

FOI Requests - Issued Responses Report for Website Submission

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30311	FOI Request	Procurement plans for tumour profiling (K814)	We are not a diagnostic centre, we therefore do not perform the profiling testing associated with the guidance referred to within your request.	05 Aug 2019	05 Aug 2019
<p>We are currently researching the NICE Guidelines and its impact on procurement, and access to the market.</p> <p>We are looking specifically at diagnostics - NICE Guidance - DG34 - tumour profiling for breast cancer, as a recent example. We would like to understand any procurement plans you have in place as a result of this? Including dates, procurement route (open, restricted), regime (whether light touch regime, standard OJEU), likely weightings (quality vs price), or via NHS Supply Chain or other framework provider?</p>					
30322	FOI Request	Cremation forms (K819)	<p>1. The number of "form 4" cremation forms completed by doctors at The Christie NHS Foundation Trust in the 2018/2019 financial year 224</p> <p>2. The number of "form 5" cremation forms completed by doctors at The Christie NHS Foundation Trust in the 2018/2019 financial year 237</p> <p>3. The total fees taken by doctors at The Christie NHS Foundation Trust in the 2018/2019 financial year for cremation forms? £37,802.00</p>	23 Jul 2019	05 Aug 2019
<p>1. The number of "form 4" cremation forms completed by doctors at The Christie NHS Foundation Trust in the 2018/2019 financial year</p> <p>2. The number of "form 5" cremation forms completed by doctors at The Christie NHS Foundation Trust in the 2018/2019 financial year</p> <p>3. The total fees taken by doctors at The Christie NHS Foundation Trust in the 2018/2019 financial year for cremation forms?</p>					
30456	FOI Request	Surrogacy Policy	Not applicable to our Trust	05 Aug 2019	05 Aug 2019
<ul style="list-style-type: none"> How many ACUTE NHS Trusts in England have a Surrogacy Policy when dealing with pregnant patients which include Surrogates and intended parents? Those Trusts that do, when it was last updated (month and year)? (As new essential guidelines was released in Feb 2018 and the take up appears to be small (which I want to help correct). 					
30457	FOI Request	Stool antigen tests for heliobacter pylori	Not applicable to our Trust	05 Aug 2019	05 Aug 2019
<p>Has your hospital performed any stool antigen tests for helicobacter pylori testing from January 1, 2018 till December 31, 2018? If the answer is 'yes', could you provide me the number of stool antigen tests performed during this period.</p>					

#	Tracker	Subject	FOI Response	Start date	Date Submitted
29963	FOI Request	Support Our Plans website (K735)	Postcode Online Physical Total M20 1 11 6 17 M20 2 20 10 30 M20 3 14 16 30 M20 4 25 23 48 M20 5 9 2 11 M20 6 12 6 18 M20 total 91 63 154	30 May 2019	06 Aug 2019

With reference to the 'Support Our Plans' feature as shown in the image, please can you provide the following information:

- (a) Total number of 'Support Cards' that were submitted via the website
- (b) Total number of 'Letters of Support' that were submitted via the website
- (c) Total number of messages of support for the 'Paterson Redevelopment Project' that were collected by The Christie or Turley via any means other than the website, and subsequently communicated to Manchester City Council
- (d) For each of (a) (b) and (c) above, please can you break down the totals by postcode (as a minimum to its first 4 characters, e.g. M203)

30301	FOI Request	Number of operations (K811)	<p>Part 1) The total number of operations cancelled for non-clinical reasons, broken down by the cause of the cancellation, for example due to lack of beds, operating theatre capacity, staffing issues, and equipment failures. Please provide this information for each of the past three financial years (2016/17, 2017/18, 2018/19).</p> <p>The figures described below match the number of cancelled operations on the day for non-clinical reasons as reported within the Trust performance report.</p> <p>Part 2) Elective operations cancelled at the last minute. For the purposes of this request, last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.</p> <p>Part 3) Cancelled urgent operations – we do not report any of our operations as urgent and so our response to this part of the FOI is a null return. This is consistent with the returns the trust completes for the monthly M-SitRep.</p>	17 Jul 2019	06 Aug 2019
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The total number of operations cancelled for non-clinical reasons, broken down by the cause of the cancellation, for example due to lack of beds, operating theatre capacity, staffing issues, and equipment failures. Please provide this information for each of the past three financial years (2016/17, 2017/18, 2018/19). In the total number of operations, broken down by cancellation reason, please include:

- Elective operations cancelled at the last minute. For the purposes of this request, last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.
- Cancelled urgent operations.

For ease, please use the table below for responses.

Reason for Cancellation 2016/17 2017/18 2018/19

Lack of beds

Operating theatre capacity / list over-ran

Staffing issues

Equipment failures

Emergency case took priority

Adverse weather

Booking / admin error

Case note unavailable

Other reasons

TOTAL

30449	FOI Request	Operations cancelled for non-clinical reasons (K836)	Please see attached.	07 Aug 2019	06 Aug 2019
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I would like to request the total number of operations cancelled for non-clinical reasons, broken down by the cause of the cancellation, for example due to lack of beds, operating theatre capacity, staffing issues, and equipment failures, in 2018/19 (financial year, April to March).

In the total number of operations, broken down by cancellation reason, please include:

- Elective operations cancelled at the last minute. For the purposes of this request, last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.
- Cancelled urgent operations.

If the data is collected by the trust, please also provide a separate total for each year for all operations cancelled for non-clinical reasons, regardless of how soon before the scheduled operation time the cancellation occurred.

30455	FOI Request	Endometrial ablation	Not applicable to our Trust	07 Aug 2019	07 Aug 2019
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- 1) How many NovaSure for endometrial ablation procedures, has the trust purchased in the last 12 months?
- 2) How many Lonestar disposable surgical retractors has the trust purchased in the last 12 months?
- 3) Are your surgeons using adhesion prevention products (eg: Hyalobarrier gel, Hyacorp endo gel, Materegen gel) for laparoscopic procedures?
If so, how many have been purchased in the last 12 months
- 4) Are your surgeons using adhesion prevention products (eg: Hyalobarrier gel, Hyacorp endo gel, Materegen gel) for intra-uterine procedures?
If so, how many have been purchased in the last 12 months?
- 5) How many Capio suture capturing devices were purchased in the last 12 months?

6) How many operating theatres do you have in the trust which are used for laparoscopy? Do they use bottled CO2?

30458	FOI Request	Clinically assisted nutrition and hydration (CANH)	Not applicable to our Trust	07 Aug 2019	07 Aug 2019
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1) Please state the name of your Trust?

2) How many patients currently under your care are being kept alive with clinically assisted nutrition and hydration (CANH) who are in a persistent vegetative state or minimally conscious state?

3a) How many patients from Q2 have been kept alive for 1 year or more?

b) How many patients from Q2 have been kept alive for 3 years or more?

c) How many patients from Q2 have been kept alive for 5 years or more?

4a) How much money has your trust spend on the patients from Q2 in the years;

2015 - 2016

2016 - 2017

2017 - 2018

b) How much money does your Trust spend per patient (from Q2) on average?

5) How many next of kin of patients from Q2 have asked for the CANH to be stopped and their loved ones be moved into palliative care?

6a) In how many patients cases, have you been in a legal battle, whether mediation or court, because next of kin wanted to stop CANH in the last 5 years?

b) What has been the financial cost of these legal battles/mediations?

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30317	FOI Request	Locum agency spend (K815)	<p>Locum Agency spend for financial year 2018/2019 broken down by;</p> <ul style="list-style-type: none"> - Medical Locums/Doctors £318,511 (figure inclusive of agency and internal bank shifts) - AHP's (Allied Health Professionals) £86,755 - HSS (Health and Social Sciences) Nil - Nursing £277,924 - NMNC (Non-Medical, Non-Clinical) £313,101 <p>Bank spend for financial year 2018/2019 broken down by;</p> <ul style="list-style-type: none"> - Medical Locums/Doctors £318,511 (figure inclusive of agency and internal bank shifts) - AHP's (Allied Health Professionals) £51,513 - HSS (Health and Social Sciences) £42,287 - Nursing £1,524,906 - NMNC (Non-Medical, Non-Clinical) £525,303 <ul style="list-style-type: none"> • If you have an operational staff bank, is this service provided by an external company? Internally managed • Which areas does this cover (medics, nurses etc) Admin & Estates; Nursing & HCAs; Scientific Therapeutic & Tech; and Healthcare Scientists. • Who provides your staff bank solution? None • When is your staff bank service due for renewal? Not applicable • What frameworks are needed to tender for these services? ie Health Trust Europe, CCS etc Not applicable • Do you currently use a Master/Neutral Vendor? If so please state the name of the company Not applicable • When does the contract expire? Not applicable • Do you use a Direct Engagement model? If so please state the name of the company Yes - Liaison/TempRe • When does the contract expire? Not applicable this is a rolling contract subject to notice • What frameworks are needed to tender for these services? ie Health Trust Europe, CCS etc CCS • Are you presently included in a regional cluster or STP? If so, please state the name. No 	22 Jul 2019	08 Aug 2019

I would be very grateful if you could provide me with the following information: -

- Locum Agency spend for financial year 2018/2019 broken down by;

- Medical Locums/Doctors
- AHP's (Allied Health Professionals)
- HSS (Health and Social Sciences)
- Nursing
- NMNC (Non-Medical, Non-Clinical)

- Bank spend for financial year 2018/2019 broken down by;

- Medical Locums/Doctors
- AHP's (Allied Health Professionals)
- HSS (Health and Social Sciences)
- Nursing
- NMNC (Non-Medical, Non-Clinical)

- If you have an operational staff bank, is this service provided by an external company?
- Which areas does this cover (medics, nurses etc)
- Who provides your staff bank solution?
- When is your staff bank service due for renewal?
- What frameworks are needed to tender for these services? ie Health Trust Europe, CCS etc
- Do you currently use a Master/Neutral Vendor? If so please state the name of the company
- When does the contract expire?
- Do you use a Direct Engagement model? If so please state the name of the company
- When does the contract expire?
- What frameworks are needed to tender for these services? ie Health Trust Europe, CCS etc
- Are you presently included in a regional cluster or STP? If so, please state the name.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30363	FOI Request	System suppliers (K829)	<p>A&E: system name / supplier – Not applicable Inpatients: system name / supplier - Medway / System C Outpatients: system name / supplier - Medway / System C Theatres: system name / supplier – Theatreman / Trisoft Pharmacy: system name / supplier – iQemo / IQHealthTech</p> <p>Vital Observation: system name / supplier – Metavision / IMDSof Bed Management: system name / supplier - Medway / System C Patient Flow: system name / supplier – In Touch / In Touch with Health Command Center / Site Office: system name / supplier – Not applicable Data Warehouse: system name / supplier – In-house developed Data Warehouse Business Intelligence: system name / supplier – Tableau Server / Tableau Finance Invoice / Tariff: system name / supplier – Integra / Capita Finance PLICS: system name / supplier – PLICS / IQVIA Electronic Patient Record (EPR): system name / supplier - The Christie Clinical Web Portal / In-house developed system Bench-marking tool: system name / supplier – PCB / IQVIA Room Booking system: system name / supplier – Condeco / Condeco Group Ltd Staff Rota system (other than ESR): system name / supplier – Health Roster / Allocate</p>	31 Jul 2019	08 Aug 2019

Please can you supply the following information regarding the below systems?

- A&E: system name / supplier
- Inpatients: system name / supplier
- Outpatients: system name / supplier
- Theatres: system name / supplier
- Pharmacy: system name / supplier
- Vital Observation: system name / supplier

- Bed Management: system name / supplier
- Patient Flow: system name / supplier
- Command Center / Site Office: system name / supplier

- Data Warehouse: system name / supplier
- Business Intelligence: system name / supplier
- Finance Invoice / Tariff: system name / supplier
- Finance PLICS: system name / supplier

- Electronic Patient Record (EPR): system name / supplier

- Bench-marking tool: system name / supplier

- Room Booking system: system name / supplier

Staff Rota system (other than ESR): system name / supplier					
30463	FOI Request	Data storage vendor(s) (K841)	In relation to the above, the Trust is applying an exemption under Section 21 of the Freedom of Information Act 2000 as the information which we make publically available can be located here: https://www.christie.nhs.uk/media/5463/ict-updated-march-18.pdf	09 Aug 2019	08 Aug 2019
<p>1. What data storage vendor(s) and model do you currently use?</p> <p>2. When was the installation date of above data storage vendor(s)? (Month/year)</p> <p>3. When is your planned (or estimated) data storage refresh date? (Month/year)</p> <p>4. What is the name and email address of the person in charge of managing your data storage contract(s)?</p>					
30298	FOI Request	Listeria from sandwiches (K807)	<p>1) A copy of any correspondence sent and received by the trust about listeria from hospital sandwiches since 1 January 2016. Please see attached.</p> <p>2) A copy of any reports prepared by the trust about listeria and hospital sandwiches from 1 January 2016. The Trust can confirm that this issue has been discussed at various levels including Infection Control Committee and Food Safety Group where verbal reports have been given. These meetings have formal minutes recorded.</p> <p>3) The number of patients found or suspected to have contracted listeria from hospital sandwiches in each calendar year from 1 January 2016, including the current calendar year. None</p> <p>4) Any correspondence with The Good Food Chain about listeria since 1 January 2016. The Trust can confirm that we do not use the supplier 'The Good Food Chain' Our supplier is a national supplier on the NHS framework.</p>	16 Jul 2019	12 Aug 2019
<p>1) A copy of any correspondence sent and received by the trust about listeria from hospital sandwiches since 1 January 2016.</p> <p>2) A copy of any reports prepared by the trust about listeria and hospital sandwiches from 1 January 2016.</p> <p>3) The number of patients found or suspected to have contracted listeria from hospital sandwiches in each calendar year from 1 January 2016, including the current calendar year.</p> <p>4) Any correspondence with The Good Food Chain about listeria since 1 January 2016.</p>					
30310	FOI Request	Infected Blood Inquiry Corr and Steps (K813)	<p>a) Copies of all correspondence to/from the Infected Blood Inquiry during the period 1st January 2019 to 17th July 2019. We have had no inquiries regarding infected blood</p> <p>b) Have you received any notice or instruction regarding the retention and/or request of documents relevant to the Infected Blood Inquiry? No</p> <p>c) If a request for documentation and/or its retention has been received from the Infected Blood Inquiry, please supply a copy of any such notices or requests and copies of any replies to such a request and internal correspondence relating to such. We have not received a request for documentation or retention from the infected blood inquiry.</p>	19 Jul 2019	13 Aug 2019
<p>a) Copies of all correspondence to/from the Infected Blood Inquiry during the period 1st January 2019 to 17th July 2019.</p> <p>b) Have you received any notice or instruction regarding the retention and/or request of documents relevant to the Infected Blood Inquiry?</p>					

c) If a request for documentation and/or its retention has been received from the Infected Blood Inquiry, please supply a copy of any such notices or requests and copies of any replies to such a request and internal correspondence relating to such.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30453	FOI Request	Operating Theatres (K836)	<p>1. Number of hospitals in your trust with at least one Operating Theatre (facility within a hospital where surgical operations are carried out):</p> <p>a. In 2015 1</p> <p>b. In 2018 1</p> <p>2. Total number of operating theatres in your trust</p> <p>a. In 2015 6</p> <p>b. In 2018 7</p> <p>3. Total number of Hybrid operating theatres (surgical theatre that equipped with advanced medical imaging devices, CT, MRI, Fluoroscopy, etc.) in your trust</p> <p>a. In 2015 1</p> <p>b. In 2018 1</p> <p>4. Total number of service-integrated operating theatres ("integrated" referring to functionally connecting the OR environment – including patient information, audio, video, surgical lights and room lights, building automation (HVAC), and medical equipment.) in your trust:</p> <p>a. In 2015 1</p> <p>b. In 2018 1</p> <p>5. How many Operating Theatres with service integrated systems are currently under construction?</p> <p>a. In 2015 0</p> <p>b. In 2018 0</p> <p>6. How many hospitals in your trust are closing down?</p> <p>a. In 2015 0</p> <p>b. In 2018 0</p> <p>7. How many operating theatres in your trust have Video Lifecycle Management?</p> <p>a. In 2015 0</p> <p>b. In 2018 0</p> <p>8. Average Lifespan (years) of Video Lifecycle Management?</p> <p>a. In 2015 Not applicable</p> <p>b. In 2018 Not applicable</p> <p>9. Average Number of connected recording systems in your operating theatres:</p> <p>a. In 2015 3</p> <p>b. In 2018 3</p> <p>10. Number of operating theatres in your trust with UCES only</p> <p>a. In 2015 0</p> <p>b. In 2018 0</p> <p>11. Number of operating theatres in your trust with UCES and EasySuite 4K</p> <p>a. In 2015 0</p> <p>b. In 2018 0</p> <p>12. Number of operating theatres in your trust with UCES and EasySuite 4K and MedPresence</p> <p>a. In 2015 0</p>	08 Aug 2019	13 Aug 2019
04 Aug 2021					10/30

1. Number of hospitals in your trust with at least one Operating Theatre (facility within a hospital where surgical operations are carried out):
 - a. In 2015
 - b. In 2018
 2. Total number of operating theatres in your trust
 - a. In 2015
 - b. In 2018
 3. Total number of Hybrid operating theatres (surgical theatre that equipped with advanced medical imaging devices, CT, MRI, Fluoroscopy, etc.) in your trust
 - a. In 2015
 - b. In 2018
 4. Total number of service-integrated operating theatres (“integrated” referring to functionally connecting the OR environment – including patient information, audio, video, surgical lights and room lights, building automation (HVAC), and medical equipment.) in your trust:
 - a. In 2015
 - b. In 2018
 5. How many Operating Theatres with service integrated systems are currently under construction?
 - a. In 2015
 - b. In 2018
 6. How many hospitals in your trust are closing down?
 - a. In 2015
 - b. In 2018
 7. How many operating theatres in your trust have Video Lifecycle Management?
 - a. In 2015
 - b. In 2018
 8. Average Lifespan (years) of Video Lifecycle Management?
 - a. In 2015
 - b. In 2018
 9. Average Number of connected recording systems in your operating theatres:
 - a. In 2015
 - b. In 2018
- LOW PRIORITY:
1. Number of operating theatres in your trust with UCES only
 - a. In 2015
 - b. In 2018
 2. Number of operating theatres in your trust with UCES and EasySuite 4K
 - a. In 2015
 - b. In 2018
 3. Number of operating theatres in your trust with UCES and EasySuite 4K and MedPresence

- a. In 2015
- b. In 2018
- 4. Number of operating theatres in your trust with EasySuite 4K only
 - a. In 2015
 - b. In 2018
- 5. Number of operating theatres in your trust with UCES and MedPresence
 - a. In 2015
 - b. In 2018
- 6. Number of operating theatres in your trust with MedPresence Standalone
 - a. In 2015
 - b. In 2018

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30318	FOI Request	Medical equipment contracts (K816)	<p>1) Current medical equipment contracts – pressure area care</p> <p>a) I would like to know what pressure area care devices are used in your trust. Please include details regarding pressure relieving mattresses and other pressure redistribution devices e.g. pressure relieving cushions, foot protectors, pads etc.*Please see attached</p> <p>b) For each of these devices, how many of each device are used in your trust per year? Please see attached</p> <p>c) For each of these devices, please detail which company these devices are acquired/bought from and the type of contract this company is operating under Please see attached</p> <p>d) Please detail when did each of these contracts start? (If no formal contract, then please detail when purchasing from the company began) Please see attached</p> <p>e) How long is each contract for? Please see attached</p> <p>f) What is the expenditure on each of these contracts per year? (If no formal contract, then please detail how much is spent on each type of device from each company per year) Please see attached</p> <p>g) For each of these devices, please detail how they were acquired (e.g. acquired through the NHS supply chain or acquired through direct negotiation with companies? Please see attached</p> <p>h) What is the overall expenditure on pressure area care devices in your region per year? We do not hold this information</p> <p>i) Does your trust have a preference for a company offering all pressure area care devices providing all of the components of 1a) (e.g. pressure relieving mattress, pressure relieving cushions etc.) or do you instead opt for a collection of different companies each providing one (or more) of the aforementioned devices in 1a) (e.g. separate pressure relieving cushions, pressure relieving mattresses etc. Various companies used</p> <p>2) Procurement methods</p> <p>a) Which procurement method do you use (e.g. restricted/single source/open tendering/ any quality provider etc.) to identify which supplier will deliver pressure area care devices All of these methods</p> <p>b) Please detail the procurement method procedure once a pressure area care device contract has ended (e.g. do you typically offer contracts with the same supplier or do you reopen the tendering process to all potential suppliers/specific suppliers) Re-open the tendering process to potential suppliers, mini-competition or direct award against a framework</p> <p>c) How often do you invite suppliers to tender for pressure area care devices? 3 - 4 years</p> <p>d) Please detail the number of providers which tendered for a pressure area care device contract each time you invited providers to tender for contracts. Utilise frameworks so all suppliers in the relevant Lot invited or Direct Award against a framework.</p> <p>e) Detail the criteria by which you assess a supplier that is tendering for a pressure area care device contract and please rank these criteria in terms of the weighting given to each component.</p> <p>Assessed the following criteria (not weighted as direct award)</p> <p>Response times/collection times</p> <p>Out of hours arrangements</p> <p>Decontamination service</p> <p>Costs per day of equipment</p> <p>Equipment most required</p> <p>Delivery/install costs</p>	22 Jul 2019	14 Aug 2019

- 1) Current medical equipment contracts – pressure area care
- a) I would like to know what pressure area care devices are used in your trust. Please include details regarding pressure relieving mattresses and other pressure redistribution devices e.g. pressure relieving cushions, foot protectors, pads etc.*
- b) For each of these devices, how many of each device are used in your trust per year?
- c) For each of these devices, please detail which company these devices are acquired/bought from and the type of contract this company is operating under

- d) Please detail when did each of these contracts start? (If no formal contract, then please detail when purchasing from the company began)
- e) How long is each contract for?
- f) What is the expenditure on each of these contracts per year? (If no formal contract, then please detail how much is spent on each type of device from each company per year)
- g) For each of these devices, please detail how they were acquired (e.g. acquired through the NHS supply chain or acquired through direct negotiation with companies?)
- h) What is the overall expenditure on pressure area care devices in your region per year?
- i) Does your trust have a preference for a company offering all pressure area care devices providing all of the components of 1a) (e.g. pressure relieving mattress, pressure relieving cushions etc.) or do you instead opt for a collection of different companies each providing one (or more) of the aforementioned devices in 1a) (e.g. separate pressure relieving cushions, pressure relieving mattresses etc).

I would like all the information from 1a to 1g in the form of a table (excel if convenient)

An example of the table with one device is below:

Pressure area care device	Number used in trust per year	Company device acquired from	Type of contract company is operating under	Date contract began	Length of contract	Expense on these devices per year	Method of acquisition
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Heelift® Suspension Boot

10 V-M ORTHOTICS

? 01/01/2001 20 years £1m Direct negotiating with company

If, after this, there is still time left as per the FOI Act then please answer the questions of this next section (Section 2):

2) Procurement methods

- a) Which procurement method do you use (e.g. restricted/single source/open tendering/ any quality provider etc.) to identify which supplier will deliver pressure area care devices
- b) Please detail the procurement method procedure once a pressure area care device contract has ended (e.g. do you typically offer contracts with the same supplier or do you reopen the tendering process to all potential suppliers/specific suppliers)
- c) How often do you invite suppliers to tender for pressure area care devices?
- d) Please detail the number of providers which tendered for a pressure area care device contract each time you invited providers to tender for contracts.
- e) Detail the criteria by which you assess a supplier that is tendering for a pressure area care device contract and please rank these criteria in terms of the weighting given to each component.

*To clarify what I mean by pressure relieving devices, perhaps the below will be helpful. Pressure relieving devices can be of several types. For example:

- 'Low-tech' continuous low pressure (CLP) support surfaces:
 - o Standard foam mattresses.
 - o Alternative foam mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - o Gel-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - o Fibre-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - o Air-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - o Water-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - o Bead-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - o Sheepskins
- 'High-tech' support surfaces:
 - o Alternating-pressure mattresses/overlays: air-filled sacs that inflate and deflate sequentially to relieve pressure at different anatomical sites for short periods; these may incorporate a pressure sensor
 - o Air-fluidised beds: warmed air circulates through fine ceramic beads covered by a permeable sheet; allowing support over a larger contact area (CLP)
 - o Low-air-loss beds: support provided by a series of air sacs through which warmed air passes (CLP)
- Other support surfaces:
 - o Turning beds/frames: aides manual repositioning of the patient, or by motor driven turning and tilting.
 - o Operating table overlays: conformable and aim to redistribute pressure over a larger contact area.
 - o Wheelchair cushions: either conforming cushions that reduce contact pressures by increasing surface area in contact, or mechanical cushions which alternate pressure.
 - o Limb protectors: pads and cushions of different forms to protect bony prominences

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30448	FOI Request	Mental health professional in diabetes service (K835)	Please find attached the responses to the information you have requested.	09 Aug 2019	14 Aug 2019
<p>1. How many specialist adult diabetes multi-disciplinary teams operate within the Trust?</p> <p>2. How many people are currently under the care of each specialist adult diabetes multi-disciplinary team within the trust?</p> <p>3. How many whole time equivalent mental health professionals are employed as part of each specialist adult diabetes multi-disciplinary team, and which part of the service are they aligned to?</p> <p>If there are no mental health professionals employed within the service, but there is a collaboration with Improving Access to Psychological Therapies-Long Term Conditions (IAPT-LTC), please give details of this instead.</p>					
30478	FOI Request	Private Patients (K848)	Please be advised that in September 2010, The Christie Private Care LLP was formed and is a joint venture partnership with HCA (HCA International Limited) for the provision of private oncology activity. Further details on the partnership with The Christie Private Care can be found here: http://www.christie.nhs.uk/about-us/our-future/our-partnerships/private-patients/	14 Aug 2019	14 Aug 2019
<p>1. How many private patient beds does your trust currently have in each of the following settings?</p> <p>a) A dedicated private patient unit</p> <p>b) Private patient wards</p> <p>c) Other private beds eg. on or near NHS wards</p> <p>2. What is the total number of private beds currently designated for self-pay patients?</p> <p>3. Are NHS patients ever allocated private beds?</p> <p>If so, what proportion of private bed days would be taken up in this way (2018/19)?</p> <p>4. Please state the total annual cost to your NHS Trust in providing self-pay treatment in 2018/19.</p> <p>5. Please state the total amount billed for provision of private treatment in 2018/19 to:</p> <p>(a) self-pay patients</p> <p>(b) private health insurer(s)</p> <p>6. Please state the amount received as a result of this billing in each case.</p>					

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30483	FOI Request	Contingency planning for a "No Deal" Brexit (K849)	<p>1. The contingency planning instructions and assumptions you have received from the Department of Health, and/or NHS England, and/or any other body; Please see .gov.uk website for document relating to EU Exit and the NHS. https://www.gov.uk/government/collections/planning-for-a-possible-no-deal-eu-exit-information-for-the-health-and-care-sector In addition to this; June 2019, NHSI advice – “no new actions are required of the NHS since planning in March – doctors and pharmacists should continue to prescribe and dispense as normal, NHS organisations should not stockpile locally, and we should continue to use business-as-usual reporting routes for shortages. We reached a high level of preparedness within the NHS in the run-up to 29 March and 12 April. As we continue to prepare for all EU Exit scenarios, including no deal, we need to be ready to build on our previous efforts in the run-up to 31 October. To this end, NHS England and NHS Improvement intend to run another round of regional EU Exit workshops in September to support local planning. In advance of these workshops we will be hosting a series of teleconferences during July to ensure EU Exit SROs and other senior colleagues working on local EU Exit preparations are sighted on the latest developments and any actions required in the coming months. We will be in touch with EU Exit SROs about the teleconferences shortly.” August 2019, NHSE/I advice – “the legal default in UK and EU law remains that, unless and until a deal is agreed and ratified, there is a possibility of a no deal exit at the end of the extension period on 31 October 2019.</p> <p>It is reasonable for the NHS to continue to prepare for every EU Exit scenario, including no deal. As part of these preparations we expect all providers and commissioners to have full contingency plans in place to ensure safe services for patients can continue to be provided in the event that the UK leaves the EU without a deal.</p> <p>NHS organisations should already have an EU Exit SRO in place. It is important that each organisation also has in place a key team to oversee EU exit preparations. We would expect these teams to be in place as soon as possible to allow time for training, exercising and testing. At the end of August, we will undertake an assurance exercise in order to confirm that these teams are in post and ready.</p> <p>I am in the process of arranging regional events for September to create an opportunity to discuss further details of the operational response and what is needed at a local level, give updates on the EU Exit workstreams and to provide the opportunity to raise questions and to give feedback on preparations.”</p> <p>2. Any separate instructions from any of the above entities you have received in respect of the release of such plans or parts thereof to the public; No further advice received</p> <p>3. Copies of any contingency plans or draft plans you have so far prepared. See risk assessment attached. This will be updated in September. No separate EU Exit contingency plan, departments are using their normal business continuity plans that cover shortages / workforce / supply etc.</p> <p>4. If these plans are not available in full, then details will suffice covering:</p> <ul style="list-style-type: none"> • Estimates of likely cancelled elective surgery over the period 1 November 2019 to 31 October 2020, or the period for which you have made forecasts; Not applicable – cancer patients are treated according to clinical priority. • Estimates in changes in waiting times over your current waiting times for: <ol style="list-style-type: none"> 1. Cancer diagnosis; We don't diagnose cancer – patients have been diagnosed prior to referral to The Christie 2. The commencement of cancer treatment; We have not made forecasts to this level of precision. We continue to manage patients according to clinical priority • The impact on A&E services including changes you anticipate in meeting A&E response times; We do not have an A&E service. • Your broad estimates of total avoidable deaths (or changes in forecast death rates) that can be attributed to your anticipated changes to service levels. The range of uncertainties is too great for such estimates to be made. 	15 Aug 2019	16 Aug 2019

This information is in respect of your contingency planning for a "No Deal" Brexit that is forecast for 31 October 2019.

My interest is not in the efficiency of your planning. My interest lies in better understanding how you are predicting the consequences on a No Deal Brexit on 31 October. The information I request is set out below.

1. The contingency planning instructions and assumptions you have received from the Department of Health, and/or NHS England, and/or any other body;
2. Any separate instructions from any of the above entities you have received in respect of the release of such plans or parts thereof to the public;
3. Copies of any contingency plans or draft plans you have so far prepared.
4. If these plans are not available in full, then details will suffice covering:
 1. Estimates of likely cancelled elective surgery over the period 1 November 2019 to 31 October 2020, or the period for which you have made forecasts;
 2. Estimates in changes in waiting times over your current waiting times for:
 1. Cancer diagnosis;
 2. The commencement of cancer treatment;
 3. The impact on A&E services including changes you anticipate in meeting A&E response times;
 4. Your broad estimates of total avoidable deaths (or changes in forecast death rates) that can be attributed to your anticipated changes to service levels.

30408	FOI Request	Diagnostics (K831)	<p>Subject: Reporting of histology cases</p> <p>During the financial year 2018/19, please state which of the following arrangements were used for reporting histology cases which were not reported by employed or locum histopathologists during their contracted Programmed Activities (PAs). Please also state the amount spent in each category used.</p> <p>a) Payment to own consultants for additional work outside contracted PAs. Method used NO if YES £amount spent in year Not applicable</p> <p>b) Payment directly to another Trust/ NHS provider, or consultants employed by another Trust/ NHS provider for reporting. Method used NO if YES £amount spent in year Not applicable</p> <p>c) Payment to a commercial company for reporting. Method used NO if YES £amount spent in year Not applicable</p> <p>If the answer to c) above was yes, please state which of the following companies was used, and the amount paid to each of the following companies in relation to financial year 2018/19.</p> <p>a) Backlogs Limited Company used YES/ NO if YES £amount spent in year Not applicable</p> <p>b) Source Bioscience Company used YES/ NO if YES £amount spent in year Not applicable</p> <p>c) LD Path Company used YES/ NO if YES £amount spent in year Not applicable</p> <p>d) Cellular Pathology Services Company used YES/ NO if YES £amount spent in year Not applicable</p> <p>e) Other – please state which Company used YES/ NO if YES £amount spent in year Not applicable</p> <p>Subject: Procurement of GP Direct Access Pathology Services</p> <p>Please list the pathology providers, including NHS organisations, which you used during financial year 2018/19 to provide GP direct access pathology services (list any provider with a spend in the year greater than £25,000) We do not provide GP direct access pathology services.</p> <p>Subject: Reporting of radiology</p> <p>During the financial year 2018/19, please state which of the following arrangements were used for reporting radiology cases which were not reported by employed or locum radiologists during their contracted Programmed Activities (PAs). Please also state the amount spent in each category used.</p> <p>a) Payment to own consultants for additional work outside contracted PAs. Method used YES if YES £amount spent in year £447,763</p> <p>b) Payment directly to another Trust/ NHS provider, or consultants employed by another Trust/ NHS provider for reporting. Method used NO if YES £amount spent in year Not applicable</p> <p>c) Payment to a commercial company for reporting. Method used NO if YES £amount spent in year Not applicable</p> <p>If the answer to c) above was yes, please state which of the following companies was used, and the amount paid to each of the following companies in relation to financial year 2018/19. Not applicable</p>	05 Aug 2019	19 Aug 2019
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Subject: Reporting of histology cases

During the financial year 2018/19, please state which of the following arrangements were used for reporting histology cases which were not reported by employed or locum histopathologists during their contracted Programmed Activities (PAs). Please also state the amount spent in each category used.

- a) Payment to own consultants for additional work outside contracted PAs. Method used YES/ NO if YES £amount spent in year
- b) Payment directly to another Trust/ NHS provider, or consultants employed by another Trust/ NHS provider for reporting. Method used YES/ NO if YES £amount spent in year
- c) Payment to a commercial company for reporting. Method used YES/ NO if YES £amount spent in year

If the answer to c) above was yes, please state which of the following companies was used, and the amount paid to each of the following companies in relation to financial year 2018/19.

- a) Backlogs Limited Company used YES/ NO if YES £amount spent in year
- b) Source Bioscience Company used YES/ NO if YES £amount spent in year
- c) LD Path Company used YES/ NO if YES £amount spent in year
- d) Cellular Pathology Services Company used YES/ NO if YES £amount spent in year
- e) Other – please state which Company used YES/ NO if YES £amount spent in year

How many Whole Time Equivalent histopathology consultants were in post on 31/3/19?

Subject: Procurement of GP Direct Access Pathology Services

Please list the pathology providers, including NHS organisations, which you used during financial year 2018/19 to provide GP direct access pathology services (list any provider with a spend in the year greater than £25,000)

Please provide the amount spent with each provider on GP direct access pathology during the year 2018/19.

Please state which of following methods for calculating payment best describes the contractual arrangement between the CCG and each provider

- Amount paid for direct access pathology not explicitly stated, ie included within larger overall contract
- Fixed payment amount for pathology agreed for the year
- Fixed payment amount agreed for the year, but adjusted if volumes are higher or lower than expected
- Payment calculated based on a cost per specialty, eg £X per blood science test, £Y per microbiology sample, £Z per histology case
- Payment calculated on a price per specific test, eg £X for Urea and Electrolytes, £Y for full blood count, £Z for MRSA test

Have the authority undertaken a procurement advertised via OJEU for GP direct access pathology during the past five years? If so, please provide link.

Subject: Reporting of radiology

During the financial year 2018/19, please state which of the following arrangements were used for reporting radiology cases which were not reported by employed or locum radiologists during their contracted Programmed Activities (PAs). Please also state the amount spent in each category used.

- a) Payment to own consultants for additional work outside contracted PAs. Method used YES/ NO if YES £amount spent in year
- b) Payment directly to another Trust/ NHS provider, or consultants employed by another Trust/ NHS provider for reporting. Method used YES/ NO if YES £amount spent in year
- c) Payment to a commercial company for reporting. Method used YES/ NO if YES £amount spent in year

If the answer to c) above was yes, please state which of the following companies was used, and the amount paid to each of the following companies in relation to financial year 2018/19.

- a) Medica plc Company used YES/ NO if YES £amount spent in year
- b) Telemedicine Clinic (TMC) Company used YES/ NO if YES £amount spent in year
- c) Radiology Reporting Online, also known as Everlight Company used YES/ NO if YES £amount spent in year
- d) Four Ways Company used YES/ NO if YES £amount spent in year
- e) Dulwich Medical Company used YES/ NO if YES £amount spent in year
- f) Other – please state which Company used YES/ NO if YES £amount spent in year

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30461	FOI Request	Preparedness for No Deal Brexit (K840)	The attached document is the Trust's latest risk assessment undertaken in relation to its preparedness for No Deal Brexit. This is scheduled to be refreshed as part of the next group meeting in September.	09 Aug 2019	19 Aug 2019

I would like to make a Freedom of Information request regarding how your NHS Trust rates its preparedness for No Deal Brexit on October 31st 2019.

What are the traffic light ratings (green/ orange/ red), or rating system of your preference, for your current preparedness for a No Deal Brexit for the following areas, previously identified by NHS Providers as key considerations for NHS Trusts:

- Supply of medicines and devices
- Other supplies of goods and services
- Workforce
- Research and development
- Funding and macroeconomic impacts
- Regulation (eg. around UK-wide arrangements to replace the functions of EU agencies)
- Public health (eg. in relation to early warning systems for medicines safety)
- Drugs pipeline (eg. slower approvals for the UK market compared to the EU)"

30495	FOI Request	Staff contact details (K854)	<p>The name, job title and email of the head of department for the following services:</p> <p>Endocrinology Ophthalmology Audiology Urology Dermatology Oncology Pulmonology</p> <p>Please note that the Trust does not disclose contact details for staff members. An exemption under Section 40(2) of the Freedom of Information Act 2000 applies where the data requested engages the first principle of the Data Protection Act.</p>	20 Aug 2019	19 Aug 2019
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Please could you assist me with the following information:

The name, job title and email of the head of department for the following services:

Endocrinology
Ophthalmology
Audiology
Urology
Dermatology
Oncology
Pulmonology

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30412	FOI Request	Cyber Security (K833)	The release of the information you have requested could compromise the integrity and security of the Trusts network and devices. Please note that the Trust is applying an exemption under Section 38 of the Freedom of Information Act. This exemption applies where if the disclosure of this information would, or would likely to (a) endanger the physical or mental health of any individual, or (b) endanger the safety of any individual.	06 Aug 2019	20 Aug 2019
<p>CHECK is the umbrella term for the National Cyber Security Centre approved penetration test companies and the method in which they conduct a penetration test. Could you please tell me whether you have had a CHECK test in i) 2016/17, ii) 2017/18 and iii) 2018/19? Could you also tell me what cyber security do you have aside from CHECK work including the following i) user education ii) other penetration tests iii) internal security team iv) other.</p>					
30343	FOI Request	Number of laptops, mobile phones and tablet computers purchased (K823)	<p>□ Laptop □ MS Surfaces □ Android Tablets □ iPad □ Mobile Phones</p> <p>2016/17 □ 182 □ 0 □ 24 □ 48 □ 105</p> <p>2017/18 □ 169 □ 0 □ 157 □ 36 □ 83</p> <p>2018/19 □ 349 □ 97 □ 0 □ 5 □ 69</p> <p>Total □ 700 □ 97 □ 181 □ 89 □ 257</p>	25 Jul 2019	21 Aug 2019
<p>Breakdown of the number of laptops, mobile phones and tablet computers purchased by your organisation for staff over the last three full financial years.</p> <p>FY 16-17, FY 17-18 and FY 18-19.</p> <p>Please break the information down as follows, example:</p> <p>FY 16-17 Laptops: 240 Mobiles: 130 Tablet computers: 160</p> <p>If possible, please provide detail of the make and model of the device e.g. Apple iPhone 6.</p>					

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30439	FOI Request	SELR Exemption and MTI Route (K834)	<p>1. Whether or not the Trust has been providing SELR (Structured English Language Reference) to Doctors with job offers for the Doctors to obtain GMC registration so that they can work in the Trust. No</p> <p>2. If Yes to Question 1, please provide a breakdown by the number of Doctors per month given a SELR by the Trust for the past 36 months across every grade (Consultant, Middle Grade, and Junior) and specialty (eg Emergency Medicine, Paediatrics, Radiology, etc.). Not applicable.</p> <p>3. Whether or not the Trust has been employing Doctors via MTI (Medical Training Initiative). Yes</p> <p>4. If Yes to Question 3, please provide a breakdown by the number of Doctors per month employed on MTI for the past 10 years across every grade (Consultant, Middle Grade, and Junior) and specialty (eg Emergency Medicine, Paediatrics, Radiology, etc.). The Trusts is unable to provide a breakdown of this information as we do not hold this information. When we are informed of an MTI person, we commence our recruitment process as we would with any new starter to the Trust as there is no difference in process except for liaison with the relevant royal college to facilitate the GMC registration, therefore nothing is recorded separately identifying MTI recruitment.</p>	07 Aug 2019	21 Aug 2019

Please provide the following:

- Whether or not the Trust has been providing SELR (Structured English Language Reference) to Doctors with job offers for the Doctors to obtain GMC registration so that they can work in the Trust.
- If Yes to Question 1, please provide a breakdown by the number of Doctors per month given a SELR by the Trust for the past 36 months across every grade (Consultant, Middle Grade, and Junior) and specialty (eg Emergency Medicine, Paediatrics, Radiology, etc.).
- Whether or not the Trust has been employing Doctors via MTI (Medical Training Initiative).
- If Yes to Question 3, please provide a breakdown by the number of Doctors per month employed on MTI for the past 10 years across every grade (Consultant, Middle Grade, and Junior) and specialty (eg Emergency Medicine, Paediatrics, Radiology, etc.).

30452	FOI Request	Computer devices (K827)	<p>Please see attached for IT.</p> <p>Please note that from 1st June 2014, Pathology services at The Christie are provided by the Christie Pathology Partnership (CPP) The contact details for the Christie Pathology Partnership are as follows: http://www.christie.nhs.uk/services/i-to-q/pathology/contact-us.</p>	29 Jul 2019	23 Aug 2019
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Question Sub Question Answer Notes

Are you using Handheld Computers or Smartphones? No Wards Yes/ No

All Wards Yes/ No

Some Wards Please List

What type of Handheld Computer or Smartphone are you using? Apple iPad Yes/ No

Google Android Tablet Yes/ No

Windows Tablet Yes/ No

Apple Handheld Computer or Smartphone Yes/ No

Android Handheld Computer or Smartphone Yes/ No

Alternative Device Please list what types

Do you have an active HIMMS Project? Yes/ No

What is your current HIMMS score? 0-7

Are you a Global Digital Exemplar (GDE) site? Yes/ No

Are you using a Handheld Computer or Smartphone based E-Observations App? Yes/ No

Are you using a Blood Tracking System at the Bedside on a Handheld Computer or Smartphone? Yes/ No & Name of Software Product

Do you have an electronic Requesting System (OrderComms) in place or planned for ordering Bloods or Samples? Yes/ No & Name of Software Product
 Does your IT Department have a Trust Integration Engine for System Interoperability? Yes/ No – this allows system interoperability within your organisation

30410	FOI Request	Cyber Attacks (K832)	The release of the information you have requested could compromise the integrity and security of the Trusts network and devices. Please note that the Trust is applying an exemption under Section 38 of the Freedom of Information Act. This exemption applies where if the disclosure of this information would, or would likely to (a) endanger the physical or mental health of any individual, or (b) endanger the safety of any individual.	06 Aug 2019	27 Aug 2019
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Could you please tell me how many incidents of cyber-attacks you have recorded since the beginning of 2017?
 Of these can you tell me how many incidents were referred to external sources including the police, the National Crime Agency and the National Cyber Security Centre?
 And how many of these incidents were handled internally?

30460	FOI Request	Picture Archiving and Communication System (PACS) (K839)	The Trust is currently partaking in a region wide PACs procurement exercise and the release of any information at this stage is therefore considered commercially sensitive. In relation to this, we are withholding the information you have requested under Section 43 of the Freedom of Information Act. Information is exempt under this Section of the Act where its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the public authority holding it).	08 Aug 2019	27 Aug 2019
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- Which Picture Archiving and Communication System (PACS) do you use?
- Can I ask when the latest expiration date of the contract is for the PACS system?
- Is it an annually renewed contract?

30485	FOI Request	Delayed transfers of care (DTCO) (K851)	<p>Could the authority state how they use agencies and/or software to expedite the discharge of DTCO patients? As a tertiary cancer treatment covering the North West of England we do not arrange or fund agencies directly for our patients. If the care is being arranged by our social workers they will complete an assessment of the patient's care needs, identify the care package required in the community and either fax or email the request to the patient's Regional Social Services department asking them to arrange/fund the care package in line with their local criteria. If we are arranging community carers or nursing home placement via the Regional CCG's the CDT nursing team will complete applications via the NHS Continuing Healthcare process and send them to the respective CCG who will assess if the funding application meets their criteria and if it does they will arrange and fund the care package or funding the nursing part of a care home setting. We do not use any 'software' as such. We use the NHS documentation for CHC applications and the social workers use our documentation for their assessments. As our Social Workers are 'health' (funded by the hospital) they do not have access to use any of the social service software.</p> <p>How much did they spend with agencies to arrange placements with care homes or home care for DTCO patients in each of the last three financial years? The Trust can confirm that we do not arrange funding for any home care packages or nursing home placement so we cannot answer this question. Funding either comes from social services (patient may have their personal finances assessed to see whether they need to contribute towards the cost of the care package or nursing home placement or pay for it tortally)or the regional CCG teams.</p> <p>Do they use Capacity Tracker or any other software of services to identify care homes or home care packages? Please state which software or services are used. Not applicable.</p>	16 Aug 2019	27 Aug 2019
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Could the authority state how they use agencies and/or software to expedite the discharge of DTCO patients?
 How much did they spend with agencies to arrange placements with care homes or home care for DTCO patients in each of the last three financial years?

Do they use Capacity Tracker or any other software of services to identify care homes or home care packages? Please state which software or services are used.

30515	FOI Request	Urology department MRI use for Prostate Cancer Diagnosis (K860)	The Trust can confirm that this request is not applicable as we are not a diagnostic centre.	23 Aug 2019	27 Aug 2019
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1. Do you routinely conduct prostate MRI (bpMRI/mpMRI) scans before first prostate biopsy as part of the initial diagnostic process? (please tick all that apply):

- a. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) and dynamic contrast enhanced (DCE) sequences
- b. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) sequences but not DCE
- c. No but we refer to another provider (please provide details)
- d. No (please provide details)

2. If yes, to 1a: What percentage of men with suspected prostate cancer receive mpMRI before biopsy as part of the initial diagnostic process?

3. If yes, to 1b: What percentage of men with suspected prostate cancer receive bpMRI before biopsy as part of the initial diagnostic process?

4. What are your eligibility criteria/exclusion criteria for prostate MRI? (please tick all that apply):

- a. Age (please provide details)
- b. Symptoms (please provide details)
- c. Life expectancy (please provide details)
- d. Contra-indications (please provide details)
- e. Other (please provide details)

5. Are you using results from the prostate MRI before biopsy to rule some men out of biopsy as part of the initial diagnostic process? (yes/no)

6. Do you biopsy all PI-RADS or LIKERT 3 scores?

- a. Yes
- b. No
- c. Dependent on patient histology

7. What threshold do you mostly use for ruling men out of biopsy?

- a. PI-RADS 3 and above
- b. LIKERT 3 and above
- c. PI-RADS 4 and above
- d. LIKERT 4 and above
- e. Varies depending on age (Please provide detail)
- f. Varies depending on other factors (Please provide detail)

8. What percentage of men do you estimate are ruled out of biopsy?

9. Have there been any changes to your prostate MRI capacity in the last year? (please choose all that apply):

- a. An additional or new MRI scanner

- b. Increased MRI scanner slots for prostate
- c. Agreement to use Dynamic Contrast Enhancement
- d. No longer using Dynamic Contrast Enhancement
- e. A scanner/magnet upgrade
- f. other (free text)

10. Has the number of radiologists at your trust/health board who report prostate MRI scans changed in the last year?

- a. Increased
- b. Decreased
- c. Stayed the same

11. How many radiologists at your trust/health board report at least 250 prostate MRI scans per year?

12. Which of the following processes do you follow to manage men ruled out of an immediate biopsy, but with a raised PSA?

- a. NICE Guidelines: prostate cancer diagnosis and management (NG131)
- b. A local protocol (please provide details)
- c. Other (please provide details)

30459	FOI Request	Allocate (K838)	<p>1. Do you use Allocate for your rostering of one or more staff groups? Yes</p> <p>2. If yes, what is the length and value of the contracts and for which staff groups? The Trust is withholding this information under Section 43 of the Freedom of Information Act as this contract is currently up for renewal. Information is exempt under this Section of the Act where its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the public authority holding it).</p> <p>2. Do you use Allocate Job Planning of one or more staff groups? Yes</p> <p>4. If yes, what is the length and value of the contracts and for which staff groups? Length: 1st March 2015 – 28th February 2018 + 1 year option to extend (The Trust has taken up the 1 year extension) The Trust is withholding the value under Section 43 of the Freedom of Information Act. Information is exempt under this Section of the Act where its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the public authority holding it).</p> <p>5. Do you use Allocate Medic Appraisal for one or more staff groups? No</p> <p>5. If yes, what is the length and value of the contracts and for which staff groups? Not applicable.</p> <p>5. Who was the person who signed off for each of the above contracts and are they still employed by the trust? Capital and Workforce Planning Committee</p>	08 Aug 2019	28 Aug 2019
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- 1. Do you use Allocate for your rostering of one or more staff groups?
- 2. If yes, what is the length and value of the contracts and for which staff groups?
- 2. Do you use Allocate Job Planning of one or more staff groups?
- 4. If yes, what is the length and value of the contracts and for which staff groups?

5. Do you use Allocate Medic Appraisal for one or more staff groups?

5. If yes, what is the length and value of the contracts and for which staff groups?

6. Who was the person who signed off for each of the above contracts and are they still employed by the trust?

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30372	FOI Request	digital dictation software (K830)	<p>1. Who are the current suppliers of digital dictation software to the Trust? Nuance</p> <p>a. In which departments is the technology installed? Medical Oncology, Clinical Oncology and Surgery</p> <p>b. Who are the current suppliers of this technology? Nuance</p> <p>c. When do these contracts expire? Feb 2019 (Winscribe from Nuance).</p> <p>d. Was this contract awarded via any Frameworks e.g. CCS RM1063? No</p> <p>e. Who in the trust is responsible for the contract management and procurement of these technologies? Head of Applications (Nuance).</p> <p>f. Please supply contact details for the Chief Operating Officer. Please note that the Trust does not disclose contact details for staff members. An exemption under Section 40(2) of the Freedom of Information Act 2000 applies where the data requested engages the first principle of the Data Protection Act.</p> <p>2. Does the Trust utilise any EPMA (Electronic Prescribing) software? Yes</p> <p>a. In which departments is the technology installed? Pan Trust</p> <p>b. Who are the current suppliers of this technology? IQ health tech</p> <p>c. When do these contracts expire? 30/03/2022 + an option to extend for a further 2 years (1+1)</p> <p>d. Was this contract awarded via any Frameworks e.g. CCS RM1063? No</p> <p>e. Who in the trust is responsible for the contract management and procurement of these technologies? The Trusts EPMA Board.</p> <p>f. Please supply contact details for the Chief Pharmacist. Please note that the Trust does not disclose contact details for staff members. An exemption under Section 40(2) of the Freedom of Information Act 2000 applies where the data requested engages the first principle of the Data Protection Act.</p> <p>3. Does the Trust utilise voice recognition software? Yes</p> <p>a. In which departments is the technology installed? Radiology and Pathology</p> <p>b. Who are the current suppliers of this technology? Wellbeing software for Radiology. GHG for Pathology</p> <p>c. When do these contracts expire? Radiology: annual renewal September 2019. Pathology: outsourced Pathology service, 'Christie Pathology Partnership', provide a Voice Recognition product called Talking Point. This was procured by them through their own supplier, GHG. As such the Trust do not hold specific contract information in relation to this. CPP is a joint venture between Synlab UK and CFT</p> <p>d. Was this contract awarded via any Frameworks e.g. CCS RM1063? Radiology: No. Linked to RIS supplier, which was a tendered service.</p> <p>e. Who in the trust is responsible for the contract management and procurement of these technologies? Radiology: Radiology service manager. Pathology outsourced joint venture partnership; i.e. no Trust officer is responsible.</p> <p>4. Does the Trust utilise electronic whiteboard functionality on wards? No</p> <p>a. In which departments is the technology installed? Not applicable</p> <p>b. Who are the current suppliers of this technology? Not applicable</p> <p>c. When do these contracts expire? Not applicable</p> <p>d. Was this contract awarded via any Frameworks e.g. CCS RM1063? Not applicable</p> <p>e. Who in the trust is responsible for the contract management and procurement of these technologies? Not applicable</p> <p>5. Can you please provide the contact details including email address/format of the trust's IT Director? Please note that the Trust does not disclose contact details for staff members. An exemption under Section 40(2) of the Freedom of Information Act 2000 applies where the data requested engages the first principle of the Data Protection Act.</p> <p>a. If the IT Director is not responsible for digital transformation, please supply contact details, including email address/format of the person(s) who are. Please note that the Trust does not disclose contact details for staff members. An exemption under Section 40(2) of the Freedom of Information Act 2000 applies where the data requested engages the first principle of the Data Protection Act.</p> <p>6. . Could you please supply a current organisational chart for medical records, operations management and digital transformation programmes? The Trust is withholding this information under Section 21 of the Freedom of Information Act as our organisational charts are already accessible via our website. Please refer to 2. under the 'Who we are and what we do' section of this link: http://www.christie.nhs.uk/about-us/the-foundation-trust/about-the-trust/trust-publications-and-reports/</p>	02 Aug 2019	29 Aug 2019
04 Aug 2021					26/30

1. Who are the current suppliers of digital dictation software to the Trust?
 - a. In which departments is the technology installed?
 - b. Who are the current suppliers of this technology?
 - c. When do these contracts expire?
 - d. Was this contract awarded via any Frameworks e.g. CCS RM1063?
 - e. Who in the trust is responsible for the contract management and procurement of these technologies?
 - f. Please supply contact details for the Chief Operating Officer.

2. Does the Trust utilise any EPMA (Electronic Prescribing) software?
 - a. In which departments is the technology installed?
 - b. Who are the current suppliers of this technology?
 - c. When do these contracts expire?
 - d. Was this contract awarded via any Frameworks e.g. CCS RM1063?
 - e. Who in the trust is responsible for the contract management and procurement of these technologies?
 - f. Please supply contact details for the Chief Pharmacist.

3. Does the Trust utilise voice recognition software?
 - a. In which departments is the technology installed?
 - b. Who are the current suppliers of this technology?
 - c. When do these contracts expire?
 - d. Was this contract awarded via any Frameworks e.g. CCS RM1063?
 - e. Who in the trust is responsible for the contract management and procurement of these technologies?

4. Does the Trust utilise electronic whiteboard functionality on wards?
 - a. In which departments is the technology installed?
 - b. Who are the current suppliers of this technology?
 - c. When do these contracts expire?
 - d. Was this contract awarded via any Frameworks e.g. CCS RM1063?
 - e. Who in the trust is responsible for the contract management and procurement of these technologies?

5. Can you please provide the contact details including email address/format of the trust's IT Director?
 - a. If the IT Director is not responsible for digital transformation, please supply contact details, including email address/format of the person(s) who are.

6. . Could you please supply a current organisational chart for medical records, operations management and digital transformation programmes?

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30530	FOI Request	Referrals received by the Trust for patients to all MSK physiotherapy (K866)	The Trust can confirm that this request is not applicable as we are tertiary cancer centre.	28 Aug 2019	29 Aug 2019

Request 1: Please provide details of the number of referrals received by the Trust for patients to all MSK physiotherapy services for the following financial years: i) 2016/17, ii) 2017/18 and iii) 2018/2019

Request 2: Please confirm or deny whether the Trust provides Musculoskeletal (MSK) services that include first contact physiotherapists in General Practice

Request 3: Please confirm or deny whether patients can self-refer to physiotherapy services within the MSK services provided by the Trust

Request 4: The amount of time taken between a referral (regardless of its source) to physiotherapist being made and the patient's first appointment with the physiotherapist for both routine and urgent cases

Please provide details of the average time taken for the following financial years:

i) 2016/17 Routine: Urgent:

ii) 2017/18 Routine: Urgent:

iii) 2018/2019 Routine: Urgent:

c) If this is not available, please confirm if another entity, and if so which, holds this information for patients in the locality.

d) If this information is not held by you or another health body in your area, please confirm if referral to treatment times for physiotherapist appointments used to be recorded and if so, when did this cease to be measured?

Definitions of terms used in questions 2 and 3:

First contact physiotherapists in General Practice* = When a patient has an appointment with a physiotherapist instead of a GP at a GP practice

Patient self-referral**= Patients can refer themselves to physio without seeing a GP or having a referral from anyone else.

30532	FOI Request	Inductions of labour	Request closed as not applicable to the Trust.	29 Aug 2019	29 Aug 2019
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I am writing to request information under the Freedom of Information Act 2000 related to medical care held at your trust between April 2018 and March 2019.

Could you please provide the following:

- The total number of inductions of labour carried out by Trust personnel under Trust auspices, and also the breakdown of this number by recorded clinical indication for induction of labour (For example, '[number] patients who had pre-eclampsia were induced' and '[number] of patients over the age of 35 were induced' etc.).

If you do not store the information by financial year, please send the above for calendar year 2018 instead.

29819	FOI Request	MRIs and CTs waiting times (K694)	Request closed as clarification has not been responded to.	30 Apr 2019	30 Aug 2019
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- Please tell me how many patients in the trust who had an MRI scan in 2018 had waited a) six months or longer b) a year or longer
- Please tell me how many patients in the trust who had an MRI scan in 2017 had waited a) six months or longer b) a year or longer
- Please tell me how many patients in the trust who had an CT scan in 2018 had waited a) six months or longer b) a year or longer
- Please tell me how many patients in the trust who had an CT scan in 2017 had waited a) six months or longer b) a year or longer
- Please tell me how many a) MRI scanners b) CT scanners there are in the trust?

6. Please tell me the approximate age of a) the MRI scanner and) the CT scanner

30475	FOI Request	Radiology Studies (K846)	<p>1. What are the total number of studies undertaken by radiology over a 12-month period?</p> <p>Modality 2018-19 CT 24781 MR 9797 Plain Film 15454 US 5119 Angio 431 Fluoro 2260</p> <p>2. What is the total number of studies that are currently unreported?</p> <p>Modality As of 26/08/19 CT 687 MR 63 Plain Film 94 US Nil Angio Nil Fluoro Nil PET CT (reports only) 85</p> <p>3. What is the average turnaround time for studies? Many of our scans are for planned monitoring and follow up of patients undergoing oncology treatments. There is no current 'average TAT' due to clinical prioritisation of scans and their subsequent reporting, e.g. Inpatient scans are reported same day; other reports are prioritised according to clinical urgency; for patients on the cancer target pathway; for those cases required for a scheduled MDT; or for those patients undergoing clinical trials, etc.</p> <p>4. How many images are outsourced over a 12-month period? Nil</p> <p>5. How much does the Trust spend on reporting outsourcing? Nil</p>	14 Aug 2019	30 Aug 2019
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1. What are the total number of studies undertaken by radiology over a 12-month period?
2. What is the total number of studies that are currently unreported?
3. What is the average turnaround time for studies?
4. How many images are outsourced over a 12-month period?
5. How much does the Trust spend on reporting outsourcing?

#	Tracker	Subject	FOI Response	Start date	Date Submitted
30516	FOI Request	Nursing shifts (K861)	<p>Dear Applicant</p> <p>Thank you for your recent FOI request (reference K861). Please find set out below the responses to the information you have requested.</p> <p>1) How many agency nursing shifts have your Trust used Thornbury nursing services for between 1st July 2019 and 31st July 2019? None</p> <p>2) How many agency nursing shifts have your Trust used Thornbury nursing services for between the dates of 1/8/2019 and 18/8/2019? None</p> <p>3) Please provide a breakdown of the amount of shifts per ward or department where Thornbury were used in July 2019 and 1/8/19- 18/8/19/. None</p> <p>4) Please provide a breakdown for July 2019 of the amount of shifts filled at your Trust by other off contract nursing providers (ie non-framework). Please break this down in the same format (ie by ward or department) as question 3. The Trust can confirm that all our nursing agency shifts are filled with framework agencies.</p>	23 Aug 2019	30 Aug 2019
<p>1) How many agency nursing shifts have your Trust used Thornbury nursing services for between 1st July 2019 and 31st July 2019?</p> <p>2) How many agency nursing shifts have your Trust used Thornbury nursing services for between the dates of 1/8/2019 and 18/8/2019?</p> <p>3) Please provide a breakdown of the amount of shifts per ward or department where Thornbury were used in July 2019 and 1/8/19- 18/8/19/.</p> <p>4) Please provide a breakdown for July 2019 of the amount of shifts filled at your Trust by other off contract nursing providers (ie non-framework). Please break this down in the same format (ie by ward or department) as question 3.</p>					