely perform pre-operative endometrial sampling/biopsy?</p> <p>8. During the consent process, do you specifically consent for power morcellation in gynaecology?</p> <p>9. During the consent process, what risk of inadvertent leiomyosarcoma do you quote during hysterectomies/myomectomies for benign fibroids?</p> <p>10. During the consent process, what risk do quote for spread of inadvertent leiomyosarcoma from power morcellation?</p> <p>11. Has your organisation ever encountered inadvertent leiomyosarcoma following hysterectomy or myomectomy for presumed benign indications? If so, many?</p> <p>12. Do you have information leaflet about morcellation in gynaecology?</p> <p>13. What audit procedures do you have in place for gynaecologists participating in power morcellation?</p> <p>I can confirm the Trust do not have the laparoscopic morcellator and therefore we do not perform any procedures using this equipment.</p>	
9-4-18	4007	<p>Do you have an outsourced payroll for temporary staff?</p> <p>Yes</p> <ul style="list-style-type: none"> • If yes can you confirm if this is a weekly payroll? <p>Weekly/ monthly for different staff groups</p> <ul style="list-style-type: none"> • Can you confirm the name of the payroll provider? 	

UHB

- **Can you confirm agreed contract start and End dates of this provider?**

Jan 2018 for 2 years, plus 1, plus 1

Is your temporary staff Bank in-house or outsourced?

In-house

- **If the bank is outsourced, can you confirm the name of the supplier?**

NA

- **Can you confirm agreed contract start and End dates?**

NA

Are you currently using direct engagement? (DE / VAT saving model for Locums)

Yes

- **If yes, can you confirm the name of the supplier?**

247 Time

- **Can you confirm agreed contract start and End dates?**

Inchoate pending contractor's signatures.

Do you have a Master or Neutral vendor contract in place for the following staff groups Nursing & Midwifery, Doctors, AHP's and Admin and clerical?

		<p>No</p> <ul style="list-style-type: none"> • If yes, please can you confirm the name of the supplier? <p>NA</p> <ul style="list-style-type: none"> • Can you confirm agreed contract start and End dates? <p>NA</p> <ul style="list-style-type: none"> • Does the Master or Neutral vendor contract include any other Trusts in addition to yourself? <p>NA</p> <p>Please can you confirm if you are using a mobile application-based or web-based booking platform for booking bank / agency with the following staff groups: Nursing & Midwifery, Doctors, AHP's and Admin and clerical?</p> <p>N&M only</p> <ul style="list-style-type: none"> • If yes, please can you confirm the name of the supplier? <p>Allocate- N&M</p> <ul style="list-style-type: none"> • Can you confirm agreed contract start and End dates? <p>March 2016- Rolling contract</p> <ul style="list-style-type: none"> • Is direct engagement for Doctors included with the application? <p>No</p>	
9-4-18	4008	<p>*How many people working at the trust have been subject to disciplinary proceedings for their use of instant messaging apps (e.g. WhatsApp, Facebook Messenger, Snapchat)?</p> <p>*How many people working at the trust have been subject to disciplinary proceedings for their use of</p>	

		<p>social media (e.g. Facebook, Twitter, Instagram)?</p> <p>*Please tell me, for each case, the job title of the staff member concerned (e.g. junior doctor, consultant, nurse, administrative staff) and which sanctions were applied (e.g. dismissal, formal warning, referral to professional regulator).</p> <p>I can confirm there have been no formal disciplinary proceedings or action taken against staff for their use of instant messaging apps, or for the use of social media.</p>	
9-4-18	4009	<p>1. During 2017 approximately how many samples were processed within your Blood Sciences laboratory (Biochemistry and Haematology)?</p> <p>822,000</p> <p>2. What percentage of Blood Sciences samples received in your laboratory require manual intervention to sub aliquot samples (please exclude automated sample transfers)?</p> <p>4%</p> <p>3. How many incidents related to mislabelling of samples were reported during 2017 in your organisation?</p> <p>15</p> <p>4. How many of these mislabelling incidents were laboratory errors?</p> <p>4</p> <p>5. How many of the laboratory sample labelling errors were due to transposition (or mislabelling) of one or more samples?</p> <p>1</p>	

		<p>6. How many times did this result in incorrect results being assigned to a patient?</p> <p>8</p> <p>7. How many sample errors identified during 2017 resulted in a formal Root Cause Analysis investigation?</p> <p>No formal RCA, however local RCA is undertaken in all investigations of laboratory errors</p> <p>8. How many sample errors identified in your organisation during 2017 resulted in litigation?</p> <p>None</p>	
9-4-18	4010	<p>I am emailing to ask for a list of general & specialist surgical tables that you currently have within the Trust and specifically:</p> <ul style="list-style-type: none"> • Table Model • Table Name • Date purchased/first utilised • Location within the Trust <p>Please find attached spreadsheet.</p>	Link to spreadsheet
9-4-18	4011	<p>1. How many female patients in your Trust had a Foley catheter during the last 12 months?</p> <p>2. How many Foley catheters were used in your Trust during the last 12 months?</p> <p>3. How many of those Foley catheters were used for a female patient?</p> <p>4. Of your total Foley catheter usage, what percentage was used on females?</p> <p>5. How many Foley catheters are used per patient during their total hospital stay?</p> <p>6. Of your patients who have a Foley catheter, how long do they stay in hospital on average?</p> <p>7. Of your patients who have a Foley catheter, what percentage would be longer term patients? i.e. stay over the above stated average in hospital</p> <p>8. Of the total number of female patients using a Foley catheter, what percentage has any of the following:</p> <p>a) Faecal incontinence</p> <p>b) Obstruction / atonic bladder</p> <p>c) Surgery in perineal area</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.			
10-4-18	4012	<p>1. During the financial year 2016/2017 or last full year figures, what:</p> <p>a. Was the total number of emergency admissions for people in the last year of life?</p> <p>b. Was the total number of emergency bed days for people in the last year of life?</p> <p>2. During the financial year 2016/2017 or last full year figures, what was the total number of people in the last year of life admitted from a care home setting as an emergency?</p> <p>Please see attached spreadsheet.</p>	Link to spreadsheet		
11-4-18	4013	<p>Please could you provide me with your trust's loss of income as a result of the cancelled elective or non-urgent surgeries this year? I understand that there are tariffs assigned for every procedure undertaken and that cancelling an operation results in the loss of that revenue.</p> <p>I would like this data on a monthly basis from January 2018 to the last date for which the data is held.</p> <p>If you have comparative data for Jan-Dec 2017 (on the monthly basis also), I would also like this. If there is any breakdown of this data (for example, tariffs lost, cost of surgeons not working and so on), could you provide that too?</p> <p>Please find spreadsheet attached.</p>	Link to spreadsheet		
10-4-18	4014	<p>1. a copy of your clinical protocol(s) for therapeutic venesection</p> <p>2. the date at which your venesection protocol was most recently reviewed & updated</p> <p>The Trust currently use guidance from Oxford NSSG Haematology which can be found at http://nssg.oxford-haematology.org.uk/</p> <p>However, the Trust are in the process of developing our own policies and procedures.</p>			
12-4-18	4015	<table border="1" data-bbox="833 1294 1599 1437"> <tr> <td>Total number treated Stage IIIB/IV NSCLC Patients</td> <td>If unable to provide number of stage IIIB/IV NSCLC patients treated, please indicate the level at which data has been provided:</td> </tr> </table>	Total number treated Stage IIIB/IV NSCLC Patients	If unable to provide number of stage IIIB/IV NSCLC patients treated, please indicate the level at which data has been provided:	
Total number treated Stage IIIB/IV NSCLC Patients	If unable to provide number of stage IIIB/IV NSCLC patients treated, please indicate the level at which data has been provided:				

Patients with NSCLC Stage IIIB/IV (Stage 3b/4) ¹	24	Total number NSCLC patients	
		Other (please specify)	
		Data not held/accessible	

Of the Stage IIIB/IV NSCLC patients, please indicate the number of patients treated by your Trust in the 3 months December 2017 to February 2018 inclusive, with the following therapies.

	Total number treated Stage IIIB/IV NSCLC Patients	If unable to provide number of stage IIIB/IV NSCLC patients treated, please indicate the level at which data has been provided:	
Docetaxel (mono or combination therapy)	1	Total number NSCLC patients	
		Other (please specify)	
		Data not held/accessible	
Atezolizumab (Tecentriq)	0	Total number NSCLC patients	
		Other (please specify)	
		Data not held/accessible	
Nivolumab (Opdivo)	0	Total number NSCLC patients	
		Other (please specify)	
		Data not held/accessible	
Pembrolizumab (Keytruda)	6	Total number NSCLC patients	
		Other (please specify)	

				Data not held/accessible				
12-4-18	4016	Please see attachment.					Link to attachment	
12-4-18	4017	<ul style="list-style-type: none"> • Do you currently have a Catalogue system at the Trust? Yes • Which supplier do you use for your Catalogue system? GHX Nexus • How long have you had this system in place? 2 years • Are you under contract for your current catalogue system? Yes • What is the annual spend on this catalogue system? £15.6k • What is your % catalogue compliance? 80% • Which P2P system do you use? Oracle iProcurement (SBS Hosted Service) • How long have you had this system in place? July 2016 – Present • Are you under contract for your P2P system? 						

		<p>Yes</p> <ul style="list-style-type: none"> What is the annual spend on this P2P system? <p>Annual Value is £15,585.00</p> <ul style="list-style-type: none"> Which Inventory Management system do you use? <p>The Trust do use an Inventory Management system.</p>	
13-4-18	4018	<p>1. Do any of your hospitals currently contain asbestos?</p> <p>Yes</p> <p>2. How many reported incidents of asbestos exposure have there been in any of your hospital buildings over the past five years (between January 2013 – December 2017).</p> <p>None</p> <p>3. How many claims have ever been made against your trust for asbestos related exposure/disease including but not exclusively for mesothelioma.</p> <p>1</p> <p>4. How many of these claims have been settled?</p> <p>1</p> <p>5. What is the amount of money that has been paid in settlement of these claims where your Trust did not go through NHS Resolution (formerly the NHS Litigation Authority)? Please include claims with and without your trust/board accepting responsibility and claims made through any other insurance schemes excluding the NHSLA/NHS Resolutions.</p> <p>Nil. The 1 claim made again the Trust went through NHS Resolution.</p>	
13-4-18	4019	<p>I would like to make a FOI request to learn the average length of stay for both elective and non-elective patients, and a snapshot of patients on your RTT waiting list for over 26 weeks, as well as the</p>	<p>Link to spreadsheet</p>

		<p>monthly number of paediatric leukaemia patients during 2017/18 financial year:</p> <p>Please see spreadsheet attached.</p>	
13-4-18	4020	<p>1. How many bodyworn/non-body worn urinary incontinence pads are used per patient per day? 2. How many bodyworn/non-body worn urinary incontinence pads are used per bed per day? 3. Of your patients who have a bodyworn/non-body worn urinary incontinence pad, how long do they stay in hospital? 4. Of your patients who have a bodyworn/non-body worn pad, what percentage would be long term patients? i.e. stay over 2 weeks in hospital 5. Of the total number of female patients using a bodyworn/non-body worn pad, what percentage has any of the following: a) Faecal incontinence b) Obstruction / atonic bladder c) Surgery in perineal area</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>	
13-4-18	4021	<p>1) Does your Board / Corporate Secretary use a board portal / software supplier for paperless board meetings?</p> <p>No.</p> <p>2) If yes to the above can you please tell me the name of the supplier, contract expiry and contract review date?</p> <p>N/A</p> <p>3) If yes can you also please tell me how many users there are and the spend on this software in the last 12 months?</p> <p>N/A</p> <p>4) Can you also provide me with contact details for your Board/Corporate secretary (full name, job title, contact number and direct email address)?</p> <p>Adewale Kadiri, Company Secretary, 01908996234 adewale.kadiri@mkuh.nhs.uk</p>	

		<p>5) If the person responsible for the contact differs from this individual please can you also supply their full contact details?</p> <p>N/A</p>	
13-4-18	4022	<p>Please see spreadsheet attached.</p>	Link to spreadsheet
12-4-18	4023	<p>Would be possible to please get the email address and contact details for your head of facilities or person responsible for sourcing of waste reduction equipment such as cardboard balers and smart bins in the trusts individual hospitals.</p> <p>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</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>	
13-4-18	4024	<p>Under the Freedom of information act please could you provide me with the name and email address of the person that holds the following responsibility within your CCG</p> <p>• Clinical Director for Accident and Emergency</p> <p>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</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>	
16-04-18	4025	<p>1). Do any of the hospital (s) in your Trust / Health Service organisation admit as day case or longer patients who are admitted to undergo thyroid surgery?</p> <p>Yes</p> <p>2) Thyroid surgery in your Trust or other health service organisation</p>	

2a) How many consultant surgeon(s) in your trust or other health service organisation undertake thyroid surgery operations?

2 (+1 Locum, no longer in post)

2b) What are the parent specialties of each of the surgeons undertaking thyroid surgery operations eg general surgery, endocrine surgery, otolaryngology, OMFS etc. Please give numbers for each eg 2 Otolaryngology , 1 General Surgery etc.

2 (+ 1) Otolaryngology

2c) In 2017 (1st Jan to 31st Dec 2017) how many thyroid operations procedures did each consultant surgeon undertake (include number undertaken by other team members where the patients were under the care of the consultant). Please break down also by parent specialty E.g. Consultant 1 Gen Surg 25 operations, Consultant 2 Gen Surg, 10 operations , Consultant 3 Otolaryngology, 18 operations etc. In case of consultants working together on the same patient at the same time, please just include the information for the consultant under whose care the patient was admitted.

Consultant 1 Otolaryngology - 43

Consultant 2 Otolaryngology – 11

Locum Consultant Otolaryngology - 10

2c)1How many of the consultant surgeons undertaking thyroid surgery in your trust or other health service organisation submit all or most of their thyroid patient outcome data to the United Kingdom Register of Thyroid and Endocrine Surgery (UKRETS) provided by British Association of Thyroid and Endocrine Surgery?

0

ii) Of this group what is the breakdown of their parent specialt(ies) eg 1 gen surg, 1 otolaryngology etc.

2d) With regard to the local Thyroid cancer MDT how many of the consultant surgeons undertaking thyroid surgery in your trust or other health service organisation are:

i) Core members of the local thyroid cancer MDT. Number = (1 Otolaryngology)

Please also give breakdown by parent speciality

ii) Extended members of the local thyroid cancer MDT. Number = (1 Otolaryngology)

Please also give breakdown by parent speciality

iii) Not connected with the local thyroid cancer MDT Number = (0)

Please also give breakdown by parent speciality

2e) Which Trust or other health service organisation and which hospital site hosts the local thyroid Cancer MDT that connected surgeons attend?

Northampton General Hospital Thyroid Cancer Meetings

3) This question only applies if your Trust or other Health Service Organisation Hosts the local Thyroid MDT.

3a) What is the frequency of the local thyroid cancer MDT meeting? ie weekly, fortnightly, monthly

Monthly

3b) Is the MDT:

i) 'Stand alone ' ()

ii) **Adjacent in time to the Head and Neck MDT but not within the Head and Neck MDT** (✓)

iii) Within the Head and Neck MDT. ()

iv) Other – please give details:

v) What medical / surgical / diagnostic specialties are represented in the CORE membership of the

		<p>MDT (doctors only)</p> <p>Endocrinology, ENT, General Surgery, Oncology, Radiology, Histopathology</p> <p>vi) What medical / surgical / diagnostic specialties are represented in the EXTENDED membership of the MDT (doctors only)</p> <p>ENT</p> <p>3c) Does the MDT Routinely discuss the following groups of patients?</p> <p>i) Patients who are being investigated but have not yet had surgery but where pre operative investigation has shown a high likelihood of cancer eg Thy 4 or 5 cytology or equivalent, or U 4 or 5 on Ultrasound</p> <p>Yes</p> <p>ii) Patients who are being investigated but have not yet had surgery but where pre operative investigation has shown an intermediate risk of cancer eg U3 ultrasound or Thy3f / a or equivalent on needle biopsy</p> <p>Yes, always or almost always and then patients who have thyroid surgery and where histology has shown thyroid cancer</p> <p>i) Patients who have had thyroid surgery and where histopathology has shown thyroid cancer in the resected specimen?</p> <p>Yes, always or almost always (<input checked="" type="checkbox"/>) Sometimes (<input type="checkbox"/>) Never/almost never (<input type="checkbox"/>)</p> <p>Other – give details.....</p>			
18-4-18	4026		<p>Total number treated (Metastatic/locally advanced Urothelial patients)</p>	<p>If unable to provide number of metastatic/locally advanced Urothelial patients, please indicate the level at which data has been provided:</p>	

Total number of metastatic or locally advanced Urothelial cancer (UCC, transitional carcinoma, TCC) patients treated	2	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	

Of the metastatic or locally advanced Urothelial cancer patients treated by your Trust in the 3 months, December 2017 to February 2018 inclusive, please indicate the number treated with the following therapies.

Therapy	Total number treated (Metastatic/locally advanced Urothelial patients)	If unable to provide number of metastatic/locally advanced Urothelial patients, please indicate the level at which data has been provided:	
Cisplatin (mono or combination therapy)	0	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	
Carboplatin (mono or combination therapy)	2	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	
Pembrolizumab (Keytruda)	0	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	
Atezolizumab (Tecentriq)	0	Total Urothelial Cancer	

				patients (any stage)			
				Other (please specify)			
				Data not held/accessible			
18-4-18	4027	<p>1. Who is your current and previous pathology logistics contractor (spanning the last 3 years or existing contract- whichever is longer?)</p> <p>The Trust do not have any formal contracts but currently use the following logistic companies:- DX Network South Central Ambulance Service TNT</p> <p>2. What is the current contract(s) end date(s) and are there any provision for extensions?</p> <p>As stated above the Trust do not have any contracts in place but will shortly be going out to quotation / tender so that we will have formal contracts. This will be an interim arrangement until a pathology network contract is put into place.</p> <p>3. Who is the named lead undertaking the NHS Improvements 'Operational Improvement' Activity to move to cluster operations for pathology networks? Please provide their name and salutation, their email address and mobile telephone number please.</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> <p>4. Who or which body would the procurement of your future contract be made by?</p> <p>To be decided.</p> <p>5. Please provide the name, address, email and telephone number of the person responsible for the commissioning of services and the same for the person responsible for reviewing contract performance.</p> <p>Jill Beech, Pathology Services Manager Email Jill.Beech@mkuh.nhs.uk Tel. 01908 995811</p>					

		<p>6. Please provide the current Service Speciation's in place across the contract (s).</p> <p>As stated above the Trust do not have a formal contract.</p> <p>7. How is your current contract operated (in lots or as a whole)? What are the different budgets for these?</p> <p>N/A</p> <p>8. What is your forecast spend in the following years if known:</p> <p>a. 2018/19 £57k b. 2019/20 Not yet known c. 2021/22 Not yet known</p> <p>9. Please provide KPI and Penalties measure in place across this contract and the most recent performance review of the same.</p> <p>N/A.</p> <p>10. Please provide the current service specification in place? Please provide this information where possible in an electronic format via email.</p> <p>As previously stated, no formal arrangements are in place. However, providers must have the requisite insurances, assurances and licences for the carriage of pathogenic samples, Category A and Category B. Compliance with relevant standards is essential. Sample tracking facilities are essential. Drivers must get a signature from recipient.</p>	
18-4-18	4028	<p>1. Please provide details of the Trust's current Letter printing service supplier/system.</p> <p>All departments print their own letters. The Trust does not have a letter printing service.</p> <p>2. What is the Trusts annual cost for the printing and postage of patient letters?</p> <p>The Trust spent £445,653 on postage in 2017/2018. The Trust is unable to separate out the costs of patient letters from its total printing costs and therefore cannot provide this information.</p>	

3. Please provide monthly values for the number of patient letters sent?

On average the Trust send out 80,000 patient letters. The Trust does not record the exact monthly figures for letters in an easily obtainable format and to retrieve the exact figures would entail trawling through Trust records and exceed the appropriate time limit.

4. Does the Trust use the services of an external printer for patient and non-patient letters?

No

If No, go to question 5. If Yes, go to question 7.

5. What are the Trusts costs for the service and support of onsite printing equipment?

Franking machine lease - £15,410

6. Have you previously considered using outsourced services? Please provide details of why you chose not to use them.

Post is currently sat with the STP and outsourcing is currently being explored.

7. Please provide when the service was implemented, and the services included?

8. Please provide specific details of any aims/targets set of the print service and whether these have been achieved?

9. Please provide details of the member(s) of staff responsible for the implementation and continued running of the service and their role within the Trust?

10. Please provide details of:

a. Supplier

b. Expected contract length

		<p>c. Contract review date d. Cost of contract to date</p> <p>11. Please provide details of the implementation costs and on-going/support costs? 12. Please provide details of the processes followed to procure an external print service? 13. Please provide details of the channels used to publish the notification of procurement, for an external print service?</p> <p>N/A</p>	
18-4-18	4029	<p>1. What is the name of your CCG/Trust/Health board? Milton Keynes University Hospital NHS Foundation Trust</p> <p>2. How many of the people in your community are diagnosed with diabetes? (Please indicate numerical value):</p> <ul style="list-style-type: none"> • Type 1 Diabetes: • Type 2 Diabetes: <p>If unknown differentiation, please indicate total amount:</p> <p>The Trust does not record information relating to the Community. You will need to contact Central and North West London for this their email is freedomofinformation.cnwl@nhs.net</p> <p>2.1 What role does your CCG/Trust/Health board play in the reimbursement process for digital solutions?</p> <p>The Trust is unsure what you mean by this question – reimburse who ? I can confirm that as an NHS Trust any digital solutions we provide are free to patients.</p> <p>3 If you are <u>not</u> the direct decision maker of reimbursement, can your CCG/Trust/Health board still pay for medical products to give access to patients?</p> <p>As above we are not sure what reimbursement you are referring to if you wish to clarify further we will see if we can provide any more information.</p> <p>3.1 Who affects the decision-making process of reimbursement decisions for digital health solutions in the UK? Please specify what power they hold in the process. (If more than one, please rank</p>	

them by influence, 1 being the most influential).

Please see above

4. How would you describe the interest of the stakeholders you identified above? (e.g. cost reduction, care improvement,...)?

Please see above

- 5 What criteria are most important for your CCG/Trust/Health board when commissioning digital solutions (e.g. cost, newness, effectiveness,...)? Please rank the criteria, 1 being the most important.

Please see the Trust website for Trust priorities at www.mkhospital.nhs.uk

6. Are you interested in partnerships with pharmaceutical companies? If yes, please what you are seeking from such partnerships.

No

7. How does your CCG/Trust/Health board evaluate whether to commission a product for diabetes care?

The Trust apply for funding via the individual patients relevant CCG (GP dependent). When applying, we take into account, NICE Guidance, the individual's ability to manage the product, the individual's consent, Consultant agreement, and cost vs quality of life/impact on diabetes.

8. Does your CCG/Trust/Health board have a policy on the use of health apps?

If **yes**, please specify the health policy(ies):

If **no**, please provide if and when this will be established:

No, although we do make use of some apps.

9. Does your CCG/Trust/Health board currently have a budget to use for health apps?

If no, please provide if and when this will be established:

		No											
19-4-18	4030	<p>Please could I kindly request information in respect of the volume per annum of emergency pre-filled glass syringes that you purchase for example, Aurum pre-filled glass syringes for emergency use.</p> <p>The data below relates to the period 01/04/2017 to 31/03/2018:</p> <table> <tr> <td>ADRENALINE 1 in 10,000 Pre-Filled Syringe</td> <td>993</td> </tr> <tr> <td>AMIODARONE 300mg in 10mL Pre-Filled Syringe</td> <td>29</td> </tr> <tr> <td>ATROPINE SULFATE 1mg in 5mL Pre-Filled Syringe</td> <td>101</td> </tr> <tr> <td>ATROPINE SULFATE 3mg in 10mL Pre-Filled Syringe</td> <td>38</td> </tr> <tr> <td>CALCIUM CHLORIDE 1g in 10mL Pre-Filled Syringe</td> <td>84</td> </tr> </table> <p>These are all syringes supplied by Aurum or Aguetant,</p> <p>Please note we cannot confirm the figures above are exclusively glass syringes as they do not get opened before being distributed around the Trust but all are pre-filled syringes for emergency use.</p>	ADRENALINE 1 in 10,000 Pre-Filled Syringe	993	AMIODARONE 300mg in 10mL Pre-Filled Syringe	29	ATROPINE SULFATE 1mg in 5mL Pre-Filled Syringe	101	ATROPINE SULFATE 3mg in 10mL Pre-Filled Syringe	38	CALCIUM CHLORIDE 1g in 10mL Pre-Filled Syringe	84	
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ATROPINE SULFATE 3mg in 10mL Pre-Filled Syringe	38												
CALCIUM CHLORIDE 1g in 10mL Pre-Filled Syringe	84												
19-4-18	4031	<p>1. How many agencies do you engage with for your recruitment of temporary nurses and health care assistants and can you please list them?</p> <p>CCS framework agencies including Pulse, ID Medical, DRC, MedicsPro, TNA</p> <p>2. How many agencies do you engage with for your recruitment of permanent nurses and can you please list them?</p> <p>N/A</p> <p>3. What has your spend been on temporary nurses?</p> <table> <tr> <td>Bank</td> <td>£2.065mn</td> </tr> <tr> <td>Agency</td> <td>£0.887mn</td> </tr> <tr> <td>Total</td> <td>£2.952mn</td> </tr> </table> <p>Please note this includes bank staff and agency from January 2018 – March 2018.</p> <p>4. What has your spend been on permanent nurses in 2017?</p>	Bank	£2.065mn	Agency	£0.887mn	Total	£2.952mn					
Bank	£2.065mn												
Agency	£0.887mn												
Total	£2.952mn												

N/A

5. How many temporary shifts have been released to agencies for mental health nurses?

5

6. How many temporary shifts have been released to agencies for general nurses?

2139

7. How many temporary shifts have been released to agencies for theatres nurses?

52

8. How many temporary shifts have been released to agencies for A&E nurses?

230

9. How many temporary shifts have been released to agencies for Community nurses?

Not applicable.

10. How many temporary shifts that have been released to agencies for mental health nurses go unfilled?

1

11. How many temporary shifts that have been released to agencies for general nurses go unfilled?

234

12. How many temporary shifts that have been released to agencies for theatres nurses go unfilled?

0

13. How many temporary shifts that have been released to agencies for A&E nurses go unfilled?

5

		<p>14. How many temporary shifts that have been released to agencies for Community nurses go unfilled?</p> <p>Not applicable</p> <p>15. Are all temporary shifts released to all agencies at the same time or is there a tiering system?</p> <p>All are released at the same time.</p> <p>16. Do you have any off framework spend for temporary agency staff?</p> <p>No</p>	
20-4-18	4032	Please see spreadsheet attached.	Link to spreadsheet
20-4-18	4033	<p>1. How many 'red flag' events have occurred in your maternity units in this time frame? And are you able to say whether this is higher than the 12 month period preceding these dates?</p> <p>We do not use the NICE safer staffing in this unit; therefore do not collate this data.</p> <p>2. Have there been occasions where a woman has: Been left alone during active labour Had to wait more than hour an hour for pain relief Had to wait more than one hour for stitches</p> <p>In order to answer we would have to review all women's records as we do not use the Red Flag System. This would require permission and exceed the appropriate time limit.</p> <p>3. How many times between these dates have you been forced to close the maternity unit due to staff shortage or lack of beds?</p> <p>None</p> <p>4. On how many occasions have wards been staffed with less than the Government recommended number of midwives?</p> <p>None</p>	

		<p>5. How many midwives are you currently short of in your Trust? How many posts are being advertised? (As of 19th April 2018)</p> <p>15 WTE vacancies, 2 of which have been recruited too and are due to commence in the next two months. The rest are out to advert.</p> <p>6. How many maternity negligence cases have been brought against you in the past 12 months?</p> <p>3</p> <p>7. And finally, how many complaints have been made to your Trust regarding maternity services between the same dates.</p> <p>39 – Please note this number includes both informal and formal contact as were record these collectively.</p>	
23-4-18	4034	<p>1) The total amount the trust spent on agency/locum doctors for the following years: 2012/13, 2013/14, 2014/15, 2015/16, 2016/17 - breaking this information down by speciality and grade.</p> <p>Please see spreadsheet attached. Unfortunately the Trust does not hold the information at the level of detail requested for the periods prior to 2014/15 and to provide this would require a review of invoices that would exceed the appropriate time limit.</p> <p>2) What is the highest hourly/shift rate paid to an agency or locum doctor at any point in the following years: : 2012/13, 2013/14, 2014/15, 2015/16, 2016/17 - please include job title and date.</p> <p>The Trust is not able to provide the information requested for all years as the systems and processes in place at the time do not allow for the easy access of this information and would require the Trust to review individual invoices that would exceed the appropriate time</p> <p>However, whilst not requested, the Trust is able to confirm that the highest rate paid to an agency or locum doctor during 2017/18 (in which the Trust was reporting for the whole year to its regulator, NHS Improvement, on agency rates above the cap) was £115/hour (being the doctor's pay rate). This related to a consultant in the gastroenterology specialty and applied to various dates in 2017/18.</p>	Link to spreadsheet
24-4-18	4035	<p>1). For the past three complete financial years, the number of shifts in which maternity wards and related departments in your trust that did not meet their minimum staff numbers, broken down by date and unit.</p>	Link to spreadsheet

		<p>We have looked at various ways in which we could try to collate the data, however due to the data being held in 6 departments on paper records this would mean trawling through three years of data for each of the 6 areas for 365 days per year. This would exceed the fees limit of 18 hours @ £450.00.</p> <p>There is a daily staffing requirement set for all areas of maternity however this would change based on the activity within the unit and staff are re-deployed based on activity in each area to maintain a safe working environment for example, the labour ward is staff at 7 wte midwives however if only 2 patients are on the unit this would not require the full establishment and this would apply to all maternity areas.</p> <p>2). For the past three complete financial years, the number of days leave attributed to stress taken by midwives across all payment bands broken down by unit and year quarter.</p> <p>Please see spreadsheet attached</p>	
24-4-18	4036	<p>Good Afternoon,</p> <p>Under the Freedom of information act please could you provide me with the name and email address of the person that holds the following responsibility within your Trust.</p> <ul style="list-style-type: none"> • Lead Nurse for Accident and Emergency • Clinical Service Manager for Accident and Emergency <p>Thank you for your recent FOI request.</p> <p>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</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>	
25-4-18	4037	<p>1. Are you using any software to manage your incoming communication channels (phone, email, live chat etc) from constituents (e.g. Zendesk, Desk.com, Intercom, RightNow, Service Cloud, Freshdesk etc.)?</p> <p>2. If so, what is the software called?</p> <p>3. When does the contract with this current software provider end?</p>	

		<p>4. How much does your current software cost annually? 5. What is your annual budget for this type of software? 6. When will you be looking to review your current software?</p> <p>The Trust has produced a document entitled "IT FOI Answers" which can be found on the website at http://www.mkhospital.nhs.uk/index.php?view=download&alias=1559-it-foi-answers&category_slug=freedom-of-information-foi-disclosure-logs-2017&option=com_docman&layout=table&Itemid=700</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>										
24-4-18	4038	<p>1. The income earned from hospital car parking charges for the financial years:</p> <table> <tr> <td>1.</td> <td>2014-2015</td> <td>£1.424m</td> </tr> <tr> <td>2.</td> <td>2015-2016</td> <td>£1.576m</td> </tr> <tr> <td>3.</td> <td>2016-2017</td> <td>£1.583m</td> </tr> </table>	1.	2014-2015	£1.424m	2.	2015-2016	£1.576m	3.	2016-2017	£1.583m	
1.	2014-2015	£1.424m										
2.	2015-2016	£1.576m										
3.	2016-2017	£1.583m										
25-4-18	4039	<p>In the 2017 calendar year were there any babies born at your hospitals where the weight of the baby was 12lbs (5443g) or more? If so please state how many and what their birthweights were.</p> <p>I can confirm there were 0 babies born at Milton Keynes University Hospital during the 2017 calendar year which were born weighting 12lbs or more.</p>										
26-4-18	4040	<p>1. Has your trust accepted or is it currently accepting manufacturer provision of free of charge drug stock between licensing and NICE funding?</p> <p>Yes</p> <p>2. Has your trust accepted or is it currently accepting the following list of drugs in psoriasis:</p> <table> <tr> <td>Brodalumab [Kyntheum]</td> <td>No</td> </tr> <tr> <td>Guselkumab [Tremfya]</td> <td>No</td> </tr> <tr> <td>Ixekizumab [Taltz]</td> <td>No</td> </tr> <tr> <td>Secukinumab [Cosentyx]</td> <td>No</td> </tr> </table> <p>3. Has your trust accepted or is it currently accepting the following list of drugs in Rheumatoid Arthritis:</p>	Brodalumab [Kyntheum]	No	Guselkumab [Tremfya]	No	Ixekizumab [Taltz]	No	Secukinumab [Cosentyx]	No		
Brodalumab [Kyntheum]	No											
Guselkumab [Tremfya]	No											
Ixekizumab [Taltz]	No											
Secukinumab [Cosentyx]	No											

		<p>Tofacitinib [Xeljanz] No Baricitinib [Olumiant] No Golimumab [Simponi] No Certolizumab [Cimzia] Yes Apremilast [Otezla] No Tocilizumab [Ro Actemra] No</p> <p>4. Has your trust accepted or is it currently accepting the following list of drugs in Ankylosing Spondylitis or Psoriatic Arthritis:</p> <p>Secukinumab [Cosentyx] No</p> <p>5. Has your trust accepted or is it currently accepting the following list of drugs in Ulcerative Colitis:</p> <p>Golimumab [Simponi] No</p> <p>6. If your trust has not accepted manufacturer provision of free of charge drug stock, what have been the reasons for this?</p> <p>Not offered//Drug not used</p> <p>7. In future, will your trust be able to accept manufacturer provision of free of charge drug stock?</p> <p>Yes</p> <p>8. What is the preferred distribution channel for the provision of free of charge drug stock?</p> <p>Homecare Yes Delivered directly to hospital/Trust Yes Other (please provide details) [.....]</p> <p>9. For how long is free of charge drug stock typically provided for each patient?</p> <p>Other Varies from drug to drug</p>					
27-4-18	4041	<table border="1"> <tr> <td data-bbox="344 1342 589 1407">Tele-Radiology Supplier Name</td> <td data-bbox="589 1342 920 1407">Total CT Images outsourced during</td> <td data-bbox="920 1342 1281 1407">Total MRI Images outsourced during Nov</td> <td data-bbox="1281 1342 1619 1407">Total Plain Film Images outsourced during Nov</td> </tr> </table>	Tele-Radiology Supplier Name	Total CT Images outsourced during	Total MRI Images outsourced during Nov	Total Plain Film Images outsourced during Nov	
Tele-Radiology Supplier Name	Total CT Images outsourced during	Total MRI Images outsourced during Nov	Total Plain Film Images outsourced during Nov				

			Nov 17 – Mar 18	17 – Mar 18	17 – Mar 18		
		Medica Group	2645 Exams	1019 Exams	715 Exams		
27-4-18	4042	<p>- In the last 12 months, how many visa applications did the hospital process and were accepted for their permanent doctor placements?</p> <p>9</p> <p>- In the last 12 months have you used an agency to fill your permanent doctor positions?</p> <p>Yes</p> <p>- In the last 12 months, which agencies have you used for your permanent doctor positions you have filled?</p> <p>Remedium Partners</p> <p>- In the last 12 months, how many doctors have been placed in permanent roles via an agency?</p> <p>1</p> <p>- In the last 12 months, how much have you spent on agencies for your permanent doctor placements?</p> <p>£10,000</p> <p>- How much are you charged per permanent doctor placement as per grade below?</p> <p>1. SHO's (this includes FY1, FY2, ST1, ST2, CT1, CT2, StR Lower, Clinical fellow, Trust grade, RMO) -</p> <p>£0</p> <p>2. SPR's (this includes ST3, ST4, ST5, ST6, ST7, CT3, CT4, StR Higher, Senior Clinical Fellow, Registrar, Staff Grade, Middle Grade, Speciality Doctor) -</p> <p>£10,000</p>					

		<p>3. Consultants (this includes Associate specialist, Lead Consultants, Consultant Physician) -</p> <p>£0</p> <p>- Is your permanent recruitment process for doctors tendered to agencies? –</p> <p>We do not usually use agencies to recruit to substantive posts.</p> <p>- Who was successful with the tender allocation? -</p> <p>NA</p> <p>- Do you have any outstanding vacancies currently advertised with agencies for permanent doctor roles? -</p> <p>No</p> <p>- Please provide us with the name, title and contact details of the head of permanent recruitment. –</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>	
27-4-18	4043	<p>1. Please confirm or deny whether the trust entered into any joint working arrangements with private companies in a) 2016 and b) 2017.</p> <p>No</p> <p>2. Please confirm or deny whether the trust had a policy on entering into joint working arrangements with private companies in a) 2016 and b) 2017.</p> <p>No</p> <p>3. Please confirm or deny whether the trust currently has any policy on entering into joint working arrangements with private companies.</p> <p>No</p>	

		<p>4. Please provide details of, or a copy of, any policy the trust has on entering into joint working arrangements with private companies.</p> <p>N/A</p>	
29-4-18	4044	<p>Please could you provide me with a list of each of the NHS patients within your trust who have been billed for NHS care during the whole of the financial year of 2016-17, and any from the financial year 2017/18 that you currently have available. Please do not include the billing of any EEA nationals, or private patients. If possible, please format the data in an excel spreadsheet and include:</p> <ol style="list-style-type: none"> 1. Year of birth 2. Country of birth 3. Nationality 4. Sex 5. Ethnicity 6. Date of entry into the UK <p>The Trust does not record the information for Q1-Q6 centrally, to obtain this would entail going through patient records which would require permission and exceed the appropriate time limit.</p> <p>7. Amount billed</p> <p>16/17 - £25,5260.23 17/18 - £36,9036.63</p> <p>8. Date billed</p> <p>The Trust does not record this information centrally, to obtain this would entail going through Trust records which would exceed the appropriate time limit.</p> <p>9. Whether charging was deemed non-urgent, urgent or immediately necessary (if this is evident)</p> <p>Overseas billed Inpatient episodes would only occur from an emergency admission.</p>	

30-4-18	4045	<p>1) Does your Trust offer a Health and Wellbeing event accessible to all breast cancer patients at the end of hospital-based treatment? <i>(A Health and Wellbeing event is defined as a group education and support event which helps people to manage their physical and psychological health after a cancer diagnosis.)</i></p> <p>A. Yes B. No</p> <p>2) If the Trust does offer a Health and Wellbeing event for breast cancer patients, are these events:</p> <p>A. solely for people with breast cancer or B. for people with all types of cancer X</p> <p>3) For breast cancer patients who have completed their hospital-based treatment, do the nurses in the breast care unit routinely make direct referrals, where appropriate, to the following? <i>(By 'direct referral' we mean gaining consent from a patient to pass on their details to a support service or arranging for someone from the service to contact the patient)</i></p> <p><u>Services provided by charities</u></p> <p>a. Support services provided by charities that support people with cancer (yes/no)</p> <p>No</p> <p>b. Support services provided by charities that support people with breast cancer only (yes/no)</p> <p>Yes</p> <p><u>NHS Services</u></p> <p>c. Counselling / psychology services within the NHS (yes/no)</p> <p>Yes</p>	

d. Physiotherapy services within the NHS (yes/no)

Yes

e. Fertility services within the NHS (yes/no)

No

f. Lymphoedema services within the NHS (yes/no)

Yes

g. Other support services – please specify below (yes/no)

Yes – Dietician

4) If you do not refer to some/any of the services in question 3, is this due to any of the reasons below?
Please indicate all that apply.

a. Support services provided by charities that support people with cancer

- Service not available (yes/no)
- Unaware of service (yes/no)
- Service is oversubscribed (yes/no)
- Service is unsuitable for breast cancer patients (yes/no)
- Patient is informed of the service but a direct referral is not made (yes/no)
- Workload capacity does not allow time for referrals (yes/no)
- Other (please give details)

b. Support services provided by charities that support people with breast cancer only

- Service not available (yes/no)
- Unaware of service (yes/no)
- Service is oversubscribed (yes/no)
- Patient is informed of the service but a direct referral is not made (yes/no)
- Workload capacity does not allow time for referrals (yes/no)
- Other (please give details)

c. Counselling / psychology services within the NHS

- Service not available (yes/no)
- Unaware of service (yes/no)
- Service is oversubscribed (yes/no)
- Patient is informed of the service but a direct referral is not made (yes/no)
- Workload capacity does not allow time for referrals (yes/no)
- Other (please give details)

d. Physiotherapy services within the NHS

- Service not available (yes/no)
- Unaware of service (yes/no)
- Service is oversubscribed (yes/no)
- Patient is informed of the service but a direct referral is not made (yes/no)
- Workload capacity does not allow time for referrals (yes/no)
- Other (please give details)

e. Fertility services within the NHS

- Service not available (yes/no)
- Unaware of service (yes/no)
- Service is oversubscribed (yes/no)
- Patient is informed of the service but a direct referral is not made (yes/no)
- Workload capacity does not allow time for referrals (yes/no)
- Other (please give details)

CONSULTANT REFERRAL NOT BREAST CARE NURSE REFERRAL

f. Lymphoedema services within the NHS

- Service not available (yes/no)
- Unaware of service (yes/no)
- Service is oversubscribed (yes/no)
- Patient is informed of the service but a direct referral is not made (yes/no)
- Workload capacity does not allow time for referrals (yes/no)
- Other (please give details)

30-4-18 4046

		Total Spend				
Endoscopy Insource/Outsource Supplier Name	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
Blakelands Hospital	£31,258	0	£24,323	£20,295	£40,368	

30-4-18	4047	<p>The total amount of money received from private patients ('private patient income') in each of the following years, expressed as an amount (in £) and as a percentage of your Trust's income in the relevant year:</p> <p>I can confirm the information requested is available 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</p>																						
30-4-18	4048	<p>The amount of money spent on medical agency staff in the following years expressed as both a total amount (in £) and a percentage of total medical staff expenditure in that year:</p> <ol style="list-style-type: none"> 1. 2012-13 2. 2013-14 3. 2014-15 4. 2015-16 5. 2016-17 6. 2017-18 (if available) <p>Please note that due to a change in system the Trust is unable to provide data for 2012/13 and 2013/14</p> <table border="1" data-bbox="331 805 1720 1155"> <thead> <tr> <th data-bbox="331 805 792 943">Year</th> <th data-bbox="801 805 1256 943">Amount Spent on Medical Agency Staff (£)</th> <th data-bbox="1265 805 1720 943">Amount spent on Medical Agency staff as a percentage of total medical staff expenditure (%)</th> </tr> </thead> <tbody> <tr> <td data-bbox="331 949 792 979">2012-13</td> <td data-bbox="801 949 1256 979"></td> <td data-bbox="1265 949 1720 979"></td> </tr> <tr> <td data-bbox="331 986 792 1016">2013-14</td> <td data-bbox="801 986 1256 1016"></td> <td data-bbox="1265 986 1720 1016"></td> </tr> <tr> <td data-bbox="331 1023 792 1053">2014-15</td> <td data-bbox="801 1023 1256 1053">£6,860k</td> <td data-bbox="1265 1023 1720 1053">16.7%</td> </tr> <tr> <td data-bbox="331 1059 792 1090">2015-16</td> <td data-bbox="801 1059 1256 1090">£6,652k</td> <td data-bbox="1265 1059 1720 1090">15.3%</td> </tr> <tr> <td data-bbox="331 1096 792 1126">2016-17</td> <td data-bbox="801 1096 1256 1126">£5,725k</td> <td data-bbox="1265 1096 1720 1126">13.4%</td> </tr> <tr> <td data-bbox="331 1133 792 1163">2017-18 (if available)</td> <td data-bbox="801 1133 1256 1163">£4,443k</td> <td data-bbox="1265 1133 1720 1163">9%</td> </tr> </tbody> </table>	Year	Amount Spent on Medical Agency Staff (£)	Amount spent on Medical Agency staff as a percentage of total medical staff expenditure (%)	2012-13			2013-14			2014-15	£6,860k	16.7%	2015-16	£6,652k	15.3%	2016-17	£5,725k	13.4%	2017-18 (if available)	£4,443k	9%	
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