### An example of responses issued under the Freedom of Information Act in May 2015

<table>
<thead>
<tr>
<th>Number</th>
<th>Date Received</th>
<th>Applicant</th>
<th>Information Requested and Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>249.15</td>
<td>22.04.15</td>
<td>Commercial</td>
<td>I would like to receive information regarding children being admitted to hospital to have teeth taken out. In particular I would like to receive; 1. The total number of children being admitted to hospital to have teeth taken out for the following financial years; 2010/11, 2011/12, 2012/13, 2013/14 and 2014/15. 2. An age breakdown for each financial year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count of CRN</th>
<th>Age</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRN</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2010/11</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2011/12</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2012/13</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>2013/14</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2014/15</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

*The numbers above are for patients up to and including 17 years of age.*

| 253.15 | 23.04.15 | Individual | For the period April 2014 – April 2015 (inclusive); 1: Current waiting list times for Endoscopy procedures in line with JAG guidelines *All patients are seen within the 6 week JAG Guideline.* 2: Number of endoscopy sessions run weekly and how many theatres available *An average of 56 sessions across 6 theatres.* 3: The rate paid per session (or per hour) for Endoscopy waiting list initiative work that the Trust has paid to consultants? *£200 per hour at weekends and £65 per hour on weekdays* 4: Please could you also tell me the sessional rate (or per hour) for Endoscopy waiting list initiative work paid to Locum Consultants between the same time period? *Not applicable, we have not used Locum Consultants.* 5: Please could you also tell me whether the hospital has ever used agencies to supply Endoscopy Consultants *No.* 6: if so, which agencies have been used. *Not applicable.* |

| 269.15 | 29.04.15 | Individual | 1. For each day over Easter (Friday 3rd April, 4th April, 5th and Monday 6th April 2015) how many types of the scan XXX needed were done. *79* 2. Of those scans done how many were a) emergencies from A&E b) in-patient emergencies C) patients from other Hospitals d) any other patients? *During the Easter weekend from Friday 3rd to Monday 6th April there were a total of 79 MRI scans performed. These included 66 routine outpatient scans that we perform over the weekends to keep up with our waiting lists (and it happens on other weekends too), 11 urgent scans for spinal conditions and 2 urgent scans for brain. Of the 2 urgent MRI brain performed, one was for a* |
3. What is the Hospital policy for patients like xxx who have had an operation before a weekend/bank holiday who then can’t be released until they have had a scan.

**It is our standard practice to image paediatric brain tumours, high grade gliomas and occasionally metastases within 72 hours of surgery to document residual tumour. The rationale for early postoperative MRI in these cases is to image before enhancement related to surgical trauma develops at resection edges, so any enhancement seen is assumed to represent tumour. We do not image meningiomas immediately after surgery unless there are particular reasons for doing so. The patient usually returns for a follow up scan as an outpatient.**

242.15 20.04.15 Individual

Which surrounding hospitals refer Upper GI cancer to your centre (please give the names of all the hospitals)?

_Bedford_  
_Peterborough_  
_Hinchinbrooke_  
_West Suffolk Hospital_

For each referring hospital:

1. Do you have an outreach clinic at the referring hospital for surgery and/or oncology?

_Yes, Bedford Hospital_

2. Do the patients have chemotherapy at the referring hospital or at your UGI centre?

_This is carried out at both the referring hospital and Addenbrookes, and is patient choice as to where they receive treatment._

3. Do the patients have radiotherapy at your UGI centre or at another centre?

_Please see the response to question 2._

4. For each of the listed investigations, are they performed at the referring hospital or at your centre?

_CT – both Hospitals._  
_PET – referring Hospital._  
_EUS – both Hospitals._  
_Staging Laparoscopy – both Hospitals._  
_Lung Function Tests – both Hospitals._  
_Echocardiogram – both Hospitals._  
_Endoscopy – both Hospitals._

5. Do your patients have an anaesthetic assessment? Is this done at the referring hospital or your centre?

_This is carried out at both the referring hospital and Addenbrookes and is patient choice as to where they receive assessment._

6. What do you do to reduce the number of visits by the patient, eg one-stop clinic, joint surgical oncological and anaesthetic clinics or arranging pre-assessment for staging laparoscopy to coincide with another investigation?

_Joint surgical oncological and anaesthetic clinics or arranging pre-assessment for staging laparoscopy to coincide with another investigation._

7. What financial help is available for patient to assist with traveling costs?

_Where patients need help with these costs we try and arrange a Macmillan grant. Although in some circumstances NHS Funded Hospital Transport is available for some patients who have no_
### Individual

1. For the month of March, please tell me how many patients did not attend outpatients appointments in ORTHOPAEDICS and ENT, ear, nose and throat, (in other words, how many DNAs did your trust record?)
   - Trauma and Orthopaedics = 181
   - ENT = 99
2. If possible, please tell me how many appointments are available for ORTHOPAEDICS and ENT in a typical week?
   - ENT – approximately 600
   - Trauma - 188 NEW patient slots and 229 RETURN slots weekly.
   - Orthopaedics – an average of 150 NEW patient slots and 260 RETURN slots weekly
3. Is there a particular day or time of the week when DNAs are high?
   - Mondays and Tuesdays.
4. Are DNAs a particular problem at the hospital trust and do you have any initiatives to reduce them?
   - The Trust uses an appointment reminder service provided by an external specialist company. The service was suspended during the transition between our old patient administration system (HISS) and Epic until we were confident of accuracy of appointment information. The service is now back up and running across our outpatient service. This has been our main strategy for reducing our DNA rate. The Trust DNA rate has consistently been better than the national average for the last few years. The reminder service is a contributory factor. Our other strategy has been to use partial booking of appointments that are not booked through the Choose and Book service. This gives the patient a choice of appointment date and time and therefore reduces the likelihood of patient DNA.

### Researcher

Serious Incident has the same definition as the NHS Serious Incident Framework of March 2013. In your trust or organisation:

1) **How many staff are available either as full time or part time (full time equivalent) to conduct Serious Incident investigations.**
   - e.g. staff who are dedicated full time to conducting investigations or staff who have investigations as a defined part of their role.
   - **The Trust has a central team responsible for the investigation of all SIs. This team consists of 4 members of staff (3FTE) and one FTE vacancy (currently recruiting)**
2) **How many (number) of these staff have received specific training in investigating Serious Incidents?**
   - All staff are trained either by attending the NPSA RCA training or by Peer-Peer training and mentoring
   - What initial training is provided to patient safety incident investigators?
   - e.g. a training syllabus or a specific course that is required before being allowed to conduct investigations.
   - New staff will receive training depending on their existing level of competence/experience. Training is done by mentoring and peer-peer training but also by attending conferences and events held by national agencies
   - What initial training is provided to patient safety incident investigators?
   - e.g. a training syllabus or a specific course that is required before being allowed to conduct investigations.
   - Please see above.
3) **How is patient safety investigator competence assessed?**
e.g. a competency framework document, examination or on the job assessment. 
*Competence is assessed by the Head of Patient Safety who is NPSA RCA trained and had a number of years of experience.*

4) What continuing professional development is available to patient safety investigators? 
e.g. a document or policy setting out a minimum number of days of CPD or a list of suggested / required training courses. 
*All investigators are encouraged to attend any conference or learning events held and a training profile is in place.*

5) How many patient safety Serious Incident investigations were conducted in 2014 (or the last annual reporting period for which stats are easily to hand) 
2014/15 – the Trust reported 100 SIs to the CCG. Of these 5 were retracted.
Clinical 42 
Capacity 9 
Information Governance 25 
Other 19 
Retracted 5 
6) How many staff days were spent on patient safety investigations in 2014 (or the last annual reporting period for which stats are easily to hand)? 
I am trying to understand the resource implications of conducting investigations. I appreciate the staff time taken may not be recorded, if so please do just say. 
*The investigators spend approx. 95% of their time on incident investigation and the Head of Patient Safety spends approx. 70% of her time.*

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<table>
<thead>
<tr>
<th>271.15</th>
<th>01.05.15</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the CCG commission NHS funded services for the assessment and treatment of Wet Age Related Macular Degeneration?</td>
<td></td>
<td></td>
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<tr>
<td>2. If the CCG does commission such services, please provide a list of providers commissioned for the following periods:</td>
<td></td>
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<tr>
<td>1st April 2014 – 31st March 2015</td>
<td></td>
<td></td>
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<tr>
<td>1st April 2015 – 31st March 2016</td>
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<td></td>
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<tr>
<td>3. For each provider listed, please provide</td>
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<tr>
<td>a copy of the pricing scheme agreed for the financial year 2015/16</td>
<td></td>
<td></td>
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<tr>
<td>a copy of the contract or extract from contract and/or any variation thereof, or any service level agreement that covers the period 2015/16</td>
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<tr>
<td>Our CCG does commission this service and we are one of their providers. We, however, don’t have a specific tariff for this service. The patients are seen in outpatients and as inpatients all of which have different prices applied. We also prescribe and administer Lucentis which is billed at cost to commissioners.</td>
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<tr>
<td>Your request for information should be referred to the CCG for further response:</td>
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<tr>
<td>Cambridgeshire and Peterborough CCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lockton House</td>
<td></td>
<td></td>
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<tr>
<td>Clarendon Road</td>
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<tr>
<td>Cambridge</td>
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<tr>
<td>CB2 8FH</td>
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<thead>
<tr>
<th>276.15</th>
<th>05.05.15</th>
<th>Individual</th>
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<tbody>
<tr>
<td>Please can you supply the following information.</td>
<td></td>
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</tr>
<tr>
<td>1. The number of itu/hdu beds in your health trust area.</td>
<td></td>
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<tr>
<td>Intensive Care has 20 beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate Dependency Area has 12 beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurosciences Critical Care Unit has 23 beds</td>
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</tbody>
</table>
Paediatric Intensive Care has 11 beds and 2 HDU beds

2. The number of nursing staff required to change the above.
   The will depend on the acuity of the patient.
3. Time allotted for this task.
   The time it takes to change any of the occupied beds cannot be standardised.

| 256.15 | 24.04.15 | Individual | 1. How many staff your trust employs to carry out communications - i.e. public and media relations, PR, press office, marketing - work? Please provide a breakdown of job titles.
   Head of communications
   Senior media relations manager
   Communications manager
   Communications officer
   Digital manager

2. How many investigations your trust has conducted into suspected leaks of information to the media between 1 January 2010 and today’s date (24 April 2015). Please break down the information into years and provide details of the suspected leak - when it occurred, how it was investigated, which media outlet the information appeared in, whether the investigation was successful and what the outcome was (i.e. was anybody disciplined?)
   None.
3. Please state whether police were involved in the leak investigation.
   Not applicable.

| 278.15 | 06.05.15 | Media | In 2011, how many missed appointments were there because of appointments cancelled by the patient?
In 2011, how many missed appointments were there because of appointments cancelled by the hospital?
In 2011, how many missed appointments were there because of patients not attending (DNA) with no advance warning?
In 2011, how many missed appointments were there because of patients arrived late and couldn’t be seen?
In 2012, how many missed appointments were there because of appointments cancelled by the patient?
In 2012, how many missed appointments were there because of appointments cancelled by the hospital?
In 2012, how many missed appointments were there because of patients not attending (DNA) with no advance warning?
In 2012, how many missed appointments were there because of patients arrived late and couldn’t be seen?
In 2013, how many missed appointments were there because of appointments cancelled by the patient?
In 2013, how many missed appointments were there because of appointments cancelled by the hospital?
In 2013, how many missed appointments were there because of patients not attending (DNA) with no advance warning?
In 2013, how many missed appointments were there because of patients arrived late and couldn’t be seen?
In 2014, how many missed appointments were there because of appointments cancelled by the patient?
In 2014, how many missed appointments were there because of appointments cancelled by the hospital?
In 2014, how many missed appointments were there because of patients not attending (DNA) with no advance warning?
In 2014, how many missed appointments were there because of patients arrived late (DNA) and couldn’t be seen?

Please see the table below to show the number of appointments cancelled by patients, hospital and DNA’s.

The Trust does not record missed appointments due to “arrived late but couldn’t be seen”.

Appointments cancelled by the Trust can be for various reasons, these include:
- Clinicians Leave (Annual, Study or professional)
- Sickness
- Clinics over booked too much and it becomes unsafe for the Clinicians to see all of the patients
- Cancel a lower priority/ routine patient to accommodate a more urgent patient in times of capacity issues
- Patient has been referred in and seen but waiting lists/ appointments not linked and so it appears they have not been seen and another appointment is made (i.e. admin error)
- Appointments booked under inappropriate clinician/service
- Diagnostics tests not undertaken/results not available in advance of appointment

If the Trust has to cancel an appointment, attempts are made to re-book an appointment as soon as possible.

<table>
<thead>
<tr>
<th>Year</th>
<th>Cancelled by Hospital</th>
<th>Cancelled by patient</th>
<th>Cancelled by DNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>86809</td>
<td>81268</td>
<td>39606</td>
</tr>
<tr>
<td>2012</td>
<td>89736</td>
<td>90261</td>
<td>42034</td>
</tr>
<tr>
<td>2013</td>
<td>81190</td>
<td>99090</td>
<td>41391</td>
</tr>
<tr>
<td>2014</td>
<td>69253</td>
<td>83438</td>
<td>33305</td>
</tr>
</tbody>
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1. Please could you tell me whether your NHS Trust’s patient management system has the capability to record an audit trail of any sort. For example, a retrospective record of which members of NHS staff have accessed which patients’ records; at what dates and times; and for what purpose.

Yes, our patient management System has the facility to record an audit trail, we can tell from the trail who has accessed patient charts on any date or time and we can see which areas of the chart they accessed

2. Further, if the answer is negative, I would like an explanation as to why this type of audit trail is not recorded; and how the NHS (and in particular the hospitals operating within your NHS Trust) are safeguarding patient records from staff with the potential to abuse their positions of trust and the Data Protection Act. In essence, how can you investigate allegations of a breach of patient confidentiality, in the form of a member of your staff accessing the records of a patient for purposes other that to treat them within the NHS system?

Not applicable.

I am currently doing some research on FOI management systems.

1. Please can you tell me what system you currently use in your organisation – for example, do you rely on an excel spreadsheet or access database, or do you have a separate system?

The Trust users excel spreadsheets and word documents for the processing/response of FOI requests.
<p>| | | |</p>
<table>
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<tbody>
<tr>
<td>2. If the latter, please can you confirm the name and provider of the system, how long you have had this system in place, and if it is a system which you would recommend (i.e. is it fit for purpose).</td>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>