

FOI Requests - Issued Responses Report for Website Submission

#	Tracker	Subject	FOI Response	Start date	Date Submitted
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#	Tracker	Subject	FOI Response	Start date	Date Submitted
24247	FOI Request	J886 Emergency readmission rates	<p>Under the Freedom of Information Act 2000 please provide the data to fill out the tables below.</p> <p>EMERGENCY READMISSIONS BROKEN DOWN BY DAY FOR THE LAST FIVE YEARS</p> <p>□ Emergency Admission Date Time Readmission Days □ FY 2013 □ FY 2014 □ FY 2015 □ FY 2016 □ FY 2017 □ Grand Total</p> <p>0 □ 20 □ 21 □ 34 □ 25 □ 26 □ 126 1 □ 57 □ 75 □ 75 □ 71 □ 73 □ 351 2 □ 65 □ 62 □ 80 □ 82 □ 102 □ 391 3 □ 83 □ 72 □ 63 □ 76 □ 88 □ 382 4 □ 65 □ 75 □ 84 □ 84 □ 91 □ 399 5 □ 65 □ 72 □ 98 □ 81 □ 96 □ 412 6 □ 70 □ 89 □ 56 □ 71 □ 88 □ 374 7 □ 75 □ 75 □ 73 □ 80 □ 98 □ 401 8 □ 49 □ 51 □ 70 □ 54 □ 56 □ 280 9 □ 58 □ 52 □ 46 □ 55 □ 49 □ 260 10 □ 50 □ 42 □ 50 □ 50 □ 35 □ 227 11 □ 36 □ 42 □ 35 □ 48 □ 43 □ 204 12 □ 41 □ 35 □ 40 □ 42 □ 51 □ 209 13 □ 43 □ 44 □ 39 □ 24 □ 54 □ 204 14 □ 39 □ 36 □ 33 □ 35 □ 35 □ 178 15 □ 27 □ 23 □ 31 □ 38 □ 42 □ 161 16 □ 23 □ 22 □ 39 □ 31 □ 31 □ 146 17 □ 33 □ 20 □ 23 □ 29 □ 41 □ 146 18 □ 29 □ 25 □ 21 □ 30 □ 38 □ 143 19 □ 20 □ 22 □ 30 □ 33 □ 37 □ 142 20 □ 50 □ 47 □ 30 □ 45 □ 28 □ 200 21 □ 24 □ 22 □ 20 □ 16 □ 33 □ 115 22 □ 25 □ 15 □ 15 □ 23 □ 27 □ 105 23 □ 22 □ 16 □ 13 □ 22 □ 20 □ 93 24 □ 22 □ 14 □ 14 □ 17 □ 18 □ 85 25 □ 16 □ 15 □ 20 □ 13 □ 19 □ 83 26 □ 17 □ 14 □ 17 □ 11 □ 14 □ 73 27 □ 12 □ 16 □ 11 □ 20 □ 23 □ 82 28 □ 10 □ 17 □ 17 □ 15 □ 26 □ 85 29 □ 21 □ 8 □ 19 □ 8 □ 20 □ 76 30 □ 18 □ 17 □ 6 □ 15 □ 26 □ 82</p> <p>Grand Total □ 1185 □ 1156 □ 1202 □ 1244 □ 1428 □ 6215</p> <p>The majority of our Cancer patients admitted as an emergency are admitted due to the acute nature of their disease and the toxicity of the treatments we deliver. If patients are admitted within 30 days of a discharge it's extremely unlikely that the reason is directly related to any issues with the previous discharge. The trust has robust discharge processes in place to ensure patients are discharged safely and at the appropriate time following any inpatient stay. Patients with a cancer diagnosis have been exempt from previous national reporting requirements for emergency re-admissions for the previously stated reasons.</p> <p>* Readmitted within less than 24 hours of discharge.</p> <p>REASONS RECORDED FOR EMERGENCY READMISSION</p>	08 Aug 2017	04 Sep 2017
03 Oct 2017					2/43

Under the Freedom of Information Act 2000 please provide the data to fill out the tables below.

EMERGENCY READMISSIONS BROKEN DOWN BY DAY FOR THE LAST FIVE YEARS

Number of days after discharge patient was readmitted	Number of patients subject to emergency readmission during	2012/13	Number of patients subject to emergency readmission during
2013/14	Number of patients subject to emergency readmission during		
2014/15	Number of patients subject to emergency readmission during		
2015/16	Number of patients subject to emergency readmission during		
2016/17			

- 0*
- 1
- 2
- 3
- 4
- 5
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- 7
- 8
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- 11
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- 25
- 26

27
28
29
30

- Readmitted within less than 24 hours of discharge.

REASONS RECORDED FOR EMERGENCY READMISSION

Reason for emergency readmission* Number of patients subject to an emergency readmission during

2012/13 Number of patients subject to an emergency readmission during

2013/14 Number of patients subject to an emergency readmission during

2014/15 Number of patients subject to an emergency readmission during

2015/16 Number of patients subject to an emergency readmission during

2016/17

Potentially preventable readmission

Anticipated but unpredictable readmission

Preference related readmission

Artefact of data collection

Readmission as a result of accident, coincidence or related to a different body system

Broadly related readmission

- Definitions taken from a BMJ Journal of Emergency Medicine article on classification of emergency 30-day readmissions.

1. Potentially preventable—Combinations of diagnosis and admission codes were used to indicate where altered care in a prior admission might potentially have prevented readmission

Category A1: Probable suboptimal care: primary readmission diagnosis of 'complications of surgical & medical care not elsewhere classified'

Category A2: Possible suboptimal care: readmission diagnosis of common avoidable complications; diagnoses of 'symptoms and signs' in the index admission and returned with a more specific diagnosis; patient with one

recorded emergency readmission for the same condition within 30 days (excluding cancer and chronic conditions) in the 6-year study period; emergency readmission on the day of discharge

2. Anticipated but unpredictable hospital care—For some patients, frequent emergency admissions are common as part of an anticipated plan or pattern of care. Sometimes these will occur within 30 days of a previous discharge. Definitions for categories B1 and B2 drew on a previous categorisation¹³ and included readmission patterns for two or more admissions in 2 or more years, excluding those in category A (above)

□ Category B1: Ill but stable: individuals with two or more readmissions in 2 separate years but with relatively little variability over time

Category B2: Unstable deterioration: individuals with more than 10 readmissions in a single year or high variability over time

Category B3: Non-medical risk factors: individuals where substantial factors in their readmission may be beyond the control of the health service because of potential health hazards related to their socioeconomic and psychosocial circumstances or behavioural issues (eg, alcohol misuse)

3. Preference—This category covers both patient and staff preferences. It includes self-discharge and identifiable patterns of discharge and readmission around public holidays

4. Artefact—Readmissions in this category are likely to be planned/elective but have been mistakenly coded as an emergency readmission. This includes primary readmission diagnosis of ‘follow-up’ and excess readmissions observed on the 7th, 14th, 21st and 28th days after discharge

5. Accident or coincidence related to different body system—These readmissions were defined as emergency 30-day readmissions in a different ICD-10 chapter from the index admission. For these readmissions, coding does not indicate a common factor between index admission and readmission

6. Broadly related (related to same body system)—This residual category contains readmissions that are broadly related to the previous admission where index and readmission diagnoses match within ICD-10 chapter

24251	FOI Request	J887 Overseas trips	Please see attached	08 Aug 2017	04 Sep 2017
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In the financial year 2016-17, how many trips overseas were undertaken by staff at your trust?

For each trip, please state and break down:

- The date, destination and number of days the trip lasted
- The purpose of the trip
- Number of staff members who went on the trip - and their job title
- Total amount of money spent on hotels
- Total amount spent on flights
- Total amount of any other costs incurred

24269	FOI Request	J890 Operating Expenses for consultancy services	Please see attached	10 Aug 2017	04 Sep 2017
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Re: Annual Accounts - Operating Expenses FYE2017

An annual spend of £2,091k is recorded for Consultancy Services. Could you itemise each supplier and the total fees they received as included within this category (consultancy services).

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24281	FOI Request	J892 Inquests	<p>1. Please advise to the trust's knowledge, of the total number of inquests involving trust patients in the last five financial years (1 April 2012 to 31 March 2017). 154</p> <p>2. Please advise for the following periods:</p> <p>How many coroners' Section 28 reports on action to prevent future deaths has the trust received?</p> <p>1 July 2013 to 31 March 2014 None</p> <p>Financial year 2014/15 None</p> <p>Financial year 2015/16 None</p> <p>Financial year 2016/17 None</p> <p>Financial year 2017/18 year to date None</p> <p>Please disclose copies of the Section 28 reports received by the trust. Not applicable</p> <p>3. Please advise to how many of these Section 28 reports has the trust responded? Not applicable</p> <p>4. Has the trust asked the coroner not to publish any of its responses (or any part of its responses) to Section 28 reports? If so, on how many occasions? Not applicable</p> <p>Please disclose copies of any correspondence in which the trust has asked for its responses not to be published. Not applicable</p> <p>5. Please disclose copies of the trust's responses to coroners' Section 28 reports. Not applicable</p> <p>6. Please advise if the trust has since audited the implementation of its action plans in response to Section 28 reports. Not applicable</p>	11 Aug 2017	04 Sep 2017

1. Please advise, to the trust's knowledge, of the total number of inquests involving trust patients in the last five financial years (1 April 2012 to 31 March 2017).

2. Please advise for the following periods:

1 July 2013 to 31 March 2014

Financial year 2014/15

Financial year 2015/16

Financial year 2016/17

Financial year 2017/18 year to date

how many coroners' Section 28 reports on action to prevent future deaths has the trust received?

Please disclose copies of the Section 28 reports received by the trust.

3. Please advise to how many of these Section 28 reports has the trust responded?

4. Has the trust asked the coroner not to publish any of its responses (or any part of its responses) to Section 28 reports? If so, on how many occasions?

Please disclose copies of any correspondence in which the trust has asked for its responses not to be published.

5. Please disclose copies of the trust's responses to coroners' Section 28 reports.

6. Please advise if the trust has since audited the implementation of its action plans in response to Section 28 reports.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24464	FOI Request	PHYSIOTHERAPY SERVICES (J913)	<p>VACANCIES</p> <p>Request 1</p> <p>a) Please confirm how many whole time equivalent physiotherapist and physiotherapy support worker vacancies were held in The Christie NHS Foundation Trust as at 31 March 2017. One</p> <p>b) Please confirm how many of the posts in Request 1a had been vacant for 3 months or more as at 31 March 2017. None</p> <p>POSTS</p> <p>Request 2: Please confirm how many whole time equivalent (WTE) physiotherapists and physiotherapy support workers were employed by The Christie NHS Foundation Trust on the 31 March 2017. (This should include any generic assistant or technical instructor posts that support physiotherapy service provision).</p> <p>□ Mar-17 Physiotherapist □ 14.29 Physiotherapy support worker □ 1.68</p> <p>PATIENT DEMAND</p> <p>Request 3: Please confirm the number of new referrals (including patient self-referral) to physiotherapy services in The Christie NHS Foundation Trust, in the following financial years:</p> <ul style="list-style-type: none"> • 1 April 2016 to end of 31 March 2017 - 2,656 In-patient referrals, 334 OP referrals • 1 April 2015 to end of 31 March 2016 – 2,608 In-patient Referrals, 195 OP Referrals • 1 April 2014 to end of 31 March 2015 – 2,511 In-Patient Referrals, 182 OP Referrals. <p>SPENDING</p> <p>Request 4: Please confirm how much was spent on physiotherapy agency/locum/temp staff in The Christie NHS Foundation Trust, in the following financial years: Nil</p> <ul style="list-style-type: none"> • 1 April 2016 to end of 31 March 2017 • 1 April 2015 to end of 31 March 2016 • 1 April 2014 to end of 31 March 2015 <p>PRACTICE BASED LEARNING</p> <p>Request 5: Please identify the clinical areas within your physiotherapy services that provide placements for physiotherapy undergraduates in the last financial year (1 April 2016 to end of 31 March 2017).</p> <p>The clinical areas within our physiotherapy services that provide placements for physiotherapy undergraduates (for financial year 2016-17) are as follows:-</p> <ul style="list-style-type: none"> • Medical/Clinical Oncology Rehab • Surgery/Critical Care Oncology • Sarcoma and Young Oncology Rehab 	29 Aug 2017	04 Sep 2017

The Chartered Society of Physiotherapy (CSP) wishes to make a series of separate requests under the Freedom of Information Act. For convenience, we are including them in one request. They are as follows:

VACANCIES

Request 1

- a) Please confirm how many whole time equivalent physiotherapist and physiotherapy support worker vacancies were held in The Christie NHS Foundation Trust as at 31 March 2017.
- b) Please confirm how many of the posts in Request 1a had been vacant for 3 months or more as at 31 March 2017.

POSTS

Request 2:

Please confirm how many whole time equivalent (WTE) physiotherapists and physiotherapy support workers were employed by The Christie NHS Foundation Trust on the 31 March 2017. (This should include any generic assistant or technical instructor posts that support physiotherapy service provision).

PATIENT DEMAND

Request 3:

Please confirm the number of new referrals (including patient self-referral) to physiotherapy services in The Christie NHS Foundation Trust, in the following financial years:

- 1 April 2016 to end of 31 March 2017
- 1 April 2015 to end of 31 March 2016
- 1 April 2014 to end of 31 March 2015

SPENDING

Request 4:

Please confirm how much was spent on physiotherapy agency/locum/temp staff in The Christie NHS Foundation Trust, in the following financial years:

- 1 April 2016 to end of 31 March 2017
- 1 April 2015 to end of 31 March 2016
- 1 April 2014 to end of 31 March 2015

PRACTICE BASED LEARNING

Request 5:

Please identify the clinical areas within your physiotherapy services that provide placements for physiotherapy undergraduates in the last financial year (1 April 2016 to end of 31 March 2017).

MUSCULOSKELETAL (MSK) PATHWAY

Request 6:

- a) Please confirm/deny whether The Christie NHS Foundation Trust provides MSK services that include first contact physiotherapists in General Practice
- b) Please confirm/deny whether patients can self-refer to physiotherapy services within the MSK services provided by The Christie NHS Foundation Trust

Notes on terms used in Request 6

First contact physiotherapists in General Practice

- When an individual contacts their GP they can be offered a consultation with the First contact physiotherapist instead of seeing the GP and without needing to see the GP first.
- First contact physiotherapists in General Practice provide assessment, diagnosis, exercise/ self-care advice, and if necessary, referral for investigations or treatment.
- They may work solely in General Practice (s) or they may be both part of the GP team and a physiotherapy team providing services in community or secondary care.
- First contact physiotherapists in General Practice have been given a variety of different job titles

Self-referral to physiotherapy services

Self-referral is the term for a means of accessing physiotherapy services, where patients can arrange an appointment without needing to be referred by a health professional.

24241	FOI Request	J884 Staff and Agency information request 16/17	<p>1. Staff Numbers - Average headcount of permanent and non-permanent staff over the entire 2016/17 financial year or just the headcount as at Friday, March 31st 2017. Can you please split this into the major staff groups used by the trust?</p> <p>As at 31 March 2017:</p> <p>Staff Group □ Fixed Term Staff □ Permanent Staff Add Prof Scientific and Technic □ 16 □ 77 Additional Clinical Services □ 45 □ 235 Administrative and Clerical □ 204 □ 623 Allied Health Professionals □ 12 □ 236 Estates and Ancillary □ 3 □ 240 Healthcare Scientists □ 13 □ 157 Medical and Dental □ 54 □ 149 Nursing and Midwifery Registered □ 83 □ 565 Students □ 0 □ 1 Grand Total □ 429 □ 2283</p> <p>2. Staff Cost – Total staff cost £93,361k during the 2016/17 financial year split into permanent and non-permanent staff. We do not record this level of detail.</p> <p>3. Agency Hours – Hours worked by agency staff in the 2016/17 financial year split by speciality/grade depending on how you report this within your trust.</p>	08 Aug 2017	05 Sep 2017
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1. Staff Numbers - Average headcount of permanent and non-permanent staff over the entire 2016/17 financial year or just the headcount as at Friday, March 31st 2017. Can you please split this into the major staff groups used by the trust?

2. Staff Cost – Total staff cost during the 2016/17 financial year split into permanent and non-permanent staff.
3. Agency Hours – Hours worked by agency staff in the 2016/17 financial year split by speciality/grade depending on how you report this within your trust.
4. Agency Spend – Total amount spent on agency staff in the 2016/17 financial year split into the categories or speciality/grade used by the trust. Can you provide this information in pdf or MS excel format preferably please?

I would greatly appreciate it if you could supply all the information above for the financial year 2016/17 (April '16 to March '17).

24552	FOI Request	Allen Table (J920)	<p>1. <input type="checkbox"/> Do you use the Allen Table? No If no, what table do you use : Maquet, Eschmann The rest of your request is not applicable to our Trust given the response to question 1 above.</p>	01 Sep 2017	05 Sep 2017
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This is a request for information on behalf of M Devices under the Freedom of Information Act:

- i. Do you use the Allen Table? Y N
- ii. If no, what table do you use?
- iii. If yes, what do you use for the face support when prone with the Allen table:
 - C-Prone Attachment
 - Flat Base
 - Other: Please specify
- iv. What face cushion do you use when prone with the Allen Table:
 - Allen Face Cushion
 - Absolute Prone Cushion
 - Other: Please specify
- v. How much do you pay for your face cushions (per Cushion):
 - £10-20
 - £21-30
 - £31-40
 - £41-50
 - £51+
- vi. What supports do you commonly use for the chest when prone on the Allen Table?
 - Wilson Frame
 - Chest Block
- vii. What extra padding do you use for the supports when prone on the Allen Table?
- viii. What supports do you use for the arms when prone on the Allen Table?
 - None
 - Flat arm supports
 - Angled arm supports
 - Gamgee
 - Other : Please specify

ix. What supports do you use for the legs when prone on the Allen Table?

None

Pillows

Manufactured leg support

Rolled up Egg Box Foam

x. What is the name of the lead Anaesthetist for prone positioning in each hospital of your trust?

24626	FOI Request	AMR	Request closed as not applicable to the Trust.	05 Sep 2017	05 Sep 2017
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under the Freedom of Information Act 2000 please could you provide me with the number of cases between 2012-2017:

- in which patients were unable to be treated with anti-biotics due to anti-microbial resistance.
- in which patients had to undergo an operation to remove a site of anti-microbial resistance.
- in which patients had amputations due to anti-microbial resistance.

24567	FOI Request	Childcare vouchers (J921)	Can I ask how many of your employees currently use childcare vouchers, please? 187	01 Sep 2017	06 Sep 2017
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Can I ask how many of your employees currently use childcare vouchers, please?

We are researching how we can help NHS employees to access childcare benefits.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24099	FOI Request	Year on year figures of patients treated (J855)	<p>[A] Actual year by year figures for treatment of patients [1] on-site in Withington and [2] off-site via Christie satellite treatment centres 2011 to 2016 Please see attached spreadsheet and year by year projections per sites for 2017 to 2025 and up to 2030 if these figures to 2030 are available. Activity predictions would indicate that there is a 2% increase in patient activity, based on national cancer incidence rates.</p> <p>Please subdivide the Withington site figures into out-patient and in-patient numbers. Please see attached spreadsheet</p> <p>Please indicate in terms of numbers and year/s if any patients received – or will receive – any direct physical treatment on the Kinnaird Road site. We do not provide any clinical services at this site.</p> <p>[B] Actual numbers of staff on-site at the Withington sites [excluding the Kinnaird Road site] year by year from 2011 to 2016 and then these figures adjusted to WTEs. Please subdivide these staff numbers into actual numbers and WTEs for [1] Christie staff [2] University staff [3] CR UK staff [4] Other Christie Partners [5] Others. We would only be able to provide the WTE for total The Christie staffing.</p> <p>Please provide this equivalent data for the same period and for the Kinnaird Road site. We do not hold this information</p> <p>[C] Please provide this data per sites exactly as in Paragraph [B] above in terms of projections for 2017 to 2025 and up to 2030 if these figures to 2030 are available. We do not hold this information.</p> <p>[D] Please indicate progress [in terms of numbers of site visits per outpatient per Department per annum] with the shift from 5-day to seven-day working on the Withington site, providing whatever data is necessary to show this. No current plans to move to seven day working.</p>	25 Aug 2017	07 Sep 2017

Actual year by year figures for treatment of patients [1] on-site in Withington and [2] off-site via Christie satellite treatment centres 2011 to 2016 and year by year projections per sites for 2017 to 2025 and up to 2030 if these figures to 2030 are available.

Please subdivide the Withington site figures into out-patient and in-patient numbers.

Please indicate in terms of numbers and year/s if any patients received – or will receive – any direct physical treatment on the Kinnaird Road site.

[B] Actual numbers of staff on-site at the Withington sites [excluding the Kinnaird Road site] year by year from 2011 to 2016 and then these figures adjusted to WTEs. Please subdivide these staff numbers into actual numbers and WTEs for [1] Christie staff [2] University staff [3] CR UK staff [4] Other Christie Partners [5] Others.

Please provide this equivalent data for the same period and for the Kinnaird Road site.

[C] Please provide this data per sites exactly as in Paragraph [B] above in terms of projections for 2017 to 2025 and up to 2030 if these figures to 2030 are available.

[D] Please indicate progress [in terms of numbers of site visits per outpatient per Department per annum] with the shift from 5-day to seven-day working on the Withington site, providing whatever data is necessary to show this.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24256	FOI Request	J888 Proton Beam Therapy Building	<p>1. How many car parking spaces have been lost to the PBT footprint? None – relocated car parking spaces to car park C</p> <p>2. Were these lost spaces all allocated to staff parking? No lost spaces</p> <p>3. In addition, how many car parking spaces have been lost temporarily during the construction process? None When will these spaces become available again?</p> <p>4. In total, how many staff [both in terms of numbers of staff and in terms of WTE] will be required to provide services for patients and to operate and run the building and its services? The Christie have a recruitment plan of approximately 145 staff to deliver PBT; many of these staff members are already in post.</p> <p>5. How many staff will be on-site at the PBT site at any one time?. Given the shift patterns the number will be a maximum of 90 during the core working hours.</p> <p>6. When will the building become operational? The building will be occupied in April 2018, with the first patients for PBT starting to arrive in late August 2018.</p> <p>7. How many patients will be seen on average [1] per weekday 2-3 and [2] per calendar month in the first 12 months? 60</p> <p>8. Will these numbers grow per annum thereafter? For example, what are the projected numbers for 2020 and 2025? The service should be fully ramped up by the end of 2020, and the full capacity per year after 2020 is up to 750 patients.</p>	09 Aug 2017	07 Sep 2017
<p>1. How many car parking spaces have been lost to the PBT footprint?</p> <p>2. Were these lost spaces all allocated to staff parking?</p> <p>3. In addition, how many car parking spaces have been lost temporarily during the construction process? When will these spaces become available again?</p> <p>4. In total, how many staff [both in terms of numbers of staff and in terms of WTE] will be required to provide services for patients and to operate and run the building and its services?</p> <p>5. How many staff will be on-site at the PBT site at any one time?</p> <p>6. When will the building become operational?</p> <p>7. How many patients will be seen on average [1] per weekday and [2] per calendar month in the first 12 months?</p> <p>8. Will these numbers grow per annum thereafter? For example, what are the projected numbers for 2020 and 2025?</p>					
24648	FOI Request	Paediatric patient's observations (J929)	At present, we do not have an electronic recording system for the recording of paediatric observations.	07 Sep 2017	08 Sep 2017
<p>I wish to request information (as per FOI act) as to whether your hospital uses an electronic observation system for recording Paediatric patient's observations.</p>					

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24310	FOI Request	J893 Mobile Device Usage and Airtime	<p>1) Please confirm the number of mobile phones or smartphones that are in use by the organisation. 335 Vodafone, 53 EE and 39 from previous supplier T-mobile.</p> <p>2) The Name of the Organisation who acts as your mobile airtime service provider. (If multiple contracts are set up please confirm each specific provider). Vodafone and EE</p> <p>2.1) please confirm; (a) the date the aforementioned contract(s) started. 8 August 2016 (Vodafone) 31 August 2016 (EE) (b) the date the aforementioned contract(s) ends. 8 August 2018 (Vodafone) 30th August 2019 (EE) (c) the date the contract(s) will be reviewed (prior to termination / new contract). To be arranged.</p> <p>3) Are mobile phones and smart phones purchased separately or 'bundled' as part of the airtime agreement (via a technology fund for example)? Separately (Vodafone) and part of the air time agreement (EE). 3.1) If handsets are procured separately, please provide details of how many mobile phones or smart phones have been purchased during the previous three years. (Please detail physical number of devices acquired.) We do not hold the information at this level of detail 3.2) If Handsets are procured separately please could you confirm if the devices are leased, rented or purchased outright. Purchased outright for both contracts 3.3) Does the organisation make ad-hoc purchases for Handsets during the normal contractual term. Yes 3.4) Is the procurement process under a specific framework or does the organisation work independently of such a framework? Please provide details of framework if necessary. Network Services Agreement RM1045 (Vodafone) and Network Services Framework RM1498 (EE)</p> <p>4) What happens to mobile devices (Phones and Tablets) at the end of the contract term, or alternatively at the point of retirement? WEEE disposal (Vodafone) and EE kept by the department</p> <p>5) Please provide full details of the person who is ultimately responsible for the Airtime Contact. (Please include: Name, Position, E-mail address, Contact Phone Number. Office Location). Please note that the Trust does not disclose personal 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 1998.</p> <p>6) Please provide full details of the person who is ultimately responsible for the Procurement of Mobile Devices. (Please include: Name, Position, E-mail address, Contact Phone Number. Office Location). Please note that the Trust does not disclose personal 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 1998.</p> <p>7) What is the current method for Insuring your mobile devices in the event of loss, damage or theft? None</p>	14 Aug 2017	11 Sep 2017

1) Please confirm the number of mobile phones or smartphones that are in use by the organisation.

2) The Name of the Organisation who acts as your mobile airtime service provider. (If multiple contracts are set up please confirm each specific provider).

2.1) please confirm;

(a) the date the aforementioned contract(s) started.

(b) the date the aforementioned contract(s) ends.

(c) the date the contract(s) will be reviewed (prior to termination / new contract).

- 3) Are mobile phones and smart phones purchased separately or 'bundled' as part of the airtime agreement (via a technology fund for example)?
- 3.1) If handsets are procured separately, please provide details of how many mobile phones or smart phones have been purchased during the previous three years. (Please detail physical number of devices acquired.)
- 3.2) If Handsets are procured separately please could you confirm if the devices are leased, rented or purchased outright.
- 3.3) Does the organisation make ad-hoc purchases for Handsets during the normal contractual term.
- 3.4) Is the procurement process under a specific framework or does the organisation work independently of such a framework? Please provide details of framework if necessary.
- 4) What happens to mobile devices (Phones and Tablets) at the end of the contract term, or alternatively at the point of retirement?
- 5) Please provide full details of the person who is ultimately responsible for the Airtime Contact. (Please include: Name, Position, E-mail address, Contact Phone Number. Office Location).
- 6) Please provide full details of the person who is ultimately responsible for the Procurement of Mobile Devices. (Please include: Name, Position, E-mail address, Contact Phone Number. Office Location).
- 7) What is the current method for Insuring your mobile devices in the event of loss, damage or theft?

24729	FOI Request	transvaginal tape (TVT) implants	Request closed as not applicable to the trust.	12 Sep 2017	12 Sep 2017
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- How many transvaginal tape (TVT) implants were fitted in the past 12 months - up to August 2017. Please provide a month-by-month breakdown.
- How many patients reported complications with their TVT implant in the past 12 months - up to August 2017. Please provide a month-by-month breakdown.
- How many procedures were carried out to remove TVT implants in the past 12 months - up to August 2017. Please provide a month-by-month breakdown.
- How much money was spent on procedures to partially or totally remove TVT implants in the past 12 months - up to August 2017. Please provide a month-by-month breakdown.

24113	FOI Request	Financial spend (J859)	Please note that in order to comply with questions B&C within part 2 of your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	18 Aug 2017	13 Sep 2017
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Under the terms of Freedom of Information Act I would like to request information regarding the organisation's overall financial spend for FY 2015-16, FY 2016-17 and projected spend for FY 2017-18.

24345	FOI Request	J895 Procurement, Contracts and IM&T	Please see attached	16 Aug 2017	13 Sep 2017
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Please see attached

24378	FOI Request	J898 Facilities and Estates	Please see attached	18 Aug 2017	13 Sep 2017
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I have attached a document to this email for ease of response, I would appreciate you completing the information requested regarding your internal Facilities and Estates department at your earliest convenience.

Please Note: There are two tabs on the Excel Document, Organisational Information and Staffing Detail I have completed a line on the each tab as an example.

To ensure clarity I am requesting generic staffing information, I am not requesting personal identifiable information regarding any staff.

24435	FOI Request	Serious Incidents (J904)	See attached	25 Aug 2017	13 Sep 2017
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1) Please can you give me a list of all of the serious incidents (formerly known as serious and untoward incidents) that have taken place in your trust in each of the last three financial years (2014/15; 2015/16; 2016/17)

2) For each incident please include the age of the patient, the recorded summary of the incident and outcome for the patient. (ie Death, catastrophic, severe harm, moderate harm, minor harm, no harm).

If you are unable to give me the precise age of the patient, please can you give me the age range - children aged 18 and under; 19-40 inclusive; 41-64 inclusive; 65-85 inclusive; 86-100 inclusive.

If for cost reasons you are unable to provide summary details of all the incidents. Please instead supply all those involving anyone aged 65 and over.

24485	FOI Request	Dr Foster software (J917)	The Trust can confirm that we do not have a license for the Dr Foster software.	31 Aug 2017	13 Sep 2017
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Information Description; Could you please advise whether your trust/organisation currently license Dr Foster software along with the date of expiry for the license and the value of the contract.

Information Requested Response

Name of Trust/Organisation

Dr Foster Contract – Yes/No?

Date of expiry of Dr Foster Contract (if applicable)

Value of Dr Foster Contract (if applicable)

24647	FOI Request	Board minutes (J928)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	07 Sep 2017	13 Sep 2017
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This request refers to the suitability of the Kinnaird Road site for a MSCP. A previous FOI request indicated that no outpatients are treated on the Kinnaird Road site. [This consideration would exclude the work of the Maggie's Centre.]

Around 2011 [and at that stage, information believed to have been easily accessed via the Internet], The Christie Board were made aware of the plans for [and the need for funding of] the proposed 752-space, staff-use only Multi-Storey Car Park on the Kinnaird Road site.

At the time, a Board comment was recorded to the effect that the site [at the back, residential end of the Kinnaird Road site] was not considered suitable for a MSCP, even for staff use [as opposed to patient use] as its proposed location was considered to be too far away from the main hospital site. The belief is that this statement was recorded in the relevant Board Minutes, or similar.

Please provide details of this record of the observation in the Minutes of that meeting and the actual text used.

#	Tracker	Subject	FOI Response	Start date	Date Submitted																																																											
24186	FOI Request	Multistorey carparking (J870)	<p>It is noted that the cover of the above document indicates this was published in April 2016 :</p> <p>http://www.christie.nhs.uk/media/5751/the-christie-multi-storey-car-park-feasibility.pdf</p> <p>Please confirm this. The document was received by the Trust on April 8th 2016.</p> <p>In addition :</p> <p>In the initial stages of considering the strategy for parking at The Christie a small feasibility study was requested from The Emerson Group to understand from their significant knowledge of car park development what they would consider appropriate? This would inform the Trust for the development of the travel plan. The report was issued in June 2016 and extracts were presented to the Neighbourhood Forum in June 2016, the notes of this meeting are on the web site. The Trust is applying an exemption under Section 21 of the Freedom of Information Act 2000 as this information is already publically accessible via the following link: http://www.christie.nhs.uk/media/4857/neighbourhood_forum_notes-june-2016.pdf</p> <p>(1) In relation to the funding of this study, what is the connection between The Christie NHS Foundation Trust and The Christie Charitable Fund? The Emerson Group who prepared the report on behalf of The Christie NHS Foundation Trust used a logo on the front of the document that was incorrect. The Christie Charitable Fund is not involved in this report.</p> <p>(2) When did the existence or content of this study first become available or known to people other than full-time staff of The Christie or of its Agents or Consultants (e.g. The Emerson Group)? For example, did it or its information become available to members of the Christie Neighbourhood Forum. Please provide details. Please see statement above.</p> <p>(3) When was this document placed on the Christie Neighbourhood Forum webpage? Please see statement above.</p> <p>(4) Please confirm that The Christie has no current intentions with regard to changing the existing car parking arrangements for the Golden Lion site. The Trust will not be developing options at this stage for any tiered car park on the Golden Lion site. The surface level car park will remain.</p> <p>(5) What is the current officially-quoted split in terms of car parking usage between patients, staff and contractors? How is this arrangement maintained?</p> <p>Car Park Use Site Visit Count</p> <table border="0"> <tr> <td>Regular</td> <td>DDA</td> <td>EV</td> <td>Car Share</td> <td>Total</td> </tr> <tr> <td>A Staff</td> <td>405</td> <td>17</td> <td>2</td> <td>56</td> <td>480</td> </tr> <tr> <td>B Closed until 2019</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>C Patient</td> <td>184</td> <td>16</td> <td>0</td> <td>0</td> <td>200</td> </tr> <tr> <td>D Patient</td> <td>103</td> <td>31</td> <td>0</td> <td>0</td> <td>134</td> </tr> <tr> <td>Christie Clinic</td> <td>Patient</td> <td>28</td> <td>2</td> <td>0</td> <td>30</td> </tr> <tr> <td>Oak Road Entrance</td> <td>Patient (DDA)</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Palatine Centre</td> <td>Staff</td> <td>24</td> <td>0</td> <td>0</td> <td>24</td> </tr> <tr> <td>Candleford Road</td> <td>Staff</td> <td>22</td> <td>1</td> <td>0</td> <td>23</td> </tr> <tr> <td>Christie Fields</td> <td>Staff / Cont</td> <td>76</td> <td>5</td> <td>0</td> <td>81</td> </tr> </table> <p>Staff are issued passes for the staff car park, which is boom gate controlled. The other car parks are staffed by the car park team and staff cannot park on these car parks. Contractors are encouraged to use the park and ride in the contractor induction.</p>	Regular	DDA	EV	Car Share	Total	A Staff	405	17	2	56	480	B Closed until 2019	N/A	N/A	N/A	N/A	N/A	C Patient	184	16	0	0	200	D Patient	103	31	0	0	134	Christie Clinic	Patient	28	2	0	30	Oak Road Entrance	Patient (DDA)	0	0	0	0	Palatine Centre	Staff	24	0	0	24	Candleford Road	Staff	22	1	0	23	Christie Fields	Staff / Cont	76	5	0	81	06 Sep 2017	14 Sep 2017
Regular	DDA	EV	Car Share	Total																																																												
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Candleford Road	Staff	22	1	0	23																																																											
Christie Fields	Staff / Cont	76	5	0	81																																																											

The Christie's intention to build a MSCP - A local map [and perhaps other materials] showing the location and numbers of leaflets distributed ahead of the 27 June 2017 drop-in at the Red Lion

The above data was displayed at the 4 July 2017 meeting of the Christie Neighbourhood Forum CNF].

It was said apparently that this data would be made available. The draft Minutes of this meeting have yet to appear on The Christie website – hence this request.

[The Christie's third-party agents have already indicated to me that what was agreed at the CNF is a Christie matter.]

This FOI request for this data assumes that it will not otherwise be available before the Planning Application for the MSCP is published.

Multi Storey Car Park Feasibility Study - The Golden Lion Site, Wilmslow Road, Didsbury April 2016

It is noted that the cover of the above document indicates this was published in April 2016 :

<http://www.christie.nhs.uk/media/5751/the-christie-multi-storey-car-park-feasibility.pdf>

Please confirm this.

In addition :

- (1) In relation to the funding of this study, what is the connection between The Christie NHS Foundation Trust and The Christie Charitable Fund?
- (2) When did the existence or content of this study first become available or known to people other than full-time staff of The Christie or of its Agents or Consultants (e.g. The Emerson Group)? For example, did it or its information become available to members of the Christie Neighbourhood Forum. Please provide details.
- (3) When was this document placed on the Christie Neighbourhood Forum webpage?
- (4) Please confirm that The Christie has no current intentions with regard to changing the existing car parking arrangements for the Golden Lion site.
- (5) What is the current officially-quoted split in terms of car parking usage between patients, staff and contractors? How is this arrangement maintained?

24380	FOI Request	J900 ICT Information	ICT Technical Strategy Please see attached. ICT Department Business Plan We currently do not have a Business Plan and a break down of your ICT capital budget all for 2018/2019 The Trust is applying an exemption under Section 22 of the Freedom of Information Act 2000 as this information is intended for future publication.	21 Aug 2017	14 Sep 2017
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Please could you send me the following documents;
 ICT Technical Strategy
 ICT Department Business Plan
 and a break down of your ICT capital budget all for 2018/2019

24398	FOI Request	J902 Fire Safety Assessments	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.	21 Aug 2017	14 Sep 2017
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1. Has your organisation complied with the NHS Improvement letter of 24 June 2017, and follow up communications, requiring you to have an inspection of all inpatient areas carried out by your local fire and rescue service?
2. Have you carried out your own checks or worked with independent investigators to assess safety since the Grenfell Tower fire on 14 June?
3. Please attach all and any reports etc prepared as a result of inspections whether by the fire service or others. If precise locations are sensitive, please consider whether any concerns can be addressed by redacting the location details
4. What are you doing to mitigate any risks which have been identified? When will any work identified in the reports be completed?

24436	FOI Request	Oak Road Extension and carparking (J905)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	25 Aug 2017	14 Sep 2017
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1. When did this facility begin to treat outpatients?
2. When did these figures begin to be included in the Withington site Outpatient figures?
3. At the time, it was published that this facility was set to increase patient visits to the Withington site by 30%. How has this facility performed in terms of per annum patient treatment sessions at Withington for the years 2011-2016 ?
4. At the time, it was published that this facility was set to increase staff numbers on the Withington site by 30%. How have staff numbers and grades of staff increased per annum 2011-2016 – as a direct result of the opening of the PTC?
5. What was The Christie estimate of additional staff car journeys to the site that would result from this expansion of Outpatient facilities on the Withington site?
6. What onsite car parking provisions were made prior to or in 2011 and in subsequent years for staff working at the PTC?
7. What S106 or other funding was provided by The Christie for the introduction of controlled parking zones following the granting of Planning Permission and the subsequent opening of the PTC?

24438	FOI Request	Satellite Treatment Centres (J906)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	24 Aug 2017	14 Sep 2017
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These questions relate to Satellite Treatment Centres and the Mobile Treatment facility :

1. It seems there are now facilities in Ashton, Bolton, Bury, Leighton, Macclesfield, Oldham, Salford, Stepping Hill and Wigan – as well as the Mobile facility. Is this correct?
2. The combined capacity of these facilities appears to be well over 13.500 treatment sessions per annum [a figure derived from webpage information]. What is the Outpatient capacity per site [Satellite and Mobile] per annum [as at 2016]?
3. What was the number of Outpatient sessions at Satellite Treatment Centres and the Mobile facility in 2016?
4. What does the figure for 2016 of 45,985 ['Satellite Centres'] correspond to? [This was within a total Outpatient figure for 2016 of 162,192.]
5. In 2016, what percentage of treatment sessions did each Satellite facility and the Mobile facility provide?

6. How are patients assigned to a specific Satellite Treatment Centre or the Mobile facility?
7. In 2016, how many patient visits to the Withington site were prevented because of the existence of these Centres and the Mobile facility?
8. In 2016, how many staff car journeys to the Withington site were prevented because of the existence of these Satellite Treatment Centres and the mobile facility?

These question relate to treatment at home :

1. Treatment at 'Home' appears to have started or been recorded as such from April 2011. Is this correct?
2. For the purposes of recording data, is treatment at home the same as 'Clinical Homecare'? If not, please provide details of the difference.
3. Treatment at home seems to have been fairly static 2012-16. Is this set to expand?
4. Is 'Clinical Homecare' [if different from home treatment] set to expand?
5. If so, [i] when is 'Clinical Homecare' set to expand and [ii] by how much [in terms of Outpatient numbers per annum from 2017 to say 2025]?
6. If 'Clinical Homecare' and home-based treatment [if a relevant category alongside 'Clinical Homecare'] isn't set to expand, why is that?

24444	FOI Request	Height of the Nurse Accommodation Blocks on the Kinnaird Road site. (J911)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	24 Aug 2017	14 Sep 2017
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This question concerns the height of the Nurse Accommodation Blocks on the Kinnaird Road site.

How high above ground are the Nurse Accommodation Blocks on the Kinnaird Road site, as measured (1) from ground level to the top of the windows just below the guttering at the base of the tiled roof and (2) from ground level to the apex / top of the tiled roof?

24467	FOI Request	information concerning Outpatients (J915)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	30 Aug 2017	14 Sep 2017
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Part 1

This is a request for information concerning the Outpatient figures expected / projected / estimated by The Christie for the calendar years : 2017; 2018 ; 2019

Please provide the following breakdown of these figures : Total Christie outpatient treatments; Outpatient treatments performed at Withington; Outpatient treatments performed at Satellite Treatment Centres [please indicate number of treatments per Satellite Treatment Centre]; number of patients treated at home; number of 'Clinical Homecare' treatments.

Please provide information about the key assumptions used in compiling these figures.

Part 2

This is a request for figures used by The Christie for the calendar years 2020 and per year up to and including the year 2030.

Please provide the following breakdown of these figures : Total Christie outpatient treatments; Outpatient treatments performed at Withington; Outpatient treatments performed at Satellite Treatment Centres [please indicate number of treatments per Satellite Treatment Centre]; number of patients treated at home; number of 'Clinical Homecare' treatments.

Part 3

For the years 2017 per annum to 2030, please indicate the number of Christie employees working on site [and WTE numbers]; please provide numbers of non-Christie employees working on the Withington sites for the same years. Please provide WTEs where these are available.

Part 4

For the years 2011 onwards to 2016 inclusive, please indicate the number of Christie employees working on site [and WTE numbers]; please provide numbers of non-Christie employees working on the Withington sites for the same years. Please provide WTEs where these are available.

24474	FOI Request	Trust Venous Thromboembolism (VTE) prevention and management practices (J908)	See attached	25 Aug 2017	14 Sep 2017
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See attached

24627	FOI Request	Complaints re carparking (J924)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	05 Sep 2017	14 Sep 2017
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I would like to know by year from 2010 to 2016 inclusive [i.e. for as many of these seven years that data is available] and for the elapsed months of 2017 :

1. How many complaints about inconsiderate and / or obstructive parking around the hospital's Withington sites were made to The Christie and recorded by the hospital
2. How these complaints were linked definitively to cars owned by people who work on The Christie sites
3. How many complaints made multiple complaints
4. How many of these complaints were referred on without being dealt with by The Christie, referred on to whom and why
5. Where these parking issues resulting in complaints occurred [i.e. street location]
6. What if any action was taken by The Christie
7. What if anything was said to the complaint [verbally or in writing] to close the complaint

24628	FOI Request	car parking on the Bridge Club site [Palatine Road] (J925)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	06 Sep 2017	14 Sep 2017
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This is a request for information about car parking on the Bridge Club site [Palatine Road] and car parking spaces available via the hospital's 'Park & Ride' facilities.

The update on car parking to the Christie Neighbourhood Forum made in June 2016 is here :

http://www.christie.nhs.uk/media/4271/car_parking_update_june2016_rev70716.pdf

The Bridge Club on Palatine Road

The Bridge Club on Palatine Road was said to offer car parking only for contractors who are associated with the Proton Beam Therapy Building.

1. Please confirm that is the case.
2. Please confirm that no staff use this facility to park.
3. How is access to this car parking facility currently controlled?
4. How long will this facility continue to exist?
5. What happens if this facility is withdrawn?

The Hough End and Christie Fields 'Park & Ride' Schemes

1. Please confirm that neither the preparers nor the presenters of the above presentation to the CNF nor any attendees of the CNF were aware of the then-imminent plans to withdraw the Hough End facility.
2. Please indicate whether and if so how these now-current [September 2017] circumstances concerning the hospital's 'Park and Ride' facilities have been made known to the CNF as a group
3. Please indicate whether the Christie Fields facility [85 spaces, available from July 2016 – i.e. after the presentation to the CNF] was intended to be a replacement for the then-existing Hough End facility [then offering up to 100 spaces, withdrawn in July 2016]
4. Please confirm that at this stage in 2017 the hospital's total 'Park & Ride' facilities could reasonably have been expected to provide 269 spaces [184 + 85 spaces].

FOI requests have already indicated the following :

1. The PA for 184 car parking spaces at Hough End was withdrawn on 16.10.15
2. The 'Friends of Hough End' were against this proposed development
3. As at June 2016 [The Christie Review of Car Parking], the Park & Ride facility at Hough End was still being quoted as providing 100 spaces, apparently because 'Broughton Park Rugby Club were happy for the Trust to promote additional spaces as these were not designated'
4. The average use made of the car parking spaces at Hough End was modest [15 users]
5. The Christie car parking facility at Hough End closed completely in July 2016 [a month after the presentation to the CNF]
6. The only Park & Ride facility now operated by or on behalf of The Christie is at Christie Fields [85 spaces]

24637	FOI Request	Chemicals at Manchester Institute (J926)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	05 Sep 2017	14 Sep 2017
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- [1] Prior to the fire in the building on Wilmslow Road in late-April 2017, what laboratory chemicals if any were used in the laboratories there?
 [2] Were any of the laboratory chemicals that may have been used there radioactive?
 [3] If there were radioactive chemicals in use there, what was their identity and what annual quantities were used in 2014, 2015 and 2016.

24656	FOI Request	The Christie leaflets, the drop-ins on 26 and 27 June 2017 relating to the proposed MSCP on the Kinnaird Road Site (J931)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	08 Sep 2017	14 Sep 2017
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This is a request for information relating to the proposed MSCP on the Kinnaird Road Site and specifically concerning The Christie leaflets, the drop-ins on 26 and 27 June 2017 and aspects of the formal process of engagement authorised by The Christie Board. These are the specific questions per item :

A. The Christie leaflet announcing the 27 June drop-in ['Reducing Neighbourhood On-Street Car Parking']

1. How many leaflets were actually distributed – the draft Minutes of the CNF of 4.7.17 refers to c. 4,500 leaflets. Previously, the figure was given as c. 5000 leaflets.
2. Please confirm that the staff numbers on the Withington sites for 2030 refer solely to Christie employees. Otherwise, please provide a breakdown by employer.
3. How were these numbers for 2030 derived?
4. It is said that 'The Christie has taken positive steps to reduce the existing parking problems in the area'. How did the opening of the Patient Treatment Centre in 2010 contribute to the reduction of local parking problems?

B. The Christie letter to local residents inviting them to a drop-in on 26 June 2017

1. It is said [draft Minutes, as above] that c. 100 letters were sent to 'homes that shared a boundary or immediately overlooked the development site'. Please confirm how many of these letters were distributed.
2. Were these letters distributed by street? If so, which streets were involved?

C. The drop-ins themselves [and on-line responses] and the data they presented and provided

1. Please confirm how many neighbourhood attendees there were on 26 June 2017.
2. Please confirm how many new neighbourhood attendees attended on 27 June 2017.
3. Please confirm that the 79 'hard copy feedback forms' and the 100 on-line feedback forms that 'were also collated' [draft Minutes as above] all involved different respondents.
4. Please indicate where these representations originated by Ward.
5. Please confirm that over 200 different people in total attended the two drop-ins held on 26 and 27 June.
6. How many of the attendees at the drop-ins were recipients of the letters sent [as in 'B' above]? How many recipients of the letter responded on-line?
7. Please define and quantify the word 'many' as used on the display board that mirrored wording from the front sheet of the leaflet [referred to above]. This word 'many' replaced the word 'some' [as used on the front page of the leaflet].

D. The feed-back form as used at the drop-ins [as hard copy] and possibly on-line [as a template]

The pre-printed feedback forms as available at the Red Lion on 26 June contained errors that related to the meaning and thus the responses to two questions; these errors were described as 'misprints'. However described, the effect of their inclusion would have been to provide attendees who used the feedback form with two altered questions.

1. Please provide details of these misprints and the corrected questions.
2. How were these misprints dealt with on 26 June, including any already-completed forms and / or forms that may have been taken away to be completed?
3. If the misprint still existed on the pre-printed forms prior to 27 June, how were these misprints dealt with by the time of the drop-in on 27 June?
4. Were on-line corrections made to the two questions involved? If so, when were these corrections made? Were any submissions made on a template that included the two misprints?

E. The Christie leaflet summarising the results of the drop-in ['You Said, We Listened']

1. Whatever else it was intended to do, was the GTP introduced to eradicate on-street parking? If so, please indicate where this is stated.
2. Concerning the map displayed on p. 2, what percentage of respondents are from the Didsbury West Ward? What percentage by Ward do the other respondents represent?
3. How many of these total number of respondents lie outside of the current CPZ? [This isn't clear to me from the map.]
4. What percentage of on-street parking that occurs outside of the current CPZ is definitively attributable to staff who work on the Christie sites?
5. What percentage of these staff members are employed by the Christie?
6. What impact has resulted from the changes to the traffic flow along Oak Road?
7. Was the response from the cohort who received letters from The Christie displayed separately in the leaflet?
8. Would it have been technically possible from the wording of questions used in the feedback form for those NOT in favour of the proposed car park to agree that [for example] they were 'at least somewhat affected by on-street car parking issues'?
9. Would it have been technically possible from the wording of questions used in the feedback form for those NOT in favour of the proposed car park to agree that [for example] 'the proposals had been designed in a sensitive manner'? Please confirm that these proposals referred to 'mitigations', not to the actual building of a new on-site car park.
10. Were attendees or on-line respondents who were in favour of providing a solution to the stated on-street car parking issues [i.e. a solution that would have been based on an extension to the CPZ] technically able to provide this response on the feedback form? That is, the choice to opt for a solution that did not require the building of this on-site car park.
11. From the data now held by The Christie, is there a way of indicating the number of local people [who attended the drop-ins or otherwise responded] who want a solution to the overall issue based on an extension to the current CPZ, not on the building of this car park?

F. Concerning the formal process of engagement

1. Was the Withington Civic Society as a body consulted during the pre-application period and prior to 11 July 2017 when the formal process of engagement closed?
2. Other than within the timescale of the formal public consultation process and / or as public aspects of the formal consultation process for example and / or attendance at the Project / Neighbourhood Working Groups [there were two of these] and other than as a matter of public knowledge at the time, did other community groups or members of community groups meet with The Christie during the pre-application period and prior to 11 July 2017?

24740	FOI Request	primarily to the site of MCRC2 on the Kinnaird Road site and related matters (J936)	Please note that in order to comply with your request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	12 Sep 2017	14 Sep 2017
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This FOI request relates primarily to the proposed site of the MCRC2 building on the Kinnaird Road site and subsidiary matters.

1. Is the Planning Application for this building likely to be submitted before the end of 2017?
2. Is the Planning Application for this building likely to be submitted before the end of 2018?
3. Technically, is the part of the Kinnaird Road site earmarked in the SDF plan for MCRC2 suitable for the siting of a tiered car park? If not, why not?
4. If the site is technically suitable, would the location also be suitable for both patient parking and staff parking? If not, why not?
5. Currently, how many surface (single-tier) car park [that's allocated for MCRC2] utilised in terms of car parking by staff /patients?
6. At what point in time is it estimated that the proposed on-site MSCP on the Kinnaird Road site will be open for staff use?
7. At that stage, what will the total number of all car parking spaces on the Kinnaird Road site be?
8. How will this total number be split between staff and patients? How many spaces will be for the use of private patients? How will this set of divisions be communicated?
9. Are there car parking spaces designated for the exclusive use of private patients? If so, how many spaces are there and where are they located?

10. Does the fire in the former Paterson Institute building owned by The Christie affect any of the NHS hospital's plans as outlined in the agreed SPF? If so, how are matters affected? If not, why are matters considered to be unaffected?
11. Has a timescale been agreed for the reinstatement or otherwise of the building affected by the fire? If so, what is the timescale that's been discussed or agreed? If a timescale has not been discussed or agreed, why is that?
12. Does the NHS or the Foundation Trust or some other entity cover the cost of re-housing staff in for example Alderley Park? Does The Christie employ some or all of the people being re-located? How many people are being re-located from the building that the NHS hospital owns?
13. Has the hospital as owners of the building made arrangements in terms of timescale with Alderley Park? If not, has The Christie as part of the MCRC entity made arrangements in terms of timescale with Alderley Park?
14. What arrangements in terms of timescale have been made with Alderley Park? Which entity has made these arrangements?

24782	FOI Request	Audited Accts for 16/17	The Trust is withholding this information under Section 21 of the Freedom of Information Act as the information that we make publically available is already accessible via our website using this link: http://www.christie.nhs.uk/about-us/the-foundation-trust/annual-reports/	15 Sep 2017	14 Sep 2017
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See attached

24397	FOI Request	J901 IT systems	Please see attached.	21 Aug 2017	15 Sep 2017
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I am writing to you under the Freedom of Information Act to request information about the different IT systems used for clinical and non-clinical purposes within your hospital. The questions are displayed in a short table in the attached excel.

24784	FOI Request	Car Parking fines (J941)	<p>The amount of car parking fines issued and the amount of money received from these fine for the car park at The Christie</p> <p>For the following financial years:</p> <p>2013-2014</p> <p>2014-2015</p> <p>2015-2016</p> <p>2016-2017</p> <p>2017-present.</p> <p>We do not issue parking fines, therefore the response is NIL.</p>	15 Sep 2017	15 Sep 2017
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Please could you provide the following information

The amount of car parking fines issued and the amount of money received from these fine for the car park at The Christie

For the following financial years:

2013-2014

2014-2015

2015-2016

2016-2017

2017-present.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
23243	FOI Request	J768 Agency expenditure in 2016-17	Requester has not responded to clarification request. Request now closed.	15 May 2017	19 Sep 2017

1. The trust's completed 'Detailed agency collection' for month 12 of 2016-17, showing the year to date figures. (Example attached)

If for any reason the trust is minded not to provide this document, please list the five specialties for which the trust had the highest agency staff costs - as a % of total pay costs for the specialty - in 2016-17 in the table below. Please also fill in the cells detailing expenditure. If the trust's accounts have not yet been audited, please use the unaudited figures.

Speciality name Agency (Excluding bank staff) Total Gross Employee Benefits for speciality

Medical Qualified Nursing Other Total Medical Qualified Nursing Other Total

£'000 £'000 £'000 £'000 £'000 £'000 £'000 £'000

Specialty 1

Specialty 2

Specialty 3

Specialty 4

Specialty 5

2. Please state the total number of shifts for which the trust breached the national pay cap for medical agency staff in 2016-17 (55% above basic rates), and break this total down for each specialty where the breach occurred (It's fine to only detail the top five specialties).

3. Please state the total number of shifts for the trust breached the national pay cap for agency nursing staff in 2016-17 (55% above basic rates), and break this total down for each specialty where the breach occurred. (It's fine to only detail the top five specialties).

4. Please state the total number of shifts which required CEO sign off, and break these down for each specialty.

5. Please state the ten shifts for agency medical staff for which the highest hourly rate was paid. Please state the rate paid and the specialty.

6. For individual medical locums who have incurred the greatest total expenditure for the trust in 2016-17, please state the total amounts paid by the trust in the year in relation to these individuals' work. Please also state their specialty. Eg: Medical locum 1, emergency medicine, total expenditure by the trust in 2016-17; £196,000

23282	FOI Request	Data Breaches (J778)	Requester has not responded to clarification request. Request now closed.	19 May 2017	19 Sep 2017
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Please could you provide me with the number of data breaches recorded by your trusts for each of the past three years. Please give a breakdown for each year.

Could you please provide a spreadsheet giving details of each incident.

For example please provide information on the type of data breach (eg communications being sent to the wrong person, breaches of confidentiality, loss or theft of data and unauthorised access to data) and specific details of what happened.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
23646	FOI Request	Infection control (J809)	Requester has not responded to clarification request. Request now closed.	16 Jun 2017	19 Sep 2017
<p>1. How many whole time equivalent positions did your trust have for infection prevention and control in 2014/15 2015/16 2016/17</p> <p>For each post please specify which grade it was.</p> <p>2. How many programmed activities (or sessions) were there for infection prevention and control in your trust in 2014/15 2015/16 2016/17</p> <p>For each post please specify which grade/position it was</p> <p>3. What was the budget allocated to infection prevention and control in your trust in 2014/15 2015/16 2016/17</p> <p>Please specify whether you hold the information for each question. If you do not hold information for one question please provide it for the others.</p>					

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24441	FOI Request	Clinical Excellence Awards (J909)	<p>It relates to the Clinical Excellence Awards, Levels 1 - 9, which are distributed by each Trust annually to recognise those consultants who contribute most towards the delivery of safe and high quality care to patients.</p> <p>I would like information on the award winners for the 2014, 2015 and 2016 rounds.</p> <p>1. How many applications did the Trust receive for the Clinical Excellence Awards, and give the number of female and male applicants for the:</p> <p>a) 2014 round 21 applicants - 13 male and 8 female. b) 2015 round 30 applicants - 20 male and 10 female. c) 2016 round 24 applicants - 16 male and 8 female.</p> <p>*For example: In 2014 we had 1000 applicants - 500 male and 500 female.</p> <p>2. How many awards were given in total, and how many were given to males and females for the:</p> <p>a) 2014 round 12 awards were given in total – 10 to males and 3 to females. b) 2015 round 14 awards were given in total - 8 to males and 6 to females. c) 2016 round 13 awards were given in total - 9 to males and 4 to females.</p> <p>*For example: In 2014, 10 awards were given in total - 5 to males and 5 to females</p> <p>3. What was the total value of awards given, and what was the total value given to males and given to females for the:</p> <p>a) 2014 round The sum of all awards paid was £227,689 - of that £180,377 was given to males and £47,312 was given to females. b) 2015 round The sum of all awards paid was £138,979 - of that £68,011 was given to males and £70,968 was given to females. c) 2016 round The sum of all awards paid was £152,286 - of that £101,524 was given to males and £50,762 was given to females.</p>	25 Aug 2017	19 Sep 2017

It relates to the Clinical Excellence Awards, Levels 1 - 9, which are distributed by each Trust annually to recognise those consultants who contribute most towards the delivery of safe and high quality care to patients.

I would like information on the award winners for the 2014, 2015 and 2016 rounds.

1. How many applications did the Trust receive for the Clinical Excellence Awards, and give the number of female and male applicants for the:

- a) 2014 round
- b) 2015 round
- c) 2016 round

*For example: In 2014 we had 1000 applicants - 500 male and 500 female.

2. How many awards were given in total, and how many were given to males and females for the:

- a) 2014 round
- b) 2015 round
- c) 2016 round

*For example: In 2014, 10 awards were given in total - 5 to males and 5 to females

3. What was the total value of awards given, and what was the total value given to males and given to females for the:

- a) 2014 round
- b) 2015 round
- c) 2016 round

*For example: In 2014 the sum of all awards paid was £xxxxxx - of that £xxxxx was given to males and £xxxxx was given to females.

24442	FOI Request	Clinical Excellence Awards (J910)	<p>It relates to the Clinical Excellence Awards, Levels 9 - 12 (Bronze, Silver, Gold and Platinum) which are distributed by The Advisory Committee on Clinical Excellence Awards (ACCEA) annually to recognise those consultants who contribute most towards the delivery of safe and high quality care to patients.</p> <p>I would like information on the award winners for the 2014, 2015 and 2016 rounds.</p> <p>1. How many applications did ACCEA receive for the Clinical Excellence Awards, and give the number of female and male applicants for the:</p> <ul style="list-style-type: none"> a) 2014 round 11 applicants - 10 male and 1 female. b) 2015 round 4 applicants - 3 male and 1 female. c) 2016 round 11 applicants - 8 male and 3 female. <p>*For example: In 2014 we had 1000 applicants - 500 male and 500 female.</p> <p>2. How many awards were given in total, and how many were given to males and females for the:</p> <ul style="list-style-type: none"> a) 2014 round 2 awards were given in total - 2 to males and 0 to females. b) 2015 round 0 awards c) 2016 round 3 awards were given in total - 2 to males and 1 to females. <p>*For example: In 2014 10 awards were given in total - 5 to males and 5 to females</p> <p>3. How many awards were given for each level (Bronze, Silver, Gold and Platinum), and how many in each level were given to males and females for:</p> <ul style="list-style-type: none"> a) 2014 round 2 bronze awards given (0 females and 2 males), 0 silver awards, 0 gold awards given and 0 platinum. b) 2015 round 0 bronze awards given, 0 silver awards, 0 gold awards given and 0 platinum. c) 2016 round 3 bronze awards given (1 females and 2 males), 0 silver awards, 0 gold awards given and 0 platinum. <p>*For example: In 2014 there were - 6 bronze awards given (3 females and 3 males), 4 silver awards (2 female and 2 male), 2 gold awards given (2 females) and 1 platinum (1 male).</p> <p>4. What was the total value of awards given, and what was the total value given to males and given to females for the:</p> <ul style="list-style-type: none"> a) 2014 round The sum of all awards paid was £70,968 - of that £70,968 was given to males and £0 was given to females. b) 2015 round The sum of all awards paid was £0 c) 2016 round The sum of all awards paid was £107,496 - of that £71,664 was given to males and £35,832 was given to females. 	25 Aug 2017	19 Sep 2017
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It relates to the Clinical Excellence Awards, Levels 9 - 12 (Bronze, Silver, Gold and Platinum) which are distributed by The Advisory Committee on Clinical Excellence Awards (ACCEA) annually to recognise those consultants who contribute most towards the delivery of safe and high quality care to patients.

I would like information on the award winners for the 2014, 2015 and 2016 rounds.

1. How many applications did ACCEA receive for the Clinical Excellence Awards, and give the number of female and male applicants for the:

- a) 2014 round
- b) 2015 round
- c) 2016 round

*For example: In 2014 we had 1000 applicants - 500 male and 500 female.

2. How many awards were given in total, and how many were given to males and females for the:

- a) 2014 round
- b) 2015 round
- c) 2016 round

*For example: In 2014 10 awards were given in total - 5 to males and 5 to females

3. How many awards were given for each level (Bronze, Silver, Gold and Platinum), and how many in each level were given to males and females for:

- a) 2014 round
- b) 2015 round
- c) 2016 round

*For example: In 2014 there were - 6 bronze awards given (3 females and 3 males), 4 silver awards (2 female and 2 male), 2 gold awards given (2 females) and 1 platinum (1 male).

4. What was the total value of awards given, and what was the total value given to males and given to females for the:

- a) 2014 round
- b) 2015 round
- c) 2016 round

*For example: In 2014 the sum of all awards paid was £xxxxxx - of that £xxxxx was given to males and £xxxxx was given to females.

24463	FOI Request	Implications of Brexit on Christie staffing (J912)	Staff Group % Add Prof Scientific and Technic 9.0% Additional Clinical Services 4.9% Administrative and Clerical 2.6% Allied Health Professionals 5.8% Estates and Ancillary 6.3% Healthcare Scientists 6.9% Medical and Dental 17.0% Nursing and Midwifery Registered 8.0% Students 0.0% Grand Total 6.3%	04 Sep 2017	19 Sep 2017
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I wonder whether you might be able to help with a request for some staffing information that Heidi is interested in.

Heidi is working on the issue of the impact of Brexit on the NHS, and with a view to raising this in Parliament, Heidi would like to know if you have figures for the current percentage of all staff across the Trust who are from the EU and/or EEA (outside of the UK). If this is broken down into different departments and roles that would also be useful.

24807	FOI Request	Eating Disorders	Request closed as not applicable to the Trust.	19 Sep 2017	19 Sep 2017
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Can let me know how many people have been on the eating disorder referral waiting list for each of the last five years for both adult mental health services and CAMHS, broken down by gender.

Can you also let me know what the the average waiting time for referrals to specialist eating disorder units has been for each of the last five years for both adult mental health services and CAMHS, broken down by gender.

24781	FOI Request	Overseas Visitor Managers (J938)	How many overseas visitor managers does your Trust employ at the Christie Hospital. One	15 Sep 2017	20 Sep 2017
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Please see attached

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24408	FOI Request	Individuals working off payroll (J903)	<p>1. The number of individuals working off-payroll, via their own limited company, engaged by your trust in the periods listed below.</p> <p>2. The number of individuals working off-payroll, via their own limited company, who ceased work with your trust in the periods listed below.</p> <p>3. The number of individuals working of-payroll, via their own limited company, whose contracts were terminated before the agreed finishing date, in the periods listed below.</p> <p>4. The number of individuals working off-payroll, via their own limited company, who transferred to full-time employment with your trust, in the periods listed below.</p> <p>1) Q1 2016 2) Q2 2016 3) Q3 2016 4) Q4 2016 5) Q1 2017 6) Q2 2017</p> <p>Period 1 2 3 4</p> <p>Individuals working off payroll via own limited company Individuals working off payroll via own limited company and ceased working Individuals working off payroll via own limited company, contracts terminated before agreed finish date Individuals working off payroll via own limited company, who transferred to full-time Trust contract</p> <p>Q1 2016-17 5 0 0 0 Q2 2016-17 5 0 0 0 Q3 2016-17 7 0 0 0 Q4 2016-17 7 1 0 0 Q1 2017-18 6 0 0 0 Q2 2017-18 6 1 0 0</p>	24 Aug 2017	21 Sep 2017
See attached					

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24866	FOI Request	Carparking charges (J953)	<p>How much money did the trust raise from car parking charges in each of the last four financial years - up to and including 2016/17 (state the amount and the years for which figures are available)? Include a breakdown of staff and visitor/patient parking if possible.</p> <p>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 1. under the what we spend and how we spend it' section of this link: http://www.christie.nhs.uk/about-the-christie/the-foundation-trust/annual-reports.aspx</p> <p>How much money was raised from parking fines in each of the last four financial years (state the amount and the years for which figures are available)? Include a breakdown of staff and visitor/patient fines if possible. NIL, we do not impose parking fines</p> <p>Do you charge for disabled parking? 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 section 2 (Estates Department). under the 'What our priorities are and how we are doing' part section of this link: http://www.christie.nhs.uk/about-us/the-foundation-trust/about-the-trust/trust-publications-and-reports/</p> <p>Do you employ a private firm to run the car park for you? If so, how much of the money generated by parking fees is taken by the private firm? 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 section 2 (Estates Department). under the 'What our priorities are and how we are doing' part section of this link: http://www.christie.nhs.uk/about-us/the-foundation-trust/about-the-trust/trust-publications-and-reports/</p>	22 Sep 2017	21 Sep 2017

How much money did the trust raise from car parking charges in each of the last four financial years - up to and including 2016/17 (state the amount and the years for which figures are available)? Include a breakdown of staff and visitor/patient parking if possible.

How much money was raised from parking fines in each of the last four financial years (state the amount and the years for which figures are available)? Include a breakdown of staff and visitor/patient fines if possible.

Do you charge for disabled parking?

Do you employ a private firm to run the car park for you? If so, how much of the money generated by parking fees is taken by the private firm?

24869	FOI Request	Trampoline related admissions	Request closed as not applicable to the Trust.	21 Sep 2017	21 Sep 2017
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The number of admissions to the Accident and Emergency Department for trampoline related injuries, during the following periods:

2011-2012
2012-2013
2013-2014
2014-2015
2015-2016
2016-2017 (to date)

If you have the information, please can you detail the kind of injury sustained eg. head injury or spinal injury.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24486	FOI Request	Fast Track Healthcare (J918)	<p>Question 1</p> <p>How do you ensure that the doctors and nurses you employ are aware of the Fast Track Pathway Continuing Healthcare eligibility criteria and of how to process an application?</p> <p>At The Christie NHS Foundation Trust the Complex Discharge Team lead on the NHS Continuing Healthcare (CHC) process. The team have undertaken extensive training delivered by Manchester Clinical Commissioning Group (CCG). Being a tertiary centre treating patients from throughout the United Kingdom we have extremely good processes and working relationships with all the CCGs and adult social care teams.</p> <p>Formal and informal teaching is provided by this team to all grades of staff throughout the Trust. All inpatient areas are visited on a daily basis to allow discussion of all inpatients with nursing, medical and Allied Health Professionals. The internal web pages linked to the Complex Discharge Team include relevant CHC information on process and eligibility criteria as well as links to the NHS England website.</p> <p>The Complex Discharge Team acts as the single point of contact for all referrals to physiotherapy, occupational therapy and the social work team. All referrals are checked to identify those patients who may require consideration for NHS Continuing Healthcare screening, whether that be fast track or full process. This will include discussions with relevant multidisciplinary team (MDT) members including the medical teams/consultants and specialist nurses.</p> <p>All inpatients requiring a package of care or placement following their discharge from The Christie will be considered against CHC criteria. All inpatients when appropriate, will be provided with the NHS England information booklet as part of comprehensive conversations.</p> <p>Question 2</p> <p>How do you ensure that you comply with paragraph 107 of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (see below)?</p> <ul style="list-style-type: none"> 107. NHS continuing healthcare assessments, care planning and commissioning for those with end of life needs should be carried out in an integrated manner, as part of the individual's overall end of life care pathway, and should reflect the approaches set out in the national End of Life Care Strategy, with full account being taken of patient preferences, including those set out in advance care plans. <p>Standard trust processes encompass these requirements.</p> <p>Once a patient has been identified as medically fit for discharge and referred for MDT assessment there will be discussions regarding Preferred Place of Care (PPC) and Preferred Place of Death (PPD). These discussions are often led by the Complex Discharge Team, and if led by other disciplines it is practice to liaise with and refer to the Complex Discharge Team. This will always be guided by the patient's/significant other's preferences for care (taking capacity issues, deprivation of liberty into account), whether that be via an advanced care plan or more immediate discussions.</p> <p>The Complex Discharge Team review the medical, nursing and MDT documentation prior to meeting a patient and/or their significant others. This will include input from Supportive and palliative care team. Understanding of their medical status, treatment plan, prognosis and care needs prior to undertaking an assessment allows us to have the most appropriate discussions regarding NHS Continuing Healthcare (CHC) and Funded Nursing Care (FNC) from point of contact.</p> <p>We work extremely closely with our social work colleagues both within the Trust and external adult social care teams to ensure that the screening process is consistent and robust. As already mentioned above we routinely work with many different Clinical Commissioning Groups (CCGs) throughout the UK, we have access to their individual documentation and care plans as well as a comprehensive understanding of how each area facilitates the CHC process to the point of discharge including their individualised system for MDT meetings, completion of the Decision Support Tool (DST), recommendation for eligibility and presentation to CCG commissioning panels.</p> <p>We work closely with our community colleagues, including General Practitioners, nursing teams, specialist palliative care teams, allied health professionals, equipment providers to ensure a safe and timely transition from the hospital setting.</p>	31 Aug 2017	25 Sep 2017
03 Oct 2017					34/43

I am writing to request the following information about Fast Track Continuing Healthcare under the Freedom of Information Act:

Question 1

How do you ensure that the doctors and nurses you employ are aware of the Fast Track Pathway Continuing Healthcare eligibility criteria and of how to process an application?

Question 2

How do you ensure that you comply with paragraph 107 of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (see below)?

- 107. NHS continuing healthcare assessments, care planning and commissioning for those with end of life needs should be carried out in an integrated manner, as part of the individual's overall end of life care pathway, and should reflect the approaches set out in the national End of Life Care Strategy, with full account being taken of patient preferences, including those set out in advance care plans.

24473	FOI Request	Cancer Treatment (J914)	<p>How many patients were treated for cancer by your trust each year since 2010? The Trust is applying an exemption under Section 21 of the Freedom of Information Act as this information is already publically available via this link: https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</p> <p>How many of these patients in each year were 'self-funders' or paid the trust for their treatment, either personally or through an insurer and other third party? Please note The Christie Trust does not treat private patients(self-paying or insured). This is the responsibility of The Christie Clinic LLP - a joint venture with The Christie Foundation Trust and Health Care America.</p> <p>What was the total amount of money raised in this way for each year? Nil</p> <p>How many patients for each year were ordinary NHS patients, ie patients whose care was free at the point of delivery? All patients are NHS patients.</p> <p>How many designated cancer wards does your trust have for each year since 2010? 9 each year since 2010</p> <p>How many wards, if any, were for 'self-funders' and how many were for ordinary NHS patients for each year since 2010? Please note The Christie Trust does not treat private patients(self-paying or insured). This is the responsibility of The Christie Clinic LLP - a joint venture with The Christie Foundation Trust and Health Care America.</p>	30 Aug 2017	26 Sep 2017
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How many patients were treated for cancer by your trust each year since 2010?

How many of these patients in each year were 'self-funders' or paid the trust for their treatment, either personally or through an insurer and other third party?

What was the total amount of money raised in this way for each year?

How many patients for each year were ordinary NHS patients, ie patients whose care was free at the point of delivery?

How many designated cancer wards does your trust have for each year since 2010?

How many wards, if any, were for 'self-funders' and how many were for ordinary NHS patients for each year since 2010?

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24479	FOI Request	IT & Clinical records (J916)	See attached	31 Aug 2017	26 Sep 2017

Question (Part A) Question (Part B)

Do you use electronic patient record systems for any part of your clinical records? If so, please provide the names of all the systems used and what they are used for?

Do you use paper notes for any part of your clinical records? If so, please detail what they are used for?

Do you use an electronic system for the majority (>50%) of clinical note-taking for each of these encounters (part B)? If so, please detail the system(s) used; if not, please state if/when you intend to implement an electronic system for these encounters? Inpatient

Outpatient

Maternity

Emergency Department

Do you use an electronic system for each of the following purposes (part B)? If so, please detail the system(s) used; if not, please state if/when you intend to implement an electronic system for this purpose? Documents (such as GP and clinic letters)

Prescribing drugs

Patient management or administration

Requesting and reviewing results of diagnostic tests (such as blood tests)

Viewing radiological and nuclear imaging

Recording and monitoring vital signs (such as temperature, blood pressure)

How many desktop or portable computers are currently managed by the trust? (An estimate is sufficient)

Are there desktop or portable computers running Microsoft Windows XP or Microsoft Windows Vista in the trust? If so, please detail how many of each? (An estimate is sufficient)

Have computers or servers managed by the trust been affected by malware in the last 2 years? If so, please detail the names of the malware involved (such as "Wannacry")?

Do you have a policy for selecting Microsoft security updates to be applied? If so, is the policy to apply all security updates or only a subset?

Have all Microsoft security updates described as "critical" in the past 2 years been applied within 1 month? If not, please detail how many were not applied within this time? (An estimate is sufficient)

24625	FOI Request	Employment of individuals (J923)	<p>1. Please provide information on whether your NHS Trust currently employ any individuals for the purpose of 'spiritual care' and/or, 'pastoral care' - if applicable, please indicate which denomination each employee belongs to. Yes</p> <p>2. Please list the specific job titles and, salary figures (per annum or pro rota) for each respective individual; detailing which are part-time and full-time roles.</p> <p>Position Title Employee Category per annum pro rota Chaplaincy Co-ordinator Part Time £ 32,731.00 £ 19,638.60 Hospital Chaplain Part Time £ 24,547.00 £ 6,545.95 Hospital Chaplain Part Time £ 35,577.00 £ 7,115.40</p> <p>3. Please provide details on whether NHS Trust have a specific budget for the purpose of 'spiritual care' or 'pastoral care' and, if so, please detail the total amount (£). Cancer Centre Services holds an annual pay budget of £54,817 and non-pay budget of £1,300, relating to Chaplaincy.</p>	06 Sep 2017	26 Sep 2017
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1. Please provide information on whether your NHS Trust currently employ any individuals for the purpose of 'spiritual care' and/or, 'pastoral care' - if applicable, please indicate which denomination each employee belongs to.

2. Please list the specific job titles and, salary figures (per annum or pro rota) for each respective individual; detailing which are part-time and full-time roles.

3. Please provide details on whether NHS Trust have a specific budget for the purpose of 'spiritual care' or 'pastoral care' and, if so, please detail the total amount (£).

24834	FOI Request	Serious Incidents (J950)	<ul style="list-style-type: none"> • The number of Serious Incidents reported by the Trust between 1 January 2016 and 31 December 2016. One • If possible, a description of each of these incidents, including what harm was caused to a patient as a result of the incident. Patient suffered 2 falls and subsequently passed away from subdural haematoma. Serious Incident panel concluded these were unavoidable accidental falls. 	20 Sep 2017	26 Sep 2017
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The number of Serious Incidents reported by the Trust between 1 January 2016 and 31 December 2016.

- If possible, a description of each of these incidents, including what harm was caused to a patient as a result of the incident.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24487	FOI Request	Chemotherapy costs (J919)	<p>1. What are the costs for common chemotherapy used in treating breast cancer for women? (Non-invasive, invasive, Recurrent and Metastatic) If possible, I would like to know how much it costs for your hospital to deliver chemotherapy and how much you are paid to deliver chemotherapy. Below is a list of chemotherapy I would like you to cover: AT, AC with Taxol, CMF, CEF, FAC, CAF, TAC and GET As no year has been specified in the request for information, cost and income information for the 2016/17 financial year has been provided.</p> <p>The cost information provided is from the Trust's 2016/17 reference cost submission (the most up to date full year data submission).</p> <p>Of the treatment regimens listed above the Trust only uses CMF. CMF is delivered in 3 weekly cycles with the Trust recording a delivery and a drug procurement for each cycle.</p> <p>The chemotherapy delivery is coded to HRG SB12Z – Deliver simple Parenteral Chemotherapy at first attendance and the drug procurement is coded to HRG SB01Z – Procure Chemotherapy Drugs for Regimens in Band 1.</p> <p>Therefore in responding to this request the costs and income for these HRGs have been provided.</p> <p>Per the Trust's reference cost submission 2016/17, the cost of each cycle, in an outpatient setting, was:</p> <p>SB12Z - Deliver simple Parenteral Chemotherapy at first attendance - £192.86 SB01Z - Procure Chemotherapy Drugs for Regimens in Band 1 - £306.52</p> <p>The income received per cycle, in an outpatient setting, in 2016/17 was:</p> <p>SB12Z - Deliver simple Parenteral Chemotherapy at first attendance - £162.16 SB01Z - Procure Chemotherapy Drugs for Regimens in Band 1 - £272.31</p> <p>2. What are the recovery rates for patients who only take chemotherapy (the ones answered in the previous question) for treating breast cancer from 2012 - 2017? By recovery rates, I mean to ask the success rate of the aforementioned chemotherapy treatments. Recovery from acute toxicity takes 3 weeks. Full recovery takes 6-12 months depending on patient</p> <p>3.If possible, could I have access to sources of UK statistics and demographics concerning this topic? The Trust is applying an exemption under Section 21 of the Freedom of Information Act 2000 as information is already publically accessible via the following links: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancerregistrationstatisticsengland/previousReleases</p>	31 Aug 2017	27 Sep 2017

I am a Year 13 student studying at Island School in Hong Kong and I would like to ask a few questions regarding chemotherapy treatments for my extended essay (IB). My essay is about the cost effectiveness of chemotherapy.

1. What are the costs for common chemotherapy used in treating breast cancer for women? (Non-invasive, invasive, Recurrent and Metastatic)
2. What are the recovery rates for patients who only take chemotherapy (the ones answered in the previous question) for treating breast cancer from 2012 - 2017?
- 3.If possible, could I have access to sources of UK statistics and demographics concerning this topic?

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24638	FOI Request	Losses and special payments register (J927)	<p>1. Losses and special payments</p> <p>Please provide a copy of your losses and special payments register or database for the year 2016-17. I would expect this information to include, but not necessarily be limited to:</p> <p>a) Category of loss or special payment (e.g. bad debt, fruitless payment, compensation payment made under legal obligation) as defined in relevant losses and special payments policy or procedure documents.</p> <p>b) A summary of the loss</p> <p>c) Amount paid out in £ Sterling (or other currency)</p> <p>d) Debtor name (where that debtor is a company or disclosure of a person's name is permitted by the data protection provisions of s.40)</p> <p>2. Bad debts</p> <p>a) Please state how much bad debt was written off in the year 2016-17. £4,840.31</p> <p>b) If, and only if, you hold the information in an easily retrievable format, i.e. not in individual case files, please state how much of this bad debt was non-NHS and/or private patient debt write offs and/or overseas visitors related. All non-NHS</p>	06 Sep 2017	28 Sep 2017

This is a FOIA request. The Trust is required to provide information on losses and special payments in its annual report. I am writing to request additional, more detailed information regarding these losses and payments. I am making this request because I believe there is a clear and compelling public interest in understanding more about the types of losses and special payments the Trust makes.

1. Losses and special payments

Please provide a copy of your losses and special payments register or database for the year 2016-17. I would expect this information to include, but not necessarily be limited to:

- a) Category of loss or special payment (e.g. bad debt, fruitless payment, compensation payment made under legal obligation) as defined in relevant losses and special payments policy or procedure documents.
- b) A summary of the loss
- c) Amount paid out in £ Sterling (or other currency)
- d) Debtor name (where that debtor is a company or disclosure of a person's name is permitted by the data protection provisions of s.40)

2. Bad debts

- a) Please state how much bad debt was written off in the year 2016-17.
- b) If, and only if, you hold the information in an easily retrievable format, i.e. not in individual case files, please state how much of this bad debt was non-NHS and/or private patient debt write offs and/or overseas visitors related.

This request is only concerned with information which is easily exportable and does not require the Trust to review individual case files, which might trigger the cost threshold (s.12). I am interested in any and all relevant information which is easily exportable and that provides greater clarity on how losses were accrued and special payments were made, but which is not published in your annual report. The information I am requesting should not, therefore, be caught by s.21 or s.22.

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24876	FOI Request	Recruitment of Nurses (J955)	<ul style="list-style-type: none"> • Please provide the total number of nurses recruited 112 • Please provide the total cost of recruiting the nurses None additional cost (costs absorbed in business as usual activity) • Please provide the total number of nurses recruited using a recruitment agency 0 • Please provide the total cost of recruiting the nurses using recruitment agencies Not applicable. 	22 Sep 2017	28 Sep 2017

Our request relates to the calendar year, 1 January 2016 to 31 December 2016 and the recruitment of nurses that are directly employed by the Trust. Please provide us with the following information.

- Please provide the total number of nurses recruited
- Please provide the total cost of recruiting the nurses
- Please provide the total number of nurses recruited using a recruitment agency
- Please provide the total cost of recruiting the nurses using recruitment agencies

24623	FOI Request	CCG Contracts (J922)	Please note that in order to comply with your whole request would exceed the appropriate costs limit under Section 12 of the Freedom of information Act 2000. This is currently £450 equating to 18 hours of staff time.	05 Sep 2017	29 Sep 2017
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1. With regards to 1997 – 2010: does your trust no longer provide some services which it previously provided, after these services were put out to tender by the CCG and when your trust submitted a bid for the contracts associated with these services and lost the bid to private companies?
2. If your trust did lose, contracts or parts of its operations running to private companies from 1997 – 2010, what did you lose?
3. With regards to 2010 to present day: does your trust no longer provide some services which it previously provided, after these services were put out to tender by the CCG and when your trust submitted a bid for the contracts associated with these services and lost the bid to private companies?
4. If your trust did lose any contracts or parts its operational running to private companies from 2010 – present day what did you lose?
5. What services did you outsource to private companies from 1997 – 2010?
6. What services did you outsource to private companies from 2010 – present day?
7. Has your trust created its own private subsidiary company to take over the running of parts of your trust?
8. Does your trust plan to created its own private subsidiary company to take over the running of parts of your trust?

#	Tracker	Subject	FOI Response	Start date	Date Submitted
24783	FOI Request	Apprenticeships (J940)	<p>1. Total number of apprentices employed by you? 27</p> <p>2a. List of job description(s) / job role(s) being carried out by apprentices</p> <p>In relation to Q1 these are as follows: Apprentice Assistant Management Accountant x 1 Apprentice Human Resources Assistant x 1 Apprentice Service Desk Operator x 1 Apprentice Senior Healthcare Assistant x 2 Apprentice Divisional Personal Assistant x 1 Apprentice Healthcare Assistant x 1 Apprentice Education Events Administrator x 1 Apprentice Radiotherapy Engineer x 1 Clinical Support Worker x 13 Catering Assistant x 1 Senior Catering Manager x 1 Senior Pharmacy Assistant x 1 Senior Assistant Technical Officer x 1 Porter x 1</p> <p>2b. The total number of apprentice(s) appointed in each role (listed in the answer to 2a) Please see response to Q2a</p> <p>2c. For newly recruited apprentices (excluding apprentices who are existing staff) – what is the apprentice rate of pay (per hour) for each of the listed job descriptions/job roles? We use the Annexe 21 agreement in relation to apprentice rates of pay which are below on an hourly basis:</p> <p>Annexe 21 <input type="checkbox"/> AfC maximum point of band <input type="checkbox"/> Up to 12 months <input type="checkbox"/> More than 1 year <input type="checkbox"/> less than 2 years <input type="checkbox"/> More than 2 years <input type="checkbox"/> less than 3 years <input type="checkbox"/> More than 3 years</p> <p><input type="checkbox"/> <input type="checkbox"/> 75% of maximum <input type="checkbox"/> 70% of maximum <input type="checkbox"/> 65% of maximum <input type="checkbox"/> 60% of maximum</p> <p>Band 1 <input type="checkbox"/> £15,671 (£8.01) <input type="checkbox"/> £11,754 (£6.01) <input type="checkbox"/> £10,970 (£5.61) <input type="checkbox"/> £10,187 (£5.21) <input type="checkbox"/> £9,403 (£4.81)</p>	15 Sep 2017	29 Sep 2017

1. Total number of apprentices employed by you?
- 2a. List of job description(s) / job role(s) being carried out by apprentices
- 2b. The total number of apprentice(s) appointed in each role (listed in the answer to 2a)
- 2c. For newly recruited apprentices (excluding apprentices who are existing staff) – what is the apprentice rate of pay (per hour) for each of the listed job descriptions/job roles?
3. Are apprentices on the same terms and conditions as your permanent employees? Yes / No
4. Has your organisation reviewed its policy on apprenticeship pay in light of the NHS Staff Council's jointly agreed guidance on pay for apprenticeships in the NHS
<http://www.nhsemployers.org/news/2017/07/apprenticeships-in-the-nhs-staff-council-guidance?>
5. Traineeships are positions offered by employers to those aged 16-24 who are considered 'not ready' to take up an apprenticeship or job. Such positions last between 16 weeks and 6 months. Does your organisation offer traineeships? Yes / No
- 5b. If your organisation offers traineeships, do you pay them? Yes / No
6. Are you planning to take on nursing and Allied Health Professional (AHP) degree apprentices in 2017/18? Yes / No
7. What is the apprenticeship completion rate in your organisation in 2016/17?
8. Do apprentices have a guarantee of a job at the end of the scheme? Yes/No
9. In order to meet the organisation's target for new apprenticeship starts for 2017/18, what proportion of new starts have come from: (a) Recruitment of new apprentices from external sources (including training providers); (b) Transfer of existing staff to the apprentice programme; (c) Other (Please specify)
10. In order to meet the organisation's target for new apprenticeship starts, have you reduced recruitment of staff who are not apprentices? Yes / No
11. In order to meet the organisation's target for new apprenticeship starts, have you opted not to replace non-apprentice staff when they have left? Yes / No

24877	FOI Request	Exception Reports (J956)	<p>Does your Trust use "Exception Reports" that are used by doctors when day-to-day work varies significantly and/or regularly from the agreed work schedule? Yes</p> <p>If so, how many exception reports were logged as raising an immediate safety concern since 1.1.16 to the date of this e-mail? None</p>	25 Sep 2017	29 Sep 2017
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Does your Trust use "Exception Reports" that are used by doctors when day-to-day work varies significantly and/or regularly from the agreed work schedule?

If so, how many exception reports were logged as raising an immediate safety concern since 1.1.16 to the date of this e-mail?

For each occurrence please state (a) when the incident took place, (b) which Trust site did it relate to and (c) provide a detailed, verbatim account of how the doctor described the concern as per the level of detail in the two examples below:

2 May 2017 – 0800 – “There are supposed to be a core number of 3 SHOs on the Rota, today there is only myself. The on-call full shift for neurosurgery (SHO) is under the empty slot on the Rota and has not been filled. The other SHO due to be in work today is now off post-nights as she was moved to nights last week last minute to cover another gap in the Rota. The Rota coordinator has put the shift out for locum. This gap in the Rota has been known about for at least 5 days. A datix is also being completed.”

This incident was immediately notified to the directorate manager who put in support with the registrar and ensured the consultant on call was aware of the situation. In addition on a daily basis have put in plans to review medical staffing”

23 May 2017 – “Pulled from Breast Surgery day job at 11am and told I must come in and cover medical nights overnight for the rest of the week, despite being on Surgery. Told on the phone that the deputy medical director had talked to my consultant and said I must do this, as there would otherwise only be a single SHO looking after all of the medical patients in the hospital. After discussion with my consultant we reluctantly agreed that the best measure from a patient safety perspective would be for me to attend this shift, despite it being unsafe and bad for my personal training/development. Unfortunately, I did not manage much sleep before coming in for the night due to the short notice. Other than myself, there was only one doctor on ward cover nights (out of 3) and two SHOs and an F1 in MAU. Between myself and the other SHO on ward cover we were responsible for the care of 436 patients between the two of us, while carrying the crash bleep which covers the whole hospital (and incidentally kept us busy from around 04:00 - 07:00). We have Datix'd the unsafe environment and want it to be noted while having done our best; this was a very unsafe shift from the patient perspective.”