

## DISCLOSURE LOG

1 July 2018 – 31 July 2018

Date	Ref No	Information Requested and Response	Links to Additional Information
2-7-18	4134	<p><b>1) Which Frameworks do you use for the supply of;</b> <b>a) Locum Doctors</b> <b>b) Locum Nurses</b></p> <p>MKUH operates the CPP National Clinical Staffing Framework for both groups.</p> <p><b>2) Do you operate a master vend arrangement or preferred supplier list?</b></p> <p>Please see below.</p> <p><b>3) Please list the agencies on your preferred supplier list for a and b. Please provide the supply list in tearing order or PSL if applicable.</b></p> <p><b>a) Locum Doctors</b></p> <p>Not applicable (we do not have preferred supplier or master vendor)</p> <p><b>b) Locum Nurses</b></p> <p>We use Medics Pro, Interact, ID Medical, Pulse and DRC. There is no tiering arrangement.</p> <p><b>4) Please provide contact details for the member of staff in charge of this process.</b></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>	
4-7-18	4135	<b>Please could you give me the number of cases of STIs you've treated as a trust within the last 12</b>	<a href="#">Link to spreadsheet</a>

		<p><b>months?</b></p> <p>25,946. Please note this includes blood born viruses including HIV.</p> <p><b>Could I have a breakdown of the following; age, sex, area and type of STI.</b></p> <p>Please see attached spreadsheet.</p> <p>Please note individuals 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><b>Is it possible to have this information narrowed down to each of your NHS sexual health centres?</b></p> <p>Milton Keynes University Hospital NHS Foundation Trust.</p>	
5-7-18	4136	<p><b>Please provide all meeting minutes, internal and external communications (both physical and electronic) and any other relevant documentation leading to the decision to attempt a ban of electronic cigarettes from the grounds of your hospital.</b></p> <p>Please find attached.</p> <p>Please note the Trust is currently reviewing its Smoke Free Hospital Policy, in consultation with staff, patient groups and other stakeholders. We are therefore not currently in a position to disclose this.</p>	<p><a href="#">Link to attachment</a>  <a href="#">Link to attachment</a>  <a href="#">Link to attachment</a></p>
4-7-18	4137	<ul style="list-style-type: none"> <li><b>Period from 1<sup>st</sup> January 2017 – 31<sup>st</sup> December 2017, Activity for Sterile Services Department, either broken down monthly or annually, i.e. how many trays and bagged/supplementary items processed?</b></li> </ul> <p>Trays – 41,300 annually  Supplementary products – 40,268 annually</p> <ul style="list-style-type: none"> <li><b>Period from 1<sup>st</sup> January 2017 – 31<sup>st</sup> December 2017, Total Count of Instruments processed, i.e. total count of instruments processed in the make-up of trays or bagged/supplementary items broken down into totals either monthly or annually? For example 100 trays processed containing 25 instruments would total 2,500 instruments processed.</b></li> </ul> <p>The Trust does not record this information centrally. To obtain this information would entail trawling through</p>	

Trust documentation and exceed the appropriate time limit.

- **Current Sterile Service Department Staffing/Personnel Organisation Structure?**

1 x WTE Head of Decontamination Services – Band 8a  
1 x WTE Deputy Manager – Band 6  
1 x WTE Quality Administrator – Band 5  
1 x WTE Senior Team Leader – Band 4  
3 x WTE Team Leaders – Band 3  
10 x WTE Decontamination Technicians  
1 x WTE Stores Assistant  
1 x WTE Orderly

- **Current Sterile Services Job Titles and Pay Banding?**

Head of Decontamination Services – Band 8a  
Deputy Manager – Band 6  
Quality Administrator – Band 5  
Senior Team Leader – Band 4  
Team Leaders – Band 3  
Decontamination Technicians  
Stores Assistant  
Orderly

- **Current WTE / FTE employed for each job title?**

1 x WTE Head of Decontamination Services  
1 x WTE Deputy Manager  
1 x WTE Quality Administrator  
1 x WTE Senior Team Leader  
3 x WTE Team Leaders  
10 x WTE Decontamination Technicians  
1 x WTE Stores Assistant  
1 x WTE Orderly

- **Current Sterile Services shifts operated and staffing numbers / grades associated with each shift?**

		<p>Department operational from Monday – Friday 08.00-19.00 &amp; Saturday 08.00-16.00 on call from Saturday 16.00 through to Monday at 08.00 (staffed by 1WTE band 3)</p> <p>Shift pattern 08.00-16.00 1 senior team leader, 1 team leader and 5 technicians, 1 orderly and 1 stores assistant, shift pattern 10.00-19.00 2 x team leaders and 5 technicians.</p> <p>Management team hours to meet the needs of service typically core hours 08.00-16.00 the unit also includes endoscopy decontamination which is managed by the same management team as above.</p> <p>The operational staffing for endoscopy decontamination is as follows; 2 x WTE Team leaders and 6 x WTE decontamination technicians. (1x team leader and 3 x technicians for each shift) Shift patterns are 07.00-15.00 and 11.00-19.00.</p> <p>Shifts are Monday – Friday 07.00-19.00 Saturday 08.00-16.00 on call from 19.00 - 07.00 each weekday night &amp; Saturday 08.00-16.00 on call Saturday from 16.00 until 07.00 Monday (all endoscopy decontamination technicians and team leaders participate in the on call a week and a time, 1 staff member per call out)</p>	
3-7-18	4138	<p><b>1. Network Provider(s) - Please provide me with the network provider name e.g. EE, Telefonica, Vodafone, Three</b></p> <p>EE</p> <p><b>2. Annual Average Spend- Can you please provide me with the average annual spend over the 3 years. If this is a new contract can you please provide the estimated annual spend.</b></p> <p>The cost for the new E Contract is £9k per month = £108k annually</p> <p><b>3. Number of Connections- Number of connections for each network provider. Please split the connection into the following, Voice Only, Voice and Data and Data. Please provide me with a figure for each one including if the organisation doesn't have any.</b></p> <p>400 all data and voice</p> <p><b>4. Duration of the contract- please state if the contract also includes contract extensions for each provider.</b></p> <p>3 Years</p>	

		<p><b>5. Contract Start Date- please can you provide me with the start date of the signed agreement. Please do not provide me with the framework contract date I require the contract dates of the signed agreement.</b></p> <p>March 2018</p> <p><b>6. Contract Expiry Date- please can you provide me with the expiry date of the signed agreement. Please do not provide me with the framework contract date I require the contract dates of the signed agreement. If the contract is rolling please state.</b></p> <p>March 2021</p> <p><b>7. Contract Review Date- Please can you provide me with a date on when the organisation plans to review this contract.</b></p> <p>Jan 2021</p> <p><b>8. The person within the organisation responsible for this particular contract. Can you send me the full contact details Contact Name, Job Title, Contact Number and direct email address for each network provider? If full contact details cannot be provided please send me their actual job title.</b></p> <p>Deputy Head of IT – Technical Support</p>	
5-7-18	4139	<p><b>1. Does the Trust have a vascular and venous lead?</b></p> <p>Yes</p> <p><b>2. If so, what is the name of the lead/s?</b></p> <p><b>3. Please can you provide the email address of the lead/s?</b></p> <p>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>	
5-7-18	4140	Please find attached	<a href="#">Link to attachment</a>
6-7-18	4141	Please find attached	<a href="#">Link to attachment</a>

6-7-18	4142	Please find attached	<a href="#">Link to attachment</a>
6-7-18	4143	<p><b><u>Part 1 – Generic, non-commercially sensitive information:</u></b></p> <p><b>1. Does the Trust use, or have a contract with, any outsourced transcription service?</b></p> <p>Yes</p> <p><b>2. Does the Trust use an agency, bank, locum, or other ad hoc staff for the purposes of typing or transcribing clinical documentation?</b></p> <p>The Trust currently has 12.5 WTF staff for transcribing.  The Trust does also have a number of hours on bank for these services but this information has previously not been recorded centrally, therefore we are unable to give an accurate figure.  In previous years the divisional CSUs held their own records regarding spending and hours given to transcription services. To obtain this information would entail trawling through Trust records which would entail staff consent and exceed the appropriate time limit.</p> <p><b><u>Part 2 – Specific information:</u></b></p> <p>If the answer is yes to either of the questions in Part 1 please provide a response to the following questions:</p> <p><b>1. Outsourced Transcription</b></p> <p><b>a. Which company/companies does the Trust use?</b></p> <p>Scribetech</p> <p><b>b. Is that for an offshore (i.e. India) or onshore (EU) transcription centre?</b></p> <p>Offshore</p> <p><b>c. What is the total number of lines processed by the transcription provider(s)? If the volume varies year on year please note the volume processed during 2017/2018 FY, and for the current FY.</b></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>	

		<p><b>d. What is the total annual spend on outsourced transcription? If spend varies year on year please note the spend for 2017/2018 Financial Year (FY), and current spend so far this FY.</b></p> <p>Section 43 is a qualified exemption, and we are required to assess as objectively as possible whether the balance of public interest favours disclosing or withholding the information. Our view that section 43 applies to your request is based on the judgement that the Trusts ability to purchase products at a competitive price would be compromised by disclosure.</p> <p><b>2. Insourced Transcription</b></p> <p><b>a. What volume of transcription or document production is completed by these staff? If this fluctuates please note the volume for the last FY and so far this FY.</b></p> <p>Please note for previous years the Trust did not hold records for Insourced Transcription. This was done within each CSU/Hub and to obtain the information would require trawling through Trust records which would require permission from staff members and exceed the appropriate time limit.</p> <p><b>b. What is the annual spend on these staff? If this fluctuates please note the spend for the last FY and so far this FY.</b></p> <p>18-19 – £98,868.</p> <p>Please note for years previous to 2018/19 the Trust did not hold records for annual spending for Insourced Transcription. This was done within each CSU/Hub and to obtain the information would require trawling through Trust records which would require permission from staff members and exceed the appropriate time limit.</p>	
6-7-18	4144	<p><b>1. Does your Trust routinely provide bisphosphonates to postmenopausal women with primary breast cancer to reduce the risk of their cancer spreading to other parts of the body?</b></p> <p>The Trust prescribes bisphosphonates for some patients in the adjuvant setting.</p> <p><b>2. If your Trust does routinely provide bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body, but is not providing them for all postmenopausal women, how is eligibility defined? For example, women at increased risk of recurrence.</b></p> <p>The Trust prescribes bisphosphonates for postmenopausal women who are on aromatase inhibitors and some pre-menopausal women at high risk.</p>	

		<p><b>3. If your Trust does routinely provide bisphosphonates for postmenopausal women to reduce the risk of primary breast cancer spreading to other parts of the body, which bisphosphonates do you prescribe? For example, zoledronic acid, ibandronic acid, sodium clodronate.</b></p> <p>Ibandronic Acid</p> <p><b>4. If your Trust does not routinely provide bisphosphonates for postmenopausal women to reduce the risk of primary breast cancer spreading to other parts of the body, what are your reasons for not doing so?</b></p> <p>The Trust is currently developing a protocol to introduce the use of standard adjuvant bisphosphonates at MKUH.</p>	
9-7-18	4145	<p><b>Under the Freedom of Information Act, may I please request the following information for the last five years (2016/17, 2015/16, 2014/15, 2013/14, 2012/13) for each of the following:</b></p> <p><b>1. Level of deficit at year end</b></p> <p>I can confirm the information requested is available within the Trusts Annual Reports available via the website at <a href="http://www.mkhospital.nhs.uk/index.php?view=list&amp;slug=annual-reports&amp;option=com_docman&amp;layout=table&amp;Itemid=646">http://www.mkhospital.nhs.uk/index.php?view=list&amp;slug=annual-reports&amp;option=com_docman&amp;layout=table&amp;Itemid=646</a></p> <p><b>2. External consultancy services spend</b></p> <p>I can confirm the information requested is available within the Trusts Annual Reports available via the website at <a href="http://www.mkhospital.nhs.uk/index.php?view=list&amp;slug=annual-reports&amp;option=com_docman&amp;layout=table&amp;Itemid=646">http://www.mkhospital.nhs.uk/index.php?view=list&amp;slug=annual-reports&amp;option=com_docman&amp;layout=table&amp;Itemid=646</a></p> <p><b>3. Breakdown of consultancy spend by all sectors e.g health management consultancy, digital health consultancy, environment consultancy etc.</b></p> <p>All consultancy spend reported in the Trust's Annual Reports for the last five years relates to health management consultancy.</p>	
9-7-18	4146	Please find attached	<a href="#">Link to attachment</a>
10-7-18	4147	Completed via Survey Monkey	



11-7-18	4148	<p><b>1. Who provides expert evaluation of gender assignment in newborns with Disorders of Sex Development?</b></p> <p>The Tertiary Paediatric Endocrinology team based at the John Radcliffe Hospital in Oxford.</p> <p><b>2. Does the trust use a multidisciplinary team that deals with the evaluation and long-term management and needs of patients with Disorders of Sex Development?</b></p> <p>The Tertiary Paediatric Endocrinology team based at the John Radcliffe Hospital in Oxford.</p> <p><b>3. If yes to question 2, can you provide contact details for the team?</b></p> <p>The Tertiary Paediatric Endocrinology team based at the John Radcliffe Hospital in Oxford.</p> <p><b>4. What specialties are represented on the multidisciplinary team (e.g. paediatric subspecialists in endocrinology, surgery, and/or urology, psychology/psychiatry, gynaecology, genetics, neonatology, and, if available, social work, nursing, and medical ethics)? Please list them.</b></p> <p>Please contact <a href="mailto:oxford@infremation.co.uk">oxford@infremation.co.uk</a></p> <p><b>5. When dealing with Disorders of Sex Development, what guidelines, if any, do decision makers follow?</b></p> <p>No Regional guidelines for referrals but aware of BSPED Clinical Standards and Principals of management for DSD including referral time line.</p> <p><b>6. How many people are referred to this team per year (please give numbers for the last five years)?</b></p> <p>The Trust usually refers 1-2 patients to Oxford per year. Exact numbers cannot be given as the Trust does not record this information centrally. To obtain this information would entail trawling through patient records which would require permission and exceed the appropriate time limit.</p>	
11-7-18	4149	<p><b>1. Does the Trust impose upfront charges for non-urgent NHS healthcare treatment to overseas visitors, migrants and former UK residents who are ineligible for free healthcare under government guidelines? If not, please explain why, in the context of those guidelines.</b></p>	

Yes

**If the answer to question 1 is 'no', the Trust need not provide responses to questions 2-8.**

**2. The number of overseas visitors, migrants and former UK residents who were charged upfront for NHS healthcare treatment by the Trust since October 2017 - please note this includes patients who did not subsequently proceed with the treatment**

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.

**If the answer to question 2 is 'zero', the Trust need not provide responses to questions 3-8.**

**3. The total costs charged for the treatments referred to in question 2 (including where the patient did not proceed with the treatment)**

N/A

**4. The number of overseas visitors, migrants and former UK residents who did not proceed with NHS healthcare treatment by the Trust after being quoted an upfront charge (timeframe is since October 2017).**

**Notes to question 4:**

- **Sending an invoice to a patient for an upfront charge counts as quoting an upfront charge**
- **Patients who did not proceed with treatment include those who declined treatment and those who simply did not attend scheduled treatment, as well as any patients who were refused treatment by the Trust**

N/A

**5. Of the number of patients provided in response to question 4, please state how many did not attend scheduled treatment/appointment (rather than cancelling in advance)**

		<p><b>Note to question 5:</b></p> <ul style="list-style-type: none"> <li><b>If the Trust does not record information in a manner that would enable question 5 to be answered within the section 12 cost limit, please state that the information is 'not held' for this question and process the remainder of this request</b></li> </ul> <p>N/A</p> <p><b>If the Trust has not provided information for question 5, or has responded with 'zero', please proceed to question 7.</b></p> <p><b>6. What was the financial loss to the Trust caused by the missed scheduled treatment/appointments referred to in response to question 5?</b></p> <p><b>Note to question 6:</b></p> <ul style="list-style-type: none"> <li><b>If the Trust does not record information in a manner that would enable question 6 to be answered within the section 12 cost limit, please state that the information is 'not held' for this question and process the remainder of this request</b></li> </ul> <p>N/A</p> <p><b>7. Any data the Trust holds on the reasons for the refusal/inability of the patients referred in response to question 4 to pay the imposed upfront charges (such as preference to return home for treatment, or inability to meet the cost of treatment)</b></p> <p>N/A</p> <p><b>8. Any data the Trust holds on the conditions the patients referred to in response to question 4 wished to be treated for (this may be provided as categories of healthcare, such as ENT and nephrology), or alternatively the treatments that were subject to the imposed charges (these may be grouped into over-arching categories for data protection reasons)</b></p> <p>N/A</p>	
11-7-18	4150	<b>Could you conduct a search by bariatric equipment?</b>	

		<p><b>Failing that could you search for information on obese or bariatric equipment in the following areas?</b></p> <ul style="list-style-type: none"> <li>-Beds</li> <li>-Operating tables</li> <li>-Hoists</li> <li>-Commodes</li> <li>-Trolleys</li> </ul> <p>As previously stated, the Trust does not categorise orders in an easily accessible way that would allow us to gather the information requested, to obtain this information would entail trawling through Trust invoices which would exceed the appropriate time limit. Product description would not necessarily use the words 'bariatric' or 'obese' so we would be unable to provide accurate information in any case.</p>	
12-7-18	4151	Please find attached	<a href="#">Link to spreadsheet</a>
12-7-18	4152	Please find attached	<a href="#">Link to spreadsheet</a>
12-7-18	4153	<p><b>Q. What percentage of emails that your organisation receives are fraudulent – i.e. phishing messages, BEC (business email compromise) attacks, CEO Fraud, malware laden, etc.</b></p> <p>&gt;1 %</p> <p><b>Q. What is the most common type of fraudulent email/cyber-attack that your organisation receives?</b></p> <p>Don't Track</p> <p><b>Q. Has your organisation suffered financial loss in the last 12 months as a direct result of a faked email message being received that tricked an employee into sending money via wire transfer?</b></p> <p>No</p> <p><b>Q. Has your organisation had a device/system infected by ransomware in the last 12 months that was delivered via email:</b></p> <p>No</p> <p><b>Q. Do you use the domain-based message authentication, reporting and conformance protocol (DMARC) to block fake emails being spoofed to appear as if they have been sent by your company/organisation:</b></p>	

		<p>Yes</p> <p><b>Q. Are you aware if your organisation/brand has ever been 'spoofed' and used by scammers to send emails trying to trick people</b></p> <p>Don't Track</p> <p><b>Q. Do you publicise externally how a member of the public can check an email communication with your organisation to determine if it is fake?</b></p> <p>No</p> <p><b>Q. Do you publicise internally how a member of your workforce (including third party suppliers) can check an email communication with your IT/Security team to determine if it is fake?</b></p> <p>Yes Don't track</p> <p><b>Q. Do you provide a report button within your email system for end users to report phishing emails?</b></p> <p>No</p> <p><b>Q. Does your organisation have a SOC (Security Operations Centre) or IT security team?</b></p> <p>Yes</p> <p><b>Q. Do you have a secure email gateway?</b></p> <p>Yes</p>	
13-7-18	4154	<p><b>I am currently undertaking a report into the prevalence of joint hypermobility within the general population as part of my International Baccalaureate Diploma, and was curious as to if you had any information on the following from the past 10 years:</b></p> <ul style="list-style-type: none"> <li>- <b>The average age of those receiving treatment for Joint Hypermobility Syndrome.</b></li> <li>- <b>The comparative percentage of males and females receiving treatment for Joint Hypermobility Syndrome</b></li> </ul>	

		<p><b>- The number of males receiving treatment for joint hypermobility at ages: 8, 9, 10, 11-12, 12-13, 13-14, 15-16, 16-17, and 17-18.</b></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>	
16-7-18	4155	<p><b>1. Copy of pharmacy management structure -</b></p> <p>Please find attached</p> <p><b>2. Total WTE of pharmacists and pharmacy technicians:</b></p> <p>Pharmacists - 32.62 Technicians - 26.16</p> <p><b>3. Chief Pharmacist/Director of Pharmacy name -</b></p> <p>Helen Chadwick</p> <p><b>4. Copy of Job Description for Chief Pharmacist / Director of Pharmacy -</b></p> <p>Please find attached</p>	<p><a href="#">Link to attachment</a> <a href="#">Link to attachment</a></p>
16-7-18	4156	<p><b>1) What was your trusts total spend on agency nursing within renal dialysis units in 2017?</b>  <b>2) How many hours of agency nursing time did this equate to?</b>  <b>3) How many haemodialysis patients di your trust have in “017?</b>  <b>4) Please confirm your turnover % for all leavers within the renal unit (including end of fixed-term contracts, dismissalls, retirement and transfers)?</b>  <b>5) Please confirm your turnover % for resignations and industry transfers only within the renal unit?</b></p> <p>Renal Services at Milton Keynes University Hospital are provided by Oxford University Hospitals NHS Foundation Trust.</p> <p>Please redirect your Freedom of Information request to <a href="mailto:oxford@infreemation.co.uk">oxford@infreemation.co.uk</a></p>	
16-7-18	4157	Please see attached	<a href="#">Link to attachment</a>
17-7-18	4158	<b>It would be very much appreciated if someone could kindly send me over the <u>Organisational Chart for</u></b>	

		<p><b>the Trust.</b>  The information requested can be found on the Trusts website at  <a href="http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf">:http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf</a></p> <p>Please note individual staff details are exempt under Section 40 Personal Information (where disclosure may contravene the Data Protection Act) unless permission to release has been granted or they are already in the public domain.</p>	
18-7-18	4159	<p><b>Q1. Does your trust use a standard pre-designed consent form (or set of consent forms) for any of the spinal cord stimulation (SCS) procedures listed in the table below? Please specify for which of these procedures such a consent form exists.</b></p> <p><b>Q2. If your trust does use standard consent forms, please provide me with digital copies of the relevant forms and make clear what procedures each consent form is used for.</b></p> <p><b>Q3. Please provide digital copies of any patient information leaflets or guidance about SCS that is given to patients by your trust.</b></p> <p><b>Q4. With reference to your trust’s coding database, please tell me how many of each of the following SCS procedures were performed by your trust in each of the years 2016 and 2017 – the relevant OPCS 4.x codes are:</b></p> <p><b>Q5. Which OPCS coding version (or version of whatever other coding system) is used by your trust (e.g., OPCS 4.5)?</b></p> <p>I can confirm Milton Keynes University Hospital NHS Foundation Trust does not perform Spinal Cord Stimulation procedures.</p>	
18-7-18	4160	<p><b>Please can you send me the organisation’s Local Area Network (LAN) contract, which may include the following:</b></p> <ul style="list-style-type: none"> <li>· <b>Support and Maintenance- e.g. switches, router, software etc</b></li> <li>· <b>Managed- If this includes services than just LAN.</b></li> </ul> <p><b>1. Contract Type: Managed or Maintenance –</b></p> <p>Maintenance Contract</p>	

**2. Existing Supplier: Who is the current supplier?**

BT

**3. Annual Spend for each supplier: What is the annual average spending on the supplier above? If there is more than one supplier please split the annual averages spend for each supplier.**

Approximately £60k annually

**4. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable.**

6000 users

**5. Number of Sites: The number of sites, where equipment is supported by each contract.**

3 sites

**6. Hardware Brand: What is the hardware brand of the LAN equipment?**

Cisco

**7. Contract Description: Please provide me with a brief description of the overall contract.**

Provide break/fix support on all Cisco hardware

**8. Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include.**

5 Years

**9. Contract Expiry Date: When does the contract expire?**

Expires April 2019

**10. Contract Review Date: When will the organisation is planning to review the contract?**



		<p>January 2019</p> <p><b>11. Responsible Officer: Contact details including name, job title, contact number and email address?</b></p> <p>Deputy Director of IT – 01908 995002</p> <p><b>If the LAN maintenance is included in-house please include the following information:</b></p> <ol style="list-style-type: none"> <li><b>1. Hardware Brand: What is the hardware brand of the LAN equipment?</b></li> <li><b>2. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable.</b></li> <li><b>3. Number of Sites: Estimated/Actual number of sites the LAN covers.</b></li> <li><b>4. Responsible Officer: Who within the organisation is responsible for LAN please provide me with contact details including name, job title, contact number and email address?</b></li> </ol> <p>N/A</p> <p><b>If the contract is managed by a 3rd party e.g. Can you please provide me with</b></p> <ol style="list-style-type: none"> <li><b>1. Existing Supplier: Who is the current supplier?</b></li> <li><b>2. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable.</b></li> <li><b>3. Number of Sites: Estimated/Actual number of sites the LAN covers.</b></li> <li><b>4. Contract Type: Managed, Maintenance, Installation, Software</b></li> <li><b>5. Hardware Brand: What is the hardware brand of the LAN equipment?</b></li> <li><b>6. Contract Description: Please provide me with a brief description of the overall contract.</b></li> <li><b>7. Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include.</b></li> <li><b>8. Contract Expiry Date: When does the contract expire?</b></li> <li><b>9. Contract Review Date: When will the organisation is planning to review the contract?</b></li> <li><b>10. Responsible Officer: Who within the organisation is responsible for each of these contract(s) please provide me with contact details including name, job title, contact number and email address?</b></li> </ol> <p>N/A</p>	
18-7-18	4161	<p><b>Please can you tell me how many non-disclosure agreements the trust has agreed in each year over the past 10 years?</b></p> <p><b>Please can you also tell me which department of the trust ex-employees or employees who signed the</b></p>	

**NDAAs were working for?**

<b>Year</b>	<b>Division</b>	<b>Department</b>	<b>Financial value (£)</b>
2009/10	None	None	N/A
2010/11	None	None	N/A
2011/12	None	None	N/A
2012/13	None	None	N/A
2013/14	Core Clinical	Stores	8,000
2013/14	Bank	Nursing	2,000
2014/15	Core Clinical	Histopathology	11,500
2014/15	Core Clinical	Catering	0
2014/15	Surgery	Ward based	1,500
2015/16	Corporate	Nursing	0
2015/16	Corporate	ICT	0
2016/17	W&C	Obstetrics & Gynaecology	0
2016/17	Core Clinical	Management	0
2017/18	W&C	Obstetrics & Gynaecology	0
2017/18	Corporate	Management	0
2018/19	Finance	Procurement	0

18-7-18	4162	<p><b>1. What is your paediatric inpatient occupancy, on your units (0-18yrs)?</b></p> <p>22 Inpatient beds including 4 HDU 6 escalation beds</p> <p><b>2. How many of these would fit into the definition above?</b></p> <p>On 27/7/18 we have 2 children who are inpatients and meet this category</p> <p><b>3. How many long stay (&gt;30days) paediatric patients do you have?</b></p> <p>On 27/7/18 - Nil</p> <p><b>4. How many of these patients are medically fit to be discharged?</b></p> <p>N/A</p> <p><b>5. Amongst your long stay paediatric population, are there any non-medical barriers to discharge? If so what are the common reasons e.g. housing, care provider allocation, training or social care support?</b></p> <p>Housing has been an issue for 1 family, suitable carer provision, use of continuing care packages can delay discharge</p> <p><b>6. Who coordinates discharge planning for “CMiC” patients and how are they set up to do this e.g. specialist paediatric discharge nurse, CNS, adult discharge teams, support workers?</b></p> <p>Ward Named Nurse for that child, in conjunction with ward MDT- we do not have specialist discharge nurses/support workers</p> <p><b>7. Do you have any links with charities when doing this work e.g. charity funded nursing positions, collaboration with charity workers?</b></p> <p>NIL</p> <p><b>8. Do you have specific paperwork for long stay “CMiC” patients e.g. hospital passports, patient held records, advanced care plans?</b></p>	
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Yes we have a mixture of documentation including Parent held records, Advanced Care Plans – we are exploring again the use of Hospital Passports

19-7-18 4163

**1) How many crutches, walking frames and walking sticks were purchased by your trust in the financial year 2017/18, 2016/17 and 2015/16 (please break the figure down by financial year)?**

Qty	2015 - 16	2016 - 17	2017 - 18	Grand Total
Crutches	2414	2970	2754	8138
Walking Frames		6	0	6
Walking Stick	280	436	359	1075
Grand Total	2694	3412	3113	9219

**2) What was the total spend in the above years on a) crutches b) walking frames c) walking sticks (please break the figure down by financial year)?**

Total(£)	2015 - 16	2016 - 17	2017 - 18	Grand Total
Crutches	22,265.8	24,944.1	22,708.57	69,918.54
Walking Frames	6	1	-	116.36
Walking Stick	1,327.82	1,619.97	1,889.69	4,837.48
Grand Total	23,593.6	26,680.4	24,598.26	74,872.38

**3) How many have been given to patients and have not been returned in each financial year (please break the figure down by financial year)?**

The Trust does not record this information centrally. Equipment is often returned unannounced by relatives and patients who no longer require use of the equipment, therefore we are unable to provide accurate information.

19-7-18	4164	<p><b>How much did the trust spend on agency locums last year? Broken down into SHO, Middle Grade and Consultants</b></p> <p><b>If I could please have this information on the following specialities: A&amp;E, Acute Medicine, General Medicine, Radiology and Paediatrics I would be appreciative.</b></p> <p>Please find spreadsheet attached.</p> <p>Please note Acute Medicine and General Medicine are together and not split.</p>	<p><a href="#">Link to spreadsheet</a></p>
20-7-18	4165	<p><b>Please could you provide a sample of a typical rota for Foundation Year 1 doctors in the following departments within each of your hospitals;</b></p> <p><b>Foundation Year 1 - Geriatrics</b>  <b>Foundation Year 1 - Cardiology</b>  <b>Foundation Year 1 - Respiratory Medicine</b>  <b>Foundation Year 1 - Orthopaedic Surgery</b>  <b>Foundation Year 1 - Vascular Surgery</b>  <b>Foundation Year 1 - Paediatrics</b>  <b>Foundation Year 1 - Acute Medicine</b>  <b>Foundation Year 1 - Gastroenterology</b></p> <p>Please find attached the FY1 Medicine rota, which covers all Medicine departments, the FY1 Surgery rota and the FY1 MAU rota.</p> <p>Please note the Trust do not currently have any FY1 trainees in Paediatrics or Orthopaedics.</p>	<p><a href="#">Link to MAU FY1 Rota</a>  <a href="#">Link to Medicine FY1 Rota</a>  <a href="#">Link to Surgery FY1 Rota</a></p>
23-7-18	4166	<p><b>Please can you advise who is responsible for organising interpreters for patients?</b></p> <p>Departments will arrange interpreters if necessary via Medical Records. The Trust uses Big Word for this Service.</p>	
23-7-18	4167	<p><b>Operating theatres questions:</b></p> <p><b>The make of the lights and pendant currently in place in the operating theatres (this includes day surgery as well)</b></p> <ul style="list-style-type: none"> <li>• Theatre 1 Model Berchtold F528/F528</li> </ul>	

		<ul style="list-style-type: none"> <li>• Theatre 2 Model Hanaulux London/London</li> <li>• Theatre 3 Model Hanaulux Amsterdam</li> <li>• Theatre 4 Model Hanaulux 2007/2004/2004</li> <li>• Theatre 5 Model ALM PRC 5001</li> <li>• Theatre 6 Model Hanaulux 2004/2004</li> <li>• Theatre 7 Model Hanaulux Amsterdam/Oslo</li> <li>• Theatre 8 Model Hanaulux Amsterdam/Oslo</li> <li>• Theatre 9 Model ALM PRX 6000/4000</li> <li>• Theatre 10 Model ALM PRX 4000/4000</li> <li>• Theatre 11 Model ALM PRX 4000/4000</li> <li>• Theatre 12 Model ALM PRX 4000/4000</li> </ul> <p><b>The date the lights and pendants were installed</b></p> <p>The age of the fittings are between 30/35 years old</p> <p><b>The planned date to change over or upgrade the lights and pendants.</b></p> <p>We are currently going out to tender for the Theatre Lighting, replacing 2nr per year.</p> <p><b>Intensive Care Units questions:</b></p> <ul style="list-style-type: none"> <li>• <b>Are out of hospital cardiac arrest patients treated with target temperature management when they enter the ICU? If so which method is used to conduct this, surface cooling or vascular cooling? Can you please specify the list of temperature management device that are used (including the purchase date, make, model and location)</b></li> </ul> <p>As the recommendation for active cooling has changed for out of hospital cardiac arrests patients, the Trust no longer uses any equipment to cool patients. Our aim is to maintain patient's at a normal temperature and use the Bair Hugger system to warm patients if and when needed.</p>	
23-7-18	4168	<p><b>1) Copies of any policies that the Trust has on the prevention of FASD, and on the diagnosis and post-diagnostic care pathway for patients with an FASD. Also your policy on the training of Trust personnel to manage patients with FASD.</b></p> <p>The Trust does not provide training in Maternity.</p> <p><b>2) Any information you hold on services your Trust provided for FASD for</b></p>	

**a. prevention education following the 2016 Chief Medical Officers' guidelines that the safest course is not to drink while pregnant or attempting to become pregnant;**

We give this advice to every woman at booking.

**b. diagnosis for both children and adults;**

Diagnosis is based on the clinical features of dysmorphism where we get a geneticist opinion. For behavioural concerns they go to community paediatricians.

**c. post-diagnostic care in the financial years beginning 2013, 2014, 2015, 2016, 2017 and 2018.**

Post diagnostic care is decided on their individual needs, no specific guideline exists.

**3) Information on the number of Doctors in your Trust who currently provide diagnostic and/or post-diagnostic services for FASD? Please provide their names and posts. Whether your Trust employs specifically trained professionals, including but not limited to nurses, psychologists, occupational therapists and speech and language therapists, to provide specialised services for patients on the FASD spectrum? If so, in what specialties, and how many? Please provide their names and posts.**

The Trust does not have anyone specifically trained to care for children with FASD.

**4) Information on training provided to personnel in your Trust on FASD, or provided by others and accessed by your personnel.**

None provided.

**5) Information you hold on whether your Trust sends patients for FASD diagnosis to the National FASD Clinic in Surrey (<https://www.fasdclinic.com/>)? Did you refer any patients to the National FASD Clinic in 2013, 2014, 2015, 2016 and 2017, and in 2018, and if so, how many in each year?**

None has been sent to this clinic according to Clinical service lead's knowledge.

**6) What was your budget for services for FASD in each financial year since that starting in 2013 and including the current financial year?**

No budget allocation for FASD.

		<p><b>7) Please provide copies of any agreed plans you have to expand the budget or services in coming years.</b></p> <p>Currently the Trust have no plans to expand the budget or services.</p>																			
24-7-18	4169	<p><b>1. Please send a structure chart of your patient experience team (including PALS and complaints) detailing WTE and band.</b></p> <p>Please see attached.</p> <p><b>2. Please send job descriptions and person specifications for the posts detailed in question 1.</b></p> <p>Please see attached. Please note that the Senior PALS officer JD is in draft only and still being written.</p> <p><b>3. Total number of PALS enquiries/concerns per month</b></p> <p>Average complaints 77 per month, information feedback and signposting average 122 per month- taken from figures 01/04/2017 to 31/03/2018</p> <p><b>4. Total number of formal complaints per month</b></p> <p>Formal complaints average 29 per month - taken from figures 01/04/2017 to 31/03/2018</p>	<p><a href="#">Link to Band 3 JD</a>  <a href="#">Link to Band 6</a>  <a href="#">Link to Draft JB PALS SO</a>  <a href="#">Link to Band 4 JD</a>  <a href="#">Link to PEE JD</a>  <a href="#">Link to PEE PS</a>  <a href="#">Link to PS Band 4</a>  <a href="#">Link to PS Trust Lead for Complaints</a>  <a href="#">Link to Staff Structure July 2018</a></p>																		
	4170	Subject Access Request																			
25-7-18	4171	<p><b>Under the Freedom of Information Act 2000, I would like to request data on the number of NHS staff on long-term stress leave during the last year for which figures are available, as well as the total number of days they were on stress leave for, both broken down by staff category, if possible to include without incurring unreasonable cost or time effort for you.</b></p> <table border="1"> <thead> <tr> <th>Staff Group</th> <th>Day lost</th> <th>Headcount</th> </tr> </thead> <tbody> <tr> <td>Add Prof Scientific and Technic</td> <td>129</td> <td>2</td> </tr> <tr> <td>Additional Clinical Services</td> <td>1489</td> <td>24</td> </tr> <tr> <td>Administrative and Clerical</td> <td>1076</td> <td>17</td> </tr> <tr> <td>Allied Health Professionals</td> <td>266</td> <td>2</td> </tr> <tr> <td>Estates and Ancillary</td> <td>660</td> <td>6</td> </tr> </tbody> </table>	Staff Group	Day lost	Headcount	Add Prof Scientific and Technic	129	2	Additional Clinical Services	1489	24	Administrative and Clerical	1076	17	Allied Health Professionals	266	2	Estates and Ancillary	660	6	
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Healthcare Scientists	206	1
Medical and Dental	394	4
Nursing and Midwifery Registered	1494	14
Grand Total	5714	70

Please note included are days lost to stress/anxiety/depression and other psychiatric illnesses.

25-7-18 4172

**1. An overview of the roles, responsibilities and remit of the Trust.**

**2. An estimate of the population the Trust's remit covers.**

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

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.

**3. The number of staff currently employed by the Trust.**

**4. The number of staff paid on the Agenda for Change (AfC) scale.**

**5. A breakdown of the number of staff employed on each band of the AfC scale from band 1 through to band 9.**

**6. The number and/ or percentage of staff employed by the Trust who work in a non-clinical capacity, i.e. those who do not work directly with patients in an acute setting or in the community. This includes members of any healthcare profession (e.g. nursing and medical) in managerial roles with no direct patient clinical contact.**

**7. The number and/ or percentage of staff employed by the Trust who work in a clinical capacity, i.e. those who work directly with patients in an acute setting or in the community.**

**8. Estimates of the Trust's budget and expenditure for the financial year 2017/18. No breakdown of the budget or expenditure is required.**

		I can confirm the information requested is available within the Trusts Annual Reports available via the website at <a href="http://www.mkhospital.nhs.uk/index.php?view=list&amp;slug=annual-reports&amp;option=com_docman&amp;layout=table&amp;Itemid=646">http://www.mkhospital.nhs.uk/index.php?view=list&amp;slug=annual-reports&amp;option=com_docman&amp;layout=table&amp;Itemid=646</a>																																											
27-7-18	4173	<p><b>Please can you tell me if any of your buildings are clad in Aluminium Composite Material, and if so how many.</b>  <b>If any buildings have ACM please can you tell me whether the trust will be removing the cladding and if you have estimated how much this will cost.</b></p> <p>I can confirm that one building on the Trust's site has been identified as being clad in Aluminium Composite Material. As it is a low-rise building (two storeys) the Trust does not currently have any plans to remove the cladding.</p>																																											
27-7-18	4174	<p><b>Within your trust how many patients have been treated, in the past 6 months January to June 2018 by diagnosed eye condition. Of these patients how many are new to treatment [they have not previously received an injection / implant]? If your trust can not split by condition, please supply the total patients and total new patients. A new patient is one that has not previously received an injection in either eye for an ophthalmology condition.</b></p> <table border="1"> <thead> <tr> <th></th> <th>Total Patients</th> <th>New Patients</th> <th>Lucentis (ranibizumab) Patients</th> <th>Lucentis (ranibizumab) NEW Patients</th> <th>Eylea (aflibercept) Patients</th> <th>Eylea (aflibercept) NEW Patients</th> <th>Other Patients (bevacizumab, Dexamathasone or Fluocinolone)</th> <th>Other NEW Patients (bevacizumab, Dexamathasone or Fluocinolone)</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>179</td> <td>28</td> <td>71</td> <td>5</td> <td>72</td> <td>7</td> <td>36</td> <td>16</td> </tr> <tr> <td>Wet Age Related Macular Degeneration (wAMD)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other conditions (DMO, RVO or mCNV)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Total Patients	New Patients	Lucentis (ranibizumab) Patients	Lucentis (ranibizumab) NEW Patients	Eylea (aflibercept) Patients	Eylea (aflibercept) NEW Patients	Other Patients (bevacizumab, Dexamathasone or Fluocinolone)	Other NEW Patients (bevacizumab, Dexamathasone or Fluocinolone)	Total	179	28	71	5	72	7	36	16	Wet Age Related Macular Degeneration (wAMD)									Other conditions (DMO, RVO or mCNV)									
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		<p>The Trust are unable to determine which of these patients are being treated for Wet Age Related Macular Degeneration (wAMD) or Other conditions (DMO, RVO or mCNV) as this information is not held centrally. To obtain this information would entail trawling through patient records which would require permission and exceed the time limit.</p>	
30-7-18	4175	<p><b>Could you please tell me if there have been any injuries to hospital visitors or staff while using the New Entrance Drop-off/Pick-up Area during 2018?</b></p> <p><b>In particular, has anyone been injured as a result of sitting on the small wall immediately outside the entrance (and which now has warning signs attached).</b></p> <p>I can confirm there have been 2 reported accidents to staff/patients using the New Main Entrance Drop off/Pick up area during 2018.</p> <p>Neither of which were a results of sitting on the small wall immediately outside the entrance.</p>	
30-7-18	4176	<p><b>I am in the process of updating our database with the most up to date information before we migrate to a new system. I find most of the names I need online, but sometimes cannot find certain people. I was looking for your:</b></p> <ul style="list-style-type: none"> <li>• <b>D o Communications</b></li> <li>• <b>D o Informatics</b></li> <li>• <b>Do Strategy</b></li> </ul> <p>The information requested can be found on the Trusts website at:  <a href="http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf">http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf</a></p> <p>Please note individual staff details are exempt under Section 40 Personal Information (where disclosure may contravene the Data Protection Act) unless permission to release has been granted or they are already in the public domain.</p>	
30-7-18	4177	<p><b>1. Do you routinely carry out point of care tests for bacterial and viral infections?</b></p> <p><b>2. In what scenarios do you use point of care testing?</b></p> <p><b>3. What is the average length of time taken for results of point of care tests for bacterial and viral infections to be delivered?</b></p> <p><b>4. Which bacterial or viral infections do you test for specifically? a) MRSA, b) C.diff, c) E.coli, d) CPE, e) any others?</b></p>	

		I can confirm Milton Keynes University Hospital do not carry out point of care tests for bacterial or viral infections.	
30-7-18	4178	<p><b>1. As a trust, what protocols do you have in place for managing patients to prevent infection in the patient pathway?</b></p> <p>Elective pathway – MRSA screening, urinalysis and blood picture. Emergency and repatriation screening is tailored to presenting symptoms – intervention and level of care indicated</p> <p><b>2. Do you have a policy for routine testing for bacterial infections a) in all patients b) in high risk patients only?</b></p> <p>Aligned to admission/transfer risk.</p> <p><b>3. Do you have a policy for routine testing for viral infections a) in all patients b) in high risk patients only?</b></p> <p>No.</p> <p><b>4. Is isolation the protocol for high risk patients? If not, please can you confirm what protocols are in place.</b></p> <p>All single room use is reviewed daily – supported by Clinical Site Managers, daily multidisciplinary huddle and IPCT advice.</p>	
27-7-18	4179	<p><b>1. Does the hospital have specific rules regarding terminally ill patients completing documents on hospital property and time?</b></p> <p>No. However, staff are not to be involved in completing or signing any documentation for patients such as wills.</p> <p><b>2. Does the hospital have specific rules regarding terminally ill patients leaving the premises?</b></p> <p>As stated above, in (5).</p>	

31-7-18	4180	<table border="1"> <thead> <tr> <th data-bbox="353 154 958 188">FOI Request – Software and Services</th> <th data-bbox="974 154 1588 188">Answer</th> </tr> </thead> <tbody> <tr> <td data-bbox="353 194 958 295">Who is your theatre management system supplier? (surgical)</td> <td data-bbox="974 194 1588 295">Cerner</td> </tr> <tr> <td data-bbox="353 301 958 367">What is the renewal date of the theatre management system contract?</td> <td data-bbox="974 301 1588 367">May 2025</td> </tr> <tr> <td data-bbox="353 373 958 438">Who provides your Digital Dictation software? (if applicable)</td> <td data-bbox="974 373 1588 438">N/A in Theatres, but some use of Big Hand.</td> </tr> <tr> <td data-bbox="353 445 958 510">What is the renewal date of the digital dictation contract?</td> <td data-bbox="974 445 1588 510">Renewed annually.</td> </tr> <tr> <td data-bbox="353 517 958 611">What percentage of Trust inpatient activity income from commissioners was on a block contract basis in years 16/17 and 17/18?</td> <td data-bbox="974 517 1588 611">I can confirm the Trust has no activity on a block contract with commissioners.</td> </tr> <tr> <td data-bbox="353 617 958 683">What was the value of this activity in 16/17 and 17/18?</td> <td data-bbox="974 617 1588 683">N/A</td> </tr> </tbody> </table>	FOI Request – Software and Services	Answer	Who is your theatre management system supplier? (surgical)	Cerner	What is the renewal date of the theatre management system contract?	May 2025	Who provides your Digital Dictation software? (if applicable)	N/A in Theatres, but some use of Big Hand.	What is the renewal date of the digital dictation contract?	Renewed annually.	What percentage of Trust inpatient activity income from commissioners was on a block contract basis in years 16/17 and 17/18?	I can confirm the Trust has no activity on a block contract with commissioners.	What was the value of this activity in 16/17 and 17/18?	N/A		
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31-7-18	4181	<p data-bbox="324 689 2201 722"><b>1. How much does it cost your NHS trust to surgically remove a foreign object from a patient?</b></p> <p data-bbox="324 754 2201 788">The latest costs can be found at: <a href="https://improvement.nhs.uk/resources/reference-costs/">https://improvement.nhs.uk/resources/reference-costs/</a></p> <p data-bbox="324 820 2201 885"><b>2. How many patients have had foreign objects surgically removed from their bodies across your NHS trust from July 2017 to July 2018?</b></p> <p data-bbox="324 917 2201 951">133</p> <p data-bbox="324 983 2201 1224">Included in this figure is a count of distinct patients that attended MKUH as an inpatient and underwent any procedure between the 1st July 2017 and the 31st July 2018 represented by any of the OPCS4 Procedure Codes listed below. Note that the figure is a count of distinct patients and therefore if a patient underwent more than one procedure during the period, they are represented only once in the figure given. Also, it should be noted that the procedures listed below are occasionally performed in outpatients in the Trust, however the request for 'surgical removals' has been interpreted as only referring to patients that had a procedure as an inpatient.</p> <p data-bbox="324 1256 2201 1426"> A072 : Removal of foreign body from tissue of brain  C064 : Removal of foreign body from orbit  C223 : Removal of foreign body from eyelid  C433 : Removal of foreign body from conjunctiva  C481 : Surgical removal of foreign body from cornea </p>																

C645 : Removal of foreign body from iris  
C774 : Surgical removal of foreign body from lens  
C864 : Removal of foreign body from eye NEC  
D073 : Removal of foreign body from external auditory canal  
E085 : Removal of foreign body from cavity of nose  
E274 : Removal of foreign body from pharynx  
E485 : Fibreoptic endoscopic removal of foreign body from lower respiratory tract  
E505 : Endoscopic removal of foreign body from lower respiratory tract using rigid bronchoscope  
F242 : Removal of foreign body from tongue  
F364 : Removal of foreign body from tonsil

G132 : Open removal of foreign body from oesophagus  
G151 : Fibreoptic endoscopic removal of foreign body from oesophagus  
G181 : Endoscopic removal of foreign body from oesophagus using rigid oesophagoscope  
G384 : Open removal of foreign body from stomach  
G442 : Fibreoptic endoscopic removal of foreign body from upper gastrointestinal tract  
G533 : Open removal of foreign body from duodenum  
G548 : Other specified therapeutic endoscopic operations on duodenum  
G783 : Removal of foreign body from ileum  
H194 : Open removal of foreign body from colon  
H213 : Fibreoptic endoscopic removal of foreign body from colon  
H248 : Other specified other therapeutic endoscopic operations on lower bowel using fibreoptic sigmoidoscope  
H272 : Endoscopic removal of foreign body from sigmoid colon using rigid sigmoidoscope  
K573 : Percutaneous transluminal removal of foreign body from heart  
M392 : Open removal of foreign body from bladder  
M762 : Endoscopic removal of foreign body from urethra  
M833 : Removal of foreign body from urinary tract NEC  
N136 : Removal of foreign body from testis  
P294 : Removal of foreign body from vagina  
P316 : Removal of foreign body from pouch of Douglas NEC  
S44 : Removal of other inorganic substance from skin  
S45 : Removal of other substance from skin  
S703 : Removal of foreign body from nail  
T316 : Removal of foreign body from anterior abdominal wall  
T398 : Other specified operations on posterior peritoneum

		<p>T414 : Open removal of foreign body from peritoneum T424 : Endoscopic removal of foreign body from peritoneum</p> <p><b>3. How many of those patients had sex toys surgically removed from their bodies between July 2017 and July 2018?</b></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> <p><b>4. How many patients have attended A&amp;E requiring medical assistance to remove a sex toy / sex instrument from their bodies between July 2017 and July 2018?</b></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>	
31-7-18	4182	<ul style="list-style-type: none"> <li>• <b>What was your Trusts total spend on Cath Lab Nursing Agency staff (Cath Lab Staff Nurse) from 09/04/2018 to date?</b></li> <li>• <b>How many Cath Lab Nursing Agency staff (Cath Lab Staff Nurse) did you use at your Trust from 09/04/2018 to date?</b></li> <li>• <b>How many Cath Lab Nursing Agency staff (Cath Lab Staff Nurse) do you currently utilise at your Trust?</b></li> </ul> <p>I can confirm that the Trust have not used Cath Lab Nursing agency staff in the time period 09/04/18 to date.</p> <ul style="list-style-type: none"> <li>• <b>What were your Trusts total spend on Interventional Radiology Nursing Agency staff (Radiology Staff Nurse) from 09/04/2018 to date?</b></li> <li>• <b>How many Interventional Radiology Nursing Agency staff (Radiology Staff Nurse) did you use at your Trust from 09/04/2018 to date?</b></li> <li>• <b>How many Interventional Radiology Nursing Agency staff (Radiology Staff Nurse) do you currently utilise at your Trust?</b></li> </ul> <p>I can confirm the Trust have not used agency Radiology Staff Nurses in the time period 09/04/18 to date.</p>	

